

Meet the doctors: Take a look at this country's first crop of homegrown physicians

By [Ryan Lenora Brown](#)

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Finally capping its own medics, Namibia must now retain them and coax them into rural areas.

It took Simon Antindi three hours, two taxis and one jolting ride in the back of an old farm bakkie to reach the state hospital where his father had been admitted – and when he saw it, he was overwhelmed.



Dr Simon Antindi. Photo: Ryan Lenora Brown

The hospital, in the far northern Namibian town of Oshakati, was bigger than any the 11-year-old had ever seen before – a huddled mass of low-slung green and blue buildings that trailed off into the horizon in every direction. Every turn led him deeper into a maze of crowded wards and worried visitors. Doctors whispered to each other in languages he didn't recognise and the whole place smelled vaguely sour, like sickness and cleaning fluid.

And then there was his father. The local primary school principal, this was a man who easily filled a room with his authority and his warmth, a man whose generosity was a long-standing source of local pride.

A few years earlier, when the struggle for independence against South African rule blurred into villages and towns all across this part of what was then South West Africa, his father used to slaughter a goat for each passing band of Swapo

guerrillas who trekked through – and often got himself arrested for his trouble.

But at the hospital now, he didn't look like that man at all. Instead, he was small and shrunken against the blank white bed. For the first time in Simon Antindi's memory, his father looked utterly helpless.

"At that time, I knew I wanted to be a doctor," says Antindi, now 31.

But no sooner did the thought enter his mind than he shoved it away. "In my village, in my whole constituency probably, there was no one who became a doctor," he says.

And as he looked around at the Cubans, Russians and South Africans attending to patients all around his dad, he had a sinking thought.

Maybe Namibians don't do this work.

Maybe we can't.

And that was it. As quickly as it had come, the dream fluttered away.

But 700km south, in the capital of Windhoek, many of the country's top medical minds had nearly the same question. It was the late 1990s, nearly a decade since Namibia's independence from South Africa, and still the country had no medical school of its own. For generations, all of Namibia's doctors had been trained abroad – shipped off to places like South Africa, Finland and Russia for a medical education that often translated poorly to local conditions, or else they were foreigners, recruited at great expense from overseas.

"We needed to start training doctors sensitive to local roots, who were prepared to go where the needs were," says Filemon Amaambo, now the associate dean of the University of Namibia's (Unam's) school of medicine – the first in the country – who was then working in government.

Namibia's problem was not unique. Sub-Saharan Africa carries more than a quarter of the world's disease burden but is home to only 3.5% of its healthcare workers and just 1.7% of its physicians, according to a [2012 article](#) in the open-access journal *Human Resources for Health*.

The region's universities have long struggled to fill that gap. There are 175 medical schools serving a population of about a billion people in sub-Saharan Africa, compared to 488 medical schools for a population of 743-million people in Europe.

And six African countries – Cape Verde, Djibouti, Equatorial Guinea, Lesotho, São Tomé and Príncipe, and Swaziland – have no medical school at all, according to the *World Directory of Medical Schools*.

That's a dangerous gap because there is a "strong relationship ... between medical school density and physician density", according to [research](#) published in the *Medical Teacher* journal.

In other words, countries with fewer medical schools tend to have fewer doctors too.

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