

- WEST AFRICAN HEALTH ORGANISATION
- ORGANIZAÇÃO OESTE AFRICANA DA SAÚDE
- ORGANISATION OUEST-AFRICAINE DE LA SANTE



STRATEGIC PLAN 2009 - 2013

March 2008

PREFACE

For the second time in its existence, the West African Health Organization (WAHO), begins a new five-year Strategic Plan for the period 2009-2013. This plan, which defines the mission, vision, goal, objectives and priority areas of the Institution, is accompanied by an Operational Plan addressing the areas of activity, performance indicators, budget, funding sources and activities to be implemented in each priority area.

As WAHO's primary framework for strategic direction, the present Strategic Plan 2009 - 2013 is the result of the successful collaboration of expert know-how, both of the staff of the regional Organization and the Health Ministries of the Community Member States as well as the various partners.

Designed to guide the actions of WAHO in ECOWAS Member States, the plan is an instrument establishing appropriate responses to health concerns of ECOWAS States. The various programs included in this plan are the result of a participatory approach involving ECOWAS Member States, the ECOWAS Commission and Technical and Financial Partners.

Also, I think it is important that every player regardless of level, and each country supports and strengthens these programs in the spirit of great hope, but also in active solidarity with other Members of the Community. The premium to be won is to ensure the successful implementation of the Strategic Plan.

Should the success of the programs match the success of the process of development of this Strategic Plan, the stakes would have been won.

As the Director General of the West African Health Organization, I would like to renew my appreciation to all the people of good grace for their participation in this outstanding Endeavour.

My thanks go particularly to the top leaders of the ECOWAS, namely: the Authorities, the Heads of State and Government, the ECOWAS Commission for their foresight and commitment to the health of the peoples in general and especially for their multifaceted advice and support.

I would like to express my gratitude to the Health, Finance and Integration Ministers of ECOWAS Member Countries, for their availability and commitment to stand by us. Finally, I would like to express my warmest gratitude to the many and various partners whose contributions also enabled us to successfully develop this project.

I hope that at the time of the evaluation of the implementation of this plan in 2014, the main objectives we have set would have been achieved with the assistance of one and all.

Dr Plácido Monteiro CARDOSO
Director General of WAHO

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ACRONYMS AND ABBREVIATIONS

HRH	HUMAN RESOURCES FOR HEALTH
RH	REPRODUCTIVE HEALTH
SITAN	SITUATION ANALYSIS
NCD	NON COMMUNICABLE DISEASES
ARV	ANTI RETROVIRUS
M&E	MONITORING AND EVALUATION
MNCH	MATERNAL NEW BORN AND CHILD HEALTH
RMPM	REDUCTION MATERNAL AND PERINATAL MORTALITY
ENA	ESSENTIAL NUTRITION ACTIONS
VMD	VITAMIN AND MINERAL DEFICIENCIES
IDSR	INTEGRATED DISEASE SURVEILLANCE AND RESPONSE
MDG	MILLENNIUM DEVELOPMENT GOALS
PLWHIV	PERSONS LIVING WITH HIV
EONC	EMERGENCY OBSTETRIC AND NEWBORN CARE
FP	FAMILY PLANNING
HMIS	HEALTH MANAGEMENT INFORMATION SYSTEM
NHIS	NATIONAL HEALTH INFORMATION SYSTEM
WAHC	WEST AFRICAN HEALTH COMMUNITY
OCCGE	ORGANISATION DE COORDINATION ET DE COOPERATION DE LA LA LUTTE CONTRE LES GRANDES ENDEMIES
TMP	TRADITIONAL MEDICINE PRACTITIONER
BCC	BEHAVIOR CHANGE COMMUNICATION
CPD	CONTINUING PROFESSIONAL DEVELOPMENT
CHWS	COMMUNITY HEALTH WORKERS
SOP	STANDARD OPERATING PROCEDURE
LCQ	LABORATOIRE DE CONTROLE DE QUALITE
CIB	COORDINATED INFORMED BUYING
NRB	NATIONAL REGULATORY BODY
TM	TRADITIONAL MEDICINE
NHA	NATIONAL HEALTH ACCOUNT

EXECUTIVE SUMMARY



This Strategic Plan defines the strategic orientations and the operational framework of the West African Health Organisation for the 2009-2013 period.

Prepared with the participation of the Member States, the ECOWAS Commission, and Technical and Financial Partners, this Strategic Plan is part of the vision of the ECOWAS Commission, that is, ECOWAS of people by the year 2020.

At demographic level, the sub-region has a total fertility rate of 5.6 children per woman.

The health situation of the sub-region is characterised in 2005, by a mean life expectancy at birth of 51 years, a maternal mortality of 11‰ and an under-five mortality rate of 175‰.

At epidemiological level, the main causes of mortality and morbidity are the following: malaria, HIV/AIDS, acute respiratory infections, tuberculosis, meningitis, diarrhoea, cholera, yellow fever and malnutrition. Recurrently every year, the sub-region is swept by epidemics of meningitis, cholera, and yellow fever.

The performances of the sub-region's health system are hampered by numerous constraints varying from the problems of governance, the inadequacy of financing, qualified and motivated personnel and the procurement of medical products, to the low cooperation among Member States in the fight and the control of cross-border epidemics...





The challenges to be addressed in order to ensure regional integration in the health sector include the free movement of health resources among Member States, the implementation of the declarations relating to the scale-up of health budgets and to disease control, the flow of health information, the involvement of communities and the private sector in healthcare delivery to the populations, the poor coordination of the partners' interventions, the control of population growth and health cooperation among Member States.

Notwithstanding the constraints and the challenges to be addressed, opportunities exist to bring solutions to the various health problems of the sub-region. For reference, the various declarations relating to health financing, the achievement of the Millennium Development Goals, the strengthening of health systems as well as the multifaceted partnership existing between WAHO and the other stakeholders of the health sector, can be noted.

Based on the elements presented above, the priorities expressed by the Member States, WAHO's comparative advantage (political mandate, capacity to collect, manage and disseminate health information, to facilitate inter-country exchanges, to harmonise policies), the mission and the vision of the Organisation, the 2009-2013 Strategic Plan consists of the following four strategic orientations :

- Support to quality improvement in the sub-region's health systems ;
- Support to the improvement of health coverage in the sub-region;
- Support to the development of sustainable health financing;





- WAHO's institutional development.
The defined strategic orientations are operationally translated by a set of **nine programmes** listed as follows:
- Programme -Coordination and Harmonisation of Policies
- Programme Health Information
- Programme Development of Research
- Programme Promotion and Dissemination of Best Practices
- Programme Development of Human Resources for Health
- Programme Medicines and Vaccines
- Programme Traditional Medicine
- Programme Diversification of Health Financing Mechanisms
- Programme Strengthening of WAHO's Institutional Capacities

The outcomes expected from the implementation of the Strategic Plan are the following:

- **Expected Outcome 1:** Appropriate policies, standards and legislations developed, harmonised, adopted and implemented by the Member States.
- **Expected Outcome 2:** The health situation in the sub-region regularly published for effective response and policy change.
- **Expected Outcome 3:** Network of ECOWAS researchers established and operational research centers of excellence promoted.
- **Expected Outcome 4:** Best practices for prevention and management of the major diseases identified, disseminated and adopted by the Member States and healthy behaviours promoted.





- **Expected Outcome 5:** Well qualified and motivated health workers available and retained in the ECOWAS sub region.
- **Expected Outcome 6:** Quality medicines, vaccines and essential health products available and accessible to the population.
- **Expected Outcome 7:** Harmonised Traditional Medicine policies and legislations implemented in all Member States.
- **Expected Outcome 8:** Effective sustainable financing mechanisms identified and adopted.
- **Expected Outcome 9:** Capacity of WAHO strengthened.

At thematic level, the areas of interest of all priority programmes are as follows:

- Malaria ;
- HIV/AIDS/Tuberculosis ;
- Nutrition ;
- Reproductive Health and Child Survival;
- Prevention of Blindness;
- Non Communicable Diseases : Hypertension, Diabetes, Cancers ;
- Traditional Medicine;
- Medicines, Vaccines and Medical Consumables;
- Gender and Health;
- Control of Epidemics;
- Information Management;
- Human Resources;
- Behaviour Change Communication;
- Training ;
- Public Health Financing ;
- Private Health Financing ;



- Mutual Health Organizations and Health Insurance Schemes ;
- Information and Communication Technologies.



The implementation of the Strategic Plan will go through the preparation of an Operational Plan, annual programme budgets and in accordance with the principles of establishing sustainable partnerships, advocating, brokering, catalysing, disseminating and evaluating.

In addition to the annual implementation reports, a mid-term evaluation will be conducted as well as a final evaluation of the implementation of the Strategic Plan.





“ According to its vision, WAHO is intended to be a pro-active tool to facilitate regional health integration. ”



INTRODUCTION



This 2009-2013 Strategic Plan is the Second to be developed by the West African Health Organization (WAHO) since effective commencement of its operations in 2000. It defines the Organization's strategic and operational orientations for the next five years.

Article III of WAHO's Protocol stipulates that "The objective of the West African Health Organisation shall be the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonisation of the policies of the Member States, pooling of resources, and co-operation with one another and with others for a collective and strategic combat against the health problems of the sub-region"

According to its vision, WAHO is intended to be a pro-active tool to facilitate regional health integration.

From a methodological point of view, this Strategic Plan has been developed, using a participatory approach including the following steps:

- Establishment of an Internal Planning Committee (IPC), charged with the leadership of the process ;
- Collection of information on the health priorities of Member States by means of a semi-structured, and interviews conducted in five countries (Benin, Burkina Faso, Cape Verde, The Gambia, Ghana) by a WAHO team ;
- Consideration of the findings and recommendations of the final evaluation of the First Strategic Plan 2003-2007;





- Consideration of the inputs from WAHO's Divisions;
- Revision of the preliminary version by WAHO's team;
- Revision of version 0 by a workshop which brought together Directors of Planning from the Member States' Ministries of Health, WAHO's Liaison Officers and Technical and Financial Partners;
- Revision of version 1 by an Expert Select Committee;
- Revision of version 1 by a workshop which brought together Chief Directors for Health from the Member States as well as Technical and Financial Partners;
- The review of version 2 by the ECOWAS Member States' Health experts;
- The adoption of the Strategic Plan by the ECOWAS Assembly of Health Ministers.

This document consists of four chapters:

Chapter I reviews the context of this Second WAHO Strategic Plan. It highlights the characteristic features of the ECOWAS sub-region including the health situation, the major challenges to be addressed, the opportunities available, WAHO Member States' health priorities, and the comparative advantages offered by the Organization.

The next Chapter defines WAHO's Strategic Orientations for the coming five (5) years and articulates these orientations in major priority programmes.



The strategic targeting is focused on support for quality improvement of the health systems of the sub-region, health coverage improvement, search for the best mechanisms for health financing and the pursuit of WAHO's institutional development.



The priority work programme is centred around coordination and harmonization of health policies, information management, health promotion, health research, training health personnel, development and dissemination of best practices, improved access to medicines and vaccines, institutionalization of traditional medicine in the health system, diversification of health financing mechanisms and the pursuit of institutional capacity building for WAHO.

Chapter III describes the modalities of implementation of the Strategic Plan, namely: formulation of an Operational and financing plan, as well as defining WAHO operational principles.

Chapter IV defines the mechanism for monitoring and evaluation of the implementation of the Strategic Plan.





“ From the epidemiological perspective, the major causes of mortality and morbidity are infectious diseases such as HIV/AIDS, Malaria, Tuberculosis, Acute Respiratory Infections, Meningitis, Diarrhea and Cholera. ”



CHAPTER 1: CONTEXT

1.1. SOCIO-ECONOMIC CHARACTERISTICS OF THE ECOWAS SUB REGION



Established on 28 May 1975, the Economic Community of West African States (ECOWAS) – one of the Regional Economic Communities in Africa - covers a geographical area of about 5,079,400 km². It consists of 15 Member States namely: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo.

The mission of ECOWAS is to promote cooperation and development in all areas of economic activity, and to this end, abolish all restrictions to trade, eliminate barriers to the free movement of persons, goods and services and harmonize regional sector policies.

At the heart of this mission is the health of the peoples since health is pertinent to the free movement of peoples.

At the institutional level, ECOWAS has, since January 2007, been transformed from an Executive Secretariat into a Commission, with a Commissioner for Social Affairs, among others, whose responsibilities include health matters in the ECOWAS sub region

The institutional change is a reflection of the political will of the Heads of State and Government to speed up the process of integration in the sub-region. To this end, it is pertinent to underscore the Commission's determination to promote the principles of results-oriented management in the various specialized institutions of the Community, such as the West African Health Organization (WAHO) which is tasked to enhance regional cooperation and integration in the field of health.





In terms of demography, as at 2005 the population of the ECOWAS sub-region was estimated at about 268 million with a 2.5% annual growth rate. This population is expected to double every 27 years.¹ The global fertility index is 5.6 children per woman.

At the economic level, ECOWAS registered a 4.9% annual growth rate of GDP in 2005. However, most of the countries of the sub-region are under the Highly Indebted Poor Countries Initiative (HIPC), a situation which underscores the magnitude of poverty and vulnerability of a substantial segment of the population.

The social context is adversely affected by the consequences of armed conflict, and the impact of such conflicts in terms of population displacement with the attendant health problems. The health systems of some ECOWAS countries have suffered considerably from the destructive effects of these conflicts. These countries, in a post-conflict situation, are clearly in need of assistance to re-activate their healthcare systems.

The other social indicators, particularly those relating to adult literacy and children's education, also need to be improved. The adult literacy rate in ECOWAS countries varies from 19% to 58%.

Most countries in the sub-region are in various stages of transition to democratic governance, which is consistent with the increasing democratic advances on the Continent.

1.2. THE HEALTH SITUATION IN THE ECOWAS SUB-REGION

In general, the health situation in the ECOWAS sub-region in 2005, was characterized by life expectancy that ranged from 41.4 to 70.7 years depending on the country; that is, an aver

¹ African Union : *The State of the African Population -Report 2006 page 39*





age of 51 years for the entire area. The other characteristic features of the health situation include infant mortality ranging from 26-165 per thousand and under 5 mortality of children varying between 35-256 per thousand. At the sub regional level, the average of these two indicators stand at 103 per thousand and 175 per thousand, respectively.² The maternal mortality rate stands at 11‰ in the ECOWAS region.

The above problems are compounded by a rising incidence of growth retardation in children, with a rate between 16% and 47% in 2005.

Also the contraceptive prevalence rate (for use of modern contraception) among married women was 9% in 2005 for the sub region.

From the epidemiological perspective, the major causes of mortality and morbidity are infectious diseases such as HIV/AIDS, Malaria, Tuberculosis, Acute Respiratory Infections, Meningitis, Diarrhea and Cholera.

The prevalence of HIV/AIDS in 2005 varies between 0.9% and 7.1%, that is, an average of 2.6% for the ECOWAS sub-region, as against the world average of 1%. There is also increasing concern about dual infection of HIV/AIDS and TB in the sub-region

In recognition of the endemicity of malaria and its socio-economic impact in Africa the African Heads of States and governments in the Abuja Declaration of 2000 made a commitment to ensure 60% access to treatment for persons with symptoms suggestive of malaria within 8 hrs of onset by the year 2005

Also each year, ECOWAS countries face disease outbreaks, especially meningitis, yellow fever and more recently avian flu.

² Cf annex 1 Indicators of ECOWAS Member States





Cases of such outbreaks have been frequently reported in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. This catalogue of the causes of morbidity and mortality also includes Malnutrition.

With regards to financing, whereas WHO estimates US \$34 per person, as the amount required to access a minimum package of health care, the average budget expenditures of member states is about US \$10 per person per year; implying a high level of out-of-pocket household expenditure on health.

In spite of the 2000 Abuja Declaration of Heads of State and Government on scaling-up budget allocation to the health sector to 15% of the national budget, most Member States have not achieved that target. Poor funding of health by governments aggravated by high levels of poverty has led to increased difficulty in accessing health services by a large segment of the population especially those living in the rural areas.

This situation is further worsened by the general low health coverage in all ECOWAS countries.

Overall, the sub-region's poor health performance is attributable to the following factors:

- Weak governance and leadership of the health system;
- Inadequate financing of the sector as well as improper allocation and use of available resources;
- Absence of social security system for the vulnerable groups;
- The lack of coordination and assistance strategies particularly in emergency and disaster situations;
- Quantitative and qualitative inadequacy of health personnel;
- Poor motivation of health personnel;
- Inadequate supply of health products;





- Poor support services;
- Inequitable distribution of health services;
- Non-recognition of traditional medicine in the public health system;
- Insufficient community involvement in health promotion;
- Inadequate private sector participation ;
- Inadequate utilization of evidence in decision making;
- Inadequate intersectoral collaboration;
- Poor harmonization of all stakeholders in the health sector;
- Negative impact of national policies and actions on the health systems;
- The weakness of operational research;
- The weakness of epidemiological surveillance systems;
- The low cooperation among Member States for the fight and control of cross-border epidemics;
- The low performance of health systems.

1.3. MAJOR CHALLENGES

The major challenges of the health system in the sub-region and of regional harmonization and co-operation within the health sector include the following:

- The free movement of health resources
- Difficulties in equitable distribution of health resources;
- Implementation of Declarations on increasing health budgets;
- Implementation of Declarations relating to disease control;
- Poor dissemination of health information;
- The epidemic or potentially epidemic diseases progressively becoming endemic;
- The re-emergence of communicable diseases thought to have been eradicated or controlled
- Attainment of the health related MDGs;
- Sustainable health financing;





- Access to health care by the poor and vulnerable groups;
- Health cooperation among Member States;
- Inadequate integration of the private sector in health system;
- The burdensome nature of maternal and infant mortality, malaria, HIV/AIDS, malnutrition;
- Low community participation in the health system;
- Increasing burden of non-communicable diseases and lifestyle related conditions;
- High population growth;
- Civil conflicts and political instability;
- Poor coordination and integration of donor-funded programmes;
- Poor management of funds (accountability, transparency, absorptive capacity);
- The management of neglected tropical diseases.

1.4. Opportunities

Development of the present Strategic Plan offers a number of opportunities. In this regard, the following issues are pertinent:

- The 2000 Abuja Declaration of Heads of State and Government on scaling-up budget allocation to the health sector to 15% of the national budget;
- The commitment of the Heads of State and governments to the articles of the Millennium Development Goals;
- The Lusaka Declaration of Heads of State and Government declaring 2001-2010 the Decade of Traditional Medicine in Africa;
- The Declaration of the Conference of the African Union's Health Ministers held in April 2007 in Johannesburg on the strengthening of health systems for equity and development in Africa;
- The 2006 Abuja Declaration of AU Heads of State and



Government on universal access to healthcare relating to Malaria, HIV/AIDS and Tuberculosis;

- Generalization of the programme approach to the health sector thereby promoting effectiveness in the use of the resources in pursuant of the Paris Declaration of March 2005;
- The KAMPALA Declaration on the development of human resources for health in March 2008;
- WAHO's relationship with several training and research institutions, as well as with drug manufacturing industries and quality control laboratories;
- Collaboration and cooperation among the institutions in French, Portuguese and English speaking countries of the ECOWAS sub-region, particularly for the training of health personnel;
- Verified and updated training curricula for health personnel;
- Scientific assets inherited from OCCGE and WAHC;
- WAHO's increasing visibility among health sector stakeholders in the ECOWAS sub-region;
- Public-private partnership initiatives on health-related issues;
- Availability of health information systems in all Member States;
- Financing by ECOWAS Commission, derived from the community levy, thereby making WAHO funding more reliable;
- Cooperation agreements signed with several partners;
- Existence of global coalition to support mass drug administration to control NTDs
- Wide-spread use of Information and Communication Technologies including Internet, mobile telephony and community radios;
- WAHO's collaboration with WAEMU.





1.5. PRIORITIES OF ECOWAS MEMBER STATES

The analysis of the questionnaires completed by the Member States shows that the major health problems are, HIV/AIDS, maternal and infant mortality, malaria, malnutrition, blindness and tuberculosis.

The priorities of the Member States are as follows:

- Health system improvement such as quality of human resources, quality control of vaccines and medicines, quality of the health systems governance: management of services, access/use of services;
- Health Management Information System (HMIS);
- Disease management and control: HIV/AIDS, malaria, malnutrition, blindness and tuberculosis;
- Emergency preparedness and response
- Sustainable health financing;
- Health promotion;
- Strengthening institutional structures;
- Promotion of Private sector participation in health;
- Access to medicines and vaccines.

Therefore, in addition to the coordination, the harmonisation and the provision of health information, the countries are expecting from WAHO, concrete support translating into capacity building, a flow of financial and logistic resources as well as the establishment of viable health financing mechanisms.

In addition to Member States' expectations, WAHO's role in the sub region is stated in the 2007-2010 Strategic Plan of the ECOWAS Commission, thus: "...ECOWAS has a specialized institution for Health; namely the West African Health Organization (WAHO). This institution is responsible for the implementation of the regional policy through regional health programmes. It is the NEPAD Focal Point on Health and MDG



for ECOWAS. Besides the States, the private sector (ECOWAS pharmaceutical industries), civil society and basic communities constitute essential partners of WAHO.”³



1.6. Comparative Advantage of WAHO

WAHO's comparative advantage lies in the following areas:

- Its political mandate;
- Empowered to facilitate inter-country exchange of resources and to harmonize policies;
- Capacity to collect, manage and disseminate health information specific to West Africa to guide the development of future health interventions;
- Partnerships with various health sector stakeholders in the sub-region.

By virtue of its political mandate, WAHO can propose agreements, conventions and regulations to the highest level of governments in the sub-region for the control of specific aspects of health.

³ ECOWAS- *The Commission -Strategic Plan 2007-2010, May 2007, page 31*





“ *The difference in health indicators and the difficulties in the sharing of health resources in the sub-region are partly due to differences in policy, standards and legislations.* **”**



CHAPTER II: STRATEGIC FRAMEWORK



2.1. MISSION VISION, AND GOAL OF WAHO

Mission:

The mission of the West African Health Organisation shall be the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonisation of the policies of Member States, pooling of resources, cooperation with one another and with others for a collective and strategic combat against the health problems of the sub-region.

Vision:

WAHO is recognised by the ECOWAS Member States and the international community as the primary force for regional health integration that enables high-impact and cost-effective interventions and programmes

Goal:

To substantially improve the quality of health system management and health care for the peoples of the sub-region by developing and supporting integrated health policies and programmes.

2.2. Guiding Principles

To conduct WAHO's mission means to carry out actions aimed at:

- facilitating the flow of health resources in the sub region;
- avoiding that countries become the victims of health problems originated in other countries due to the free movement of people;
- sharing and pooling resources in order to undertake operations difficult to carry out by a single Member State.

In the First Strategic Plan steps were taken to strengthen WAHO's human resource capacity by a sustained staff





recruitment drive. In addition, progress was made in policy harmonisation and coordination in some areas. Therefore, in consolidating these gains, the Second Strategic Plan should also focus on supporting countries for effective implementation of the harmonised policies.

With respect to definition of strategic orientations, demographic projections show that the sub-region's population would double every 27 years and that urbanization would progressively increase in all the countries. This demographic dynamics, among other things, presuppose the need to widen the capacities of health care delivery services even on the assumption that health coverage would be maintained at the same level and that the output of existing health facilities would increase.

The question that arises is how to ensure sustainable financing of health care access and optimize resource allocation between preventive and curative health care.

In order to inform the process of developing and implementing the second strategic plan, the final evaluation of the first strategic plan put forward the following recommendations:⁴

- In order to get greater “buy-in” from countries into the WAHO second strategic plan, the DG should orient and inform all the 15 member states about the strategic plan development process, and get the countries to provide their national health priorities and guarantee their full participation in the planning process.
- It is recommended that the planning process be inter active involving the full participation of ECOWAS Member States, donors and all the WAHO Divisions.

⁴. *WAHO-Strategic Plan 2003-2007- Final Evaluation Report –March 2007 pages 36-37.*





- It is recommended that a comprehensive disease control programme be included in the second strategic plan. This reorganization will help with the integration of the current vertical programming approach used in the first strategic plan.
- The second strategic plan should have a comprehensive implementation, monitoring and evaluation section, with a plan for both follow-up and internal and external reviews and evaluation of planned activities. The Division of Planning and Technical Assistance should be given the authority for internal coordination of the plan.
- WAHO should increase its documentation and dissemination of best practices in the region.
- WAHO institutional development should again be part of the second strategic Plan;
- The second strategic plan should be widely disseminated at the country and international level.

2.3. Strategic Orientations and Priority Programmes

In the First Strategic Plan, WAHO undertook measures to combat Malaria, malnutrition, HIV/AIDS, maternal and infant mortality; prevention of blindness actions for easy access to medicines and vaccines, epidemiological surveillance as well as training and health information management. These health problems have remained in the sub-region, in spite of the significant results achieved.

In consideration of the challenges to be tackled, vis-à-vis its mission, vision, goal and the priorities expressed by Member States, in the Second Strategic Plan, WAHO





intends to pursue the fight against the aforementioned diseases as well as non-communicable diseases by addressing the following strategic orientations:

- a) Support for quality improvement of the health systems of the sub-region;
- b) Support for health services improvement in the sub-region;
- c) Support for development of sustainable financing of health;
- d) Institutional development of WAHO.

The various strategic orientations will be implemented through a set of priority programmes.

2.3.1 Strategic orientation1: *Support for quality improvement of the health systems of the sub-region*

As a rule, quality depends on many factors including malfunctions related to policies and legislations, the production and use of human resources, and information management as well as technology. As part of quality improvement in health systems, WAHO will develop the following programmes:

2.3.1.1. Programme – Coordination and Harmonization of Policies:

Context

It is observed that, generally, the cost of treatment for the same disease varies from country to country. The situation may be explained by several factors such as cost of investment in pharmaceutical and health infrastructure, legislation, taxation system, source of medicines (whether imported or locally manufactured), price policy applicable in the health sector (consultation charges and hospitalization costs), currency, etc.





Moreover, the rules and regulations applied to nationals of one country often differ from those applied to nationals of other countries of the sub-region (during investment operations). For example the difference in contraception prevalence rate can be partly explained by the differences in legislation. On the whole, the difference in health indicators and the difficulties in the sharing of health resources in the sub-region are partly due to differences in policy, standards and legislations. Best practices, standards and legislations facilitate access to healthcare and, consequently, more effective prevention and management of diseases.

Definition of the Problem

Differences in policies, standards and legislations, result in variable access to healthcare and hamper sharing of health resources in the sub-region.

Strategic Objective 1

To pursue advocacy and political dialogue with Member States with a view to facilitating access to quality healthcare and developing harmonized sub-regional health policies, standards and legislations..

Expected Outcome 1: Appropriate policies, standards and legislations developed, harmonized, adopted and implemented by Member States.

Intermediate Results

- Effective legislations developed;
- Systematic monitoring and evaluation of health policies by ECOWAS Member States undertaken;
- Management of health systems and quality of care in the sub-region improved.
- Systematic monitoring and evaluation of health systems by ECOWAS Member States undertaken;





Priority Issues to be addressed under this programme:

- Malaria;
- HIV/AIDS/TB;
- Nutrition;
- Reproductive and Child Health;
- Prevention of blindness;
- Non communicable diseases: hypertension, diabetes, cancers;
- Traditional Medicine;
- Drugs and vaccines;
- Gender and Health.

2.3.1.2. Programme – Health Information

Context

The detection of cases, the launching of strategies to prevent transmission or reduce morbidity and mortality, the identification of new health problems, emerging and/or neglected diseases, the measurement of health trends and research – all call for comprehensive data. These are produced by epidemiological surveillance and a systematic mechanism for collection, collation, analysis, interpretation and dissemination of health information.

National surveillance should be conducted by Member States. However, the consequence of the transmission of diseases beyond national borders, clearly demonstrates the need for regional level surveillance, leading to the introduction of appropriate measures with minimal interruption to the free movement of persons and goods.

Information on health resources (human resources, health infrastructure, research, training, laboratories, etc) constitutes an effective tool for decision making in the pooling and equitable sharing of resources.



Through information/health promotion programmes, WAHO plans to facilitate health information and equitable sharing of resources in the ECOWAS sub region.



Definition of the Problem

The inadequacy of a sub-regional database hampers cooperation and collaboration in the effective prevention and control of diseases.

Strategic Objective 2

To strengthen the development of Health Management Information Systems for disease prevention and control in the ECOWAS sub region.

Expected Outcome 2: The health situation in the sub-region regularly publicized for effective response and policy change.

Intermediate Results:

- Sub regional centralized database created;
- Epidemiological information disseminated and response to disease outbreak assured;
- A sub-regional disease control action plan developed;

Priority domains to be addressed under this programme:

- Control of Epidemics;
- Information Management;

2.3.1.3. Programme – Development of Research

Context

The objective of health research is to provide evidence for health problems and their causes, thereby facilitating development of solutions and evaluation of the progress achieved in subsequent interventions.





In the sub-region, research initiatives are generally undertaken at country level, notably in the universities and research centers. Most of these researches are not necessarily related to identified priority health needs. Usually, research institutions do not always have linkages with non-academic institutions and organizations. This state of affairs is compounded by the meager financial and material resources made available to research institutions and the existence of few fora for presentation of research results.

Adequate support is required to stimulate more research in the sub-region.

Definition of the Problem

The absence of an enabling environment and the weak institutional capacity limit health research efforts in the ECOWAS sub-region.

Strategic Objective 3:

To facilitate health research in the ECOWAS sub region.

Expected Outcome 3: Network of ECOWAS researchers established and operational research centers of excellence promoted.

Intermediate Results:

- Inventory of research capacity and ongoing research programmes in the sub-region compiled
- Human and infrastructural capacity compiled and strengthened
- The impact of development projects on health identified and disseminated





Priority Issues to be addressed under this programme:

- Human Resources;
- Infrastructure ;
- HIV/AIDS;
- Tuberculosis;
- Nutrition;
- Malaria,
- Maternal and Child Health
- Traditional Medicine

2.3.1.4. Programme – Promotion and Dissemination of Best Practices

Context

The health status of the sub-region has shown an increasing trend in communicable and non-communicable diseases as well as the emergence of new diseases. Most of these diseases are linked to risky behaviours which favour their spread.

Though some of these approaches and best practices are available and being utilised in the sub-region, their use has not been effectively disseminated and health care providers waste precious time utilising ineffective approaches to solve health problems.

To achieve the millennium development goals by 2015, which include the reduction of maternal and infant mortality, HIV/AIDS, Malaria and Tuberculosis, the region must benefit from effective policies, regimen, approaches, technologies and methods to ensure a rapid-scale-up of large-scale effective prevention and care programs.

Communication aimed at behavioural change reduces health risks and empowers populations to take better care of their health. These will improve family nutrition,





family planning and prevention of diseases such as STI/HIV/AIDS, lung cancer, obesity, etc.

Definition of the Problem

Lack of knowledge of behavioural best practices, of the effective approaches to disease prevention and management strategies limits health coverage and compromises the quality of care.

Strategic Objective 4

To enhance the capacity of the sub-region's health systems to offer the highest quality care through the promotion of best practices and to promote healthy behaviour

Expected Outcome 4: Best practices for prevention and management of major diseases, identified, disseminated and adopted by Member States and healthy behaviours promoted.

Intermediate Results

- Database on best practices established and regularly updated;
- Protocols and guidelines on best practices for use by health personnel formulated, adopted and disseminated;
- Communication strategies for behaviour change developed for the sub-region;
- Best practices in BCC identified and disseminated.

Priority Issues to be addressed under this programme:

- Malaria;
- HIV/AIDS/TB;
- Nutrition;
- Reproductive Health and Child Survival;
- Prevention of blindness;
- Non Communicable Diseases;
- Behaviour Change Communication.



2.3.1.5. Programme – Development of Human Resources for health



Context

Personnel constitute one of the key elements in improving health care quality and delivery. The pursuit and growth of investment in the health sector are equally predicated on availability of health personnel. One of the several factors hampering availability of health personnel in the sub-region is brain drain, as a result of which West Africa finds itself deprived of some of its trained health personnel who take up employment elsewhere in the search of better living and working conditions. Intra-regional mobility of health professionals is limited by lack of reciprocal recognition of health certificates and qualifications among Member States and the linguistic barrier.

The curricula for training health professionals in the sub-region have not kept abreast with changes in disease patterns and management trends.

The challenges to development of human resources for health in the sub-region still include absence of reciprocal recognition of certificates, qualifications of health professionals by Member States; training the trainers; inadequate training of trainers, limited capacities of training institutions and development of young professionals.

In addition, there is poor human resource management in the sub-region leading to low moral, maldistribution and ageing of health workforce, which adversely affects performance.

Furthermore, improved access to health care services particularly for the rural population depends on the availability of community health workers. The presence





of community health workers who are able to detect early clinical signs of disease may alert the emergence of an epidemic, which would lead to its early containment.

Definition of the Problem

Health care delivery and quality, sub-regional mobility of health professionals, public/private investment in the health sector are impeded by inadequate qualified health professionals. Inadequate networking and collaboration in the health sector and the absence of reciprocal recognition of certificates and qualifications in WAHO Member States are additional constraints.

Strategic Objective 5

To facilitate education of health professionals that is responsive to essential health problems, as well as availability and mobility of human resources for health in the ECOWAS sub region.

Expected Outcome 5: Well qualified and motivated health workers available and retained in the ECOWAS sub region.

Intermediate results:

- Reciprocal recognition of certificates and qualifications has become effective among Member States;
- Database on health workers and needs established and regularly updated;
- The human and infrastructural capacities of health training institutions, improved;
- Health professionals have improved their competences and their linguistic skills ;
- Data base on trainers, training institutions, and programmes strengthened, updated and accessible;



- Strategies and plans for human resources for health developed and implemented by Member States.
- The qualification and the status of community health workers are recognized in the ECOWAS region.



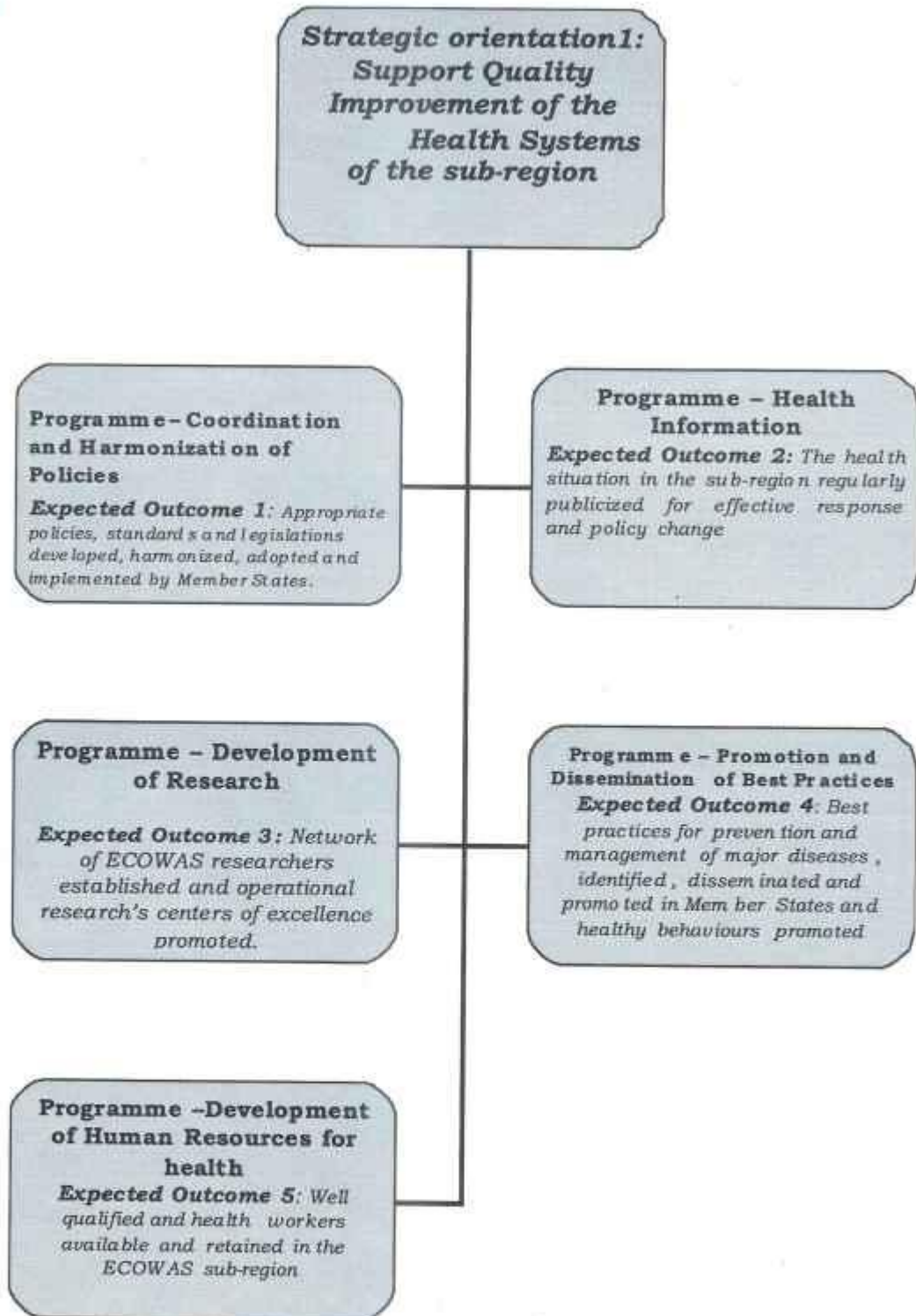
Priority Issues to be addressed under this programme:

- Training
- Management of human resource for health.





Figure 1: Diagram Support for Quality Improvement of the Health Systems of the sub-region



2.3.2. Strategic Orientation 2: *Support to Health Services Improvement in the sub-region*



Health services refer to health infrastructure and the service packages offered by health institutions. Under this strategic orientation, WAHO will strengthen Member States' capacities to obtain vaccines, medicines and other essential health products under the most favorable conditions and institutionalize traditional medicine in health systems. Two programmes will be developed in this regard.

2.3.2.1. Programme – Medicines and Vaccines

Context

Medicines are inaccessible to a majority of the populations of the West African sub-region. This inaccessibility is geographical and financial, as evidenced by the development of illicit medicines and illicit sale as an alternative solution by the populations. This lack of access contributes to the persistence and spread of the major diseases in the sub-region.

It is therefore imperative to ensure access to medicines for management of specific diseases such as Malaria and HIV/AIDS. Additionally, it is necessary to create a mechanism to ensure availability of medicines and vaccines especially during epidemics, which are frequent in the sub-region.

Effectiveness of medicines is also dependent on its quality, preservation, prescription, dispensing and rational use by the patient. Building capacities for prescribing and dispensing medicines is envisaged in the Programme Development of Human Resources for health, while the





rational use of drugs will be strengthened through communication aimed at behavior change.

A substantial proportion of medicines and vaccines are imported. However, the production capacity for some medicines and vaccines exists in the region.

Definition of the Problem

The low accessibility to quality medicines and vaccines is a major problem in the sub-region.

Strategic Objective 6

To facilitate access to essential and quality medicines, vaccines and essential health products and reduce the use of uncertified medicines in Member States.

Expected outcome 6: Quality medicines, vaccines and essential health products available and accessible to the population.

Intermediate results:

- The regional approach for the implementation of the TRIPS flexibilities in order to improve access to medicines developed and adopted;
- Medicines and vaccines production and quality control laboratories, strengthened;
- Coordinated informed buying operational in Member States;
- National regulatory bodies strengthened;
- Regional production of health products promoted;
- Regulations on drugs harmonized and adopted.
- Actions against the illicit sale and sub-standard drugs strengthened.



Priority Issues to be addressed under this programme:

- Medicines, vaccines and essential health products.



2.3.2.2. Programme – Traditional Medicine

Context

Traditional Medicine still remains the first line of health-care for a large part of the populations particularly in the rural areas. It has been recognized that lack of the necessary regulatory and legislative framework, insufficient dialogue between traditional medicine practitioners and health personnel, impede the integration of traditional medicine into the health systems of Member States

Definition of the Problem

The absence of a regulatory and legislative framework for traditional medicine within the health systems of the sub-region places restrictions on the diversification of the range of health care provided to the population

Strategic Objective 7

To promote effective institutionalization of traditional medicine in the health systems of the sub-region.

Expected outcome 7: Harmonized traditional medicine policies and legislations implemented in all Member States.

Intermediate results:

- Sub-regional associations of traditional medicine practitioners established;
- Guidelines and standards of registration modalities developed;
- Integrated programme for training of health personnel developed;





- A programme for training of traditional medicine practitioners developed and implemented;
- Conservation and local production of medicinal plants encouraged;
- Dialogue between traditional medicine practitioners and orthodox health personnel promoted;
- Research into traditional medicine encouraged.

Priority Issues to be addressed under this programme:

- Medicines
- Medicinal plants
- Training
- Communication

Figure 2 : Diagram Support to Health Services Improvement in the sub-region



2.3.3. Strategic Orientation 3: *Support for Sustainable Health Financing*



Sustainable health financing is one of the major concerns of Member States. Under this strategic orientation, WAHO will, in addition to the advocacy initiatives aimed at securing budget allocation, support Member States in boosting and developing adapted financing alternatives.

2.3.3.1. Programme – Diversification of Health Financing Mechanisms

Context

Health systems in the sub-region are currently financed through budget allocation, partner financing and user fees. These mechanisms are inadequate for addressing all the financial needs of the sector. The contribution of the private sector remains low.

In order to diversify the health financing mechanisms in the sub-region, WAHO could seek the cooperation of Member States to undertake common regional health projects such as regional training schools and research centers.

Under this strategic orientation, it will also be imperative to support development of community-based financing mechanisms and initiate debate on the issue of social security, especially for the most vulnerable individuals.

Definition of the Problem

Improvement of health coverage and access to health care for the peoples is hampered by inadequate funds, limited diversification of funding sources in the sub-region.





Strategic Objective 8

To facilitate the promotion of new financing mechanisms and advocate for increased budgetary allocation for health.

Expected outcome 8: Effective sustainable financing mechanisms identified and adopted.

Intermediate results:

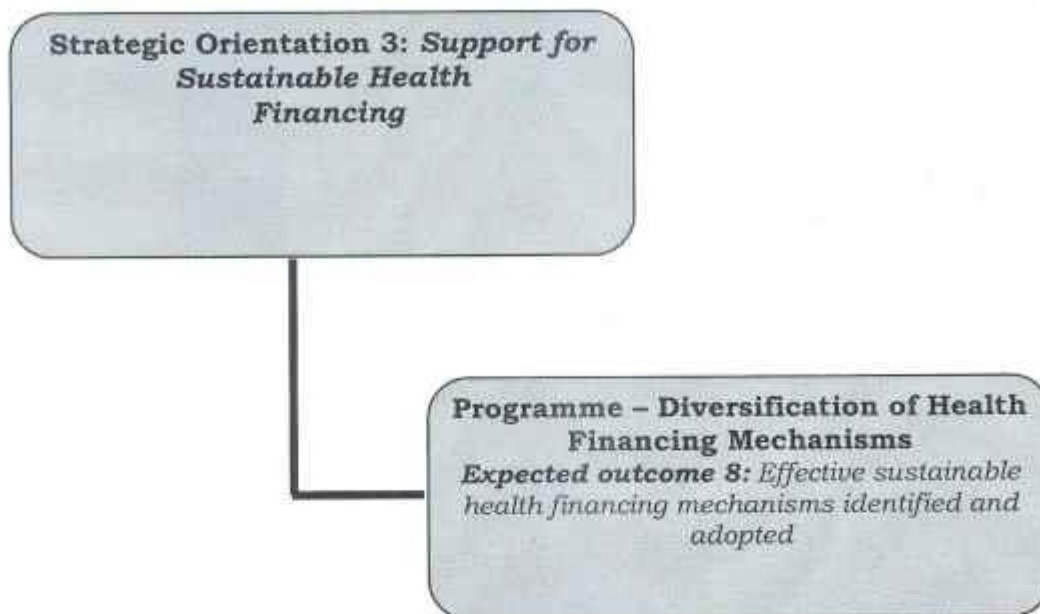
- New financing mechanisms identified and adopted;
- Community-based financing mechanisms promoted in Member States;
- Sub-regional cooperation with respect to the financing of sub-regional health programmes implemented ;
- Private sector investment in health encouraged;
- The proportion of the national budget for the health sector of Member States increased.
- Special fund established for emergency response ;
- Special fund established for research;
- Special fund established for access to drugs.

Priority Issues to be addressed under this programme:

- Public financing;
- Private financing;
- Mutual Health Organizations;
- Health insurance schemes.



Figure 3: Diagram Support for Sustainable Financing of Health



2.3.4. Strategic Orientation 4: Institutional Development of WAHO

Appropriate capacity in WAHO needs to be strengthened in order to implement the second strategic plan and other sub-regional programmes.

2.3.4.1. WAHO Institutional Development and Capacity Building Programme

Context

The final evaluation of WAHO's first Strategic Plan and its Administrative Audit have identified institutional and organizational weaknesses including the inadequacy of staff, the lack of further skill training of staff, the crampedness of the workspace as well as the low visibility of the actions conducted by WAHO.

Definition of the Problem

The good implementation of WAHO's mission is hampered by the deficit of staff, infrastructures and equipment and in representativeness in the countries.





Strategic Objective 9

To strengthen WAHO's capacity.

Expected outcome 9:

Capacity of WAHO strengthened.

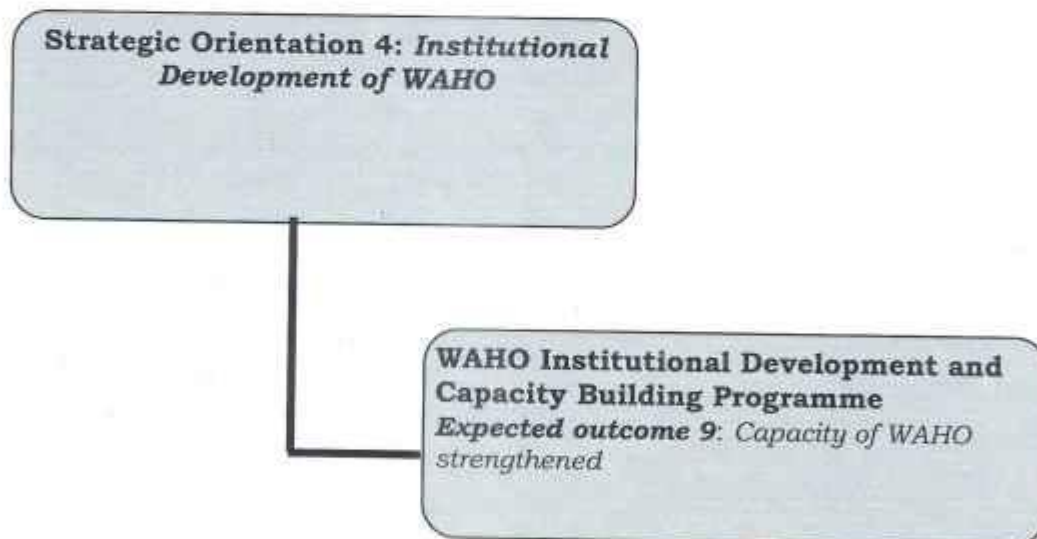
Intermediate results:

- Existing infrastructure rehabilitated and new offices built;
- WAHO's visibility with stakeholders improved;
- Staff and Liaison Officers capacity enhanced;
- WAHO's ICT capacity strengthened;
- WAHO's capacities to mobilize additional financing resources strengthened.

Priority Issues to be addressed under this programme:

- Training ;
- Human Resource Management;
- Communication and ICT.

Figure 4: Diagram Institutional Development of WAHO



2.3. 5: Strategic Orientation: Assumptions, Risks and Solutions



With respect to the implementation of the Strategic Plan, the main assumptions, risks and solutions are summarized as follows:

Strategic Orientation	Assumptions and Risks	Solutions
Quality improvement of the health system	<ul style="list-style-type: none"> • Availability of funding • Stakeholder Commitment • Stable Political Environment • Lack of political will • Weak technical infrastructure to share information • Functional HMIS • Inadequate information 	<ul style="list-style-type: none"> • Advocacy • Resource mobilisation • Advocacy • Advocacy • Cross-checking sources of information • Advocate for functional HMIS
Support to Health Services Improvement in the sub-region	<ul style="list-style-type: none"> • Functional regulatory bodies • Availability of funds • Stakeholder's resistance • Low absorptive capacity of allocated funds 	<ul style="list-style-type: none"> • Advocacy • Advocacy • Advocacy
Support for Sustainable Financing of Health	<ul style="list-style-type: none"> • Political will • Economic stability • Political stability • Partner volatility • Instability of resources • Accountability and transparency 	<ul style="list-style-type: none"> • Advocacy • Dialogue • Long-term commitment • Effective resource management
Institutional development of WAHO	<ul style="list-style-type: none"> • Availability of appropriate manpower in WAHO • Continued ECOWAS support • Funding availability 	<ul style="list-style-type: none"> • Recruitment of skilled staff, • Advocacy • Advocacy and resource mobilisation





CHAPTER III: IMPLEMENTATION OF THE STRATEGIC PLAN

The implementation of this Strategic Plan will go through the development of a subsequent Operational Plan as well as annual programme budgets to be submitted to the consideration

of the ECOWAS Assembly of Health Ministers, the adoption of the Council of Ministers and approval by the Authority.

The Operational Plan will include the indicators of the expected outcomes, the intermediate results, the activities to be carried out, the costs as well as the responsible divisions and the partners involved in the implementation.

The operational principles of this implementation of the Strategic Plan are described below.

3.1. OPERATIONAL PRINCIPLES

The operational principles of the implementation of the Strategic Plan are centred around two elements, sustainable partnerships and WAHO's intervention principles.

3.1.1. Establishment of Sustainable Partnerships

WAHO's political mandate in West Africa requires it to establish partnerships and involve stakeholders to achieve greater efficiency in all health sector related interventions in the sub-region. Partnership which essentially facilitates establishment of relations between the various actors and stakeholders is one of the most appropriate ways to achieve such efficiency. WAHO should, thus, establish effective partnership with stakeholders such as doctors, pharmacists, nurses and dentists' professional associations, research and training institutions, health laboratories, health associations and other health institutions, thematic networks, other regional and sub-regional organizations, NGOs and donors operating in health sector of the sub-region. Such partnerships will be developed in accordance with generally accepted principles, namely: common objectives, reciprocal information, transparency and contractual formalization.





3.1.2. Strategic Directions

Under the second Strategic Plan WAHO will maintain the same guiding principles as the First Strategic Plan, namely: advocate, broker, Catalyze, and disseminate and also evaluate.

- **Advocate:** WAHO shall act to influence the position/decision making processes on a given health and health-related issue;
- **Broker:** WAHO shall facilitate partner involvement in health-related activities to be undertaken in the sub-region. WAHO would also encourage dialogue among Member States and between Member States and partners to embark upon common initiatives.
- **Catalyze:** WAHO shall initiate and leverage resources for pilot experiences/projects to demonstrate the feasibility of certain solutions.
- **Disseminate:** WAHO shall disseminate health information as well as information on health resources and best practices to enhance evidence based health policies;
- **Evaluate:** WAHO shall evaluate programmes and policy initiatives.

3.2. Budget and Financing Plan

The budget and financing plan will be prepared as soon as the strategic options are approved and Operational Plan developed.

CHAPTER IV: MONITORING AND EVALUATION OF THE PLAN

Monitoring and evaluation will help maintain the focus on effective implementation of the Strategic Plan and on attainment of the strategic objectives and the expected outcomes of the Second Strategic Plan. Consequently, a Monitoring/Evaluation Plan will be formulated and will comprise, among other things, the indicators to be followed, the measures to be undertaken and the responsibility of the various stakeholders. Mid-year and annual implementation reports on the Strategic Plan will be published and a mid-term and final evaluation conducted.





OVERVIEW OF WAHO 2009-2013 STRATEGIC PLAN PROGRAMMES

PROGRAMMES	COST (US\$)	AS PERCENTAGE
1. PROGRAMME COORDINATION AND HARMONIZATION OF POLICIES	18488000	22%
2. PROGRAMME HEALTH INFORMATION	4490000	5%
3. PROGRAMME DEVELOPMENT OF RESEARCH	1540000	2%
4. PROGRAMME PROMOTION AND DISSEMINATION OF BEST PRACTICES	4065000	5%
5. PROGRAMME DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	17425000	21%
6. PROGRAMME MEDICINES AND VACCINES	10441000	13%
7. PROGRAMME TRADITIONAL MEDICINE	2690000	3%
8. PROGRAMME DIVERSIFICATION OF HEALTH FINANCING MECHANISMS	21264000	26%
9. PROGRAMME WAHO INSTITUTIONAL DEVELOPMENT AND CAPACITY BUILDING	1750000	2%
10. MONITORING AND EVALUATION OF THE PLAN	1100000	1%
TOTAL COST OF THE STRATEGIC PLAN	83253000	100%



5. Bibliography



WAHO:

- Five- Year Strategic Plan 2003-2007 ;
- WAHO /UN SCN: Diet –related Chronic Diseases and the Double Burden of Malnutrition in West Africa – Features the 10th Annual ECOWAS Nutrition Forum-2006;
- WAHO: WAHO Strategy for reduction maternal and perinatal mortality in the WEST AFRICA 2004 – 2008;
- Report of final evaluation of the 2003-2007 Strategic Plan

WHO:

- The African Region Health Report 2006;
- WHO: Engaging for Health – Eleventh General Programme of Work 2006 -2015
A Global Health Agenda, May 2006;

AFRICAN UNION:

- The state of the African Population –Report 2006 – September 2006;
- AFRICA Health Strategy 2007-2015

ECOWAS:

- Protocole relatif à la création d'une Organisation Ouest Africaine de la Santé ;
- Strategic Plan 2007-2010, May 2007 ;

Cadre Permanent de Coordination et de Suivi de la Gestion Intégrée des Ressources en Eau en Afrique de l'Ouest (CPCS)

- Plan Stratégique 2007-2015 Mars 2007 ;
- République du Cap Vert - Ministère de la Santé :
Politique Nationale de Santé 2020, Septembre 2006 ;
- Federal Ministry of Health Nigeria:
Revised National Health Policy- September 2004

World Development Indicators Online (2005). World Bank





Annex 1: Indicators for ECOWAS countries

Table: Countries' Indicators for 2005

Country	Benin	Burkina Faso	Cape Verde	Côte d'Ivoire	The Gambia
Surface area (sq.km -thousand)	1,126,000	274	40,300	322.5	11.3
Population (millions)	8.4	13.2	0.5068	18.2	1.5
Population growth (annual %)	3.1	3.1	2.3	1.6	2.6
Life expectancy at birth (years)	55	48.5	70.7	46.2	56.8
Fertility rate, total (births per woman)	5.6	5.9	3.5	4.7	4.4
Infant mortality(per 1,000 live births)	89	96	26	118	96.6
mortality rate, under-5 (per 1,000)	150	191	35	195	137
Prevalence of HIV, total (% of population ages 15-49)	1.8	2		7.1	2.4
GDP growth (annual %)	3.9	2.1	5.8	1.8	5

Country	Ghana	Guinea	Guinea Bissau	Liberia	Mali
Surface area(sq.km -thousand)	238.5	245.9	36.12	111.4	1,200
Population (millions)	22.1	9.4	1.6	3.3	13.5
Population growth (annual %)	2	2.2	3	1.3	3
Life expectancy at birth (years)	57.5	54.1	45.1	42.5	48.6
Fertility rate , total (births per woman)	4.1	5.6	7.1	6.8	6.7
Infant mortality (per 1,000 live births)	68	97.4	124	157	120
mortality rate, under-5 (per 1,000)	112	160	200	235	218
Prevalence of HIV, total (% of population ages 15-49)	2.3	1.5	3.8		1.7
GDP growth (annual %)	5.9	3.3	3.5	9	6.1

Country	Niger	Nigeria	Senegal	Sierra Leone	Togo
Surface area (sq.km -thousand)	1,274	923.8	196.7	71.74	56.79
Population (millions)	14	131.5	11.7	5.5	6.1
Population growth (annual %)	3.3	2.2	2.4	3.5	2.6
Life expectancy at birth (years)	44.9	43.8	56.5	41.4	55.1
Fertility rate, total (births per woman)	7.7	5.5	4.9	6.5	5
Infant mortality(per 1,000 live births)	150	100	60.9	165	78
mortality rate, under-5 (per 1,000)	256	194	118.7	282	139
Prevalence of HIV, total (% of population ages 15-49)	1.1	3.9	0.9		3.2
GDP growth (annual %)	4.5	6.9	5.1	7.5	2.8

Region	ECOWAS
Surface area(sq.km -thousand)	5,079.4
Population (millions)	260.5
Population growth (annual %)	2.5
Life expectancy at birth (years)	51.1
Fertility rate, total (births per woman)	5.6
Infant mortality(per 1,000 live births)	103.1
mortality rate, under-5 (per 1,000)	174.8
Prevalence of HIV, total (% of population ages 15-49)	2.6
GDP growth (annual %)	4.9

Source: World Development Indicators database, April 2007/and calculated for ECOWAS

ANNEX



