



THE
AFRICAN
ECONOMIC COMMUNITY:
A FRAMEWORK FOR ACTION BY WHO

Information Document



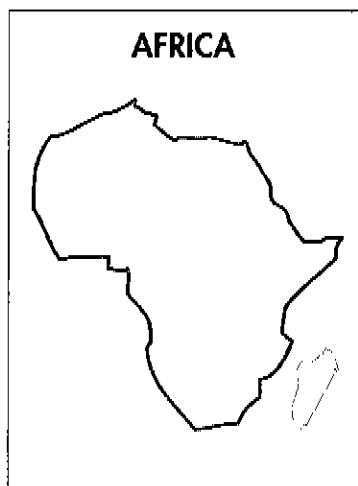
WORLD HEALTH ORGANIZATION
GENEVA, 1995

TREATY ESTABLISHING THE AFRICAN ECONOMIC COMMUNITY

Establishment. The Heads of State and Government of the Member States of the Organization of African Unity (OAU) reaffirmed in April 1980, in the Lagos Plan of Action for the Economic Development of Africa, their "commitment" to set up an African Economic Community by the year 2000. On 3 June 1991, in Abuja, Nigeria, "they decided to establish an African Economic Community constituting an integral part of the OAU". The Treaty Establishing the African Economic Community (the Abuja Treaty) was ratified by two-thirds of the Member States of OAU in early 1994 and came into force on 12 May 1994.

Objectives. According to Article 4.1 of the Treaty, major objectives of the Community "shall be: (a) to promote economic, social and cultural development and the integration of African economies in order to increase economic self-reliance and promote an endogenous and self-sustained development; and (b) to establish, on a continental scale, a framework for the development, mobilization and utilization of the human and material resources of Africa" ("human" underlined in this document by WHO). Chapters of the Treaty cover subjects such as a customs union; free movement of persons; money; finance and payments; food and agriculture; industry and science; and education, health and population.

Stages. The Treaty also states in Articles 4.2 and 28 that the Community shall, by stages, ensure the strengthening and harmonization of existing and future sub-regional and regional economic communities. These communities include the Common Market for Eastern and Southern Africa (COMESA), the Economic Community of Central African States (ECCAS), the Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC) and the Union of the Arab Magreb (UMA). Moreover, according to Article 6, "the Community shall be established gradually in six stages of variable duration over a transitional period not exceeding 34 years".



Organs. The organs of the Community are listed in Article 7: the Assembly of Heads of State and Government; the Council of Ministers; the Pan-African Parliament; the Economic and Social Commission; the Court of Justice; the General Secretariat; and the Specialized Technical Committees. The OAU Secretariat is expected, within a few years, to become the General Secretariat of the Community.

Cooperation. The Treaty states in Article 92.2 that "the Community shall ensure the establishment of relations with the United Nations system, particularly the Economic Commission for Africa, specialized agencies ... and any other international organization, with a view to attaining the objectives of the Community."

WHO

The World Health Organization (WHO) is an intergovernmental organization and a specialized agency within the United Nations system. The objective of WHO, which has 190 Member States, is the attainment by all peoples of the highest possible level of health.

The Constitution of WHO was approved in 1946 and came into force on 7 April 1948. Two of WHO's main constitutional functions are: (i) to act as the directing and coordinating authority on international health work; and (ii) to encourage technical cooperation for health with Member States. WHO performs its functions through three principal bodies: the World Health Assembly, the Executive Board, and the Secretariat.

A characteristic feature of WHO is its decentralization into six regions, each of which has its own Regional Committee and Regional Office. The Regional Office for Africa (south of Sahara) is located in Brazzaville, Congo; and the Regional Office for the Eastern Mediterranean in Alexandria, Egypt. WHO Headquarters is located in Geneva, Switzerland.

Contact for further information:

**Division of Interagency Affairs (INA)
World Health Organization
CH-1211 Geneva 27
Switzerland**

Facsimile: (022) 791 4843
Telephone: (022) 791 2739/2741

DRAFT HEALTH PROTOCOL PROPOSED FOR THE TREATY

At the request of OAU, WHO has provided assistance in the drafting of a health protocol in support of Article 73 on Health and of related articles of Chapter XIII on Human Resources, Social Affairs, Health and Population. This health protocol will become an integral part of the Treaty Establishing the African Economic Community.

Purpose. Article 1 of the draft health protocol (March 1995) states: "In support of the objectives of the Community as per Article 4 of the Treaty, the purpose of this Protocol on Health shall be to document the strategic direction of investing in health as a central component of socioeconomic development of each Member State and of the Community as a whole. The protocol is based on the recognition that there can be no social development or sustained economic growth without health; and that the development process itself must also aim for improved health and quality of life for all".

Principles. The strategic direction of investing in health would be based on four major principles outlined in Article 3 of the protocol:

- Multisectoral commitment to ensure the integration of health with other areas of government policy;
- Capacity building for human and institutional purposes;
- Transnational and regional cooperation for the control of communicable diseases, environmental hazards, and other health issues;
- International partnerships with organizations within and outside the United Nations system.

SCOPE OF THE PROTOCOL

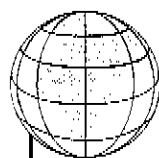
The scope of the health protocol is consistent with health needs and development agendas articulated by African governments and their institutions (e.g. the Cairo Agenda for Action, which was adopted in resolution AHG/Res.236(XXXI) by the OAU Assembly of Heads of State and Government in June 1995).

The protocol is also consistent with policy concepts and guidelines developed by the international community; for example, by WHO and The World Bank, as well as by many international conferences and meetings related directly and indirectly to African recovery and development such as the Tokyo International Conference on African Development (1993) and the World Summit on Social Development (1995).

The draft protocol, presented as document Doc.4 CAMH/4(V), was noted by the Fifth Conference of African Ministers of Health, organized by OAU in Cairo, from 24 to 29 April 1995. This protocol is now subject to review and approval by African governments.

SELECTED INDICATORS ON HEALTH AND DEVELOPMENT

While progress is being made on a number of health issues, the health situation in Africa still gives cause for concern. Health indicators vary among countries and among population groups within the same country, and some indicators are getting worse in both sub-Saharan Africa and northern Africa. The following table compares Africa with other world areas against selected health-related indicators for 1994.



SELECTED INDICATORS

AREA	Life expectancy at birth (year)	Infant mortality rate per 1000 live births	Maternal mortality rate per 100 000 live births	Adult literacy rate	Population with access to safe water (%)	Population with access to local health care services (%)	Contraceptive prevalence (%)	Population annual growth (%)	Expenditures on health (% of GDP)
	1990-1995	1990-1995	1988	1992	1988-1991	1989-1990	1985-1992	1990-1995	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

Main Causes. In Africa, the main causes of illness and death 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 and micronutrient malnutrition. For women they include complications connected with child birth. For both men and women they include communicable diseases such as malaria, tuberculosis and HIV/AIDS, as well as injuries.

Underlying Factors. These causes, which often are 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, safe and nutritious food, essential drugs, and family planning. In some countries, this poverty 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, underfunding of the health sector, and the impact of a deteriorating economy and various structural adjustment programmes on the social sector.

WHO POLICY ORIENTATION FOR AFRICAN RECOVERY AND DEVELOPMENT

The essence of WHO's policy orientation in Africa is to support the country-driven and collective agendas of African governments and their institutions, in close collaboration with other partners within and outside the United Nations system.

Health Priorities. Specifically, WHO will continue to work with governments and institutions to implement improved health policies and priorities, including organizational and financing reforms, and to expand and deepen the implementation of primary health care. Under the primary health care umbrella, the first priority goes to malaria, the biggest killer in Africa. Other priorities include the prevention and control of HIV/AIDS, tuberculosis and other diseases; reproductive health including family planning, mother and child care, and nutrition and immunization programmes; and water and sanitation including the Africa 2000 Initiative.

Lines of Action. Consistent with Article 5 of the health protocol proposed for the Treaty Establishing the African Economic Community, WHO will collaborate with Member States along four lines of priority action: (i) Creating supportive environments for health; (ii) Promoting and protecting health; (iii) Strengthening the health care delivery system; and (iv) Ensuring better management and use of available resources. Further details are provided in document WHO/INA/94.1 Rev. 1 on the WHO Policy Orientation for African Recovery and Development.

Policy Objectives. To guide this work, the above policy orientation includes three policy objectives:

1. Centrality of Health. Health will be promoted as a central component of national development and as an investment in human capital and quality of life.
2. African Multilateral Institutions. In the context of the Treaty Establishing the African Economic Community, WHO will support transnational, regional and continental objectives of African governments and their institutions; - including OAU, the Economic Commission for Africa (ECA), the African Development Bank (ADB), and the regional economic communities.
3. Capacity-building Partnerships. In support of capacity building for human and institutional purposes, WHO will revitalize or formulate new partnerships with other organizations; including agencies of the United Nations system, bilateral agencies, the European Union, the ACP Group, the Islamic Development Bank, the League of Arab States, the Organization of the Islamic Conference, and NGOs.

WHO's regional structure and country network of WHO representatives, supported by its headquarters and the WHO Working Group on Continental Africa, provide a solid basis for the implementation of this policy orientation.