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UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone +251115-517700 Fax : +25111 5517844
Website : www.africa-union.org

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Development in Africa***”

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AFRICA HEALTH STRATEGY: 2007 - 2015

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AFRICA HEALTH STRATEGY: 2007 - 2015

1. Introduction

1. Africa has made significant strides in certain areas of social and economic development but has the potential to achieve even more if it can overcome the large burden of disease which continues to be a barrier to faster development. This ever increasing disease burden, despite good plans and strategies, is cause for concern to the policy makers. This has prompted the African Union Ministers of Health to improve on all the existing health strategies by drawing this Africa Health Strategy to focus on priority areas which Regional Economic Communities (RECs) and other regional entities and Member States can use to enrich their strategies, depending on their peculiar challenges. The Strategy neither competes with nor negates other health strategies but seeks to complement other specific and detailed strategies by adding value from the unique perspective of the African Union.

2. The Strategy recognises that Member States and regions and indeed the continent have previously set health goals in addition to the Millennium Development Goals that they have committed to. It explores some challenges that militate against the continent decreasing the burden of disease and improving development and also draws on existing opportunities. It highlights strategic directions that can be helpful if approached in a multi-sectoral fashion, adequately resourced, implemented and monitored accordingly.

3. The African Union, its programmes and the RECs will use this Strategy as the framework within which they will fulfil their roles. The Strategy provides a focus for all health initiatives to converge around. Ministers of Health are calling on multilateral agencies, bilateral donors and other partners in Africa's development to build their health contribution around this Strategy. Such a co-ordinated response is critical to ensure maximum benefit from the resources mobilised and to prevent fragmentation and duplication. This Strategy thus provides an overarching framework to enable coherence between countries, civil society and the international community.

4. The strategy proposes strengthening of health systems through improved resources, policies and management. This will contribute to equity through a system that reaches the poor and those most in need of health care. Investment in health will impact on poverty reduction and overall economic development.

2. Situation Analysis

2.1 Disease Burden

5. The evidence of the impact of good investments and effective interventions on burden of disease and on economic indicators is becoming stronger. Nonetheless, the reality remains that Africa's people face a huge burden of preventable and treatable health problems, proportionately far beyond Africa's share of the world's population. The triple burden from communicable and non-communicable diseases

and injury and trauma has negatively impacted on development in Africa. Africa is still not on track to meet the health Millennium Declaration targets. The maternal mortality rate will need to drop from between 500 and 1500 to 228 per 100 000 and Under 5 mortality from 171 to 61 per 1000 to reach their respective Millennium Development Goals. Life expectancy on the continent, already low, has been reduced further to an average of 52 years by the AIDS epidemic. Women and children carry a disproportionate share of Africa's heavy disease burden.

6. AIDS, tuberculosis and malaria pose the greatest challenges. However, they should not overshadow the severe burden of other communicable diseases including pneumonia, diarrhoea and measles in children and other diseases that severely debilitate communities affected by them. These include Onchocerciasis, Trypanosomiasis, Schistosomiasis, Dracunculiasis (Guinea Worm) and Filariasis. Cholera, Meningitis, Ebola and Marburg outbreaks continue, while intermittent cases of Human Avian Influenza remind the continent of the pandemic threat that mutation poses.

7. The alarming rate of growth of the burden of both death and disability from non-communicable diseases in Africa is ever more recognised, with chronic diseases becoming ever more prevalent, linked to demographic and social changes and urbanisation. Hypertension, stroke, diabetes, chronic respiratory disease and the consequences of tobacco use, alcohol abuse and illicit drugs, are growing as serious public health challenges. Injuries from violence, wars, traffic accidents and other mostly preventable causes result in widespread death and physical disability, while the impact of mental ill-health has previously been underestimated. Sickle Cell Disease is the most prominent genetic disorder, while the prevalence of specific cancers is extremely high in some parts of the continent.

8. Worsening under nutrition in many countries continues to contribute to elevated mortality, while dietary change is a factor driving the emergence of chronic diseases and obesity. Micronutrient deficiency including iron, zinc, iodine and vitamin A is widespread.

2.2 Root causes

9. The economic growth in many Africa countries, decline in conflicts and important strides towards democracy and good governance are all contributing to health. Other wide ranging interventions are being implemented and important progress is being made in addressing the root causes of the disease burden in Africa. However, although the balance of reasons varies from country to country, the high disease burden continues because:

- a. Health systems are too weak and services too under-resourced to support targeted reduction in disease burden and achieve universal access
- b. Health interventions often do not match the scale of the problem
- c. People are not sufficiently empowered to improve their health nor adequately involved
- d. The benefits of health services do not equitably reach those with the greatest disease burden

- e. There is widespread poverty, marginalisation and displacement on the continent
- f. Insufficient action on the intersectoral factors impacting on health.
- g. Environmental factors and degradation are not sufficiently addressed

10. There have been commendable efforts towards addressing the inter-sectoral challenges affecting health, particularly since the advent of the African Union and its New Partnership for Africa's Development. Nonetheless, shortfalls in agriculture, low literacy and lack of safe water, adequate sanitation, electrification and infrastructure, and ongoing conflicts all drive up the disease burden. A vicious cycle remains in which poverty and its determinants drive up the burden of disease, while ill-health contributes to poverty.

11. Health system factors that still undermine efforts to reduce the disease burden are:

- a. Gaps in governance and leadership of the health sector
- b. Insufficient sustainable financial resources and the efficient allocation and use thereof
- c. Lack of social protection for the vulnerable and in catastrophic situations
- d. A shortage of appropriately trained and motivated health workers
- e. Poor commodity security and supply systems and unfair trade practices
- f. Weak health systems operations
- g. Marginalisation of African Traditional Medicine in national health systems
- h. Inadequate community involvement and empowerment
- i. Capacity of the private sector, including NGOs is not fully mobilised
- j. Paucity and inadequate use of available evidence and information to guide action including use of ICT,
- k. Co-ordination with other sectors and harmony with partners not yet attained
- l. Lack of intersectoral action and coordination
- m. Disruptive global policies and actions that adversely impact on Africa's health systems

12. The world is facing a global health work force crisis that is characterised by widespread shortages, mal-distribution between and within countries, poor working conditions and paucity of information and knowledge on best practice. Migration of health workers to rich nations is draining human resources for health in poor countries, which is exacerbated by insufficient training of adequate number of health workers. To compound this, Africa and the world face the emergence of new pandemics and resurgence of old diseases. While Africa has 10% of the world population, it bears 25% of the global disease burden and has only 1.8% of the global health work force. Of the four million estimated global shortage of health workers one million are immediately required in Africa. This crisis has developed as a result of long standing neglect, unfavourable international development policies and practices.

13. Subsequent to the Abuja Declarations, some countries have increased their health expenditure, while donors have increased their development aid for health beyond US\$10 billion per annum. However, health funding in most countries remains below what is required to achieve a functional basic health system, even if resources available were optimally used.

2.3 Opportunities

14. At the same time as it faces challenges, Africa is at a time of unique opportunities to significantly impact on its disease burden, notably through ensuring adequate investments in health systems.

15. There is growing improvement in public sector performance including the health sector, with decentralization unfolding in many countries.

16. Pursuant to the Abuja Declaration, some countries have increased their budget allocation to health in real terms, now exceeding 10% of public budget, the vital importance of sufficient, motivated Human Resources for Health has been recognised by Africa's leaders,

17. There is progress in ensuring commodity supply, and the decision of the AU Heads of State at their Fourth Summit will enable Africa to realize the economic production at volume of quality generic medicines and other commodities (e.g. long lasting malaria nets).

18. The African Union and its programmes provide an African-driven mechanism for ensuring a common platform and framework avoiding duplication and fragmentation for countries / RECs and partners.

19. Donors have increased their development aid for health in Africa beyond US\$10 billion per annum and the move towards funding of core public health budgets based on national plans such as through Sector Wide Approaches (SWAPS) offers a major opportunity to move away from fragmented and inefficient vertical projects and programmes, which is supported by the international commitment on aid effectiveness as agreed at the High Level Forum in Paris in 2005.

3. Vision and Mission, Principles, Goals and Objectives

20. Africa knows what its disease burden is and its consequences, Africa also knows that it is possible to and can change this legacy as well as the interventions required. Its Health Ministers are committed to leading and co-ordinating a committed effort to enhance the health of Africa.

3.1 Vision and Mission

21. The **vision** is an integrated and prosperous Africa free of its heavy burden of disease, disability and premature death.

22. The **mission** is to build an effective, African driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, inter sectoral action and empowered communities.

3.2 Principles

23. This Strategy is underpinned by a set of **principles**:
- Health is a developmental concern requiring a multi-sectoral response
 - Health and access to quality, affordable health care is a human right
 - Equity in health care is a foundation for all health systems
 - Effectiveness and efficiency is central to realising the maximum benefits from available resources
 - Evidence is the basis for sound public health policy and practice

3.3 Goals and Objectives

24. The **goal** of this Africa Health Strategy is to contribute to Africa's socio-economic development by dramatically improving the health of its people and by ensuring access to essential health care for all Africans, especially the poorest and most marginalised, by 2015.

25. The overall objective of this strategy is to strengthen health systems in order to reduce ill-health and accelerate progress towards attainment of the Millennium Development Goals in Africa. The specific objectives are:

- a. To assist member states to strengthen their national health systems
- b. To offer guidance on strengthening their health programmes
- c. To provide an approach to work together with other sectors to improve the socio-economic and political environment for health

4. Strategic Directions

26. This Strategy presents an approach to addressing avoidable disease, disability and death in Africa and for strengthening Health Systems for equity and development, especially for the poorest, most marginalised and displaced people.

27. To achieve the goals of this Strategy, a number of strategic interventions need to be concurrently made towards achieving an effective and sustainable health sector, synchronised with an integrated focus on the major health burdens and vulnerable groups. The intention is to incorporate best practices for promotion, prevention, care and rehabilitation into country health plans in line with local circumstances.

4.1 Health Systems

28. For a country to deliver basic health care to its people, it requires a fully functional health system. There are many ingredients that make up a functional health system and this strategy will address all of them.

4.1.1 Governance

29. Health is a human right. Although this right is not enforceable, governments have a responsibility to provide health care to all their citizens in an equitable manner and with clean and efficient governance, using resources accountably. It involves providing stewardship, including vision and direction.

30. Stewardship goes beyond the Ministry of Health's leadership role in the health sector (stewardship in health) and the strategic management of the health system (stewardship of health) to addressing the inter-sectoral, socio-political environment within which the health system operates (stewardship for health).

31. The move towards supporting one national plan, one governing framework and one monitoring and evaluation system should be accelerated.

4.1.1a Policies and legislation

32. Health policies will be reviewed regularly to ensure that they are an up to date reflection of government's intention and priorities, reflect best practice and take into account the realities and socio-cultural circumstances of the country. Policies should be geared towards supporting effective implementation and monitoring of programmes.

33. Legislation and consequent regulation are key tools in giving effect to policy. Countries should review their health legislation and promulgate new legislation as needed to ensure that their policy intent is supported and that legislative gaps are filled, creating an environment for effective delivery of affordable, appropriate, equitable, and accessible quality care for the entire population.

4.1.1b Organization

34. This Strategy seeks to advocate and promote a coherent organisational framework that enhances efficiencies and effectiveness through:

- Adopting a primary health care approach
- Reducing bureaucracy and enabling appropriately skilled management
- Increasing cost-effectiveness and evidence based decision making
- Improving efficiency through reorganizing services
- Introducing quality improvement programmes
- Allocating resources to most effectively and equitably address health needs
- Determining the package of primary health care that all citizens can access
- Decentralizing operational management of the health system

35. Decentralisation provide for effective and transparent management. The basic unit of a well organised health system is the district, which needs to be strengthened and adequately resourced, in a balanced manner with the higher levels of health care. The essential features are the active involvement of, local communities and stakeholders and flexibly adapting programmes to local circumstances. District managers should, within national guidelines and delegations, be able to allocate resources and modify approaches and introduce innovations. Each country should

develop one or more learning sites to explore what it takes to develop an effective basic health system and to offer a demonstration opportunity to the country and even the region.

36. Integration of related and complementary programmes will be used to improve cost-effectiveness of the health system and convenience to the consumer, overcoming the problems of a vertical and fragmented approach.

4.1.1c Performance

37. Countries are committed to enhancing the performance of their health system to achieve the best value with the resources available. Each country will update and cost their national health plan, following a gap analysis between existing plans and this Strategy and other commitments. These National Health Plans will be the centre of health development in the country, its implementation continuously monitored and its content regularly reviewed and updated.

38. National health care systems need to respond adequately to the expectations of their population and there should be a clear mechanism for enhancing community responsiveness and for improving performance and caring of health workers.

39. Countries should consider three possible resource availability scenarios; one at current or low growth levels, a second anticipating greater national commitment and delivery of international promises and the third for the resources required to make the impact desired – and then set targets commensurate with these resources. At the same time countries must constantly ask if the health outcomes justify the inputs, if resources are being optimally utilised and if health system improvements will achieve sustained positive change.

40. Incorporating the new opportunities offered by advances in technology and developing and retaining human resources are critical to health systems performance and all elements should receive priority attention. Strategic interventions, such as adequate supervision and support of the health care providers and management cadres should be implemented.

Countries will update their National Health strategies and plans in line with this Africa Health Strategy and with the detailed commitments collectively made on specific issues by African Heads of State and Government and Ministers of Health. This will include a gap analysis and costing against different resource scenarios.

Ministers of Health will drive efforts to strengthen health advocacy, governance and leadership, implement/strengthen the primary health care approach and make organisational changes to support efficiency, including strengthening of district health systems.

4.1.2 Resources

41. Resources encompass key inputs such as fiscal provisions, human resources, physical capital, drugs and medical supplies and commodities.

4.1.2a Financing, Resource Allocation and Purchasing of Health Services

42. Governments alone cannot assure the health of its population. Partnerships with communities, civil society organizations as well as development partners are essential to make an environment conducive to good health status as well as to deliver health services

43. At present most Member States spend below US\$20 per capital per annum and some below US\$10. This is half the estimated US\$34-40 per capital required to provide the essential package of health services..

44. Member states are urged to review current public and private health expenditure with a view to increasing the per capita expenditure so that a greater proportion of the population has access to the essential package of health services, with vulnerable sections of the population being prioritized.

45. Strategies that may be considered by Member States to increase the pool of funding available to the health sector include:

- (a) Increasing the efficiency of the public and private health care sector;
- (b) Advocating for greater donor support in line with the Paris Declaration;
- (c) Exploring alternative sources of additional revenue for both public and private sector; including health insurance systems.

46. Financing for health systems needs to be treated as an exceptional case. If basic essential health care is to be achieved then budget caps will need to be lifted, and time bound renewable employment contracts used. Donors will need to move towards sector wide approaches to ensure absorptive capacity and reduce transaction costs.

47. Member States are urged to allocate resources with due regard to redressing the imbalances of the past, including those between the rich and poor, the urban and rural communities and between men and women and children.

48. Member States must strengthen government's capacity to purchase health services, including tendering and contract Management.

49. *The African Union should engage global health initiatives to encourage them to integrate with national health systems and to fund the core health system and human resources requirements needed for their programmes*

Countries should steadily increase their budget allocation for health towards the 15% target set by Heads of State.

The African Union should engage donors to match the commitments they have made in international forums, with longer cycles of dependable and harmonised aid.

Countries should explore the use of contract posts (with benefits) for staff in the public sector funded through development aid, the posts being renewable with new funding cycles.

The African Union should engage global health initiatives to encourage them to integrate with national health systems and to fund the core health system and human resources requirements needed for their programmes.

In exploring additional sources of revenue countries should work towards a solidarity model within a framework of equity, seeking to implement pre-payment systems to avoid user fees at the time that care needs to be sought.

Countries should revisit their budget allocation and undertake performance reviews to ensure the most efficient use of available funds, introducing clear strategies for addressing any weaknesses and use this as part of advocacy for increased resource allocation for health.

4.1.2b Social Protection

50. Social security nets at country and community level as well as national health plans need to be encouraged and enhanced in a manner that meets the needs of the vulnerable and that is compatible with traditional and cultural norms and practices of the society. Measures for identifying people who fall the cracks need to be put in place in a participatory manner.

51. An area of particular concern is when a member of a family, especially the head of household has a serious acute or chronic health problem. It has been shown that many poor families use all their resources, indebt themselves and mortgage their land to fund care in these catastrophic situations. Acceptable alternatives need to be developed to prevent this tragedy by exploring other pre-paid health care options.

52. Enhanced inter sectoral action should provide for a continuum of care and it should be delivered as such. But, there are certain areas which are clearly the responsibility of the health sector and these should be included in National Health Plans.

National Health Plans should include social protection for the vulnerable and a plan to protect families from the long term debt traps of catastrophic illness or injury.

4.1.2c Human Resources

53. Health sector reforms must promote all aspects of human resources for health development and retention. In this regard, in line with the AU Heads of State and Government decision, Governments should:

- Determine the categories of professional, auxiliary (mid-level) and community health workers that will provide an appropriate human resource mix for their needs.
- Develop costed national human resources development and deployment plans, including revised packages and incentives, especially for working in disadvantaged areas.
- Forward fund the establishment of the training capacity required to produce the desired number of health workers.
- Build a cadre of multi-purpose trained clinic staff as the nucleus of health care delivery.

54. African governments need to collectively work towards ethical recruitment by developed countries, by insisting on agreements that take into account the investment made by African countries without compromising the rights and freedoms of individuals. Countries should conduct migration and retention studies of health workers and should also improve the conditions under which health professionals and other health workers operate.

55. The continent has to implement most effective ways of developing, retaining and enhancing the human resource capital. The most fundamental issue to be ensured is whether the training of health care workers is appropriate and aligned to the needs of the continent. The decision by Africa to train mid level and multi-skilled health workers needs to be followed up by reviewing training curricula and sharing training resources and institutions of higher learning on the African continent. This must be coupled with updating personnel audits of various cadres of the health sector and determining causes of attrition, as well as reviews of career structures.

56. Countries policies and plans should provide for a balance of professional, auxiliary and community health workers to ensure suitable skills, continuous safety, cost-effectiveness and availability. Each country needs to have a comprehensive Training Needs Assessment, for basic and continuing education, supported by a plan of action. In scaling up training, one of the quickest measures is to increase the size and intake of existing institutions. Some may need upgrading of their facilities, all should have internet connectivity and curricula in some countries may need to be modernised to take account of the latest developments.

57. Countries should ensure effective management of human resources for health starting with updating their employment and deployment policies. Improvement in salaries and work conditions is a critical factor for success. To this should be added flexible career paths, supportive supervision and mentoring, continuing education and fostering motivation and retention strategies. Managers should demonstrate openly the value they place on their health workers and recognize their professional worth and the adverse circumstances under which many work.

58. The severe rural – urban and formal – informal settlement imbalances require special attention. Financial and non-financial incentives e.g. housing, additional leave, further training opportunities should be used to entice / compensate staff. Community service (under supervision) is an important way for new graduates to

offer something back to the society that has invested in affording them the opportunity to become a health professional.

59. Good clinical performance should be rewarded in its own right. Expertise in health management should be developed.

Countries should develop costed national human resources development and deployment plans, including revised packages and incentives, especially for working in disadvantaged areas and for clinical career paths.

Each country should determine the categories of professional, auxiliary (mid-level) and community health workers that will provide an appropriate human resource mix for their needs.

Countries should conduct migration and retention studies of health workers.

The African Union should facilitate a common African position on migration of health professionals and lead engagement with OECD countries to overcome the devastating impact this is having on Africa's health systems.

4.1.2d Commodity Security and Supply Systems

60. Important progress has been made globally and in Africa, but commodity security still lags behind in many countries. Increased resources need to be made available, national procurement systems need to be strengthened and other sources of commodities need to co-ordinate their efforts with those of government.

61. Universal access to essential health care must be supported with adequate supply of commodities including essential medicines, contraceptives, condoms, vaccines and effective drugs and other supplies. They should be part of the Essential Health Package.

62. Supply systems and logistics need to be strengthened to ensure appropriate ordering, storage and distribution. As such Governments should promote bulk purchasing and ensure that local facilities have specific protected budgets to access supplies. Member States should be supported in use of available tools like the WHO Integrated Health Technology Package and the UNFPA Commodity Security tools to track commodity needs.

63. Following the decision of AU Heads of State and Government to develop and promote Local Pharmaceutical Manufacturing of Drugs and health commodities in Africa, the AU Member States need to embark on local production of pharmaceuticals and other health commodities. Adequate preparation of infrastructure, Human resources training, resource Mobilisation and strategic partnerships for technology transfer in order to embark on the implementation of the Pharmaceutical Manufacturing Plan for Africa are critical and urgent. The AU Health Ministers should

agree on a timeframe, scope, distribution, marketing and types of drugs and commodities to be manufactured in the continent.

Support should be given to the African pharmaceutical manufacturing plan for realising the economic production at volume of quality generic medicines and other commodities, with countries showing solidarity and removing the tariff and non-tariff barriers to its success.

The African Union should engage with international partners to enable effective integration of global commodity strategies and systems with countries health needs and with the pharmaceutical industry and other stakeholders for accelerated development of need new commodities.

Countries should advance their logistics and supply systems towards ensuring continuous availability of commodities at health facilities.

4.1.3 Health Systems Operations

64. To be functional all parts of the health system need to be operational and work synchronously. Thus, all elements should be developed simultaneously.

65. Health facilities require water, power and working equipment maintained by a locally effective maintenance and repair system. Reliable communication is essential. The advances in telecommunication mean that no clinic should any longer be isolated. Access to laboratory tests, radiography, a safe blood supply and a suitable record system should back up patient care. The referral system should work both ways and be set up to cope with emergencies. Patient transport should be complemented by an effective logistics and supply system that, amongst others, ensures that drugs and other essentials are not out of stock.

66. While building the national health system, countries should consider developing one or more learning sites, as a pathfinder for strengthening their health system. Such integrated development will offer a working demonstration for the country of an effective basic health system.

67. Ensuring trained managers who can effectively mobilise, motivate and innovate as well as plan, organise and budget, and who stay in a district for a meaningful period of time is a top priority. This should be complemented by a cadre of staff with public health training. Each country should determine the qualifications and training they aspire their district, health programme and other managers to have and develop a plan for its attainment.

4.1.3 African Traditional Medicine

68. In declaring a Decade of African Traditional Medicine in 2001, Governments have recognized the wide use and hence importance of integrating traditional

medicine into their national health systems and creating an enabling environment for optimising its contribution. The latter includes mobilizing and connecting all stakeholders. It is essential to strengthen structures of traditional medicine through analysis of the prevailing systems and with the involvement of traditional health practitioners and communities, while at the same time being aware of the limitations in traditional medicine and the risk of opportunism by individuals. Organizational requirements include the establishment of a national multidisciplinary body responsible for the coordination of traditional medicine; formulation of a policy and legal framework; allocation of adequate resources; development of regulations for the local production and rational use of traditional medicines and protection of intellectual property rights.

69. African Union Member States should consider establishing coordinating mechanisms at national and regional levels to facilitate the implementation of the Traditional Medicine Plan of Action. Research in Traditional Medicine should be promoted and funded to identify efficacious and safe traditional medicines and assist Traditional Health Practitioners patent their products.

Countries should integrate African Traditional Medicine into their health systems, recognising its strengths and limitations.

4.1.4 Participation

4.1.4a Community Participation and Empowerment

70. Community members are often perceived as consumers and yet are a potential resource that could be tapped into so as to strengthen health systems. Countries and the regions need to have strategies of empowering and involving communities to ensure ownership and sustainability of programmes. Community participation should not be limited to cost sharing only.

71. Realising the full potential of community involvement is often a challenge. In scaling up community involvement there is a commitment to mobilize energy and voluntarism in a manner that is difficult for formal health services to match, and to achieve results in groups that formal services struggle to reach. Health ministries will therefore need to create an enabling environment for community involvement, facilitate the emergence of local NGOs and CBOs and provide funding to initiate and facilitate efforts in underserved areas. However, such support should not detract from the independence and vibrancy of community involvement and there should be space for advocacy, which might coincide with or confront government efforts and also challenge other sectors to be supportive.

72. Innovative concepts on how buy-in by communities can be enhanced need to be employed. An example of this could be selling a stake of the health system, by outsourcing an income generating and self sustaining part of the system to communities, such that this results in a mutually beneficial relationship between the health system and the community it serves. Support and ancillary services in a health system lend themselves particularly well to this concept.

73. Countries should design and implement a plan for achieving health literacy and community empowerment to realise the full benefit that this offers for health

74. As situations vary from country to country, there is no single way of enabling community involvement. Each country should consider their local situation and incorporate a deliverable approach to community involvement in their counties health plan. The details may be different, but the aim is common to all countries: to reach all sectors of society, especially the poorest and most marginalized, in a sustained programme of social mobilization in support of health.

Each country should plan their framework for community participation in the health system and create an enabling environment for this to take place.

Countries should design and implement a plan for achieving health literacy and community empowerment to realise the full benefit that this offers for health.

4.1.4b Strengthening Partnerships

75. There is generally unsystematic and uncoordinated partnership between donor and recipient countries resulting in conflicting focus in programme implementation. Countries need to establish organisational structures that ensure a single entry and review point for engaging with donors. Successful implementation of the Africa Health Strategy will take more than defining the role and responsibilities of all contributors.

76. Relationships based on government stewardship and mutual respect between government and its partners must be strengthened to ensure coordinated action aimed at strengthening health systems.

77. Ministries of Health must facilitate an environment that will deepen partnerships in health. Regional economic communities should build partnerships between countries and others.

78. As part of the global community, because they add value and because Africa does not have the fiscal space and is short of capacity in some areas, Multilaterals, Donors and Global Health Initiatives offer valuable support. However, donors should harmonise their efforts and work towards longer term dependable funding of the sector, while Health Ministers are committed to consultation, establishment of donor forums and ensuring good corporate governance. Foundations should continue to play a strategic role, moving rapidly and creatively to inspire new initiatives and learning. Multinational consulting and technical institutions should ensure that they are committed to building African capacity and not maintaining dependency.

79. Multilaterals, which are predominantly in the United Nations system, play an important normative, developmental and technical role. Their expert views should continue to inform developments. All should be cognisant that that they are using funds which might otherwise have gone to countries and look carefully at their responsive to country accountability and the proportion of funds that are expended downstream.

80. The AU and its organs as well as RECs are urged to:
- a. strengthen south-south and North-South collaboration;
 - b. north-south collaboration;
 - c. work with donor partners to ensure that resources are mobilized to contribute to the attainment of the goals of this Strategy.

Innovative and effective partnerships are envisaged between government and health development stakeholders, anchored on mutual respect, leading to a harmonised and co-ordinated effort and a seamless health service for clients. Ministries of Health will provide an enabling framework for development partners to play their role.

4.1.5 Health Information and Research

81. Countries have been developing their essential national health research plans and their health information systems. Too often the latter is unsettled by the pressures to separately collect data on specific health challenges leading to a fragmented system. These need to be merged to in order to have an appropriate health information system made up of locally generated and collected accurate data suitable to monitor progress, inform decision making and assure quality in the delivery of health care. The systems need to be readily accessible, user friendly and capable of synthesising data for use at any level of the health system (policy, planning, implementation, monitoring and evaluation), an imperative for running an effective and efficient health system. The information system should be simple and efficient so as to flow smoothly with the provision of care.

82. Health information systems should be strengthened to guide and support decision-making at all levels. A standard package of information should be collected to monitor and evaluate health system performance. The district or hospital information systems should provide a framework of information for monitoring progress, identifying where interventions are required and evaluating success. The routine data will need to be supplemented by other information, such as from surveys.

83. Health Research provides the evidence for policy- and decision-makers at all levels to make efficient and effective decisions. This was reinforced and detailed direction on Health Research provided in the reports of the Abuja and Accra High Level Ministerial Meetings on Health Research. The content of research is critical and needs to go beyond determining prevalence to explore what social and psychological factors are behind health choices, and what factors lead to success of interventions.

84. The African continent must have locally driven and financed research which generates information to inform policy and plans. Empowerment of local researchers and resource allocation for research are critical factors for development of innovative approaches and interventions, which are sensitive to the peculiarities of Africa. Research in general, and operational health systems research specifically, is a necessity for improving health system performance. In consequence, countries should allocate at least 2% of national health expenditure and 5% of project and

programme aid for research. They should establish or strengthen national health research systems and establish platforms for research to be presented so that it can indeed influence health policy and practice.

85. Multi-country collaborations will help to determine whether factors are specific to a country or locality or are broader predictors and determinants for a region or the continent.

Countries should develop a simple, timely health information system that is suitable to monitor progress, inform decision making and assure quality in the delivery of health care.

Countries should allocate at least 2% of national health expenditure and 5% of project and programme aid for research. They should determine what their essential national health research needs are and establish platforms for such research to flourish.

4.1.5a Surveillance, Emergency Preparedness and Response

86. Member States and regional economic communities need to formulate, strengthen and periodically review their Surveillance and Emergency Preparedness plans.

87. Each country should have a community based, clinic and district hospital mechanism of monitoring and rapid reporting in place, which will ensure that outbreaks are identified and acted upon up the line as appropriate at the district, regional and national and continental levels. The response should be based on clinical suspicion followed by laboratory confirmation as quickly as possible. Countries should promptly call in expert support and pooled supplies, but their response should already be activated based on a national plan that incorporates operational details.

Ongoing surveillance of both diseases and vectors will be the basis of a high level of vigilance for outbreaks so that they are identified and acted upon early within a national plan, responses being based initially on clinical suspicion followed rapidly by laboratory confirmation.

4.2 Integrated Approach and Linkages

88. Each country, based on its specific circumstances, needs to define, cost and implement a basic health care package that address the major part of its disease burden through appropriate interventions using an integrated approach. The interventions would take care of the priority health problems both communicable and non-communicable disease and conditions, including neglected diseases, injuries and trauma.

89. The interventions should be comprehensive addressing promotion, prevention, treatment and care, support and rehabilitation as may be required. The health sector

needs to strengthen inter-sectoral collaboration to address other determinants of health.

90. AU Member States should fast track the implementation of the declarations, plans of action, strategies and policy frameworks that have already been adopted by the African Union in order to accelerate progress towards the attainment of MDGs.

91. The health system should mainstream gender into health policy, seek elimination of all forms of violence against women. It should promote helpful traditional practices and act against harmful ones, including female genital mutilation, which should be prohibited by law. A wider women's health programme should be institutionalised including broad coverage of family planning (repositioned into wider reproductive health programmes), sexually transmitted infection care, prevention of reproductive cancers - including human papilloma virus vaccination -infertility treatment, menopause programmes. Amongst other factors, recognising the morbidity and mortality from unsafe abortions, safe abortion services should be included, as far as the law allows. The right of women to manage their own health and health seeking behaviour should be advocated. This should be built on a gender and sexuality education programme and youth and women friendly services, with a specific focus on reducing teenage pregnancies and sexually related disease. The role of men, both as supporters and recipients of SRH services is imperative to develop.

There must be a focus on the key health challenges faced, but delivered within an integrated health system. A summary of the best practices for promotion, prevention, care and rehabilitation for each of these challenge, as elucidated in summary in this Strategy will be incorporated into country health plans in response to local circumstances. Universal access is the rallying point of the response to all health challenges.

4.3 Socio-economic and political context of health

92. Measures that reduce poverty, particularly for the poorest and most marginalised people of Africa, must be at the forefront of health interventions, while health interventions must be at the forefront of any poverty reduction strategy (PRS).

93. As health is influenced by interventions in many other sectors, a multi-sectoral approach is a cornerstone of any Health Strategy. Thus, the African Health Strategy recognizes and supports African commitments to address broader issues that are undermining health, including poverty, marginalisation and displacement, poor governance, socio-political instability, economic underdevelopment, lack of infrastructure (energy, transport, water and sanitation), low educational levels, agricultural vulnerability, environmental degradation and gender inequality. The health sector will continuously engage with these other sectors to encourage decisions and actions that give the best return for health.

Ministers of Health will seek to participate in their countries poverty reduction strategy and economic empowerment processes to encourage health promoting options and development for the poorest and most marginalised people and will engage with other sectors to promote decisions and actions that work in favour of health.

5. Monitoring and Evaluation

94. Monitoring and evaluation of performance of the health system depends on the generation and use of sound data on health system inputs, processes, outputs and outcomes. The Health programmes must be responding to health problems. Countries must ensure that the data collected is accurate as it will indicate both the performance of the system as well as the relevance of the programmes to health problems. The adequacy of a monitoring and evaluation system may be assessed by the regularity, completeness and quality of reports.

95. While morbidity and mortality trends are important, the importance of health service operations monitoring should not be overlooked. Process and output data is particularly important. Surveys, including before and after intervention studies should be built in as part of the M&E system, as should qualitative perspectives, such as by community committees at clinics and hospitals and from focus group discussion. An ethos of using M&E to build a better health service, rather than a perspective of it as a policing tool should be nurtured and is likely to enhance the results.

96. Periodic reviews should be held at the regional and continental levels. This will help to share best practices, more effectively address obstacles, strengthen a partnership approach and accelerate progress in the implementation of this Health Strategy.

97. Quality Assurance should be an integral part in health programme implementation at all levels.

98. The African continent must agree on what areas to monitor and evaluate to assess progress in health; thus common indicators must be agreed upon and developed. For this to happen, common data sets will have to be designed. This will necessitate collection of common data across the continent, using the same design and methodologies, in order for scientifically sound analyses and comparisons to be made. Efforts should be concentrated on the improvement of the vital statistics registration systems, epidemiological surveillance, morbidity and mortality registration and resource management information systems.

6. Way forward

99. The Commission will print and disseminate the Strategy widely to all Member States, partners and all stakeholders.

100. RECs and Member States should build their capacity for implementation of this strategy, as they will have to review their Health Plans to incorporate the essential elements from the Africa Health Strategy. The human resources of the AU

Commission will need to be enhanced to ensure that its role in the implementation of this Strategy is not compromised.

Role of Stakeholders

(a) The African Union

101. The African Union will, among other things, undertake advocacy, resources mobilisation, monitoring and evaluation, and dissemination of best practices and harmonise of policies and strategies at continental level for the implementation of this Strategy. In this regards the Commission will require to develop a costed implementation plan.

(b) Regional Economic Communities

102. Regional Economic Communities will, among other things, provide technical support to Member countries including training in the area of health systems strengthening, advocate for increased resources for health systems strengthening, harmonise the implementation of national Action Plans, monitor progress, identify and share best practices.

(c) Member States

103. Member States will review their Health Plans and will address issues of accountability within the health sector. They will also put in place advocacy, resource mobilisation and budgetary provision as a demonstration of ownership. They will also undertake monitoring and evaluation at country level and report to the RECs and AU Commission. They will also ensure participation of civil society and the private sector in national health programs and create a conducive environment for this to happen. Member states will also harmonise their policies and strategies to ensure coherence.

(d) Partners

104. In line with the Paris principle multi-lateral and bi-lateral organizations, international and national civil society organizations and other development partners will align their financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the Africa Health Strategy.

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