Africa’s growing need for medical expertise

Africa is on the rise. The evidence is everywhere. In a 2011 report, the World Bank declared that “Africa could be on the brink of an economic take-off.” The World Health Organization (WHO) 2011 African Regional Health Report revealed that Africa has made significant progress in the battle against many communicable diseases, including river blindness, malaria, leprosy and measles, among others.

And yet just beneath the surface of this happy story is a troubling trend. Even as Africa’s future has brightened in recent years, the continent has seen a dramatic increase in noncommunicable diseases (NCDs), such as cancer, diabetes, hypertension, and heart disease. In its 2010 Global Status Report on Noncommunicable Diseases, the World Health Organization noted that NCDs in Africa “are rising rapidly and are projected to exceed communicable, maternal, perinatal, and nutritional diseases as the most common causes of death by 2030.”

A rapid rise in disease rates creates a challenge for any country or continent. But in Africa, where there is a severe shortage of doctors and advanced medical facilities, the challenge is even greater. According to World Health Organization statistics from 2009, Africa is able to spend only 6.5% of GDP on health. By comparison, the Region of the Americas spends 14.4% percent. Africa also has the fewest health professionals of any WHO region, a mere 2.2 physicians and 9 nursing and midwifery personnel per 10,000 citizens. In the European Region, there are 33.2 physicians for every 10,000 citizens and 65 nursing and midwifery personnel.

It’s not surprising, then, that according to a study published late last year in the medical journal Cancer, 35% of the sub-Saharan African cancer patients interviewed did not even speak to a healthcare provider until more than six months after noticing their first signs of cancer. In 47% of the cases, they didn’t receive their official diagnoses for three months or more after speaking with a healthcare provider. Just getting to the hospital took seven hours or more in 23% of the cases.

There are no easy answers for Africa as it confronts the growing burden of NCDs. But small solutions that may provide a path forward are beginning to emerge. Recognizing the urgency of the moment, in July 2011, Novartis launched an internship program for post-graduate students and physicians from Africa. The 2011 pilot program included students from Ethiopia, Kenya, South Africa, Tanzania and Zimbabwe. In addition to working on their individual research projects, participants attend group presentations on drug development led by senior Novartis executives.

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While such programs are an important step in the right direction, Africa has a long way to go. African nations need more of their doctors to stay home rather than immigrate to other countries. They need more medical schools and medical research devoted to the growing burden of NCDs.

No one believes it’s going to be easy to treat NCDs in the absence of doctors and advanced medical facilities. And yet there is reason for optimism. After all, in its recent successes against some of the most deadly communicable diseases, Africa has shown that the continent can successfully tackle major health challenges.

Learn more about the Novartis Malaria Initiative >

References


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