

## **WORLD HEALTH ORGANIZATION (WHO/AFRO)**

### **Support to NEPAD**

**Period of Report: July 2006 to June 2007**

The WHO Regional Office for Africa (AFRO) has been focusing on activities supporting the implementation of NEPAD Health strategy, as follows:

#### **Building secure health systems and services**

WHO is representing Africa on the Board of the Global Health Workforce Alliance. WHO/AFRO was part of the working group in charge of organizing the High Level Inter-Ministerial Technical Consultation on Strengthening Political Support for Health Worker Development in Africa, held in Botswana (March 2007).

#### **Strengthening programmes to reduce the burden of diseases**

##### Child and adolescent health

The Integrated Management of Childhood Illness (IMCI), the major strategy for reducing child morbidity and mortality in the African region, is being implemented in 44 out of the 46 AFRO member States. The Regional Child Survival Strategy developed by WHO, UNICEF and the World Bank builds on IMCI and broadens the approach. It advocates for the scaled-up implementation of cost effective interventions, including: newborn care; infant and young child feeding, including micronutrient supplementation; prevention of malaria using insecticide-treated nets; immunization; management of common childhood illnesses; prevention of Mother-to-Child Transmission of HIV, and care and treatment of HIV exposed or infected children. The three agencies are also supporting the African Union (AU) to develop a continental Child Survival Implementation Framework. Ethiopia, Ghana, Malawi, Mozambique, Senegal, Tanzania, Uganda, Zambia and Zimbabwe have been supported to develop national child survival strategies.

IMCI health facility surveys, including the IMCI multi-country evaluation, have been conducted in several countries in the region. Findings have been used to advocate for resource mobilization, as IMCI has been found to be a cost effective strategy. Results have shown that, if well implemented, at district level it can contribute to reduction of child mortality by 13% in two years.

Capacity building on the inclusion of newborn health into maternal and child health programmes is ongoing in the region. Since June 2006, 14 countries have been supported. AFRO has worked jointly with other partners in the development of the publication on *Opportunities for Africa's Newborns*, which includes: an overview of the continuum of care through the lifecycle and linking households and healthcare facilities; the current situation, opportunities, and next steps related to strengthening and integrating newborn

health in nine key packages and programmes; reaching every mother and baby in Africa with essential care; and data profiles for the 46 African countries in AFRO.

### Tuberculosis

AFRO has supported initiatives that increase access to and improve the quality of TB Directly Observed Therapy Shortcourse (DOTS) services. As of December 2006:

- WHO has supported the adoption and implementation of the TB DOTS strategy in all countries in the WHO African Region;
- 33 countries were implementing and scaling up TB/HIV joint interventions;
- 33 countries were implementing community-based DOTS in order to improve access to services;
- Eight countries were implementing public-private partnership initiatives.

Furthermore, support was provided to developing regional strategies to mobilize human and financial resources for TB control activities, and to ensure uninterrupted supply of affordable quality anti-TB drugs in all countries. In this context, by December 2006:

- A framework for Human Resource Development for TB Control at country level had been elaborated;
- Over 30 countries had been supported to access three-year grants of free quality assured anti-TB drugs from the Global Drug Facility of the Stop TB Partnership;
- During 2006, WHO/AFRO carried out an assessment of the quality of anti-TB drugs from a random selection of countries. This showed significant substandard quality of drugs in terms of quantity of active ingredients and dissolution capability.

### Remaining TB control issues and way forward

Even though progress is being made in implementing the DOTS strategy and initiatives to scale up coverage, only approximately half of the existing TB cases are being detected and just over 70% of patients on treatment are being successfully cured. These indices compare poorly to global and regional success rate targets of 70% case detection and 85% treatment. They also compare poorly to most other regions of the world.

In August 2005, the Regional Committee declared TB an emergency, calling upon countries to scale up DOTS expansion initiatives and TB/HIV interventions. In May 2006, the special Summit of the AU on AIDS, TB and Malaria called for Universal Access to AIDS, TB and Malaria control services by 2010. All member states should be supported to implement these commitments.

### **Providing skilled care for pregnancy and child birth**

#### Making pregnancy safer

- Since 2004, AFRO Division of Family and Reproductive Health (DRH) is supporting

countries in the adaptation and implementation of the road map for accelerated reduction of maternal and newborn mortality. So far, 27 countries have developed their national road maps and are at different stages of implementation.

- DRH has developed guidelines for and is supporting capacity building for community involvement in facilitating access to skilled assistance in child birth. To increase the availability of skilled attendants, DRH organised a regional expert consultation to reach consensus on the essential competencies of a skilled attendant. Support for capacity building is ongoing in countries on emergency obstetric and newborn care.
- 13% of maternal mortality is related to adolescent pregnancy. To address this, DRH is currently supporting countries in the adaptation and implementation of the Regional Adolescent Health Strategy, developed in 2002.
- To improve the quality of care and accountability at different levels, DRH is supporting countries in the institutionalisation of the maternal death reviews, and dissemination and implementation of the Integrated Management of Pregnancy, Childbirth and Newborn Care tools.

### Reproductive health

Most countries have developed national programmes for reproductive and sexual health, including family planning. WHO's main contribution in this area includes:

- In 2004, the 46 Ministries of Health in the African region adopted a 10-year framework called Repositioning Family Planning, which aims to provide guidance on how to revitalize the family planning component of national reproductive health programmes. AFRO is working with members States to help strengthen their family planning services.
- A framework has been developed for integrating family planning, malaria in pregnancy, prevention of mother-to-child transmission of HIV, and nutrition into Maternal, Newborn and Child health services.
- Countries have been supported to update their Family Planning and/or Sexually Transmitted Infection guidelines.

### Nutrition

- In collaboration with the AU Commission, AFRO organized an Expert Consultative meeting on the African Regional Nutrition Strategy (ARNS). The meeting resulted in a high level commitment to wage a war against malnutrition in Africa through a multi-sectoral approach, using the ARNS as the launching pad.
- WHO is supporting the 26 countries who are translating the Global Strategy on Infant and Young Child Feeding into action by developing national strategies with

implementation plans.

- Over 5100 health workers in more than 25 countries have been trained in infant feeding counselling courses. The health workers working directly with mothers are supporting them, especially HIV positive mothers, to choose appropriate infant feeding options. Such skilled support is contributing to reduce the tendency for the mothers to practice mixed feeding, which is a major factor in the transmission of HIV virus from mothers to their children.
- A core group of 30 facilitators from eight countries<sup>1</sup> were trained to support countries on integrated community and facility-based management of severe malnutrition through country level training and adaptation of national guidelines. AFRO supported training and development of national guidelines on facility-based management of severe malnutrition in Botswana, Madagascar, Niger and Tanzania; review of the Community Therapeutic Care guidelines for community-based management of severe malnutrition in Malawi; and review of the Global Community Therapeutic Care guidelines for region-wide dissemination.
- Two inter-country workshops on the implementation of the Baby Friendly Hospital Initiative in the context of HIV/AIDS were organized in collaboration with UNICEF. Over 60 participants, including focal points from 11 countries,<sup>2</sup> attended the workshops. These countries developed draft action plans.
- AFRO, in collaboration with WHO/HQ, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and seven African countries, developed guidelines/framework for integrating nutrition into HIV/AIDS programme and funding proposals. This resulted in the approval by GFATM of US\$1.2 million to Zambia and US\$6 million to Mozambique for nutrition activities for people living with HIV/AIDS.

### Women's health

WHO provides technical support to countries to assist them in promoting gender analysis to pinpoint gender inequality and health inequity. With regard to gender-based violence and abuse, tools and guidelines have been developed which can be used by countries undergoing and/or out of conflict.

### **Striving for equity for the poor, displaced and marginalized**

WHO has organized a meeting on health, human rights and poverty reduction strategies and drafted a framework outlining the social determinants of health (SDH) work in the region. Two meetings were hosted to discuss civil society involvement in addressing SDH in the region. A resolution on trade, poverty and health as a development issue in the region was adopted by the Regional Committee for Africa in August 2006.

---

<sup>1</sup> Botswana, Eritrea, Ethiopia, Kenya, Lesotho, Namibia, Uganda and Tanzania.

<sup>2</sup> Botswana, Lesotho, Madagascar, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda Zambia, Zimbabwe.