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50 Years of Cuamm's Passion: What More Needs to be Done to Tackle Inequity?

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Established over fifty years ago, CUAMM, an abbreviation for Collegio Universitario Aspiranti Medici Missionari, or University College for Aspiring Missionary Doctors is a humanitarian non-governmental organization (NGO), which deals with health and health related issues in a unique way. The picture conveyed by the name as a college for doctors aspiring for mission work is lamentably inaccurate. It is much more than a college; it is an NGO, whose members are trained and prepared. Planning for their work is carried out in the field offices and coordinated by the organisation's headquarters in Padua, Italy. Its activities, carried out by visionary and innovative, daring, passion-driven, and selfless individuals span a number of countries in Africa. They work in hospitals and some 30 health projects in the poorest and/or war-torn countries in Africa - Angola, Ethiopia, Rwanda, Mozambique, Tanzania and Uganda.

After half a century of missionary work, CUAMM is taking stock of what it has achieved and what needs to be done. That the organization has helped save millions of lives is beyond dispute. Yet, the suffering of most people of sub-Saharan Africa has not reduced. No doubt, the economies of these countries have grown, but disparities and inequities have increased. In other words, unfairness and injustice have increased. CUAMM was created by a group of doctors and priests inspired by the principles of the Christian church, based on equity and justice for all. The organisation is open to all those who share these principles and care for them, irrespective of their religious or political affiliation.

But how can CUAMM address such an intractable societal problem of inequity and injustice? To consider this and other related questions, CUAMM organized a conference in Padua, on November 20, 2004 to sensitize the public stakeholders on health equity, and to assess whether indeed CUAMM was meeting equity targets. The theme of this issue of our journal was inspired by this conference and the articles published to discuss it were, also, presented there.

CUAMM is determined to tackle health inequity with renewed strength and commitment. This is in keeping with the Holy See's counsel to refrain from a looming culture of indifference to the increasing worldwide inequity.

There were no easy solutions to health inequity, the basis of human suffering. But some broad strategies came out of the conference. To tackle inequity CUAMM would have to do more than provide emergency services. It would work to empower communities, through knowledge, skills and resource generation. It would balance between health care and determinants of welfare. This means it would have to work with other partners to influence local and global governments and activities. For example it could lobby Northern Governments to increase aid to the poor and suffering, lobby for a fair trade between South and the North, and lobby for the removal of harsh economic austerity measures imposed by the World Bank through its structural adjustment programmes (or its latest version, the Poverty Reduction Strategy Papers).

CUAMM can also work locally with governments to influence policies on more equitable and sustainable financing and provision of health and other social services. Many approaches such as removal, reduction or flattening of user fees discussed at the conference, were found to have had dramatic positive effect on the use and quality of health care. As equity involves redistribution of resources, which in turn are driven by power and politics, CUAMM's involvement in influencing national and international policies will be inevitable.

In this issue, we also publish articles debating the export of Ugandan health workers, appropriate staffing levels for district-size hospitals and patient satisfaction with health care. We also publish other articles discussing the subject of corporate responsibility using the Bhopal accident as an example as well as field experience of improving service quality and immunisation coverage in Uganda.

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