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POVERTY REDUCTION: THE ROLE OF THE HEALTH SECTOR

Report on Round Table 3

1. The round table discussion on Poverty Reduction: The Role of the Health Sector was held on 30 August 2001 as part of the fifty-first session of the Regional Committee for Africa. The bureau of the meeting consisted of the following: Mozambique (Chairman), Namibia (Alternate Chairman) and Cameroon (Rapporteur). The facilitator of the session provided orientations on the method of work of the session.
2. The introductory presentation was made by Mrs E. Anikpo, Director, Division of Healthy Environments and Sustainable Development, WHO Regional Office for Africa. Mrs Anikpo's presentation focused on four areas: providing evidence on the linkages between poverty and ill-health; an overview of the WHO regional strategy entitled: "Contributing to Reducing Poverty through Health Interventions"; discussing the implementation framework and expected results; and explaining the roles and responsibilities of various actors.
3. Participants expressed their satisfaction with the quality of the presentation made and the technical documents provided. From the outset of the discussions, the need for honest and frank assessment of policy successes and failures was underscored. Nevertheless, they emphasized that health is wealth, and that it was important for it to be regarded as an investment that can, if properly managed, yield positive and sustainable returns. The participants also stressed that it was important for countries to have political will for poverty reduction, especially as regards policy formulation and budget allocation. Several country representatives told the round table that they had either developed or were implementing poverty reduction strategies. Most countries felt that health deserved a central place in poverty reduction strategies.
4. While health sector reforms had yielded some positive results in selected countries, participants alluded to the fact that instruments, such as user fees, had in fact resulted in increasing barriers to health care, especially for the most vulnerable populations. The budgetary bias towards urban areas was also regarded as an issue, especially since it impacted negatively on the provision of health services at the periphery where most of the poor populations resided. The fact that all social sectors were priorities in the African context was also regarded as a failure, as it resulted in fragmentation of efforts with limited results.
5. Several obstacles to the effective implementation of health components of poverty reduction programmes were also identified. These included the debt relief framework which was not consistent with resource requirements to effectively fight poverty; policy formulation linked to planning action for poverty reduction with a focus on health; lack of reliable information for decision-making purposes; and

lack of strategies for intersectoral collaboration. Conflict and civil strife in all its forms were also identified as an obstacle to poverty reduction through health, as was the lack of appropriate strategies for countries emerging from conflict.

6. The participants also identified a number of facilitating factors. Among these was the existing capacity of interventions (human resources, infrastructures) and some community-based approaches in selected countries, which could be replicated in others.

7. It was recommended that countries should:

- (a) increase the proportion of budget allocation to the health sector;
- (b) urgently provide evidence on linking poverty to the health sector;
- (c) formulate sound interventions with indicators for monitoring and evaluation, linked to an output-oriented budget (or budgeting by objective);
- (d) formulate a comprehensive development framework that guides interventions of all sectors and all partners towards effective poverty reduction;
- (e) adopt strong anti-corruption policies and measures;
- (f) implement institutional framework that favours pro-poor interventions and output-oriented strategies.

8. WHO was requested to increase advocacy for additional resources and encourage debt cancellation.

9. Mrs Anikpo thanked the participants for their contributions and informed them that these would be taken into account in the development of the regional strategy on poverty and health, which would be submitted to the 52nd session of the Regional Committee.

10. The Chairman thanked all the participants for their contributions and declared the session closed.