



Partnering for Change: Link Research to Societal Challenges

Video Transcript

Healthcare for mobile pastoralists

[Prof. Dr. Jakob Zinsstag] In 1978, the International Conference on Primary Health Care met in Almaty, Kazakhstan. It demanded that the provision of healthcare should be recognised as a human right. Not all people, however, have similar access to basic medical facilities. One of the least covered groups in this respect are mobile pastoralists.

Approximately 100 million mobile animal holders live mostly in Africa and Central Asia. They move around seasonally or even continuously as they seek fodder and water for their animals. A photograph of a Mongolian family in their tent – they call it a 'ger', carrying it from one place to the next as they move.

Pastoralists keep cattle, sheep, goats, yaks, and camels. Some milk horses, for instance these pastoralists in Kyrgyzstan. Keeping pastoral livestock is also important in the Sahelian countries of Africa. There are the Kel Tamachek communities in Mali, or the Fulani communities in Chad. In the Horn of Africa, Somali pastoralists in Ethiopia carry their tents on the back of camels.

People with a mobile lifestyle often live in remote areas. Most health centres, however, are placed in villages or towns. In this situation, how can we provide healthcare to mobile pastoralists?

The question is even more complex if we consider that these communities are often exposed to many environmental and social threats. They live in harsh climates – sometimes very hot, sometimes extremely cold or even dry, with extended periods of drought. They also know the danger of being attacked by terrorist groups or bandits.

Mobile pastoralists have no sanitation. Their access to drinking water is poor. And the water is frequently contaminated. Often, humans and animals drink from the same pond. Mobile pastoralists depend on the value of their animals to buy cereals for food. In the case of droughts, they have no more milk – the basic staple of their diet.

For antenatal and child care, women have to travel long distances and are often poorly received. This is another reason why health centres are underutilised.

Thus, healthcare for mobile pastoralists involves many issues that are interconnected in a very complex way. We need to address it in a broad context and consider it systemically. In order to get this broad

perspective, we need interaction with the people involved. The problem can certainly not be solved from a single viewpoint of a university desk.

It is interesting that during the mentioned Primary Health Care Conference in Almaty, the role of communities in the design of their healthcare was put forward. As early as 1978, it was clear that, in order to improve healthcare, an approach was needed that brings together academic and non-academic actors.

Only together could they then produce the transformational knowledge needed. Provision of healthcare, thus, is a prime example of a transdisciplinary approach.