

African MD tells G20 leaders: Keep it simple

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Investment in maternal and child health should be earmarked for improvements of basic health services, not big-ticket items like new universities

Toronto | Dr. John Nduba, a leading African doctor visiting Canada as part of the G20 summit, knows what he wants to tell world leaders—and the world press, which will be here as well for the June 25 to 27 meeting—about maternal and child health.

The agreement on maternal and child health the heads of state are expected to sign “should (include) clear and visible investment in basic health infrastructure, in the supply of needed commodities, in training and retaining health workers. . . (and) in collecting high-quality information on health care.”



Dr. John Nduba: Money should go to critical issues such as ensuring local clinics have trained midwives and nurses—and the supplies needed to attend to pregnant women

Based in Nairobi, Dr. Nduba, as the African Medical and Research Foundation’s (AMREF) director of reproductive and child health, is one of Africa’s leading experts on maternal and child health. In his AMREF role, he works with ministries of health in east-African countries.

Due to his experience, he has a great understanding of the difficulties in providing maternal-child care in Africa. Although he remains optimistic of the outcomes, he questions the World Health Organization’s Millennium Development Goals of reducing maternal mortality by three-quarters and providing universal access

to reproductive health by 2015.

"There has been a lot of talk. You hear about it at every major conference. . . You hear Western and African leaders talk about the issues."

In an interview at AMREF's Toronto office, he said was happy when Prime Minister Stephen Harper said maternal child health would be the signature Canadian initiative at the G8 meeting (which takes place immediately before the G20 conference). "I really believe this is something unusual and exciting," he said, but added he was disappointed when a draft of the G8 communiqué—leaked before the meeting even started—did not mention the maternal-child initiative.

He said the controversy sparked about the rumoured \$1 billion in funding the Conservatives will put up for the initiative—funding that will not include money for abortion services but will include money for family planning—is misplaced.

The topic, he said, "is a minefield. I fully recognize the importance of the debate because it involves so many interests. But the simple fact is this: Women do not go for abortion for the sake of it. . . They go for a very dangerous abortion because they have no choice. These women did not want to get pregnant. 'Why did she get pregnant?' " he said rhetorically. "Because we failed her." Health systems and the people who provide the medical services "are not providing the most basic service, which is access to the available tools to let a woman decide if she is going to have a child."

Dr. Nduba said AMREF is working to make sure basic services are provided for pregnant women and newborns, and that any money the G8/G20 leaders put up for the initiative will be used for that purpose. He added many pregnant women in Africa are not seen by health-care workers before delivering; many do not have access to local clinics and, if there is a clinic, there are no basic medical supplies or the health-care workers are not trained in basic pregnancy care.



Nurses in AMREF's E-Learning program are able to use computers, cellphones and other technological devices to improve their professional standards. It is hoped this system will be used across East Africa to improve maternity and midwife care. Photo courtesy of Accenture/AMREF

"The distances are so huge they (often) bleed to death between home and the clinic. If they get to the clinic there is no health worker, or if there is a health worker they have no skills—they have not been trained as a midwife—or there are no supplies."

He notes Malawi has become an international success story by drastically reducing maternal mortality through simple methods such as improving the training of basic health-care workers. They have also developed an ambulance system that delivers pregnant women to clinics rather than forcing women in labour to find their

own way to the facilities.

Although he understands the desire to fund big university developments and high-tech hospitals, he said world leaders should refrain from big-ticket projects that from afar appear to make a difference, when they change little about the realities of front-line health care.

Money should instead go to less high-profile but critical issues such as ensuring local clinics have trained midwives and nurses—and the supplies needed to attend to pregnant women.

That's not to say Dr. Nduba disapproves of modern technologies. He cited a successful Kenyan project to upgrade the skills of existing nurses through an e-learning initiative. Thousands of nurses were able to upgrade their professional accreditation by use of computers, cellphones and CDs.

"They are studying on their own," Dr. Nduba said, but they must pass the same set of standard exams as nurses who take the courses in classrooms. Despite original concern about the quality of the education, he said, "they perform consistently better than the nurses coming out of classrooms."

In four years approximately 8,000 nurses have been trained this way; the program operators are looking to expand it so 3,000 a year can complete the training. Furthermore, it is being rolled out to Uganda, and Zambia officials are said to be interested. "I can see it spreading everywhere," he added.

The main question is finding the funding to help pay the tuition and other costs. Nurses are only paid about \$250 a month and have difficulty footing the bill to upgrade their skills, no matter how reasonable the costs appear to outside observers.

And maternal-child health is hugely important for the overall life expectancy of Africans. Healthy mothers not only mean healthy babies, but also the survival of the baby's other siblings. Children who lose their mothers early in life are far less likely to be alive after five years than children who have mothers.

"All depends on the mother in Africa," Dr. Nduba said.

Tags: African Medical and Research Foundation, child health, G20, G8, John Nduba, maternal health, Stephen Harper