



GENERAL INTRODUCTION TO THE NEPAD HEALTH STRATEGY

The Health Strategy of the New Partnership for Africa's Development (NEPAD) was considered, inter alia, by Africa's Health Ministers at the World Health Organization (WHO) Regional Committee for Africa meeting in Harare in October 2002, at an expert committee meeting of the West African Health Organization in Dakar in December 2002 and at an African Expert Consultative Meeting in Pretoria in April 2003. The latter provided a forum for detailed peer review by identified African experts, Regional Economic Communities, United Nations Agencies and some civil society organizations. The updated Strategy was presented at and approved by the First Conference of Health Ministers of the African Union in Tripoli in April 2003 and was adopted by the African Union (AU) in Maputo in July. It replaces the earlier version adopted by the AU in Durban in July 2002.

NEPAD recognises health as one of the most serious casualties consequent on the poverty, social exclusion, marginalisation and lack of sustainable development in Africa. The basic tenet on which the health strategy is built is that Africa faces a huge burden of potentially preventable and treatable disease that not only causes unnecessary deaths and untold suffering; it continues to block economic development and damages the continent's social fabric. Further, it is clear that Africa is not on target to achieve the health goals in the Millennium Declaration of the United Nations, the African Heads of State Abuja Declarations on Malaria and on AIDS, Tuberculosis and other Related Infectious Diseases, nor those of the Health-for-All Policy in the 21st Century in the African Region: Agenda 2020. The strategy sets to put Africa and its health systems and interventions on target.

Early on in developing the Strategy a choice had to be made: was the intention to prepare a strategy that would seek to do a bit better than in the past, that was easy to achieve and that would sit easily with development partners, or one that could, if seriously addressed by both Africa and its development partners, truly impact on the burden of disease, disability and death. The choice, in line with the overall goals of NEPAD, has been a strategy aimed at the latter, which recognises, amongst other factors that health services and the programmes against the major burdens of disease are too poorly funded to be effective. That is why NEPAD has consistently positioned behind Africa committing increased proportions of their budgets towards the target of 15% to Health set by Heads of State in Abuja. It has also been consistent in calling for development partners to put a timetable to committing the US\$ 22 billion per annum in new partnership funding that is required to set Africa on the path to achieving the internationally agreed targets that they were party to setting. If the NEPAD vision of an Africa rid of the heavy burden of avoidable ill-health is to be achieved, then we can no longer make commitments when it is publicly expedient to do so, and then fail to action them, or respond without any sense of urgency.

The Health Strategy recognises the broader socio-economic and political factors that are at the root of much of the ill health on the continent and emphasises the contribution of other strategies in NEPAD to addressing broader issues that are undermining health. The strategy further identifies the specific actions that need to be taken by the health sector. It recognises that a strategy that simply focuses on disease programmes without building the vehicle necessary for their delivery, the health system, will fail. The strategy therefore is based on harnessing a health and multi-sectoral effort, strengthening health systems and services, scaling up programmes against disease and conditions related to pregnancy and childbirth, empowering individuals and communities to act to improve their health, mobilising and effectively using sufficient sustainable resources and sharing available health services equitably within countries. Special attention is afforded HIV/AIDS in view

of the unprecedented challenge that this epidemic poses to Africa's economic and social development and to health services on the continent.

The Health Sector strategy is a medium term one that follows a comprehensive, integrated approach to addressing the disease burden of Africa and it is this that NEPAD advocates for and supports. At the same time, NEPAD recognised that an appropriate set of initial programmes that will help to set the path for the medium term is essential. These were identified, based on a variety of criteria, and adopted as part of the Health Strategy by the AU. The initial programme of action is not intended as a list of projects 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 initial programme.

The strategic outline of the Initial Programme of Action was considered by Africa's Health Ministers at the WHO Regional Committee for Africa meeting in Johannesburg in September 2003. In view of the importance they attribute to NEPAD and the centrality of countries to implementation, the Ministers asked for a special NEPAD Health Ministers meeting to be convened to enable them to apply their minds fully to this action programme. Preparation for such a meeting is underway at the time of writing this preface.

There are many unique features that NEPAD brings to Africa's development. These include its African determination and the personal commitment of Heads of State and Government to its strategies. Another is that countries and Heads of State will become accountable through the NEPAD Peer Review Mechanism for progress on what has been agreed on, so we can anticipate a strong focus on putting the health strategy into place.

NEPAD itself is not an implementation agency. The role of its secretariat is to develop strategies and programmes, to facilitate, co-ordinate and create focus and energy and to leverage the opportunities afforded by its uniqueness. Core responsibility for implementation of NEPAD strategies lies with countries, which will need to incorporate this Strategy into their PRSPs, NDPs, MTEFs and other development planning approaches. Countries will also need to adapt the strategy to their own unique situations. Where a programme requires a regional focus, responsibility will lie with the regional economic communities (RECs).

Although countries are responsible for implementation of NEPAD strategies and programmes, 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 co-ordinating and supporting the effort towards implementation of the programme of action on the continent. WHO Afro has already and will continue to contribute its capacity support to the NEPAD Health function. NEPAD acknowledges this commitment with thanks, as it does to the other African experts, institutions and non-governmental organisations that have contributed to willingly. We trust that the reward for their efforts will be in seeing this comprehensive strategy unfold. One of the core strategies of NEPAD is to grow institutional capacity on the continent. We trust that the partnerships we have formed will contribute to their sustainable development.

Further information can be obtained from the:

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September 2003