THE NEW PARTNERSHIP FOR AFRICA'S DEVELOPMENT (NEPAD)

HEALTH STRATEGY

INITIAL PROGRAMME OF ACTION

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The NEPAD Health Strategy was adopted at the first African Union Conference of Health Ministers held in Tripoli in April 2003 and by the African Union in Maputo in July 2003. The health strategy is a medium-term one based on the recognition of what is required to sustainably tackle the huge burden of avoidable disease, death and disability in Africa. The health strategy recognises the broader socio-economic and political factors that are at the root of much ill health on the continent and emphasises the broad contribution of NEPAD to improving health. The strategy further identifies the specific actions that need to be undertaken by the health sector. These are elucidated in the strategy, but in summary they are to:

1. Strengthen commitment, enable stewardship and harness a multi-sectoral effort

2. Secure health systems and build evidence based practice

3. Scale up disease control

4. Reduce conditions associated with pregnancy and childbirth

5. Empower people to improve their health

6. Mobilise sufficient sustainable resources

Its medium-term programme is what NEPAD will advocate for and support. At the same time, NEPAD recognises that an appropriate initial programme, comprising a set of actions and projects is needed to set the path for the medium term and to lay the foundation for success. This initial programme of action is outlined in this document. It is not intended as a list from which to make selective choices, but rather as a composite set that needs to be actioned concurrently. As the strategy unfolds further elements will be added to this programme. NEPAD expects equity, in particular for the poor, displaced and marginalized, to be a central focus of every programme of action tied to its strategy.

The identification of programmes emerged through the same consultation process that the health strategy followed. Once the list of projects had been approved at the First Conference of African Health Ministers held in Tripoli in May (later adopted by the African Union in Maputo in July), NEPAD approached its partners, especially WHO Afro and regional NGOs to work with it in preparing more detailed project briefs. These briefs provide a justification for the project, set objectives and targets, present a strategy, action plan, budget and monitoring and evaluation framework, and outline the approach to co-ordination and facilitation. Although the briefs are still being refined, it is estimated that this initial programme of action will cost approximately US$2 billion a year to implement.

The question might be asked, why such a diverse range of programmes in the initial programme of action? The reason ties in with the overall health strategy. If NEPAD is serious about achieving its health vision, goals, objectives and targets, then it requires a strategy commensurate with doing so and an initial programme of action that sets it firmly on the path of success. This programme must simultaneously strengthen and scale up stewardship, health systems, disease control, community involvement and funding. The odd project or intervention will not do this; hence thebroad based set of projects. This comprehensive, rather than patchy approach to developing health systems and tackling the huge burden of disease is one of the unique features of this strategy.

As core responsibility for implementation of NEPAD strategies lies with countries, (and where it requires a regional focus, with regional economic communities,) the expectation is that countries will take the lead in implementing the strategy and this initial programme of action, and incorporate these developments in into national health plans. It is also the responsibility of governments to popularise the health strategy in their countries and ensure that information about it flows within the public, NGO and private health sectors. Without countries taking ownership of NEPAD, the strategy will fail and the personal commitment of Heads of State will be a hollow one.

NEPAD recognises that programmes do not emerge organically and that facilitation is required. Thus, for each of the programmes there will be a NEPAD partner (or partners) as a lead agency responsible for coordinating and supporting the effort towards implementation of each programme of action on the continent. This could, according to their comparative advantage, be the African branch of a UN agency (e.g WHO), an African institution (e.g. training, research), a regional non-governmental organisation or other partner that meets the general NEPAD criteria to be implementation partners. WHO Afro, with its capacity at its head office and its country offices is considered ideally placed to and has already provided essential technical support to the core NEPAD Health function and it is envisaged that this will continue.

NEPAD itself is not an implementation agency. Its role is to develop strategies and programmes and to facilitate, create focus and energy and to leverage, arising from its African determined and driven strategy. With countries and RECs it will take responsibility for performance against the plans. Monitoring and evaluation of progress and adjusting the strategy and actions, including proposing health development projects that are crucial for regional integration is also part of the role of the Secretariat. NEPAD will also support securing financial and other resource commitments from both African countries and development partners. NEPAD already has ongoing engagement with the G8, European Union and other international development partners and foundations. Initial donor mobilisation has been done for health and this will now be applied to the initial programme of action.

Countries can choose whether to participate in the initial programme of action. They of course may source their own funding for implementing the programme of action in their country. NEPAD plans to seek development partner funding, based on expressions of commitment from the G8 and other donor countries and from international foundations and other donor agencies. In terms of funding that NEPAD generates, it is not envisaged that such funds would go to NEPAD. Rather, they would flow to the NEPAD development partner, who would then address contracts with countries, or to the countries directly.

1. STRENGTHEN COMMITMENT, ENABLE STEWARDSHIP AND HARNESS A MULTI-SECTORAL EFFORT

1.1 Create a NEPAD Presidential Advocacy for Health Group to mobilise commitment from Africa and from development partners to the NEPAD health strategy

The initial developmental documents by the founding presidents for NEPAD emphasised the severity of the health burden facing Africa and its impact on development, in particular of HIV/AIDS, Tuberculosis and Malaria. NEPAD has retained its strong focus on health issues since then. Yet, NEPAD has been criticised for not placing health and in particular HIV/AIDS high enough on its agenda. There is also concern that continental and international mobilisation on health from the continent has not been strong enough. It has been suggested that even subsequent to the Abuja Declarations on Malaria and on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases by Africa's Heads of State, health has not played a central role on the continent, nor in its engagement with development partners. One can debate whether this is a fair critique or one that fails to recognise the attention given by many Heads of State to health issues. However, what is not in doubt is the need for consistent visible evidence of NEPAD's commitment to health and its recognition of the detrimental effect that the health burden has on the continent's development.

A key contribution to the health commitment of NEPAD will come from the establishment of a Presidential Advocacy for Health Group. These Heads of state would play a central role in mobilising commitment from the AU, RECs, individual countries and development partners. The special knowledge and insight they will develop on the health issues and challenges will position them well to advocate for health and health system development amongst fellow Heads of State. They will also engage development partners on the contributions they can make, steering them to support this African determined and driven strategy and towards a scale of support that can make a real difference. They voice of the Presidential Advocacy for Health Group and the positions of the NEPAD health strategy, will be heard on international and national platforms and there will be active responses to international developments.

1.2 Establish a health system observatory programme to provide the capacity to monitor and evaluate progress towards achieving this strategy, including reporting to the NEPAD Heads of State

A striking feature in assessing progress in health systems in Africa is the lack of current information provided in a digestible fashion to enable effective monitoring and evaluation. This has led to a continuation of the use of outdated information and to clichéd critiques of health system development in Africa that may not reflect the reality. Although African Heads of State committed their countries to spending 15% of public expenditure on health, there is no ready source to establish whether or not this is happening on the continent. This, and other country information gaps, impedes recognition of progress and loses leverage for the health sector to present itself as a credible vehicle for investment, that will not only improve health but also advance social and economic development.

The establishment of an African Health System Observatory would close this gap. The observatory would not be structured to simply provide neutral country descriptions, but also to offer an analytic framework that explores health system progress, including against the NEPAD health strategy, at the country and the regional economic community level. The observatory will in this way also support the work of the NEPAD African Peer Review mechanism. But, its main value would be to help countries track their progress and benchmark themselves against other countries on the continent.

1.3 Institutionalise the preparation of National Health Accounts as a tool to determine financial flows to the health sector

National health accounts are recognised as the most valuable tool to assist countries in addressing the challenge of health sector financing. It allows countries to make wise choices and to identify inefficiencies and inequities in resource allocation and utilisation. Yet, to date only 12 countries have undertaken the preparation of national health accounts. This is seen to be due to limited awareness of their importance, and a lack of technical capacity and financial resources to collect the data required.

This programme aims to institutionalise national health account's tools in African health systems, including the establishment of national health accounts units in government institutions. It will also strengthen institutional capacity in Africa outside of government to support national health accounts work. National health accounts should not be seen in isolation, but should be linked to medium-term expenditure frameworks and international financing and health systems development strategies.

1.4 Reach an international agreement on migration especially with regard to ethical recruitment of health personnel from Africa, while putting in place mechanisms to address the adverse conditions of service for health professionals

While it is true that highly skilled health professionals will continue to migrate out and within the African region, it is the rate at which this is happening that has reached crisis proportions. It is estimated that 23 000 health professionals emigrate annually. Health is a labour intensive, skill dependent sector, and Africa will never be able to establish an effective health system if it continues to bleed its professionals so profusely. Countries are not simply losing the economic investment they have made in training these health workers; their loss leads to an increase in the burden of disease, which then impedes the social and economic development of the country.

This programme aims to engage countries, regional communities, international organisations and developed countries to commit themselves to contributing to the reversal of the high levels of brain drain. This includes reaching an international agreement on migration to achieve an ethical approach to the recruitment of health personnel from Africa. At the same time it will explore and support putting in place mechanisms to address the adverse conditions of service for health personnel and to enhance other motivation and retention strategies.

2. SECURING HEALTH SYSTEMS AND BUILDING EVIDENCE BASED PRACTICE

2.1 Strengthen the technical capacity for policy making and budget linked planning in Ministries of Health

The performance of a country's health system against the resources available is in no small measure attributable to the performance of the Ministry of Health. To be effective, Ministries need sufficient technical capacity for policymaking and for steering system and service development. They must have the capacity to bridge the policy to implementation gap. Capacity must cover the public and private sector, communicable and non-communicable disease, health systems operations and monitoring and evaluation, hospitals and districts and primary health care and community involvement. It should also cover human, financial and material resource management. The reality is that many ministries lack this depth of capacity and struggle to retain skilled staff.

The aim of this programme is to support the strengthening of technical capacity for policy-making and budget linked planning in ministries of health. The capacity required will be identified and a plan for strengthening developed and implemented. Specific emphasis will be placed on measures to retain skilled staff, and to building in-country capacity. Too often country's are too

dependent on outside advisors, who do not adequately understand local circumstances and tend to come and go.

There are a number of specialised areas in which it will be difficult to build adequate capacity in every country and for which it is not cost-effective to do so, but which could be suitably provided for at the regional economic community (REC) level. The unique advantage of RECs is that they cluster adjacent countries that often face similar challenges and have an established process of working together. This project will therefore identify those areas of policy that could be effectively supported by a regionally determined framework, which could then be adapted to country situations. It will support the process of establishing effective health desks in the RECs.

2.2 Launch a sustainable health systems programme including the following elements:

2.2.1 Operationalise effective local health systems through establishing demonstration districts in all countries that can test delivery strategies and provide a model for replication

Efforts to reduce the heavy burden of disease in Africa are substantively dependent on the effectiveness of local health systems to deliver accessible quality care to their communities. In the face of declining economies and increased poverty and other factors much progress in local health systems has been reversed, but efforts are underway to redress this. There are a number of measures that have been well proven to be effective, but many have not been widely implemented. It is currently estimated that only 53% of Africans have reasonable access to health services but even for them, their local services are not necessarily effective.

The aim of this programme is to work on developing at least three fully effective health districts per country to serve as demonstration districts. Here, international approaches can be adapted to the local country situations and delivery strategies can be tested. These loci can then be used as building blocks and training sites for further national development. A number of steps will be implemented simultaneously, consequent on an assessment of the current functional impediments in local health systems. These steps include infrastructure planning and development, capacity strengthening for management, implementation of sustainable funding mechanisms, strengthening human resource capacity, increasing local accountability and community participation and empowerment. Capacity to support these developments at provincial and national level will also be developed.

2.2.2 Create a fund to support innovations in health systems and the sharing of successful new approaches to encourage new developments and evidence based practice

One of the great difficulties in a financially stretched health system is to find funding to support innovation. Yet, there is need for and evidence of a pool of excellent ideas for enabling a wide range of new developments to enhance the effectiveness of health systems. Yet, many of these ideas do not emerge, as there are not ready mechanisms for their proponents to get support for, test and develop working examples of innovations. Too often, systems stagnate and do not explore new opportunities. In the private sector, this could lead to bankruptcy, in the public sector it can lead to stagnation and ineffectiveness

The aim of this fund is to provide hump funding to enable new ideas to be tried out, to encourage new developments and evidence-based practice, and to enable these to be shared within and across countries. The innovations supported will cover a wide range of areas, from community involvement, to drug delivery systems, to use of mid-level workers, to public-private partnerships and to the development of new styles and capabilities of management. Alternative innovative models will also be encouraged for the delivery of disease-specific programmes and their integration into the health system.

2.2.3 Provide rural clinics with the infrastructure required for effective operation, starting with tele, radio or satellite communication to reduce isolation and enable calls for emergency assistance

One of the features that most impedes the effective operation of peripheral health systems is their lack of basic infrastructure. Amongst the most debilitating and demoralising for health staff is the lack of effective communication. This leaves them isolated, unable to seek advice or to call for emergency assistance. The despair that rural health workers feel when they watch patients with an emergency condition, such as obstructed labour die unnecessarily is one of the greatest stresses facing rural health workers.

NEPAD is committed to improving telecommunication and information technology across the continent. This programme seeks to ensure that all health centres and clinics have a reliable means of tele, radio or satellite communication with at least their district hospital. This communication system can also supplement supervisory visits to the clinic by enabling continuing education and support and allowing supply systems to become more effective.

2.2.4 Test new models for drug supply to rural clinics and hospitals to overcome supply system problems

Supply system problems continue to plague health systems in Africa, the most devastating of which is the failure of drug supplies to regularly reach rural clinics and hospitals. Affordable drug prices and new drug developments will come to nought if they cannot reach those who need them.

This programme seeks to develop measures to control leakage from the system and to secure distribution, including effective stock control and transport. As even refrigerated goods regularly reach village stores, the possibility of contracting in private distributors is one consideration - the drug needs of a clinic would hardly add to the load in their vehicles. However, there are many challenges in developing this and other options. The purpose of this programme is to test out new models for drug supply, to ensure and secure a reliable system.

2.2.5 Strengthen and increase capacity of training programmes for multipurpose clinic staff

For health systems to provide effective care, clinic staff needs to be competent across the range of basic health conditions that present to them. Yet, the reality is often different, and so conditions that could be readily identified and treated, or for which early referral could be effective are missed or inappropriately cared for, and opportunities for prevention of disease are lost. The realities of the number of staff in at a service point and the recognition of the value of comprehensive primary health care means that staff should not be selectively trained to only fill a narrow function.

The aim of this programme is to provide continuing education and development, particularly for staff that have displayed a commitment to staying and providing health care for the poor and the marginalised, and to build the capacity required to provide such training. New approaches to training and new methods of providing it that minimise its impact on service delivery will be developed. Adult learning methods will be the core pedagogy. The programme will be aimed at both professional and mid-level health workers.

2.3 Increase the capacity for public health training in Africa, so that the required cadre can be cost-effectively achieved

Given the lack of capacity development on the continent it is not surprising that capacity for public health training in Africa has remained limited, while dependence on expensive international training has continued. Africa does not have the public health capacity required to effectively build health systems or address the burdens of disease, or the institutional training capacity to provide the necessary training.

The development of Centres of Excellence and Networks in Africa are key components of the general NEPAD strategy. This programme aims to strengthen public health capacity at identified public health schools and institutions across the continent and enable networking between institutions and professionals, who currently often network with their counterparts in the developed world, but not with their colleagues in Africa. It will also establish and maintain an inventory of public health education capacity in Africa, enable standardisation and accreditation of training institutions and encourage innovative methods of training and the use of technology supported learning. The programme will enable institutions to partner more collaboratively with counterparts in the developed world as they continue to offer what will become more focussed contributions that leverage their unique abilities, while building more cost-effective capacity on the continent.

2.4 Increase funding for operations and health systems research, including community based interventions, to strengthen the evidence base for public health decisions and to enable health research to become integral to the health system

Evidence-based public health practice and the information deriving from operations and health systems research are playing an increasingly important role in the development of effective and efficient health systems. Yet, in Africa the evidence-base remains thin and health systems research often limited and marginalised.

The purpose of this programme is to increase the recognition of the value that health systems research has for health systems, and to enable it to become an integral functioning part of the health system in countries. This will include building capacity to analyse evidence and undertake health systems research, support development of national plans for prioritising areas for research, and establishing mechanisms for research findings to reach policy makers and influence practice.

2.4.1 Build capacity in Africa for health research relevant to the challenges and needs of the continent and its health systems

While the value of health research is constantly emphasised, the capacity of African researchers and research institutions remain inadequate to support this. They are inadequately co-ordinated and too fragmented, often struggle for sustainable funding and are impeded by poor information technology and inadequate human resources and skills.

The aim of this programme is to develop a plan for the strengthening of national health research capacity and to support its implementation. As capacity is built, it will be critical to paying attention to retaining that capacity in Africa, through assuring ability to access funding for relevant research, with African institutions as the lead agencies. A key element will be training programmes that build capacity specifically required by countries to improve their health systems.

2.5 Support the capacity for local production of essential drugs, including anti-retrovirals so as to make drugs more affordable

Africa remains far too dependent on importation of essential drugs. This has added to making decent health care provision unaffordable. The high cost of anti-retroviral drugs, so urgently needed in the face of the HIV/AIDS crisis is a case in point. There needs to be less dependency on the multinational pharmaceutical industry, who continue to indicate that they cannot make their drugs more affordable, while at the same time continuing to post record profits. Besides the potential for lower cost drugs, there are also the benefits of industrial development.

The aim of this programme is to ensure capacity in each of the regions in Africa to locally produce high quality essential drugs. The establishment of this alternative capacity is also likely to have a wider impact on overall pricing of drugs and the ability to more effectively use the opportunities to be exempt from international trade and patent agreements in the case of national emergencies.

2.6 Advocate and leverage support for development of the new drugs and vaccines needed by Africa

So near yet so far is a reality regarding many new drugs and vaccines needed for the health problems of Africa, as a lack of research funding and potential profit stifle efforts. There have been some positive developments recently, but these need to be built on to bring the needed new drugs and vaccines to Africa's people.

This programme seeks to mobilise support for urgent effort for the new drugs needed in Africa, such as for sleeping sickness, leishmaniasis and malaria, It also seeks to encourage the development of vaccines against the strains of bacteria causing pneumonia and meningitis in Africa and viruses causing gastro-enteritis. The capacity of the international pharmaceutical industry needs to be brought to bear on these challenges, and government support on the continent and internationally is required to achieve an enabling environment for this. This programme seeks to advocate for and leverage such support.

2.7 Establish reference laboratories in each of the regions in Africa to support disease control and drug resistance surveillance and provide training

The lack of disease and health system surveillance capacity continues to undermine disease control and health service development efforts. Such surveillance is in no small measure dependant on good laboratory capacity, starting with simple tests and backed up by national and reference laboratories capable of evaluating quality, doing complex tests and testing for drug resistance.

Although the building blocks are in place in Africa then need substantial strengthening and cementing together into a regional network, which is what this programme seeks to do. The aim is to ensure at least one reference laboratory in each of the regions in Africa and to provide the support and training necessary for their effective performance. The development of such institutional capacity in Africa is directly in line with NEPAD's strategy in this regard.

3. SCALE UP DISEASE CONTROL

Proactively provide support for programmes against the major burdens of disease whose practice should coincide with the approach in the strategy and enable them to deliver at scale and to build the capacity required:

The intention is that these programmes do not operate simply as separate vertical programmes, but provide focussed emphasis on critical priorities within a comprehensive health systems development approach.

3.1.1 Enhance prevention / promotion related HIV programmes in particular peer education programmes for vulnerable groups and those targeting youth

HIV/AIDS not only threatens health, social and economic development on the continent today, but also poses the greatest threat to the continent's future. A critical element of the fight against HIV/AIDS is to prevent new infections. Currently more than 3 million people are newly infected each year. Much has been learnt about the gap between knowledge and behaviour change and about the kind of programmes required to effectively impact on the rate of new infections.

The purpose of this programme is to specifically increase the capacity for effective prevention and promotion programmes for vulnerable groups and youth, and in particular to expand the capacity for peer education and the use of appropriate role models. There are a number of successes on the continent whose experience needs to be shared more widely and whose strategies need to be tested and adapted for use in a wiser range of countries.

3.1.2 Advocate for and support the provision of affordable anti-retroviral therapy (ART) and treatment of opportunistic infections in persons living with HIV/AIDS

The NEPAD health strategy from its inception has advocated for the use of anti-retrovirals, based on the assessment that this is a critical component of what is required to offset the huge impact the disease is having on families,

communities, societies and economies. Recent developments have made this even more possible, but there is still a gap between the emerging policy shift towards such provision and the effective operationalisation of this decision. Although there are many impediments to effective expansion in Africa that need to be addressed, the continent cannot develop if more than 2 million people a year continue to die of AIDS – and there is also a very human imperative to care.

This programme will advocate for affordability in the price of anti-retrovirals and drugs for the treatment of opportunistic infections, and for their wide provision across the continent. It will develop mechanisms to support their effective use within the health system, a challenge not to be underestimated. This must be tied to use of innovative methods for supervision and care of therapy and appropriate timing of its introduction. The aim is to facilitate the incorporation of ART into health systems in a manner that does not cause a burden that collapses other elements of the service.

3.1.3 Support the expansion of services for voluntary counselling and testing

The introduction of anti-retroviral therapy can only be effective if people know their status. Yet, less than 5% of the 40 million Africans living with HIV are aware that they are infected. Lack of the possibility of receiving ARVs might be one factor for this low figure, but the determining reasons are around community recognition of the value of awareness, fear and stigma and the lack of accessible voluntary counselling and testing (VCT) services.

This programme seeks to support the expansion of services for voluntary counselling and testing of HIV status. This will start with community awareness and mobilisation and strong efforts to de-stigmatise HIV. VCT sites will be upgraded, to ensure that the service is effective, and their number increased in the periphery and in poor areas. Measures taken will include appropriate training of lay health workers and professional staff in counselling, and in providing an empathetic and supportive environment. It will also involve distribution and training in the use of rapid tests, together with backup to ensure accuracy of diagnosis.

3.1.4 Support the scaling-up of interventions for the prevention and treatment of sexually transmitted infections (STIs)

It is well known that measures for the prevention of HIV/AIDS are also effective for the prevention of sexually transmitted infections (STIs). However, what is less well recognised is the much greater risk of transmission of HIV, in particular in women, in the presence of an STI and the gaps in providing accessible, effective care for STIs. It is therefore, not only the health risks of STIs but also the dramatically increased risk of HIV that makes this a service that is emphasised for scaling up.

The aim of this programme is to support the scaling up of interventions for the prevention and treatment of STIs. Both the public and private sector have been shown to be weak in modern clinical management and the use of appropriate drugs. The programme will broaden the use of evidence based practice and syndromic care, blended with a caring response from health workers. The learning here can be expanded to other services requiring enhanced clinical acumen and caring and thereby support health system strengthening.

3.2.1 Support the implementation of initiatives that increase access to and improve the quality of TB DOTS services such as community based DOTS, collaborative TB/HIV/AIDS activities and public-private partnerships

Tuberculosis (TB) has long been a major burden of disease in Africa, but has worsened dramatically as a consequence of the HIV/AIDS epidemic. More than half a million people die of TB annually. Delayed diagnosis and incomplete treatment add not only to individual risk, but also to community risk and to the emergence of drug-resistant strains of tuberculosis. It is therefore imperative to ensure that TB patients are identified early and then are enabled to adhere to and complete their therapy. The directly observed treatment short course (DOTS) strategy has been proven as an effective way of achieving this, yet only 44% of people have access to such care and even less are successfully treated.

It is the intention of this programme to strengthen access to and quality of DOTS services. The programme will address each of the steps in the process to ensure that the system functions well. DOTS requires a partnership between the patient, the health service and a supervisor / treatment supporter in the community, at school or at work, which ties to the broad goal of enhancing community involvement in health. The bond that develops between these supporters and the patient and the sharing of a mutual responsibility is what strengthens adherence.

As more than half the new cases of tuberculosis in many countries are in HIV-positive people, the programme will address the urgent need to pool resources, experience and services of the two programmes and integrate them into the close-to-client health system.

3.2.2 Develop regional strategies to mobilise human and financial resources for tuberculosis (TB) control activities, and to ensure uninterrupted supply of affordable quality anti-TB drugs in all countries

The responsibility for ongoing care of tuberculosis patients will and should lie with multi-purpose clinic workers. However, for them to fulfil this task effectively they require skilled support from a designated and trained local expert at the district level, and an uninterrupted supply of good quality anti-

tuberculosis drugs. Problems in both these areas have impeded tuberculosis control activities.

Ensuring drug availability at the periphery and capacity building amongst close-to-client staff, together with strengthening preventive and early treatment seeking behaviour are the focus of this programme. New models of achieving these and adapting them to local circumstances need to developed, which in turn will inform the strengthening of other chronic care and communicable disease control programmes in districts.

3.3 Facilitate mechanisms for financing, procurement and distribution of effective malaria control interventions, such as use of artemisinin derivatives, insecticide treated nets and insecticides, so that they reach vulnerable populations

Amongst the key reasons for the resurgence of malaria across Africa is the lack of effective personal protection in the face of increased vector prevalence and the use of drugs which are no longer effective, as resistance to them has developed widely. Insecticide treated nets and prudent insecticide use (which also benefit the prevention of lymphatic filariasis) and adding artemisinin derivatives to essential drugs lists are proven effective interventions. Yet, less than 2% of those at risk receive prevention and less than 27% effective care.

This programme aims at mobilising the health system, communities and the local private sector to work collaboratively to ensure that these services reach vulnerable populations. It will support innovative approaches to overcoming a number of factors that have impeded the potential of nets, including their high cost, effective distribution and in particular, their retreatment. Social mobilisation is an essential part of this, which systems can simultaneously be applied to other important diseases. The programme will also seek to establish artemisinin on essential drugs lists, increase the volume of their use and aim to bring the price down. Its distribution needs to be tied to the broad programme to improve the drug supply chain.

3.4.1 Include Integrated Management of Childhood Illness (IMCI) implementation in all district health plans.

There is much to be done if the Millennium Development Goal of a $^{2}/_{3}$ reduction in under-five mortality by 2015 is to be achieved. 161 out of every 1000 children born in Africa die before their fifth birthday. Although IMCI has proven its worth as a key intervention and significant progress has been made in its implementation, there remains an urgent need for its strengthening and scaling up. Countries need to move purposefully beyond pilot sites into the expansion and then to the acceleration phases and reach into all districts of the country.

This programme will focus on addressing the constraints hindering implementation, particularly at the district level. It will involve strengthening

district IMCI planning and community and family involvement. This in turn will act as an entry point and a catalyst to strengthen both of these features in the health system, as well as the clinical capability of staff and their understanding of community based practice and effective health promotion measures. The IMCI component strengthening quality of care at the referral level will also support the goal of strengthening district hospitals. To support the programme further, the IMCI guidelines will be simplified and tools and guides adapted to be country-specific. National capacity to support the programme will be strengthened.

3.4.2 Advocate and support inclusion of IMCI into pre-service training of health workers towards achieving sustainability in capacity.

A concern has been raised about the ability of educational programmes in medical, para-medical and nursing schools on the continent to ensure that their training is in line with the latest developments in the prevention and treatment of the major burdens of disease. The limited number of staff, who often have multiple subject responsibilities, makes it difficult for them to keep abreast of the various fields. But, it is only if our educators are constantly going forward, that graduates will continually improve.

As it is imperative for newly qualified health workers to emerge with practical up-to-date skills, this programme will expand the initiative to provide skills to educators and support to training institutions across the continent on IMCI. The programme will act as a lever for creating mechanisms for ensuring the current relevance and accuracy of education across the spectrum of Africa's burden of disease, and encourage teachers to recognise the need for their own academic continuing development. It will show them ways in which this can be achieved, including through the use of information technology.

3.5.1 Advocate and support trypanosomiasis elimination through revival of case detection and treatment, improved surveillance and targeted vector control.

There has been a resurgence of human African Trypanosomiasis (sleeping sickness) in sub-Saharan Africa and of the Tsetse fly that transmits it. There are 250 foci in 36 sub-Saharan countries affected by the disease, which ½ million people are carrying and which is 100% fatal if untreated. There is no reason why the burden of Trypanosomiasis cannot be removed from Africa by a scaled up, committed effort.

The aim of this programme is to implement the Pan-African Tsetse and Trypanosomiasis eradication campaign (PATTEC), which has been launched, but has yet to be implemented for lack of committed resources. The programme aims to intensify social mobilisation and awareness raising, develop targeted vector control, scale up case detection and treatment and implement a strengthened surveillance system. The measures used in the programme, including social mobilisation, community health workers and

programme monitoring and evaluation will be used as an entry point for strengthening the health systems that serve the 60-million at-risk people. They are amongst the poorest on our continent.

3.5.2 Promote and support the control of schistosomiasis and soil-transmitted helminths, to improve school performance and adult productivity.

Schistosomiasis and soil-transmitted helminths are an underestimated public health problem on the continent affecting economic development and particularly school learning. Africa carries 85% of the global burden of schistosomiasis and soil transmitted helminths. Efforts to control these diseases have been sporadic and yielded limited success, while the high cost of drugs has led to the abandonment of many programmes.

The purpose of this programme is to convert isolated activities into effective national control activities in the approximately 20 highly endemic countries in need of urgent support. Features of the programme are the administration of anti-helminthic drugs six-monthly to school age children and community health education and advocacy around the disease. This programme will in particular work to integrate with other school health services and become a nidus for their strengthening and development. It will also grow the sense of community responsibility for their health and community based measures to enhance it.

3.5.3 Advocate for and support lymphatic filariasis elimination as a tool for poverty reduction

More than 43 million people in sub-Saharan African suffer from Lymphatic Filarisasis (Elephantiasis). Countries are committed to addressing this debilitating and resurging problem, but have lacked the dedicated resources to do so.

This programme will support social mobilisation around the disease and especially tackle the stigma around it. It will include the targeted use of a drug prophylaxis regime, provide effective treatment and encourage and enable early attendance for care. The programme will provide a basis for strengthening community structures in the fight against disease, through the approach of social mobilisation and mass treatment and in particular through addressing the stigma associated with the disease. It will advance the development of “caring communities” and link to the programme to make drugs affordable and provide maximal coverage.

3.6.1 Enable countries to develop comprehensive responses to the increasing incidence of lifestyle-related chronic diseases e.g cardio-vascular disease (CVDs), lung cancer and diabetes, through promotion of proper diet, physical activity and the reduction of consumption of tobacco, alcohol and other substances.

Chronic diseases of lifestyle are increasing alarmingly on the continent and emerging as a major burden of disease. Strokes, kidney failure, heart failure and blindness are amongst the many costly complications that arise from negative changes lifestyle, while undetected carcinoma of the cervix and inadequately treated diabetes are further examples that contribute substantially to mortality. In the face of major burdens from communicable diseases, this rapidly growing threat has not always received the considered attention required, nor the focussed strengthening of the health system that needs to underpin the response.

The core response to the non-communicable disease burden is to build a health system that is effective in both health promotion and care, and within this to develop a comprehensive integrated non-communicable disease prevention and control programme. The programme will focus on strengthening capacity to prevent unnecessary deaths from tobacco, alcohol, physical inactivity, poor diet, high blood pressure and cholesterol. It will facilitate governments' to be well equipped technically and institutionally to reduce exposure to the major risk factors for non-communicable diseases and to promote standards of care. In particular, this programme will build teams capable of supporting programmes in countries and develop areas that will become demonstration sites for effectiveprevention and care, which can then be expanded. Development and use of innovative and effective lifestyle promotion methods and techniques to enable adherence to treatment will be focus areas.

3.6.2 Improve the management of epilepsy at primary health care level and contribute to the reduction of the *Treatment Gap* of people living with epilepsy.

Most of the 10 million people living with epilepsy in Africa could have had this prevented, and 8 million of them are without treatment with modern anti epileptic drugs, even though this costs as little as US$5 per person per year, as improved management needs more than just the money for drugs. The global campaign against epilepsy has aimed to bring this stigmatised disease out of the shadows and has been supported by the African Declaration on Epilepsy. Important steps have been taken by countries to implement the recommendations of these programmes, but there is still a great deal to be done.

The main focus of this programme is to improve the management of epilepsy at a primary health care level and to reduce the treatment gap of people living

with epilepsy. This will require multi-purpose primary health care workers to gain case management skills for epilepsy and to ensure provision of suitable drugs. It also provides an entry point for dealing with the challenges of mental health problems on the continent including the stigma associated with mental ill health, and for increasing community awareness about this and similar conditions.

The programme will also support the development of national organisations for epilepsy, potentially as local chapters of the international organisation. This will provide an example for the effective development of other national organisations against other diseases which would benefit from bringing together those affected by and involved in the care of these conditions, e.g. diabetes, stroke, depression. This will give government experience in how to create an enabling environment and support the emergence of such organisations.

4. REDUCING CONDITIONS ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

4.1 Support the establishment of an effective programme for the reduction of mortality from conditions associated with pregnancy and childbirth, and enable the effective integration of maternity services with the health system

One in 20 African women die of conditions related to pregnancy and childbirth compared to one in 4,000 in Europe. Although Africa constitutes only 17% of the world's births, more than half of those who die are from Africa. The aim is to put in place a programme that will avert the estimated 2½ million deaths, 49 million maternal disabilities and 7,5 million newborn deaths that are set to occur over the next 10 years. This requires focussed measures tied to strengthening of the operations of the district health system. In fact, maternal mortality is one of the best indicators of the performance of a country's health system.

Therefore, this programme will aim to ensure that those providing antenatal care and assisting in childbirth at health centres and clinics are suitably skilled and that there is a mechanism in place for easy referral of women with complications to a functional first-level district hospital capable of providing a Caesarean section. The strengthening required would be integrated into the overall local health system, and will therefore be an engine for its development. The programme will be supported by district and national level staff trained specifically to provide expert continuing education and programme development support.

5. EMPOWERMENT OF PEOPLE TO IMPROVE THEIR HEALTH

5.1 Create a public communications for health literacy programme, using available capacity to cost-effectively empower people to take action to improve their health

Many people in Africa do not have the basic knowledge and skills to enhance and protect their or their family's health– they lack health literacy. Millions of deaths a year on the continent can be linked to this. At the same time Africa has extensive public broadcasting capacity. There is therefore potential for relatively modest funding to leverage the potential for programming and broadcasting at low cost. However, there is limited expertise on the continent in the production of the kind of programmes that work, and what expertise there is, often functions in isolation.

The aim of this programme is to build functional capacity in each of the regions of Africa to develop effective public communications for health literacy programmes, combining the skills of health departments, the media and non-governmental organisations in pursuit of empowered people. It will also develop locally credible materials and adapt them to that countries situation, grow expertise and support the establishment of a pan-African network of those involved in public broadcasting for health.

5.2 Create a programme to enable countries to more effectively support and enable non-governmental and community organisations to make their unique contribution to prevention and care

Africa has a long history of non-governmental and community organisation contributions to health on the continent. However, such organisations are not widely enough established or distributed across the continent to achieve the enormous potential they have to enhance health and health care, while many struggle to survive. There is a need for many governments' to strengthen their stewardship role and for non-governmental and community organisations to build their capacity and to expand into underserved communities. This needs to be done in a way that does not stifle their independence, energy or innovation.

This programme seeks to strengthen governments' ability to provide an enabling and supportive environment for the emergence and strengthening of non-governmental and community organisations, to build capacity in NGOs and to harmonise efforts as part of an integrated health system. In essence, it seeks to build partnerships between government and civil society in pursuit of better health for all. The capacity building will include training in both the content area of the work, as well as the basic skills in managing and developing NGOs, including the critical area of financial management and performance evaluation. (The latter are essential to achieving continued funding.) This programme is not seen as a direct long-term funder of NGOs. However, it would include some bridging funding so that excellent NGOs and CBOs do not collapse before the partnership benefits are in place, and seed funding to assist critically needed grassroots organisations to emerge.

6. MOBILISE SUFFICIENT SUSTAINABLE RESOURCES

6.1 Seek commitments of countries to develop a timetable to reaching the agreed benchmark of allocating 15% of public spending to health

One of the central features of the NEPAD health strategy is the case for substantially increased funding for the health sector. A key premise of NEPAD is that countries will do what they can to achieve the goals of NEPAD, before seeking development partner support. It is therefore imperative to show citizens, the continent and the international community the importance that countries place on health. The litmus test of a country's commitment is its financial allocation to the health sector. African Heads of State have committed themselves to reaching the benchmark of allocating 15% of public spending to health. Without African countries establishing their credibility in this regard any call for development partner support could have a rather hollow sound.

This programme therefore seeks to mobilise and advocate for countries to commit themselves to a clear timetable towards achieving the 15% benchmark. Countries can also show their commitment by preferentially allocating funds mobilised through debt cancellation or relief towards health. There must also be a concrete expression of stated commitments to equity for the poorest and most marginalized communities. Expressing this commitment will also provide Africa with the leverage needed to emphasise to development partners that they should now make their commensurate contribution in the interests not only of health on the continent but of global public health and global security.

6.2 Seek commitment to and a timetable for development partner support of US$22bn per annum in new health development aid for Africa

The work of the Commission on Macroeconomics and Health established by the Director-General of the World Health Organisation has provided concrete data on the funding gap in Africa for the provision of basic health services, to achieve specified health targets. It has further identified that of the shortfall of more than US $50 billion per annum, Africa could manage to fund all but US $22 billion of this per annum. (Note to Eric – economic regeneration and return on investment). The Commission also showed the massive economic and social return that would be achieved on this investment. Although US$ 22 billion sounds and is a huge amount, it is well within the capacity of development partners to reach if they are committed to it. It would also add credible evidence of their commitment to the targets they have been party to setting in international declarations on world health.

The purpose of this programme is to advocate for and gain commitment from development partners for US $22 billion per annum in new health

development aid for Africa. At the same time, this programme will seek to co-ordinate efforts to ensure that these funds are specifically directed to the purpose for which they are given, are properly accounted for and that mechanisms to do so are strengthened. It will further be tied to the development of budgeted multi-year pro-poor investment plans. The aim is not to introduce a new system into countries that are already using one or other of the internationally established models, but to strengthen the quality and applicability of the work that is done and to strengthen national capacity for it. Tied to this will be countrywide dissemination of the findings and recommendations of the Commission on Macroeconomics and Health and consensus building on its relevance and applicability to the national health situation of individual countries.