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REPORT OF THE BRIEFING SESSION ON  
NEW PARTNERSHIP FOR AFRICA'S  
DEVELOPMENT (NEPAD): HEALTH COMPONENT

INTRODUCTION

1. The Chairman of that briefing session underscored the importance of the New Partnership for Africa's Development (NEPAD) in relation to health development in Africa and pointed out that ministers of health had a role to play in its implementation. The link between health and development was well known and had been highlighted throughout the deliberations of the fifty-second session of the Regional Committee. He urged the health ministers and delegates to contribute meaningfully to the debate on the health component of NEPAD.

Comments by the Regional Director

2. The Regional Director, Dr Ebrahim M. Samba, informed the meeting that, at the United Nations General Assembly in September 2002, Heads of State had said that NEPAD was an initiative *by* Africans and *for* Africans, and had emphasized the need for partnerships for the development of the continent. They had expressed their full support for the new initiative.

3. Dr Samba said that in his own comments on NEPAD he had highlighted the difficulty of operationalizing partnerships for the implementation of many programmes and initiatives. He defined partnership as a concept of mutual respect between countries and partners implementing and evaluating programmes together, and said that although partnership building took time, it produced good results in the end. He therefore emphasized that no country could implement NEPAD alone.

4. The Regional Director informed ministers of health and delegates that the WHO Regional Office would (a) support the organization of seminars where WHO staff would assist governments to brief stakeholders on the NEPAD initiatives; and (b) work with WHO country representatives to bring together all other health partners on one platform. He concluded by saying that everybody had a role to play in the realization of the NEPAD initiative.

5. Dr S. S. Mokoena, Deputy Director-General, NEPAD Steering Committee, introduced the NEPAD initiative by highlighting its concept, evolution, vision, objectives and strategy. He said that the development of the NEPAD's health component had been inspired by the fact that human development was one of the casualties of poverty, social exclusion, marginalization and lack of sustainable development in Africa. He emphasized that the health problems facing Africa were rooted in these contexts, as were the potential health benefits of a broad human development strategy. He presented the wide array of global and regional forums from which the NEPAD initiative had been derived and the positive response that had been received for it. He explained that most of the global lobbying for

NEPAD's development and operation had been done with the G8 countries and the European Union (EU) because NEPAD received 90% of its funds from overseas development aid. He concluded by acknowledging the significant role that the WHO Regional Office for Africa had played, working together with the NEPAD Secretariat, in the development and promotion of NEPAD's health component.

#### **Presentation of NEPAD's health component**

6. Professor Eric Buch of the NEPAD Secretariat presented details of the health component of NEPAD. He said that Africa had not been on track to meet its targets due to continuing poverty, marginalization and displacements of its populations, disease control programmes unable to match the scale of the problems, health services unable to effect disease reduction, lack of capacity for health systems development, insufficient empowerment of people to improve their health, and inequitable distribution of development benefits.

#### **DISCUSSION**

7. Delegates commended the NEPAD Secretariat for the detailed presentation and acknowledged that NEPAD was the first initiative led by Africans which sought to address the priority problems in Africa. They congratulated the Regional Office for including a discussion on NEPAD in the programme of the Regional Committee meeting and for its role in collaborating with the NEPAD Secretariat to develop its health component. They urged Member States to fully participate in NEPAD's activities.

8. Delegates sought information on the time frame for the implementation of the strategy, the processes of implementation, sources of funding and expectations from the use of the existing structure. A clarification was also sought on the relationship between NEPAD, the African Union (AU) and the ongoing health programmes currently being implemented on the continent.

9. The NEPAD Secretariat was strongly urged to use the existing structures for the implementation of its strategy. WHO was identified as a main partner because of its comparative advantage in the health-related areas of the NEPAD strategy. The African Council of Sustainable Health was suggested as another possible collaborator.

10. It was suggested that the strategy should emphasize the role of communities and their active involvement in the development, implementation and evaluation of the strategy at country level as without their cooperation, the health component of NEPAD was not likely to succeed. The strategy therefore had to identify an approach for involving communities.

11. The strategy was silent on issues of environmental health even though its role in health and development had been discussed in the situation analysis. It was also important to incorporate disease prevention and control issues in the strategy.

12. Delegates expressed concern about the statement made in the document regarding the lack of research on HIV/AIDS. They pointed out that some research was being undertaken by countries in collaboration with partners. There was, therefore, a need to modify this statement. The NEPAD Secretariat was encouraged to take stock of the research that was being conducted in Africa and to make an appropriate analysis.



13. Active advocacy at all levels was identified as one of the key areas that needed to be addressed. Information on and institutionalization of NEPAD at regional, national and subnational levels, including its activities involving communities, was deemed as critical. Some delegates expressed their concern that advocacy about NEPAD had mainly remained at the level of heads of state and ministers but had not yet permeated down to the operational level.

14. It was noted that the NEPAD health strategy was of a regional nature and, for its operationalization, there was need to translate it into subregional and country strategies which would reflect specific focus. Support was requested for undertaking this task.

15. The NEPAD Secretariat responded to the issues and concerns raised by delegates as follows:

- (a) Issues that had been identified for inclusion in the strategy were critical and would be taken up. The Secretariat had received comments from the WHO Regional Office, UNAIDS and other partners which would be considered while revising the strategy.
- (b) In regard to the funding for NEPAD activities, the Secretariat said that lobbying for funds was continuing. As indicated in the document, there was need for countries to demonstrate their commitment by providing more funds, even though it was recognized that their means were limited.
- (c) Explanations on the linkages between NEPAD, the African Union, WHO and other partners were given. At the same time, delegates were advised to refer to the main document for more details.