

Policy Making and Human Capacity

by [Dr Clayton A. Shillingford](#)

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Dr Kilama is a colleague of mine, a DuPont retiree who worked as a chemist in ag-product discovery at Stine Research Labs. He is a fellow member of ISAS, the International Society of African Scientists. He presented the constraints and difficulties of acceptance of GMO's in Africa to the US Senate House Committee on Agriculture on March 26, 2003. He discussed many issues relating to biosafety and biotechnology that have relevance to our own Dominican situation.

This issue of the application of biotechnology has even affected improvements in bananas. There are GMO/bananas that carry genes for resistance to many diseases which cannot be grown commercially because the Europeans will not accept them under the so called "Precautionary Principle".

Dr Kilama has identified two key factors that impede decision making on this and similar issues...

1. **a lack of "skills in policy making"** and
2. **a lack of "appropriate human capacity"**.

Dr Kilama is a Diasporan African who is trying to help just as we are in the DAAS and other overseas Dominican societies, groups etc....

It is a tragic miscalculation for our leaders to ignore that tremendous human resource and capacity.

I wonder to what extent these same two factors have been responsible for delaying/blocking action on all kinds of plans in Dominica including the "seemingly ill-fated" IDP. Will the IDP also be a depository for dust??

It is instructive to read Dr Kilama's views on the relative economic success of Botswana:

For inspiration in Africa, I suggest we study the recent history of Botswana -- the southern African nation that now has the highest per-capita foreign-exchange reserves in the world. The secret to Botswana's economic growth isn't the country's great mineral wealth. After all, many African countries have enormous mineral wealth. The key to Botswana's success is that Botswana has successfully nurtured the policymaking and implementation skills of a broad range of leaders in both the public- and private sector.

As President Festus G. Mogae recalled in a recent interview, "When we became independent, we were one of the poorest countries in the world." Later, after diamonds were discovered, Botswana engaged a full range of stakeholders in public policymaking and implementation. "We made sure, we put [mineral revenues] to good use," rather than squander them "on prestige projects." As President Mogae added, "our national motto is 'consultation.' And through consultations we have been able to build national consensus." These consultations helped "[us] apply aid where it best worked.... We tried to learn as much as possible, keeping our limitations in mind.... We did not impose or try to impose anything on anyone. Instead, we worked through consultation and persuasion. And those who did not agree with the ruling party were free to express their views."

In short, Botswana's policymaking and implementation are successful because stakeholders have a sense of "ownership" and participation. Botswana controls its development in a selective way that meets its needs.

Dr Kilama goes on:

In contrast, during our training sessions at GBDI, participants in most countries have voiced concerns that international efforts do not get Africans involved from the very beginning in projects that are supposedly designed to help Africans. Most donors come to Africa with their plans already in place -- and just want Africans to join in.

I would add that we have a responsibility to engage these "international efforts" from the get go and not "mouth" the same nonsense that they bring their consultants in and we can't do anything about that. That is the statement we hear from our leadership. But whose country is it?

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