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AFRICA HEALTH STRATEGY: 2007 - 2015

AFRICA HEALTH STRATEGY: 2007–2015:
INDEX

1. Introduction

2. Situation Analysis

2.1 Disease Burden
2.2 Root causes
2.3 Opportunities

3. Vision and Mission, Principles, Goals and Objectives

3.1 Vision and mission
3.2 Principles
3.3 Goals and objectives

4. Strategic Direction

4.1 Health Systems

4.1.1 Governance
4.1.1a Policies and legislation
4.1.1b Organisation
4.1.1c Performance
4.1.2 Resources
4.1.2a Financing, Resource Allocation and Purchasing of Health Services
4.1.2b Social Protection
4.1.2c Human Resources
4.1.2d Commodity Security and Supply Systems
4.1.3 Health Systems Operations
4.1.4 African Traditional Medicine
4.1.5 Participation
4.1.5a Community Involvement and Empowerment
4.1.5b Strengthening Partnerships
4.1.6 Health Information and Research
4.1.6a Surveillance, emergency preparedness and response

4.2 Integrated Approaches and Linkages

4.3 Socioeconomic and political context of health

5. Monitoring and evaluation

6. Way forward

7. Bibliography

AFRICA HEALTH STRATEGY: 2007 - 2015

1. Introduction

1. Africa has made significant strides in certain areas of social and economic development but has the potential to achieve even more if it can overcome the large burden of disease which continues to be a barrier to faster development. This ever increasing disease burden, despite good plans and strategies, is cause for concern to the policy makers. This has prompted the African Union Ministers of Health to harmonize all the existing health strategies by drawing this Africa Health Strategy which Regional Economic Communities (RECs) and other regional entities and Member States can use to enrich their strategies, depending on their peculiar challenges. The Strategy neither competes with nor negates other health strategies but seeks to complement other specific and detailed strategies by adding value from the unique perspective of the African Union. It provides a strategic direction to Africa's efforts in creating better health for all.

2. The Strategy recognises that Member States and regions and indeed the continent have previously set health goals in addition to the Millennium Development Goals that they have committed to. It explores some challenges that militate against the continent decreasing the burden of disease and improving development and also draws on existing opportunities. It highlights strategic directions that can be helpful if approached in a multi-sectoral fashion, adequately resourced, implemented and monitored accordingly.

3. The African Union, member states and the RECs will use this Strategy as the inspirational framework within which they will fulfil their roles. The Strategy provides a focus for all health initiatives to converge around. Ministers of Health are calling on multilateral agencies, bilateral development partners and other partners in Africa's development to build their health contribution around this Strategy. Such a co-ordinated response is critical to ensure maximum benefit from the resources mobilised and to prevent fragmentation and duplication. This Strategy thus provides an overarching framework to enable coherence within and between countries, civil society and the international community.

4. The strategy proposes strengthening of health systems with the goal of reducing disease burden through improved resources, systems, policies and management. This will contribute to equity through a system that reaches the poor and those most in need of health care. Investment in health will impact on poverty reduction and overall economic development.

5. Health sector should be at the forefront of efforts to advance women's rights and equality as women not only bear the greatest disease burden but are also primary care givers.

2. Situation Analysis

2.1 Disease Burden

6. The evidence of the impact of good investments and effective interventions on burden of disease and on economic indicators is becoming stronger. Nonetheless, the reality remains that Africa's people face a huge burden of preventable and treatable health problems whose solutions are known, proportionately far beyond Africa's share of the world's population. The triple burden from communicable and non-communicable diseases and injury and trauma, including the social impact of these, has adversely affected development in Africa. Africa is still not on track to meet the health Millennium Declaration targets and the prevailing population trends could undermine progress made. The maternal mortality rate will need to drop from between 500 and 1500 to 228 per 100 000 and Under 5 mortality from 171 to 61 per 1000 to reach their respective Millennium Development Goals. Life expectancy on the continent, already low, has been reduced further to an average of 52 years by many factors including structural adjustment programmes (SAPs) and the AIDS epidemic. Women and children carry a disproportionate share of Africa's heavy disease burden, with 4.8 million children dying annually, mostly from preventable diseases. Women carry the major responsibility for care and poor education may add to their oppressed position.

7. AIDS, tuberculosis and malaria pose the greatest challenges. However, they should not overshadow the severe burden of other communicable diseases including pneumonia, diarrhoea and measles in children and other diseases that severely debilitate communities affected by them. These include Onchocerciasis, Trypanosomiasis, Schistosomiasis, Dracunculiasis (Guinea Worm) and Filariasis. Cholera, Meningitis, Ebola and Marburg outbreaks continue, while intermittent cases of Human Avian Influenza remind the continent of the pandemic threat that mutation poses.

8. The alarming rate of growth of the burden of both death and disability from non-communicable diseases in Africa is ever more recognised, with chronic diseases becoming ever more prevalent, linked to demographic, behavioral and social changes and urbanisation. Hypertension, stroke, diabetes, chronic respiratory disease and the consequences of tobacco use, alcohol abuse and illicit drugs, are growing as serious public health challenges. Injuries from violence, wars, traffic accidents and other mostly preventable causes result in widespread death and physical disability, while the impact of mental ill-health has previously been underestimated. Sickle Cell Disease is the most prominent genetic disorder, while the prevalence of specific cancers is extremely high in some parts of the continent.

9. Worsening protein energy and micronutrient malnutrition in many countries continues to contribute to elevated mortality, while dietary change and inactivity are factors driving the emergence of chronic diseases and obesity. Micronutrient deficiency including iron, zinc, iodine and vitamin A is widespread. About 60% of under-five mortality in some parts of Africa is attributable to malnutrition, which remains a major challenge to development and child survival in Africa.

2.2 Root causes

10. The economic growth in many Africa countries, decline in conflicts and important strides towards democracy and good governance are all contributing to health. Other wide ranging interventions are being implemented and important progress is being made in addressing the root causes of the disease burden in Africa. However, although the balance of reasons varies from country to country, the high disease burden continues because:

a. Health systems are too weak and services too under-resourced to support targeted reduction in disease burden and achieve universal access
b. Health interventions often do not match the scale of the problem
c. People are not sufficiently empowered to improve their health nor adequately involved, while cultural factors play a role in health seeking behaviour.
d. The benefits of health services do not equitably reach those with the greatest disease burden
e. There is widespread poverty, marginalisation and displacement on the continent
f. Insufficient action on the intersectoral factors impacting on health.
g. Environmental factors and degradation are not sufficiently addressed

11. There have been commendable efforts towards addressing the inter-sectoral challenges affecting health, particularly since the advent of the African Union and its New Partnership for Africa's Development. Nonetheless, shortfalls in agriculture, low literacy and lack of safe water, adequate sanitation, electrification and infrastructure, and ongoing conflicts all drive up the disease burden. A vicious cycle remains in which poverty and its determinants drive up the burden of disease, while ill-health contributes to poverty. Investment in health could therefore contribute to economic development.

12. Health system factors that still undermine efforts to reduce the disease burden are:

a. Insufficient sustainable financial resources and the efficient allocation and use thereof;
b. Lack of social protection for the vulnerable groups especially those in catastrophic situations;
c. A shortage of appropriately trained and motivated health workers;
d. Poor commodity security and supply systems and unfair trade practices favouring the rich countries;
e. Weak health systems operations;
f. Marginalisation of African Traditional Medicine in national health systems;
g. Inadequate community involvement and empowerment;
h. Capacity of the private sector, including NGOs is not fully mobilised;
i. Paucity and inadequate use of available evidence and information to guide action including use of ICT;
j. Effective co-ordination with other sectors and harmony with partners not yet attained;
k. Lack of optimal intersectoral action and coordination;

l. Restrictive and disruptive global policies (e.g. structural adjustment programmes and unfair terms of trade), conditionalities and actions that adversely impact on Africa's health systems; and
m. Gaps in governance and effective leadership of the health sector.

13. The world is facing a global health work force crisis that is characterised by widespread shortages, mal-distribution between and within countries, poor working conditions and paucity of information and knowledge on best practice. Migration of health workers to rich nations is draining human resources for health in poor countries, which is exacerbated by insufficient training of adequate number of health workers. To compound this, Africa and the world face the emergence of new pandemics and resurgence of old diseases. While Africa has 10% of the world population, it bears 25% of the global disease burden and has only 3% of the global health work force. Of the four million estimated global shortage of health workers one million are immediately required in Africa. This crisis has developed as a result of long standing neglect, unfavourable international development policies and practices.

14. Subsequent to the Abuja Declarations, some countries have increased their health expenditure, while development partners have increased their development aid for health beyond US$10 billion per annum. However, health funding in most countries remains below what is required to achieve a functional basic health system, even if resources available were optimally used. Only two out of the 53 African countries have met the Abuja 2001 target of 15% of total government expenditure to be allocated to health.

2.3 Opportunities

15. At the same time as it faces challenges, Africa is at a time of unique opportunities to significantly impact on its disease burden, notably through ensuring adequate investments in health systems. There is increasing recognition that health creates wealth and advances GDP.

16. There is growing improvement in public sector performance including the health sector, with decentralization unfolding in many countries.

17. Pursuant to the Abuja Declaration, some countries have increased their budget allocation to health in real terms, now exceeding 10% of public budget, the vital importance of sufficient, motivated Human Resources for Health has been recognised by Africa's leaders.

18. There is progress in ensuring commodity supply, and the decision of the AU Heads of State at their Fourth Summit will enable Africa to realize the economic production at volume of quality generic medicines and other commodities (e.g. long lasting insecticides impregnated bed nets -LLITNs).

19. The African Union and its programmes provide an African-driven mechanism for ensuring a common platform and framework for avoiding duplication and fragmentation for countries / RECs and partners.

20. Development partners have increased their development aid for health in Africa beyond US10 billion per annum and the move towards funding of core public health budgets based on national plans, such as through Sector Wide Approaches (SWAPS) integrated intersectorally, offers a major opportunity to move away from fragmented and inefficient vertical projects and programmes, which is supported by the international commitment on aid effectiveness as agreed at the High Level Forum in Paris in 2005. The benefit is enabled by alignment of donor funding with nationally determined plans and priorities. Funding opportunities such as Global AIDS Vaccine Initiative (GAVI) could also be utilized.

21. Independent research from large scale programmes is also providing evidence of what works and what does not work, especially in resource poor settings. This kind of evidence could be used to provide direction on cost-effective, high impact and sustainable interventions.

3. Vision and Mission, Principles, Goals and Objectives

22. Africa knows what its disease burden is and its consequences, Africa also knows that it is possible to and can change this legacy as well as the interventions required. Its Health Ministers are committed to leading and co-ordinating a committed effort to enhance the health of Africa.

3.1 Vision and Mission

23. The **vision** is an integrated and prosperous Africa free of its heavy burden of disease, disability and premature death.

24. The **mission** is to build an effective, African driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, inter sectoral action and empowered communities.

3.2 Principles

25. This Strategy is underpinned by a set of **principles**:

- Health is a human right
- Health is a developmental concern requiring a multi-sectoral response
- Equity in health care is a foundation for all health systems
- Effectiveness and efficiency is central to realising the maximum benefits from available resources
- Evidence is the basis for sound public health policy and practice
- New initiatives will endeavour to set standards that go beyond those set previously
- Solidarity is a means of facilitating access for the poor
- Respect for culture and overcoming barriers to accessing services
- Prevention is the most cost-effective way to reduce the burden of disease
- Health is a productive sector
- Diseases know no borders and cross border cooperation in disease management and control is required.

3.3 Goals and Objectives

26. The **goal** of this Africa Health Strategy is to contribute to Africa's socio-economic development by improving the health of its people and by ensuring access to essential health care for all Africans, especially the poorest and most marginalised, by 2015.

27. The overall objective of this strategy is to strengthen health systems in order to reduce ill-health and accelerate progress towards attainment of the Millennium Development Goals in Africa; More specifically:

a. To facilitate the development of initiatives to strengthen national health systems in member states by 2009
b. To facilitate stronger collaboration between the health and other sectors to improve the socio-economic and political environment for improving health
c. To facilitate the scaling up of health interventions in member states including through regional and intergovernmental bodies.

4. Strategic Approaches

28. This Strategy presents an approach for addressing avoidable disease, disability and death in Africa and for strengthening Health Systems for equity and development, especially for the poorest, most marginalised and displaced people.

29. To achieve the goals of this Strategy, a number of strategic interventions need to be concurrently implemented towards achieving an effective and sustainable health sector, synchronised with an integrated focus on the major health burdens and vulnerable groups. The intention is to incorporate best practices for promotion, prevention, care and rehabilitation into country health plans in line with national circumstances. There should be special attention to post-conflict countries and those caring for refugees and internally displaced persons. The Strategy must apply the life-cycle approach for cost-effective disease prevention.

4.1 Health Systems

30. For a country to deliver basic health care to its people, it requires a fully functional health system. There are many ingredients that make up a functional health system, including human resources for health, transport, ICT, facilities and medicines and supplies.

4.1.1 Governance

31. Health is a human right that is increasingly being recognised as enforceable. Governments have a responsibility for guaranteeing health care for all their citizens in an equitable manner and with clean and efficient governance, while using resources accountably. Governance includes providing stewardship, including vision and direction.

32. There should be committed intersectoral action for health involving other ministries and levels of government. The Health Ministry's stewardship role goes beyond the Ministry of Health's leadership in the health sector (stewardship in health) and the strategic management of the health system (stewardship of health) to addressing the inter-sectoral, socio-political environment within which the health system operates (stewardship for health).

33. The move towards supporting one national plan, one governing framework and one monitoring and evaluation system should be accelerated.

4.1.1a Policies and legislation

34. Health policies will be reviewed regularly to ensure that they are an up to date reflection of government's vision and priorities, reflect best practice and take into account the realities and socio-cultural circumstances of the country. Policies should be geared towards guiding and supporting effective implementation and monitoring of programmes.

35. Legislation and consequent regulation are key tools in giving effect to policy. Countries should review their health legislation and promulgate new legislation and regulations as needed to ensure that their policy intent is supported and that legislative gaps are filled, creating an environment for effective delivery of affordable, appropriate, equitable, and accessible quality care for the entire population.

4.1.1b Organization and Management

36. This Strategy seeks to advocate and promote a coherent organisational framework that enhances efficiency and effectiveness through:

- Proper and adequate planning
- Strengthening and revitalizing a primary health care approach
- Reducing bureaucracy and enabling appropriately skilled and motivated management
- Increasing cost-effectiveness and evidence based decision making
- Improving efficiency through reorganizing services
- Introducing cost-effective, quality improvement programmes and services
- Allocating resources to effectively and equitably address health needs
- Determining the minimum package of core primary health care interventions that all citizens can access
- Decentralizing operational management of the health system
- Applying an effective multi-sectoral approach
- Providing an accessible, affordable and acceptable health care services.

37. Decentralisation provide for effective and transparent management. The basic unit of a well organised health system is the district, which needs to be strengthened and adequately resourced, in a balanced manner with the higher levels of health care. The essential features are the active involvement of local communities and stakeholders and flexibly adapting programmes to local circumstances. District managers should, within national guidelines and delegations, be able to allocate resources and modify approaches and introduce innovations. Each country should

develop one or more learning sites to explore what it takes to develop an effective basic health system and to offer a demonstration opportunity to the country and even the region.

38. Integration of related and complementary programmes will be used to improve cost-effectiveness of the health system and convenience to the consumer, overcoming the problems of a vertical and fragmented approach.

4.1.1c Performance

39. Countries are committed to enhancing the performance of their health system to achieve the best value with the resources available. Each country will update and cost their national health plan, following a gap analysis between existing plans and this Strategy and other commitments, taking into account an agreed minimum package of core interventions. These National Health Plans will be the centre of health development in the country, and the basis for strengthening the health system, its implementation continuously monitored and its content regularly reviewed and updated.

40. National health care systems need to respond adequately to the expectations of their population and the changing health needs and there should be a clear mechanism for disseminating the expectations, enhancing community responsiveness and ownership and for improving performance and caring of health workers. There should be a commitment to transparency, accountability and reporting.

41. Countries should consider three possible resource availability scenarios; one at current or low growth levels, a second anticipating greater national commitment and delivery of international promises and the third for the resources required to make the impact desired – and then set targets commensurate with these resources. At the same time countries must constantly ask if the health outcomes justify the inputs, if resources are being optimally utilised and if health system improvements will achieve sustained positive change. These plans must include ways of bridging any possible resource gaps in the short, medium and long term.

42. Incorporating the new opportunities offered by advances in technology and developing and retaining human resources are critical to health systems performance and all elements should receive priority attention. Strategic interventions should value, motivate, proportionately compensate and equip all cadres of health workers.

Countries will update their National Health strategies and plans in line with this Africa Health Strategy and with the detailed commitments collectively made on specific issues by African Heads of State and Government and Ministers of Health. This will include a gap analysis and costing against different resource scenarios, taking into account the minimum package of core interventions.

Ministers of Health will drive efforts to strengthen health advocacy, governance and leadership, implement/strengthen the primary health care approach and make organisational changes to support efficiency, including strengthening of district health systems in line with the 1978 Alma Ata declaration.

4.1.2 Resources

43. Resources encompass key inputs such as fiscal provisions, human resources, physical capital, drugs and medical supplies and commodities. Ministries should generate and apply these resources optimally towards strengthening health systems for equity and development.

4.1.2a Financing, Resource Allocation and Purchasing of Health Services

44. Governments alone cannot assure the health of its population. Partnerships with communities, private sector, civil society organizations as well as development partners are essential to make an environment conducive to good health status as well as to deliver health services.

45. Countries are encouraged to target the US$34-40 per capita required to provide the essential package of health services.

46. Member states are urged to review current public and private health expenditure with a view to increasing the per capita expenditure so that a greater proportion of the population has access to the essential package of health services, with vulnerable sections of the population, especially women and children. This should focus on the major health challenges by using cost-effective measures, with adequate financing for primary health care.

47. Strategies that may be considered by Member States to increase the pool of funding available to the health sector include:

(a) Increasing the efficiency of the public and private health care sector;
(b) Advocating for greater donor support in line with the Paris Declaration;
(c) Advocating for investment in health in line with the Commission of Macroeconomics and Health;
(d) Exploring alternative sources of additional revenue for both public and private sector; including health insurance systems, while avoiding conflict of interest;
(e) Elaborating national health accounts for better management of health expenditure.
(f) Promoting public-private partnerships

48. Financing for health systems needs to be treated as an exceptional case. If basic essential health care is to be achieved then budget caps will need to be lifted, and time bound renewable employment contracts used. Development partners will need to move towards sector wide approaches to ensure absorptive capacity and reduce transaction costs. The health sector should receive suitable allocations from multi-donor budgetary support.

49. Member States are urged to allocate resources with due regard to redressing imbalances, including those between the rich and poor, the urban and rural communities and between men and women and children.

50. Member States must strengthen government's capacity and regularly review the practices and procedures to purchase health services, including tendering and contract management systems which must be accountable.

51. The African Union should engage global health initiatives to encourage them to fund the core health system and human resources requirements needed for their programmes

Countries should steadily increase their budget allocation for health to at least the 15% target set by Heads of State and prioritise primary health care.

The African Union should engage development partners to match the commitments they have made in international forums, with longer cycles of predictable, dependable and harmonised aid.

Countries should explore the use of contract posts (with benefits) for staff in the public sector using basket-funded development aid, the posts being renewable with new funding cycles.

The African Union should engage global health initiatives to encourage them to integrate with national health systems and to fund the core health system and human resources requirements needed for their programmes.

In exploring additional sources of revenue countries should work towards a solidarity model within a framework of equity, seeking to implement pre-payment systems to avoid user fees at the time that care needs to be sought.

Procurement systems should be transparent.

4.1.2b Social Protection

52. Social safety nets at country and community level as well as national health plans need to be encouraged and enhanced in a manner that meets the needs of the vulnerable and that is compatible with traditional and cultural norms and practices of the society. Measures for identifying people who fall through the cracks need to be put in place in a participatory manner. All social protection mechanisms should be mobilised, including social health insurance. There should be a review of user fees with a view to abolishing them as this is important in social protection.

53. National solidarity mechanisms for social protection should be put in place.

54. Enhanced inter sectoral action should provide for a continuum of care and it should be delivered as such. But, there are certain areas which are clearly the responsibility of the health sector and these should be included in National Health Plans or in social pensions.

55. Poverty reduction strategies rather than mere social welfare should be at the core of social protection.

National Health Plans should include social protection for the vulnerable and a plan to protect families from the long term debt traps of catastrophic illness or injury.

There should be a review of user fees with a view to abolishing them.

4.1.2c Human Resources

56. Health sector reforms must promote all aspects of human resources for health development and retention, addressing policies, strategic plans, information, training, recruitment, deployment and retention, administration, working and living conditions and the health of staff. In this regard, in line with the AU Heads of State and Government decision, Governments should:

- Determine the categories of professional, auxiliary (mid-level) and community health workers that will provide an appropriate human resource mix for their needs.
- Develop costed national human resources development and deployment plans, including revised packages and incentives, especially for working in disadvantaged areas.
- Forward fund the establishment of the training capacity required to produce the desired number of health workers.
- Build a cadre of multi-purpose trained staff as the nucleus of health care delivery.

In addition, member states should:

- Collectively lobby for the lifting of expenditure ceilings imposed by partners in health and other social services
- Ensure that health workers trained are using public funds offer compulsory community service for a given time as a means of paying back to society
- Explore additional sources for funding the development of human resources for health in Africa and especially how to reduce migration of health workers out of the continent. An endowment fund can be a possible starting point.
- Advocate for western governments to also increase investments in the training of their own health care workers in order to address the gaps in their countries and thus reduce the pull factors in developed countries
- Address the push factors by putting in place mechanism that value, respect, motivate, adequately compensate, professionally develop and equip the health workforce.

57. The African Union needs work towards ensuring ethical recruitment within the continent and by developed countries, by insisting on agreements that take into account the investment made by African countries as well as the rights and freedoms of individuals. Countries should address the causes of migration and conduct migration and retention studies of health workers and should also improve the

conditions under which health professionals and other health workers operate. African countries should work together to produce the health workers we need and to develop a common African curriculum.

58. The continent has to implement most effective ways of developing, retaining and enhancing the human resource capital. The most fundamental issue to be ensured is whether the training of health care workers is appropriate and aligned to the needs of the continent. The decision by Africa to train mid level and multi-skilled health workers needs to be followed up by reviewing training curricula and sharing training resources and institutions of higher learning on the African continent. This must be coupled with updating personnel audits of various cadres of the health sector and determining causes of attrition, as well as reviews of career structures.

59. Countries policies and plans should provide for a balance of professional, auxiliary and community health workers to ensure suitable skills, continuous safety, cost-effectiveness and availability. Each country needs to have a comprehensive Training Needs Assessment, for basic and continuing education, supported by a plan of action. In scaling up training, one of the quickest measures is to increase the size and intake of existing institutions while bearing in mind the need to also increase the training and working environment infrastructure and appropriate staffing norms. Some may need upgrading of their facilities, all should have internet connectivity and curricula in some countries may need to be modernised to take account of the latest developments. As we scale up training, we should put in place mechanisms to absorb these staff into service. In this regard countries should support training needs assessment to help identify areas of most need for type, number and qualifications.

60. Countries should ensure effective management of human resources for health starting with updating their employment and deployment policies. Improvement in salaries and work conditions is a critical factor for success. To this should be added flexible career paths, supportive supervision and mentoring, continuing education, recognition of credit hours and continuing professional development and fostering motivation and retention strategies. Managers should demonstrate openly the value they place on their health workers and recognize their professional worth and the adverse circumstances under which many work. There should be effective registration and monitoring of health workers.

61. The severe rural – urban and formal – informal settlement imbalances require special attention. Financial and non-financial incentives e.g. housing, additional leave, further training opportunities should be used to entice/compensate staff. Community service (under supervision) is an important way for new graduates to offer something back to the society that has invested in affording them the opportunity to become a health professional.

62. Good performance of all health staff should be rewarded. Expertise in health management should be developed. All countries should establish National Health Workforce Observatories.

Countries should develop costed national human resources development and deployment plans, including revised packages and incentives, especially for working in disadvantaged areas and for clinical career paths.

Each country should determine the categories of professional, auxiliary (mid-level) and community health workers that will provide an appropriate human resource mix for their needs.

Countries should conduct migration and retention studies of health workers and explore the possibility of establishing networks for training health workers.

The African Union should facilitate a common African position on migration of health professionals and lead engagement with OECD countries to overcome the devastating impact this is having on Africa's health systems.

4.1.2d Commodity Security and Supply Systems

63. Important progress has been made globally and in Africa, but commodity security still lags behind in many countries. Increased resources need to be made available, national procurement systems need to be updated and other sources of commodities need to co-ordinate their efforts with those of government.

64. Universal access to essential health care must be supported with adequate supply of commodities including essential medicines, ARVs, contraceptives, condoms, vaccines and effective drugs and other supplies. They should be part of the Essential Health Package. Essential medicines and supplies should be exempt from taxes.

65. Supply systems and logistics and human resource capacity need to be strengthened to ensure appropriate ordering, storage and distribution. As such Governments should promote bulk purchasing and ensure that local facilities have specific protected budgets to access supplies. Member States should be supported in use of available tools like the WHO Integrated Health Technology Package and the UNFPA Commodity Security tools to track commodity needs. Strong backing must be provided by quality assurance laboratories and control systems.

66. Following the decision of AU Heads of State and Government to develop and promote Local Pharmaceutical Manufacturing of Drugs, vaccines and health commodities in Africa, the AU Member States need to embark on local production of pharmaceuticals and other health commodities. Adequate preparation of infrastructure, Human resources training, resource Mobilisation and strategic partnerships for technology transfer in order to embark on the implementation of the Pharmaceutical Manufacturing Plan for Africa are critical and urgent. The AU Health Ministers should agree on a timeframe, scope, distribution, marketing and types of drugs and commodities to be manufactured in the continent.

Support should be given to the Pharmaceutical Manufacturing Plan for Africa which is aimed at realising the economic production at volume of quality generic medicines and other commodities, with countries showing solidarity and removing the tariff and non-tariff barriers to its success. The focus of the plan should be on ensuring a sustainable supply of affordable medicines, local production of generic medicines being but one of a range of ways to secure supply of affordable medicines. In this regard Ministers of health should encourage competition in the market while ensuring transparency in pricing of medicines to ensure affordability and access. Ministers of Health need to put in place medicine control laws and regulations for registration, use and distribution of medicines to ensure safety, quality and efficacy.

The African Union should engage with international partners to enable effective integration of global commodity strategies and systems with countries health needs and with the pharmaceutical industry and other stakeholders for accelerated development of need new commodities.

Countries should advance their logistics and supply systems towards ensuring continuous availability of commodities at health facilities.

4.1.3 Health Systems Operations

67. To be functional all parts of the health system need to be operational, work synchronously and guarantee accessibility in terms of distance. Thus, all elements should be developed simultaneously, focussing on making services widely accessible in terms of distance, cost and time.

68. Health facilities require water, power and working equipment maintained by a locally effective maintenance and repair system. Reliable communication is essential. The advances in telecommunication mean that no clinic should any longer be isolated. Access to laboratory tests, radiography, a safe blood supply and a suitable record system should back up patient care. The referral system should work both ways and be set up to cope with emergencies. Patient transport should be complemented by an effective logistics and supply system that, amongst others, ensures that drugs and other essentials are not out of stock.

69. While building the national health system, countries should consider developing one or more learning sites, as a pathfinder for strengthening their health system. Such integrated development will offer a working demonstration for the country of an effective basic health system.

70. Ensuring trained managers who can effectively mobilise, motivate and innovate as well as plan, organise and budget, and who stay in a district for a meaningful period of time is a top priority. This should be complemented by a cadre of staff with public health training. Each country should determine the qualifications and training they aspire their district, health programme and other managers to have and develop a plan for its attainment.

4.1.4 African Traditional Medicine

71. In declaring a Decade of African Traditional Medicine in 2001, Governments have recognized the wide use and hence importance of integrating traditional medicine into their national health systems and creating an enabling environment for optimising its contribution. The latter includes mobilizing and connecting all stakeholders. It is essential to strengthen structures of traditional medicine through analysis of the prevailing systems and with the involvement of traditional health practitioners and communities, focussing on strengthening the best practices of traditional medicine. Organizational requirements include the establishment of a national multidisciplinary body responsible for the coordination of traditional medicine; formulation of a policy and legal framework; allocation of adequate resources; development of regulations for the local production and rational use of traditional medicines and protection of intellectual property rights.

72. African Union Member States should consider establishing coordinating mechanisms at national and regional levels to facilitate the implementation of the Traditional Medicine Plan of Action. Research in Traditional Medicine should be promoted and funded to identify efficacious and safe traditional medicines and assist Traditional Health Practitioners patent their products.

73. In countries where ATM does not exist, other systems of TM should be considered.

Countries should integrate African Traditional Medicine or, where applicable, other forms of Traditional medicine into their health systems, recognising its strengths and limitations.

4.1.5 Participation

4.1.5a Community Participation and Empowerment

74. Community members are often perceived as consumers and yet are a potential resource that could be tapped into so as to strengthen health systems. Countries and the regions need to have strategies of empowering and involving communities to ensure ownership and sustainability of programmes. Community participation should not be limited to cost sharing only but should also include other aspects like report problems in the health systems.

75. Realising the full potential of community involvement is often a challenge. In scaling up community involvement there is a commitment to mobilize energy and voluntarism in a manner that is difficult for formal health services to match, and to achieve results in groups that formal services struggle to reach. Health ministries will therefore need to create an enabling environment for responsible and constructive community involvement, facilitate the emergence of local NGOs and CBOs and provide funding to initiate and facilitate efforts in underserved areas. However, such support should not detract from the independence and vibrancy of community involvement and there should be space for advocacy, which might coincide with or confront government efforts and also challenge other sectors to be supportive.

76. Innovative concepts on how buy-in by communities can be enhanced need to be employed. An example of this could be selling a stake of the health system, by outsourcing an income generating and self sustaining part of the system to communities, such that this results in a mutually beneficial relationship between the health system and the community it serves. Support and ancillary services in a health system lend themselves particularly well to this concept. The private sector has an important contribution to make through enabling the health of their labour force.

77. Countries should design and implement a plan for achieving health literacy, especially for women and girls, and community empowerment to realise the full benefit that this offers for health. The media have an important role to play in enhancing health and in reflecting community experience.

78. As situations vary from country to country, there is no single way of enabling community involvement. Each country should consider their local situation and incorporate a deliverable approach to community involvement in their counties health plan. The details may be different, but the aim is common to all countries: to reach all sectors of society, especially the poorest and most marginalized, in a sustained programme of social mobilization in support of health.

Each country should plan their framework for community participation in the health system and create an enabling environment for this to take place.

Countries should design and implement a plan for achieving health literacy and community empowerment to realise the full benefit that this offers for health.

4.1.5b Strengthening Partnerships

79. There is generally unsystematic and uncoordinated partnership between donor and recipient countries resulting in conflicting focus in programme implementation. Countries need to adhere to the 3 ones principle and to establish organisational structures that ensure a single entry and review point for engaging with development partners. Successful implementation of the Africa Health Strategy will take more than defining the role and responsibilities of all contributors. Equally, for continent wide partnerships the AU should develop procedures for engagement with Africa.

80. Relationships based on government stewardship and mutual respect between government and its partners must be strengthened to ensure coordinated action aimed at strengthening health systems.

81. Ministries of Health must facilitate an environment that will deepen partnerships in health. Regional economic communities should build partnerships between countries and others.

82. As part of the global community, because they add value and because Africa does not have the fiscal space and is short of capacity in some areas, Multilaterals, Development partners and Global Health Initiatives offer valuable support. However, Health Ministers should ensure and facilitate consultation, establishment of donor

forums and ensuring good corporate governance including longer term dependable funding systems. Foundations should continue to play a strategic role, moving rapidly and creatively to inspire new initiatives and learning. Multinational consulting and technical institutions should ensure that they are committed to building African capacity and not maintaining dependency. Countries should work with partners to assess the actions on commitments of both partners.

83. Multilaterals, which are predominantly in the United Nations system, play an important normative, developmental and technical role. Their expert views should continue to inform developments. All should be cognisant that that they are using funds which might otherwise have gone to countries and look carefully at their responsive to country accountability and the proportion of funds that are expended downstream.

84. The AU and its organs as well as RECs are urged to:

a. strengthen collaboration within Africa;
b. strengthen and expand south-south and North-South collaboration;
c. north-south collaboration;
d. work with donor partners to ensure that resources are mobilized to contribute to the attainment of the goals of this Strategy.

Innovative and effective partnerships are envisaged between government and health development stakeholders, anchored on mutual respect, leading to a harmonised and co-ordinated effort and a seamless health service for clients. Ministries of Health will provide an enabling framework for development partners to play their role.

4.1.6 Health Management Information and Research

85. Countries have been developing their essential national health research plans and their health information systems. Too often the latter is unsettled by the pressures to separately collect data on specific health challenges leading to a fragmented system. These need to be merged to in order to have an appropriate health information system made up of locally generated and collected accurate data suitable to monitor progress, inform decision making and assure quality in the delivery of health care. The systems need to be readily accessible, user friendly and capable of synthesising data for use at any level of the health system (policy, planning, implementation, monitoring and evaluation), an imperative for running an effective and efficient health system. The information system should be simple and efficient so as to flow smoothly with the provision of care and be suitable for informed decision making. Government should publish official statistics on health.

86. Health information systems should be strengthened to guide and support decision-making at all levels. A standard package of information reflecting gender and age and based on a minimum package of interventions should be collected to monitor and evaluate health system performance. The district or hospital information systems should provide a framework of information for monitoring progress, identifying where interventions are required and evaluating success. The routine data will need to be supplemented by other information, such as from surveys.

87. Health Research provides the evidence for policy- and decision-makers at all levels to make efficient and effective decisions. This was reinforced and detailed direction on Health Research provided in the reports of the Abuja and Accra High Level Ministerial Meetings on Health Research. The content of research is critical and needs to go beyond determining prevalence to explore what social and psychological factors are behind health choices, and what factors lead to success of interventions. A continental position paper on health research in Africa should be developed.

88. The African continent must have locally driven and financed research which generates information to inform policy and plans. Empowerment of local researchers and resource allocation for research are critical factors for development of innovative approaches and interventions, which are sensitive to the peculiarities of Africa. Research in general, and operational health systems research specifically, is a necessity for improving health system performance. In consequence, countries should build research capacity and allocate at least 2% of national health expenditure and 5% of project and programme aid for research. They should prepare legislation governing research and establish or strengthen national health research systems and establish platforms for research to be presented so that it can indeed influence health policy and practice.

89. Multi-country collaborations will help to determine whether factors are specific to a country or locality or are broader predictors and determinants for a region or the continent. Countries should share their research findings among themselves and with the AU Commission. Clinical trials and research by international organisations should be regulated and be ethical.

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Countries should develop a simple, timely health information system that is suitable to monitor progress, inform decision making and assure quality in the delivery of health care.

Countries should allocate at least 2% of national health expenditure and 5% of project and programme aid for research. They should determine what their essential national health research needs are and establish platforms for such research to flourish.

4.1.6a Surveillance, Emergency Preparedness and Response

90. Member States and regional economic communities need to formulate, strengthen and periodically review their Surveillance and Emergency Preparedness plans for health disasters as well as natural disasters which have health consequences. Countries should prepare to implement the International Health Regulations.

91. Each country should have a community based, clinic and district hospital mechanism of monitoring and rapid reporting in place, which will ensure that outbreaks are identified and acted upon up the line as appropriate at the district, regional and national and continental levels. The response should be based on

clinical suspicion followed by laboratory confirmation as quickly as possible. Countries should promptly call in expert support and pooled supplies, but their response should already be activated based on a national plan that incorporates operational details.

Ongoing surveillance of both diseases and vectors will be the basis of a high level of vigilance for outbreaks so that they are identified and acted upon early within a national plan, responses being based initially on clinical suspicion followed rapidly by laboratory confirmation.

4.2 Integrated Approach and Linkages

92. Each country, based on its specific circumstances, needs to define, cost and implement a basic health care package that address the major part of its disease burden through appropriate interventions using an integrated approach. The interventions would take care of the priority health problems both communicable and non-communicable disease and conditions, including neglected diseases, injuries and trauma. Joint planning with other sectors like water, education, agriculture, environment, social welfare and justice should be undertaken. National policies and plans should address the needs of the elderly, the disabled, women, children in school and other vulnerable groups. There should be a strong emphasis on behaviour change.

93. The interventions should be comprehensive addressing promotion, prevention, treatment and care, support and rehabilitation as may be required. The health sector needs to strengthen inter-sectoral collaboration to address other determinants of health.

94. AU Member States should fast track the implementation of the declarations, plans of action, strategies and policy frameworks that have already been adopted by the African Union in order to accelerate progress towards the attainment of MDGs. In line with the Charter on the Rights of Children countries need to strengthen or develop programmes to combat childhood illnesses, with particular emphasis on orphans and vulnerable children.

95. The health system should prioritise actions to address maternal mortality, emphasise gender into health policy and seek elimination by law of all forms of violence against women. It should promote helpful traditional practices and by legislation, eliminate harmful traditional practices which are linked to Vesico Vaginal Fistulas, and female genital mutilation.

96. A broader women's health programme should be institutionalised including family planning repositioned into wider reproductive health programmes. There should be programmes to take care of sexually transmitted infections, and screening and treatment of reproductive cancers - including human papilloma virus vaccination, for managing infertility and for menopause. Recognising the morbidity and mortality from unsafe abortions especially for the poor, safe termination of pregnancy and post-abortion services should be included as far as country's law allow. The right of women to manage their own health and health seeking behaviour should be

advocated. This should be built on a gender and sexuality education programme and youth and women friendly services, with a specific focus on reducing teenage pregnancies and sexually related disease. The role of men, both as supporters and recipients of SRH services is imperative to develop.

97. With up to 40% of under-five deaths occurring in the first month of life and about 26% in the first week alone, reducing mortality and morbidity starts here. Efforts should be integrated with safer motherhood, which should have a specific neonatal care component to them.

98. The small number of major causes of under-5 mortality offers opportunities to make a major impact through focussed efforts. However, experience has shown that single disease efforts can be costly and lead to alternate mortality, making the case for integrated programmes, delivered at the family and community level by community health workers, scheduled interventions requiring auxiliary staff and clinical services requiring permanently available professional (ideally) staff. The package of interventions includes breast and child feeding including micronutrient supplementation, immunisation including the introduction of new vaccines such as pneumococcal and rotavirus, prevention of mother to child transmission of HIV and care of HIV, use of insecticide treated nets and intermittent presumptive treatment of malaria and management of common childhood illnesses within the strategy of Integrated Management of Childhood Illnesses. Countries may wish to implement these in packages of growing complexity and cost, but should maintain the link to wider health system strengthening and be cautious of cost estimates that emphasise only the marginal costs of the drugs and supplies and do not sufficiently take into account the costs such as human resources, logistics and management.

99. Immunisation remains the most cost-effective public health intervention. Poliomyelitis has a special place in immunisation programmes, not because it is still a cause of morbidity, but because of the potential of global eradication and because experience has shown that diminishing the concentrated effort is readily followed by outbreaks.

There must be a focus on the key health challenges faced, but delivered within an integrated health system. A summary of the best practices for promotion, prevention, care and rehabilitation for each of these challenge, as elucidated in summary in this Strategy will be incorporated into country health plans in response to local circumstances. Universal access is the rallying point of the response to all health challenges.

4.3 Socio-economic and political context of health

100. Measures that reduce poverty, particularly for the poorest and most marginalised people of Africa, must be at the forefront of health interventions, while health interventions must be at the forefront of any poverty reduction strategy (PRS).

101. As health is influenced by interventions in many other sectors, a multi-sectoral approach is a cornerstone of any Health Strategy. Thus, the African Health Strategy recognizes and supports African commitments to address broader issues that are

undermining health, including poverty, HIV/AIDS, marginalisation and displacement, poor governance, socio-political instability, economic underdevelopment, lack of infrastructure (energy, transport, water and sanitation), low educational levels, agricultural vulnerability, environmental degradation and gender inequality. The health sector will continuously engage with these other sectors to encourage decisions and actions that give the best return for health.

102. The link between the environment and health was strongly emphasised at the World Summit on Sustainable Development. The responsibility for obviating environmental health risks lies in many sectors and the health sector should encourage health friendly environmental decisions and contribute its insights into them. Beyond this there is a unique contribution of the health system to offsetting environmental health hazards. The focus has shifted from inspection to environmental health promotion. Especially in rural areas, environmental health workers, working hand in glove with other community health workers and advocating appropriate technologies should make an important contribution, guided by mid level health workers and professionals. Water filtration and chlorination, ventilated improved privies, fly traps and mud stoves all reduce disease. For example mud stoves with chimneys obviating the indoor air pollution of open cooking and heating fires has the potential dramatically impact on the mortality from childhood pneumonia. Removal of pooled stagnant water used by mosquitoes for breeding, while avoiding soda bottle storage of paraffin reduces accidental ingestion. Appropriate handling of livestock has become even more important with the threat of avian influenza. Urban informal settlements require major environmental health attention. This includes food vendor education about avoiding food poisoning and community education about measures to avoid refuse-related risks and accidental fires.

Ministers of Health will seek to participate in their countries poverty reduction strategy and economic empowerment processes to encourage health promoting options and development for the poorest and most marginalised people and will engage with other sectors to promote decisions and actions that work in favour of health.

5. Monitoring and Evaluation

103. Monitoring and evaluation of performance of the health system depends on the generation and use of sound data on health system inputs, processes, outputs and outcomes. The Health programmes must be responding to health problems. Countries must ensure that the data collected is accurate and timely as it will indicate both the performance of the system as well as the relevance of the programmes to health problems. The adequacy of a monitoring and evaluation system may be assessed by the regularity, completeness and quality of reports. Data should be disaggregated by gender and age to enable more focussed action. Community participation in monitoring health programmes should be encouraged.

104. While morbidity and mortality trends are important, the importance of health service operations monitoring should not be overlooked. Process and outcome data is particularly important. Surveys, including before and after intervention studies should be built in as part of the M&E system, as should qualitative perspectives, such

as by community committees at clinics and hospitals and from focus group discussion. An ethos of using M&E to build a better health service, rather than a perspective of it as a policing tool should be nurtured and is likely to enhance the results.

105. Periodic reviews should be held at the regional and continental levels. This will help to share best practices, more effectively address obstacles, strengthen a partnership approach and accelerate progress in the implementation of this Health Strategy.

106. Quality Assurance should be an integral part in health programme implementation at all levels.

107. The African continent must agree on what areas to monitor and evaluate to assess progress in health; thus common indicators must be agreed upon and developed, based on the minimum package for health interventions. For this to happen, common and standard data sets, disaggregated by gender and age will have to be designed. This will necessitate collection of common data sets, across the continent, using the same design and methodologies, in order for scientifically sound analyses and comparisons to be made. Efforts should be concentrated on the improvement of the vital statistics registration systems, epidemiological surveillance, morbidity and mortality registration and resource management information systems. Health workforce monitoring should be an integral part of the information system.

6. Way forward

108. The Commission will print and disseminate the Strategy widely to all Member States, partners and all stakeholders. RECs and Member States should build their capacity for implementation of this strategy, as they will have to review their Health Plans to incorporate the essential elements from the Africa Health Strategy. There will be need to enhance the financial and human resources of the AU Commission, especially in monitoring and evaluation to ensure that it plays its role in the success implementation of this Strategy.

Role of Stakeholders

(a) **The African Union**

109. The African Union will, among other things, undertake advocacy, resource mobilisation and dissemination of best practices at continental level in support of the implementation of this Strategy. The Commission will assist RECs and member states to develop their own costed implementation plans and monitoring and evaluation frameworks. The AU should organise a meeting of stakeholders to develop an action plan for the overall implementation of this Strategy

(b) **Regional Economic Communities**

110. Regional Economic Communities will, among other things, provide technical support to Member countries including training in the area of health systems

strengthening, advocate for increased resources for health systems strengthening, harmonise the implementation of national Action Plans, monitor progress, identify and share best practices.

111. (c) Member States will review their Health Plans and will address issues of accountability within the health sector. They will also put in place advocacy, resource mobilisation and budgetary provision as a demonstration of ownership. They will also undertake monitoring and evaluation at country level and report to the RECs and AU Commission. They will also ensure participation of civil society and the private sector in the development and review of national health programs and create a conducive environment for this to happen. Member states will also harmonise their policies and strategies to ensure coherence.

Member States

(d) **Partners**

112. In line with the Paris principle multi-lateral and bi-lateral organizations, international and national civil society organizations and other development partners will align their financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the Africa Health Strategy.

113. WHO, other UN agencies and International organizations should provide technical support for this Strategy

(e) Civil Society Organizations

114. These include NGOs, Faith Based Organizations (FBOs), CBOs, Traditional leaders and healers as well as media organizations. Member States will should invite civil society and the private sector to participate in national programs

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