World Chronicle

UNITED NATIONS

PROGRAMME: No. 929 recorded 19 February 2004

GUEST: Dr. Ebrahim Samba
Africa Regional Director
World Health Organization, WHO

JOURNALISTS: Judy Lessing
Radio New Zealand

Celine Curiol
BBC Afrique

MODERATOR: Tony Jenkins

"Developing Health in Africa"

Discussions on health in sub-Saharan Africa rarely get beyond the very bleak picture painted by the staggering statistics on AIDS, TB and malaria.

But are the catastrophic numbers hiding some real progress in Africa's health sector? Are the seemingly chronic health problems a question of African leadership, or of international neglect? Is the West 'stealing' Africa's badly needed doctors and nurses?

In this edition of **World Chronicle**, these issues are explored in a lively interview with Dr. Ebrahim Samba, the Africa Regional Director for the World Health Organization (WHO).

WORLD CHRONICLE is produced by the News &Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28:00"
Executive Producer:	Michele Zaccheo
Director:	Livingston Hinckley
Production Assistant:	Lebe L. Besa

ANNOUNCER: From the United Nations in New York, an unedited interview programme on global issues. This is **World Chronicle.** And here is the host of today's **World Chronicle**.

JENKINS: Hello, I'm Tony Jenkins and this is **World Chronicle**.

"Health" and "Sub-Saharan Africa". Put them together and you normally get a very bleak picture: two million new cases of tuberculosis per year; almost one million deaths caused by malaria each year, 26 million people living with HIV/AIDS -- with three million new infections and more than two million deaths per year. But are these catastrophic numbers hiding some real progress in Africa's health sector?

Our guest today is Dr. Ebrahim Samba, the Africa Regional Director of the World Health Organization – WHO. Dr. Samba, welcome.

SAMBA: Thank you.

JENKINS: What is the good news, if there is any? I saw recently that you said it's not all doom or gloom.

SAMBA: Yes. The number one good news is the awareness that we simply cannot continue like that, and we shouldn't, because Africa is still, in regard to natural resources, the richest continent in the world. No doubt at all about it. We, the Africans, are not stupid. We studied in Europe and America and sometimes they beat us, sometimes we beat them. We are not stupid. Why is it that with all these resources Africa is still the poorest continent in the world?

JENKINS: Well, you tell us.

SAMBA: Why is it that Africa is the only continent in the world with a projection of poverty increasing this millennium? And these are questions we are asking ourselves. That is, in itself, for me, a realization that there is something wrong. Until now, we Africans are very good at looking for scapegoats – colonialism, slavery, capitalism, communism, globalization and so on – but to address the problems of Africa we first have to realize that there is something wrong.

JENKINS: We recently had Dr. Ibrahim Gambari on the show, he's Kofi Annan's Special Adviser for Africa. He was making a point and he said that the fingers should be pointed these days at Africans, at African leaders. He says there's a problem of good governance. Is that what you're talking about?

SAMBA: We partly – we Africans say every time you point one finger at somebody there are three fingers pointed at you and you must look at this. And we've started looking at this. We're addressing good governance, particularly leadership. This is number one; very important in development. And recently the African governments met and agreed that there

should be individual evaluation and monitoring. What do they call it? Oh, in the NEPAD jargon? It's just a few days ago. This is something--

JENKINS: It doesn't sound very hopeful but let me just say Dr. Samba, we're joined here in the studio by Judy Lessing of *Radio New Zealand*, and Celine Curiol of *BBC Afrique*. Judy would you like to jump in?

LESSING: Yes, I would. I mean you are – in a sense you're talking about good governance but another way of saying that is that countries should be taking responsibility for their own problems and dealing with them themselves. I mean, isn't this a question of knowing what you're responsible for?

SAMBA: Well, this is it. This is part of good governance. What is good governance? It is for the people in power to concentrate on the benefits of the whole rather than themselves, to be accountable; accountable for what and to what? And it is when you ask these questions that you start getting the answers. And this is happening. It's slow and sometimes we're in a hurry.

JENKINS: I have to say it does – well as I said earlier it doesn't sound very hopeful but the reason I say that is because it seems to me what you're saying is that while we've started to wake up to the fact that we have a problem – and the numbers that we quoted at the top of the show, 26 million people infected with HIV/AIDS--

SAMBA: Well, that's fine.

JENKINS: I mean do governments really need to be woken up to the problem now? I mean shouldn't we be talking about action plans? Can't you talk about something more specific about how we've started to implement this sort of programme or that sort of programme? What are we waiting for?

SAMBA: Yeah, but there were these things – you don't change mindsets, you don't change habits overnight. Remember, my country was colonized for 300 years and I was fortunate to work under colonial rule. There was never any question of good governance, there was never any question of training people to take over, and we suddenly had governance; take care, be educated, be aware to look after yourself and so on. So one of the things that we suffered most under colonialism is the mindset of not taking responsibility because somebody else was responsible, for better or worse.

CURIOL: I want to get your point of view on something about being responsible. Recently, the health minister of South Africa talking about HIV/AIDS said that it can be cured with a diet of garlic and lemon juice. What do you think of that? I mean, isn't it…

SAMBA: She said that but she also said – and I'm flying straight from Johannesburg, South African Air to New York – she also said her government has now

changed to accept treating with anti-retroviral drugs to pregnant women to protect their children. So this is one of the problems.

JENKINS: Excuse me, but the South African government is one of the most enlightened governments and one of the better governments in Africa. How many years did it take them to finally accept what is being commonly and widely accepted scientific knowledge around the world? I mean, is this really something that we should be celebrating?

SAMBA: Yes, I really do agree. And we haven't spared them and they haven't spared themselves. As I was saying, our memory is very short, history is not. How long did it take for the so-called democratic countries to develop democracy? How long? Hundreds of years. We've just been independent 20, 30 years, from where? We went through slavery for over 400 years. The estimates vary but over 300 million Africans were exported. The impact on the people from slavery to colonialism up till today; our trade imbalance, globalization we're suffering. The impact on that is very significant. You just can't brush it aside. But we're aware of this. We're conscious of the fact that--

JENKINS: Excuse me, but do African people accept what you're saying? Do they say, "Well, we understand that our leaders are a little bit slow in the uptake because we've only been independent for 30 years", or do they point the finger at their governments and say, "You're corrupt. You're not good governments, you're not addressing these problems"? I mean, I understand what you're saying but it's somewhat contradictory because you started off by saying, "We can't continue to blame colonialism"--

SAMBA: Exactly.

JENKINS: --and at the same time you have to see--

SAMBA: Exactly. Exactly. But then you're saying "African people". That's another weakness in the equation. It is the non-African that says African people. You're taking me and what I say as if everybody, the whole of Africa – we are so different. The only thing we have in common is the blackness. We don't have a common language, a common culture, a common tradition but I am telling you, being privileged to work for 46 countries, all sub-Saharan countries, knowing all of them, knowing all the ministers and meeting all the big people and talking and working for over 40 years in Africa, I am getting this feeling the South African people, the South Africans, they take on the ministers, they take on the head of state and gradually you're getting a critical mass building up. It's not going to be voom everybody, African people. No, there is no African people.

LESSING: But if I just could pick up on that Dr. Samba? I've recently come back from Liberia – I was in the UN mission there – and one of the things that struck me talking to ordinary Liberians, and I employed a lot of them, was that they didn't seem to feel that there

was anything very much that they could do to change the system. They complained about the many years of civil war, they didn't complain about slavery – they should have but they didn't – but they didn't seem to see that you could make a difference, ordinary people in the streets. They look to leaders and quite frankly the leaders have been letting them down for a long time but there's no grassroots, let's change it all. Now, when it comes to health, it means that, you know, the health systems aren't particularly good. They're practically non-existent.

SAMBA: Absolutely, I agree. And I have been to Liberia. I have an office in Liberia, we're now working. Recently we met here. We sent a delegation for Liberian re-development and health and so on. I agree. But you talked to the people; you didn't talk to any and everybody and all of the people. So those that you hear you take as representing and you talk about the African people. I would never say the African people because I know how different we are, you see. Now, you can talk about the Englishmen, there is nothing like that. They're so different. You cannot talk about the white people, they're so different. But what you can say is that you're beginning to hear, to discuss. I had lunch with some Africans here and we more or less were speaking the same language. We say, "Now, hell, we can't continue this type of thing", you see.

JENKINS: Celine.

CURIOL: So if it's not only on the side of people living in Africa to help improve the system what do you think the West is doing, or not doing, to help that? I mean what's the – would you expect that is not happening I mean in terms maybe of health care?

SAMBA: I wouldn't put it that the West is going to help.

CURIOL: But obviously somebody isn't doing—

SAMBA: It's a partnership. The West needed and used Africa for many years to develop – France, Britain, and Germany, all these ex-colonial powers, you see. Here, they imported millions of Negroes to participate. So now, the table should be turned around for us to continue that partnership. Let us share in the resources because…

CURIOL: A partnership between who and who? Between governments, between the--

SAMBA: All of us. Governments, multilaterals, bilaterals, the UN system, the non-government organizations – it's a partnership.

JENKINS: Let's see if we can dig out something positive here. You've just met recently here at the UN with non-governmental organizations and private sector corporations that have all expressed an interest in improving health care in Africa. What did you get out of those meetings?

SAMBA: Well, now they have been – and when I opened up I started with Africa. I have been collaborating with Africa since 1968 to establish family planning and measles vaccination in my country. Then the CDC, Atlanta, I have been collaborating with them in the eradication of small pox; with Merck Sharp & Dohme's Gilmartin, I worked with them to discover ivermectin against river blindness. Now, we have controlled river blindness in West Africa and now we're going to the rest of Africa. AMREF (African-Medical and Research Foundation), we're collaborating with AMREF since 1975 for Uganda, Kenya, Tanzania and South Africa, you see. So for all the NGO's, for all the private companies and so, on we're collaborating and something good has been done.

JENKINS: This is **World Chronicle** and our guest is Dr. Ebrahim Samba, the head of the World Health Organization's Africa office. We're talking about how to get beyond crisis in Africa's health care sector. Here's a report on measles immunization in Uganda:

VIDEO ROLL-IN:

NARRATOR: For this sick baby, it's a life or death struggle. His mother has tried traditional remedies from a village healer but without success and this is his last chance. In a specialist ward of Uganda's major hospital, pediatricians like Dr. Addy Kekitiinwa fight to save the lives of dozens more youngsters who suffer from one of the most common, but most threatening diseases anywhere in the world – measles.

KEKITIINWA: "The death rate is very high once you've got measles and this is because of its complications – the biggest complication being pneumonia."

NARRATOR: Of all diseases preventable by vaccine, measles is in fact the most deadly, accounting for over 800,000 deaths a year worldwide. Of these, over half are in Africa. And many survivors will suffer life-long disabilities including brain damage, blindness and deafness.

As part of the global effort to combat measles deaths, Uganda has launched a massive immunization campaign with help from the World Health Organization, UNICEF and other groups. Uganda's goal is to reach a million children under the age of five.

Vital to the campaign's success is good information, telling mothers where to take their children to be vaccinated, explaining who is eligible and countering negative or erroneous information. Uganda Red Cross volunteers mobilized parents and caretakers to take along children from six months to five years.

Finally, the big day arrives as health workers fan out across the country. Their aim is to reach children in some of the most isolated corners of the country, like here on a remote island

in Lake Wamala. Justine Nakawuka has brought her two children to be immunized and she knows how crucial vaccination is.

NAKAWUKA: "Measles is a difficult disease so when it comes it kills."

NARRATOR: The teams also give children Vitamin A capsules to boost their resistance to infections generally. The campaign should prevent over 5,000 childhood deaths in Uganda over the next three years, according to WHO's Rosamund Lewis:

LEWIS: "It's one of the single most cost-effective health interventions known and that's recognized by international agencies, the World Bank and governments."

NARRATOR: The targeted region includes refugee camps along the borders with Tanzania and Rwanda. It's important that children in these vulnerable groups should also be immunized and receive Vitamin A.

Unwanted side effects are avoided too. Where incinerators are not available, hazardous waste such as single-use needles and other contaminated material is disposed of safely. Reaching all vulnerable children in often far-flung and inaccessible places is a massive undertaking. Local groups, like the Uganda Red Cross and their fellow workers in international agencies, are stretching the reach of global cooperation. But the strain involved is worth it in the vital struggle to win, in Uganda and other countries too, a final victory over one of the world's most dangerous, but preventable, diseases.

VIDEO OUT

JENKINS: Dr. Samba, that sounds like something positive. I wonder though can you have a success in one country, like Uganda, if you're not reaching out to the countries around it? The reason I ask is that we recently heard about the fight against polio. It's been progressing very well. There were a few hot spots left in Nigeria and somehow, out of those hot spots, the disease has spread again to neighbouring countries. Can you have a success in Uganda against measles and have it undermined by what's happening in neighbouring countries?

SAMBA: Obviously these diseases don't respect boundaries, they don't have passports and they don't need visas. And Uganda is just one example and it is following the success of polio. When I took over the regional office in 1995 the majority of the African countries were polio-infested and I decided I would do like the Americas and Western Europe to eradicate polio. Our budget – and you asked what can other countries do – our budget against polio was 600,000 dollars in 1995 and the staff was nine. Today, it is over 170 million dollars a year and the staff is over 700. And everybody contributes – the African governments,

the bilaterals, the multilaterals, CDC Atlanta, Rotary International, everybody chipped in. And we've been able to control polio except in Nigeria and in Niger. Unfortunately, in northern Nigeria -- and recently I went there, I went to Kano, I went to Borno and Maiduguri – there was a political problem, a religious problem, fear that the polio vaccine was polluted with a hormone which will sterilize the girls, and also with the HIV/AIDS virus. We presently are working through that and we've got a team of government, central government of Nigeria, the government of northern Nigeria, the different states, going to the factories where these vaccines are produced -- in India, Indonesia, France and so on – to see that the vaccines are not polluted.

CURIOL: So obviously, perception is an important factor to solve this health crisis, like for HIV/AIDS in certain – I was in Sierra Leone and some people thought that it was a disease sent by the West so how do you go against people feeling like some of – it's not true. You know, the West is lying, they're not giving us the right--

SAMBA: Well, anybody in public health, as I have been, knows that any epidemic, any epidemic, always goes through these phases. First, denial. It's not me, it's the neighbour, it's the foreigner. Every epidemic, any country. Then the next phase is rumour: is it true? How many people have died? And then panic. In many countries now in Africa the HIV/AIDS stage is now a panic stage where so many people are known, cousins, relatives, classmates, and so on died. It's no longer. There was a time when the first report of HIV/AIDS was on homosexuals in the United States and I remember talking to President Museveni and he said, "This is not our problem because we don't have many homosexuals in Africa". But when it was announced that it is now heterosexual, he said, "We have to do something". And he started and a lot of the control in Uganda, because of which Uganda is so popular and then the measles and so on, was entirely for advocacy and accepting that this is a problem. This was long before the drugs started coming in. Prevention, promotion.

JENKINS: There's a cultural problem there, right?

SAMBA: Exactly.

JENKINS: It's not just in Africa of course. I don't know men anywhere who particularly like wearing condoms but there is a resistance there, isn't it?

SAMBA: Exactly. This is human nature. You're dealing with human nature and you get this cultural mindset change. Now, in Africa it's slower because of the standard of literacy. Here, you have a critical mass of people who can read and write, they listen to the radio, they listen to television, they can read. That critical mass in Africa is not yet there.

LESSING: Well, how do you reach them? I mean my field is radio and we reach people through radio.

SAMBA: Well, partly radio, partly by word of mouth, partly like what President Museveni in Uganda was doing -- the political campaigns, and so on – all the time saying, even this awareness that what we're doing is wrong, we have to correct it. It needs time to trickle down.

JENKINS: But time is something you don't have.

SAMBA: Well, fine, fine, but unfortunately whether you have time or not there is time. And we sometimes are in a hurry. We want to plant the mango tree on Monday and reap the fruits on Tuesday. It doesn't work that way.

LESSING: But what happens in countries where there really are no statistics, where for example HIV/AIDS may not even be recognized as HIV/AIDS? What do you do when a government doesn't have a health ministry that can go out and collect the information?

SAMBA: Well, there is no country in Africa, and very few countries in the whole world, where the statistics are there and generally it's a matter of a relative, you see. And this is one of our problems and this is where we, in the World Health Organization, we come in and we have the technical know-how, the statisticians and the epidemiologists and try to convince these people. From South Africa, the head of state, there was a time when he said the virus was not in existence. And where did he hear that? There was gentleman here from the United States and from Germany – I met him in Kampala -- who said that this is a Western thing, and some said it was the Russians and so on and he believed in them. So, yes, we have to do the advocacy, we have to preach. Sometimes you preach to the deaf. It takes time.

JENKINS: Presumably some of it is money as well though and are you getting enough assistance? I mean here at the UN we hear about the Bill Gates Foundation, we hear about Ted Turner's Foundation, do you have enough money to play with?

SAMBA: No.

JENKINS: How much more do you need?

SAMBA: Indeed, we met in 2002 in Abuja – the first summit on health – and the big guns were all there and we calculated, excuse me, estimated 10 billion dollars a year. Up until today we haven't got four billion yet for the global fund.

CURIOL: Why countries are not giving?

SAMBA: Well, why can't we? I mean, people are very generous verbally but when it comes to digging in and giving, from ourselves, the governments – they're increasing, the

African governments, all of them are increasing their budget allocation to health but the partners are not as generous as we would wish them to be. Sometimes they promised to do it.

LESSING: Do they not care particularly about African countries? I mean is there a sort of underlying indifference?

JENKINS: Racism, you mean? Is that what this is?

LESSING: You can say that. I'm going to say indifference.

SAMBA: No. Well some people say that but I am telling you, for example for polio I started with 600,000 dollars in 1966 and now I have more than 100 million dollars a year.

JENKINS: How did you do it? What's the formula?

SAMBA: Well, many people asked me this, "why would you have--". It's mixed. Certainly you meet people who are generous. I met Rotary and they chipped in. Rotary has given more than 400 million dollars and over one million Rotarians--

JENKINS: Do you have to convince the West that if they don't pay attention to this the situation in Africa will get so bad, people will become so desperate that it'll become a focus for a place where terrorism can breed? Do you have to say this is about self-interest?

SAMBA: Well, we've said that and they know that and they also know a lot of the migrants that are going to Europe and America because they're economic migrants, poverty migrants. In fact, there are more doctors and nurses from Africa in the West than in Africa. Now there are people from big countries, Britain, from America, setting up offices in Africa to recruit doctors and nurses.

JENKINS: So, Dr. Samba, we have to end on a rather sad note. We're poaching your doctors and nurses.

SAMBA: You are poaching my doctors and nurses and we're saying please pay us back.

JENKINS: Thank you very much Dr. Samba for being with us on this edition of **World Chronicle**.

Our guest has been Dr. Ebrahim Samba, the head of the World Health Organization's Africa office. He was interviewed by Judy Lessing, of *Radio New Zealand*, and Celine Curiol of *BBC Afrique.*

I'm Tony Jenkins, thank you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

ANNOUNCER: Electronic transcripts of this programme may be obtained free of charge by contacting World Chronicle at the address on your screen:

World Chronicle
United Nations, Room S-827
New York, N.Y., 10017.
Or by email at: besa@un.org

This programme is a Public Affairs Presentation from United Nations Television.

The views and opinions expressed on this programme are those of the participants, and do not necessarily reflect the official statements or views of the United Nations.