

Leon H. Sullivan Foundation Summit VIII

A Call to Action: Bridging Health and Development in Africa

INTRODUCTION

During the opening plenary of the Leon H. Sullivan Foundation Summit VIII in Arusha, Tanzania in June of 2008, Reverend Jesse Jackson called for a “Marshall Plan” for Africa. Reverend Jackson believes that such a plan would benefit Africa the same way it benefitted Europe after World War II by helping Africans to rebuild the continent, foster lasting partnerships, and create a strong foundation for economic and social progress. This kind of plan will positively impact Africa if the cornerstone includes steps for improving and funding health on the continent.

The opportunity for growth in Africa is great. Unfortunately, a variety of health challenges including the HIV/AIDS pandemic, inadequate funding, crumbling infrastructure, and now the worst global food crisis in a generation have made it difficult for countries to take advantage of those opportunities. The most devastating impact of poor health is that it limits Africa’s ability to reach its own development goals. Without a healthy population, there can be no stable workforce to propel economic and social progress.

As we pass the halfway point for the Millennium Development Goals (targets are set for 2015), African countries are working to achieve major gains in health. By putting health on the forefront of the development agenda, African leaders can advance sustainable and effective strategies to achieve the continent’s development goals. The Leon H. Sullivan Foundation Summit VIII was productive because it fostered discussions and partnerships with high-level leadership. Building on that opportunity and developing a “Marshall Plan” for Africa as suggested by Reverend Jackson, Summit participants that attended the panel on June 3, 2008 on “Building an African Healthcare Infrastructure” offered the following recommendations to African leaders:¹

1. Recommit to increase healthcare expenditures so that they meet or exceed 15 percent of the national budget. This commitment for increased funding was made by members of the Africa Union in Abuja, 2001.
2. Reverse the drain of skilled healthcare professionals by providing adequate remuneration, education, and training opportunities. Negotiate increased donor investment in human capital.
3. Improve healthcare service delivery across rural and urban areas by encouraging public-private partnerships to construct and improve physical and health infrastructure (e.g., roads, sanitation, electrical capacity, communication networks, medical facilities, and medical equipment), and expand technology.
4. Implement primary healthcare for all by strengthening primary healthcare systems and developing sustainable partnerships with those at the community level.

The panel also recommended that the Leon H. Sullivan Foundation provide a platform for raising awareness about the connection between health and development outcomes and to facilitate the efforts of African leaders.

¹ The panel was moderated by John F. Williams, MD, EdD, MPH, Provost and Vice President for Health Affairs, The George Washington University, Washington, DC, USA.

Recommendations for African Leaders

Reverend Jackson called for a “Marshall Plan” for Africa. The funding and technical support provided by such a plan could benefit Africa if it also includes a strategy for improving the health of Africans. The recommendations below aim to provide African leaders with an important starting point for ongoing discussion on improving health in Africa.

Funding and Investment

Healthcare is a basic service essential to combating poverty. In Sub-Saharan Africa, which has 11 percent of the world's people and suffers 24 percent of the burden of disease (measured by the years lost to sickness and early death), there is a great need for increased funding for healthcare systems and training. Currently, the continent has less than one percent of the planet's healthcare spending. In Abuja in 2001, members of the African Union (53 countries in total) pledged to spend 15 percent of their national budgets on healthcare, however, many African nations spend as little as three percent. As of 2007, only two countries (Seychelles and Botswana) had met or exceeded that pledge. **The panel recommended that African leaders recommit to increase healthcare expenditures so that they meet or exceed 15 percent of the national budget as was pledged in Abuja in 2001.**

Human Resources for Health

At the First Global Forum on Human Resources for Health that was held on March 2-7, 2008, in Kampala, Uganda, it was recognized that of the 57 countries worldwide that are experiencing critical healthcare worker shortages, 36 of those (more than 60 percent) are located in Africa. Furthermore, according to a study by the International Organization for Migration, Africa is reported to have lost one-third of its human capital. Since 1990, it is estimated that on average Africa loses 20,000 skilled professionals annually, costing an average of \$4 billion US dollars per annum. **The panel recommended that African leaders reverse the drain of skilled healthcare professionals by providing adequate remuneration, education, and training opportunities. African leaders should negotiate increased donor investment in human capital.**

Physical and Health Infrastructure

In addition to being fragile, fragmented, and unevenly distributed, the HIV/AIDS pandemic has had devastating effects on the health infrastructure in many African countries. Health infrastructure includes health facilities, diagnostic equipment, medicine (including traditional medicine), and health supplies. Poor health infrastructure coupled with limited transport and communications systems, insufficient sanitation conditions, and lack of clean water weaken the health systems in Africa. Improvements in health and basic infrastructure are necessary in order to meet the health needs of people in Africa. **The panel recommends that African leaders improve healthcare service delivery across rural and urban areas by encouraging public-private partnerships to construct and improve physical and health infrastructure (e.g., roads, sanitation, electrical capacity, communication networks, medical facilities, and medical equipment), and expand technology.**

Primary Healthcare

It is clear that the Africa's deteriorating healthcare is partly due to inadequate human resources and weak health infrastructure. Primary healthcare, a concept that was presented at the 1978 Alma Ata and is based on social justice and equity of health, is one response to addressing the healthcare issue. Primary healthcare is an approach which integrates at the community level all the elements necessary to make an impact on the health status of people. Additionally, primary health encourages linkages between traditional and non-traditional

medicine. **The panel recommended that African leaders implement primary healthcare for all by strengthening primary healthcare systems and developing sustainable partnerships with those at the community level.**

Recommendations for the Leon H. Sullivan Foundation

The Leon H. Sullivan Foundation can be a leader in moving us closer towards bridging health and development in Africa. **The panel recommended that the Leon H. Sullivan Foundation use their summits as a platform for raising awareness about the connection between health and development outcomes and to facilitate the efforts of African leaders.**

Conclusion

Leon H. Sullivan believed that the development of Africa is a matter of global partnership. In order for Africans to reach their full potential in such areas as education, energy, and tourism through a plan like the Marshall Plan, the panel believes that the global community must work with African leaders to implement the health recommendations contained herein. The importance of health to Africa is not complicated: Without a strong and vibrant health infrastructure throughout Africa, the continent will have difficulty nurturing the kind of long-term global partnerships that will lead to sustained growth on the continent.

Prepared on behalf of the panel by: Dr. John F. Williams, Dr. Ayoade Olatunbosun-Alakija, Dr. Krista L. Swanson, Mrs. Kristen K. Campbell, and Mrs. Alyson B. Lipsky.