

# Reflections from leading women in health in Africa

Women leaders in the healthcare sector discussed possible solutions to drive gender equity, the need to achieve growth and foster innovation for better health outcomes across the continent as part of the Board of Healthcare Funders (BHF) 2020 Dialogues series.



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“Covid-19 has changed the healthcare landscape. South Africa alone is currently accountable for two-thirds of the affected healthcare workers in the African continent, with about 26 000 affected, said Precious Matsoso, former director-general of the National Department of Health and current co-chair of the WHO Digital Health Advisory Committee.

## Supporting local manufacture

Dr Matshidiso Moeti, regional director of the World Health Organisation (WHO), Regional Office for Africa, highlighted that the issues around personal protection equipment (PPE) have become extremely distorted. “In Africa, it presents opportunities to push for industrialisation and production of own supplies of such critical items. However, we have been significantly disadvantaged in terms of access to some of these PPEs, which are crucial for the prevention of infections

and the ability to assure occupational health and safety for healthcare workers.”

She noted that from data published in the past year, only 51% of health facilities in sub-Saharan Africa had basic water services and access to alcohol-based hand rubs at points of care. "While this may have improved in the context of the Covid-19 pandemic, more needs to be done to ensure that these improvements are sustained. The responsibility to ensure that there is piping for the provision of running water in healthcare facilities is the role of government, and this must be implemented. Healthcare facilities need to be prioritised in planning and investment; and healthcare workers have a responsibility to advocate for this to happen.”

Dr Anna Mokgokong, chairperson of Afrocentric Healthcare Group and Chancellor of the North-West University, agreed, suggesting that the solution to some of these challenges lies in boosting local production and resuscitating industries and manufacturing sectors that have long been shut down. “The current procurement of PPEs is a problem, as we are importing a lot of what we are using from overseas. There is no support for local manufacturers or regional manufactures.

“Our resources are being used to grow international economies, none of Africa’s economies. The continent has skilled women who can produce masks, for example, and with the right support mechanisms could produce a lot more if funded to produce the same masks for much lower than what overseas suppliers are charging. The textile industry in South Africa and across the region has suffered a lot in the past few years, resulting in the shutdown of factories. These could be resuscitated to manufacture some of these PPEs, as we have the skills, capability and the material locally and across the continent.”

## **Addressing gender gaps**

“Change must start with education and the creation of pipelines of female leaders in academia so that when women enter these learning institutions, they see themselves and believe that they too can do it,” said Dr Judy Dlamini, chancellor of the Witwatersrand University.

She noted that pre-Covid-19 we had no fewer than three-million unemployed youth between the ages of 15 and 34. These young people were neither employed nor studying. What could be an asset in terms of youth would be a liability unless our education is improved. From a noticeably young age, we need to teach the youth to be innovators, job creators, and move away from the job seeker mindset to a mindset of job creation. This is going to depend on how they are taught.”

Speaking about grooming a new pool of healthcare workers, Spring Gombe, project manager at the United Nations (UN) Technology Bank, noted that it is concerning that only 13% of women are involved in science, technology, engineering and maths (STEM) subjects. This means about 87% are men, showing a clear block in women’s participation in the sciences and healthcare.

“There need to be policies and practices that must be taken forward to address these gender gaps. We need to take a much more holistic approach to think about what access should look like and what the new normal should look like post Covid-19, she said.

“We cannot emerge out of this pandemic and continue in the same patterns and attitudes. We must at this point, if it has not already started, begin to design frameworks that show what a gender equitable post-Covid future might look like; and implement these frameworks to realise gender equity in healthcare.

“Africa is still a very young continent, 65% of Africans are under the age of five, 30% are between the ages of 18 and 35, and this trend is going to persist for another 30 years. So the decisions and policies that we take now as women bidders will have a tremendous impact on our young continent,” Gombe said.

## **Industrialising the continent**

Speakers agreed that the country’s biggest challenge is that our production capacity is still incredibly low, and there is a need to come up with solutions to build that capacity locally and develop strategies to address these challenges, even post Covid-19.

They reiterated the need to industrialise South Africa and the continent, and direct more investments towards the manufacturing sectors to build local economies to achieve self-sufficiency across the continent. Procurement policies must be reviewed to address leakages, stop expensive imports, especially of products that can be manufactured locally, in the region and on the continent, by women who already have the expertise.

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