

PANELISTS DEBATE

Brian A. GALLAGHER

So, let me ask you a question about that and then ask everybody to come in on this question. You have all talked about infrastructure at some level, whether it is human infrastructure, technology or resources, natural resources. What are the infrastructure requirements that you have seen in going to ground versus being centralized, and I wonder if all four of you would think about this: does the infrastructure have to be thought about nationally only? I mean should we be thinking about these approaches regionally, and even regionally outside of Africa? Robert, do you think about an axis from Paris to African countries that are focused on patients that then have to have infrastructure all along? How do you think about infrastructure in this case and as you think about scaling innovation how should we think about organizing infrastructure going forward? Why does it only have to be national or should it be beyond that?

Pierre M'PELÉ

Of course. Maybe Robert will say more on this. I do not think that the infrastructure of health facilities must make a difference. Of course we need it at all levels, at local, district, regional and national level, but I do not think this is the most important thing. It is the people. The human resources are key to making a difference to improve the health of the people.

You can have a beautiful hospital, what we call in French "*éléphant blanc*" big with everything, but if you do not have the right staff, the right doctors, the right nurses, the right midwives at the right place, the health of the people will not be improved. That is my understanding of what we should do in Africa, making sure that we have the people to do the job.

Brian A. GALLAGHER

Others? Juliette?

Juliette TUAKLI

I think it is very important to remember that 85% of our patients at any economic level have usually consulted a traditional healer prior to entry into health facilities. To devise a system as you describe, Pierre, which is excellent, medical personnel must understand this and perhaps can integrate their knowledge as well as that of traditional healers at some level, where it is regulated of course and genuine, into the mainstream medical system. I find that oftentimes medical personnel disregard traditional healers, or consider them disruptive yet that is not entirely true.

There are some cases, some illnesses or conditions, where it is really important to work hand in hand with traditional healers. I believe a national program should take the relevance of traditional healers in family life into account especially with respect to women who are often part of such communities.

Brian A. GALLAGHER

Fascinating.

Juliette TUAKLI

Yes.



Brian A. GALLAGHER

Nardos and then Robert?

Nardos BEKELE-THOMAS

Yes. I think from my perspective I kept on saying the ecosystem. We need to have an ecosystem. What do we mean by ecosystem? If a country knows the disease burden, for example, it has to produce the skills that are necessary for that. It has to produce all the infrastructure that you require for that. And this infrastructure should not be a standard one. It should be a differentiated one, and we change this over time, so that is one thing.

In South Africa, for example, we have supported the CSIR, which is a council for science innovation and research, and working with the Cape Town University we have turned the biomedical engineering students to designing the medical equipment that the country requires. So, we have come out with asthma equipment designed by one of the students which is really something that you can squeeze, Easy Squeezy. We have come out with information technologies, like Mum Connect, HIV Connect and all these, where people subscribe and they share information.

However, the most important thing we have is the MV-flow where there is a device where people can go and be detected, like you said, a mammogram and all these mobile, portable things. These are students. We have got the young generation whose DNA is technology. Our children come out and they are sophisticated, so we just have to empower them and make sure that the environment is compatible with the needs of the society, so linking the two is very critical.

The other thing is when you talked about regional matters, when I was in Kenya and we developed this cross-border initiative, there is no need for countries where the borders are there to have one hospital in Kenya and another hospital just 100 meters in Ethiopia.

Brian A. GALLAGHER

Exactly.

Nardos BEKELE-THOMAS

It does not make sense in terms of economies of scale. What you do is you have the primary centers there and taking advantage of the relevant hospital there, so we have to be very strategic in the way we invest and we should think this is a global world. It is borderless when it comes to problems. When it comes to solutions we also have to make it borderless and enjoy the economic system.

Brian A. GALLAGHER

I love it. Flexible and dynamic infrastructure design?

Nardos BEKELE-THOMAS

Yes.

Brian A. GALLAGHER

Robert? Then we are going to take a couple of questions from the audience and wrap it up.

Robert SIGAL

Regarding infrastructure, think global, act local. This is what Paul Kagame told us yesterday. He benchmarked essentially other good practices, so there is no one good solution. You have to think global and act local. Regarding the actors, it is difficult to think that you will deliver good health care in a failed state. The state shall continue to play a key role. There is no doubt about that. However, to me the key answer is pragmatism. You can have the state. You can



have academic. You can have private sector. You can have donors. It should be pragmatic, but my last thing is again accountability, so deliver. Be sure whatever the plan you follow up on execution and that at the end of the day you have got execution, local execution – this is really key – and from the beginning to build a plan where you go from the vision to the plan and then to follow up on execution because there are too many stories that we heard about these *éléphants blancs*, a nice hospital, nobody is inside, and so this of course is discouraging for the actors.