



# NARDOS BEKELE-THOMAS

Resident Coordinator of the United Nations in South Africa

## Brian A. GALLAGHER

First, let me ask Nardos Bekele-Thomas, who is the Resident Coordinator of the United Nations in South Africa, but has been stationed in many countries throughout Africa, was also interestingly stationed in the Secretary General's office to manage affairs there, so has a broad experience from a UN perspective as well as in-country, and, Nardos, I wonder if you would share your perspective on regional challenges, opportunities, national and overall.

## Nardos BEKELE-THOMAS

Thank you very much. I will start by contextualizing everything with the latest development that happened at the General Assembly just three weeks ago. As you might know, there was a high-level conference on universal health care and there are seven points which I have gathered from that meeting.

First, for universal health care to happen in any part of this world, we need political leadership; political leadership at all levels and political leadership which ensure that there is coordination between governments with linkages both vertical (between national and local governments) and horizontal (between sectoral ministries), understanding that universal health coverage is not the sole responsibility of the health minister. It is the responsibility of all ministers and local government authorities.

The second point is that we must affirm and uphold the "leave no one behind" agenda in all aspects of development endeavors. This is the guiding principle of the SDGs; promoting equality and equity. We cannot subject the marginalized people, the poor people, to only mediocre health services. They have to be eligible to a healthy life, and access to a full-fledged quality and an integrated health service.

The third one is quality. Quality is very critical because with the MDGs, you are right, Brian, we have delivered primary basic health services in Africa. There are primary health care centers all over Africa, but the quality is wanting. Africans are demanding quality health services and the government must make sure that they are delivered.

The fourth point is relative to regulating and legislating. We must make sure that health services and medical professionals are clearly regulated, and that is not only just from the services' point of view, but also, as we just talked this morning, from the management perspective: management of hospitals, management of stocks of medicines and so forth.

The Fifth one is relative to capacity. We need to address the capacity challenges including infrastructure, management and training of professionals. We need to have trained, skilled professionals to deliver health services; we need appropriate infrastructure and we need the management capacity for an efficient and effective delivery of services.

The sixth one, which is critical and very important, is the need to invest and invest better than what we did before. The 15% pledge is not all fulfilled except for very few countries, so we need to invest with transparency and accountability.

Finally, the seventh point is that we need to move together. To deliver health services we need to have our governments, our research institutions, our technology institutions, our academic institutions, our development partners to deliver together on the promises and the social compacts, in an integrated and coordinated manner.

I give the example of South Africa, where I currently work. People think that South Africa is a sophisticated high middle-income country. Yes, it is a sophisticated country, but there are two countries in one country: the country that has high-tech and expensive health care system which caters for 10% to 15% of the population and the country that



has poor to mediocre health services, with the characteristics of any least developed country, where there are basic health services given free by the government catering to the 80% - 85% of the population.

We have 153 medical schemes. Each company/organization is obliged to have a medical scheme. The government gives free primary and hospital care for all provided they go to public health services. Therefore, the public sector is really stretched, underfunded not well equipped and does not have the adequate and appropriate personnel to cater for the ever growing poor.

Understanding this, the government has taken two important measures: The first one is to introduce the national health insurance scheme to ensure quality health care to all. As I indicated earlier on, the private sector is monopolized. There are three companies which deliver, high-tech quality services to the population. The prices are of course exorbitant and unaffordable for an ordinary citizen. So, the national health insurance scheme, is intended to: secure an affordable health care for all and at all levels; ensure that each and every citizen of South Africa gets an integrated primary-to-hospital quality healthcare services; and finally to ensure proper management of information and data so that information about themselves and about health service facilities gets in the hands of the people in order for people to have the liberty and the freedom to choose whatever they want to do with the information they have at their disposal.

So, this is what the Government of South Africa trying to do. It is a very, very tough and courageous thing to do. Secondly, to implement the NHI, in his State of the Nation's address, the President has promised to allocate 221 billion Rands every year.

As you know South Africa has a heavy HIV-burden. Except for USAID/ PEPFAR program and the global fund, the government funds all its HIV/AIDS programs. The government is truly engaged in universal health care. Unfortunately the recent investigation by the government reveals that corruption in the health sector siphons 22 billion Rands per year. The President has promised to prioritize action to curtail corruption at all levels.

#### **Brian A. GALLAGHER**

We will probably come back to this issue of corruption and transparency in governance, but using South Africa as an example of two countries in one and the complexity of the issues I think is a good one. We will also hear from Pierre about Nigeria and using a very large, complex country as an example.