

Amadou Kanouté: “We can make it in Africa”

By Roger Warner



Amadou Kanoute, director of CICODEV, in Saint-Louis, Senegal. Photo: Keith Lane / Oxfam America

Armed with the belief that change happens when citizens are able to engage meaningfully with their government, Amadou Kanouté is improving the lives of the people of Senegal one community meeting at a time.

How do you reduce disease and poverty and make the world a better place? It's an age-old question with perhaps some new and surprising answers.

In Senegal's old port city of Saint-Louis, on a narrow back street, Amadou Kanouté climbed a staircase for a meeting with citizens who, he hoped, had a few of their own answers.

The meeting began with prayer. Then they got down to business, conversing in their national language, Wolof. The men sat on one side of the room, most of them wearing *boubous*, the robed West African equivalent of a suit. The women sat on the other side, in spectacularly colorful dresses and matching headscarves. Kanouté, a tall, amiable man wearing a silvery gray *boubou*, sat at a table in the front of the room with male and female community leaders to either side.

The purpose of the meeting was to encourage citizen enrollment in the new national health insurance program sponsored by the Senegalese government. As the founder

of the Pan-African Institute for Consumer Citizenship and Development (known by its French acronym CICODEV), access to healthcare is one that Kanouté has personally championed. For individual consumers, the health insurance plan is a bargain. Registrations costs roughly €1.50 per person, and annual premiums are less than €5.30. Health care this inexpensive has the potential to save many lives and help families achieve a measure of prosperity. But so far, there had few people in the Saint-Louis region had chosen to enroll. Kanouté called the meeting to help figure out why.

Eloquent in multiple languages, Kanouté could have dominated the room if he wanted. Instead he deferred to his fellow leaders, consulted with them, and asked questions. And he was pleased when many made suggestions and voiced complaints, even when some of the complaints about bureaucratic red tape and poor service at hospitals turned emotional. Anger can be useful, when it helps people get involved in solving problems themselves.

Building active citizens

At the meeting, a consensus emerged that enrollment was low because the concept of health insurance was unfamiliar to many. They couldn't relate to it. The reasons were various, but poverty and its web of complications were partly to blame. Economically, Senegal is poor, ranking 166th out of 188 countries according to the UN, and about half its population is illiterate in French. Eighty percent of Senegalese work in the informal economy both in urban and rural settings. And if people can't read and write, and they don't feel connected to the government, it makes sense that they might not trust it enough to sign up for a government health program – even if it doesn't cost very much. "That's the kind of challenge that we face every day," Kanouté admits.

But as the local leaders pointed out in Saint-Louis, many of same people who don't know about the government health insurance, or who chose not to sign up for it, belong to different community associations based around religion, sports, and women's activities. These associations levy dues, which are typically spent on group celebrations or to help members in times of need. So, the association leaders suggested, why not set aside some of the dues money to buy medical insurance as a group? Why not redefine the program so it could apply to groups as well as individuals?

This was not the first time that Kanouté had heard that suggestion. He assured his listeners that group enrollment was possible. And he was pleased. "These were *their* ideas," Kanouté said on the long drive back to Dakar. It was just what he had hoped he would find, grassroots leaders invested in trying to make the system work better.

A well-travelled veteran of the international aid field, Kanouté, now 63, founded CICODEV after stints at Greenpeace Africa and Consumers International. He says his life's calling is to improve citizens' rights in West Africa. But the more he investigated the opportunities, the more he became convinced that citizens' rights were best improved through a much broader and deeper process that creates a kind of continuous feedback loop between citizens and their governments. This involves, as Kanouté puts it, moving from "protesting to proposing." It also involves "people at the grassroots level becoming active citizens," as well as "creating and spurring the

kind of government that is able to listen to its citizens.” Conceptually, this is what Oxfam calls supporting the citizen-state compact and what classical political science often calls strengthening the social contract. The idea is that societies with this kind of healthy back and forth become better-informed about their actual needs, and better equipped to find solutions to their problems without outside aid.

As Kanouté sees it, improving health care coverage is just one of many ways to improve this virtuous cycle. And in Senegal, improving access to health care offered a rare opportunity for activism with relatively little risk. “He is not a politician,” declares his friend and ally, member of parliament Sevnabou Wade. “But Kanouté knows how to work with, around, and through Senegal’s complex political system with finesse”.

The country’s constitution calls for universal access to health care. Because of this, nobody who works toward universal health care can be accused of being unpatriotic, or opposed to the government. Still, there is a gap between the constitution and reality. Few citizens have access to modern health care of any kind. Only 20 percent of the population has health insurance, and most of them are working in salaried jobs in the public and private sector. A rarity for most Senegalese.



Kanouté in his office in Dakar, Senegal. Photo: Keith Lane / Oxfam America

An essential constituency: women

In 2013, Senegal’s president Macky Sall made a start at fulfilling the constitutional mandate by setting up a government health insurance program. The program was slow in getting off the ground. With a grant from the Open Society Initiative for West Africa (OSIWA), Kanouté proposed accelerating its implementation and making it irreversible, in his capacity as CICODEV’s executive director, using skills he had learned during his career. He could make a case for universal health care that was hard for anyone to argue against. As Kanouté puts it, “Health is central to any

socioeconomic policy. Without health, forget about development. Without health, forget about people going to work. Without health, forget about women doing the kinds of jobs that they do, either in the office or at home.”

As he made his plans, he saw the need to fully involve women. “In the case of universal healthcare, who in the family is in charge of health, taking children to hospital? First and foremost, it’s women. Who is in charge of ensuring that people can feed themselves in rural areas in Africa? It’s women. Who bears children who will be the citizens of tomorrow? It’s women,” he said. “So, if you want universal healthcare to prosper, you need to identify a segment of the population that will take that on their shoulders. It’s women.”

With Senegal’s constitution giving him a strategic opening, and women among his primary backers and beneficiaries, Kanouté chose an approach for promoting the cause that is unusual in his part of the world. He would rely on nonpartisan data to make the case and position himself as an honest broker, and champion.

To collect the data, he selected 10 geographical areas, like Saint-Louis, where CICODEV would take regular surveys. Respondents weighed in on the strengths and shortcomings of medical care in their community, down to the hospital and clinic level.

Every two months CICODEV conducts another round of surveys in each location, so the government officials can see how the public perceives policy and service delivery changes, both nationally and in individual districts – whether people have to wait too long to be seen in hospitals, for example, or whether politicians are seen as keeping their promises. He then brings the survey results and some suggested solutions and policy options to government officials privately, to give them time to see and discuss the results with him. Later, he holds press conferences, using the media to keep the public informed of the results and what they can expect from their government. He is courteous and tactful, but relentless. “What motivates me more than anything else,” Kanouté says, is “getting to hear the government, after a cabinet meeting, making decisions on some of the things that we have highlighted through our work.”

Kanouté and CICODEV have been promoting participation in the government’s health care program for only three years. Though the official statistics are sometimes unreliable – the Agency for Universal Health Care estimates that participation rates have risen from something like 20 percent to 47 percent. Kanouté is the first to admit that getting to a fully-funded, well-run, universal health care system will take decades. In the meantime, he is working on other issues affecting the well-being of Senegalese people: Improving the domestically-grown food supply, improving access to modern telecommunications, and opposing land-grabbing by elites. With Oxfam, he is focusing on the gold mining industry in the nation’s southeast. “Who should be paying for health care for the miners?” Kanouté asks. “The State, the miners themselves, the municipalities or the international corporations that own the bigger mines?” Won’t better health care benefit all sides? As always, he is trying to bring people together, to *learn* their ideas. To present the policy options.

There are no quick ways to improve the relationship between citizens and their elected leaders, which is his ultimate goal. But he sees progress all around. “Our role

as NGOs is changing,” he says. “We are no longer digging wells, bringing water to the people, giving them food. We are now in controlling public action, ensuring that the resources are used in an efficient manner, that it is impactful, that citizens are able to influence policies that are being formulated, implemented, and assessed.”

He says he is an optimist. “Today, we have more democratic governments in many African countries,” he says. “We’ve been able to move away from governments that were embezzling domestic resources and resources that were coming from outside, to governments who are saying, ‘We are going to work for the development of our people.’” Progress may be uneven, but the overall trend is upward. “What I would like to share is my strong belief that we can make it in Africa,” he says. “That is what drives me.”



OXFAM

OXFAM INTERNATIONAL
OXFAM HOUSE
JOHN SMITH DRIVE
OXFORD
OX4 2JY,
UNITED KINGDOM
+44 1865 780 100

www.oxfam.org