

The implementation gap: what is the problem?

Francis Omaswa berates the 'silence and complacency of the techno-professionals' in actual delivery of services or policies. He then proffers an apology...



Last month I participated at the 52nd Health Ministers Conference for East, Central and Southern Africa (ECSA) in Harare, Zimbabwe. At this meeting, the Health Ministers adopted eleven resolutions, the last two of which were to thank the host country and the partners. The other nine called for a lot of work on the part of the countries and the ECSA Secretariat to implement to scale. These meetings take place throughout the year and so many resolutions are adopted. Not only that, there are also laws, policies, and plans at country level that are adopted all the time. This week in my country Uganda, a new National Health Policy and a Health Sector Strategic and Investment Plan have been launched. There are so many resolutions, so many recommendations, and so many plans. Yet most remain in files and on shelves and are not implemented to scale. There are so many proven technologies, so much knowledge of what works and what does not work. Yet coverage rates remain so low. What is the problem?

I want to argue that the problem is largely with the technocrats and professionals. Why? Most of these resolutions are crafted by techno-professionals and implementation strategies are designed by them. It is the techno-professionals who understand how the technologies work and monitor implementation success or failures round the world. They attend many meetings all over the world on these issues but most go back home to business as usual. They have the statistics on mortality and morbidity rates and can interpret the significance of these in terms of suffering, deprivation, and premature death, including the economic and social ramifications.

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Yet the sense of urgency and the outrage the situation calls for is nowhere to be seen or heard. The silence and complacency of the techno-professionals is deafening. By the way I am one of them and from now I will refer to 'we and us' and not 'they and them'.

We have up to now played the 'lack of political will' card but I believe our politicians have done their part. They have adopted the resolutions that we draft for them – most of them without comment. African political leaders have given us the green light to cause action on the resolutions. Causing action means translating the resolutions, policies, and recommendations into actionable and fundable propositions. This is our job which, in my view, we as techno-professionals are not doing well. In our group we have experts on advocacy, community mobilisation, budgeting, writing memos for cabinet and parliament. We techno-professionals have potential and capacity that can cause things to happen in order to close the implementation gap in our countries. We can cite political interference, lack of money, and other resources, but let's strive to do the best with the resources that we have, and if we are seen to be doing this and demonstrating that we have exhausted all possible efficiency gains, our chances of getting additional resources are so much better. If we do not get needed additional resources, at least our conscience will remain at peace.

I know of actual examples of countries where strong and driven techno-professionals have made a huge difference in child and maternal mortality, immunisation coverage, access to ARVs, etc. Political leaders, other technical people whom we lead, including populations, respond well and support health professionals who are practical, selfless, and result oriented. Where are these types of professionals and technocrats in Africa? How can we grow more of them? Let's discuss this in the next issue of *Africa Health*.