Where Were We; Where Are We and Where Do We Go Next?

Presentation to MEPI Symposium, Addis Ababa,
By Francis Omaswa,
African Center for Global Health and Social Transformation (ACHEST), Kampala.
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H E Ambassador Donald Booth, of the USA to Ethiopia,
Representatives of the Government of Ethiopia,
Members of the MEPI Family,
Distinguished delegates in your respective capacities,
Ladies and gentlemen,

This statement is to frame the Symposium and to provide us with our bearings, so that we can spend the next three days here focused on our goals and our destination and I have ten minutes.

Where Were We?

We come a long way: 10 years ago, the subject of HRH was considered to be a matter for African country governments, too complicated and not sustainable for development partners to get involved. 10 years ago, the HIV and AIDS pandemic had got recognized as an African crisis and the African Heads of State and governments met in Abuja with the UN SG and called for action and help which we received from partners including the USA; 10 years ago the WB was grappling with fixing poorly performing African economies dubbed HPIC with prescriptions that aggravated the HRH crisis with across the board recruitment bans and retrenching of civil servants. The developed countries were experiencing HRH shortages as well and were camping in hotels such as this one recruiting African Health workers stealthily.
Then a series of events quickly followed: I sat in various forums such as the World Health Assembly (WHA), the British Commonwealth Health Ministers meetings and witnessed very acrimonious debates between African health ministers and their developed country counterparts over health workforce migration described as brain drain. Several resolutions were passed by the WHA. The Joint Learning Initiative (JLI) report was released, global consultations took place in Oslo and Paris, The Global Health Workforce Alliance (GHWA) was launched along with WHR 2006

"Working together for health" simultaneously at the WHA in May 2006 and the call for a global code on international recruitment of health personnel was made by WHA. The import of the WHA resolution on the Code in 2009 is that an agreement was reached by member states to work together to train and support a global pool of health workers with the developed countries supporting developing countries. By this time PEPFAR was in full flight focusing on an emergency program to increase access to ARV through in-service training and task shifting but frustrated by shortages of skilled health workers in the health programs in Africa.

A key event in this movement was the Kampala 1st Global Forum on HRH in March 2008 adopting the Kampala Declaration and Agenda for Global Action. This Declaration was endorsed by the G8 in Hokaido later that year and reaffirmed at the 2nd Global Forum in Bangkok in 2011. It was at the Kampala HRH Forum that the decision to go ahead with Sub-Saharan African Medical Schools Study (SAMSS) was reached and it was around this time that governments of USA and Japan announced their commitment to train 140,000 and 100,000 health workers respectively in Africa. I have no doubt that MEPI and NEPI were born out of this movement.

Where Are We?

We have come a long way and where are we now?

The global HRH movement has gained momentum; HRH is now recognized as central to health systems performance and better health outcomes and is everybody's business. The new problem we have is how to coordinate the multiple players in the field. During the last two weeks of the month of June, 2012 alone, there were six meetings taking place on Community Health Workers for Africa! Most African governments have developed HRH plans, regional structures are in place for African regional coordination namely, African Platform on HRH, Regional Economic Communities, WHO Afro and the AUC. While there are a number of active regional and country professional associations, more work needs to be done on supporting professional associations in the continent. Investment in HRH in the continent has increased with many new schools and the private sector is a significant player. This investment is still inadequate. Conditions of service in most countries are still unsatisfactory and this is what Eric Goosby during the recent International Aids conference in DC described at the "elephant in the room". Salaries are not at levels which enables health workers to live in

dignity among the communities that they serve. National and regional coalitions to generate evidence and to engage in advocacy are needed and international partners need to join this advocacy.

MEPI has taken off very well. The details of what has taken place during the last two years will be presented later during this session. From what I have seen and heard, the MEPI grantee schools are very pleased with MEPI. To quote one Dean … "MEPI has breathed a new life into our Medical School". There are several country consortia with older Medical Schools supporting younger and new ones and partnerships with the continent and with many USA partners. We are starting to see partnerships between education and with health systems and transformative educational innovations. It is looking very good and we should continue to refine the way we work to perfect the MEPI management arrangements and achieve full potential.

I would like to applaud the effort and energy of the many that make enormous sacrifices in challenging travel conditions to make MEPI the success that it has become. Please allow me to single out Professor Abdel Karim Koumare from Mali and a member of the ACHEST MEPI faculty. He was stranded in Senegal for over one week; spent two days quarantined in an airport and was denied entry into one country having arrived for a MEPI site visit. Amazingly, Professor Koumare takes all this in his stride and does not complain!

Where Do We Go Next?

The context in Africa is more hopeful today than it has been for a long time. African economies are growing, 34 of the countries have discovered economically viable oil and gas deposits other have minerals. With globalization, and movements on equity, social justice, gender equality and human rights we are seeing increasing demands for accountability and transparency. Responding to population health needs by governments is becoming a matter over which elections are contested. With economic growth, the role of the private sector will contribute additional resources for health. The environment for MEPI is indeed favorable. The World Bank has developed a $300 million project on Centers of Excellence for African Universities and a call will be out this year, the African Development Bank AfDB with the Aga Khan Foundation are developing a project for $100 million for health alone in the East African Community countries, some African governments such as South Africa, Ethiopia and Zimbabwe are

investing their own money into Medical Education. What should be our strategic directions for sustainable success moving forward with MEPI?

I would like to propose the following five point plan:

1. We should start by using MEPI to strengthen country coalitions for dialogue on national HRH and encourage MEPI leadership to play leadership roles of change agents by supporting institutions such professional associations, academies including our students. At regional level we should be active members of AMSA, the APHRH, RECs, WHO and African Union etc,
2. MEPI as part of locally relevant research agenda should undertake Health Systems Research including HRH in order to generate local and regional evidence to strengthen HRH and health systems. Policy dialogue, policy briefs should be high priority for engagement with political and civic policy makers. Our biomedical basic sciences research which we must continue with, will be much easier to market.
3. We should develop a communication strategy and engage in strategic communication. Target key African leaders and meetings with our research evidence and with well-crafted policy briefs in partnership with regional institutions and networks. We should share our results with development partners and publish MEPI achievements in the popular press and international journals in order to recruit more support and answer to the expectations of our development partners.
4. We should cultivate strategic Partnerships within and outside Africa including institutional twinning arrangements.
5. We should work with partners to support a more comprehensive HRH education and training initiative that address a balanced development of all cadres needed to deliver a continuum of health care. Physicians on their own are essential but insufficient.

In conclusion, I want to share with you all of my new hope for Africa. I have lived to see the good, the bad and now I am seeing a new hope that I believe will bring irreversible progress. Africa has potential to become the continent of the future but that is only if we act now.

Last but not least, let us thank the government and people of the USA for their generosity in supporting not only for MEPI but so many other activities and programs in our countries and in global health. Without the contribution of the USA most of the major global health agencies would be crippled.