

COMMENTARY

Tribute to Professor Olikoye Ransome-Kuti: A great public health physician

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Nearly a century after his birth and 20 years after his passing, we look back in awe at the attributes and contributions of the great public health pioneer Professor Olikoye Ransome-Kuti, a giant of Africa whose reach spanned the globe.

I was among a generation of students fortunate to be trained under his tutelage. While a medical student specializing in paediatrics at Columbia University in New York, I was accepted to be his student fellow in 1979-80. Soon thereafter, I arrived in Nigeria and began work in Paediatrics Ward D at the Lagos University Teaching Hospital.

In contrast to the paediatric hospital in New York, our upstairs children's unit was modest. Yet, I quickly saw that the process and outcomes were often superior to the 'modern' methodology to which I had been accustomed. Professor Ransome-Kuti emphasized the primacy of the physical exam. One of his favorite questions: What do you observe? He understood that you can only interpret a lab result together with what the patient in front of you is presenting.

Prof was fabled for his bedside manner. He would speak with the mother and then, regardless of the age of the baby, would engage directly with the patient. The eye contact with the child soothed both the little patient and the parent.

A prolific contributor to academic and research studies, Professor Kuti, along with other luminaries of his era, including Drs. David Morley and Nicolas Cunningham, changed the paradigm on how to approach community and child health.

A leading advocate of primary health care and preventive medicine, he promoted simple low-cost solutions that save lives, encouraging the use of oral rehydration therapy and exclusive

breastfeeding, introducing free childhood immunization, and making the recording of maternal deaths compulsory.

At a time when many people denied the existence of HIV/AIDS in Nigeria, he did not shy away from the subject, confirming the country's first AIDS case in 1986 and just over 10 years later acknowledging that his own brother, the world-renowned musician Fela Kuti, had succumbed to the disease. His penchant for openness and transparency made the risks real for millions of Nigerians and gave a much-needed boost to the country's AIDS campaign.

Through his life and work, Prof transmitted to those of us fortunate enough to be his students both facts and values. We learned through his example that an attitude of service is as important as the ability to read test results. In the medical wards, at the Institute of Child Health, and as Minister of Health of Nigeria, he was an exemplar of values that our profession holds most dear: integrity, intellect, leadership, compassion.

Many regarded his impeccable integrity with amazement, given prevailing patterns at the time. Yet, for Prof, impeccable integrity was a way of life. While it is true that he left his ministerial post without amassing riches, he always said that the wealth of respect was better than anything money could buy. And he bequeathed a wealth of wisdom to us all.

For me, three lessons stand out.

First, the value of teamwork and respect for each person's contribution. We saw this the minute we set foot on Ward D. It was evident in the respectful interaction between Professor Kuti and Matron Henrietta Jones – nearly as fabled as Prof – and in

the simple thank you to an orderly or messenger. He knew that improving child health requires working together across disciplines – pediatrician, nurse, social worker, nutritionist, technical specialist. No one doctor or person can do it alone.

Second, you cannot simply treat the child and think you are done. To improve the lot of that child and prevent her from coming back with the same thing tomorrow, Professor Kuti taught us to observe the interactions among the family and understand the context of the child in the community. This was a central tenet of his approach to the field of primary health care – the whole community is your patient. Yes, do a thorough physical examination, use a gentle healing touch, but above all listen to your patient because the answer is usually right there in front of you.

I applied this lesson time and time again in my early work as a paediatrician and HIV researcher in Harlem. This was at a time when the crack-cocaine and AIDS epidemics were devastating the poorest and most marginalized patients and communities, and it became clear that you couldn't treat the child without understanding the social context and the challenges facing her mother. Indeed, a pregnant woman's medical needs often paled in comparison to the urgency of her social needs. If her life was off track due to drug use, she didn't stand much of a chance, and neither did her baby once born. A holistic, community-based approach to care is indispensable.

We see this also in our work at UNFPA, the United Nations sexual and reproductive health agency. We are working with partners to achieve three transformative goals for women and girls in Africa and around the world, our three zeros:

- Zero unmet need for family planning,
- Zero preventable maternal deaths, and
- Zero gender-based violence and harmful practices, including child marriage and female genital mutilation.

High-quality data and evidence help us zero in on those in greatest need of support.

Progress depends on addressing persistent, unequal gender norms that undermine the health, well-being and rights of women and girls. How do we do this? Through steady work in community after

community. Our programmes bring men and boys, faith leaders, and other community members together to change discriminatory social norms, promote later marriages and pregnancies, and help adolescent girls stay in school and acquire life skills so that they can participate more fully in their communities.

UNFPA's 'husbands schools' across the Sahel, for example, foster behaviour change by increasing men's understanding of women and adolescent girls' health needs and rights. Men's engagement in reproductive, maternal, newborn and child health, and in parenting, strengthens health outcomes and their relationships with their partners and children. When the whole community is the patient, the whole community benefits.

The third big lesson that Professor Kuti taught me is this: to have the maximum impact, go where the need is greatest. This is the principle that underpins the United Nations Sustainable Development Goals – leave no one behind and endeavour to reach those furthest behind first.

Many of my fellow students and I went to rural postings. Mine was in a small hospital in Ogbomosho. Regardless of the challenges – remoteness, transport difficulties, language barriers, mosquitos – he encouraged us to figure out how to overcome them, and to have confidence that we could make a difference.

Professor Kuti's influence on my career path and on countless others' is immeasurable. I will always remember his and Mrs. Kuti's pride when he translated my chieftaincy name – 'Atayeshe' – conferred by the Chief of Idanre. An authority on Yoruba expressions, Prof told me with great excitement that this is the name for someone 'who dares to heal the world'.

He was fortunate to be able to see the works of his intellect and mentorship come to fruition in his lifetime. Always surrounded by a cadre of bright, loyal and innovative younger scholars and academics, Professor Kuti insisted that their endeavours should result in practical solutions that benefit ordinary people. He encouraged us to dare and believed in our capacity to heal.

His light may have left the world, but the fire he lit in our hearts and minds – as a teacher, a healer, a scientist and a scholar – burns ever bright.