



The Gleneagles G8 summit has come and gone – now what?

A G8-focused Downing Street press release describes sub-Saharan Africa as 'the only region in the world that has got poorer in the last generation. Its share of world trade halved between 1980 and 2002. It makes up 13% of the world's population and 28% of world poverty ... and bears the brunt of the world's HIV epidemic. Maternal and child mortality rates have increased, and a woman has a one in 13 chance of dying during pregnancy or childbirth.'

The African sub-continent is clearly a basket case, but there is no shortage of initiatives to rescue it out of its parlous state. In 2000, the UN proclaimed eight Millennium Development Goals, among them targets on eradicating poverty, combating HIV and malaria, and ensuring that every child receives primary education by the year 2015 (which brings to mind the failed 'Health for All by the Year 2000' campaign). More recently NEPAD, UK Prime Minister Tony Blair's Commission for Africa, and now the G8 Summit have all committed themselves to the common purpose of helping lift Africa out of poverty and disease.

The G8 nations have pledged to double aid to Africa to the tune of \$58 billion over the next few years, to wipe out the debt of the continent's poorest countries, and to work towards removing European trade subsidies that make it difficult for developing countries to compete globally. There is one caveat: donor nations do not have the greatest of records in fulfilling their pledges to developing countries, and they are often accused of the duplicity of giving with one hand and taking back with the other. But even if only half of the Gleneagles promises materialise in concrete form, the windfall should provide a much-needed shot in the arm for African development.

However, Africa will need to get its own house in order if it is to benefit from this promised injection of new resources. In a 2002 *BMJ* editorial entitled 'Africa can solve its own health problems',¹ while acknowledging the familiar litany of external forces that have underpinned Africa's under-development and backwardness – from exploitative colonial occupation to globalisation – I wrote that 'Africans themselves must bear the responsibility for failing to create an enabling environment for better health', noting that 'many countries have seen both opportunity and resources [to invest in health and socioeconomic development] squandered on political adventurism, civil wars, misguided macroeconomic policies and greed'.

Thankfully, the last few years have seen a palpable tendency towards better governance and greater democracy in sub-Saharan Africa (notwithstanding Zimbabwe and Swaziland right across our own borders) under encouragement of the fledgling African Union.

Africa has a notorious reputation for lacking commitment and the political will to invest in systems, infrastructure and

personnel for improved people's health. According to the World Bank, the single most important obstacle to optimal health care access in sub-Saharan Africa has not been civil conflict, drought, or falling commodity markets, but rather 'the weakness of political commitment to better health. Although African countries have made numerous promises to adopt ... primary and preventive health care, they have seldom made the institutional and financial changes necessary to bring it about'.² In disbursing the G8 windfall, Africa will need to ensure that health planning and health infrastructure are accorded appropriate priority.

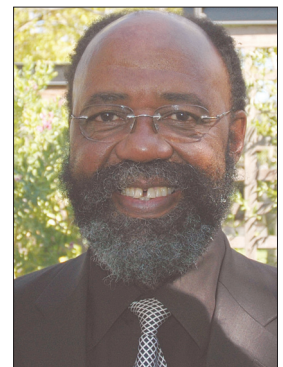
However, health systems and health infrastructure by themselves are not sufficient to address Africa's health problems. The challenges are more complex than that. Safe water access, adequate sanitation, a secure supply of food and nutrition, education, and the social upliftment of women are all essential ingredients in the formula for improving people's health, an interdependence that has been called 'intersectorality' by the WHO. But, as President Thabo Mbeki noted in a Gleneagles CNN interview, Africa frequently lacks the human and technological capacity to put new financial resources to optimal use. To address backlogs in health, sanitation, water management and food supply, you need qualified planners and skilled professionals and technicians to implement the plans.

In this regard, the Network of African Science Academies, together with science academies from each of the G8 countries, presented a memorandum to the summit urging the G8 nations to help develop African science and technology, for 'At the heart of this endeavour [to improve Africa's living standards], alongside issues of governance, security and trade, lies the capacity of nations to engage with global science and technology ... African countries need to have in place appropriate mechanisms and infrastructure for training and exploitation of knowledge.'

The G8 windfall presents Africa with the opportunity to improve the health of its people. This can best be achieved in democratised and democratising societies willing to invest appropriately in health systems and infrastructure, and to prioritise science, technology and innovation for sustainable development.

Daniel J Ncayiyana

Editor



1. Ncayiyana DJ. Africa can solve its own health problems. *BMJ* 2002; **321**: 688-689.
2. *Better Health in Africa*. Washington, DC: World Bank, 1994 (Development in Practice Series).