



Health Care Infrastructure and Capacity in Sub-Saharan Africa

In the developed world, access to basic health services and the existence of a functioning health system are taken for granted by most of the population. The situation is different in sub-Saharan Africa, due to fundamental limitations in funding, staffing, training and other manifestations of essential infrastructure.

This reality is compounded by the prevalence of infectious disease in Africa, which is disproportionately high compared with any other region of the world. The combined impact of these conditions is that residents of Africa have the world's shortest life expectancy, and struggling economies are being sabotaged by high mortality rates among the most productive segments of the population. This has created a vicious cycle of disease and poverty, undermining effective efforts to pursue economic development.

Fortunately, there has been a marked increase in intervention and support for Africa over the past six years. This has saved countless lives, and has given new hope to people who otherwise would have faced certain death. The emergence of accessible treatment has also provided stimulus for prevention efforts, based on the simple logic that if people have access to treatment, they also have an incentive to determine and act upon their health status.

A primary thrust of these interventions has been provision of vitally needed pharmaceuticals, such as antiretrovirals for HIV/AIDS, to people who otherwise had no access. This will remain critical, but it is far from sufficient. The lack of health care infrastructure and capacity in sub-Saharan Africa is a more fundamental barrier, one that may soon inhibit the ability to deploy further increases in funding. The series of interventions that occurred over the past six years need to be regarded as a first stage which addressed the *symptoms* of insufficient health care capacity in Africa. It is now time to begin addressing the *causes*.

One example is laboratory services. The provision of drug therapy in the absence of diagnostic testing -- used as a quality control to know when drugs should be administered and whether they are working -- is a potentially dangerous proposition. Already in sub-Saharan Africa there is widespread drug resistance among TB patients. But today, the methodology utilized most commonly in Africa to diagnose TB is over 120 years old. Resistance is also emerging to first line therapies for HIV/AIDS and Malaria. One can only imagine the consequences of massive drug resistance to these three diseases in Africa. Laboratory capabilities and infrastructure will be essential for preventing this.

Among the mechanisms for building vitally needed infrastructure in Africa, public private sector partnerships (PPP's) can play a critical role. With this in mind, BD (Becton, Dickinson and Company) is responding through cross-sector collaboration in the areas of advocacy, knowledge transfer, training, funding, and volunteerism, and by creating access to vitally needed technology on an affordable and sustainable basis. This White Paper identifies additional opportunities for private sector engagement, and we encourage other companies to take similar measures.

The goal of improving the health and well being of the citizens of Africa is achievable. In our view, there is no practical alternative other than to devote all necessary efforts across the public and private sectors toward this goal.

About the author

Gary Cohen is the President, BD Medical. BD (Becton, Dickinson and Company) is a global medical technology company founded in 1897. BD's company purpose is Helping All People Live Healthy Lives. Mr. Cohen and the BD team work in cooperation with international agencies and non-profits on public health policy issues and making available, on a sustainable basis, devices and technologies that help in the prevention, diagnosis and treatment of infectious diseases that have reached pandemic proportions in developing countries. He has been a speaker and expert panelist in policy and advocacy forums involving HIV/AIDS and at international conferences on safe immunization of children.

Mr. Cohen joined BD in 1983 and has held his current position since 1999. He is an executive officer of BD and a member of the Board of Directors of the Perrigo Company. He is also a Board Director of the US Fund for UNICEF, the CDC Foundation, and the Academic Alliance Foundation, which is devoted to research and training of African clinicians in response to the HIV pandemic. He recently became a non-permanent member of the private sector delegation to the Global Fund to Fight HIV/AIDS, TB and Malaria.