

# Achieving Sustainable Health Development in the African Region **Strategic Directions for WHO**

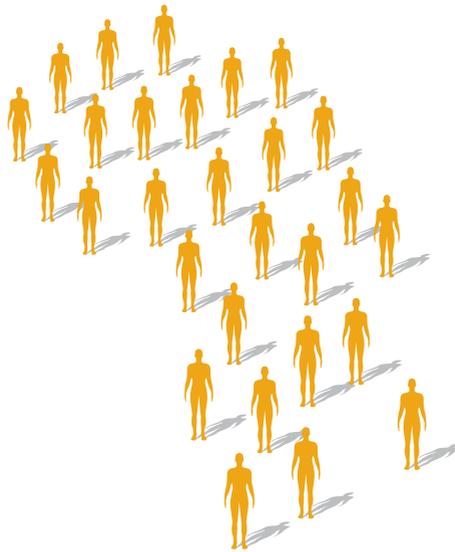
# 2010-2015



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

Achieving Sustainable Health  
Development in the African Region  
**Strategic Directions for WHO**  
**2010–2015**



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# FOREWORD



Health is recognized as an essential component of human development. This has created several opportunities for improving the health of people, enhancing quality of life and ensuring a better future. On my assumption of office as Regional Director in 2005, I undertook to serve WHO and to spare no effort in addressing issues that are hampering health development in the African Region.

In spite of various constraints, tangible progress has been made by governments, communities and partners towards improved health outcomes; nevertheless, many challenges lie ahead. Health systems are weak and the Region still faces an increasing burden of communicable and noncommunicable diseases, high child and maternal mortality, recurrent epidemics and humanitarian crises aggravated by the global financial crisis.

At the end of my first five-year term, the WHO Secretariat, together with Member States and partners, have taken stock of achievements made and challenges faced; we have learnt lessons and gathered additional evidence for a renewed vision of the work of WHO in the African Region for the period 2010–2015 in line with the *WHO 11th General Programme of Work (2006–2015)*.

In accordance with WHO's mandate, vision and core functions, I have pledged to continue to focus on WHO's leadership role in the provision of normative and policy guidance; strengthening of partnerships and harmonization of support to countries; supporting health systems strengthening based on the primary health care approach; putting the health of mothers and children first; accelerated actions on HIV/AIDS, malaria and tuberculosis; intensifying the prevention and control of communicable and noncommunicable diseases; and accelerating response to the determinants of health.

Improving the health of the people in Africa is a shared responsibility. I invite all leaders of the Region, partners and health stakeholders to join us as we embark on this endeavour.

A handwritten signature in black ink, reading "Luis Gomes Sambo".

*Dr Luis Gomes Sambo*  
**Regional Director**

# A. INTRODUCTION

1. WHO is in a unique position to engage with countries through its regional and country offices. In the Regions, WHO focuses on providing support in line with country priorities as reflected in the Country Cooperation Strategies (CCS) which derive from the core functions of WHO. These core functions are:
  - a. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
  - b. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
  - c. Setting norms and standards, and promoting and monitoring their implementation;
  - d. Articulating ethical and evidence-based policy options;
  - e. Providing technical support, catalysing change, and building sustainable institutional capacity;
  - f. Monitoring the health situation and assessing health trends.
2. In line with the *11th General Programme of Work (2006–2015)* and the *Health-for-All Policy for the African Region in the 21st Century: Agenda 2020*, the African Region has been guided in its work by the document *Strategic Orientations for WHO Action in the African Region (2005–2009)*. These orientations were implemented in five key priority areas to support country efforts in addressing the Region's health challenges as follows:
  - a. Strengthening WHO support to countries;
  - b. Strengthening and expanding partnerships for health;
  - c. Strengthening health policies and systems;
  - d. Promoting the scaling up of essential health interventions related to priority health problems;
  - e. Enhancing response to the key determinants of health.
3. The implementation of the *Strategic Orientations for 2005–2009* has been evaluated and reported, and the findings are summarized in the section entitled *Achievements*.

Building on the successes of the past and on the lessons learnt, this document details the main directions for the work of WHO in the African Region for the period 2010–2015 and opens new horizons for regional response to the global health agenda, including new policies and tools for programmes related to the Millennium Development Goals (MDGs). These strategic directions which could contribute to the achievement of sustainable health development are particularly opportune since 2015 will be the year of evaluation of the MDGs.

4. The remaining sections of this document include the Context which describes the global and regional commitments to the current health situation, the challenges and opportunities and the Strategic Directions which set the new agenda for WHO's work in the African Region.

## B. ACHIEVEMENTS

5. An appraisal of the Strategic Orientations (2005–2009) demonstrates tangible progress despite an evolving and difficult environment marked by conflicts, disasters, financial and food crises, economic downturn and inadequate funding for WHO core programmes.
6. The Regional Office was restructured to increase its focus on policy, normative, monitoring and evaluative functions. Three Intercountry Support Teams (ISTs) were established in Eastern and Southern Africa, Central Africa and West Africa. The ISTs offered a new environment, which empowered the staff to carry out their functions more effectively in order to ensure timely provision of technical support to countries. The creation of the ISTs also allowed more efficient use of resources, both human and financial.
7. In order to respond better to the needs of each country, WHO country offices were reorganized through clustering of programmes and reprofiling of staff. All countries in the Region have developed the second generation of Country Cooperation Strategy (CCS) that now serves as a reference for WHO support at country level. The CCS represents a balance between country priorities, as analysed by the WHO Secretariat in full consultation with national stakeholders, and regional as well as Organization-wide orientations and priorities.
8. Establishing and expanding partnerships in health are important for improving health outcomes. WHO devoted extensive effort to this aspect of its mission in a proactive manner. The number of partners for health has expanded leading to an increased inflow of resources for health. *Harmonization for Health in Africa* (HHA), an innovative mechanism of collaboration with the African Development Bank, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, United Nations Children's Fund and The World Bank was initiated, resulting in better coordinated and more effective support to countries. WHO leads the UN's work in health and coordinates the Health Cluster in humanitarian activities; these arrangements facilitate the harmonization of UN support and its improved alignment with countries' priorities and systems.

9. The *Guidelines for Developing National Health Policies and Plans* have been developed and are contributing to the strengthening of national health systems. In addition, the Africa Health Workforce Observatory was established to provide information on human resources for health and to monitor trends. *Guidelines on Human Resource for Health Policy and Planning* and *Guidelines for Evaluation of Basic Nursing and Midwifery Programmes* were developed.
10. *The Framework Convention on Tobacco Control (2003)* was ratified by the majority of Member States in the Region. In addition, many strategies and resolutions set the policy framework for action including the *Regional Strategic Plan on Immunization 2006–2009* and *Policy Orientations for the Establishment of Centres of Excellence for Disease Surveillance, Public Health Laboratories, Food and Medicines Regulation* in 2009.
11. *Regional Guidelines for the Formulation, Implementation, Monitoring and Evaluation of National Medicine Policies* were revised. National capacities for effective medicine regulation were improved, and actions taken to strengthen and expand coverage of, and access to, essential medicines under national health insurance schemes. In order to foster development of equitable, efficient and sustainable national health financing and to scale up cost-effective MDG-related health interventions, *Health Financing: a Strategy for the African Region* was elaborated in collaboration with The World Bank and adopted by the Regional Committee. Countries have also been given support in the establishment of National Health Accounts and to develop their own health financing strategies.
12. To address the high maternal and child mortality ratios, WHO, in collaboration with other partners, developed the *Road Map for the Attainment of MDGs Related to Maternal and Newborn Health* and the document *Child Survival: a Strategy for the African Region*, which were adopted by Member States in 2004 and 2006, respectively. Cognisant of the dire situation of women's health, the *Commission on Women's Health in the African Region* was established in 2009 to generate evidence on the socioeconomic benefits of investing in women's health. Coverage of child survival interventions such as breastfeeding, vitamin A supplementation, adequate use of insecticide-treated nets (ITNs) and immunization has improved significantly.
13. Immunization interventions contributed to a 92% reduction in estimated measles deaths between 2000 and 2008, surpassing the goals set for 2009, and to a 25% decline in the number of reported cases of wild poliovirus in 2009 as compared to 2008.

Implementation of WHO-recommended, proven cost-effective interventions, such as artemisinin-based combination therapy (ACT), use of ITNs and indoor residual spraying (IRS), resulted in a significant reduction in the burden of malaria. WHO support in promoting collaborative TB/HIV interventions also resulted in more effective management of the dual infection in an increased number of countries.

14. Capacity for the management of outbreaks and disasters was strengthened to provide a timely response to countries' needs. Highly effective rapid response teams were established at regional and IST levels.
15. The adverse impact of food insecurity in Africa was addressed by engaging with partners through an information note which highlighted the health implications of the food crisis. The document *Food Safety and Health: a Strategy for the WHO African Region* was adopted in 2007 and much progress has been made in the development of food safety policies, the strengthening of foodborne disease surveillance and food safety information, education and communication in countries. WHO developed regional strategies on cardiovascular diseases, diabetes prevention and control, cancer prevention and control, and oral health for countries. Support was provided for conducting the STEPS survey.
16. The following lessons learnt from the implementation of the 2005–2009 Strategic Orientations were taken into account in identifying the challenges and formulating the 2010–2015 Strategic Directions:
  - a. The availability of voluntary funds has been unpredictable and sometimes far below the budget targets adopted by the World Health Assembly even in priority areas. This should be taken into consideration along with innovative mechanisms for resource mobilization during the implementation of the 2010–2015 Strategic Directions;
  - b. The global aid architecture is changing rapidly, requiring government leadership and an increased WHO role in monitoring and providing policy options that are flexible in order to adapt to an evolving environment;
  - c. Leadership at country level is essential for ownership, direction, implementation and evaluation;

- d. There is a requirement to boost national implementation capacities and align international aid for health in order to achieve more effective translation of commitments into action;
  - e. At the field level, WHO leadership can be strengthened by highly qualified technical staff and the use of relevant guidelines and tools.
17. To address these issues, it is essential to recruit and retain competent and motivated experts. The required combination of skills and competencies for effective application of WHO policies, norms and standards will be maintained through continued reprofiling of staff. Monitoring and reporting on the implementation of regionally agreed goals appear to be inadequate and should be strengthened through the formulation of milestones for each Strategic Direction. Additionally, the establishment of the Regional Health Observatory will improve the evidence base for advocacy, policy making and strategic planning.

## C. CONTEXT

### Global and regional commitments

18. The 2000 *United Nations Millennium Declaration* committed governments and the international community to address major issues related to peace, development and human rights. Eight Millennium Development Goals (MDGs) were set, three in health and five related to health and development. Countries in the African Region have increased coverage of some interventions aimed at achieving the MDGs. In the interest of global health security, the *International Health Regulations (2005)* were adopted and are being implemented.
19. In Africa, there are several regional commitments towards health development, including the *Abuja Declaration of 2001* related to allocation of 15% of the public budget to the health sector; the 2006 Abuja African Union Heads of State call for *Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010*; the call for *Malaria Elimination*; and the *Nairobi Call to Action on Closing the Implementation Gap in Health Promotion (2009)*. Furthermore, in November 2006, at the International Conference on Community Health, Member States made a commitment to ensure universal access to quality health care and a healthier future for the African people.
20. The World Health Report 2008 and the World Health Assembly Resolution WHA62.12 on Primary Health Care repositioned the values and principles of the *Alma Ata Declaration* as central to health development. The *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium*, which was endorsed by the Regional Committee for Africa in 2008, was another milestone. The *Algiers Declaration on Research for Health in the African Region: Narrowing the Knowledge Gap to Improve Africa's Health* and the *Libreville Declaration on Health and Environment*, as well as many Regional Committee resolutions in 2008, set the policy framework for action in all these areas.
21. According to the Food and Agriculture Organization (FAO) global agricultural output has grown at an average rate of 0.4% per year since 1961, but sub-Saharan Africa produces less food than it did three decades ago. The unprecedented increase in global food prices in recent times has raised concerns about individuals' rights to adequate food and about the health and nutrition implications of the lack of access to food. In

2008–2009, recognizing the urgency of the situation, world leaders endorsed the Rome Declaration on World Food Security; the summit of eight industrialized countries (G8) also affirmed that strengthening global and local governance for food security is key to defeating hunger and malnutrition; and the Heads of State of the African Union adopted a resolution calling for investment in agriculture, economic growth and food security.

22. The above regional agreements underscore the unique ability of the Regional Office to forge agreements, frameworks and strategies that pave the way for health development in the Region.

### Current health situation

23. The weakness of national health systems in the Region has been a matter of concern for decades. Despite ongoing efforts to improve health systems performance, some issues related to governance, health financing, human resources for health, health technologies, information systems and service delivery are yet to be addressed. There is, therefore, a need for continued work to update policies and strategies, and to translate them into sound strategic plans featuring well financed country operational plans and services that are accessible to the poor and most vulnerable, especially women and children.
24. The national health systems in the Region have inadequate human and financial resources, and limited infrastructure especially in regard to laboratories, information and communication systems and this leads to a weak capacity to provide universal coverage and respond to outbreaks and disasters. The establishment of the Health Workforce Observatory at regional and country levels, which provides information on the health workforce situation among others, is an important step towards improving the evidence base for advocacy, policy-making, strategic planning and capacity building. There are some successes that have resulted in expansion of community-based health financing schemes. These will be further documented and disseminated.
25. Maternal mortality is one of Africa's most tragic health problems, hence the commitment to reduce it by three quarters between 1990 and 2015. Recent estimates of maternal mortality have shown that the Region has made no progress towards achieving the MDG target and, to date, 31 countries have very high maternal mortality ratios (MMRs) ranging from 550 to 1000 per 100 000 live births. Nevertheless, successful implementation and monitoring of the decentralization of health policy and the basic

health package in under-served areas have resulted in declines in MMR. There was also an increase in deliveries assisted by skilled birth attendants between 1992 and 2008 in some countries.

26. In 2008, it was estimated that about 4.2 million children under the age of five died of preventable and treatable conditions including pneumonia, diarrhoea and malaria. Premature introduction of complementary foods and nutritional deficiencies are among the major risk factors. Recent data show that only five out of 46 countries in the Region are on track to achieve MDG 4.
27. Since 2007 the African Region has experienced a three-fold surge in the number of polio-infected countries. Resurgence and continued circulation of wild poliovirus are associated with low population immunity as a result of the failure to sustain high coverage of routine immunization. However, significant progress was made during 2009 and has led to the reduction by at least 25% in the number of cases of poliomyelitis as a result of the implementation of the Reaching Every District (RED) approach and the high quality supplementary immunization campaigns.
28. Implementation of measles control strategies in the African Region led to a 92% reduction in estimated measles deaths by 2008, but constraints in sustaining immunization service performance still exist in some countries. There is a requirement for sustained action that produces the desired results including increasing routine immunization coverage, providing second opportunity for measles immunization, establishing case-based surveillance and improving case management. The RED approach is an important tool for addressing immunization performance gaps and strengthening the management of immunization and other health services at the district level.
29. The number of malaria cases reported globally is estimated at 247 million with the Region accounting for 86% of these. In 2006 the estimated number of deaths was 881 000 of which the African Region accounted for 90%. Malaria causes an estimated 17% of the under-five mortality in the Region. In highly endemic countries malaria reduces economic growth by about 1.3% mainly due to absenteeism from work. The poorest people are most exposed because of inadequate housing, poor living conditions especially in urban settings, and limited access to health care. The number of cases and deaths in health facilities, however, has reduced dramatically in certain countries as a result of integrated malaria control interventions.

30. HIV prevention programmes have not yet adequately reached the most at-risk populations including the youth, sex workers, injecting drug users and prisoners, resulting in a high incidence of HIV infection; however, there are some best practices in countries. Preventing mother-to-child transmission (PMTCT) and scaling up the testing of infants reduced mother-to-child transmission and facilitated early detection of infection. Factors pivotal to success include access to antenatal care and delivery services; sustained political and financial commitment; effective collaboration; partner support and coordination; innovative solutions to shortages of skilled human resources; and approaches to HIV testing and counselling. Voluntary counselling and testing was used as an entry point in scaling up HIV prevention, treatment, care and support services. In addition, initiatives targeting sex workers and other high-risk groups resulted in increased awareness, knowledge and uptake of testing and counselling, and also reduced sexual transmission and stabilized the prevalence of HIV.
31. Experiences from some countries demonstrated that delivery of antiretroviral therapy (ART) is possible despite limitations of infrastructure and human resources. Indeed the estimated number of people receiving ART in the Region increased from 100 000 in 2003 to 2 925 000 in 2008; however, the need to intensify HIV prevention efforts in order to reduce the number of new infections remains.
32. Over one million cases of tuberculosis were reported in 2005. Recent surveillance data have shown that although the Region accounts for 10% of the world population, it has 25% of the global notified cases of tuberculosis. In some countries the incidence of TB cases resistant to first-line and second-line TB medicines has been increasing since the beginning of 2006. On average, 35% of tuberculosis cases in the Region are co-infected with HIV, and tuberculosis accounts for approximately 40% of deaths in people living with HIV/AIDS. Trends in tuberculosis cases detected and cured under Directly Observed Treatment, Short course (DOTS) indicate that the WHO African Region is unlikely to achieve the 2015 MDG targets for TB control; however, four countries have already achieved the target and seven other countries are likely to do so. Countries should therefore be supported in scaling up this approach.
33. Neglected tropical diseases (NTDs) including Buruli ulcer, leprosy, human African trypanosomiasis, schistosomiasis, onchocerciasis, soil-transmitted helminthiases, lymphatic filariasis and dracunculiasis affect an estimated one billion people worldwide with Africa bearing the highest burden. Various NTDs control programmes have been initiated by some countries and partners resulting in a reduction in the burden

of onchocerciasis, trypanosomiasis, dracunculiasis and leprosy. The Community-Directed Treatment with Ivermectin (CDTI), an intervention adopted by the African Programme for Onchocerciasis Control (APOC), has been shown to be the most effective. The use of the CDTI approach could be promoted for the delivery of other public health interventions.

34. Millions of people living in the African Region are suffering from or threatened by epidemic-prone diseases such as cholera, cerebrospinal meningitis, viral haemorrhagic fevers and, more recently, the Pandemic Influenza A (H1N1) 2009. A significant number of emerging new diseases originate from animals, making the animal–human interface a critical source of disease that could have public health implications at global level.
35. The situation regarding cholera and other foodborne and waterborne diseases in the African Region has been worsening since the early 1990s. The number of reported cholera cases ranges from 150 000 to 200 000 per year in 30 countries. Lack of potable water and inadequate sanitation as well as unhygienic handling of food are leading risk factors in the Region. The capacity building activities of the Global Foodborne Infections Network have strengthened foodborne disease surveillance in countries, resulting in early detection of outbreaks.
36. The Region has been experiencing an accelerated increase in noncommunicable diseases (NCDs), including violence and injuries, adding to the already heavy burden of communicable diseases. If no steps are taken, NCDs will represent at least 50% of mortality in the African Region by 2020. Major common risk factors for chronic NCDs are related to individual lifestyles and non-changeable risk factors including genetic and ethnic considerations together with an increase in life expectancy, prenatal factors and gender. The Commission on Social Determinants of Health in 2008 called for action in three principal areas: improving the daily living conditions of people; tackling the inequitable distribution of power, money and resources; and measuring and understanding the problem and assessing impact for action. Despite these recommendations, governance and the social and economic forces which shape the key determinants of health, including safe water, sanitation and healthy environments, are not being addressed in a systematic manner in the Region.

## Challenges

37. In the African Region, progress towards achievement of the health MDGs has been slow. Assessment of global and regional commitments, achievements and opportunities shows that a number of challenges still need to be addressed effectively.
38. These include inadequate funding and earmarking of resources which constrain WHO in fully exercising its mandate to deliver its core functions in certain strategic and priority areas such as health information systems, knowledge management and sharing, disease surveillance, maternal health, noncommunicable diseases, food and nutrition, and the strengthening of health systems.
39. Emerging challenges include the double burden of new and emerging diseases combined with resistance to antituberculosis medicines, antiretrovirals, antimalarials and other medicines. Other challenges include inadequate collaboration with health-related sectors such as education, environment, agriculture, animal health, trade and finance, in order to ensure that their policies and actions contribute to health development. It is also important to adopt health policies that address human rights, ethics and equity in health care.

## Opportunities

40. Despite these challenges there are many opportunities for health action in the African Region. Health is now recognized as a key aspect of human development. Currently, there is increased focus on improving the health of the people in Africa, resulting in a convergence of commitments among partners and more especially at country level. The African Union has a continental Health Strategy whose implementation could benefit from subregional integration and development. WHO is committed to supporting the implementation of this health strategy. Peace-building efforts resulting in stability are additional opportunities. The social sectors are receiving greater attention and ongoing reforms undertaken by African governments will have a positive impact on the health of populations.
41. The *Paris Declaration* and the *Accra Agenda for Action* made commitments to improve aid effectiveness. The *High Level Task Force on Innovative International Financing for Health Systems* has identified a menu of innovative financing mechanisms to complement traditional aid and bridge the financing gaps which compromise the attainment of

the health-related MDGs. The Global Fund, The Global Alliance for Vaccines and Immunization (GAVI), The World Bank, WHO and other partners are exploring the possibilities of establishing a common funding and technical platform for health systems strengthening. The Global Health Initiative spearheaded by the Government of the United States of America promotes a new business model for sustainable delivery of essential health care and public health programmes. The International Health Partnership Plus (IHP+) and the Harmonization for Health in Africa mechanisms are also promoting harmonization and alignment.

42. Global health partnerships and initiatives that support countries in their efforts to improve health outcomes have increased over the past few years. In addition, significant support is being provided by the Advanced Market Commitment (AMC) for pneumococcal vaccines and The International Drug Purchase Facility for AIDS, Tuberculosis and Malaria (UNITAID). New partnerships with emerging economies are also expanding.
43. The focus on the renewal of primary health care and the strengthening of health systems offers great opportunities for scaling up of essential health interventions and universal coverage. The *International Health Regulations (2005)* create an opportunity for strengthening surveillance systems and health security. New technologies including eHealth offer innovative solutions to health challenges such as the scarcity of health professionals and access to difficult terrains. Building on the achievements and lessons learnt from the implementation of the 2005–2009 Strategic Orientations for WHO Action in the African Region, a greater focus on aid effectiveness and accountability by governments, health development stakeholders and partners would be a key asset for moving forward.

## D. STRATEGIC DIRECTIONS

44. The Strategic Orientations (2005–2009) strengthened institutional capacity and enhanced partnerships and leadership for health. Furthermore, the adoption of various declarations and calls for action has provided consensus for the health agenda in the Region. Building on these and other achievements, the current Strategic Directions were formulated to sustain gains made and to tackle current, emerging and re-emerging priorities. They are, therefore, more action-oriented and aimed at improving the health outcomes in the Region. Guided also by the core functions of the Organization, the 2010–2015 Strategic Directions emphasize six priority areas:

1. Continued focus on WHO's leadership role in the provision of normative and policy guidance as well as strengthening partnerships and harmonization;
2. Supporting the strengthening of health systems based on the primary health care approach;
3. Putting the health of mothers and children first;
4. Accelerated actions on HIV/AIDS, malaria and tuberculosis;
5. Intensifying the prevention and control of communicable and noncommunicable diseases;
6. Accelerating response to the determinants of health.

## **1. Continued focus on WHO's leadership role in the provision of normative and policy guidance as well as strengthening partnerships and harmonization**

45. Partners and stakeholders are keen to provide coordinated support to national health strategic plans that is consistent with the national development agenda. In addition, some existing managerial approaches and tools could be adapted by countries towards the endeavours of harmonization and alignment.
46. WHO will continue to provide leadership for health at regional and country levels by enhanced provision of normative and policy guidance on key public health issues, such as strengthening local health systems, health financing and social protection, community interventions and universal access to health care, as directed by the Regional Committee for Africa. A human rights approach will be adopted in all policies and strategies aimed at tackling issues relating to women and children, and also to address the determinants of health among poor and vulnerable populations. Countries are expected to own and implement these health policies and other international commitments.
47. New strategic alliances will, therefore, be forged and existing partnerships strengthened in and outside the UN system, including with the African Union, Regional Economic Communities (RECs) and global health initiatives. WHO will create opportunities to promote partnerships with bilateral donors and prioritize their work with Africa. Within the UN system, no effort will be spared in developing a common understanding and harmonized action on health challenges in Africa, through the Regional Director's Teams and the Harmonization for Health in Africa (HHA) initiative.
48. Similarly, more coordinated and structured inputs into poverty reduction strategies (PRS), United Nations Development Assistance Frameworks (UNDAF) and other interagency planning and resource mobilization mechanisms will be facilitated. Networking with national health institutions, academia and civil society will be strengthened in order to improve and refine evidence-based health information for advocacy, policy making and service delivery, and to develop training strategies and curricula better aligned to the human resource needs of the countries.
49. Technical support will be provided to governments to develop and cost national health strategic plans. Collaboration with development partners to support positioning of health in macroeconomic planning and resource allocation processes will receive more attention. Internally, the ongoing institutional reforms for increased performance and efficiency will be reinforced.

Milestones for Strategic Direction 1	
(i)	New strategic alliances forged and existing partnerships strengthened, including Agreements with the African Union and Regional Economic Communities by 2012;
(ii)	WHO Country Cooperation Strategies reflected in all future country United Nations Development Assistance Frameworks (UNDAF) with HHA support by 2013;
(iii)	All WHO country offices involved in providing technical support for development of National Health Strategic Plans oriented towards the achievement of health MDGs by 2013;
(iv)	Networks of national health and academic institutions established by 2014;
(v)	A compendium of strategies on priority public health issues adopted by the WHO Regional Committee for Africa published by 2014.

## 2. Supporting the strengthening of health systems based on the primary health care approach

50. The platform created by the *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa* along with the *Algiers Declaration on Research for Health* and the *Libreville Declaration on Health and Environment* will be implemented to further strengthen health systems. WHO will advocate for sustained commitments with a special focus on the human resource gaps, taking advantage of new and effective technologies to accelerate the attainment of the MDGs. Countries will be supported to strengthen national research systems and shape their research agenda. This will ensure that policies and interventions are based on evidence generated through practice and research. Advocacy and capacity building will be strengthened to enhance leadership and governance for health.
51. In addition, priority health interventions related to HIV/AIDS, malaria, TB and immunization will be promoted as entry points to strengthening national health systems. The decentralization process focusing on local health systems will be facilitated by the development of guidelines and tools for the improvement of access, equity and quality of care and services. Sound health financing and social protection policies will be promoted including the Abuja target of 15% of national budget allocation to health. WHO will support country efforts in developing integrated training materials for

building the capacity of health workers at peripheral level health facilities in order to deliver an integrated package of essential health services.

52. An African Health Observatory aimed at analysing data and providing information on health outcomes and trends will be established at the Regional Office. Technical support will be provided to establish similar structures at country level. Countries will be supported to improve the availability of quality information and research evidence; access to relevant global health information; sharing of information, evidence and knowledge; use of evidence for policy and decision making; and application of information and communication technology for health (eHealth). Guidance will be provided for the establishment and networking of centres of excellence on health research in order to generate evidence to support service delivery and inform policy action.

#### Milestones for Strategic Direction 2

- |        |   |
|--------|---|
| (i)    | Guidelines for the development of national health policies and national health strategic plans revisited, published and disseminated by the end of 2010;                  |
| (ii)   | Five best practices on implementation of the <i>Ouagadougou Declaration on Primary Health Care and Health Systems in Africa</i> documented and promoted starting in 2011; |
| (iii)  | The African Regional Health Report: <i>Narrowing the Knowledge Gap to Improve Africa's Health</i> issued by 2011;   |
| (iv)   | An African Health Observatory established and functional by December 2012;  |
| (v)    | Three best practices on implementation of the <i>Algiers Declaration on Research for Health</i> documented and promoted starting in 2012;                                 |
| (vi)   | Evaluation report on the implementation of the <i>Ouagadougou Declaration on Primary Health Care and Health Systems in Africa</i> issued by 2014;                         |
| (vii)  | Evaluation report on the implementation of the <i>Algiers Declaration on Research for Health</i> issued by 2014;  |
| (viii) | Evaluation report on the implementation of the <i>Libreville Declaration on Health and Environment</i> issued by 2014;  |
| (ix)   | Progress report on the achievement of the health MDGs in the African Region issued by 2015.   |

53.

54. Institutional capacity strengthening will be carried out to enable the development of sound pharmaceutical policies to strengthen quality assurance schemes, regulatory functions and good manufacturing practices. Support will be provided for the monitoring, evaluation and dissemination of findings in order to alert Member States to the issues to be addressed.

### **3. Putting the health of mothers and children first**

55. Lessons learnt since the 1990s indicate that it is possible to reduce infant mortality by scaling up proven cost-effective interventions. In addition, the implementation of the decentralization policy and of the basic health package in under-served areas has contributed to the reductions in MMR in some countries.
56. WHO will intensify advocacy to have women's health issues placed high on the political agenda of Member States and regional institutions. WHO will promote integration of women's health into the agendas of women's rights groups, women's associations and community-based organizations. The Regional Office will issue a report on the work of the Commission on Women's Health in the African Region and share best practices.
57. In line with the *Road Map for the Attainment of the MDGs Related to Maternal and Newborn Health in Africa*, support will be provided to define a minimum package of maternal and newborn services at each level of the health care delivery system, such as family planning, safe deliveries by skilled birth attendants and appropriate referral systems; to review and revise national policies, norms and protocols using evidence-based standards; and to assess and produce a skilled workforce for maternal and child health services.
58. WHO will provide enhanced support to countries to accelerate the implementation of the *Child Survival Strategy for the African Region* and other relevant Regional Committee Resolutions. Partnerships and alliances will be further expanded and existing ones strengthened. The HHA will be more proactive in the harmonization and coordination of joint action on child health. In line with the core functions of WHO, updated guidelines, norms and standards will be made available to countries to address current and emerging problems.
59. Support will be provided to scale up essential services, namely, newborn care; infant and young child feeding; provision of nutrition services including micronutrient

supplementation; immunization of mothers and children; prevention of mother-to-child transmission of HIV and malaria using ITNs and intermittent preventive treatment; deworming; and integrated management of childhood illness including care of children exposed to or infected with HIV.

60. WHO will engage in assessing coverage of interventions and measuring progress towards achieving global targets in improving the health of women and children. Research to address operational bottlenecks and inform policy actions will be promoted.

#### Milestones for Strategic Direction 3

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|-------|--|
| (i)   | The <i>Commission on Women's Health in the African Region</i> launched and report issued and disseminated by 2011;   |
| (ii)  | Thirty Member States supported to develop costed minimum packages of maternal and newborn services at each level of the health care delivery system by 2013; |
| (iii) | Thirty Member States supported to have basic Emergency Obstetric and Neonatal Care services available in 80% of their health districts by 2014;              |
| (iv)  | All Member States in the African Region to have national child survival strategies by 2014;  |
| (v)   | A report on the implementation of the recommendations of the <i>Commission on Women's Health in the African Region</i> issued by 2014.                       |

#### 4. Accelerated actions on HIV/AIDS, malaria and tuberculosis

61. WHO will advocate strong country ownership and leadership for accelerated, evidence-based and comprehensive scaling up of agreed cost-effective interventions for the prevention and control of HIV/AIDS, malaria and tuberculosis.
62. Enhanced technical support and capacity building to ensure sustainability will be provided in order to increase the uptake of antiretroviral medicines, promoting evidence-based health sector prevention approaches that work, including primary prevention, PMTCT, counselling and testing as well as male circumcision. Application of WHO norms on early treatment and progressive use of point-of-care monitoring of treatment will be promoted. Laboratory strengthening especially to facilitate early diagnosis and treatment of HIV/AIDS, culture and drug susceptibility testing for TB, monitoring of

drug resistance as well as external quality assurance programmes will be promoted and supported.

63. Improved norms and guidelines will be provided towards TB case detection, proper implementation of DOTS especially supervision of treatment and follow-up of cases. Effective identification and treatment of multidrug-resistant and extensively drug-resistant (MDR/XDR) TB cases, putting into operation the agreed TB/HIV collaborative activities, and engaging other service providers including the private sector will be promoted. Development and support for the adaptation of tools and guidelines for surveillance, monitoring and evaluation of programmes, and joint comprehensive country programme reviews ensuring consistency with agreed norms and standards will be undertaken.
64. For malaria, the focus will be on promoting the use of existing guidance on ITNs and indoor residual spraying (IRS) especially in the same geographical area and also on promoting innovative measures to address causes of low uptake of ITNs. Parasitological diagnosis and early treatment of malaria especially in children will be strongly recommended. Advice on generating the required evidence to determine the stages reached and appropriate actions to take within the control-to-elimination continuum will be provided.
65. Malaria research designed to generate strategic information to better assess the driving forces of epidemics and the impact of interventions will be supported. In addition, vaccine development programmes will be promoted along with the development of new medicines.

#### Milestones for Strategic Direction 4

- (i) Regional report on progress towards universal access to HIV/AIDS prevention, treatment, care and support issued annually;
- (ii) Regional progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control issued in 2011, 2013 and 2015;
- (iii) New guidelines for identification and treatment of multidrug-resistant and extensively drug-resistant TB cases disseminated and implemented in the four high-burden multidrug-resistance countries by 2014.

## 5. Intensifying the prevention and control of communicable and noncommunicable diseases

66. Several health approaches such as RED and CDTI have demonstrated that when governments and communities take responsibility, health programmes can be successfully implemented leading to better health outcomes. WHO will therefore advocate high-level political commitment of governments and engage with partners in mobilizing the resources required for disease elimination and eradication programmes including polio eradication.
67. Following the recommendations of the Regional Committee, the Regional Office will facilitate the establishment of an African Public Health Emergency Fund as an innovative mechanism to respond to disease outbreaks and other public health emergencies. In order to improve access and coverage in routine immunization, support will be provided to strengthen immunization systems and to accelerate the introduction of life-saving new vaccines. In addition, a stepwise approach towards achieving the measles elimination goal by 2020 will be initiated.
68. A regional strategic plan on control of neglected tropical diseases (NTDs) including zoonotic diseases will be developed. In addition, a related integrated package of interventions to guide the implementation of national NTD programmes will be proposed. WHO will encourage operational research and research on the development of more efficacious medicines for NTDs and advise on new treatment protocols. The Regional Office will explore new mechanisms for coordination of partners and resource mobilization to boost national capacities for reducing the burden of NTDs.
69. In order to detect and respond to diseases in a timely and effective manner, WHO will support countries to strengthen their capacity for outbreak management, development and implementation of preparedness and response plans, and full implementation of early warning systems within the framework of integrated disease surveillance and response (IDSR). Countries will also be supported to reach the core requirements of the *International Health Regulations (2005)*.
70. Support will be provided for large-scale assessment of the burden and trends of priority noncommunicable diseases (NCDs) including cardiovascular diseases, cancer, diabetes, sickle-cell anaemia, mental disorders, injuries and disabilities, and to identify risk factors and major determinants through the IDSR and STEPS surveys. The evidence gathered will form the basis for the elaboration of the African Health Report on NCDs.

Further efforts will be deployed to increase the visibility and advocacy for prevention and control of chronic diseases.

Milestones for Strategic Direction 5	
(i)	Transmission of wild poliovirus in the African Region interrupted by end of 2011;
(ii)	The African Public Health Emergency Fund established by the WHO Regional Committee for Africa by 2012;
(iii)	A Regional strategic plan for controlling neglected tropical diseases adopted by the WHO Regional Committee for Africa by 2012;
(iv)	The African Health Report on noncommunicable diseases for policy making and programme development published by December 2012;
(v)	A regional network of centres of excellence established by 2014.

## 6. Accelerating response to the determinants of health

71. The strong interrelationship between health determinants such as economic development, peace, security, governance, education, gender, food security, nutrition and environment, including their impact on health development and outcomes, underscores the need to address health determinants in Africa. This will be particularly relevant in resource-poor settings where health inequalities are prominent and access to quality health services is limited.
72. A regional strategy for tackling health inequities through action on the determinants of health will be developed to inform the development of national policies and legislation aimed at multisectoral action on determinants of health. Guidelines for development of national policies on bioethics of health research will be issued. Countries will be supported to develop health policies and strategies that enhance equity, are responsive to gender and based on human rights.
73. WHO will continue to provide normative and technical guidance to countries for strengthening food safety and nutrition programmes, including early warning systems, nutrition and foodborne disease surveillance in line with the document *Food Safety and Health: A Strategy for the WHO African Region and the African Regional Nutritional Strategy 2005–2015*. Existing working relationships and partnerships with UNICEF, FAO, WFP and The World Bank will be further streamlined.

74. In collaboration with the United Nations Environment Programme (UNEP), support will be provided to Member States for the implementation of the *Libreville Declaration*. Health and environmental strategic alliances, building capacity to strengthen health and environment institutions, and advocating enforcement of international conventions and national regulations will be promoted. Support will also be provided to countries to conduct situation analyses and needs assessments in order to generate knowledge and evidence. This will be applied in the development of well-informed national plans for joint action by health and environmental sectors.
75. Relevant measures will be taken to strengthen capacity in health promotion in accordance with the *Nairobi Call to Action*. WHO will update the document *Health Promotion: A Strategy for the African Region* and support Member States in developing policies and plans. Furthermore, WHO will, together with other relevant agencies, seek to generate and disseminate more evidence on the effectiveness of health promotion.

#### Milestones for Strategic Direction 6

- (i) A Regional Strategy for tackling health inequities through action on the determinants of health adopted by the WHO Regional Committee for Africa in 2010;
- (ii) A revised Regional Health Promotion Strategy adopted by the WHO Regional Committee for Africa by 2012;
- (iii) The situation analysis and needs assessment exercise in the context of the *Libreville Declaration on Health and Environment* conducted in all Member States by 2014.

## E. CONCLUSION

75. The Strategic Directions will guide the work of WHO in the African Region for the period 2010–2015. They build on the achievements of the past five years and outline the issues, challenges, opportunities and priorities that should guide the work of the WHO Secretariat in the Region. The Strategic Directions recognize the socioeconomic dimension of health development and propose orientations to address the most serious health problems faced by people in Africa as well as their key determinants. The document focuses on WHO mandate and its core functions, articulating its role in addressing Africa's public health priorities, while recognizing the space of other cooperating agencies, funds, partnerships and NGOs that are more involved in strengthening the implementation capacity of national health systems under the leadership of governments.
76. Successful implementation of the Strategic Directions will require strong leadership, accountability and efficient use of resources. Progress made by some countries will inspire the entire Region through the sharing of best practices. Boosting the capacity of health systems and improved monitoring and evaluation should enable the scaling up of proven and cost-effective health interventions and pave the way towards accelerated implementation of programmes aimed at achieving health MDGs.

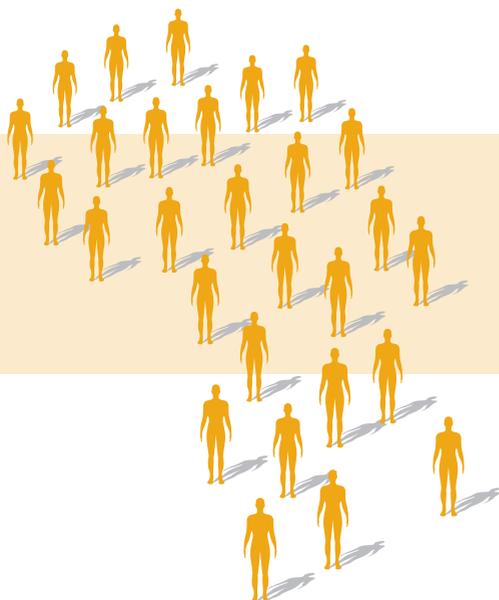


The Strategic Directions paper highlights vividly the potential breadth and complexity of WHO's engagement in Africa's health. The six Strategic Directions, as noted in the Foreword, are in line with the 11th General Programme of Work and, like the Medium Term Strategic Plan, globally provide a framework for a wide range of work.



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**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**