



Health challenges and perspectives for sub-Saharan Africa

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Received: 26 April 2018 / Revised: 30 May 2018 / Accepted: 1 June 2018 / Published online: 9 June 2018
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Recently, the WHO circulated a note that re-proposes the Nursing Now campaign, which highlighted the fundamental role of the Nurses and Midwives in improving health on a global scale through health care, health systems governance and training actions (<https://mailchi.mp/who.int/nursing-now?e=147ef00380>. Accessed April 26, 2018). A few weeks before *The Lancet* had published the report of the Commission on the Future of Health in sub-Saharan Africa (*The Lancet Commissions 2017*). There, the situation of sub-Saharan Africa is described with great care and precision: it transpires, in the first place, that such as a history of resource exploitation and colonization has left deep failures in economic and social structures, and that to this day, they heavily affect the health of the populations. The tumultuous growth of the last decade, characterized by a malevolent and clumsy attempt from high-income countries to transfer the global Western system to Africa, has not led to overcoming these failures. But, even if there are signs of improvement, there seems to be a generation of possible conditions for a new “colonization” camouflaged in the form of a not-better-specified “aid”, and thus, the health and safety issues are still major problems and challenges for sub-Saharan Africa. Even today, however, too often the term Global Health is used to re-propose as a central issue of the relationships between governments with higher income and those with low and middle income, in particular of Africa, the development of markets or the “interest” of the first to develop such reports, and Science Diplomacy or international scientific relationship as a key entry to these countries (Gluckman et al. 2017). These relationships, on the contrary to be ethically and politically productive, must develop on the basis of equality and mutual satisfaction of governments and populations,

especially in the field of health. It is precisely the improvement in health services and systems that will lead to an increase in the quality and the possibility of access to treatment. This is therefore the main ground on which to measure the relationship between governments.

The improvement in terms of quality and access to care and the whole organization of health services are the real indicators to be used for future evaluation of the effectiveness and appropriateness of supporting actions that will be taken. In this perspective, health is the true and essential ground for diplomatic relations in the coming years (Rubbini 2017). This is not only in the form of the new national health frameworks already present in many countries—from Angola to Namibia, Botswana, Zimbabwe and others (Green 2018)—but also in the ability to give life to consortia of countries with similar needs and conditions that can support each other to deal with the most urgent health and social challenges.

This means community and administrative sharing of hospitals and first- and second-level health facilities, territorial organization of emergencies, facilities for the training of staff and task force for emergencies. To do this, the role of nurses and midwives is essential. In Namibia, the awareness of the prospects indicated by the Lancet Commission and by many other documents circulated by the WHO is being realized, thanks to the new collaboration between the University of Ferrara (Italy) and the Namibian University of Science and Technology. The new initiative in this direction is the creation of a bachelor’s degree in Nursing and Midwifery and a proposal for a national training centre as a point of reference for the entire sub-Saharan Africa consortium area. The agreement we are talking about represents, in our view, the ideal point of contact between the situation and the needs set out in the commission’s report and the role of nurses and midwives underlined by the WHO. The role of science and international scientific collaboration must therefore be directed towards the creation of local structures and professional skills that can act as a point of aggregation for supranational interests as it was well identified by the KFPE (Stöckli 2014) (Commission of the Swiss Academy of

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Science) and we have also been inspired by them. This in particular with regard to those countries with similar health problems. This agreement and the actions deriving from the new Bachelor's Degree for nurses and midwifery with the repercussions that will follow on the quality of healthcare in Namibia and, in perspective, in the sub-Saharan area, represent a way of giving practical realization to those principles that abandon all colonialist intentions are aimed at developing relations between countries on an equal footing and support for local development and ultimately to overcome limits and conditions of life for too long the colonial era forced upon them.

Compliance with ethical standards

Funding This study was not funded.

Conflict of interest The authors declare that they have no conflict of interest.

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