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**WHO POLICY
ORIENTATION
FOR**

AFRICAN

**RECOVERY
AND
DEVELOPMENT**

Discussion Document



WORLD HEALTH ORGANIZATION, GENEVA, 1994





WHO Policy Orientation for African Recovery and Development

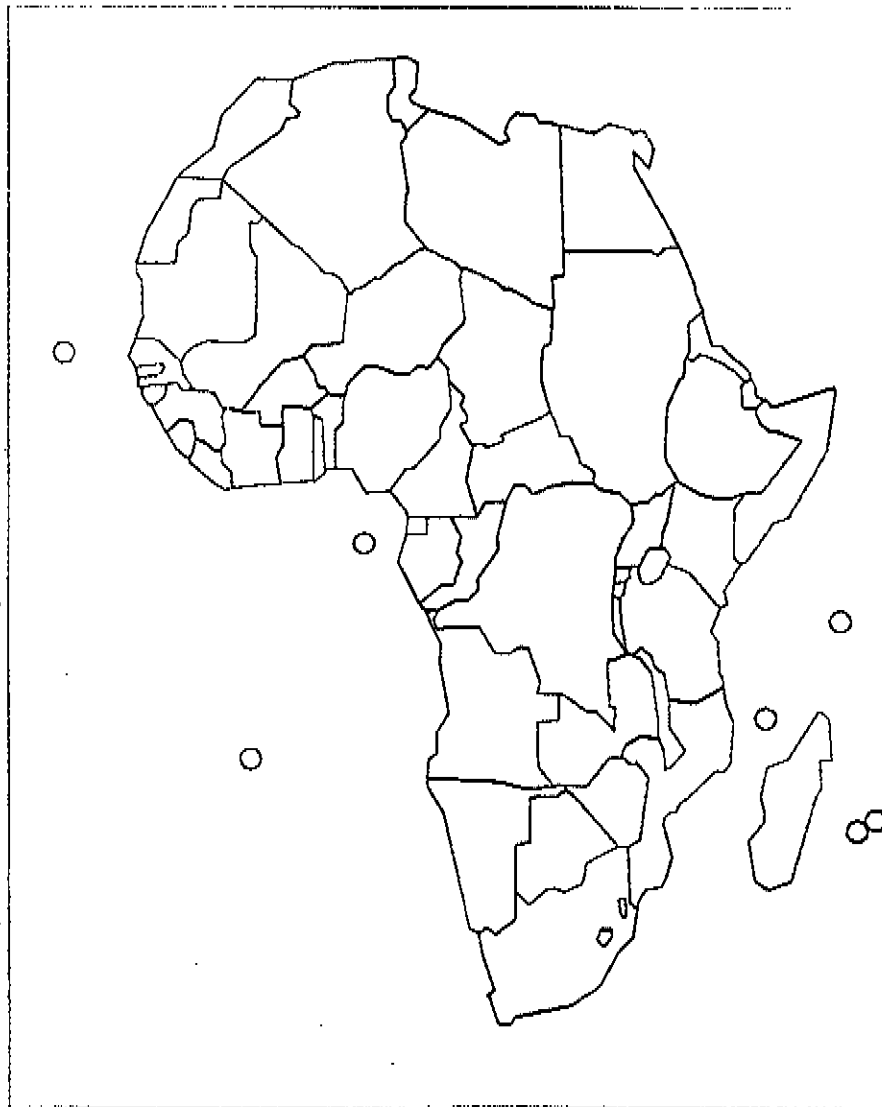
This paper on WHO's Policy Orientation for African Recovery and Development was drafted as a discussion document (INA/94.1) in preparation for the Director-General's participation in the discussion of the Administrative Committee on Coordination (ACC) of an agenda item on African economic recovery and development, at its Second Regular Session of 1994 (21 and 22 September 1994, in New York). Following the ACC session, the paper has been subject of additional reviews by the WHO Working Group on Continental Africa, the Division of Interagency Affairs and other offices within WHO.

The document focuses on the main issues and priorities for health development in Africa as a whole. It provides an overview of the current health situation in Africa, outlines a set of WHO policy objectives as well as major priorities for health, and indicates implementation mechanisms. The document is consistent with the policy orientations of WHO's Ninth General Programme of Work (1996-2001), information provided on national health policies and the mission of WHO in Sub-Saharan Africa, and the objectives of the United Nations New Agenda for the Development of Africa in the 1990s (UN-NADAF).

The document also reflects (i) the proposed scope of the health protocol currently being developed with the support of WHO for the Treaty Establishing the African Economic Community at the request of the Organization of African Unity (OAU); (ii) principles and qualitative information of the World Bank's draft report "Better Health in Africa" (1993), to which WHO and other agencies made substantial contributions; and (iii) quantitative information contained in "World Population Prospects: The 1994 Revision" (United Nations Population Division), the UNDP Human Development Report (1994), and WHO programme sources.



AFRICA



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



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I. CURRENT HEALTH SITUATION

As documented by many sources, the health situation in the whole of Africa gives cause for increasing concern.

- 1. Health indicators.** The heavy burden of disease and ill-health impedes social and economic development of communities, countries and the African continent as a whole. Health indicators also show wide differences in health status between countries and between population groups within the same country, and some indicators show that the situation is getting worse in both Sub-Saharan and Northern Africa.

Health indicators include (a) life expectancy, estimated for Sub-Saharan Africa (excluding Southern Africa) at 50-51 years in the 1990-1995 period, compared to 62 years for less developed regions as a whole¹ (including Southern and Northern African countries), and 74 years for more developed regions; (b) infant mortality, estimated for Sub-Saharan Africa at 101 infant deaths per 1 000 births for the same period, which is 44% higher than in less developed regions as a whole, and for Northern Africa at 67 per 1 000 births, which is still six to seven times higher than in more developed regions (10 per 1 000 births); and (c) maternal mortality estimated for 1988 at 717 per 100 000 live births in Sub-Saharan Africa, which is 70% higher than in less developed regions as a whole (420 per 100 000 live births) and 28 times higher than in more developed regions (26 per 100 000 live births). The maternal mortality rate in Northern Africa was estimated at 360 per 100 000 live births.

- 2. Progress.** However, considerable progress is being made in the control of some diseases, such as river blindness (*onchocerciasis*) which has now made the Volta river basin available for human habitation and cultivation; eradication of poliomyelitis, already well advanced in some countries, should be achieved throughout Africa by the year 2000; and encouraging progress is also being made in guinea worm (*dracunculiasis*) eradication. These achievements contribute to improved health and well-being and, in turn, to a more productive society. At the same time, it is urgent to take preventive measures to arrest the social disintegration caused by emergency situations and internal displacement of people, which contribute to loss or reversal of the progress made in these areas.

¹ According to the country classification used by the United Nations, less developed regions comprise all regions of Africa, Latin America, Asia (excluding Japan), and Oceania. More developed regions comprise Northern America, Japan, Europe, and Australia and New Zealand. Least developed refers to those countries of the less developed regions that have been so designated by the United Nations.



- 3. Main causes.** The main causes of illness and death in Africa of children who survive the neonatal period include acute respiratory infections, diarrhoea, malaria and measles, alone and in combinations, against a background of protein-energy malnutrition; for women they include complications connected with child birth, and for both men and women communicable diseases such as malaria, tuberculosis and HIV/AIDS, as well as injuries.
- 4. Underlying factors.** These causes, which are often aggravated by the impact of emergencies and disasters such as armed conflict, drought and famine, in turn are linked to inadequate access to primary and secondary education, safe water and sanitation, nutritious food, essential drugs, and to basic health care services, including family planning. In many countries, this situation is further complicated by societal and economic factors, including the low status of women and other vulnerable groups, inequity in the distribution of the benefits of economic growth, and the impact of a deteriorating economy and various structural adjustment programmes on the social sector.

The adult literacy rate is 51% in Sub-Saharan Africa and 55% in Northern Africa (1992) compared to 69% for less developed regions as a whole. Corresponding percentages for access to safe water (1988-1991) are 45% and 82% versus 70%; for access to local health care services (1989-1990) 63% and 88% versus 89%; for contraceptive prevalence (1985-1992) 15% and 46% versus 53%; and for annual population growth (1990-1995) 3.0% and 2.3% versus 1.9%.

- 5. Health expenditure.** Total public and private expenditures on health were 4.4% of GDP in Sub-Saharan Africa, 3.7% in Northern Africa, and 4.2% in less developed regions as a whole (1990), compared with 9.4% for more developed regions. Actual per capita expenditures obviously show wider gaps because of the different magnitudes of GDP and the inequity in access to the benefits of health expenditure.



SELECTED INDICATORS



REGION	Life expectancy at birth (year) 1990-1995	Infant mortality rate per 1000 live births 1990-1995	Net enrolment ratio in primary education (%) 1995	Adult literacy rate (%) 1992	Population with access to safe water supply (%) 1990-1991	Population with access to basic sanitation (%) 1990-1999	Contraceptive prevalence (%) 1985-1992	Population growth (percent) 1990-1999	Expenditure on health as a % of GDP 1990
Sub-saharan Africa	51	101	717	51	45	63	15	3.0	4.4
Northern Africa	62	67	360	55	82	88	46	2.3	3.7
Less developed regions	62	70	420	69	70	89	53	1.9	4.2
More developed regions	74	10	26	98	100	100	72	0.4	9.4

Sources: Based on UN World Population Prospects, 1994; Human Development Report 1994; UNDP 1994 and WHO data



II. WHO POLICY OBJECTIVES

In the context of a country-driven agenda for national development, WHO has formulated the following policy objectives in support of African recovery and development.

- 1. Health as a central component.** Member States will continue to be encouraged to position health as a central component for national development. It will be re-emphasized that investment in health, as well as education, is fundamentally required to secure sustainable social and economic development, and that good health and social well-being are also essential objectives of economic growth and development itself. Such development will require a consistent national health policy, multisectoral commitment, capacity building, transnational cooperation and international partnerships. Poverty and health issues including communicable diseases and environmental hazards, respect no national borders nor institutional boundaries. Their grim consequences travel the African continent and the world. In addition to investment in health and education, other items of a country-driven agenda relate to peace, governance, law, economy, and capital.

- 2. Support for continental-wide objectives.** While continuing to support a country-driven agenda, WHO recognizes the increasing need to support the transnational and continental-wide objectives of Member States. These objectives are articulated at several levels of health development including WHO's Regional Committees for Africa and the Eastern Mediterranean, the World Health Assembly, the Organization of African Unity, the Treaty Establishing the African Economic Community including its health protocol, the African Development Bank, the League of Arab States, the Organization of the Islamic Conference, the Islamic Development Bank, and the efforts of the international community including the United Nations New Agenda for the Development of Africa in the 1990s (UN-NADAF), the Economic Commission for Africa and the Tokyo Declaration on African Development. Consequently, WHO's collaboration with organizations, within and outside the United Nations system, and its internal interagency coordination capacity, will be reinforced.



3. **Partnerships and capacity building.** Revitalizing or formulating new partnerships for health development and capacity building for human and institutional purposes will continue to be supported at all levels, so that sustainable improvement in the health status and social well-being of the people in Africa could be made in the years to come, in accordance with the primary health care approach and the main social target of governments and of WHO's Strategy for Health for All.

III. PRIORITIES FOR HEALTH

WHO will continue to cooperate with Member States in four major priority areas for health, consistent with the overall health situation in Africa as outlined above and the above policy objectives of the Organization:

1. **Creating supportive environments for health.** The major elements of such environments include (a) sound governance in terms of policy formulation, resource allocation, community-participation, equality of opportunity, and shared accountability for health implications of the activity of sectors other than health; (b) stimulation of productive employment with links to health development (e.g. through community-based income-generating projects using basic minimum needs approaches); (c) physical and social environments and living conditions which promote good health including mental and spiritual well-being; (d) primary and secondary education, with particular attention to girls and women; and (e) engagement of households and communities in health to ensure better use of local resources.
2. **Promoting and protecting health.** Major areas of action include (a) maternal and child care services with adequate family planning services and immunization coverage of infants; (b) access to safe drinking water and sanitation; (c) control of malaria; (d) improved nutrition and food safety with particular attention to the needs of women and children; and (e) the use of innovative approaches to health education (e.g. an action-oriented school health curriculum), to promote healthy behaviour (with special attention to sexual issues and HIV/AIDS, tobacco and drug abuse), and to the design and implementation of early warning systems in support of these activities.



- 3. Facilitating health care.** Recognizing the need to continue to promote primary health care and to ensure equitable access for all to health care of acceptable quality, with particular attention to the vulnerable groups of a population, important elements for the provision of health care include (a) consistent with a national policy, the availability of essential drugs with particular attention to quality and price; (b) health centres located close to the communities served and providing packages of services relevant to local needs (e.g. through the implementation of district health programmes); (c) preparedness and response to the health needs of refugees, displaced persons and other victims of emergencies and disasters; (d) and institutional restructuring and reform at all levels of the health sector with particular attention to the appropriate technical and managerial skills and working conditions of health staff.

- 4. Optimizing the use of available resources.** The mobilization and especially the optimal use of financial and other resources available for health development involve a series of considerations at government level, including: (a) a shift in the balance of funds from expensive curative care to health education and preventive care; (b) the establishment and use of national sources of funds such as user fees, public and private health insurance schemes, public subsidies of voluntary organizations and, in general, encouragement of a properly regulated private sector and of households to assume greater responsibility for health; (c) the magnitude and appropriateness of contributions provided by external partners and the ability of local institutions to absorb such assistance; (d) an overall objective of building a sustainable national capacity for health including national policies to direct and facilitate the allocation and use of financial resources; (e) the opportunity to reinforce technical cooperation among African countries in health development; and (f) the need to monitor progress and evaluate the impact of the use of available resources. Within the above considerations, it should be ensured that the health needs of the poor and vulnerable segments of the population receive particular attention.



IV. WHO IMPLEMENTATION MECHANISMS

In support of the above priorities for health, WHO's contribution to African recovery and development will continue to be delivered through a range of mechanisms, primarily:

1. WHO's Regional Offices for Africa (AFRO) and the Eastern Mediterranean (EMRO), which, together with the network of WHO Representative Offices and Headquarters, will continue to support the development and implementation of national policies (ref. for example, the Africa 2000 initiative on water and sanitation, and the application of basic minimum needs approaches).
2. A number of WHO programmatic initiatives including WHO intensified cooperation with countries and peoples in greatest need (IWC); follow-up to international conferences related to WHO's mandate (e.g. on HIV/AIDS, the environment, malaria, nutrition, population, social development, and other issues); and reinforcement of ongoing programmes in support of the health priorities identified above.
3. In the context of UN-NADAF, intensified collaboration with OAU, the existing African regional economic communities and the evolving African Economic Community, the African Development Bank, other regional intergovernmental organizations, ECA, FAO, UNDP, UNESCO, UNFPA, UNICEF, WFP, the World Bank, and the many other partners, including non-governmental organizations and scientific groups, within and outside the United Nations system.
4. WHO's governing bodies, namely the Regional Committees for Africa and the Eastern Mediterranean, the Executive Board and the World Health Assembly, as well as internal mechanisms including the Global Policy Council, the Management Development Committee, the WHO Working Group on Continental Africa, the Division of Interagency Affairs, and the WHO Office for OAU and ECA.



Three policy objectives:

- Promoting health in its own right and as a central component of a country-driven agenda for development
- Supporting continental-wide objectives through reinforced collaboration within the UN system and with other relevant organizations
- Supporting the development of partnerships for health and capacity-building in countries

Four priorities:

Cooperation with Member States in:

- Creating supportive environments for health, including sound governance
- Promoting and protecting health
- Facilitating equitable access and an acceptable quality of health care
- Mobilizing available resources and optimizing their use

Four implementation mechanisms:

- Increasing the support from WHO regional offices in Africa, the WRs and WHO headquarters, for development and implementation of national policies
- Strengthening programmatic initiatives, in particular IWC, and reinforcing health priorities in follow up to international conferences
- Intensifying collaboration with African regional and other international organizations
- Regularly bringing to the attention of WHO's governing bodies the health and overall development problems of Africa as a whole and the actions required by WHO.