

## DEBAT

### **Brian A. GALLAGHER**

Right here, Jean-Claude, and the woman down here and then right here. We will take these first three and then see where we are.

### **Jean-Claude GRUFFAT**

Well, congratulation for a great discussion. A very short question for you, Brian: why as the CEO of United Way do you care about health in Africa?

### **Brian A. GALLAGHER**

Because Robert does. I will answer that. Yes, to the lady down here and then the man in front.

### **Marie-Roger BILOA**

Thank you. I want to join Mr. Sigal in commending the World Policy Conference for dedicating a special panel on health care in Africa and asking for attention for that because I consider that health care in Africa is the single most important challenge African states are facing. There are a lot of problems. You spoke about it: global infrastructure, training. You know that. There is not one single head of state, African head of state, who believes he can be treated in Africa. They all go abroad because they know their hospitals are broken and that it is sort of a wasteland. They do not care about it. I mean there is of course progress and you spoke about some good examples, but I think of Central Africa basically and there is something I just do not understand. I understand lack of training. I understand lack of infrastructure, all the problems you listed, but I do not understand the lack of compassion. I mean there is so much abuse against the patients there that people are sort of tortured. They are being ripped off. I mean we wanted to open a website on the model of Me Too, just to be able to speak about the abuse you have incurred there.

### **Brian A. GALLAGHER**

How would you put that into a question so we can answer it?

### **Marie-Roger BILOA**

Yes, that is the question: how do you tackle that? It is not technology, it is not infrastructure, it is not training.

### **Brian A. GALLAGHER**

Right. The lack of human compassion?

### **Marie-Roger BILOA**

That is it. Where do you put it into? Thank you.

### **Brian A. GALLAGHER**

Good. Then the final question here and then we will see where we are. Right here please.

**Mohamed IBN CHAMBAS**

It is on infrastructure and how to make some of the white elephants that less so, and Juliette knows this, that, yes, decades ago there was a policy in Ghana to build a hospital in each district at that time. I do not know how many districts there are now. There were 110 districts, and hospitals were built. In that particular case it came along with equipment, but I do not think the energy to run these hospitals were thought through because at that time most of these districts are rural districts. Of course there are some in the urban centers. If renewable energy, just solar panels, had been used to provide energy, most of the equipment would probably still be functioning right now, but they were put on the national grid, which, okay, in Ghana is sort of reliable, but the power cuts still happen, and so you find that within a year or two very sophisticated equipment put across these hospitals could not be used.

**Brian A. GALLAGHER**

You saying there needs to be an integration of the energy strategy with health care strategies?

**Mohamed IBN CHAMBAS**

Especially as we were just talking about climate change and energy in the previous session.

**Brian A. GALLAGHER**

That is very good. Okay, one more and then we have four minutes left, so we are going to give each one of you an opportunity to react to the questions you have heard.

**Robert DOSSOU**

Merci Monsieur le Président. Je vais parler en français donc mettez vos écouteurs. Merci. Je voudrais apporter ma contribution juste sur trois points. Le premier, c'est les hommes. Je mentirais si je disais qu'aujourd'hui, sur le continent africain, nous n'avons pas de médecins hautement qualifiés, nous en avons. Mais nous n'en avons pas en quantité suffisante, et l'accessibilité à ces médecins pose problème parce que le pouvoir d'achat du citoyen lambda est faible pour aller payer les consultations.

Ces médecins, que je connais, dont je connais la compétence - et j'en connais beaucoup, dans tous les domaines de spécialité - ils ont un problème. Mon ami Chambas a souligné un aspect du problème, mais il y a le problème de l'équipement pour faire le diagnostic. Madame Nardos a évoqué l'aptitude des étudiants africains à inventer. Chers compatriotes d'origine du Bénin, moi je m'appelle Robert Dossou, je suis du Bénin, et je suis *has been*, ancien, ancien de beaucoup de choses. J'ai un compatriote d'origine béninoise qui a mis au point du matériel médical en Europe qui est utilisé aujourd'hui dans les hôpitaux en France et ailleurs. Mais ce matériel, on ne l'a pas en Afrique. Ensuite, lorsque le matériel est fabriqué, on ne le tropicalise pas souvent. Et les vendeurs de matériel médical l'achètent et l'amènent : trois jours après c'est en panne, l'entretien n'y est pas.

Mon propre médecin, plusieurs de mes médecins m'ont dit : va faire une radiographie de ceci. Je fais, j'amène, il regarde et dit que c'est flou. Comme tu es tout le temps en Europe, tu voyages beaucoup, fais ça en Europe, je te fais la prescription. Donc j'ai profité d'un passage à Paris, j'ai fait la radiographie, je lui apporte à 8h30 : c'est net, il était heureux. Je suis sorti malheureux. Parce que les films sont importés, gardés sous la chaleur, et au moment de les utiliser, eh bien ! tout est flou.

Ensuite, deuxième point : c'est les médicaments et la médecine traditionnelle. Nous avons négligé et nous avons tué, alors que dans toutes les facultés de médecine, de pharmacie et dans les laboratoires, les matières médicales les plus nombreuses et les plus efficaces sont tout au long des tropiques. Il y en a plein dans les tropiques. Et nous sommes combattus parfois par les laboratoires pharmaceutiques pour des médicaments traditionnels qui peuvent être valorisés. Je n'en dirais pas plus. Plus les faux médicaments. Les faux médicaments sont à l'ordre du jour au plan mondial. Mais aucun Etat ne peut lutter contre cela tout seul. Donc c'est un problème vaste, et le Président français Jacques Chirac est venu à Cotonou lancer un appel, donc il faut l'inscrire dans les conclusions de notre travail. Je vous remercie.

**Brian A. GALLAGHER**

I am sorry we will have to close with those. I will take that last comment as there are lots of resources in Africa and the world. We are sub-optimizing those resources. We are not taking advantage and we are not customizing them to local conditions and so forth, but also the idea of integration of energy policy and health care policy at the different cabinet ministry level in government and then, finally, this idea of human compassion, that should it not be just part of our DNA that health care and how we treat each other should be priority one? Yes? Any of that or however you would like to take 30 to 45 seconds to make your final point, and we will come this way this time. We will come this way.

**Juliette TUAkli**

I would like to address the issue of provider compassion because it was one of the first problems, that I had to deal with in setting up a medical practice in Ghana. Having previously taught at Harvard and set up practices in Boston one of the very first things that hit me was the seeming lack of provider compassion. Yes, in many ways, it was a total lack of compassion: this appears to reflect the unrelentingly stressful working conditions under which many of the doctors are forced to provide medical services. I believe it to be an issue of ineffectual medical leadership and poor resource management.

The management of the resources within the medical facilities does not support those physicians who put themselves out to really do what they are supposed to do, and I think such physicians incur systematic trauma both as medical students and doctors. They are expected to work much longer hours than they do in the west, and I do mean much longer hours. Nobody can work for three full days with barely a satisfactory meal and then see a patient and be compassionate.

I am not trying to exonerate our health care workers. I can assure you I am not because it is a major, major problem, and even when hiring skilled workers for the practice that I run that is one of the first things I look for because I will not tolerate it. However, I do have a better sense after having practiced for 15 years in Ghana, and seen some of the conditions under which they are taught.

We do not have leaders well trained in medical management. The people who run the hospitals are usually physicians themselves that have been plucked because somebody liked the way they looked and put them in charge of the hospital. That is not adequate. It is simply not good enough.

It really is an issue of leadership and I can be sure that if I were to go to a Rwandan hospital, I have not been there in a while, but even when I went there decades ago, one could see providers were selected based on qualification, not based on arbitrary /interpersonal relationship that they might have. Once you have leaders who understand what quality medicine is and how to get it out of a doctor who has been well trained, many of the conditions under which African physicians have to work will improve! We lose many doctors annually, because they just give up and move abroad or into NGOs and other organizations. It is such a dreadful situation.

**Brian A. GALLAGHER**

Thank you. Thank you, Juliette, so leadership and quality came out of that?

**Juliette TUAkli**

Absolutely.

**Brian A. GALLAGHER**

Robert, briefly.

**Robert SIGAL**

In the 1950s the life expectancy in Africa was around 45 years old. Now today we are at 60 or 61, so it is still the lowest in the world. It still the lowest in the world, but it has tremendously progressed, and there is reason to think that it will continue to progress. It is of course science. It is of course financing. It is of course humanity, but it is of course leadership and I think the question again in this conference, the question of leadership, is absolutely key because you have some force which has to be empowered and drive this effort.

**Brian A. GALLAGHER**

Excellent. Pierre?

**Pierre M'PELÉ**

Again and again the problem is not to respond to each of the challenges. We will not settle all of the problems. I think what we need in Africa is leadership and commitment for action to change the lives of the people. I talk about Ethiopia and Rwanda, 20 years ago they had genocide. I talk about Cabo Verde. These are not among the richest countries in Africa. I talk about Botswana. They have diamonds. However, we have so many rich countries in Africa. The health sector has failed. They are not able to provide the minimum package of essential health services to the people. I think the problem in Africa is that we need leaders involved to change the lives of the people.

**Brian A. GALLAGHER**

Very good. Nardos?

**Nardos BEKELE-THOMAS**

I will start with compassion, but I would expand it a little bit. In the entire world, it is not Africa, values and standards have really gone down, completely down, and therefore the world has to think on how to really bring back societal values, family values, professional values into the forefront truly, and I think this should be a discussion, a universal, global discussion, and not really specific to Africa.

Yes, the compassion and passion is associated with the means, with the environment, and again and again what I said first comes. When we plan in a silo we will never get anywhere, so we have to start adopting an integrated planning, an integrated budgeting and develop ecosystems. Therefore when we talk about what my big brother, Robert Dossou, has just said, when we talk about the health care system we should not look at it from just one aspect of it, which is the treatment. We should look at it from the preventive side to the treatment, the whole integrated system, looking at all of the environment. When you plan you have to really know where the disease burdens are and how many medical doctors and in what fields we should train them, and then the institutions should respond to that, the academic institutions that produce them. We have to really look at research institutions, like I said the biomedical engineering. They do engineering. They go out. Of course they run out of jobs because it is not relevant to the socioeconomic development. We do everything outside the socioeconomic development needs of the country and that is where we run into problems.

Just one thing: I think also for Africa we need to really move away from thinking and talking about all the time of what we do not have and highlight what we have and on how to scale it up. There are many best practices everywhere. There are many best institutions everywhere. Each country cannot afford to have research institutions, but they can piggyback on an institution that exists. CSIR in South Africa is a top-notch institution, innovation centres. African governments and leaders come there. They do not even visit that research institution, so we have to really know how to share our resources and how to talk about highlights about prosperity, what are the areas, points of excellence, that we can share with others. Thank you so much.

**Brian A. GALLAGHER**

Thank you so much. This is one of those examples that we could take a great deal more time, but that what lunch is for, that is what hallway conversation is for. Let me finish with this one thought. United Way is the largest privately supported NGO in the world. We generate about USD 5 billion per year and one of the things we have learned and you heard here is that no longer is innovation and scaling going to come from the top down or the center out. It is going to come from the out in and the bottom up and whether it is individuals, patients, countries, we are growing very quickly in India, Mexico, China and now starting in Africa because we are coming bottom up. Scaling health care will, as I think you heard, be about leadership, quality, transparency, but engagement of individuals, patients driving their own care and our institutions responding to that, that is why we care about health care in Africa. *Bon appétit*, have a great lunch.