

What public health actions are needed in African countries to confront health inequalities?

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In this article, which is based on the keynote address at the 7th PHASA conference 2011, I will discuss with you the progress that African countries have made in meeting the Millennium Development Goals (MDGs). We will also be able to see the gaps that need to be addressed. Finally, I share my thoughts on public health actions that I believe could contribute to redress existing gaps and inequalities.

Developing African Countries' Status Towards Achieving the MDGs

We all know that as recent as September 2010, ten years after the MDGs targets have been established, the world leaders met at the United Nations headquarters to assess progress made towards achieving the MDGs. At this meeting many leaders from African countries reported on the efforts they were making, but also on the challenges they are faced with and the sad unlikelihood of meeting many of the targets. On the other hand, leaders from other regions reported on their progress made, on their successes and the likelihood of meeting the set targets within the time frame.

Let us look at some the MDGs and the possibility that the countries in the African Region will reach the target.

The targets that are specific to health include:

- Reduce the under-five mortality rate by two-thirds between 1990 and 2015; African lower income and developing countries unlikely to meet the target by the set date.
- Reduce the maternal mortality ratio by three quarters between 1990 and 2015; The majority of African countries will not meet this target.
- Achieve, by 2015, universal access to reproductive health; Most African countries will fail to achieve this target.
- Halt and begin to reverse by 2015 the spread of HIV/AIDS; Unlikely to achieve this target by the specified date.
- Achieve, by 2015, universal access to treatment for HIV/AIDS for all those who need it; Unlikely to achieve this target by the specified date.
- Halt and begin to reverse by 2015 the incidence of malaria and other major diseases; Unlikely to reach the target by the specified date.
- Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation; Unlikely to reach the target by the specified date.
- In co-operation with pharmaceutical companies, provide access to affordable, essential drugs by 2015; Unlikely to reach the target by the specified date.

The targets indirectly affecting health include:

- Halve, by 2015, the proportion of people living on less than \$1 a day; Africa as a region will not meet this target by the set date.

- Halve, by 2015, the proportion of people who suffer from hunger; Africa performing poorly on the proportion of the population below the minimum level of dietary energy consumption.
- By 2015, all children can complete a full course of primary schooling, girls and boys; Africa will attain this goal by 2015.
- Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015; Gender equality in primary education is likely to be met.

Out of the twelve targets many of the countries in Africa have scored positively on only two. If we are all serious about these goals, this raises a big alarm and we cannot sit and wait as time passes by. Something has to be done urgently. Why these gaps and inequalities exist and what needs to be done to fast track development and redress these gaps are the key questions we need to ask and answer.

Public health actions to redress inequalities

The challenges

For most of the MDGs African countries are unlikely to meet the target. The gaps are huge, and the inequalities wide. The region is bound to fail. All the same we all need to pull our optimism together and use every opportunity, our knowledge, wisdom, experiences and resources to contribute towards success. The achievement of the MDGs by countries in Africa is key to the realization of the right to health of all people in the continent.

As 2015 approaches and with increasing global uncertainties due to the economic crisis and climate change and its impact on health, many countries in Africa have to rethink and be realistic in terms of focusing on both the achievement of the goals and sustaining them. Time bound goals are useful in regards to pushing governments and development partners to make the extra effort focused towards the set goals. Within this however, one has to ensure that interventions are appropriate in the local context, and achieving maximum coverage of the most vulnerable target population and sustaining these achievements. Coverage estimates may be misleading if population distribution is not taken into account. Average national coverage may not be adequate. It is important to analyze in detail access, utilization and quality of care for the most vulnerable population groups to ensure equity.

Talking about equity, it is an equal opportunity of the entire population to be healthy, including those that are marginalized. It implies that resources are distributed and processes are designed in ways to move toward equalizing the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts. However, in many of the resource poor countries in Africa, the challenges are two-fold. The first and most important is to increase the overall financial and resource pool while in the mean time ensuring the equitable distribution of these resources with the high priority and bigger share allocated to the most vulnerable groups. Secondly, this also implies that the resource distribution and design are not only for health care programs, but also include all resources, policies, and programs that play an important role in

shaping the health of the population, most of which are outside the immediate control of the health sector.

However, there is need for optimism against all odds. We acknowledge the progress made in health development over the years, but more needs to be done to achieve the goals and to sustain them. Many developing countries in Africa are still struggling with a number of challenges which include, but not limited to, the following.

Many of the health problems that developing countries in Africa are faced with are preventable. Emerging new communicable diseases and expansion of the old due to climate change has doubled the challenge. In addition, the increasing burden of non-communicable diseases alongside the communicable diseases is further burdening the health system making the situation more challenging. Many of the unnecessary and unjustified deaths especially death of newborns, children and mothers could be averted.

Many young talents are wasted due to poverty, environmental degradation, ill health, under nutrition, lack of access to health services, clean water, hygienic living conditions, education and other essential services. Unemployment continues to weaken productive human resources with disabilities worsening the vicious circle of unproductively leading to perpetual poverty.

The effect of globalization on developing countries, especially on human capital is having its toll on major loss of investment in education as well as decline in the quality of services and competitiveness of these countries in the global market. These conditions further affect the growth of sectors such as education, health, science, technology, trade and industry and other socioeconomic development sectors calling for urgent global attention and accountability.

The global economic crisis and disorder is further weakening the already weakened financial capital depleting the capacity for health financing and infrastructure expansion.

The possibilities

It is against this background of immense challenges that health professionals are called upon to contribute to solutions that could redress the gaps and present inequalities for equitable health development in Africa. Following are some of the action points needed to confront the inequalities.

Commitment to the principle that health is a human rights issue and every individual has the right to enjoy health and a dignified livelihood. The primary duty bearers, African Governments, have the responsibility to value their human capital and engage in protecting and realizing the right to health of their population who would also be partners and assets in national health development efforts.

Prioritize policy, strategy and action based on accurate analysis of reliable health information and epidemiological data to ensure effectiveness in policy, strategy and service provision and resource allocation in reaching out to affected and vulnerable population groups.

Engage in collaborative partnerships and networks with development partners, communities, researchers, academics, traditional leaders, wise persons and every member of the society to deliberate on the health concerns of the population to increase awareness and understanding of the problems. This is an important first step to identify solutions using collective knowledge as well as to mobilize relevant policies and strategies that are owned and acted upon by all.

Promote good governance and accountability and use community, country, regional and global partnership building strategies to ensure sustainable health financing. Promote private public partnerships, expansion of health infrastructure, use of appropriate approaches to ensure stronger and sustainable systems including traditional systems and approaches through community capacity building.

Use national think tank groups including professional societies, academics, researchers, service providers and traditional men and women groups dedicated to policy and process analysis and to identify alternative approaches that could promote owning, scaling up and sustaining critical intervention for sustainable health development.

Promote and support problem solving research for development of appropriate mix of health interventions and for production, effective deployment and maintenance of relevant human resources for health. Implement equitable access and quality of care with effective referral systems that would also ensure community and inter-sectoral engagement for health.

Develop and use participatory monitoring and evaluation systems to ensure quality access and efficiency of implementation and contribute to increasing equity in health.

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