

**OPPORTUNITIES FOR TRANSFORMING
HEALTH STATUS IN AFRICA**

BY

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PREAMBLE

I am deeply honoured to be here with my husband, Humphreys, and others from Kenya to give this Commemorative Lecture as the **2008 Hideyo Noguchi Africa Prize Laureate for Medical services** given by the Government of Japan. I am also greatly honoured to be here with my co-winner, Brian Greenwood and his wife, Alice. We thank Japan very much for this honour to Africa and to our work along with those we have worked with in the health sector over many decades. In 2007, the African Heads of State endorsed the AFRICA HEALTH STRATEGY approved by Africa's Ministers of Health. By linking the awarding of the first HIDEYO NOGUCHI AFRICA PRIZE to the 2008 TICAD, Japan has underscored the importance of the health sector to the development of Africa. The huge burden of disease on Africa reduces productivity and consumes resources already severely short. We appreciate this highlighting of the health sector as HEALTH IS THE BEACON OF AFRICA'S DEVELOPMENT and needs to be a priority sector in development efforts. We appreciate the special relationship between Japan and Africa through TICAD as Japan was the first country to invite African Heads of States for consultation on development. We would like to see this link get stronger and stronger to the benefits of both sides!

1. DOMINANT HEALTH PROBLEMS AND THEIR CONSEQUENCES

1.1. There's Need to Link Evidence from Health Research to Policy/Practice

Opportunities for transforming health status in Africa are highly dependent on application of evidence and persistence in the spirit of Dr. Hideyo Noguchi. In the 1990's we in East Africa began to systematically address the problem we had noted for years: that very little of the available evidence from health research ended up in health policy and practice. It was also noted that policy makers had no opportunity to provide their questions to researchers and thus have them addressed by researchers. There was therefore no communication between health researchers and policymakers/practitioners as shown in the figures below.

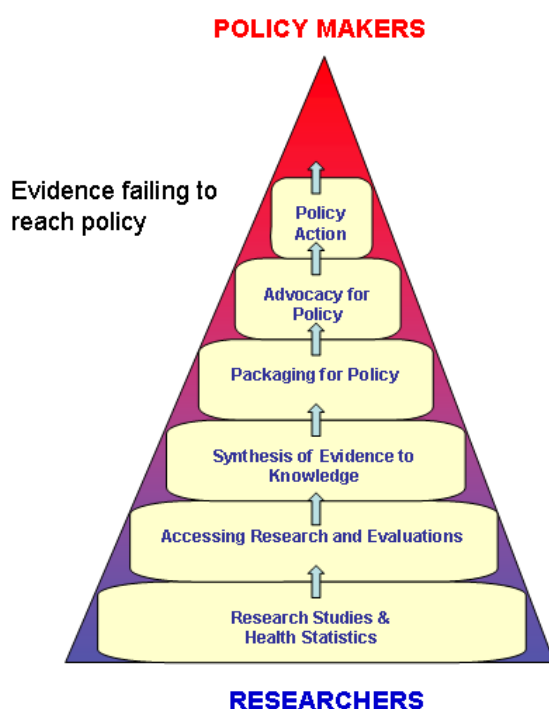


Figure 1. Despite the large base of knowledge and evidence, they are inadequately used in shaping policy and practice

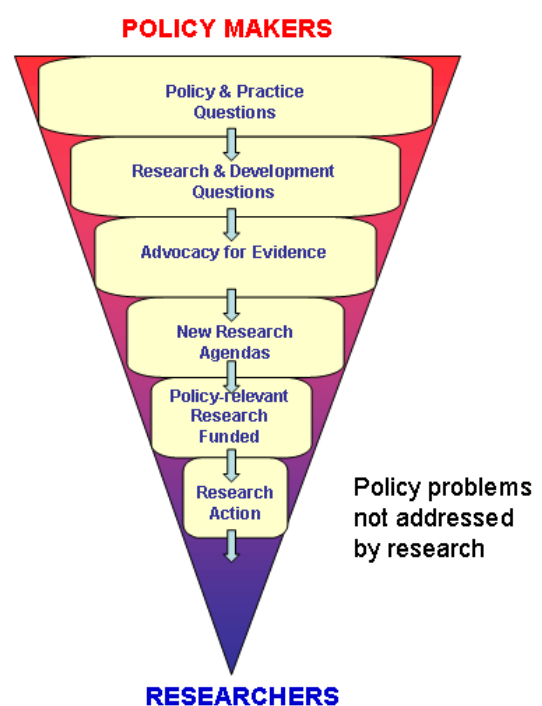
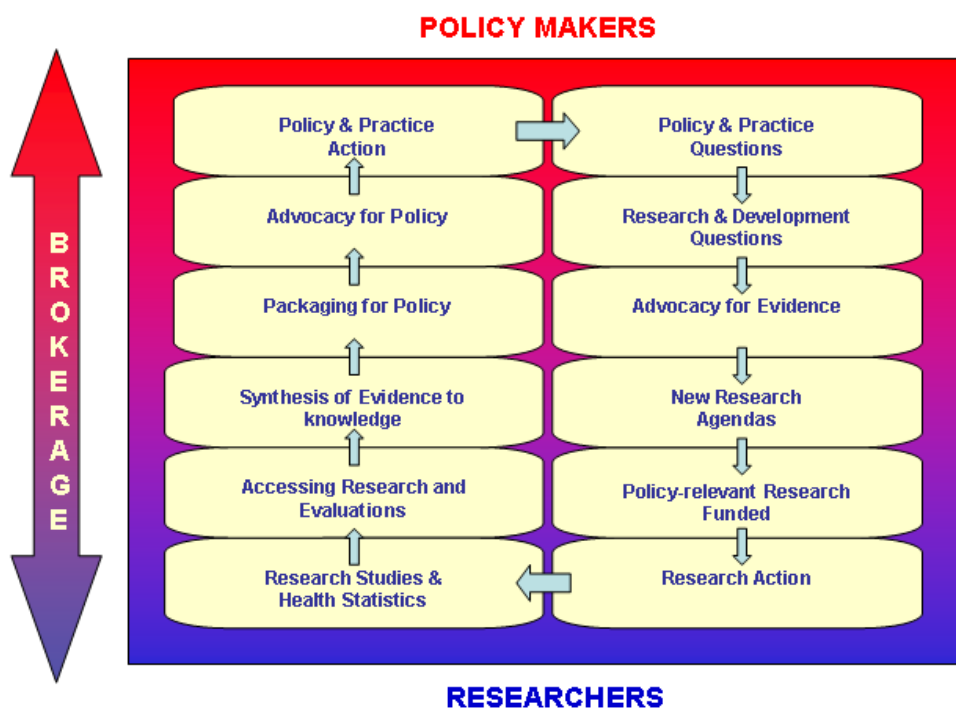


Figure 2. Despite pressing policy and practice questions, the research agenda is often irrelevant to these needs.

With financial support from the International Development and Research Centre (IDRC) of Canada, East African Health Researchers and Policy Makers undertook consultations at national and regional levels beginning in 1995 on how to bridge the gap. These consultations underscored the problem of how little research findings influence the quality of health of our people. Further, the consultations revealed that even when attempts were made to make use of evidence, there was lack of persistence in implementation and financing. These realities had contributed to the current huge disease burden in Africa. These consultations have resulted the establishment of the Regional East Africa Community Health Policy Initiative (**REACH-Policy Initiative**) as an institution based at the Headquarters of the East African Community in Arusha. Research institutes in each country, e.g. KEMRI in Kenya, have the responsibility of coordinating national inputs into the workings of this REACH-Policy Initiative institute. We expect bridges to be established between the two streams as shown in the following diagram with positive outcomes.

BRIDGING THE GAP - CLOSING THE LOOP



1.2. Various Ecological/Climatic Zones in Africa

Africa's geography affects its health in its North-to-South stretch. The most northerly point in Tunisia is at latitude 37°21' N and the most southerly point in South Africa is 34°51'15" S. This results in Africa having diverse climatic conditions, including the tropics and temperate zones and this impacts on health. The North borders the Mediterranean Sea and is close to Europe and shares some of the climatic conditions with Europe. This Northern part is also geographically close to the Middle East. So sometimes the countries in North Africa are grouped within the Middle East region of the world.

MAP OF AFRICA SHOWING PROXIMITY TO EUROPE AND MIDDLE EAST



THE SUB-SAHARA COMPONENT OF AFRICA

There is a “belt” south of the **Northern Africa part**. This is the **Sahara desert**. This desert is very dry and dusty with little to support life but some people live in it. The portion of the African continent south of this Sahara desert is referred to as **SUB-SAHARA Africa**. This is where we, the majority and black people of Africa, live. This talk is with reference to the health situation in Sub-Sahara Africa.

