



**ECONOMIC AND SOCIAL COUNCIL  
2009 HIGH-LEVEL SEGMENT**

**SPECIAL EVENT ON AFRICA AND THE LEAST DEVELOPED  
COUNTRIES: PARTNERSHIPS AND HEALTH**

**Matching Health Outcomes with Human Development in Africa and  
the Least Developed Countries**

**8 July, 2009, United Nations, Geneva  
11.30 am-1.30pm**

**ISSUES NOTE**

**Co-organized by:**

**The United Nations Office of the Special Adviser on Africa, the  
United Nations Office of the High Representative for the Least Developed  
Countries, Landlocked Developing Countries and Small Island Developing  
States, the World Health Organization and the United Nations Office for Partnerships**

## **Background**

In July 2009, the Annual Ministerial Review (AMR) of the United Nations Economic and Social Council (ECOSOC) to be held at UN headquarters in Geneva will take “global public health” as its overarching theme. This will be preceded in June 2009 by both an *ECOSOC Africa Regional Ministerial Meeting on eHealth* in Accra and a special high level meeting convened by the UN Secretary General on *Global Health in the Face of Economic Crisis in New York*. A unique opportunity therefore exists to maximize multi-stakeholder participation in the debate on the future of the global health agenda through the ECOSOC and UN process.

More specifically, health outcomes and the development needs of Africa and the Least Developed Countries as a whole are of especial concern. Today, countries in these regions remain most off track to meeting the Millennium Development Goals (MDGs) on reducing child mortality, improving maternal health and combating infectious disease (Goals 4, 5 and 6). The slow progress has been attributed to broken health systems, the human resources for health crisis, and persisting inequities in access to interventions that could keep people alive and well. Africa has made significant progress in certain areas of socio-economic development but has potential to achieve even more if she can overcome the large burden of disease which continues to be a barrier to faster development. This ever increasing burden, despite good plans and strategies, is cause for concern to policy makers.

Yet, experiences from other continents, as well as recent progress in several countries in the region, prove that the Goals can be achieved across Africa. Nevertheless, support for rapid scale-up of proven interventions as well as critically needed investments in basic healthcare systems remains insufficient. Countries that succeed in meeting the Goals will experience benefits far beyond the MDGs. The well-functioning health systems that are needed to reduce maternal, newborn, and child mortality and to combat HIV/AIDS, tuberculosis, and malaria will also help countries to cope with other major health concerns including chronic non communicable diseases and the diseases of climate change, and emerging infectious diseases such as the recent H1N1 outbreak.

Indeed, the worldwide response to AIDS is increasingly seen as an exemplar to confront other diseases of poverty and, critically, in the nature of that multi stakeholder response the impending crises of chronic non-communicable disease and diseases of climate change. The nature of the fight against AIDS has itself evolved in recent years from that of an infectious disease to a chronic long-term illness, and from a core health issue to one of basic economic and social development.

In addition, the global health landscape is itself unrecognizable from even a decade ago. While the MDGs have revitalized interest in global health issues, the influx of new money and multiple stakeholders has opened the way to innovative structures, networks, partnerships and alliances beyond traditional health and development models.<sup>1</sup> Managing the risks and rewards of health and development is increasingly a critical challenge facing all stakeholders. Governments, donors, foundations, business, international organizations and civil society will maximize the rewards and minimize the risks by acting now and as one to craft a coherent and concerted response to health security as we approach the critical two-thirds timeline for the achievement of the MDGs in 2010.

---

<sup>1</sup> See, for example, Bill & Melinda Gates Foundation [www.gatesfoundation.org](http://www.gatesfoundation.org), Global Fund to Fight AIDS, Tuberculosis and Malaria, [www.theglobalfund.org](http://www.theglobalfund.org), Global Business Coalition on HIV/AIDS Tuberculosis and Malaria, [www.businessfightsaids.org](http://www.businessfightsaids.org), GAVI Alliance [www.gavi.org](http://www.gavi.org), International AIDS Vaccine Initiative [www.iavi.org](http://www.iavi.org), Google.org [www.google.org](http://www.google.org), United Nations Foundation [www.unfoundation.org](http://www.unfoundation.org). GAIN, GHWA, The Partnership

## **Health Systems**

For a country to deliver basic healthcare to its people it requires a full functioning health system. Currently, a growing consensus is emerging that addressing the core health problems of Africa and the LDCs can only move forward by maximizing synergies between specific-disease focus and system-based solutions. Thus, the new Health 8 (H8) group is now stressing support for dramatic scale-up of high impact interventions needed to reach MDGs 4, 5 & 6, with such scale-up based on strengthening of health systems with a strong contribution from disease specific programmes. This should include support for a comprehensive human resource strategy. While child and maternal mortality reduction (including the use of valid proxy resources) should be viewed as ultimate measures of impact. This inter-linkage of approaches and of the MDGs themselves could be viewed as a “diagonal” approach.

Most recently, the WHO has proposed a powerful framework for action on strengthening health systems to improve health outcomes. This framework is built on the six pillars of good health service delivery, a strong health workforce, an effective information system, equitable access to essential medical products, vaccines and technologies, a functioning health financing system, all revolving around a robust leadership and governance structure. Providing equitable access and coverage, quality and safety, this framework is intended to deliver improved health, responsiveness, social and financial risk protection and improved efficiency.

The world is facing global health work force crisis that is characterized by wide spread shortages, mal-distribution between and within countries, poor working conditions and paucity of information and knowledge of best practices. Migration of health workers to rich countries is draining human resources for health in poor countries, which is exacerbated by insufficient training of adequate number of health worker. Africa and the world face the emergence of new pandemics and resurgence of old diseases. Of the four million estimated global shortage of health workers one million are immediately required in Africa.

## **Addressing Critical Access Gaps**

Lack of access to health systems today goes part and parcel with the human resource crisis such that in Africa and LDCs there is a shortfall of at least 1.5 million health workers. At the same time, inequitable access to care is acute. While urban hospitals receive about two thirds of government health budgets, they actually serve only about 10-20% of the population. In most of Africa and the LDCs the primary point of care is in the home or the community such that 70-90% of illness managed there. Financial barriers to accessing care are also severe in Africa and the LDCS - in sub-Saharan, 50% of health care costs are paid out-of-pocket and 25% of countries in the region would be unable to afford essential package of health services of even \$25 per person per year.

Critical gaps in patient ability to access health systems are well documented but require renewed attention geared to local conditions. These encompass: awareness raising, advocacy and empowerment; education and peer-to-peer training; prevention strategies, healthcare choices and networks of practitioners; support & advocacy networks linking people living with HIV/AIDS, non-governmental organizations and activists; logistics of distribution, monitoring of treatment regimes and the use of essential drugs; policy formulation and implementation; and economic and social opportunities for empowerment. Yet few of these interventions have been scaled up and little coordination has existed between projects on the ground.

New challenges are also emerging. With 80% of deaths in low and middle income countries due to chronic disease, a double burden is brought on those countries already grappling with infectious

diseases, especially in Sub-Saharan Africa and the LDCs. Until recently, adequate attention and financial support to the problem of chronic non-communicable diseases has been diverted by the potential myth and misunderstanding – as to the relation between infectious and chronic disease itself, as well as its prevalence among young and ageing populations combined with those of the unchecked HIV/AIDS pandemic. In Sub-Saharan Africa, there is evidence that the prevalence of certain non-communicable diseases, such as diabetes and hypertension, is increasing rapidly, particularly in urban areas, and that significant demands are being made on the health services by patients with these diseases. In this regard, in May 2008, a six year action plan for chronic non-communicable diseases was agreed at the World Health Assembly.

Against this background, how do we match health outcomes with human development needs in Africa and the LDCs? Effective health care will capture the value of integrated health systems across the spectrum of prevention, access, diagnostics, delivery and monitoring, such that we can gauge the relative population health improvement for each dollar invested and the number of lives saved ensure good health outcomes are shared by entire populations regardless of income or education, and determine the relative effectiveness of health system and medical interventions. *All government involvement in health*, mentioned in the Secretary-General's report to the AMR, and not simply that of health ministries, is essential here as is the full engagement via MDG 8 of the private sector and civil society in crafting innovative solutions a *global partnership for development*, particularly with the *pharma and ICT* communities.

Ultimately, however, critical gaps in health outcomes are themselves an outcome of the critical gaps across the human development universe – in extreme poverty and hunger, clean water and sanitation, education and training, gender equality, environmental sustainability, and global partnerships for development. Mindsets are changing. The interlinked MDG agenda has delivered a roadmap for economic and social change that recent work by ECOSOC has focused attention on the *social determinants of health outcomes* that will feed into the interlinked roadmap of the MDG agenda has delivered a roadmap. It is the international community's responsibility to follow its path to an integrated and holistic future for health security.

### **Human resources for health**

The crisis in health sector workforce has become a major constraint to development and improvement of the health status of communities in Africa. This situation has been addressed in various continental forums, ranging from health to migration, including the adoption of a Declaration on Human Resources for Health by the African Union (AU) Policy Organs. The New Partnership for Africa's Development (NEPAD), as the AU development program, has also identified human resource development as one of its priorities. The existence and quality of services to promote health, prevent illness or to cure and rehabilitate depend on the knowledge, skills and motivation of human resources for health. Countries ought to ensure that their health systems get the right number of service providers with the right skills to the right place at the right time.

This is not only a strategic capital but an important resource for the performance of the health system. It is also recognized that Human Resources for Health (HRH) is an integral part of the health system linked with health services provision and performance of health service providers. The high turnover of skilled health personnel in the form of migration and brain drain is the order of the day in many African and LDC countries. According to one study, the percentage of doctors from four African LDCs (Ethiopia, Liberia, Uganda, Zambia) practicing in the United States relative to the total stock of doctors at home in those countries ranged from 10 percent (Zambia) to 43 percent (Liberia). For Sub-Saharan Africa, doctors from the region practicing in the United States constituted nearly 30 percent of

the total practicing at home.<sup>2</sup> Some of the pull factors encouraging migration of health workers from their countries include better remuneration, better working conditions, opportunities for postgraduate education and training, education for their children and better standards of living.

The WHO, the Commission of European Community and the Global Health Workforce Alliance launched a programme for strengthening Health Workforce development and tackling the critical shortage of health workers. The African Health Workforce Observatory has been established, based at WHO AFRO and a Health workforce database initiated. The objectives of this programme include: (a) enhance governance and build capacities in countries in formulation and implementation of policies and plans for health workforce development; (b) establish and strengthen mechanisms for collating and sharing information and evidence of assessment and monitoring of health workforce at country, regional, and global levels including HRH observatories; and (c) support countries in addressing their critical HRH bottlenecks for priority health service.

### **Health partnership**

The past decade has witnessed a worldwide increase in CSOs, a surge of CSR, the globalization of business, and a revolution in information and communications technologies. This has led to the establishment of new networks between the public and private sectors, and the re-defining of the traditional roles and expectations of governments, business, and civil society.

Given the scale of development issues, particularly in the area of public health, that the world is facing today, the urgency for multi-stakeholder partnerships cannot be overemphasized. Partnerships have emerged as the new way of doing business: they are particularly important in today's global society, where traditional boundaries between public and private responsibilities have blurred, and where problems extend beyond the capacity of any one sector. The challenges and issues facing us, be they polio eradication, the fight against HIV/AIDS, ensuring access to safe drinking water, striving for environmentally sustainable growth or facilitating development are too vast and too complex for any one sector to confront alone.

The United Nations system has been partnering with the private sector and civil society in a variety of ways for over 60 years. Using the skills of business, the capital of philanthropy, and the rigor of the marketplace, partnerships can develop and deliver system-changing solutions. Private-public partnerships are more important now than ever, and many organizations in the private sphere are coming forward to join efforts with the UN and other public entities. From competitions and prizes to investments in human capital and local populations, organizations are stepping up to the challenge and engaging other corporations, foundations and civil society to contribute to achieving the MDG's.

Some well-known examples of global health partnerships include the Global Fund to Fight Aids, Tuberculosis and Malaria, the Global Alliance for Vaccine Immunization (GAVI), the Global Alliance for Improved Nutrition (GAIN), Drugs for Neglected Tropical Diseases Initiative (DNDi) and Malaria No More. Collaborating and benefiting from the relative strengths of others has increasingly become perhaps the most viable way to meet the MDGs. It is important to foster partnerships between national governments, United Nations agencies and communities on the ground to be able to draw on varied experiences and knowledge.

---

<sup>2</sup> UNCTAD, Least Developed Countries Report 2007, page 150.

**Possible questions for consideration:**

- *How has the health agenda for Africa and the LDCs been affected in the short, medium and long term by the global financial crisis? To what extent have the ODA pledges to Africa and the LDCs for achievement of the health-related MDGs been met?*
- *How are governments and relevant actors in the regions implementing an integrated or holistic policy for national health systems? Where is the level of government and donor coordination?*
- *How can we engage non-traditional partners in the private sector towards meeting these goals?*
- *What is the role of innovative public-private partnerships and market forces in generating local & global responses, and how do these relate to Goal 8 Target 17 & 18? How do we measure impact?*
- *WHO estimates Africa is short of 1.5 million health workers. What impacts would cell phones and laptops in the hands of every health worker have in the formal and informal workforce sectors? How do we deal with the problem of migration?*
- *What emerging technologies can help scale healthcare to rural and remote areas? How can the diversity of technological solutions currently employed be improved and guided towards developing more cohesive approaches?*
- *What are some of the innovative approaches/best practices in addressing health systems, human resources and health partnerships issues? How can they be replicated and/or scaled up?*
- *How can the notion of public health goods be pursued beyond the global public goods of knowledge, science and technology transfer and IPR-free drugs?*
- *How can R&D efforts in overlapping MDG fields be aligned towards common goals without compromising the diversity of approaches?*
- *UNAIDS warns global funds of \$25 billion annually will be needed by 2010 just to combat AIDS. What the resources needed for health systems strengthening? Where are the Abuja commitments? How can innovative funding mechanisms be brought into play such as the new philanthropy, public private partnerships, advanced market commitments, and taxes on goods and services? Is health micro-credit linked to micro-finance, mobile or otherwise, the way forward in Africa and the LDCs?*
- *How can the inter-linked development goals in health, education, enterprise, public administration & environment be leveraged for common*

**Annex 1 – Achieving the Health-Related Goals in Africa**

<p><b>Health Systems, Child Survival, Maternal Health</b></p>	<p><b><i>Build effective primary health systems:</i></b>  * Comprehensive primary health systems that meet demand and supply-side constraints  * Adequate human resources for health, including paid community health workers  * Universal access to immunization and key child survival interventions  * Universal access to emergency obstetrical care, skilled birth attendants &amp; other reproductive health services</p>	<p>UNICEF, WHO</p>	<p>GFATM health systems window &amp; GAVI Alliance health systems window</p>	<p>US\$10 billion per year<sup>i</sup></p>
<p><b>Family Planning</b></p>	<p><b><i>Universal access to family planning</i></b></p>	<p>UNFPA, WHO</p>	<p>UNFPA</p>	<p>US\$1 billion per year<sup>ii</sup></p>
<p><b>Vertical Disease Control Programmes</b></p>	<p><b><i>Comprehensive control of AIDS, TB, Malaria and Neglected Tropical Diseases (NTDs), e.g.:</i></b>  * Effective HIV prevention and universal access to AIDS treatment by 2010  * Malaria burden halved by 2010 (from 2000 levels) and malaria mortality reduction to near zero by 2015  * Control of TB through implementation of Global Stop TB Plan of Action  * Sharply reduced morbidity and mortality from NTDs</p>	<p>UNAIDS, UNICEF, WHO</p>	<p>GFATM</p>	<p>Total US\$17 billion<sup>iii</sup>,  o/w:  * HIV/AIDS: US\$12 billion per year  * Malaria: US\$2.4 billion per year  * TB: US\$2.0 billion per year  * NTDs: US\$0.5–1.0 billion per year</p>

**Source:** *Achieving the Millennium Development Goals in Africa – Recommendations of the MDG Africa Steering Group, June 2008*