

Now that Dr. Tedros is in charge, what could be in store for Africa?

Now that one of our own is at WHO's helms of affairs, what does this mean for healthcare systems on the continent?

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Dit is de omschrijving

Since the 1 July 2017, Dr. Tedros has been the new 'captain' of WHO and he's certainly off to a flying start. Earlier this week, he [set out his priorities](#) at a 'townhall meeting' with WHO staff, and today and tomorrow he'll be heading the WHO delegation [at the G20 summit](#) in Hamburg – a first ever for a WHO boss, at the request of Angela Merkel. After his 23 May victory, there were mostly accolades, jubilations and congratulatory messages in Africa, especially as a son of the soil, born and raised in a rural area, overcame all the odds to achieve such a feat. But going forward, now that one of our own is at WHO's helms of affairs, what does this mean for healthcare systems on the continent? This report zooms in on the views of African public health experts and scientists who spoke to us recently on what they expect from Tedros in the years to come.

Jubilations and a few concerns

With the emergence of Dr. Tedros, Africans like Nigerian Health System and Policy Specialist Dr. Ejemai Eboreime see Africa as now well-positioned to define and lead the next phase of global health development. The continent has already demonstrated its capacity to take on this challenge.

For Eboreime, the jubilations were not on the platform of sentiments but on a track record of Tedros' competence in improving equity in access to healthcare as Ethiopia's health minister (2005-2012). While there was a global effort to improve Africa's health systems, [Ethiopia met the Millennium Development Goal target](#) of reducing child mortality by two-thirds two years early. HIV infections, malaria and tuberculosis mortality also declined by 90%, 75% and 64%, respectively.

Eboreime says, "The world has for a long time attempted to improve health systems in Africa using interventions synthesised outside the continent by 'experts' alien to the uniqueness of African challenges. Also, interventions in Africa have been 'cut and paste' approaches that assume that 'all Africa is the same', thus one size fits all. Dr. Tedros, being African, understands the contextual nuances of Africa and has demonstrated that African nations have the potential to lead their own development using homegrown and context-adaptive approaches." Eboreime adds, "The rest of the world can learn a lot from African experiences towards improving health systems globally. I think Africa's jubilation is premised on this understanding."

Still, there are a few concerns. One of them being, according to Jean-Paul Dossou, from the Republic of Benin, "some people may feel that Africa is now leading a relatively 'weak' organization with a poorer impact, globally" (as compared to earlier decades, when WHO was uncontested or at least less so than in the 2000s era of global health initiatives). Dossou adds: "This is the main challenge Tedros will need to address – getting WHO back in the driving seat." True, easier said than done.

UHC, the Abuja Declaration & global health diplomacy

In April 2001, the African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector and urged donor countries to scale up support. This brought about what is now known as the [Abuja Declaration. A ten-year appraisal](#) by WHO (in 2011)

showed that not all countries had implemented it – and yes, that’s an understatement.

On whether Tedros’ emergence might bring a change in this regard, Eboeime says, “Numerous economic and political factors are responsible for this. I think WHO, under Dr. Tedros’ leadership, will be better positioned to understand the varying contextual factors impeding implementation of the Declaration and provide advocacy and technical support towards improving funding for health, particularly as it applies to ensuring universal access to quality healthcare, which is the mantra upon which he won the election. However, given the contextual challenges of African nations, UHC is the foundation upon which any meaningful development can be premised in Africa. It should therefore be a non-negotiable priority agenda for countries under WHO-AFRO.” That surely seems to fit with Tedros’ view: as he made clear earlier this week, he considers UHC as ‘the captain of the team’.

Eboeime adds that “[Primary Health Care](#) has been identified as the ideal vehicle through which UHC can be achieved, particularly in Low and Middle-Income Countries. Despite its importance, PHC is often deprioritized, underfunded and understaffed, making it the weakest link in health systems of many countries. Borrowing words from Dr. Tedros, I would say, “[No more excuses!](#)” Now is the time to strengthen PHC if we are to attain UHC and indeed the SDGs. I am confident that the new WHO leadership will infuse a new spirit in revitalizing PHC in African nations towards attaining quality care for all.”

Yibetel Assefa, an Ethiopian Fellow at the School of Public Health, the University of Queensland, Australia, complements: “UHC is based on both national commitment (see above) and global solidarity (developed countries should allocate 0.1% of their GDP to global health). This requires a lot of advocacy and negotiation. Dr. Tedros has developed skills in global health diplomacy from his post as the foreign minister in Ethiopia.” Tedros’ recent tour in the US and his attendance of the G20 summit are certainly promising signs of global health diplomacy skills.

Public health specialist Prof. Faustin Chenge, from the Democratic Republic of Congo, hopes, like many Africans, that with an African WHO boss, a fresh and dynamic approach will be used to improve healthcare availability and the health and well-being of Africa’s populations. “He will push and support reforms in the governance, funding, and provision of healthcare towards UHC.” Even though UHC tops the DG’s ‘to do’ list, with the current state of UHC on the continent and its non-availability to most of the citizenry, Chenge reckons, “Achieving UHC in many African countries during Dr. Tedros’ term is, of course, not feasible. But he will certainly be able to push and support reforms in order to help all countries realize more of their health potential. I think the ambition will not be to achieve UHC, but to put UHC on track in most African countries. This is possible and feasible.”

With transparency and credibility still a major issue in health structures, Professor of Virology and President of the Nigerian Academy of Science, Oyewale Tomori emphasizes: “People mention that there are competing interests which make it impossible to achieve UHC. Unfortunately, in many African countries, the competing interests are corruption and lack of accountability.”

WHO is a global organization, but Africa is a key focal area

Dossou hopes Tedros will acknowledge that “WHO is a global organization, and Tedros should thus see his position as a global one even if he is from Africa.” “Equity and fairness should drive his policy; he may give more attention to Africa, because of the share of global burden of diseases of Africa. But a mere Afrocentric approach based on his continent of origin would be a political mistake that may further weaken WHO and reduce its legitimacy and thus its capacity to help effectively address the key challenges of the continent.”

Tomori agrees with Dossou on this issue, also emphasizing that Tedros is not the head of an African health organisation, but of a global one. Against this backdrop, he argues that establishing and sustaining a reliable and efficient disease surveillance system is another priority that the new DG should consider in order to prevent and control emerging and re-emerging diseases.

He says, “Africa is notorious for the occurrence of severe disease outbreaks and an impotence in effectively controlling these outbreaks. Given the interplay of different issues- economic, social, cultural, environment- in health, we need to adopt the “One Health” concept in finding solutions to the health problems of Africa which calls for interdisciplinary collaborations and communications in all aspects of healthcare for humans, animals and the environment.”

Like others, Tomori also preaches against a one size fits all approach: “Given that health problems and challenges vary from country to country, there can be no one size fits all and I am sure the new DG is aware of this. In any case, to be effective and successful, the objectives of UHC must be tailored to solve the health problems of each country.” Tedros indeed already expressed himself similarly in recent speeches.

Some final advice for Tedros

Assefa who has known Tedros for 16 years, and perhaps knows him best of all the experts we contacted, suggests a few more ideas to help the new WHO boss achieve a healthier, productive and prosperous Africa, as well as a healthier world.

He says, “Health is a multi-sectoral issue. It is important that he works with other stakeholders and sectors so that they can work together for the good health of the global population. He needs to bring the lessons from Ethiopia – health systems strengthening, primary healthcare (including community engagement), and leadership commitment.”

African emergency preparedness and response, is also key, says Assefa who thinks Tedros can play a critical role in bringing WHO-AFRO and CDC-Africa together so that there will be a synergistic and collaborative effort in emergency preparedness and response in Africa.

Propagating more collaboration, Assefa says, is vital. By way of example, he thinks it’s important that the WHO boss also uses the different WHO offices in the North and South so that lessons from one region will be disseminated and utilized in others. This would include, in the SDG era, a South-South, North-South and South-North flow of information and best practices.

Finally, Assefa also acknowledges Tedros will need the goodwill and collaboration of other global health initiatives and sectors (given the many complex – even ‘wicked’ – SDG era health challenges). There again, [early signs are promising](#).

So here you go, Dr. Tedros. Good luck on a – no doubt difficult but rewarding – journey!

This article by Nigerian journalist Adie Vanessa Offiong first appeared in the [International Health Policies blog](#) run by ITM’s Unit of Health Policy.