**The Brookings Institution**
**Africa Growth Initiative**
**Foresight Africa Podcast**

# "African solutions to African health system challenges"

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*Episode Summary:*

Dr. Olusoji Adeyi, president of Resilient Health Systems, shares strategies for supporting Africa's health systems and ending the region's dependency on foreign funding for public health interventions, which, he argues, disincentivizes African leaders from taking financial responsibility for the continent's fight against malaria and other endemic diseases.

**ORDU:** From the promise of new technologies to the burgeoning innovative youth population poised to shape the continent's future, Africa is full of dynamism and optimism worth celebrating.

Hi, I'm Aloysius Uche Ordu, director of the Africa Growth Initiative at Brookings and host of Foresight Africa.

Since 2011, the Africa Growth Initiative has published a high profile report on the key events, trends, and issues likely to shape affairs in Africa over the coming year. Entitled "Foresight Africa," the goal of the publication is to call attention to key policy actions. With this podcast, we intend to engage the authors of our report and other policymakers and scholars in conversations in the coming months.

Today, we are joined by Dr. Soji Adeyi to discuss global health financing. Dr. Soji Adeyi is president of Resilient Health Systems and a senior associate at the Johns Hopkins Bloomberg School of Public Health. He was formerly director of health, nutrition, and population at the World Bank.

Soji just published a new book titled "Global Health in Practice: Investing Amidst Pandemics, Denial of Evidence, and Neo-Dependency." Soji Adeyi, I bid you a warm welcome to Foresight Africa podcast.

**ADEYI:** Thank you very much, Aloysius. It's a pleasure to be with you on this podcast.

**ORDU:** Let me start by asking you about your personal story. How did you get to this point in your career?

**ADEYI:** It all started in a medium-sized city in southwest Nigeria, where I was born, in Oyo, the land of Shango, the god of thunder. My father was a nurse and my mother is a retired businesswoman. And in hindsight, my journey and my current pursuits reflects a combination of the two of them. And our values growing up were honesty, a premium on education, and being useful to your community.

I think my big break in life, in hindsight, came when I went to a boarding school in high school. And in that school, I learned several things. One is that different does not mean bad. It does not matter where you come from. There are people of high character and excellence from everywhere. Another value that was imparted to us was the love of learning, the pursuit of excellence. And that opened up the world in ways that continue to resonate long after that.

So in the combination of my parents and the schools that I attended in Nigeria, I won the lottery of life. And for that, I'm especially grateful.

I went to the University of Ife in Nigeria for my undergraduate and medical education. Then I worked briefly at the Lagos University Teaching Hospital as a young doctor. And there something happened that led where I am now. That was in the days of structural adjustment. So I personally witnessed patients not being able to pay for their care and therefore either they could not be admitted or they were discharged prematurely. That left some serious impression on me, and I did some soul searching.

So, I decided I would like to be where these policies are being made or where these policies are being influenced. So that instead of being at the downstream end, receiving those policies and complaining about them, I could actually be at the upstream end shaping those policies and trying to see how far one could move to ensure that they were in the interest of the disadvantaged and the underserved.

So I moved into public health, health policy, and financing. I went to the Liverpool School of Tropical Medicine. Then I went to work for the World Health Organization afterwards, briefly in Geneva, briefly in Pakistan, and then for two years in wartime Ethiopia. During one of the conferences which I attended, I met Professor Ransome-Kuti, who was the Nigerian minister of health at that time. And he said, you're working on primary health care in Ethiopia, I'm struggling to expand primary health care from the pilot project to all the local government areas of Nigeria. Why don't you come and join us? So I left W.H.O., and I went back to Nigeria to do my national service with Professor Ransome-Kuti. Rest in peace.

And then from there, I went to the Johns Hopkins University, where I did my doctoral program. And I was minding my own business when the World Bank invited me to the Young Professionals Program. And the one thing led to another and that opened up a completely new world. And then I went full circle to trying to influence policies from within, pushing the envelope from within. And along the way, I also decided to do an MBA at Imperial College London and the University of London. I was very curious about the business side of things. And I think this is something I've taken from my mother, who, as I mentioned, was a retired businesswoman.

So I had extraordinary opportunities to learn, to contribute all over the world. And again, in that sense, looking back, I would say yes, in my good fortune I won the lottery of life.

**ORDU:** Quite an illustrious career and this sense of winning the lottery of life, I couldn't think of a better way to express your illustrious journey. Let me now turn to the big elephant in the room right now in the world. COVID-19, which you are intimately familiar with, continues to dominate the airwaves globally. What lessons have we learned to date from your perspective?

**ADEYI:** We've learned many lessons. Or, let me put it this way, we have had opportunities to learn many lessons. The first one is the vulnerability of the human species. I think being Homo sapiens, or self-labeled as Homo sapiens, and we've put ourselves at the top of the pile, there's an implicit assumption that we rule the world. And COVID-19 has given us a rude awakening that that's just probably not the case, or it's probably not always the case. Complacency is dangerous. So the first lesson is that we have an opportunity to learn, consists of the importance of prevention, of surveillance for early detection, and a preparedness to respond quickly and effectively.

A second one is the importance of institutions at the country, regional, and global levels that when trouble strikes, the solution does not lie in individual brilliance. It lies in the effectiveness of the collective, and the collective operates through institutions.
We've also learned that it is entirely possible for countries that have high prowess in science and technology to bungle their responses if the leadership is ineffective. And we saw that in the United States in 2020, and we've seen variations of it in the United Kingdom, for example. And we can contrast that with what we saw in New Zealand, which was quite a study in contrast to what was going on in the United States and the United Kingdom.

Another emerging lesson is the wonder of science, especially of product development. And we've seen this with vaccines, and we're seen it with diagnostics. I think if one were to assign a score to that, you'd probably assign it on A or an A minus, perhaps. But at the same time, we're learning that just developing a product is not enough. What about delivery and the equity of access? So, we're learning that power and geopolitics determine access to lifesaving technologies and that the lives of those of us who are fortunate to live in high-income countries, our lives are implicitly assigned to greater values than our peers who live in low-income countries.

And that interplay of power and geopolitics explains what we're seeing in terms of inequities, because of the push by the pharmaceutical industry—or, shall I say, the pharmaceutical lobby—and a few governments that have now essentially put in place what amounts to, if not a monopoly, then a duopoly in the lifesaving vaccines and this refusal to support the temporary waiver of intellectual property rights at the World Trade Organization, despite the proposal by India and South Africa. So in contrast to the beauty of this science to which one will assign an A on an A minus in terms of the effect of geopolitics on equity of access, I think one will have to assign a grade of F from what we have seen so far.

A very important lesson, and this time for the global south, is that in times of great peril the low-income countries and the lower income countries of the global south, they're on their own. This has been a painful, glaring lesson from this pandemic. And this stretches to institutions in terms of which institutions will come to their rescue. It stretches to research and development. It includes manufacturing, and it also includes service delivery. And I hope that this is a lesson that the global south will learn very deeply and resolve to never experience again.

Having said that, and maybe this is where my own inclination as an incurable optimist will come to the surface, I think there are bright lights of innovation and selflessness. And the epitome of that is the combination of Professor Peter Hotez and Professor Maria Bottazzi in Texas, who have co-led a team that developed a COVID vaccine, which they have started licensing to manufacturers across the world without any of this intellectual property strings attached. In my opinion, this is humanity at its best.

**ORDU:** Well, that's quite impressive list of lessons. The idea that COVID did indeed present us an incredible opportunity for learning. Of course, the idea that institutions matter. Leadership, of course as we talked about, matters. And the wonders of science. Let me just turn now to Africa itself. As a close observer of our continent, what's your assessment of Africa's response to the pandemic thus far?

**ADEYI:** First, let us look at the cards that Africa was dealt and then at how Africa chose to play those cards. I use the phrase "chose to play" because I believe that agency and responsibility are more important than victimhood. But let's still start from the cards that Africa was dealt. If you cast your mind back to about two years ago or just under two years ago, it was a lot of upheaval, disruption of global supply chains, and this had serious implications for a continent that still imports more than 90 percent of crucial medical technologies, whether they are diagnostics or therapeutic, from outside. So that's card number one. Lack of access, lack of prompt access to affordable essential medical technologies.

The second card with which Africa was dealt is that unlike the high-income countries, the low-income and lower middle income countries in Africa could not mount the countercyclical fiscal measures needed to cushion their economies from the ravages of the pandemic. So, to be more concrete, whereas in the United States and in Western Europe, they were able to pump out a lot of money into the economy and cushion people who were losing their jobs, for example, sending out checks to families and individuals, the low- and lower middle income countries could not afford that. So in fact, it was a double whammy if you allow the expression. Those are the cards with which Africa was dealt.

But remember, I said agency and responsibility are more important than victimhood. So Africa is bouncing back, and to be more specific, one of the brightest lights in this is this set of interventions and initiatives that I will call continental leadership. So through the Africa Centers for Disease Control and Prevention, for example, the Africa CDC, the continent itself is setting its own technical standards with impressive leadership and with political legitimacy, the political legitimacy of the Africa CDC. The Africa CDC is also providing technical support and facilitating cooperation across the continent to formulate and implement country led programs and country managed programs.

Another bright light under the rubric of continental leadership is the common procurement platform, the Africa Medical Supplies Platform, or AMSP, which enabled African countries to exert purchasing power and therefore be able to procure more efficiently and at more favorable prices than would have been the case if each country was going it alone.

A third one, still under the rubric of continental leadership, was the development of the Africa Vaccines Acquisition Trust, which was co-led by the Africa CDC, the Afreximbank—the Africa Export-Import Bank—and the United Nations Economic Commission for Africa. And I want to stress that these are the beginnings of what one might call self-financed assertiveness, which is a phrase that I use deliberately in this case.

The private sector has also risen to the occasion to varying degrees, not the least of which is the manufacturing of the most basic personal protective equipment, or PPE, such as face masks, which sprung up in different parts of the continent. And now, of course, we're seeing steps to realize the production of COVID-19 vaccines on the continent. And there are different loci of activities there: Senegal, Rwanda, South Africa, and of course, in Morocco as well. And I think Egypt, too.

All of this we're looking at comes amidst a painful realization that Africa should not expect outsiders to come and save it. And in my view, if this is the only lesson that Africa learns from this pandemic, it should be a lesson well worth learning. So overall, it's a very tough situation to be in. But looking at the effort, looking at the way leadership in parts of the continent and looking at the way the central coordination centers in Addis Ababa, the organs of the African Union have risen and are rising to the occasion, I think that this is a good performance. With a lot to do, but this is a good performance.

**ORDU:** Very fascinating indeed. Basically, you're saying at a time of this global pandemics, looking ahead in the future, basically, we are on our own, Africa is on its own. That's what you're saying, in essence.

**ADEYI:** Yes, that is what I'm saying. The message that came from the global north to the global south, especially Africa, is in moments of great peril you are on your own.

**ORDU:** Let me probe a little bit more, because the Africa CDC, an institution you and I know very, very well, came of age during this pandemic. What role, if any, did Africa's private sector also play during the pandemic?

**ADEYI:** Africa's private sector has played a useful and, in my understanding, growing role in Africa's response to the pandemic. Let's start from the macro. If you start from the macro, then we can pay attention to the functions of the Afreximbank. That falls under securing access to COVID-19 vaccines. It's not very common for the Afreximbank to play that role, especially. It was a pleasure to see a large export-import bank based on the continent rising to the occasion and helping to secure access to COVID-19 vaccines. And here I'm referring to the Johnson & Johnson vaccines, the purchase of which was made possible through this two billion dollar facility that was led by and syndicated by the African Export-Import Bank.

Importantly, I should also note, those vaccines were being produced in Africa, that's also important to know, by a private sector entity that was the Aspen facility in South Africa. Then the local production of basic PPEs, private protective equipment, especially face masks, and in some cases, the protective gowns.

A third aspect was cross-country collaboration. So to be specific, say, if you think the West Africa Private Sector Coronavirus Platform, this was a private sector collective of chief executives or people from the C-suite, if you allow the expression, getting together across countries and seeking to mitigate the impact of the pandemic on their workers. So the way they operated, focusing on maintaining the safety and well-being of their workers, was on the continuity of business operations and also sustaining livelihoods.

A fourth dimension is social supports. I mentioned earlier that the countries of low- and lower middle income countries did not have the wherewithal to mount large fiscal, countercyclical measures, the kind that high income countries could mount. Well, the private sector tried to fill that gap with varying degrees of success and to varying extents across and within countries. So in Nigeria, for example, there was the Coalition Against COVID-19, which brought together a number of high profile blue chip companies within the country. And then there was another enterprise in the country that financed the establishment of isolation centers in the early days of the pandemic. So these were some of the contributions of the private sector.

Another dimension is actually service delivery. So to be specific, in some countries, private sector enterprises who are licensed, or have been licensed because they still operating, to perform COVID-19 tests, diagnostic tests. And this has come in useful in different places for people who want to know their status, whether or not they were infected, or for people who needed the results of those tests to travel.

It must be said, however, that based on my understanding, access to diagnostics is still extremely limited on the continent, and that's a very important point to stress. And in a place like Lagos, Nigeria, for example, we're still talking about a PCR, we are really not talking about widespread access to the antigen-based rapid diagnostic tests. And furthermore, they are prohibitively expensive for the average citizen. So as of a few weeks ago, the cost of the PCR test was more than the equivalent of 100 U.S. dollars. So that's way out of reach of the average citizen.

So when we look at the package, the totality of this, you had a massive and fast-moving pandemic, and the private sector tried to rise to the occasion. It's still an unfolding pandemic on the continent. And again, I think this is an opportunity for private sector investors to look at how they can further invest in manufacturing, in supply chain management, and also what I will call the interface between public policy and private enterprise. How can they position themselves, how can they productively invest in manufacturing equipment, in manufacturing diagnostic tests, in manufacturing vaccines so that African enterprises can sell across countries, taking advantage of the African Free Trade Continental Agreement that has just come into force, taking advantage of the continent's wide market, these economies of scale that is now opening up to them. And if they manufacture to high standards, taking advantage of the relatively low labor costs on the continent, place themselves on equal footing in terms of quality while being price competitive with their peers across the world.

**ORDU:** Let me now turn to this subject of malaria. You were the founding director of the Affordable Medicines Facility for Malaria at the Global Fund to Fight AIDS, Tuberculosis, and Malaria. How was that experience?

**ADEYI:** Wow, Aloysius, you are taking me back to a very profound experience for which I'm eternally grateful. The Affordable Medicines Facility for Malaria, or AMFM for short, was an extraordinary opportunity to learn. We innovated, we pushed the frontiers of public-private partnership for better access to affordable medicines. First, the background, very briefly. As you know, malaria is very endemic in most of Africa, and by the turn of this century, the old familiar chloroquine, and another medicine called SP for short, were becoming increasingly ineffective. There was a new generation of medicines. The problem was they were way too expensive for the average citizen to afford.

So how does one solve that kind of problem? A group convened by the United States Institute of Medicine—it was called the Institute of Medicine at that time, now it's called the National Academy of Medicine—and headed by Kenneth Arrow, the late Kenneth Arrow, a Nobel laureate in economics, proposed a solution. And they said, Well, just subsidize this product at the factory gate and then let them flow through the public sector and the private sector. The private sector because that's where most people go for treatment. Basically substitute this new drugs for the old failing drugs. So over a period of about five years, we worked hard to translate that concept into a program, and I had the good fortune of leading that enterprise.

And then Professor Michel Kazatchkine, who then headed the Global Fund, asked me to come and lead the big experiment, so I moved from Washington, D.C., to Geneva. I learned much about leadership at the global level in global health. The positives are about building coalitions, they're about putting knowledge to work, and they're about putting social capital to work in a way that will benefit the poor and the underserved. And I say this because there are some things in which one cannot be neutral in the face of grievous injustice in health. One cannot be neutral and say, Well, let's just see how it unfolds.

So for that opportunity, I will always be thankful. There was never a dull moment in the AMFM. We built an effective coalition. We combined science with business concepts of going from small volume and high margins to large volumes and low margins, and the merchants were happy to make that switch. So this was business school in practice. And we also succeeded in getting those products to not only the urban and peri-urban areas, but to distant places as well, because there was a fear that it will only end up in the urban areas.

So those were the positives—the brilliance of the science, the concept, the coalition, the enthusiasm that people brought to it, the bringing together of the public and private site. But that experience also revealed to me in very clear technicolor, the dark underbelly of global health, how entrenched power systems will deny science and how they will deny what is in the interest of poor people in developing countries if an innovation threatens the established power system and if it threatens the established geopolitical balance of things.

So even though the AMFM succeeded, it was never expanded. In fact, the Board of the Global Fund decided to fold this successful innovation into the preexisting business model that was not working well, and they did so because of pressure from the USAID and from the United States President Malaria Initiative. So there's a lot of lessons learned. But, I still come away from it very sanguine because we had demonstrated what was possible. And I would not be surprised to see that experience, that concept, taking up again in different places in different ways.

**ORDU:** Still on malaria, recently, as you know, the W.H.O. announced a new vaccine for malaria. You argue that it is essential that African countries take responsibility for paying for the malaria vaccines rather than depend on outsiders. Can you explain your reasoning to our listeners, please?

**ADEYI:** Yes. This matter of sustainable financing and African responsibility for African challenges is very dear to me, and it's a topic to which I pay considerable attention. Now malaria, of course, is age old, as we spoke about before. In fact, it's been a hundred and twenty years since Ronald Ross won the Nobel Prize for his explanation of how malaria was transmitted. I should say that Ronald Ross was a lecturer in my alma mater, one of my alma maters, the Liverpool School of Tropical Medicine. But he was there way, way before my time, of course. Why am I saying this? Malaria is deeply entrenched. It's one of those things about which every government in Africa is aware and every household is aware.

Now, according to the latest global malaria report from the W.H.O., in 2020, the total funding for malaria control and elimination was about three point three billion dollars. So that was versus a target of six point eight billion, so it was less than 50 percent of the required amount. Now to make it more interesting, of that amount, slightly over two-thirds came from outside the malaria-endemic countries. And bear in mind that sub-Saharan Africa accounts for 95 percent of malaria cases. So, for an age old disease, as of 2020, more than two-thirds of the money to combat malaria came from outside.

Now against that background, three months ago, the W.H.O. approved widespread use of this new malaria vaccine, the RTSS. This does not push away or eliminate the need for all the other measures against malaria. It's an addition to the toolkit. But one would think the African governments would say that finally, we have a vaccine for this disease that has so tormented our continent, that has so tormented our people for generations. And if this is the only thing we as African governments pay for, then we are going to pay for it. But instead, what happened was an announcement from Gavi, the Vaccine Alliance, that they are going to put in place, I think it was about one hundred and fifty-six million dollars, if I remember correctly, to finance the vaccine.

Now, on the surface of it, one might say, why is that a bad thing? There is not inherently anything bad about Gavi paying for that. The problem is the following: It continues a pattern whereby African governments, African leaders, do not take responsibility for health on the

continent. It continues a pattern whereby the locus of accountability lies not in African capital cities, but in Geneva, New York, Washington, D.C., London, or Tokyo. And it's infantilizes Africans by casting them again as the people who cannot look after their own affairs, that will always rely on the kindness of strangers.

Now let me put a graphic example on this. And in this example, I'm not referring to something I've experienced in one country or two countries, it was country after country after country. And in saying this, I'm not talking about the motive of any particular official. So it goes like this. So I will ask, Look, you are moving from low-income country status to low and middle income country status. You have more means to really pay for your health services. How come your minister of finance or your Ministry of Health or your health service is not rising to the occasion? And I will be told, Look, we are not stupid. We know that if we do nothing, those do-gooders from Europe and North America who love us more than we love ourselves, they will hold replenishment meetings to raise money to come and save the lives of African children, African pregnant women, and African men. And this is the kernel of the problem. It is why I wrote that short piece in "Foresight Africa," and I am very thankful that the Brookings Institution gave me the opportunity to write that piece. It is what I wrote, that Gavi's decision to pay for those malaria vaccines was fundamentally wrong. That the right thing, even if it was challenging, was for Africa, for African governments and African countries for once to take lead responsibility for financing something so basic as vaccines for this age old scourge called malaria.

**ORDU:** Fascinating, indeed. I'd like to turn now to your new book, "Global Health in Practice: Investing Amidst Pandemics, Denial of Evidence, and Neo-Dependency." In the book, you identified neo-dependency as the fundamental problem in global health. Can you explain what that means?

**ADEYI:** Yes, and thanks for the opportunity to talk about global health in practice. I want to pay tribute to Chinua Achebe, one of my favorite authors, and his book "Anthills of the Savannah," which I quoted in the preface to my book. Chinua Achebe wrote that charity is the opium of the privileged.

It's a very profound thing that Chinua Achebe wrote. How so? Let us look at what is happening under COVID because this is very fresh in everybody's mind. Mr. Strive Masiyiwa, the special envoy of the African Union for COVID vaccines, among a few other things, pointedly said in public that the continent's primary approach to securing vaccines for its population was not via donations. That Africa won't have to buy vaccines. But curiously, most of the high-income countries, the G7 countries, they're not having any of that. They just want to donate. Why? Because there's an underlying power structure, power dynamic here. Donation is at the pleasure of the donor. It is done on terms determined on a timeline determined by the donor, on the scale and scope determined by the donor. And it perpetuates the status of Africa as a beggar continent.

If the G7 countries were to switch into a mode of, yes, let Africa buy what it needs and let's facilitate the process by which those products become available, then they will lose that leverage over Africa. That is the geopolitics that is going on here.

Unfortunately, before COVID came along, much of African leadership in my understanding, was blind to that or if they were not blind to it, they were content to ride that wave of neo-dependency.

So how does it play out in practice? There's something called the economic transition of health, or the transition of health financing, as countries go from low-income to middle income country status. They lose eligibility for most of the concessional financing that comes from development banks, and they are required to graduate out of the largesse of grants financing entities like the Global Fund and Gavi, for example. But many countries in Africa, and I have seen this time and again, are either reluctant to graduate or unwilling to graduate or unable to graduate for a whole host of reasons.

So when you look at the totality of it, we can tinker with committees in international agencies. We can tinker with what any particular institution does outside the continent. And we can complain all we want about the lasting effects of colonialism. And we'll be right. Of course, colonialism happened. It was horrible. There were crimes against humanity. The effects endure, all of those are true. At the same time, the global south needs to face its reality, and this is the reality that Africa needs to face in my understanding. Nobody is going to save Africa other than Africans. And so the path to self-emancipation lies not in taking donations from the global north. It lies self-financed assertiveness, it lies in taking responsibility for financing those basic things. Which is why in the concluding chapter of the book, I wrote that step number one should be to stop foreign aid as we currently know it for basic health commodities and basic health services.

**ORDU:** Quite a comprehensive coverage in the area of global health financing and country knowledge, et cetera. What would be your message to Africa's new generation of global health professionals coming along?

**ADEYI:** My messages to them would be along multiple lines. The first one is to be clear about why you are going into global health. And that is not to be taken lightly, because clarity of purpose is fundamental to success.

The second one is please do not accept global health as it is. To the new generation, in addition to clarity of purpose in not accepting global health as it is, be prepared for entrenched interests to push back against innovations or changes that to you might look very rational and very much in the interests of the poor.

So beyond professional and technical competencies, the core competencies that everybody in global health must have, in my opinion it is equally essential for the new generation to understand the power dynamics that determine events, because that is where the levers are for ensuring lasting and widespread change.

Another perspective is to be aware of history, but please do not succumb to what I call the diet of victimhood. You cannot change the past, but you can shape the future.

Now, I want to paraphrase Charles Houston. Charles Houston was professor of law at Howard University, which is just down the road from here. And it was Thurgood Marshall's professor. Thurgood Marshall, who argued Brown vs. Board of Education. Charles Houston taught his law students it is not sufficient to be a lawyer, you must be a social engineer, and if you're just a lawyer, then you are a parasite. The same thing goes for professionals in global health. Wherever you are, whichever institution you are in, push the boundaries. Use the levers in favor of the poor, use the levers in favor of the disadvantaged. Be a social engineer.

Finally, and this is not trite in terms of perspective to share with a new generation, commit to lifelong learning, then enjoy the journey, enjoy the ups and the downs.

**ORDU:** Soji, those are indeed very, very sage guidance. Thank you very, very much. I'm Aloysius Uche Ordu, and this has been Foresight Africa podcast. Thank you.

**ADEYI:** Thank you very much for having me.

**ORDU:** I'm Aloysius Uche Ordu, this has been Foresight Africa. To learn more about what you heard today, find this episode online at Brookings dot edu slash Foresight Africa podcast. Each episode will be listed on its own web page, and there will be links to the content discussed in the episode.

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Thank you very much.