India's G-20 opportunity for an African Renaissance

Like an absentee landlord, Africa is flagging its demands nowadays on multilateral fora such as BRICS (Brazil, Russia, India, China and South Africa), the G-20 and the United Nations General Assembly. For a continent with 54 countries, over a quarter of the "Global South", it is populated at BRICS and the G-20 by South Africa, an atypical representative of the Black continent.

Challenges and disruptors

Africa, in general, and the Sahel region in particular, are passing through several existential challenges such as misgovernance, unplanned development, the dominance of ruling tribes and corruption. Recently, new disruptors such as the Islamic terror, inter-tribal scrimmage, changing climate, runaway food inflation, urbanisation and youth unemployment have further strained the traditional socio-political fabric. As the past military interventions by France, the United States and Russia's Wagner Group to curb the militancy have shown, they frequently become part of the problem. These interventions have costs: keeping dictatorships in power to protect their economic interests, such as uranium in Niger, gold in the Central African Republic and oil in Libya.

Until recently, African nationalists took pride in the continent having seen the last of generals in power. But thanks to the socio-political disorder highlighted, the past decade has seen the generals coming back in Egypt, Burkina Faso, Mali, and Niger. The armed forces in Libya and Sudan have split and are vying for supremacy. While most military establishments in these countries are relatively weak and incapable of defeating the Islamists and tribalists, their top brass do not lack political ambitions. The reasons for the return of generals are complex and often specific to the national situation.

The African political elite is at its wits' end to put the genie of Bonapartism back in the bottle. Their earlier regional and continental prescription of delegitimisation and containment of the putschists is becoming increasingly less effective as such regimes have proliferated. Thus, when the Economic Community of West African States (ECOWAS) recently threatened to act militarily against Niger's junta, two member-States, Mali and Burkina Faso – both run by military governments – opposed the idea. Similarly, Sudan's warring generals have defied calls for a ceasefire.

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By presenting itself as a more participative and less exploitative alternative, India can make its ties with Africa a win-win ecosystem for the 21st century

Eroding international support

Africa's problems are further compounded by an erosion in its international support base. China has been Africa's largest trading partner and investor, but a slowing economy and trade have reduced its appetite for Africa's commodities. Its Belt and Roads Initiative has raised the debts of some African countries to unsustainable levels, in turn causing them to cede control of some of their assets to China.

Russia previously promoted the Wagner Group in Africa as a shortcut for security, but after the militia's mutiny against the Kremlin and the death of its chief in an air crash on Wednesday, the situation is unclear. Russia, which is under western economic sanctions, hosted an African summit in July, that saw tepid participation. France, the United Kingdom and other colonial powers as well as the United States have continued to exploit mineral wealth in Africa, but their economic downturn has limited their outreach. Moreover, Europe's main concern is limited to stopping illegal migration from African shores.

Against this worrying backdrop, the 15th BRICS summit took place in South Africa on August 23-24 with the theme "BRICS and Africa". It would be followed up early in September in the 18th G-20 Summit hosted by India where several issues of the "global south" with Africa as a focus would come up. The annual session of the United Nations General Assembly would also get underway – once again the Black continent's travails would prick the world's conscience.

India's robust ties

India's ties with Africa are deep, diverse and harmonious that range from Mahatma Gandhi's satyagraha against the apartheid to the UN peacekeeping role. Although we now import less oil from Africa and sell fewer agricultural products, India-Africa trade reached $98 billion in 2022-23. India's investment and other socio-economic engagements with Africa remain robust, especially in such sectors as education, health care, telecom, IT, appropriate technology and agriculture. India was the fifth largest investor in Africa and has extended over $12.37 billion in concessional loans. India has completed 197 projects and has provided 42,000 scholarships since 2015. Approximately three million people of Indian origin live in Africa, many for centuries. They are Africa's largest non-native ethnicity.

India is well placed to leverage its comprehensive profile with Africa to help the continent either bilaterally or through these multilateral forums. Its hosting of the G-20 Summit will present it with a historic opportunity to up the ante. It could consult like-minded G-20 partners and multilateral institutions for a comprehensive semi-permanent platform to resolve the stalemated security and socio-economic situations in several parts of Africa. It should deliver political stability and economic development by combining peacekeeping with socio-political institution building. We can offer force multipliers such as targeted investments and transfer of relevant and appropriate Indian innovations, such as the JAM trinity (Jan Dhan-Aadhaar-Mobile), DBT (Direct Benefit Transfer), UPI (Unified Payments Interface), and Aspirational Districts Programme. By offering a more participative and less exploitative alternative, New Delhi can make the India-Africa ecosystem an exemplary win-win paradigm for the 21st century.

The real purpose of the medical college

A recent report of a patient having suffered for almost a year before she found out that a surgical instrument had been left behind in her stomach – a case of medical negligence in one of the leading medical colleges in Kerala, a State with one of the most advanced health care systems in the country – and growing vacancies in seats to Bachelor of Dental Surgery and Master of Dental Surgery courses in dental colleges across the country are two happenings that raise questions about the potential role played by medical colleges in India. The policy proposal of 2019 by the Union government to convert district hospitals to medical colleges, that is being pursued along with a policy of sanctioning an All India Institute of Medical Sciences (AIIMS)-like institution in every State, highlights the need to examine the contribution of medical colleges in patient care from a public health perspective.

A medical college is an institution that has dual purposes: first and foremost is its educational role: as primarily an institution for the education and training of students to become medical professionals through teaching and apprenticeship (internship). A medical college hospital with state-of-the-art facilities is established with a view to ensure bedside care, a mandatory requirement for apprenticeship, and is the most crucial component in medical training. Its secondary purpose is to offer medical care. Hence, population norm was never a concern while establishing medical colleges and it is expected that patients with serious illnesses can avail services from medical colleges anytime when they have a referral from the lower-level facilities.

Colleges and myths

Despite this, there is a myth that having a medical college sanctioned for a district would take care of every health-care need of the people there. Added to this is the potential real estate and other infrastructure boom near medical colleges along with the nurturing of false security and hope that the chances of children living there getting a medical seat will also increase. The popular support and goodwill for a medical college is supplemented with another myth that producing more medical professionals is the solution to the issue of inadequate access to health care.

But a close examination of the evidence and experiences around medical colleges and district hospitals and their contribution to people's health care presents a different picture. What it shows instead is that secondary-care facilities need to be prioritised over large state-of-the-art medical colleges if curative care needs of the people are the priority.

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Setting up a medical college in a district is a popular policy response that masks the real problem – of the inadequate provisioning of secondary-level health care

Tertiary care needs

Two kinds of evidence need to be examined to make sense of this. First, it is a well-known fact that those needing advanced tertiary care will comprise approximately 1% of the total population annually. So, for a district with a population of three million, this would mean a bed requirement of 575-700 specialised beds (for a medium-size district) if we consider 100%-85% bed occupancy. Most district hospitals are expected to cater to this need for specialised tertiary care. Unfortunately, district hospitals that are expected to function and follow referral systems from the lower-level facilities face multiple challenges in the form of poor infrastructure that includes a lack of specialists, and no referral system, which is partly due to non-functional secondary-level care facilities.

Most importantly, there is an overload of all kinds of patients (from those needing primary care to those needing most advanced care) who await treatment from these higher-level facilities, i.e., district hospitals or medical colleges. In places where better secondary facilities are functional and which have a referral system of some kind that works, there are district hospitals that are doing well (their patient care has specialities such as cardiac care and surgery, regular dialysis services and cancer treatment with a network of regional cancer centres), thus rendering efficient care on a long term and sustainable basis. It is a truism that some of the best trauma care responses after road traffic accidents are by the district hospitals with their limited capacity. This is a model to be emulated. Some district hospitals have a history of resisting the proposal to convert to medical colleges and are still doing well in patient care.

On the contrary, some of the well-functioning medical colleges across the country face problems such as crowding of patients in need of primary and secondary care which could otherwise have been handled by the lower-level facilities. Medical practitioners in most medical colleges in the country will agree that more than 80% of the cases that are treated in medical colleges do not really warrant treatment under tertiary specialty care. There can be effective treatment at the lower level by ensuring basic facilities at that level. Patients who are in need of primary and secondary care always seem to flock to either medical colleges or well-functioning district hospitals for their immediate treatment. The perennial failure of India's health services to implement a referral system in tertiary-care facilities is only the expression of a much larger systemic problem – the failure to strengthen secondary-level care. If strengthened, secondary-level care can be the face of public sector curative care for people and can even win trust as these patients constitute one of the larger segments in the total curative care pie – which private commercial players look to in search of business. Most secondary-care needs do not require hospitalisation and hence are excluded from any health insurance scheme. In the south, such as Kerala and Tamil Nadu, the significant contribution of the government in addressing the curative care needs of people is through better functioning secondary-level health-care facilities.

Popular versus people-centric policy

There is always popular support for the establishment and the creation of a medical college as it propagates an 'image' of advanced technology and development. Setting up medical colleges in a district is a popular policy response but at times masks the real problem – of the inadequate provisioning of secondary-level health care in the region.

There are two obvious challenges as establishing new medical colleges in areas where there is poor infrastructure and connectivity will face serious setbacks as the experience of several of the new AIIMS projects across the country shows. In addition, if district hospitals are converted to medical colleges, the priority shifts from a treatment centre to that of an education and research centre, where patient priorities become secondary. In either case, the challenges of ensuring a referral (gate keeping) will continue unless secondary facilities are developed adequately. There is a need to shatter the myth of medical colleges being the ideal site for health-care solutions as far as the masses are concerned. Instead, strengthening secondary-level curative care can be the best policy for governments to strengthen their health-care system. If this is done, it can be a strong regulator for the commercial private sector which survives on the less complex secondary-care needs of people.