

Africa Storytelling Challenge— Notable Submissions: In Ebele Mogo's Words

Committed to championing scientific innovations and advancements, Mogo is affecting change in her community and throughout Africa—and this year's judges of the Africa Storytelling Challenge lauded these impressive efforts. Recognized as a runner-up in this year's contest, Mogo shares her essay submission below.

I have been telling a story quite often lately. It is about being invited to speak about the topic “The Healthy African City” in Ghana. It is about the night before my presentation, where I witnessed a traffic “accident” involving a motorist and motorcycle rider who had collided, flinging the motorcycle rider over the car. I didn't see the motorcycle rider fly but by the time I looked, I saw the motorcycle rider on one side of the car, and his motorbike on the other.

Let us think about what this might mean. First of all – there is the question of if the man survived that night. I do not know, to be honest. But if he did, I can bet that he was without comprehensive insurance since I know he was poor. I can bet that the costs of seeking treatment would be so big that it might very well drive him and his family deeper into poverty. I can also hazard a guess that he may have had to choose between paying children's school fees, food, shelter or healthcare. What an unfortunate place to be in, in a world where we claim that health is a human right.

Another question (which not enough people seem to ask) must be asked - was this really an accident? Road traffic injuries are among the top ten causes of death across the world, in rich as well as poor countries. They are the leading cause of death among youth between ages 15-29. They are popularly called road traffic “accidents”. However, if we take a closer look, we will see that they are hardly accidents, rather they are disasters waiting to happen as a result of bad design. Research has shown us what works in curbing road accidents and these findings have been tested in places like Sweden with dramatically positive results. So - if something happens often enough, and we have the knowledge and tools to prevent it, but we don't do anything about it, is it really an accident?

That question haunts me as I see the misplaced opportunity to act to prevent ill health. It also inspires me – I see that the problems we consider insurmountable can actually be moved and that in doing so we can truly create positive change in our communities. In my capacity as a Doctor of Public Health, to try to create this positive change with a focus on the most at-risk communities. I do this in three ways - at the

policy level I inform decision makers with the best available research evidence. At the community level, I collect data to plan for healthy communities and come up with strategies to help the most at-risk groups. At the individual level, I design products and services to promote healthy behaviors.

In this work, science is an indispensable tool. I use the scientific method to understand the realities in communities. For example, it is through science that I know that most of the world lives in cities and by 2050 two-thirds of the global population will live in cities. Science also what helps me understand what works. For example, it is through scientific research that I could know that when we have strong tobacco control approaches in place, we see a sharp decline in deaths from heart diseases, or that in England, heart disease deaths due to smoking fell after the indoor smoking ban was implemented. I also use science to test how the solutions I work on impact the health and wellbeing of the people they are for, and then improve them as needed.

While we know that not all deaths can be prevented, thanks to science, we also know that there are too many that can. Were we to stop looking at deaths from the angle of inevitability and realise that so many deaths are a consequence of bad planning, we can design dramatically healthier and thriving societies using a combination of evidence, local experience and knowledge, community engagement, infrastructure and policies backed by research and placed in context. But first, we have to decide preventable deaths are no longer simply unfortunate, rather they are also unacceptable and unethical.

There is a popular adage that says: if we fail to plan, we plan to fail. Truer words have never been spoken especially regarding how we plan for the health of our societies. But guess what? We can also plan to succeed, and that is the work I have set out to do with my life.

The content and views presented here are those of the individual Challenge participant.

About the Africa Storytelling Challenge

The inaugural [Champions of Science—Africa Storytelling Challenge](#) took place between May and August 2018. Open to all scientists doing innovative work in Africa, the contest drew more than 100 submissions. An independent selection committee of scientists, policymakers and science journalists reviewed the applications and selected the winners. Each winner will be awarded \$5,000 and will have the opportunity to share their stories at the 2019 American Association for the Advancement of Science (AAAS) annual meeting in Washington, D.C.