

Informal Summary

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

“Matching Health Outcomes with Human Development in Africa and the LDCs”

8 July, 2009, United Nations, Geneva

11:30 am -1:30pm

Organizers:

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

Participants:

Member states, observer states, UN organizations, observer organizations and civil society

Co-Chairs

H.E. Ms. Sylvie Lucas, President of Economic and Social Council

Mr. Cheick Sidi Diarra; UN Under-Secretary-General, Special Adviser on Africa and High Representative for Least Developed Countries, Landlocked Developing Countries and Small Island Developing States

Moderator:

Dr. Daisy Mafubelu, Assistant Director-General, Family and Community Health, WHO

Panellists

H.E. Mr. George Spia-Adjah Yankey, Minister of Health of Ghana

H.E. Mr. Ponmek Dalalay, Minister of Health of Lao People’s Democratic Republic

Keynote Responses:

Professor Klaus Leisinger, President and CEO, Novartis Foundation for Sustainable Development;

Mr. Mike Boyd, Acting Director-General, International Federation of Pharmaceutical Manufacturers and Associations;

Dr. Francis Omaswa, Executive Director, African Center for Global Health and Social Transformation;

Mr. Michel Kazatchkine, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Executive Summary:

The Economic and Social Council (ECOSOC), within the framework of its Annual Ministerial Review (AMR) focussed on global health, held a Special Event on Africa and the Least Developed Countries (LDCs) on 8 July 2009. The topic for this High-Level panel discussion was “*Matching Health Outcomes with Human Development needs in Africa and the LDCs.*” The thematic focus of the discussion was on: (i) strengthening of fragile and fragmented health systems in the poorest countries; (ii) global and local response to the health workforce crisis in Africa and the LDCs; (iii) addressing critical access gaps to equitable, effective and affordable health care in resource poor settings; and (iv) vital role of public private partnerships, particularly in the context of Millennium Development Goal 8, Target 18 –

“Developing a global partnership for development, particularly in cooperation with the ICT and pharmaceutical communities.” These issues were set against a background of worldwide economic downturn and potentially faltering aid commitments on the part of the international community as well as strained national public sector budgets. Panellists were drawn from Government, philanthropy, private sector, civil society and donor constituencies. The High Level Session led to a strong and renewed call to action to accelerate and scale up health care in Africa and the LDCs. This consensus was voiced not only by the panellists but in interventions from Member States including; Algeria, Bangladesh, India, Kenya, Morocco, Portugal, Sudan, South Africa, and Tanzania.

Panel Discussion Summary:

The following main issues were discussed within the context of Africa and the LDCs:

Financial and Economic Crisis

The global financial and economic crisis raises concerns in all sectors of development, especially in the public health arena with regard to Africa and the LDCs. One panelist observed that, due to the crisis, donors might not sustain their commitments, thus decreasing official development assistance. More specifically, it was mentioned how commitments made by major donors on health MDGs had to be honoured despite the global financial and economic crisis. It was stated that now, more than ever, many countries were even more invested in health and the environment. Furthermore, the global economic and financial crisis would be felt even more intensely in Africa and the LDCs, with the risk of a resulting decrease in official development assistance flows and other financing for development.

Strengthening Health Systems

The slow progress in achieving the health-related MDGs was attributed mainly to fragmented and fragile health systems. It was emphasized that service delivery to hospitals and clinics and that were responsive to the needs of individuals, along with governance systems that ensured equity and efficient use of resources, were required for stronger health systems. Ghana stressed that for health systems to improve in Africa and the rest of the developing world, there needed to be a focus on technology. Moreover, partnerships in global public health should be strengthened. Panelists highlighted the necessity of a partnership that included the multilateral system in order for there to be an improvement in health systems.

Crisis in the Health Workforce

The health workforce needs critical attention in African countries, in order for better health outcomes. Africa requires skilled cadres of health profession in every country who are motivated to serve in rural areas. Additionally, there is a need for all health professionals to convene regular meetings in order to hold each other accountable, as well as to Government. Laos noted that their country was still lacking medical doctors and family medical assistance, including a shortage of midwives. Panelists stated that investments must be made in order to have a well-trained and adequately remunerated health workforce.

HIV/AIDS, Malaria, Tuberculosis

Some panelists stated that progress has been made in Africa and the LDCs in the fight against these three diseases. There was a significant increase in coverage preventing mother-to-child transmission of HIV/AIDS. With regard to malaria, there has been a decrease in child mortality as well as the number of cases of infection. Finally, with regard to tuberculosis, there was significant progress in case detection and treatment. Yet, as Ghana outlined, the diseases drain a huge amount of Africa's resources. In a recent study in Ghana, it was shown that malaria alone costs the country over \$732 million each year. This is an enormous burden of disease for a country to carry. Thus, although there has been significant improvement with HIV/AIDS, Malaria and Tuberculosis, more needed to be done in combating these diseases.

Mortality and Morbidity and Non-Communicable Diseases

Child mortality and maternal morbidity, as well as non-communicable diseases, are still huge obstacles that must be overcome in the global health sector. Africa and the LDCs are far from reducing these numbers. It was noted that 97% of maternal mortality cases were in developing countries, most of them in Africa. Moreover, panelists noted that non-communicable diseases will increase the burden on healthcare systems in Africa and LDCs.

Interactive dialogue:

The socio-economic plight of the LDCs remained a concern; it was felt that the majority of these countries would not reach the MDGs, particularly as they faced stifling debt and inadequate aid levels, low participation in international trade, heightened vulnerability to climate change and spreading diseases, as well as a backlog in human development. Several Member States noted that the adverse effects of the global economic and financial crisis on the MDGs were likely to affect Africa and LDCs and they

welcomed this Special Event. It was noted that the Africa-India framework for cooperation conference held in New Delhi on 20 April 2008 had provided a solid foundation for stepped-up engagement in the future. That initiative would further enhance training, capacity building, community health programmes and sharing of best practices.

There was an increased globalization of health problems, which further exacerbated the situation of the LDCs in particular. A holistic approach was needed. The health aspect should be enhanced not only with support and technology, but also in solutions to address climate change. Special attention should be given to the development of traditional medicines and of the use of indigenous medicines and plants.

Some Member States noted the need for the Council to send a special message to the G8 that LDCs required a MDG facility so as to achieve them. There was an urgent need for additional resources, as, in those instances where they were provided, visible improvements had occurred, particularly with regard to women and children. They felt that the developed countries had a responsibility to put together a bailout facility to improve the situation in Africa and the LDCs. One noted that donor funding varied from country to country, and in most countries, health was not a priority. Another noted that shortages of human resources were increasing the brain-drain of qualified health workers, especially in Sub-Saharan Africa. Partnerships to support of the creation of medical training facilities could be a creative and cost-effective way to overcome development resource limitations.

Key messages/Recommendations:

- In order to match health outcomes with development needs, it was important to scale up health literacy at the country level to increase people's participation from the bottom-up;
- For Africa and the developing world to achieve the MDGs, it has become abundantly clear that it is necessary to make strategic use of science and technology to address the challenges of poverty, hunger and disease;
- Equally important is the need for collaboration, cooperation and partnerships between Governments, the private sector, civil society and other relevant actors;

- There is a need to launch vigourous advocacy campaigns to reject rampant ill health and premature death and in support of strong and transformed pro-poor health systems;
- The desired change cannot come without strong leadership in Africa-Strong and effective Government leadership and stewardship was sorely needed;
- The health workforce needs critical attention in African countries. A strengthened health workforce entails a critical mass of appropriately skilled cadres of health professionals in each African country, and who are motivated to serve in rural areas as well;
- Financing instruments for channeling money to health programmes should support integrated delivery of both personal care and public health and across the broad capacity for planning, implementation, monitoring and evaluation.