



PIERRE M'PELÉ

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Robert DOSSOU

Without further ado, I will give the floor to Dr. Pierre M'Pelé, who is in charge of health issues. He is the ambassador of Mercy Ships. Mercy Ships is an American NGO that operates periodically on the coast of Africa. They can dock for one or two months in one place, with surgeons of all specialties on board. They operate, for example, on children born with congenital defects.

Pierre M'PELÉ

Thank you, Mr. Chairman. You talked about health. So, I am going to build on the momentum of our panel this morning. However, I would like to frame my brief presentation with two anecdotes, to encourage us to reflect.

First, all of us know that a few months ago, a large Ebola epidemic broke out in the eastern Democratic Republic of Congo. Water has flowed under the bridge. Much has been said about the non-participation of the population.

Eastern Democratic Republic of Congo is a very unstable area with rebellions and armed conflicts. It is also a very poor place where people survive in insecurity. I would like to prosaically explain the population's reaction. When the Ebola epidemic broke out, overnight, tons of equipment, more than 3,000 vehicles, thousands of technicians, managers and all the non-governmental, bilateral and multilateral organizations invaded this forgotten people who, in addition, were already facing a major measles epidemic and a cholera outbreak that killed three times as many people as Ebola.

Nevertheless, because of the Ebola epidemic, everything happened overnight. When they were threatened by conflict, no one looked at what was happening in that part of Africa. They're all there because people in European, American, Japanese or Chinese cities feel threatened because the virus can reach those countries, where it is often forgotten that death can come at a young age.

Moreover, the last epidemic in West Africa reached the United States. We can therefore safely say that it is when people in these countries feel threatened that they "help" Africa.

This morning, we said that Africa has made tremendous strides in the field of health. Life expectancy has risen because mortality has dropped by nearly 37%. Life expectancy has increased from 40 to over 60 and even 65 years in many countries. This means we have made enormous progress. This progress is due to two aspects.

The first is **the national effort**, which has been "considerable", thanks to the development, stability or growth of the last 20 years. Many African countries have enjoyed positive growth, sometimes envied in Europe, for over 10 or 15 years. This has affected health indicators.

However, the effort has remained insufficient. African States in 2000 earmarked 15% of their annual budget to health. Today, nearly 20 years later, I think the number of countries that have exceeded this threshold can be counted on the fingers of one hand. There have been efforts, but they remain insufficient. We must invest more in the health of Africans.

The second factor is all the Global Health Initiatives. We can mention a few of them without taking much time. One of them, the Global Fund to Fight AIDS, Malaria and Tuberculosis, has just been replenished in Lyon, France, with \$14 billion.



There is the polio eradication program, the G7 Muskoka maternal health program in Canada, the International Health Partnership, President George Bush's PEPFAR for access to antiretrovirals, the Global Alliance for Vaccines and Immunization and the World Bank programs, among others. Those initiatives have supported national efforts.

They provide undeniable support but there is a downside. They are still not coordinated with each other although they all work to strengthen national health systems. Because of these initiatives we are reducing our own investment in health and losing some of our sovereignty and leadership in implementing our own visions. Furthermore, these investments are coming in uncoordinated and often without regard to national priorities.

Studies show the time needed to write the documents, to do reports specific to each initiative, with sometimes contradictory management methods. For example, our session's chairman spoke of the role that the African Union could play in coordination and in relation to strategy 2063, "the Africa we want".

After the Second World War, the IBRD, the International Bank for Reconstruction and Development, was created for the reconstruction of the affected European countries. We could argue for the same thing for the health sector in Africa. All these initiatives, which are often supported by the same donor countries, should be grouped together into one organization aiming to strengthen health systems in Africa.

France, for example, is involved in the Global Fund, GAVI, World Bank programs, etc. but it also has its own specific initiatives or cooperation programs.

I could say the same thing about Canada, the United States and Africa's other partner countries. They should come together and meet face-to-face with an Africa that also speaks with one voice and whose countries make their contributions. Then we will see the emergence of a true international partnership for health in Africa that would fund projects and programs there on demand.

If we look at what happened in Lyon a few days ago, with 14 billion, we know very well that 70 to 80% of this budget is earmarked for Africa. As always, the Africans left in a disorganized way, each one trying to show that they are the most generous, the most [inaudible]. We could also have heard Africa say: you've earmarked this funding for Africa, but this is what Africa brings in return. That is strength.

When a country comes in with \$1 million versus \$14 billion, it is nothing, whereas if the funding for Africa is put together and could be a significant contribution, coordinated by the African Union, then it demonstrates both continental leadership and the commitment of the continent's countries to work to bring health to our people.

I would like to conclude here and say that we must also pay attention to corruption. This morning, Nardos Bekele-Thomas spoke about corruption in South Africa and in almost every country.

I have always drawn attention to it, even in the case of the Global Fund. A lot of people profit from AIDS, malaria and tuberculosis.

At the University of Lagos, we set up an instrument, the Africa Centre for HIV/AIDS Management (ACHAM), which came out of the leadership of President Obasanjo of Nigeria, and said, "We need to learn how to manage health programs to avoid corruption. We need competent managers." Someone who manages a million dollars and ends up with \$100 million overnight... You can lose your head a little if you're not grounded in ethics, competence, accountability and a sense of being at the people's service.

There is also a need to reposition Africa in global initiatives and to advocate more for the strengthening of national health systems integrated into national development policies. There can be no health without education. There can be no health without food.

We have a real need of leadership in Africa. This morning, I talked about Ethiopia because it is the result of 20 years of planning by all governments. Ethiopia has had three prime ministers in 20 years, but the health programs have remained the same. They have been implemented, monitored, evaluated and improved. Nobody came in and said: I'm prime minister today. I'm changing everything. No, it's not like that. It takes a long-term effort and a very clear collective



vision of success. Success is possible in 20 years and not in five years. Health is not a road that can be built in a few months.

I have a lot of admiration for the head of State who told me, "I have a five-year term. I cannot develop my country in five years". It's important to be aware of that. It is a long-term effort. We do our share, but development doesn't happen overnight. This won't be true because the countries that are already developed continue to perfect themselves.

That is my thinking.

I will conclude with this question. What partnership for and in Africa?

We talked about Mercy Ships, an international organization that offers free surgical care in Africa, "chronic surgical care", on the world's largest civilian hospital ship. African doctors and surgeons are already very busy with acute surgery. Currently, the ship is in Senegal, where one of the oldest medical schools in Africa is located. They have excellent surgeons, but they are overwhelmed by everyday surgery. They can't handle chronic surgery. We come in support, working together to do it, and it's free.

Our mission is made up of volunteers. This is not an American international organization. There are 12 European countries, the United States, Australia and New Zealand.

Our role today is to get Africa to contribute. The hospital ship will be docked for 10 months in Dakar, Senegal, but in some countries such as Madagascar, we have stayed 18 months, which means there is an additional state-of-the-art hospital for 18 months in the host country.

I will conclude with a story about the partnership between Mercy Ships and the Senegalese government because partnership is essential and a way for Africa to play an assertive part in its own development.

We are in Senegal. We meet the president of Senegal, Macky Sall, at a lunch with the entire Mercy Ships leadership team. The discussion revolves around what we're going to do, including the recruitment of 250 nationals to support the program. The ship often arrives with 20 to 35 vehicles so we need drivers, mechanics and nurses.

We pay them a salary of about 300 euros a month. President Macky Sall says: "No, that is impossible. You cannot pay the Senegalese. You can do surgery. I will pay them because they are Senegalese and you are here to treat Senegalese." He has taken responsibility for paying the salaries of the Senegalese workers associated with the program.

Generally, we set up a 250-bed on-shore hospital or health center where people come in for pre- and post-operative check-ups. Again, he says, "I'm taking charge of all the Senegalese workers who are going to work under this humanitarian program because it is my responsibility as a president. Moreover, you are not the ones who will feed the sick Senegalese, I am." Partnership is very important for win-win cooperation. It is very important for Africa not just to reach out, but also to create a real partnership, even in important areas such as health. That is part of the future. Thank you.

Robert DOSSOU

Thank you, Dr. M'Pelé. You have filled in a gap in my knowledge. I always thought it was American. Well, I have learned something.