

'Experts' arrive in Africa thinking they know what the solutions are.

On World Health Day, we speak with Stella Anyangwe about her career at the World Health Organization and how to improve co-operation between global health organizations



Dr Stella Anyangwe, Programme area Co-ordinator for disaster preparedness and response at WHO

You are currently the programme area co-ordinator for disaster preparedness and response for [World Health Organisation \(WHO\) in Africa](#). What have you learnt in this role?

I've learnt that disaster risks are very rarely unknown. My biggest surprise has been that even though we know so much about disaster preparedness, very few countries are ready for them. So disasters are always an 'emergency'. It is something that shouldn't take countries by surprise. People call for assistance for things they should be prepared for.

I've also discovered that some countries have not yet mapped out their risks, so we are helping them do this. We are also moving away from 'preparedness and response' to the term '[disaster risk management](#)', because this captures the entire cycle from preparedness, response, recovery, back to preparedness again.

Prior to taking up this position in Congo Brazzaville, you were a WHO representative (WR) for 13 years. What was that like?

The WR is the head of WHO at country level, so you are the face of the organization and it is your responsibility to make sure your work is relevant to that country. It is a tough job because you are trying to make sure your organization fulfils its mandate.

The job of representative is not only technical, it is also diplomatic and this made it much more complex. You had to be multi-skilled and knowledgeable about all the core functions of the organization. Now I am in a purely technical position and the knowledge I need is specific to the programme of work.

Happy [World Health Day](#)! Tell us, why is the focus this year on high blood pressure?

Statistics from the previous year inform the theme for World Health Day. In May 2012, we published our [World Health Statistics report](#), which showed that there was a growing problem with non-communicable diseases and one of the major ones was high blood pressure. The report revealed that worldwide about one in every three adults has high blood pressure and one in every ten has diabetes. That was a clarion call for action.

High blood pressure is an issue across the board. As more and more countries in Africa become 'developed', people can afford what they might call 'better foods' and these are often fast foods. With increasing westernization comes the effects of a change in lifestyle and diet. We have become more like the developed world and consequently we are increasingly having the diseases of the developed world.

As a leader within WHO, what would you say the organization's vision is?

Our vision is that if we fulfilled our [six core functions](#) well (from shaping the research agenda to articulating evidence-based policy choices), we would be doing good for the world. We are currently working through our [11th general programme of work](#), where we outline our goals for a defined period of time. This ends in 2015, at the same time as the Millennium Development Goals, so a lot of the work is aimed at meeting these goals. We do have challenges, for example, we don't have nearly as much funding as we should have to carry out all these core functions. Our vision is that we continue to have enough human, financial and logistical resources to be able to carry out our core functions.

What is the future of development?

We need to see harmonious development as a choir where everyone has different parts. If everyone sang soprano you wouldn't have a choir. When I first joined WHO there were not nearly as many players in the health field as there are today. Now more people want to help because they recognise that health is primordial.

It would be ideal if everyone worked to their comparative advantage. Unfortunately this isn't happening, so we are all falling over each other. We now need to look at how to coordinate ourselves better as a health sector, and WHO is trying to lead the way in this field. If we all worked according to our mandate and area of expertise, then the world would be a much better place. This is what the future of development should be. We must also remember there can be no development without the voices of those you want to develop.

What do you think makes a good leader in development?

A good leader doesn't come with solutions up their sleeves; they come to listen. We used to see people who were said to be experts on Africa arrive thinking they knew what the problems and solutions were. Those were not leaders at all. Good leaders should listen to the people who have the problem – they might not be well educated, but they are the ones suffering and they know what they are talking about.

Who is your development hero?

I have two: Bill and Melinda Gates. These are people who could have sat on their money and had everything they wanted. Instead they looked at the world and said: "We are all in this together". They have taken the time to come to countries to listen to what the problems are. They ask: "What do you think could be done about this?" You give them options and they help you carry them out. How selfless could you be? Still, I'm sure there are development heroes at community level who are doing exactly the same thing at a smaller scale.

You retire from WHO at the end of April 2013. What do you still want to achieve?

I may be retiring but it will not be the end of working life for me. Before getting into WHO and international health, I taught in medical school. I love teaching and I love teaching public health. Now that I am ending my career with WHO, my aim is to contribute towards building the competencies of health workers in disaster risk management. It is clear that even many health professionals do not know about disaster risk management. So I would like to work in training institutions improving these competencies. My last job has fired me up to do this.

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