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## **FOREWORD**

The WHO African Region entered the 21st century with hope but also with uncertainties. While the world proclaimed the Millennium Declaration in 2000, this Region, after five years, is still asking itself whether there is any hope at all in achieving the goals and targets that were set. The African Region is still deep in poverty and is confronted with an increasing double burden of disease, civil strife and natural and man-made disasters. All of these challenge our aspirations for exploring better opportunities for improving the health of our people for a better future.

Despite these challenges, we still believe that Africa can make a difference, and there is reason for this optimism. The increased commitment of African political leaders and increased support from global partners for improving the health of African populations provide a new lease on life. For those of us in the WHO Regional Office for Africa, we have a commitment to a new vision which uses proven interventions of the past to positively inform interventions for the future.

We believe that we need to challenge orthodoxy, revisit the ideals of the Alma-Ata Declaration and go beyond the Millennium Development Goals to bring about health development and promote the total well-being of Africans. Working together with health development partners and other sectors, we have the opportunity to transform lives debilitated by disease and poverty into lives filled with hope, health and sustainable development.

The purpose of this document, therefore, is to summarize the main issues and provide strategic orientations for the work of WHO in the African Region for the next five years, 2005–2009. It reflects WHO aspirations, outlines priorities and states the principles, strategies and mechanisms for improving technical cooperation with Member States.

Extensive consultations were held to develop this document. We are encouraged immeasurably by the vision and commitment of Dr Jong-Wook Lee, the Director-General of the World Health Organization, who has expressed his enthusiasm for seeing that the health of the people of the African Region improves.

Our particular gratitude is extended to Dr Halfdan Mahler, former Director-General of WHO; Mrs J Phumaphi and Dr Anarfi Asamoah-Baah, current Assistant Directors-General of WHO; Dr Ebrahim Malick Samba and Prof Gottlieb Monekosso, former Regional Directors of the WHO African Region; Prof AM d’Almeida and Dr A Kone-Diaby, former Directors of Programme Management, WHO Regional Office for Africa; Dr E Buch, Health Adviser, New Partnership for Africa’s Development; and Prof FG Omaswa, Director-General of Health Services, Uganda. Their thorough review of and contributions to this document made a significant difference to these orientations.

Finally, I acknowledge the valuable inputs of our WHO country representatives, the Regional Office divisional directors, area of work focal persons and the entire Regional Office staff in shaping these strategic orientations.

Dr Luis Gomes Sambo  
**Regional Director**

## **BACKGROUND**

The purpose of the current strategic orientations of the World Health Organization in the African Region is to uphold the vision of *Agenda 2020*: attainment by all peoples in the African Region of the highest possible level of health, as enshrined in the WHO Constitution. It recognizes health as a human right and as an investment for economic growth and development. The proposed change is occurring in the paradoxical context of globally improved scientific knowledge and health technology alongside growing poverty and deteriorating well-being of the African population.

The linkages between poverty and health are reflected in the Millennium Declaration as three of the eight millennium development goals are health goals and the rest are health-related. The benefits to be derived from greater investments in health are well documented in the report produced by the Commission on Macroeconomics and Health, and the Director-General's Commission on Social Determinants of Health recognizes the need to increase advocacy for broader public health investments.

The African Union, the United Nations Economic Commission for Africa, the regional economic communities and the New Partnership for Africa's Development (NEPAD) also provide opportunities for considering the broader determinants of health. These opportunities hold the promise of improving the environment within which health should evolve, particularly in relation to economic growth and poverty reduction.

The current global situation is also giving signals for willingness on the part of developed countries to increase their development assistance to Africa. The increased partnerships to address specific health problems and renewed attention to funding health development plans in Africa are positive. Financing agencies are also positioning themselves to increase their support to Africa.

The vision and opportunities discussed above challenge the WHO Regional Office for Africa to explore new and innovative ways for maximizing support for Member States to attain better health outcomes. WHO will need to create a better-organized system that clearly expresses its priorities, articulates a new direction, predicts the Region's choices and orients its partners.

Efforts should be made to cooperate with governments and development institutions to place the health sector high on the development agenda and within economic integration initiatives; scale up the implementation of proven and cost-effective health interventions; and use tailor-made technical support for greater impact in countries. These efforts will boost national capacities to undertake government-driven health sector reforms aimed at improving health system performance, expanding health care coverage and improving health status.

## **SITUATION ANALYSIS**

### **The health situation**

The African Region is still dominated by very high prevalence of communicable diseases as well as high maternal and infant mortality in the context of weak and fragmented health systems. Moreover, key health determinants such as environment, access to clean water, food safety, nutrition, behavioural risk factors, illiteracy and extreme poverty continue to compromise health development efforts.

A combination of these factors has resulted in a decline or stagnation in key health indicators. Average life expectancy at birth is now 47 years. In 2003, an estimated 3.2 million people became newly infected with HIV while another 2.3 million died of AIDS-related diseases. Out of 4.4 million people living with HIV/AIDS in the Region, only 8% have access to antiretrovirals.

Africa bears 66% of the global burden of AIDS and 60% of the global burden of malaria. Insecticide-treated net use for the prevention of malaria is about 3.5% for adults and 1.8% for under-fives. Only 13% of countries are fully implementing the intermittent preventive treatment for pregnant women.

The prevalence of tuberculosis is 492 cases per 100 000 population, that is 27% of the global burden of the disease. The TB case detection and treatment success rates are 50% and 70%, respectively.

The average maternal mortality ratio is 1000 per 100 000 live births; the average infant mortality rate is about 57 per 1000 live births. The malnutrition rate among children is 15%. Malaria, tuberculosis, HIV/AIDS, obstetrical complications, anaemia, road traffic accidents and cardiovascular diseases constitute over 90% of the burden of disease in the Region.

Most national budgets are used to support curative services and recurrent costs of health facilities and services, but very few resources are deployed for prevention, promotion and rehabilitation. In general, the coverage of essential health services is low, mainly due to problems of availability and accessibility. This has resulted in considerable inequalities in health care provision and access.

In addition to the high disease burden, Member States are faced with high levels of poverty and slow economic growth. About 39% of the population live on less than US\$ 1 a day. The per capita expenditure on health in 32 of the 46 countries is below the US\$ 34 recommended by the Commission on Macroeconomics and Health. The health budget averages 8% of the total national budget of countries, although the heads of state in Africa recommended 15%.

Limited financial and human resources as well as recurrent natural and man-made disasters have resulted in weak health system performance and inconsistent application of health policies. Safe water, healthy environment, good governance and economic growth as social determinants of health are usually insufficiently addressed. Intersectoral coordination is weak within countries and among external partners.

## **Some critical considerations**

There is considerable evidence that efforts have been made in the past, to deal with the health situation. However, despite developments in international health in relation to partnerships, global initiatives and new scientific and technological developments, the implementation of the Health-for-All policy in the African Region has not yielded the desired results. The situation remains stagnant, calling for fundamental reform efforts by ministries of health and other public, private and civil society sectors.

Better coordination of partners at international level is also needed to optimize support to countries. This environment will be pluralistic but more effective in the overall effort towards health development in countries. To be successful, it will require a critical examination of national health systems and a new way of cooperating with countries to harness their capacities to undertake successful health sector reforms. It will be especially important for WHO to strengthen its management and leadership capacity as well as its lead technical agency role.

## **Opportunities**

Political, technical and resource mobilization opportunities favourable to the African Region exist in the internationally agreed development goals, including those in the United Nations Millennium Declaration; World Health Assembly, Regional Committee and African Union resolutions and recommendations; and the NEPAD Health Strategy. In addition, the current international consensus on the importance of health for socioeconomic development and poverty reduction as well as the global partnerships for HIV/AIDS, malaria, tuberculosis, immunization and making pregnancy safer provide other unprecedented avenues for improved WHO technical cooperation with Member States.

Health partners are also reaffirming their recognition of WHO as the lead technical agency for health globally. Within this context, the Regional Office will draw upon the WHO Eleventh General Programme of Work and existing global initiatives to reform and decentralize for more efficiency and effectiveness at country level. This is where leadership is required to operationalize initiatives and obtain tangible results.

The United Nations is also undergoing reform to provide more effective team work in countries, especially for addressing the United Nations Development Assistance Framework (UNDAF). The country capacity assessments and UNDAF will increasingly provide specific orientations for the UN's specific actions in different sectors in countries. In this context, the WHO country cooperation strategies can be used in collaboration with other UN strategies for planning, implementing and monitoring achievement of the millennium development goals.

## **Challenges**

Health development in the African Region is facing different challenges. First, the health systems are constrained by inadequate human, financial and technological resources. Second is the increasing burden of the triad of HIV/AIDS, tuberculosis and malaria. Third, the limited resources are mostly used for curative care, thereby compromising other public health actions. Fourth is how to ensure universal access to health care in the context of increasing poverty.

Specific challenges for WHO include the reduction in the Regular budget in real terms, excess centralization and increasing demands from Member States. Finally, the WHO Regional Office for Africa has enjoyed very good working relations with the African Union, the Economic Commission for Africa, the New Partnership for Africa's Development and regional economic communities. These need to continue and will require that WHO work in partnership with these institutions in a more proactive way.

## **OBJECTIVES AND PRIORITIES**

### **General objective**

It is important to harmonize all the existing opportunities and challenges to respond to the needs of countries by improving coordination of all the levels of WHO and building synergies among other partners in health. The objective is to assist Member States in reforming their health sectors in the context of owned policies, strategies and plans that strengthen health systems and improve the health status of populations. In doing so, WHO will emphasize the core functions of establishing health policies, technical guidelines, norms and standards; providing technical policy advice; contributing to sustainable capacity building; strengthening management capacity; providing health leadership; and coordinating at global, regional and national levels.

### **Priorities**

The WHO priorities in the African Region reflect country priorities and are taken into account in programme budgets. Resolutions of WHO governing bodies define the global policy of the Organization. The health millennium development goals, resolutions of WHO governing bodies, the NEPAD Health Strategy and resolutions on health adopted by heads of state of the African Union are valid sources of information on current health priorities. The most important of these priorities are HIV/AIDS, malaria, tuberculosis, maternal health and child health within a context of strengthened health systems. The WHO country cooperation strategies crystallize the Organization's commitments and inform the basis for support to specific Member States. During the next five years, the Regional Office will focus on five priorities:

- (a) Strengthening the WHO country offices,
- (b) Improving and expanding partnerships for health,
- (c) Supporting the planning and management of district health systems,
- (d) Promoting the scaling up of essential health interventions related to priority health problems,
- (e) Enhancing awareness and response to key determinants of health.

Accelerated actions will be pursued to prevent HIV infection, strengthen partnerships, increase resource mobilization and allocation to health, and bridge the access gap between health services and communities.

## STRATEGIC ORIENTATIONS

### 1. Strengthening WHO support to countries

At all the levels, WHO will improve management capacity for increased accountability and transparency in anticipation of increasing resources. The general orientation is that technical and managerial functions will be decentralized to country offices with support from intercountry teams and the Regional Office. There will also be increased emphasis on oversight, monitoring and supervision.

#### *(a) Country offices*

The WHO country office is the vehicle for delivering technical cooperation according to the Organization's comparative advantages. All countries will be allocated full representation to support the new orientation for action. The ongoing process of delegation of authority to WHO country representatives will continue to be implemented. This may mean increased responsibility for policy analysis and technical advice. The requirements of country representatives will therefore be more demanding.

Country cooperation strategies will inform the organizational focus and management process of WHO. The country cooperation strategy (CCS) will continue to draw on documents such as the common country assessment of UNDAF and the national health policy and strategic plans. With the prior agreement of the Member States concerned, WHO country offices will also engage other health-related sectors, the aim being to encourage interaction with all government sectors. Consequently, the country offices will be reprofiled, based on the CCSs, to adjust staffing patterns to the needs of Member States; after consultation with them, the capacity of country offices will be strengthened to generate, manage and share health information and knowledge that should facilitate informed decision-making.

Some level of variability will be encouraged in island states and countries with large land masses requiring highly decentralized federal systems. Special attention will be given to countries facing or emerging from disasters and strife.

Consideration will be given to strategies such as sector-wide approaches and financing mechanisms such as poverty reduction strategy papers, multi-budget support and medium-term expenditure frameworks. The country offices will also be expected to work with other interested parties and partners in providing technical support, collecting appropriate data and tracking WHO's contribution to achieving global goals and targets. All country offices will be connected to the WHO Global Private Network.

#### *(b) Intercountry support teams*

The intercountry support teams will be reorganized and concentrated in subregional settings to support the implementation of the WHO Programme Budget at country level. They will be composed of technical and managerial staff with qualifications matching regional health priorities, particularly those related to the health millennium development goals. Base locations for the teams will be determined according to various factors, including availability of local facilities, infrastructure and transportation; political and socioeconomic stability; WHO epidemiological blocs; and the existing African subregional groups.

### *(c) Regional Office*

A clearer leadership role for WHO in the Region will be defined to ensure maximum technical cooperation with countries and other health development partners. The Regional Office for Africa will remain committed to technical excellence, efficiency and transparency; with increased decentralization of resources and strengthened capacity to get more tangible results in the priority areas of work while enhancing strategic support to countries.

To meet current challenges, the Regional Office will be reorganized in order to strengthen the relationship with headquarters and give greater prominence to the core functions that are responsive to country needs. In order to address future challenges, the Regional Office will establish a permanent mechanism for analysing the environment in which it works. It will also develop collective knowledge and strategic thinking in order to seize opportunities to boost the Organization's capacity and strategic partnerships for better response to country health development needs.

To achieve the Organization's goals, effective leadership will be promoted based on participatory decision-making as the hallmark of governance within the Regional Office while due recognition will be given to the various competencies of different professional groups. This is expected to engender better staff relationships and performance. Within the context of decentralization, there will be increased delegation of authority to divisional directors and WHO country representatives to make technical and managerial decisions and thus expedite implementation. In addition, oversight, supervision and control mechanisms will be strengthened.

Decentralization of resources and delegation of functions to countries will strengthen WHO country capacity. As a result, the Regional Office will be downsized but retain its regional functions in Brazzaville, Republic of Congo.

## **2. Strengthening and expanding partnerships for health**

Partnerships are central to the achievement of health-for-all. Closer collaboration will be forged with the African Union, the Economic Commission for Africa and regional economic communities; technical cooperation among Member States will be promoted in areas of common interest. Policy documents will be developed and shared to promote working relationships with United Nations agencies, the World Bank, the International Monetary Fund, bilateral donors, public and nongovernmental sectors to make WHO the technical partner of choice in the Region.

Efforts will be made to promote the involvement of civil society organizations, women, the private sector, and academic and research institutions in supporting health sector reform. Community views will be considered so that national health systems are more responsive to community expectations, thereby increasing their involvement in health promotion and disease prevention. In this regard, critical attention will be given to intersectoral coordination.

WHO country offices will be required to increase partnerships and collaboration with all cooperating and development partners and play an active role in supporting health development partners. African governments will be approached to provide voluntary contributions to strengthen the budget of the WHO Regional Office for Africa to address health priorities.

### 3. Strengthening health policies and systems

WHO is committed to achieving the targets set forth in the *Health-for-All Policy for the 21st Century in the African Region: Agenda 2020* (2000). It is intent on revitalizing the primary health care approach in the changing context of development in the African Region. The aim will be to help build functional health systems, in particular at district and community levels. The selection and use of appropriate health technologies, financing and insurance as well as the improved management of human resources for health should constitute the cornerstones for improved capacity of health systems and better health outcomes.

To realize these strategies, WHO will support countries:

- (a) to undertake evidence-based health sector reforms, creating or updating national health policies and strategic plans;
- (b) to develop and implement relevant national policies on medicines and other health technologies;
- (c) to strengthen health sector capacity for addressing health and macroeconomic issues;
- (d) to undertake human resource analysis and development to improve the overall human resource management situation;
- (e) to reorganize national health services to scale up the implementation of priority health programmes;
- (f) to respond to the specific needs of vulnerable groups, especially those in disaster situations.

### 4. Promoting the scaling up of essential health interventions

High maternal and child mortality as well as the high prevalence of HIV/AIDS, tuberculosis, and malaria are of particular concern to the African Region. Progress towards achieving Millennium Development Goal Number 6 has been slow, considering the persistent high incidence. WHO will work with Member States to scale up proven and cost-effective interventions that provide quick, efficient and effective results.

- (a) For **HIV/AIDS**, the Region will emphasize prevention and control of infection, as well as care and support of people living with AIDS. Access to antiretroviral medicines beyond the targets of The 3 by 5 Initiative will be emphasized, and local production of generic medicines will be promoted.
- (b) For **tuberculosis**, the coverage of the DOTS strategy will be increased.
- (c) **Malaria** will be tackled through the introduction of artemisinin-based combination therapy in countries with evidence of resistance to chloroquine. Intermittent preventive treatment for pregnant women, vector control through the use of insecticide-treated materials and residual spraying will be promoted.
- (d) **Maternal health** will be given priority, and renewed efforts will be made to support countries in designing services that increase the uptake of antenatal and postnatal care. This will be closely linked to strategies that enhance access to emergency obstetric care aimed at reducing maternal and newborn mortality.

- (e) **Child health** services, especially immunization and the Integrated Management of Childhood Illnesses, will be bolstered by strengthening primary health care services in health facilities and at community level.
- (f) Nutrition and infant and young child feeding will be scaled up using innovative intersectoral collaborative approaches.
- (g) The implementation of improved disease surveillance and epidemic response strategies in the context of International Health Regulations will be pursued.

In general, emphasis will be on promoting efficient methods of health promotion, disease prevention, treatment and rehabilitation through successful interventions and programmes.

## **5. Enhancing response to the key determinants of health**

Continual negotiations with governments, partners and civil society organizations will be pursued to focus on health promotion and disease prevention. Emphasis will be on promoting adequate nutrition, food safety and the reduction of environmental risk factors. Attention will be given to behavioural risk factors, especially those leading to sexually-transmitted diseases, HIV/AIDS, cardiovascular diseases, diabetes and cancer. Additional emphasis will be placed on promoting multisectoral interventions aimed at mobilizing individuals, families and communities to participate more in health promotion and disease prevention interventions.

Key determinants of health include poverty; changing lifestyles; and the risks associated with water, sanitation, environment and food. They are closely related and require comprehensive approaches that simultaneously target several determinants. Multisectoral actions in promoting healthy lifestyle components such as healthy diet and physical activity are effective and comprehensive means for addressing these determinants. Key interventions will include health literacy to equip populations for healthier behaviour and disease prevention.

Support will be extended to countries to develop and implement regulatory frameworks and fiscal measures that protect individuals and communities from the harmful effects of environmental degradation. In addition, mechanisms will be established to ensure that the health sector takes full advantage of opportunities existing under international conventions, such as the Framework Convention on Tobacco Control, and those related to the protection of the human environment.

## **CONCLUSION**

This document discusses the priorities, challenges, opportunities and actions required to deal with the key challenges facing the WHO African Region. It reaffirms WHO's commitment and determination to make the necessary organizational adjustments to successfully achieve the Organization's mission.

The strategic orientations emphasize the primary health care approach for the achievement of health for all and enhance the role of partnerships in support to countries. It recognizes the stewardship role of governments in conducting successful reforms.

The document provides the required orientations for WHO action in the Region for the next five years. Implementing these strategies presupposes an adequate level of resources, accountability, efficient management and accelerated actions towards internationally agreed development goals, including those contained in the United Nations Millennium Declaration.