**SPEECH TO THE KURING-GAI DISTRICT MEDICAL ASSOCIATION CONFERENCE,   
FAIRMONT HOTEL, NAIROBI, 9 AUGUST 2012**

Dr, and President, Loder and Mrs Loder  
Past Presidents   
Ladies and Gentlemen

It is a very great pleasure for my wife Joanne and I to be with you today and to formally open this Kuring-Gai District Medical Association (KDMA) Conference.  For those who haven’t met me yet my name is Geoff Tooth and I am Australia’s High Commissioner to Kenya, Rwanda, Tanzania and Uganda, Australia’s Ambassador to Burundi, Somalia and South Sudan, Australia’s Permanent Representative to the United Nations Environment Program and Australia’s envoy to the East African Community.  All this doesn’t go close to fitting on a business card and you should of course call me Geoff.

Ladies and gentlemen, I have good news and bad news. The bad is that I’m afraid if you have come here to escape incessant gloating by the British over their medal count at the Olympics you have come to the wrong place. There are lots of them here. I was sitting with someone from the British High Commission the other day and bemoaning our gold medal count and he apologized that he hadn’t been aware that Australia had sent a team to London.

But the good news is that there aren’t many New Zealanders and no New Zealand High Commission here so some respite there.

And even better news is that you have chosen an extraordinary place for your meeting. A couple of years back the world’s most traveled man ranked Kenya the best country to visit on the planet. A week after that some Prince and Princess got engaged here and they rank it their favorite place on the planet, presumably outside of Great Britain. And this year the Age and SMH ranked the Masai Mara safari park the hottest tourist destination around.

Ladies and gentlemen,

I do feel an affinity with you as I am the son of a nurse and doctor, something which I understand is a relatively common occurrence.  My doctor father fled England on a leaky boat in the late 1950s and after a brief stint as a Flying Doctor in Western Australia he met my mother in a Perth hospital and the rest is my history. My Father is in turn the son of a doctor and so on back some 5 generations of first born Teeth.  On my grandmothers side it goes back to Doctor Robert Storrs of Doncaster who died in 1847. On my grandfathers it includes Howard Henry Tooth, who was one of the joint discovers of something called Charcot-Marie-Tooth disease.  Now this apparently is an inherited disorder of the peripheral nervous system characterized by progressive loss of muscle tissue and touch sensation across the body.

It is descriptions like this, the prospect of spending 6 years or more at University and a complete aversion to seeing blood, particularly my own, that meant I didn’t become a doctor. I was very unpopular with my grandmother and others for a time. Annoyingly my brother hung around University for long enough to get a PHD in Economics leaving me embarrassingly short of titles at the family dinner table and hence my pursuit of a job with lots of them like this one.

Which leaves me here, not in a medical job but giving freely of my liver and stomach on behalf of my government and the Australian taxpayer overseas.  Given you and I have just met I didn’t think I should tell you any of the doctor jokes my father passed on, but I can think of one about both our professions which goes …

A doctor, a diplomat and a politician are sitting around arguing who was most like god, which is not, as my mother would have said, that unlikely a scenario.  The doctor said that as god brought people to life, used surgery to create Eve from Adam’s rib and delivered the first child he must be a doctor.  The politician said that as god had prior to this created administrative order from chaos he must have been in politics.  The diplomat turned to the other two and said “Ahh but who created the chaos” …

Ladies and gentlemen, Now comes the serious part.

Apart from my own brief brushes with medical life I thought I would talk to you tonight about a couple of things, in particular the scale of the health crisis in Africa and what the Australian government and Australians are doing about it.

You have come to Kenya and Africa at a fascinating time for the continent.  The world is waking-up to the potential of Africa and the importance of Africa to all our futures.

Africa’s population is set to double from 1 to 2 billion over the next 40 years. It has a young population, an increasingly vibrant and expanding middle and entrepreneurial class, is relatively under explored in key resource areas and has rapidly maturing democratic and governance processes. One shouldn’t exaggerate the scale of the challengers Africa faces. Perhaps 400 million people in Africa live in poverty with consumption per person below $1.50 US a day. And 34 of the world’s 50 Least Developed Countries are located in Africa; 6 of the 7 countries the High Commission covers are amongst those. Least developed countries are characterised by extreme poverty, economic vulnerability and low indicators in nutrition, health and education. But overall the picture is much more positive than it was a decade ago and for the decades before that, and the potential vast.

One of the most significant brakes on this potential is of course health. 118 out of every 1,000 African children will die before their fifth birthday. Two decades ago this number was as high as 165 but it is still deplorable. The rates of curable or treatable diseases are also far too high. Although Africa is home to about 14.5% of the world's population, it is estimated to have 69% of all people living with HIV and to 72% of all AIDS deaths.

Kenya is not immune to this though it is the only one of the countries I cover that is not classified as Least Developed. Due largely to AIDs life expectancy in Kenya has dropped by about a decade. Since 1984 well over 1.5 million Kenyans have died of the disease and more than 3 million are HIV positive, but the HIV infection rate has dropped from around 14 percent in the mid-1990s to 5 percent today. The maternal mortality rate for Kenya is 530 per 100,000 births and the under 5 mortality rate 5 per 1,000 births. There is only one doctor for every 10,150 people.

So what is Australia doing? Your Government has committed $140 million of taxpayer money over five years from 2010-11 to reduce child mortality and improve maternal health in East Africa and the Horn. Our assistance principally targets: strengthening health systems for improved MCH outcomes; support for midwifery; obstetric and newborn care; and family planning. What has this achieved so far?

Fistula surgery for almost 3000 Ethiopian women through the Hamlin Fistula Hospital, Addis Ababa over the last year

An additional 3.2 million Tanzanian women have accessed modern contraception

6.7 million children received measles vaccine and 8 million children received polio vaccine under the campaign we supported in Tanzania

In Ethiopia we are contributing to targets including: an increase in deliveries by skilled birth attendants from 18 to 62 per cent; and a reduction in infant mortality from 77 to 31 per 1000 live births.

But this isn’t and can’t be just about governments. The Australian people are incredibly generous in their support for Africa – about 35 percent of all the money raised for NGOs goes to Africa compared to about 5 percent of Australia aid. So all our big charity organisations, World Vision, CARE, and many others large and small are here and making a big contribution. I thought I might just highlight a few contributors tonight but please don’t think this is anything but a snap shot to show the range of areas Australians are involved. There are extraordinary Australians across Africa doing extraordinary things.

I’ll start with the Fred Hollows Foundation. In 2011, this amazing organisation performed 4,997 sight saving or improving interventions in Kenya alone. They also trained surgeons and health workers, are planning eye units and provided medical equipment. And Kenya is just one of many countries that they operate in. One indication of how important this work is that of a study of eight countries in Southern Africa estimated the total annual economic loss due to blindness to be more than $2.6 billion, which is about half of Rwanda’s total GDP.

Then there are individuals too like Barry Hicks who has worked in Ethiopia for more than 40 years, teaching at Jimma University. There he was one of just 3 surgeons teaching and training 270 medical students per annum and 17 post-graduate trainees at the university hospital. You can read about him in his 2009 autobiography Have Scalpel Will Travel.

In Uganda back in the middle of the 1990s a women called Irene Gleeson drove her caravan into the middle of territory plagued by the Lord’s Resistance Army, one of the world’s worst guerrilla groups (and that is saying something). Today in spite of death threats and hit squads amongst numerous other challengers she looks after 10,000 orphans and is building a 3 story hospital for women in addition to other health facilities established. And this was done largely with private donations and sponsorships.

And I should also mention the Australian Army’s Medical Support Force which served in Rwanda in 1994 during a genocide that claimed maybe 800,000 lives. For the first time in ADF history a medical Corps took the lead role in an Australian military intervention and was able to make a real difference in one of the modern world’s greatest tragedies. In one intervention alone it was estimated the Force’s presence and actions saved 50,000 lives. I would recommend reading Gavin Fry’s book on the intervention if you would like to know more.

From where I sit these are people, teams and organisations that should be more widely celebrated in Australia. These people are saving lives, dragging people out of poverty and helping lift Africa to a new level of development. Which is good for Africa and good for Australia. Each and every one of you can help too in a multiple of ways from sponsoring a child, supporting an appeal or returning to Africa for a mission of some sort to provide health and other support.

Ladies and gentlemen

Thus endeth the lesson. I am going to finish with another joke. I hope you won’t think this inappropriate but let me assure you the one thing I can tell you about the people who work in your field in Africa apart from their extraordinary humanism is that they have a sense of humour no matter how hard the challengers they face. This is a joke told by Somalians about a Somalia. Somalians are one of the toughest, most resilient people you will meet in a region of many such peoples. The joke features a Somalian man who is brought into a hospital after being a victim of an explosion. He has serious injuries to his head, his stomach and his leg and is bad shape. The doctor on duty says to him “Well I better start with your head as that may have impacted on your brain functioning, and then the leg because otherwise you might lose that entirely. Then we can deal with the stomach.” The Somalian looks up at him and says “Would you mind awfully doing the stomach first?” The doctor is a bit taken aback that the man can talk at all given the scale of his injuries and asks why. And the Somalian says “Because it hurts when I laugh”.

Ladies and Gentlemen,

Thank you very much for having Joanne and I join you tonight.  Please pass on my warm regards to next year’s President, Dr Ross Bradbury, and recommend strongly to him a return visit by the KDMA to East Africa in the near future.  Let me also commend Domenica Redford for the power of work she has done to organise this conference – these things are never easy no matter where they are held. And to finally finish, let me declare this Conference well and truly open and wish you all a wonderful stay in Kenya.