

New WHO Regional Director pledges to do better for Africa



WHO/AFRO

Dr Luis Gomes Sambo

Dr Luis Gomes Sambo, 52, started his career as a District Medical Officer in his native Angola in 1977, the year he obtained his degree in medicine from the Faculty of Medicine at the University of Angola and from the Faculty of Medical Sciences of the Universidade Nova de Lisboa.

He has held several public health posts in Angola, including that of Deputy Minister of Health from 1983 to 1988. In 1989, Dr Sambo joined WHO and has held posts in Zimbabwe and Guinea Bissau.

Since 1994, he has been working at the African Regional Office (AFRO) which is now headquartered in Brazzaville, Congo, most recently as Director of Programme Management — second in command to the Director — coordinating WHO's programme of technical cooperation with the Region's 46 Member States.

Director for the African Region could be one of the toughest jobs in global public health. When Dr Luis Gomes Sambo takes up the post on 1 February he faces a considerable challenge: how do you tackle the world's highest disease burden in a region where 45% of the population live on less than US\$ 1 a day?

His predecessor Dr Ebrahim Samba dismissed severe criticism last August in the *Lancet* that he had failed to do enough to address Africa's health problems.

Dr Sambo told the *Bulletin* he wants to work more closely with communities, governments and regional groups, like NEPAD and the African Union. His priorities: HIV/AIDS, malaria, tuberculosis, maternal death and infant mortality. The challenge: to build and reinforce primary health systems to improve delivery of health care and to address the dire shortage of doctors, nurses and other health workers in the region.

Dr Sambo said he was optimistic that WHO would do an even better job in the region over the next five years.

Q: *WHO's African office faced severe criticism in an editorial in the Lancet in August? Does WHO still have a major role to play in the region?*

A: Yes, WHO Regional Office for Africa certainly has, and will continue to have a major role to play in the African Region. The region has a high burden of HIV/AIDS, malaria, tuberculosis, maternal and infant mortality, among others. Our priority will be to support countries in strengthening health systems, especially addressing inadequate human resources for health. We will also look at financing, as health services in Africa are underfunded. Several programmes with proven efficacy need to be scaled up. At local level, we will encourage the involvement of communities.

Q: *What are you doing about the shortage of health workers in African countries?*

A: The shortage of health workers is really grave in many countries. Without human resources, health systems cannot deliver the required health services. There is a severe brain drain in the region.

Governments and development partners are now addressing this matter more seriously and WHO is providing support to governments to develop appropriate policies and strategies.

We are also providing fellowships for countries to train and specialize staff according to their national health needs. In some cases, we are providing direct financial support.

Q: *What are your main challenges?*

A: We need not only more funding but also more efficient management of these funds in order to get maximum results. We need to increase dialogue and explore synergies with other health development partners and optimize the overall resources that go into health development.

We need more effort and commitment from governments to increase public expenditure on health to at least 15% of their national budgets. In the African Region, governments spend on average about 8% of their budgets on health. The average per capita expenditure is about US\$ 12.

This is far below the minimum US\$ 30–40 needed to deliver essential health-care services, according to WHO's Commission on Macroeconomics and Health.

Q: *How will you encourage governments to increase budgets, focus on primary health systems and retain professional health staff?*

A: I will try to establish a more active dialogue with governments, but also with health development partners, particularly multilateral agencies, such as The World Bank, the African Development Bank, the European Union, and the Global Fund, and other public and private partnerships. We need a better coordination rather than approaching countries in fragmented way. The health MDGs (Millennium Development Goals) are already a very good way of bringing partners together to support development in Africa in a coordinated way. The New Partnership for Africa's Development (NEPAD) offers that opportunity too.

Q: *What are the root causes of ill-health in Africa?*

A: These are numerous: weak economic performance, very weak health systems, and poverty. It is a vicious circle. Due to a multitude of reasons — ill-conceived programmes, disasters, drought, etc. — economic performance in the Region has been very poor and health systems have not been able to adequately supply essential health services. Most are faced with a shortage of qualified staff; poorly maintained buildings,

equipment and facilities; and in some cases shortages of medicines. The effects include reduced efficiency and service quality; less confidence in public sector facilities; low morale and high staff turnover; and poor health indicators. Poverty in Africa affects most of the population. At least 45% of Africans live on less than US\$ 1 per day. These people have difficulty in getting quality health care. Some don't have any care at all,

sometimes the only alternative is traditional medicine which is not enough. I am optimistic that WHO will be able to do better in this region during the next five years. ■

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