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**PROGRAM NAME: WOMANITY – WOMEN IN UNITY**

**GUEST NAME: DR. MATSHIDISO MOETI – REGIONAL DIRECTOR FOR AFRICA –  
WORLD HEALTH ORGANISATION**

<b>SPEAKER</b>	<b>TRANSCRIPTION</b>
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us on the line today is Dr. Matshidiso Moeti who is the World Health Organisation's Regional Director for Africa, the first woman to hold this appointment; she joined the World Health Organisation's Regional Office for Africa in 1999 and served in several roles. Prior to joining the WHO Dr. Moeti worked with the Joint United Nations Programme on HIV/AIDS as Team Leader of the Africa and Middle East Desk in Geneva; she's also worked with the United Nations Children Fund as Regional Health Advisor for East and Southern Africa and with Botswana's Ministry of Health as a Clinician and Public Health Specialist. Welcome to the show Dr. Moeti!
<b>DR. MOETI</b>	<b>Thank you, thank you very much for having invited me.</b>
DR. MALKA	It's an absolute pleasure and to begin with, your career as a public health veteran has taken you from a local or one country perspective right up to a regional level and if we think Botswana's population is plus minus 2.3 million, you're now on a continent of 54 countries and 1.3 billion people. Please tell us about some of the key milestones in your career thus far.
<b>DR. MOETI</b>	<b>Yes, thank you very much. I think that, you know, the first position I had as a doctor when I came back home to Botswana was in a district hospital in a town called Lobatse in the southern part of the country and as the youngest, newest doctor there I was told by my colleagues to look after the TB ward, that was the least popular job in the hospital. But looking back, that was my first introduction to, not just treating patients, looking after sick people which of course I'd become trained in as a medical student and as a young doctor, but to making the link between public health, what happens in somebody's home, the working history and illness like Tuberculosis and you know, that's what I also made the link with because many of the patients had been miners in South Africa who got TB and doing kind of outreach work, getting out to villages in the catchment area of that hospital. So looking back, I didn't realise it at the time, but when I then reached the point of working in public health, that founding, that experience came back to me in terms of some of what I'd seen, some of what I'd had to do, learned to do on the prevention side of health. So that, I think, being a doctor in a district hospital in a country like Botswana, going out to rural areas, working on prevention, linking of illness with occupation and the social factors, was for me a milestone in my career and then I can say that the next was being appointed as the programme manager for HIV and AIDS for Botswana, which by the way, was a decision made by default. I wanted to be a paediatrician, but because I had a child, we didn't have a medical school, I had to go abroad, I decided to do this shorter training to be a specialist, but working on HIV in my country, which at that time had the highest prevalence of HIV in the world, and the big struggle with access to treatment, stigma, managing this very threatening illness and again the link with the socio-economic status,</b>

	<p>women’s vulnerability, everything that is linked to HIV, were really I would say that was another major milestone in my career and then after that I worked in UNICEF and in the regional office initially, but I had a very unique experience in Zambia, I then decided to take up a job as the head of health in UNICEF in Zambia and the country was embarked in a very radical reform of its health system. So there I learned very much about how the health system functions, the key elements of it and making change, trying to be transformational, really radically changing things and then finally I would say when I eventually worked my way up in WHO and ended up as the Deputy Regional Director, deciding that I think I have the capacity and I certainly have the interest to compete for the position of Regional Director and then making that decision, which was of course linked to my career but also very much linked to my family and what has unfolded as a, in terms of what I owe my family and the thanks I owe them for having agreed to help me pursue this position and what it’s meant and negatively for family was a kind of major milestone, so those were some really great milestones in my career. As far as the HIV work is concerned, one of the most exciting moments for me when I was working as programme manager, was when the then Director General, Dr. Lee, of WHO decided we are going to go for improving access to treatment for HIV in Africa and initiated the so-called 3 by 5 Initiative, I led that in the African region and it was transformational in terms of the despair that access to treatment in Africa had been and so the hope that was brought by scaling up access through this initiative, working through primary healthcare systems in Africa, so that was one of the highlights I would say of my career as well.</p>
DR. MALKA	<p>You’ve touched on some fantastic points and taken us through your journey, which is not just about the ambitions and the aspirations of someone who’s forging ahead within her career, but also bringing in a poignant note of the sacrifices that are made, because life isn’t easy and when you’re striving upwards, you also have to make sacrifices and correspondingly so does your family, but now as World Health Organisation’s Regional Director for Africa, I understand that part of your mandate is to deliver on the WHO’s thirteenth general programme of work, which supports countries to achieve universal health coverage, improve health security and promote better wellbeing, to make health a reality for all people in the continent. Additionally, there’s innovations and digital health that are being leveraged as key tools to improve health outcomes and hopefully leapfrog national development. In your position now where you’ve taken on this role of public service and public health, how are you able to materialise some of these objectives, particularly in a continent which is often constrained by resources?</p>
DR. MOETI	<p>So Universal Health Coverage (UHC) is one of WHO’s highest priorities and I’m very happy that this ambition is also shared by countries all over the world, they declared that at the UN’s General Assembly, so it’s like the political decisions, the political will is there. So we’ve been working with countries, we have a flagship programme on UHC which is within the framework of our broader work that we are doing on health systems strengthening. The work that we are doing to help countries to translate this political decision into sound policies and then into services based on planning with partners, planning with stakeholders in the countries, so one of the things that we do is help countries really look at financing for health, so a key principle of Universal Health Coverage is around equity and financing with a view to equity is a very central part of the work that we are helping countries to do, realising that in most African countries the payment for health services is done out of pocket. So you fall sick, you have</p>

	<p>to pay to the see the doctor, you are admitted, you have to pay; we do not have good coverage with pre-payment schemes and health insurance and we are working with the countries to put those in place as part of the financing for health, taking into account the most vulnerable households, those who will struggle to make even their co-payments and contributions for these schemes and seeing then that the governments accept where they have to subsidise this and then go looking for international funding around those principles. We have huge problems with the human resources, we're helping them also look at their human resource capacity, how to train, retain and motivate their healthcare workers and integrate that into a sound national health policy. After that we are working with countries now on the delivery side, so developing their primary healthcare systems, ensuring that health services are accessible to people at the peripheral level, trying to balance the inequities for people who live in rural areas far away from the cities, so we do a lot of work of that type, helping with the strategies development, the analysis of data, of gaps, of sources of financing, helping with the advocacy with ministers of finance to create for health an investment case that will convince the minister of finance, who very often makes the decisions about allocations, that this is a good investment and also helping them to work with other relevant sectors because, you know, working on improving health depends on many things, it depends on education, infrastructure to be able to get people to health facilities and very much communication. So that's some of the work that we are doing and then on the other side we do a lot of work on monitoring. We have developed an index assessing progress towards Universal Health Coverage, so we are able to show our countries periodically, this is how you are doing compared to your neighbours and believe me one of the things that I've learned over the decades is that there's nothing that will attract and fix the attention of policy makers and politicians than being shown on a scorecard how they are doing compared to other countries in similar circumstances; it fixes their attention and it's one way to then use data to help trigger additional efforts and we are noticing some advancements in Kenya and the Democratic Republic of the Congo we did a lot of work to help them to develop their national strategy and to link that work with all the work that goes on to respond to outbreaks in the Congo which happen very frequently. Ghana has been one of the countries, together with Gabon to put in place the health insurance scheme on the national level, so we take the lessons learned from these countries and share them with the others so that they can see what's coming and they can avoid whatever difficulties that these have had. We've reformed our WHO programme on emergencies after the very painful and difficult experience of the West Africa Ebola outbreak, so it's performance has improved significantly, we have a very structured, defined way of working and we're helping other countries replicate that, it's proving to be absolutely essential for the pandemic now, how to put in place an incident management system for managing this outbreak. So, it's very clear who is going to do what at the central policy making level, who is going to speaking to the minister, preparing the talking points for the president and then right down to the peripheral level, who is going to be in touch with the population to help them to recognise when there are cases, to play their role in controlling outbreaks, that has progressed a huge amount in the last five years. A few years ago it was taking us more than four hundred days to be able to bring under control the average outbreak, now it's taking about fifty days, so we think that the work that we've done has progressed a lot.</p>
DR. MALKA	That's a significant achievement in terms of reducing the time factor down from

	<p>four hundred days in over a year down to fifty days, so on a sort of a three month cycle. Thanks for sharing almost a day in your life and all of the integrated approach that you take towards navigating the healthcare systems, making them robust, looking at financial sustainability as well as the access points and then the potential for innovations that come through, no doubt with the digital interface. When I looked at the website of the WHO, it lists the absolute A to Z of health concerns; one thing that has struck me though is that sometimes, particularly in a social context and economic context, women in Africa possibly have different healthcare concerns than in other regions, whether this is addressing maternity, obesity, malaria, TB as well as sexual and reproductive health; so can you tell us, what would you say are some of the most prominent concerns for women in the continent health-wise?</p>
<p><b>DR. MOETI</b></p>	<p><b>Yes, you know, of course women from their reproductive role and sexual reproductive health and lives have particular concerns and there is a certain burden of ill health. We have, in the African region, the highest rates of maternal deaths in the world and you know, we still have HIV transmission going on, so despite some of the progress that's been made, we still have vulnerability, particularly among girls and young women to HIV, so the transmission, the vulnerabilities that leads to this are still ongoing. On the other hand we have cervical cancer as a significant problem for African women, again that's linked the transmission of a virus sexually and I think some of the issues that are not yet well recognised, of course we are undergoing our epidemiological transition at the same time as having nutrition concerns for pregnant mothers, for example we are seeing obesity emerge as a problem, if we look at the data of overweight and obesity, it's more pronounced among women than it is among men and then some of the things we need also to be very conscious of looking at is around mental health problems, gender based violence. So again taking into account the social and the economic situation of women and how it relates in terms of their income, their ability to pay for healthcare, to be involved in the payment schemes for health insurance and to have agency and be able to be in control of their lives, make decisions about safe sexual encounters, having access to family planning, there is still a significant gap of access to family planning, especially for younger women, but for women in general and having the decision-making space about their lives, including often, being able to decide that, you know, now I'm going to the clinic and I'm near the time to deliver, I'm living far away from the hospital, now I'm going to travel to be somewhere nearby so that when I need to go into deliver I can do that safely. We know that such decisions are sometimes made by other family members who may have authority over women and we need then to have policy making processes that take this into account and to have interventions in the system that enable women to make their own input, make their contribution based on their realities into the strategies and the policies that are developed and very much at the primary care community level, play their part. We know that women are also very much the caregivers in families as well as in the healthcare system and to have this role recognised in terms of support that they received in the community. One of the change makers as far as this is concerned, of course, is the education of women. I'm somebody who works in health, but I'm absolutely obsessive about the education of girls and women because I think it makes a huge difference for themselves as individuals, for their families and for nations, for countries health overall, so I think those are some of the things that concern me and on which I am very keen to work with a people-centred approach, meaning if you take a woman at a certain stage of her life, let's look at what are the risks facing her for her health,</b></p>

	<b>let's look at the socio-economic determinants of how she can deal with her health problems and let's have an approach that combines all of this to improve the health of women.</b>
DR. MALKA	We certainly advocate and support your view of identifying opportunities for women and utilising education as that lever, because of the impact that it has, not just on an individual in terms of her perhaps career aspirations and work and economic contributions, but what it does for her family and say the education of life dynamic that comes into it. You have done fantastic things in terms of your own personal education; earning your degree in medicine, your masters degree in public health, a master in science in community health for developing countries from the Royal Free Hospital School of Medicine, University of London and London School of Hygiene and Tropical Medicine. What role would you say education has played in your life?
DR. MOETI	<b>A very huge and significant role I would say, you know, my family, let me say my paternal family, my father came from very humble beginnings and it was his obsessive pursuit for education, since I'm speaking to somebody in South Africa, you will understand, my dad when he was born as the eldest of a family of eight children, was living on a farm in the North West as part of the family of farm labourers. So those can be some of the most challenging circumstances for children to get an education and to kind of emerge from the multi-generational situation of, you know, living in a farm worker's hut, in situations that can sometimes be the apex of inequity, let me put it that way, and he decided that in order to get an education he had to leave that place and go to Jo'burg to join my grandparents who were working there in that typical way of African families, the couple is in town, they have kids and because of their life circumstances need the help of the family to look after the kids. He was very determined to get an education and he did all sorts of things coming from such a background, ended up with a medical degree, so for me and my family education has been transformational in a couple of generations in terms of where he started off and where I have had the opportunities because of my parents' investment in my education and so have my siblings and you know my family actually migrated from South Africa to Botswana because my father was not in agreement with Bantu education and did not want his children to go through that, so I ended up going to school in Botswana, in Swaziland and going to university in the UK. So education has always been very important in my family and on my maternal side, both of my grandparents were teachers, so we had on the one side my dad very much wanting to push education and my grandmother, I never met my maternal grandfather, he died before I was born, but my grandmother was a primary school teacher and also a kind of farmer in the Transkei as it was then, in the Western Cape. Absolutely brilliant, reading all the time, so I had her as a kind of role model, reading thick books and sort of getting into a debate about what's happening in the world with her grandchildren when she was supposed to be dangling us on her knee. So it's been really a very important influence on my life and as I said I believe in it absolutely in its transformational value.</b>
DR. MALKA	You actually didn't have a choice, when you've explained your background, the influences, both from a maternal side, from a paternal side; it's been completely immersive in education.
DR. MALKA	You are listening to 'Womanity – Women in Unity' on Channel Africa, the African Perspective, on frequency 9625 KHz, on the 31 meter band, also available on DSTV, Channel 802. Today we're talking to Dr. Matshidiso Moeti who is the World Health Organisation's Regional Director for Africa.

DR. MALKA	In the previous segment of our conversation we spoke about Dr. Moeti's key milestones, we also addressed some of the social factors, economic factors that she uncovered during the work that she was doing in the public sector. We would love to receive your comments on Twitter:@WomanityTalk.
DR. MALKA	One of the points that you mentioned earlier was a lack of human resource within the healthcare space; do you think there are enough women entering the medical field to help fill those gaps?
DR. MOETI	<b>Well in the health sector of course there are a lot of women, if you look at nurses, that's mainly women and increasingly we are seeing more and more women as doctors. What is needing a lot more work is women in leadership positions, so when we start to look...if I look here in WHO, if you look in ministries of health, if you look in academic institutions at who are the, you know, medical institutions, who are the professors there and then as you go further up the women get fewer and fewer. So there is an absolute need to work on ensuring that women have the opportunities to fulfil all their potential within health in Africa and at the global level and to make sure that some of the women who are shining examples, you know, the leaders like some of the political leaders, some of the technical leaders, people like Nkosazana Dlamini-Zuma started off as a doctor in South Africa and ended up as the head of the African Union, serve as role models, some of us who have been able to progress our careers work to support women leadership and promote women coming into health, but not ending up with a glass ceiling at mid-career level and making sure that we support them to advance, you know, if I give a good example of what's happened recently with the Covid-19 pandemic, an analysis shows that actually the countries that made the most strategic, most effective interventions were all led by women politicians....</b>
DR. MALKA	...you're so right...
DR. MOETI	<b>...and I think it speaks to...ya, that is actually what happened...so that speaks to a certain type of leadership by women, which in my view, first of all is of course based on decisions made based on data, on knowledge that actually makes the space, facilitates...creates a very conducive environment for collective decision-making, even as the leader you are clear that at the end of the day the buck stops with you, but consulting, acquiring all the opinions possible, giving space and enabling others to play their role in a way that's rather more, how can I say, I mean I will not say here that men are not collegial, I've worked with a lot of men who are collegial, but male culture, male training, for which we must all take responsibility, I guess those of us who are the mothers of males, I'm not and in some circles that's regarded as a failure, but still, you know, how we work with male colleagues needs to help to create an environment where mutual support, openness, taking and giving space, taking on the ideas of others and making sure that that respect is shown and networking in ways that enable space for others. We know that men are very good at networking, but sometimes to recognise the other, those who are different, reinforce them, needs I believe some of the shifts and this is what we need to be doing as women leaders.</b>
DR. MALKA	You're right, there needs to be that transformative approach, because to be frank the world has been run by men, so climates and environments have been very masculine and now that women are coming into the mix it is important to be able to embrace that inclusivity, diversity and allow expressions to take part where both men and women can participate equally with regards to their decisioning aspects. Dr. Moeti, we're coming towards the latter part of the show, it's amazing how fast time gets consumed as we go through, so what I'd

	<p>like to ask you is a little bit more of your personal journey and one of the questions that I ask is always about the factors that have contributed towards a person's success, whether that is perseverance, a particular person in your life or hard work, which often just comes with the territory; in your opinion, what would you say have been some of the key aspects to your success?</p>
<p><b>DR. MOETI</b></p>	<p><b>I think that first of all the part of that family background that I told you about, my father's background, my mom's background, you know. When I was born, I am the first child in my family, but I found four other children in the house, these were my father's siblings whom he had taken in, so my mom as a very young doctor, got married and then became a kind of older sister-come-mother of four people, my dad's siblings. So I grew up very much with that understanding and my dad was very obsessive about this, that, you know, if you end up as the daughter of a couple of doctors you are in a position of privilege and that means you need to earn that privilege by doing your best, you know, you need to understand that you are privileged in the context where many people are struggling themselves. So this was kind of to inspire you, you know, you've had privileges. As soon as I could open my eyes I had books, my parents used to buy books as part of Christmas presents, birthday presents, so and then I looked around at the other kids and even where was the nearest library where we were living, so one was privileged in that way and that's what kind of inspired me to know that I'm kind of lucky and I have to do my best and I have to think about other people because my parents ran a practice in a township in Springs and most of the community there, the people were also low-income people, so okay Springs was a mining town, but you know it was not an environment in which there were many rich people where you could make lots and lots of money. So that awareness already of the need to do my best, the need to be humble and consider everybody else and to help other people was inculcated at a young age and then my parents worked in public health and of course two doctors in the house, they talked about work a lot of the time, which irritated me in my teens, so like why must I listen to this, but you know, the stuff just trickles into your brain and stays there. So those ideas of making sure that you're doing outreach, reaching people in the most difficult circumstances and but at the same time using your privilege to influence the decisions of those who control the money, those who control the policy, because my father when he retired was a Deputy PO so I used to listen to a lot of talk about the politics of health in Botswana, how decisions were being made, going for primary healthcare and I had a really interesting privilege when I was at medical school in London, my mom used to attend the World Health Assembly in Geneva, so she would come for two weeks, as it was then, and then I would, perhaps behaving badly, take a week and a half off my studies and come to Geneva and share her room and go and attend some of the sessions and go to dinners and receptions with some of these people, I actually met Halfdan Mahler the Director General of WHO, you know and we met lots of people. So these were all circumstances as I was developing as I was a student, now my thinking was being influenced by some of these encounters with really some opportunities, you know, learning about things because your parents talk about them or you have the chance to go somewhere. Being a South African child influenced a lot my outlook on life, as you can imagine, so that sense of....strong sense of things have to be equitable, we need justice for everyone, was part of my having grown up. I spent eleven years of my life, the first eleven years of my life in South Africa during the apartheid era, but I was a child, again because we were privilege enough to have newspapers in the house, I used to be obsessed about reading the</b></p>

	<p>newspapers, where is Mandela now, you know, during the Rivonia Trial, following that very, very assiduously. There are two things that obsessed me about newspapers then was the Rivonia Trial and the Immorality Act, those articles about all the police watching as this mixed couple were about to do something, then pounced on them, which of course even as an eleven year old I found absurd. So those are some of the influences in my life and the HIV stuff was really, how can I put it, it was a mixture of heartbreak and then huge inspiration when the opportunities opened up, you know, how something that's killing millions of people every year and it was part of my job as a programme manager to write all those statistics and try and imagine that these are people. Some of the decisions taken by the Botswana government at that time to invest its own money to pay for anti-retroviral drugs for its population itself. So those are some of the things that influenced me, you can have agency, even with limited resources, if you take the right decisions you can make very huge differences to the lives of people.</p>
DR. MALKA	<p>Thank you so much for sharing all of those factors, the emotive element that I would almost phrase it that your parents gave you some positive brainwashing with all of the influence that they were nurturing you into your direction and future career path and sometimes we take those aspects for granted and don't appreciate or don't utilise them, but clearly you've embraced all of those dynamics wholeheartedly. Dr. Moeti we are at the end of the show now and I'd like it if you could please share a few words of inspiration and wisdom to young girls and women on the continent.</p>
DR. MOETI	<p>Yes, you know, I would like to say to girls and young women on the continent that this is your time, you know, your time is now. We've reached a point where the conversation about the place of women, the rights of women, the capacities and talents of women is very much out there. So we know that in order for that to translate of course we have to have changes in the societies, in the values, in the processes; that's the work that's going to need to be done by all of us, but the first thing I'd like to say to girls especially, is believe in yourself. Believe that what you want is correct, believe that you have the right to want it and you have the right to have support to achieve it and secondly, do your best. Things that you can't control, don't beat yourself about that, do what is your very best, if you made a mistake, learn from you mistake, pick up, start going again and do your best and then thirdly support each other. It's very important for us to make young girls feel what they want is legitimate and to help them to navigate some of the obstacles and make progress and those of us who have reached more senior positions very much mentor, encourage, support the young women coming up behind us, that's what I would like to say.</p>
DR. MALKA	<p>Thank you very much for that wonderful message and to reiterate almost, there's never been a better time to be a woman. We really appreciate you taking the time out to talk to us today.</p>
DR. MOETI	<p><b>Thank you, thank you for giving me the opportunity.</b></p>
<p><b>PROGRAMME END</b></p>	