SAMJ
Commentary and Debate

Editorial

Addressing Africa's health needs — time for strong South African involvement

Health and development in South Africa are, and will increasingly be, closely linked to changes in other African countries. This was recognised by Gear and Gear nearly 50 years ago when they stated that 'for a variety of reasons humanitarian, scientific, economic, and social interest in Africa is growing throughout the world. This concern is expressing itself in various ways. There are constitutional changes, industrial and agricultural developments, social evolutions and scientific investigations that are not as familiar as they should be to South Africans.'[1]

The Gears stressed the need for South African engagement with other researchers on the continent, both to contribute to progress and to learn from researchers in the then newly established institutes of Africa. Since 1950, South Africa, rather than engaging with the rest of Africa, suffered a hiatus of decades as apartheid policies forced its retreat from involvement in public health beyond its borders. The last few years have seen a major resurgence of interaction between South Africa and its African partners. South Africa's experience in re-establishing links with the rest of Africa will be important for many other countries around the world which are considering how to play a more significant regional and global role in public health.

Health and development in Africa in the 1990s

The results of the third evaluation of the WHO's strategy of Health for All were reported at the 47th Session of the Regional Committee for Africa held at Sun City between 1 and 5 September 1997. The evaluation covered the period 1991 - 1996 and identified how political, social and economic factors have influenced health development, how national health systems have performed and how far the health status of the population has improved.

The generally unfavourable sociopolitical context within African countries seriously impaired their health development efforts. Some of the largest countries in Africa are undergoing sociopolitical upheavals, war and institutional instability. While in recent years there have been profound increases in economic growth in many countries, particularly those in southern Africa, they have yet to translate into reductions in overall levels of poverty or to improvements in the health of populations.

Additional negative social and health trends are likely to hamper the health and development status of many African continents for several decades to come. For example, the HIV/AIDS pandemic has intensified and continues to create a social situation which is complex to manage. The burden of poverty-related diseases is disproportionately concentrated in sub-Saharan Africa and this picture is likely to have worsened by 2020. For example, in 1990, 85% of all malaria deaths occurred in Africa, a figure that is likely to increase to 93% by 2020 if existing trends continue. In 1990, an estimated 32% of all children who died before their 5th birthday, died in Africa. This figure is projected to increase to just under 50% by 2020. In absolute numbers this will mean that in the 2020s, over 4 million deaths of children under the age of 5 will occur annually in Africa. The majority of these deaths will be due to preventable communicable diseases and malnutrition.

While significant progress has been made in the supply of safe water in the region, particularly with regard to urban areas, progress has stagnated over the last 5 years and progress in provision of sanitation has been slower. About 10% of the total sub-Saharan African burden of disease is related to problems associated with water and sanitation.[3] Progress with regard to many aspects of primary health care has been slow and uneven. For example less than 40% of mothers in the WHO Africa (WHO AFRO) region have access to assistance from qualified personnel during childbirth. Given these figures, it is not surprising that 220 000 maternal deaths still occur annually in sub-Saharan Africa — one-third of the world total.[2]

The WHO Regional Office is concerned about the low output of health institutions and the poor performance of health personnel in many countries. Its own offices in Brazzaville have now been evacuated and staff are dispersed in offices in Pretoria, Lome, Harare, Libreville and Geneva. The brain drain is limiting the capacity of many governments to deal with their health development needs. In South Africa it is sobering to reflect on worldwide experience with regard to the brain drain. The increasing international standardisation of medical training makes doctors highly mobile. Because of this, countries have tried several approaches to ensure that doctors remain within their country and within the public sector. In general, the evidence suggests that incentive-based approaches work better than more draconian measures.

Signs of hope

Despite the overall negative picture that has emerged from the third evaluation of Health for All, there are several

reasons to believe that Africans are taking charge of their health development and that new forms of international support are being considered. Among these is the 'UN Special Initiative for Africa' that takes a broad multisectoral approach to development. It places specific emphasis on maternal and child health and malaria control. Further, continuing work of the 'Better Health in Africa Panel' has started to strengthen the policy capability of several health ministries.

The USA government believes that African governments require financial assistance to slow down population growth and combat environmental decay, disease and poverty. Members of the new 'G8' in Denver earlier this year committed themselves to intensifying support for Africa with tropical disease research; the development of an HIV/AIDS vaccine was explicitly mentioned. Within Africa, governments indicate a greater realisation of the need to invest in health, education and new communications technologies as a key to stability and long-term growth.

Critical thinking and revitalisation of actions in the area of public health and broader aspects of sustainable development are required if health for all is to be achieved in Africa, even in the first quarter or first half of the next century. It will take decades for the full impact of current efforts that address health and education to result in perceptible improvements in the health of people, particularly the poorest countries and communities. During this time, continued high levels of external support will be needed to build sustainable human and institutional capacity.

Is this picture relevant to South Africa?

The impact of HIV/AIDS is already a major cause for concern with 2.5 million South Africans being infected. The resurgence of malaria and continued unacceptable high rates of preventable childhood causes of death and disease demand the same urgent attention domestically as they do in the rest of the continent. In addition, the epidemiological transition is more advanced in South Africa with extremely high levels of tobacco, alcohol and fat consumption leading to mortality and morbidity from a wide range of non-communicable disease, injuries and violence. Access to primary health care is still unequal and many of the key determinants of health have not been adequately addressed.

Why should South Africa be involved in global health or in the health of the rest of Africa?

The universality of human health demands that countries no longer think globally and act locally but, increasingly, that they must also act together. Globalisation jeopardises disease control nationally by eroding sovereignty, while the need for global action is often frustrated by sovereignty. Transnational approaches to health will become increasingly important in the next century as the intensity of interaction between countries increases. In Africa, the fact that infectious diseases do not respect national borders has been known for centuries. Recent outbreaks of Ebola fever, malaria and food-borne diseases are merely the latest in a long and continuous stream of movements of microbes across borders.

Globalisation of trade has led to tobacco, alcohol and high-fat food products being marketed and sold in countries with little regulatory capacity and weak health and educational systems. Increasingly, environmental threats to health transcend national boundaries. The global trade in health services, pharmaceuticals and the access to new knowledge also bring many opportunities for African countries, provided they manage the process pro-actively.

South Africa's interests are best protected by the implementation of a strong pro-active approach to African and global health in order to protect the health of its people. As South Africa's economy strengthens, and as crises occur in other African countries, migration to this country will increase. This is the continued experience of several European countries in respect of North Africa, and that of the USA in respect of its southern neighbours. Isolationist and protectionist policies to address threats of infectious diseases occurring through migration do not work in the long term, undermine foreign policy objectives and reduce the chances for international collaboration.[3]

South Africa's commercial interests are advanced by supporting health and development initiatives in the rest of Africa. It is inherently desirable and morally correct to support others to achieve the highest attainable standard of health. In addition, healthy populations will be better able to interact with the South African economy, will buy more and will allow for industrial development in areas currently beset by disease and malnutrition. Such motivations were behind the USA's support for malaria control and for the development of the yellow fever vaccine, so necessary for Central American development projects.

South Africa can and should disseminate ideas and products that have worked at home. In doing so, it can use capacity that already exists for wider public good and in some cases, for legitimate commercial gain. The academic, scientific and technological expertise of the country is unsurpassed in Africa and many untapped opportunities for engagement exist. The WHO-AFRO offices naturally look at South Africa to establish research partnerships; to obtain advanced clinical and, increasingly, public health training; for procurement of affordable vaccines and pharmaceuticals and a wide range of diagnostic technologies for health; and to support regional and Africa-wide efforts in surveillance and control of diseases.

Over the last few years, South Africans have started to address several of these areas. For example, South African researchers are now actively engaged with other African researchers in a widening array of areas, including HIV/AIDS, violence and substance abuse. In April 1997, the MRC hosted the first African Health Sciences Conference to be held in South Africa.

The recent WHO Advisory Committee on Health Research indicated the need for substantial increased investments in building capacity for research within all developing countries. The severe mismatch in the expenditure of global research and development on the problems of developing

countries is particularly apparent with regard to Africa (Global Forum for Health Research, 26 - 27 June 1997). The areas of health policy and systems research, the development of vaccines for malaria and tuberculosis, and identifying cost-effective, preventive, promotive and curative approaches to address the rising toll of non-communicable diseases expected in all developing countries, are just a few areas where South Africa has the capability to make a significant global and African contribution.

The desperate need to build sustainable human and institutional capacity for health requires that new approaches to education and training in health sciences be considered by South African institutions. The continued heavy reliance on American and British universities is inappropriate, extremely expensive and not sustainable.

South Africa has much to learn from other countries as it develops further and implements policies and strategies that have been considered elsewhere. For example, decades of experiments with various forms of financing and regulation of health care suggest a strong role for the state in assuring that an appropriate legislative and regulatory framework exists. This would enhance mutually beneficial private/public sector interaction and reduce the need for ideologically based approaches that too often have not led to improved health for all.

Moral and ethical reasons are also important considerations.[4] The history of overcoming apartheid and early success in building a democratic state based upon values of equity, support for fundamental human rights and respect for diversity means that the voice of South Africans carries considerable moral weight. South Africa's leadership and support for policies and programmes that improve and maintain health elsewhere are therefore important.

Further, South Africa, because of this moral position, is expected to show coherence between its domestic and global health policies if collective security is to be achieved. This is particularly important in the areas of trade and foreign policy. Support for trade in tobacco between multinationals and countries with weaker laws and educational levels is already leading to the proliferation of the hazards of tobacco and undermining the health of many countries. South Africa's trade policy needs to be coherent, and should support the development by the WHO of an International Framework Convention to control tobacco worldwide.

Trade in weapons also has obvious health implications. Trade continues despite the country's moral leadership in efforts to achieve global disarmament. While economic arguments are used to defend arms sales, these give way to expressions of indignation and horror when the weapons are used to kill!

South Africa's experience with the Truth and Reconciliation Commission will be important as other African countries emerge from civil unrest and establish democratic governments. By acknowledging the role that state institutions and organs of civil society played in impeding health development and contributing to inequity, South Africa has set an example of how inward reflection can lead to more progressive policies. The WHO's publication, *Apartheid and Health*, in the mid-1980s,[5] and later UNICEF reports,[6] were regarded by the previous government as subversive and inaccurate! Now the record has been corrected.

Renewed action beyond the borders

Failure to engage actively in collective efforts to anticipate, prevent and ameliorate Africa's health problems will jeopardise South Africa's health and economic development and diminish South Africa's stature among the community of nations. Despite what may appear to be overwhelming domestic challenges demanding the use of all available resources, South Africa's long-term interests are well served by a modest but co-ordinated investment in the areas identified above.

An important place to start regionally is with a revitalised health component of the Southern African Development Community. Early in 1997, Gustaaf Wolvaardt and Chris Hugo-Hamman, at the time both representing South Africa as health attachés in Geneva and Brussels, respectively, identified several areas for regional attention.[7] These included human resource development, health information systems, health research and the provision of tertiary care. Little progress has been made over the last 2 years in these areas. Also, while researchers, academics and health department officials are becoming increasingly engaged in regional and Africa-wide initiatives, this usually occurs in an unplanned manner.

The time has come for South African institutions to develop a framework for global health action that gives priority to Africa. Such a framework should aim to create a supportive environment for fostering greater awareness about the issues that confront Africa, and of opportunities for involvement that arise through research, technology transfer, training and collective public health action. Universities, NGOs, the MRC and government departments, including those of health, foreign affairs, education, trade, arts, culture, science and technology, could be key stakeholders in such an effort. An alliance of stakeholders could consider developing a firm basis for tackling transnational health problems.

The time is long overdue for a stronger African voice to express itself in international forums. South Africa's support and, where appropriate, its leadership could ensure a new realism and sense of urgency about Africa's needs and solutions that will result in a sustainable 'African renaissance' (Thabo Mbeki — speech delivered at the 47th session of the WHO Regional Committee for Africa, Sun City, 1 - 5 September 1997). With supportive South African leadership the health of all Africans would benefit.

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Derek Yach

World Health Organisation
Geneva, Switzerland

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