

COMMENTARY

THE STORY OF DEATH: Africa's healthcare system

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The world naturally reacted with shock when, in February 2011, the Executive Director of UNICEF, the UN Children's agency disclosed that Sierra Leone's infant mortality rate stood at 270 deaths for every 100,000 children born. The crucial fact was, however, that Sierra Leone, indeed, has the highest child and maternal mortality rate in the world. Not surprisingly, this was directly attributed to malnutrition, harmful cultural practices and, more significantly, many years of under investment in health.

While Sierra Leone has been cited mainly due to the depressing conditions there that make it a worst case scenario, its facts resonate very well with the situation in Kenya, the rest of Africa and, indeed, the developing world. Despite committing to the Millennium Development Goals, of which health is just a part, slightly over a decade ago, Kenya, like the rest of Africa and other developing nations, has been grappling for the last two decades with effects of a prolonged healthcare crisis.

Statistics, most of which have been generated by the governments of these developing countries in conjunction with the Breton Woods Institutions, are depressing and thus call for urgent action in order to redeem the situation. Yet what is more troubling is that, whether viewed from a policy or governance perspective, there is not a single sign that reprieve could come any time soon, especially with governments appearing to be more inclined towards cutting expenditures and abiding by the strangulating baseline inflation rates set by the International Monetary Fund [1].

The question of just how long developing nations should have remained faithful to Structural Adjustment Programmes imposed on them by IMF and World Bank will probably remain a debating point for many years to come. The enormity of this subject will probably never be as well illustrated to the world than was done by the statement of Kenya's former assistant minister for health, Dr Enock Kibunguchy, in March 2006. **"We have to put our foot down and employ. We can tell the International Monetary Fund and the World Bank to go to hell."**The former Kenyan assistant minister was clearly exasperated by the catch 22 situation the authorities found themselves in. On the one hand, the situation demanded urgent measures, the lack of which not only exposed their populations to suffering but also made governments of the developing countries amenable to criticism by the self same Breton Woods institutions. But, still, on the other hand the governments felt duty bound to stick by the SAPs, which meant healthcare systems remained fatally underfunded. In the Kenyan case, for example, the healthcare system was short of up to 10,000 healthcare professionals [2].

It has indeed been the concern of stakeholders that the healthcare systems of developing countries has not only failed to grow in the last two decades despite rising populations, but that its infrastructure has equally deteriorated and the healthcare professionals are either poorly paid or are simply too few to manage the rising

demands. The result of this poor remuneration has been that the developing countries have been losing most of their healthcare professionals to Europe and North America. The matter is further compounded by inadequate supply of facilities and medicine and thus, in the case of Kenya, exerting pressure to its most famous referral facility, Kenyatta National Hospital [3], which now has to deal with some basic conditions that should otherwise have been dealt with by subsidiary facilities.

The concerns expressed by healthcare professionals and industry analysts are understandable in the sense that, for a crisis that has been in the making for the last 20 years, and despite the official lamentations of its deterioration and near-empty promises for corrective measures, the general outlook remains less promising, with nearly every indicator pointing at a downward trend [4]. This has given rise to questions as to whether Africa can still hope to meet the MDG relating to health by the 2015, the agreed deadline.

In the case of Kenya, for instance, the specifics of this rather startling scenario, and the most telling sign that the country's, and indeed the continent's, healthcare system has gone to the dogs can be found in the 2004 Poverty Reduction Strategy Paper (PRSP) - a government of Kenya document written in consultation with the IMF and World Bank. The focus on Poverty Reduction, of course, soon changed to Wealth Creation, but the facts that the paper documented have been enduring. Life expectancy, noted the PRSP, had declined from 57 in 1986 to 47 in 2000 – which is now more than a decade ago.

The PRSP also noted, for example, that infant mortality had increased from 62 per thousand in 1993 to 78 per thousand in 2003. This, of course, goes hand in hand with the under-five mortality, which was noted to have risen from 96 per thousand births to 114 per thousand births in the same period. It should have been no surprise, therefore, when the PRSP also noted that the percentage of children with stunted growth had increased from 29 per cent in 1993 to 31 per cent in 2003. In the converse, the percentage of Kenya's children who were fully – vaccinated had dropped from 79 per cent in 1993 to 52 per cent in 2003. The upshot of this is that the situation is grim enough to warrant quick responses from sector players, the IMF and World Bank included, if the country's and, indeed, the continent's healthcare system is ever going to be brought back to its feet.

It is not what governments of developing nations need to feel helpless about. The IMF and the World Bank ought to have realized by now the not-so-favourable side of some of the aspects of the SAPs of the early 1990s. For instance, it would seem logical for IMF to insist on reduced expenditures on salaries [5] especially for Kenya, which has had long running troubles with ghost employees on public payrolls.

But the self-defeating nature of this quest quickly becomes apparent when looked at against the travails of the health sector. If the government were simply expected to identify and eliminate ghost employees, that would obviously lighten the government's burden and enable it to target its resources more wisely. But the IMF's conditions deal with bottom-line expenditures, not with going to the root of the

problem [3]. That is why, despite having been into force for over two decades now, all that SAPs have brought is the collapse of once stable sectors like the healthcare sector. The onus is on the African governments to take the decisive step to bring back what has been lost, for that is the only hope that its ever growing population has for the future.

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