STRATEGIC ORIENTATIONS FOR WHO ACTION IN THE AFRICAN REGION (2005-2009)

AN ACCOUNT OF THE PAST FIVE YEARS

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World Health Organization
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FOREWORD

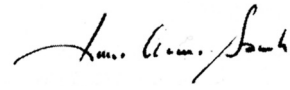
Health is now recognized as an essential component of socioeconomic development in the overall global development agenda. This consensus gives renewed impetus to WHO mandate to lead international efforts to improve the health and well-being of populations particularly in the African Region.

During the past five years, significant effort has been made in the African Region in addressing the burden of diseases, poverty, high maternal and child mortality, emergencies and humanitarian crises. This document is a synopsis of the contributions made by the WHO Regional Office for Africa as a result of the implementation of the Strategic Orientations for WHO Action in the African Region: 2005-2009.

The achievements reflect the enormous contributions and efforts of Member States, partners and the entire health community. I would like to express my heartfelt appreciation to all the health stakeholders for the progress that has been made.

With less than six years to the deadline set for the attainment of the Millennium Development Goals (MDGs), our challenge now is to consolidate the gains and accelerate efforts, more efficiently and effectively than ever before, towards better health outcomes in the African Region. Our renewed commitment to the Primary Health Care approach and the strengthening of local health systems should guide our thinking at global level and our action at community level if we are to achieve the noble and rewarding development goals set by the United Nations.

Together, with resolute determination, commitment to the cause and collective action, we will make a lasting difference to the health of people in Africa.



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Regional Director

INTRODUCTION

In 2005, at the dawn of a new leadership of the WHO African Region, a range of reforms were initiated to focus WHO's work on its leadership role, expansion and coordination of partnerships, and enhanced effectiveness of interventions in response to country needs.

The reforms were based on an extensive review of the Organization's work and consultations with Member States and partners bearing in mind WHO's constitutional mandate and its current General Programme of Work. A strategy, documented as the *Strategic Orientations for WHO Action in the African Region 2005-2009*, was implemented in five key priority areas to support country efforts in addressing the Region's health challenges. The priority areas were the following: (i) strengthening the WHO country offices; (ii) improving and expanding partnerships for health; (iii) supporting the planning and management of district health systems; (iv) promoting the scaling up of essential health interventions related to priority health problems; and (v) enhancing awareness and response to key determinants of health.

There is clear evidence that in carrying out these reforms, notable progress has been made on multiple fronts. The purpose of this document is: (i) to reflect on the progress made in the implementation of the strategic orientations for WHO action in the African Region for the period 2005-2009; (ii) to identify shortcomings and learn lessons; and (iii) to underline emerging challenges to improving health outcomes. A summary of achievements in the priority areas during the past five years and the challenges are discussed below.

ACHIEVEMENTS IN THE IMPLEMENTATION OF THE STRATEGIC ORIENTATIONS FOR WHO ACTION IN THE AFRICAN REGION (2005-2009)

During the past five years (2005-2009), tangible progress has been made in implementing the strategic orientations for WHO action in the African Region despite various constraints.

Strengthening support to countries

In order to further strengthen WHO's responsiveness to country needs to effectively improve health, a fundamental restructuring of the Regional office was undertaken. The Regional Office's functional structure, its managerial bodies and its business plan have therefore been adjusted to better suit them to regional priorities and challenges. While the Regional Office has focused on policy, normative, monitoring and evaluative functions, technical support is provided mainly by the Intercountry Support Teams (ISTs) and WHO country offices (WCOs). This has been made in the context of increased cohesiveness of WHO guided by the global policy group comprised of the Director-General and the six Regional Directors of WHO, which has facilitated coordination with headquarters and collaboration across the six regions and has ensured that all parts of the Organization deliver their support as one single institution.

Three Intercountry Support Teams were established in Harare, covering 18 countries in Eastern and Southern Africa; Libreville, covering 11 countries of Central Africa; and Ouagadougou, covering 17 West African countries. These teams were created to serve as subregional technical hubs so as to bring WHO's technical cooperation as close to the countries as possible. Key operational functions and resources were decentralized to the ISTs and WHO country offices (WCOs). Experts in most of the priority programmes impacting to varying degrees on the health-related Millennium Development Goals (MDGs) were redeployed to the ISTs in order to provide timely response to the needs of countries. More authority was delegated to Directors of Divisions, Coordinators of the ISTs and WHO representatives for timely decision-making and effective implementation.

WHO Country Cooperation Strategies that serve as frameworks to enhance collaboration with Member States were aligned with national health priorities, policies and strategic plans. A continuous process of reprofiling to adjust WHO resources to country priorities and needs has been put in place. During the last three biennia, resources available to the Regional Office increased from US$ 857 million in 2004-2005 to US$ 1 billion in 2008-2009 with voluntary contributions accounting for 77% and 79% of the overall budget respectively, while the allocations to countries increased from 50% in 2004-2005 to 71% in 2008-2009.

These profound changes have over the period led to better, timely and more efficient and cost-effective support to countries and, above all, ushered in a new era of improved confidence between WHO Member States and the WHO Secretariat. In addition, the improved transparency and accountability in managing funds and property have been well received by WHO Governing Bodies and have also improved relationship with partners. Technical support is provided to African delegates participating in global health debate at both the Executive Board and the World Health Assembly.

Strengthening and expanding partnerships for health

Establishing and expanding partnerships in health are important for improving health outcomes. The existence of many players in the health sector whose contributions are not well coordinated and aligned with country priorities and plans can generate high transaction costs and result in low impact. In order to prevent these, WHO has strongly supported actions aimed at maximizing synergy and coherence of partners. Two strategies for Partnerships and Resource Mobilisation were developed, resulting in expansion of and closer collaboration with, key stakeholders.

Within the context of the United Nations reform, the UN Regional Directors Teams (RDT) in Eastern and Southern Africa and in West and Central Africa have been providing oversight and support to UN Country Teams. WHO s IST Coordinators are leading the Health Cluster which aims at harmonizing and aligning UN agencies support to country health policies, plans and strategies.

A wide range of partnerships have been established and strengthened with United Nations (UN) agencies, World Bank, African Union (AU), European Union, African Development Bank and regional economic communities. In collaboration with UNICEF and World Bank, the Regional Office developed the Child Survival Strategy and with the World Bank, a strategy on health financing. Both strategies were adopted by the Fifty-sixth Session of the Regional Committee for Africa.

Special mention should be made of Harmonization for Health in Africa (HHA), an innovative mechanism of collaboration with African Development Bank, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, United Nations Children's Fund, World Bank and WHO. This partnership which is in line with the Paris Declaration (2005) on aid harmonization and effectiveness and the Accra Agenda for Action (2008) has been established to provide joint support to countries in a more coherent and coordinated manner for health policy development, planning, costing and budgeting, resource mobilization and scaling up of essential interventions to achieve the health-related MDGs. Since its inception in 2006, HHA has provided support in both upstream policy areas and programmes. HHA collaborates with International Health Partnerships plus (IHP+) which pursues similar objectives at the global level and the collaboration has resulted in the signing of compacts by several countries.

Collaboration with African Union, Economic Commission for Africa (ECA), SADC, ECOWAS, CEMAC and other intergovernmental organisations such as ECSA, the Annual Conference of Small Islands States, Horn of Africa Health Ministers have been established and strengthened for experience sharing and joint support to countries. Engagement with the private sector and civil society is being strengthened. Dialogue has been reinforced with bilateral donors, the private sector and nongovernmental organizations for enhanced collaboration.

Strengthening health systems and policies

Since decades, national health systems in Africa have been continuously constrained by inadequate infrastructure and resource management and more recently by the overwhelming double burden of communicable and noncommunicable diseases aggravated by recurrent epidemics. Gaps in managerial processes also hampered structured translation of policies and strategies into plans and interventions.

Over the past five years, various actions have been carried out to address challenges to rendering national health systems more robust and more responsive to priority health problems. These include among others: improving strategic policy frameworks, putting health systems thinking across public health programmes, strengthening the capacities of district health systems, scaling up quality health interventions and mobilizing more funds for health. The number of countries with national health policy documents increased from 31 in 2005 to 44 in 2009 while national health strategic plans increased from 26 to 45 during the same period.

The WHO Regional Office for Africa has provided extensive support to countries through timely deployment of experts for the development of public health guidelines and tools according to WHO core functions. In addition, WHO teams across the African Region have been instrumental in supporting countries to draft and submit proposals to the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). It is important to emphasize the invaluable role played by several ministers of health of Member States in their capacity as board members of GAVI, Global Fund, Roll Back Malaria (RBM) and other global health initiatives.

The International Conference on Community Health in the African Region to ensure universal access to quality health care and a healthier future for the African people was held in Addis Ababa, Ethiopia from 20 to 22 November 2006. Furthermore, the first ever International Conference on Primary Health Care (PHC) and Health systems in the African Region was held in Ouagadougou from 28 to 30 April 2008. As a result of this high-level meeting, the health ministers and heads of delegation adopted the Ouagadougou Declaration on Primary Health Care and Health Systems aimed at renewing commitment to PHC and making this approach the main strategy for health development and for accelerating the attainment of the health MDGs. A Framework for the implementation of the Declaration has since been developed.

In the same year (2008), a landmark ministerial meeting was held in Algiers in June on *Research for Health in the African Region: Narrowing the knowledge gap to improve Africa's health*. The ministers of health and heads of delegation at the meeting committed themselves to working together to give the necessary impetus to the strengthening of national health research systems and national information and knowledge management systems through optimization of investments, better coordination of action and enhanced management in order to improve the health of the people of Africa . The Algiers Declaration adopted at the end of the conference provided a roadmap for strengthening health systems in Africa through focusing on health research, information systems and knowledge management. An African regional health observatory is being established to provide evidence for decision-making and to monitor progress towards attainment of the MDGs.

Given the ongoing crisis of human resource for health, ministers of health took up the matter, placed it on the global health agenda and discussed it at the One-hundred-and-twenty-fourth Session of the Executive Board and the Fifty-seventh Session of the World Health Assembly. In order to provide a global response, the World Health Assembly adopted Resolution WHA57.19 in 2004 requesting the Director-General to develop a code of practice on international recruitment of health personnel. The Code of Practice is currently under discussion. The Africa Health Workforce Observatory has been established by WHO at the Regional Office to better identify progress

made by countries and to produce evidence for decision-making on human resources for health. Furthermore, collaboration with International Organization for Migration (IOM), Global Health Workforce Alliance (GHWI) and African Union (AU) has been enhanced.

Between 10 and 15 countries were supported by WHO to develop strategic plans and national policies on essential medicines, blood safety, access to biological resources, protection of traditional medicine knowledge and legal frameworks for the practice of traditional medicine. The Brazzaville Declaration on Traditional Medicine was adopted in 2007, committing Member States to strengthening linkage between traditional medicine research, health systems and policy-making. Strategies and policies have been developed for hospital reforms, health technologies and laboratories to ensure delivery of effective and quality health care.

Innovative health financing policies and tools for better use of financial resources by the health sector have been promoted. In this regard, WHO and partners have jointly supported countries in the African Region to develop new health financing strategies. Furthermore, the importance of National Health Accounts as a tool for tracking the flow of resources has been emphasized, and consequently, capacity building in conducting national health accounts has been undertaken in several countries. As a result, a number of countries which conducted at least one round of national health accounts and are now using them for evidence-based decision-making increased from 18 to 37 over the five-year period.

With regard to disease outbreaks and disaster management, in close collaboration with headquarters, the Regional Office has strengthened its capacity to provide timely response to countries. High-profile rapid response teams have been established in the WHO Regional Office and within the ISTs. Strategic emergency kits have been pre-positioned in Dakar, Accra and Harare for prompt shipment to countries in need. In addition, the region-wide implementation of emergency standard operating procedures has led to major improvements in the provision of assistance to vulnerable groups exposed to disasters.

Promoting the scaling up of essential health interventions

In the context of the countdown towards achieving the MDGs, WHO's enhanced technical support has been instrumental in making significant improvement in priority health interventions for controlling vaccine-preventable diseases, malaria and HIV/AIDS and for integrated management of maternal and child health.

Over the period under review, WHO's support to countries in immunization contributed to a 91% reduction of measles deaths, surpassing the goals set for 2009. The coverage of DPT3 vaccine increased from 69% to 83% in five years due to the use of proven operational strategies such as Reaching Every District (RED). Forty countries have achieved and sustained certification-standard surveillance for acute flaccid paralysis. Poliomyelitis eradication efforts have resulted in 70% decline in the number of reported polio cases despite the importation of cases in some countries which has hampered progress towards eradication.

The Regional Office collaborated with African Union to declare 2006 as the Year of Acceleration of HIV prevention in the African Region, leading to intensification of advocacy campaigns. Significant support has been given to countries for accelerating universal access to antiretroviral therapy, resulting in a significant increase in the number of people on antiretroviral therapy (ART) in the Region from 794 000 in 2005 to 2.9 million in 2008. Most sub-Saharan African countries have also recorded a decline or stabilization in HIV prevalence which was estimated at 5.6% in 2008 in the 15-49 years age group. Uptake of Prevention of Mother-to-Child Transmission (PMTCT) increased from 10% in 2005 to 34% in 2007. Data available from 19 countries indicate that the number of care facilities providing PMTCT had increased substantially by 2008.

Improved technical support to countries to adopt and implement WHO-recommended proven cost-effective interventions such as Artemisinin-based combination therapy (ACT), use of insecticide-treated bednets, indoor residual spraying and other actions have resulted in reduction of malaria burden with 20 countries recording substantial progress. Artemisinin-based combination therapy (ACT) is now the treatment of choice in 41 of the 43 malaria-endemic countries and by 2007 Intermittent Preventive Treatment during Pregnancy (IPTp) had been adopted in all endemic countries.

In 2005 over one million cases of tuberculosis (TB) were reported in the Region, accounting for 25% of the global notified tuberculosis cases and the Regional Committee declared tuberculosis as an emergency in Africa. Unfortunately this did not translate into adequate funding for the programme. Countries were supported to improve the quality and coverage of the directly-observed treatment, short-course (DOTS) and to undertake active surveillance of drug-resistant TB. Hundreds of extensively drug-resistant TB cases were reported for the first time in the Region and WHO developed a framework to address this major health challenge. Support was provided to countries to develop and implement emergency plans of action for DOTS expansion, leading to a moderate increase of 4% in five years in high-burden countries implementing community-based DOTS activities. About 35% of tuberculosis cases are co-infected with HIV, accounting for approximately 40% of deaths in people living with HIV/AIDS. WHO's support in promoting collaborative TB/HIV interventions contributed towards the increase in the number of countries implementing TB/HIV collaborative activities including multidrug-resistant TB and extensively drug-resistant TB. A continental consultation on scaling-up towards universal access to HIV/AIDS prevention, treatment, care and support in Africa was convened by the Regional Office and UNAIDS under the leadership of the African Union. The consultation came up with the Brazzaville commitment setting forth the contribution of the African continent to both the United Nations Special Session on HIV/AIDS and the G8 Meeting for increased support to Africa towards the achievement of MDG 6. It also recommended actions to overcome the identified obstacles to universal access.

Maternal mortality ratio remains at 900 per 100 000 live births which shows that the Region has made no progress towards reducing maternal mortality. Against this background, WHO developed the Road Map for accelerating improvement of maternal and newborn health in Africa and almost two-thirds of countries are now implementing it with special emphasis on capacity building of professionals in emergency obstetric care, strengthening newborn care and institutionalizing maternal death reviews.

WHO is supporting countries to implement and roll out the provision of essential package of key child health services. Despite some improvement, the decrease in under-five mortality has been insignificant. Over 20 countries have been supported to integrate nutrition into HIV/AIDS programmes and develop action plans to accelerate the implementation of recommendations on Nutrition and HIV. Currently over 8500 health workers in more than 33 countries in the Region have been trained on infant and young child feeding counselling courses.

Regarding disease surveillance, the provisions of the International Health Regulations (IHR) adopted in 2005 are widely applied in the Region. In partnership with the West African Health Organization (WAHO) and the *Organisation de coordination de lutte contre les endémies en Afrique centrale (OCEAC)*, integrated disease surveillance guidelines have also been updated and training of health teams conducted. The avian influenza H5N1 pandemic preparedness provided an additional opportunity to reinforce the network of reference laboratories which is also used in the current pandemic influenza A (H1N1). There are ongoing discussions on the establishment of Regional Centres of Excellence to offer high quality technical support for diseases surveillance and control as well as epidemic alert and response including public health laboratories, food and medicines regulation. Technical, material and financial support was provided to countries for their emergency preparedness and response activities.

In the context of the African Programme on Onchocerciasis Control, the Fifty-seventh Regional Committee for Africa adopted Resolution AFR/RC57/R3 requesting the Regional Director to strengthen advocacy for onchocerciasis control, provide technical support for integration of the disease into health care delivery systems and extend the life of the African Programme on Onchocerciasis Control (APOC) to 2015. As a result the Joint Action Forum approved the strategic plan and the budget of APOC for 2008-2015 and doubled donor financing to APOC. This allowed the use of the Community-Directed Treatment with Ivermectin infrastructure as an effective platform for the delivery of other public health interventions, leading to the treatment of approximately 12 million people in six countries.

Leprosy was eliminated as a public health problem at the regional level in 2000. The number of countries that have eliminated leprosy increased from 42 in 2005 to 45 in 2009. Regional trends in leprosy prevalence and detection progressively decreased during the period 2005-2009. The number of registered cases decreased from 40 000 to 33 000 while the number of new cases decreased from 45 000 in 2005 to 32 000 in 2009. This achievement is mainly a result of extensive advocacy and support by the Sasakawa Foundation. The annual incidence of Guinea-worm disease decreased by 28% during the period 2005-2009, with 10 countries reaching certification for interruption of local transmission. This progress is fundamentally due to the collaboration and generous contribution of Carter Foundation.

To address the increasing challenge of noncommunicable diseases in the African Region, all countries were trained in STEPS methodology to build evidence-based information system for decision-making. This active response made the African Region the very first to complete training in STEPS surveys. To date 26 countries have conducted the survey and 12 have developed and are implementing policies. The public health significance of sickle cell anaemia in Africa was brought up by the African Ministers of Health to the attention of the Executive Board and the World Health Assembly following the initiative of a group of African First Ladies. It resulted in the adoption of Resolution WHA59.20 in May 2006. Furthermore, WHO developed regional strategies to address some of the major chronic diseases with focus on identification of risk factors: prevention, case management and research.

Strengthening action on the main health determinants.

During the past few years, tremendous efforts have been made to address some key health determinants in a very challenging environment with competing priorities.

In response to the harmful impact of the environment on health, WHO and UNEP jointly held, the First Ministerial Conference on Health and Environment in Africa in Libreville, Gabon from 28 to 29 August 2008. Ministers of Health and Ministers of Environment in Africa adopted the Libreville Declaration on Health and Environment committing their governments to take the required measures to stimulate the necessary policy, institutional and investment changes needed to reduce environmental threats to health, in support of sustainable development. Subsequently, in February 2009, a meeting of partners was held in Windhoek, Namibia, to develop a roadmap for implementation of the Declaration.

The occurrence and persistence of several priority diseases and lack of access to care can be attributed to poverty. Therefore several countries received adequate support to develop the health component of Poverty Reduction Strategies and plans aimed at addressing health inequalities and improving the living standards of people living below the poverty line. Similarly, strategies on food safety, nutrition and intersectoral actions are being implemented to improve the prevailing health situation in the African Region.

In collaboration with *Institut Régional de Santé Publique* in Benin, Iringa Primary Health Care Institute in Tanzania and the University of Ibadan in Nigeria, WHO has strengthened national capacity to formulate and implement health promotion programmes but many challenges are still to be addressed. With regards to tobacco consumption which is a major risk factor for noncommunicable diseases, WHO has supported countries to ratify the Framework Convention on Tobacco Control and to conduct annual surveys on this major public health issue. So far 39 countries have ratified the Convention and 32 have programmes on tobacco control.

CHALLENGES

This brief summary of some of WHO's achievements in the African Region during the past five years lays a solid foundation for us to build on. These achievements were made during a period of extreme hardship such as the deterioration of commodity prices, the economic downturn in many African countries, the ongoing food crisis and the occurrence of man-made and natural disasters. Furthermore, the resurgence and emergence of diseases such as the viral hemorrhagic fevers, the H5N1 Avian influenza and more recently the pandemic influenza A (H1N1) have overstretched national health systems.

In spite of the progress made so far many challenges still lie ahead. The WHO African Region still faces an increasing burden of communicable and noncommunicable diseases, very high infant and maternal mortality, recurrent emergencies and humanitarian crisis in addition to the financial crisis. Inadequate resource allocation and management as well as inequities in access to health services threaten the health gains that have been made. Furthermore, extreme poverty, uncoordinated and inconsistent application of policies on health determinants, low investment in research and limited evidence for decision-making call for our urgent attention.

The strengthening of health systems based on the primary health care approach, increased investment in health as well as more efficient management of resources are the appropriate responses to address these challenges.

CONCLUSION

This document outlines WHO's key contributions to Africa's health development from 2005 to 2009. It is a review of five years of efforts in an evolving context of global change influenced by political, economic and social transformations. Notwithstanding resource limitations, WHO strived to deliver its core functions, which resulted in increased political commitment to health, enhanced partnerships and coordination of support to countries. While some countries have made improvements in health outcomes, others, however, have made little or no progress.

From the lessons learnt, we shall build on successes of the past years and adopt a holistic approach to health systems to tackle the intractable health reform problems in a more creative way. This will open new horizons in health and development in the Region.