

COMMENTARY

Remembering Olikoye Ransome Kuti (1927-2003): An inimitable public health physician and a tireless advocate of primary health care

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Editor's note: Unfortunately, Professor Emeritus Nimi Briggs died on April 10, 2023 after this article was accepted for publication on March 26. May his gentle soul rest in perfect peace

Some life experiences appear to give credence to the Latin phrase *tempus fugit*. For, it is indeed startling that 20 years have passed since the news broke of the demise of Professor Olikoye Ransome Kuti, at 75, in a London hospital on June 1, 2003, from pulmonary embolism, while attending a meeting convened by the World Health Organisation (WHO)¹. Were he to be alive, he would be a 95-year-old nonagenarian this year. Truly, *time flies* and passes surprisingly quickly.

I was vice-chancellor of the University of Port Harcourt at the time Olikoye Ransome-Kuti died. Indeed, on that day, I was in Mississauga, Canada, a posh, affluent suburb of Toronto whose exclusive class of population and beguiling beauty stood in sharp contrast to the high-rise and bustle that characterised downtown Toronto. Sixty of us from different countries had been invited under the auspices of the Canadian Institutes of Health to attend a meeting on *Global Health Research Initiative* which was originally scheduled to hold in the city of Toronto. The meeting had to be moved to Mississauga to assuage some participants' unease regarding the public health measure of *quarantine*, occasioned by the Severe Acute Respiratory Syndrome (SARS) - a viral respiratory disease caused by a SARS-associated coronavirus- an outbreak of which had occurred in China in early 2003 and had spread to other countries, including Canada.

As it did during the heydays of the still ongoing COVID 19 infection, the Cable Network News (CNN) freely published information about the disease on the rudiments of Public Health with its daily SARS UPDATE. Countries in the affected

parts of the world, especially China, went through difficult times, including *lockdowns* in efforts to restrain the disease. In the process, many countries realised that of all the responsibilities of governments to their people, securing health is prime². For all the concerns of nations about national security, the economy, GDP per capita, it should be understood that in the final analysis, only healthy citizens can secure a nation, and turn its economy round². The death of Olikoye Ransome-Kuti, one of the world's most celebrated public health physicians at a period of considerable global health crisis that required his expertise, made that loss more hurtful and prompted people around the world to write tributes about his impactful health reforms especially within the context of developing countries³.

Olikoye Ransome Kuti used academia as his platform to stardom. He was Professor of Paediatrics and Primary Health Care at the University of Lagos where he taught me as a medical student in the late 1960s. My knowledge of him emanating from my many interactions with him at his various stations in life, within and outside the country, provide the material context for this commentary. A peerless and meticulous clinician, Professor Kuti had an abiding and deep empathy for sick children as well as a profound commitment to the course of his students. If his empathy was infectious and set a standard for colleagues, his dedication to duty was unsurpassed and made him particularly admirable. He simplified the teaching and learning of Paediatrics with anecdotes and facilitated by his unassuming nature and amiable lifestyle, Olikoye made himself extremely

accessible, especially to students and the parents of the children under his care. For instance, he would ask at ward rounds if a sick child had smiled, connoting that a sick child begins to smile only when he or she is getting better. This was coupled with the fact that he welcomed students from other firms in the department during his ward rounds and lost no opportunity to explain how to properly feed an infant whenever he interacted with parents.

In his teachings, he harped repeatedly on the concept of health promotion by a team, with the doctor as the team leader as opposed to the treatment of diseases with the doctor as the sole player. This concept of health promotion which is cardinal to the Primary Health Care (PHC) idea was espoused by Olikoye Ransome Kuti well before the 1978 Alma Ata (now Almaty – Apple City) conference in Kazakhstan. At that conference, the WHO upheld PHC, with its components of health promotion and the provision of a basic health package for all citizens where they live and work at affordable costs, as the pathway through which nations of the world were to attain, by the year 2000, a level of health that would permit their citizens to lead a socially and economically productive life⁴. To help to bring this concept into reality, Professor Kuti established a PHC Centre close to the College of Medicine in Surulere to train staff and students to practise the concept and methods of PHC.

Consequently, at the time Olikoye Ransome Kuti became the Minister of Health (FMH) of Nigeria in 1985, it was clear to him that what needed to be done to evolve a truly responsive health system for the country and to be an active participant at the international scene on behalf of the country was to focus on primary health care. Teamwork under an aggregate leadership was his forte and he energised the Ministry giving it a hitherto unknown visibility and voice that surpassed all others. He complimented the efforts of his predecessors and ensured that Nigeria put in place a well-articulated health care delivery system that was based on a preventive and promotive primary health care, a curative secondary care and a tertiary system that had the responsibility for rehabilitation and human resource development.

With incredible vigour and energy, Olikoye Ransome- Kuti crisscrossed Nigeria, *preaching the gospel of PHC*, which was to serve as the springboard of the First National Health Policy which he developed in 1988⁵. With astonishing

speed, PHC centres sprang up in many Local Government Headquarters across the country, which the then Head of State, General Babangida had created. Through doggedness, commitment and deep conviction he promoted the practice and uptake of several child survival strategies in Nigeria. These included oral rehydration therapy for diarrhoeal diseases, exclusive breast feeding as the gold standard for infant nutrition during the first six months of life, and childhood immunization as the cornerstone for the prevention of some common childhood diseases. Additionally, he gave the multinational cigarette companies a run for their money by getting them to indicate the danger associated with smoking on cigarette packages and also, by virtually eliminating smoking in public places. At the international forum, he was no less vocal especially at the WHO where he was regarded with tremendous reverence and chaired several important committees and meetings of the world body. Many felt that the country had finally got it right at the Health Ministry and that the nation's health problems would soon disappear, especially as he was able to attract significant external funding to support the delivery of PHC activities in the country. Unfortunately, things did not quite work well in the country due the unfortunate events associated with military rule after 1992. The health care system and the implementation of proposed activities floundered with some heaping blame on the preference for primary health care without concomitant coverage of secondary and tertiary care facilities.

Olikoye Ransome-Kuti left the Federal Ministry of Health in 1993 to join the WHO where he held various assignments with utmost competence, at all times identifying with the needs of developing countries especially those in sub-Saharan Africa. But no one would allow him to stay away from the Ministry for too long. As such, he was reappointed the Chairman of the Primary Health Care Development Agency, an umbrella body with remit to ensure that PHC was effectively scaled up throughout the country. It was even being speculated that he was to serve as the next Minister of Health under the then incoming administration of President Olusegun Obasanjo at the time of his death.

In this regard, let me recall that it was only recently, in the December 2022 edition of the African Journal of Reproductive Health⁶, that two

colleagues and I authored a feature article on *Professor Kelsey Harrison* who we described as *An African Academic Giant*. The article, which was also published in the *Guardian Newspaper*⁷, was written to celebrate the 90th birthday of Professor Harrison on the 9th of January 2023. That article, taken along with this one and several others that depict the wholesome character, towering academic achievements and breathtaking professionalism of some of the men and women who had served in the health care delivery system of Nigeria at one time or the other, show them to be among the global best. The fact that Nigeria has still not been able to evolve a health system that satisfactorily addresses the needs of its citizens, despite the presence of men and women like Professors Kelsey Harrison and Olikoye Ransome-Kuti is therefore regrettable. The many steps that are being taken to enable the country take its rightful position in this direction are consequently most welcome^{8,9}.

Incidentally, in the 20 years that have elapsed since his death, a lot has happened in the global and local health and social sectors which would have engaged the attention of Professor Ransome-Kuti, were he to be alive. At the global scene, with the massive use of antiretroviral therapy (ART), HIV AIDS, the global health crisis to which he paid a lot of attention as a public health physician¹, is on the decline in most parts of the world, including Nigeria. But the health calamity which occurred as a respiratory infectious disease at the advent of the coronavirus disease 19 (COVID-19). SARS-CoV-2 in December 2019¹⁰ and which has resulted in an estimated 15 million deaths so far¹¹, along with the Ebola infection of 2014¹², would have taken his time and energy. Consequent upon these outbreaks of emerging and re-emerging zoonotic infections, Olikoye Ransome-Kuti would have found that a *One Health* approach which addresses the connectivity between animal-environment and human health issues has emerged as a means of improving Global Health Security.⁸ The Russian/Ukraine war with its humongous losses of human lives would have caused him considerable concern. But he would have been pleased to know that his pet subject of *Child and Adolescent Health* is one of five critical health issues to which the *Lancet at 200* has decided to draw attention as most critical issues impacting health globally¹³.

Back home in Nigeria, the professor would notice that most PHC centres are dilapidated and run

down and are hardly functioning⁸. But he would be pleased with the commitment of the Government to achieving Universal Health Coverage (UHC) – a natural extension of the principles of PHC – within 10 years with the simultaneous increase in immunization coverage to 80% by 2028¹⁴.

Furthermore, the professor will be happy with the various actions taken by the Nigerian Government to bring UHC to fruition, such as the establishment of National Health Insurance Act and that Indeed, Lagos State, where he spent the better part of his working life, is intensifying efforts to achieve UHC by 2030¹⁴. Poverty, he would notice remains a serious problem and that the World Bank, in its latest 2022 Poverty and Prosperity Report, stated that Nigeria contributed three million people to global extreme poverty, while the country is “home to a large share of the global extreme poor¹⁵.” Paediatrics as a discipline, the professor would observe is faring well and that the two postgraduate medical colleges – the West African College of Physicians and the National Postgraduate Medical College - he contributed to founding, are now well established.^{16,17} He would notice that a number of important events have taken place this year in the country that could affect the country’s health trajectory. They include the election of a new president, the appointment of a Nigerian to take charge at Gavi, the Vaccine Alliance.

Following a general election that was held on the 25th February 2023, the country elected Ashiwaju Bola Ahmed Tinibu a former Governor of Lagos State to become the country’s president from the 29th of May, 2023 under the political platform of the All Progressive Congress (APC). In his manifesto, the incoming president has indicated that he plans to reform the healthcare system by making UHC a primary objective and central theme of his healthcare reforms as he expects through it to create new jobs and bring greater economic and social development to the Nigerian people. Professor Mohammed Pate, who like Professor Olikoye Ransome-Kuti had served as Nigeria’s minister of health, has been appointed Chief Executive Officer of Gavi, a top global health initiative involved in vaccine acquisition and distribution. It is expected that Pate’s leadership of Gavi will ensure a more equitable distribution of vaccines unlike what many developing countries suffered during the height to the COVID 19 pandemic.

No commentary on Olikoye Ransome Kuti would be complete without some mention of his prodigious family circumstance and the upbringing that he had. His was a formidable family where, among other features, the paradox of the divergent approaches of members to worrisome social issues that affect the masses like poverty, inequity, hunger, bad governance, discrimination, nepotism, ignorance and corruption was only matched by the congruence of their ultimate positions. Whereas his father, and patriarch of the family, a priest and teacher as well as Olikoye were gentle, reticent, measured, persuasive and cogent in their approach, his mother and matriarch of the family, a social crusader, and women leader, along with Fela, the younger brother of the professor, were vocal, vibrant, animated, took no nonsense and said it as it was. This contrast in approach notwithstanding, they were always at one in condemning these social vices and those that perpetuated them, in the strongest possible way that each could muster, regardless of how highly placed such persons were. Not surprising therefore, they each carved niche for themselves as promoters of the course of humanity for the greater good, and voices for the voiceless with Professor Olikoye Ransome Kuti and Fela Anikulapo Kuti, being probably the most outstanding. Olikoye rose through the labyrinth of scholarship and professionalism to become an international and inimitable public health physician who served humanity in various high-ranking capacities. In the process he won numerous awards including WHO Leon Bernard Award in 1986 and the UNICEF Maurice Pate Award in 1990. He became a visiting professor at the Johns Hopkins University's School of Hygiene and Public Health and also, the chair of the Executive Board of the World Health Organisation. Indeed, till this day, he is regarded by some as the best Minister of Health that Nigeria has ever had. Fela, on the other hand, with his sensuous music, dance, glitter and entertainment that often use satires and parodies to hit hard on promoters of societal ills, became a revered global icon who, even in death, is held in utmost admiration, almost to the point of a deity by many. The absolute honesty and frankness which Olikoye exhibited in acknowledging and announcing that his brother Fela died of AIDS, despite the intense stigma with which the disease was associated at that time, is in the character of the family¹.

It is the totality of such a huge portfolio of achievements and legacies as has been described, of a quality teacher and clinician, an iconic public health proponent and a relentless supporter of the course of the poor and underprivileged, whose selfless life positively affected many in near and far away lands that makes us remember Olikoye and keeps his memory evergreen in our minds.

In the concluding paragraph of my Tribute to my teacher, Professor Olikoye Ransome Kuti,³ I stated how I reacted to the news of his demise with one short sentence: *He was a good man*. That description of him and my assertion of his goodness, remain my position, 20 years after his death as no Tribute or Comment on this man of honour and integrity, can be more appropriate. Similarly, I reiterate and renew my confidence that providence and history will remain kind in their judgment of this guru and will continue to bequeath to him the final and loud applause which he still so richly deserves.

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