AFRICAN UNION
الاتحاد الأفريقي

UNION AFRICAINE
UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone 517 700 Fax : 517844

EXECUTIVE COUNCIL
Fifth Ordinary Session
25 June – 3 July 2004
Addis Ababa, ETHIOPIA

EX.CL/116 (V)

REPORT OF THE SPECIAL MEETING OF AFRICAN MINISTERS OF HEALTH HELD IN GENEVA ON 14 AND 15 MAY 2004

Report of the Special Meeting of African Ministers of Health held in Geneva on 14 and 15 May 2004

INTRODUCTION

The Special Session of the Conference of African Ministers of Health was held at Ramada Park Hotel, Geneva, Switzerland from 14 to 15 May 2004. Its main objective was to review the progress made in the implementation of the 2003 Maputo Declaration on HIV/AIDS, Malaria, Tuberculosis and Other Related Infectious Diseases (ORID) and other relevant commitments of Heads of State and Government. The Maputo Declaration reaffirmed the 2000 Abuja Declaration and Plan of Action (POA) on Roll Back Malaria, and the 2001 Abuja Declaration and POA on HIV/AIDS, TB and ORID. The Meeting was called by the Minister of Health of Mozambique as current Chair of the African Union Commission, the Minister of Health of the Libyan Arab Jamahiriya as current Chairperson of the AU Conference of African Ministers of Health and the African Union Commission; with the support and collaboration of the WHO/AFRO, Global Fund to Fight AIDS, TB and Malaria (GFATM) and the Global Alliance on Vaccines and Immunization (GAVI). The UNAIDS and UNICEF also provided technical input.

The Meeting was timely and useful in that knowledge and experiences were shared and substantive recommendations made for more effective implementation in combating the major causes of morbidity and mortality in Africa.

ATTENDANCE

The Meeting was attended by delegations from the following 34 AU Member States with 17 Ministers, one Assistant Minister: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Congo Brazzaville, Djibouti, Egypt, Ethiopia, Gabon, Ghana, Kenya, Lesotho, Liberia, Libya, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, Tanzania, Tunisia, Uganda, Zambia and Zimbabwe.

The following nine UN and UN Specialized Agencies, and international Organizations also participated in the Meeting: Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS-ECSA); World Health Organization; Roll-Back Malaria Partnership Secretariat; UNICEF, UNAIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria **(GFATM)**; Vaccine Fund, Global Alliance for Vaccine and Immunization (GAVI) and the Commission of the African Union.

OPENING CEREMONY

The opening ceremony was chaired by Hon. Mr. Habib Ismael Tamer, Minister of Health of the Libyan Arab Jamahiriya as current Chairperson of the AU Conference of African Ministers of Health. He first explained the role his country had played in the creation of the AU. After brief welcome remarks and outline of the challenges faced by Africa and the objectives of the Meeting, he wished the meeting success. He then called upon the following dignitaries to address the Meeting:

(i) The representative of Advocate Bience P. Gawanas, Commissioner for Social Affairs of the African Union Commission;

(ii) Dr. Richard Faechem, Executive Director of GFATM;

(iii) Dr. Tore Godal, Executive Secretary of GAVI ;

(iv) Dr. Lee Jong-Wook, Director General of WHO;

(v) Hon. Dr. Francisco Songane, Minister of Health of Mozambique as current Chairperson of the African Union.

Their presentations focused on the multifaceted challenges facing Africa especially the intensifying burden of HIV/AIDS, Malaria, Tuberculosis and Other related Infectious Diseases as well as polio eradication by 2005. They also addressed and commended the steps being taken to combat these problems but which are still inadequate; and recommended the way forward. Those which were submitted in writing, are attached.

ADOPTION OF THE AGENDA

The agenda was adopted as presented.

BUREAU OF THE MEETING

The Bureau of the 1st Session of the AU Conference of African Ministers of Health which was held in Tripoli, Libya in April 2004, was maintained except that Ghana, the Rapporteur not being available, was replaced by Nigeria:

Chairperson:	Libya	(Northern Africa)
1st Vice-Chairperson:	Mozambique	(Southern Africa)
2nd Vice-Chairperson:	Sudan	(Eastern Africa)
3rd Vice-Chairperson:	Chad	(Central Africa)
Rapporteur:	Nigeria representing Ghana	(Western Africa)

SUMMARY OF TECHNICAL PROCEEDINGS:

Agenda Item 2: Implementation of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Diseases

The Session was chaired by Hon. Dr. F. Songane, Minister of Health of Mozambique.

(a) Progress in the Implementation of the 2003 Maputo Declaration on Malaria, HIV/AIDS, TB and ORID

The presentation was made by the Representative of the African Union Commission who recalled that the Declaration had been adopted at the July 2003,

Maputo Assembly of Heads of State and Government. This Declaration had, not only, reaffirmed the 2000 and 2001 Abuja Declarations and Plans of Action (POA) on Roll Back Malaria, and on HIV/AIDS, TB and Other Related Infectious Diseases (ORID) respectively, but had also incorporated new developments like the NEPAD Programme and the Global Fund to Fight AIDS, TB and Malaria (GFATM). She noted that although a lot had been done as regards implementation, much more was still pending. She drew the attention of the Meeting to the twelve priority areas of the 2001 Abuja Plan of Action and its Mechanism for Follow-up and Monitoring the implementation.

The AU Representative explained that whereas the final adoption of Declarations or endorsement of Decisions was done by Heads of State, guided by the Executive Council (of Ministers of Foreign Affairs); implementation of the commitments should be or is spearheaded by Sectoral Ministers. Moreover, the channel for communication between the AU Commission and Member States was the Ministry of Foreign Affairs. However in many instances, communication between the AU Commission and Sectoral Ministries tended to be limited and this was a challenge to monitoring the implementation of the commitments of the concerned sectors. She invited the delegates to share information on action taken to implement the said commitments. The reports by respective Member States would be compiled into a report and submitted to the next Assembly of Heads of State.

(b) Critical Aspects of the Fight Against AIDS, TB and Malaria

The Topic was introduced by Dr. Richard Feacham, the Executive Director of the Global Fund. He stated that good progress had been made in the fight against AIDS, TB and Malaria, although much remained to be done. He summarized the Global Fund's approach to its mission with the mantra: "Raise it, Spend it, and Prove it".

Under the "Raise It", $5.5 billion had been mobilized so far by the Fund, from nothing three years ago. This was good news, but the Fund's resource needs for 2005 were $3.6 billion. Beyond that year, it was essential for resources to fight HIV/AIDS to rise to the level of $15 billion per annum by 2007. This need is even more acute in view of the 3 by 5 Initiative of WHO, aimed at putting at least 3 million people in developing countries on treatment for HIV/AIDS by 2005. To raise adequate levels of resources, the GFATM needed:

- Greater generosity from existing donors,
- New donors, including African countries that had not yet made contributions to the Global Fund, in a spirit of solidarity,
- Greater resources from the European Development Fund to support GFATM programmes in African countries,
- The proposed International Finance Facility, a proposal by the Government of the United Kingdom to double development aid flows to developing countries over the next 15 years in order to meet the Millennium Goals.

Under the "Spend It" heading, there remained the challenge of donor coordination, accelerating implementation of GFATM programmes at country levels, and greater inclusion of civil society and faith-based organizations in this process. Slow implementation would weaken the ability of the GFATM to mobilize new resources to support developing countries. Under the "Prove It" heading, it was critical that programmes in Africa be effectively evaluated, and success stories communicated globally.

(c) Key Challenges in the Control of HIV/AIDS, TB and Malaria

Dr. Meskerem Grunitzky-Bekele, the UNAIDS Director for Africa addressed this issue. She said that the major challenge was to overcome the lack of institutional and human capacity which many governments are confronted with. There was need, therefore, to broaden the vision on how to approach long-term sustainable capacity development, combined with the vital short-term measures like preserving the existing capacity through keeping people alive. She highlighted the example of Brazil where anti-retroviral therapy has reduced mortality by 80%. On other immediate responses, she noted strategic utilisation of existing human resources and empowering the additional resources in the community, including people living with HIV/AIDS.

The UNAIDS Director indicated that the number of and support by partners had increased. Although this had many benefits, it brought forth new challenges that needed to be addressed: varying planning cycles, new priorities and different mechanisms of coordination or channelling funds. She underscored the need for donors to formally get harmonized and work together under government leadership, under the "three ones" principle: one national AIDS action framework, one national AIDS authority and one nationally owned monitoring and evaluation system. The UNAIDS family was committed to supporting governments in this regard. Furthermore, additional resources should be mobilized to supplement those already committed for development. She concluded by reiterating the need to fight poverty and promote respect of human rights to reduce the impact of HIV/AIDS on those affected. Member States were urged to utilise the infrastructure for immunization in an integrated manner to supplement capacity of health systems.

During the interactive and discussion session that followed, all concerned players were commended for their efforts, experiences shared and constructive proposals made for more effective implementation. It was reiterated that the challenge was immense and required better leadership at all levels to mobilize society as a whole, promote access to services and coordinate programmes and activities to control these diseases. While initiatives to promote access to antiretrovirals, eg. WHO "3 by 5" Strategy & PEPFAR were welcomed, the need to develop and maintain health systems, and to include sustainability plans were underscored. Although all efforts were important, prevention and the central role of nutrition were also emphasized. Because control of HIV/AIDS, TB and Malaria is a cross-cutting issue, it was also underscored that this should be approached within the framework of poverty alleviation and socio-economic development strategies. Countries were encouraged to ensure ownership of programmes rather than receiving finished packages from donors.

Some delegations recalled that although HIV/AIDS deserved a large share of efforts, it was important to still focus on prevention and treatment of Malaria. The delegates were reminded to bear in mind other related commitments adopted at Regional levels, like Maseru Strategy on HIV/AIDS. The importance of coordination and harmonisation of declarations! programmes was repeatedly emphasized as there were many internal and external players?. The UNAIDS, WHO and GFTAM offered their support in this regard.

To enhance follow-up and monitoring of the recommendations of the Conference of Ministers of Health by the AU Commission, it was proposed that a Mechanism (or coordinating Committee) be established. Although the AU Commission's direct contact with Member States was Foreign Affairs Ministries, it was advisable to also contact Sectoral Ministries directly on important or urgent matters. Member States were also urged to provide feedback as implementation, after all, was at that level. The AU was reminded to play its leadership role more effectively. The Global Fund to Fight AIDS, TB and Malaria (GFTAM) was reminded to simplify the process of proposal writing and accessing funds which is currently long and complicated. It was also urged to consider proposals by civil society more favourably. The role of leadership by Government in the Country Coordinating Mechanism (CCM) was emphasized.

The proposals were appreciated and noted. The following recommendations were finally made:

(i) A table or matrix on the status of implementation of the Declarations to be prepared by the AU Commission and submitted to the Assembly of Heads of State;

(ii) The AU Commissioner for Social Affairs to liaise directly with Health Ministers, while maintaining contact with Foreign Affairs;

(iii) The coordination and integration role of Regional Economic Communities (RECs) to be enhanced; and RECs to be encouraged to work with the AU Commission;

(iv) The interface between WHO-AFRO and the AU Commission to be strengthened; with the AU participating actively in decision-making meetings of AFRO Health Ministers;

(v) Africa should plan properly and coordinate its fund-raising programmes, and approach funding institutions with one strong voice.

Agenda Item 3: Immunisation

This Session was chaired by the Representative of the Minister of Health of Liberia, representing the Minister of Health of Nigeria.

(a) Progress in Immunisation in Africa including Polio Eradication by 2005

The topic was introduced by Dr. Ebrahim Samba, WHO Regional Director for Africa which covers 46 African countries. He noted the significant progress made during the past 10 years in immunization generally, and polio eradication in particular; concerning budget, staff and endemicity. With the commitment of GAVI and Health Ministers, the number of countries endemic for polio in the Region has dropped from 31 to 2 in 2003; although it has now been exported to 9 other countries. With accelerated efforts, it is still hoped that the prevailing challenges would be overcome and the target of eradication by 2005 achieved.

The presentation was then made by the Officer in charge of immunization at WHO-AFRO. He recalled that in 2002, the Health Ministers had adopted the 2001-2005 Regional Strategy on Acceleration of Expanded Programme on Immunization (EPI). A year later, over 10% increase in immunization coverage was recorded while more than 50% of the countries introduced new vaccines. Measles mortality which had been on the increase reduced by 50% while mortality due to tetanus was eliminated in some countries. Among the priorities for 2004-2005, he noted are improving immunization coverage in the more populated countries, interrupting polio transmission in countries where it is still endemic, sustaining gains and investing in measles and tetanus control and ensuring financial sustainability with support from partners like GAVI, the Vaccine Fund (VF) and other donors. He urged countries to sustain efforts as complacency could lead to dire consequences.

(b) GAVI Towards the End of the First Five Years: Ongoing Activities and Priorities for the Next Phase

The Agenda Item was introduced by Dr. Tore Godal, the Executive Director of the Global Alliance on Vaccines and Immunization (GAVI). He explained that the goal of GAVI was to immunize every child everywhere and save 3 million lives per year. To attain the Millennium Development Goals (MDGs), there was need to access more vaccines and save another 3 million children and at the same time improve education goals. In this regard, Africa was the key beneficiary and had the responsibility of ensuring equity and increasing immunization coverage by reaching the poor with services. He noted some countries which were doing well and those that lag behind. He concluded by outlining the Forward Looking Strategy which focuses on : financial sustainability, addressing barriers, investing in measles and new vaccines as they become available.

The discussion which followed was constructive. GAVI and other partners were commended for their efforts and support. Countries were urged to share information and experiences more frequently. It was noted that while high or middle income countries might not require financial assistance, they needed technical assistance. It was also noted that countries in conflict situations required more support as their immunization programmes were fragile. Country Reports generally indicated that immunization coverage was improving and that countries facing major challenges in this regard were doing their utmost to overcome them. Countries where polio had been interrupted indicated that they were committed to working

towards certification while those where it was still endemic were determined to stop transmission. The challenges noted included limited human and financial resources, ensuring effective surveillance and interruption of supplies of vaccines.

The Representative of the AU Commission informed participants that, as had been requested by the Director-General of WHO, the Chairperson had disseminated the January 2004 Geneva Declaration on Eradication of Polio widely and urged Member States to intensify implementation efforts. The March 2004 Session of the AU Executive Council had also considered this issue and come out with a Decision and Communiqué (distributed). The African Committee of Experts on the Rights and Welfare of the Child was also undertaking advocacy work. Moreover, the Chairperson of the AU Commission was also in touch with Heads of State of countries of highest priority, encouraging them to persevere in their efforts to eradicate polio by 2005.

The concerns and recommendations were noted. The GAVI and WHO assured Member States of their continued support.

Agenda Item 4: Procurement of Essential Drugs, Vaccines and Malaria Control Tools; and Financial Sustainability

This Session was chaired by the Hon. Dr. Kebede Tadesse, Minister of Health of Ethiopia.

(a) Procurement of Essential Drugs, Vaccines for HIV/AIDS, TB and Bednets for Malaria

In his introductory remarks, Hon. Dr. H. Mwinyi, the Minister of Health of Tanzania shared his country's experience in procurement of essential drugs and vaccines for HIV/AIDS, TB as well as bednets for Malaria. He explained that the process was different for vaccines and essential drugs. He outlined the process of obtaining vaccines in bulk through UNICEF and GAVI. The government medical stores were the main distributor of the vaccines to all regions and districts where it was mandatory to have refrigeration. The districts then distribute the vaccines to all public and private hospitals.

The Minister added that acquisition of essential drugs starts at Ministerial level where tendering encourages relevant companies to compete for the purchase. The winning company procures the drugs and submits them to the governmental central stores. The latter invites public, private and church-lead hospitals to buy the drugs. At one period, the Ministry of Health had introduced drug kits to district and community hospitals. Unfortunately, this proved unsuccessful and was abandoned. The Minister emphasized that Insecticide Treated Nets (ITNs) were produced locally and given to all clinics caring for pregnant women and children under five years. A voucher system is used to help reduce prices. In his concluding remarks, he informed delegates that Tanzania had become a large producer of ITNs and that the country would be happy to fill orders from other African countries.

(b) Financial Sustainability – Perspectives from Ghana

The presentation was made by a Representative of GAVI on behalf of Ghana. It was noted that although self-sufficiency was the ultimate goal, in the nearer term sustainable financing depended on the ability of a country to mobilize and efficiently utilize domestic resources and supplementary external resources to achieve current and future target levels of immunization performance in terms of access, utilisation, quality, safety and equity. The strategic vision for 2002 – 2006 included:

- Reducing poverty by bridging the inequality gap in existing health programmes to increase access,
- Use of the sector-wide approach aimed at health development,
- Improve health sector coordination and strengthening,
- Ensure over 45% allocation of health budget for district activities.

The key steps towards financial sustainability include: agreement with partners on strategic direction and resource requirement; costed strategic plans; the ability to negotiate with partners; transparency and regular auditing; agreement on "ring-fencing" priority areas; forum with partners on monitoring and periodic review of work programme. The challenges to financial sustainability include inadequate resources, competing health priorities, increasing cost of health care and dwindling human resources. Countries should plan on getting progressively independent as external funding is phased out.

During the discussions, delegates indicated that the people of the Continent still faced limited access to affordable drugs and that the supply of such drugs is still irregular. An example was given where the supply of drugs for TB often declines hence interrupting the continuity of the treatment regime. It was recommended that centres of excellency for manufacturing essential drugs be identified or established and that orders be planned properly. Moreover, in spite of the availability of cheap ITNs, demand was very low. It was pointed out that this was due to lack of awareness within communities. Delegates also expressed concern that in spite of GFATM and other sources of financing, ARVs were still unaffordable to the majority of Africa's people. This was due to different agencies having different criteria to access funding in the same Member States. It was recommended that WHO takes the lead in harmonizing donors' criteria for access to financing health care.

Another concern expressed by the delegates was that there was a proliferation of new products on the market to deal with HIV/AIDS, Malaria and TB, which was getting out of hand. Part of the problem could be inadequate leadership in following up on trends and emerging challenges. It was then recommended that there be a harmonized mechanism by which Ministries of health could deal with different external initiatives.

Agenda Item 5: Barriers and Partnerships in the Health Sector

This session was chaired by Hon. Prof. Mourad Redjimi, Minister of Health, Population and Hospital Reform of Algeria.

(a) Barriers in the Health Sector

The Ministers were invited to review the barriers in the health sector and suggest interventions and activities which can create synergy to remedy the barriers. It was considered together with 5(b) below.

(b) Strengthening the Role of Partnership in the Health Sector

The first presentation was made by Mr. Bo Svenson of GAVI. He said that GAVI had commissioned an access study, defining 5 major barriers to improved performance which include: financial and political performance; infrastructure and equipment; monitoring and information; management and delivery of human resources; and social mobilization He added that out of 39 Vaccine Fund eligible African countries: 3 had small problems, 24 faced single barriers, 12 face multiple barriers (turnaround countries) and 2/3 of immunized children were in the turnaround countries. Countries also needed to make their own barrier analysis and action plans. The GAVI work plan had started two major projects, namely: efforts to address system wide barriers, and enhanced efforts in 7 large gap countries (including Ethiopia, DRC and Nigeria). Consultations with countries had started and GAVI is ready to listen and to encourage exchange between countries.

Donor Coordination: Minister of Health of Mozambique

Hon. Dr. F. Songane briefed the Meeting on the experience of Mozambique in the areas of donor coordination. The Ministry of Health and External partners created a team called Working Group SWAp (Sector Wide Approach) to foster development of a shared vision to ensure movement in a common direction. This is based on joint coordination, collaboration, communication, commitment, consensus, respect, trust and time compromise; every partner having a specific role to play. The team also coordinates communication and efforts with other external partners through a Sectoral Coordination Committee. The Health Sector Strategic Plan provides a framework for interventions in this sector and is set within the overall framework of Mozambique's Poverty Reduction Strategy, and Economic and Social Plan. It is operationalized through Annual Operational Plans.

The objectives of the Plan include: to specify the role of external partners and provide a venue for sharing opinions; to share information; to ensure a common understanding of objectives, priorities and operational plans; to agree on monitoring and evaluation systems; to develop a sectoral vision on financing and resource allocation mechanisms to ensure an efficient use of resources; to agree upon the policies for pooling on and off-budget financing; to discuss the implementation of the PESS and the building of institutional capacity in order to ensure that financing mechanisms, financial management systems and evaluation systems are based on shared common objectives. Some of the successes of the current coordination plan

include: Funds flow through Common Fund; depth and breadth of participation has meant that most key stakeholders are well informed and involved; high level support and engagement within Ministry of Health; regular and committed involvement from external partners; cross-fertilization and harmonization across Ministry of Health Departments and within the external partner group.

He finally recommended as follows: Donors to support National Plans; Donor support to go directly to the MOH for drug procurement; to follow and strengthen internal systems of procurement; Provision of direct or indirect support (through common fund) for training, human resources, materials, information, education and communication (IEC) and investments; Donor's agencies to support broader health sector reform.

Roll Back Malaria Partnership : Towards the Abuja targets and the Millennium Development Goals.

Dr Awa Marie Coll-Seck, Executive Secretary of the RBM Partnership Secretariat said that as a response to the rising malaria burden, partially related to growing drug resistance, the UNDP, UNICEF, World Bank and WHO had launched the global movement to roll back malaria. Heads of African States undertook to engage their governments through the April 2000 Abuja Declaration to reach ambitious coverage milestones by 2005 and to halve the malaria associated burden of disease by 2010. The rolling back of malaria is, therefore, an essential action if the millennium development goals on communicable diseases, child and maternal health as well as environment and empowerment. She added that progress towards the stated objectives was patchy but could be accelerated by using existing delivery mechanism. Malaria control tools needed to be integrated in the service package delivered through Antenatal Care (ANC), Maternal and Child Health (MCH) services, national outreach campaigns.

She explained that the RBM Partnership developed the Malaria Medicines and other Supply Services to provide support to countries to deal with significantly increased procurement efforts related to the scaling-up of malaria control at national level. Since 1998, globally available resources for malaria control had quadrupled. Heads of State had also engaged their governments, through the Abuja Declaration to mobilize additional internal resources for health i.e. 15% of national budgets.

The Global Fund to Fight AIDS, TB and Malaria (GFATM)

The presentation was made by Dr. Vinand Nantulya, Senior Advisor to the GFATM. He said that Global Fund guarantees can enable countries buy antiretrovirals at negotiated prices, and that the Fund was aware that the process of accessing funds was long and complicated and therefore flexibility was called for. On the other hand, countries needed to do proper homework before applying for funds which should be utilized rationally. One of the challenges, however, was limited absorptive capacity in countries. He explained that partnerships for the health sector needed to be developed and driven by government as the centrepiece. In this partnership, the government should lead the process and strengthen other health

providers – private sector, NGOs, CBOs and FBOs. Engaging all the providers in policy planning and programme implementation and enabling them to participate would lead to rapid utilization of resources for health and dispel the view that developing countries have no absorptive capacity. The Global Fund would continue to simplify its processes to enable rapid disbursements, and to simplify reporting systems. Country ownership of policies and processes, and mobilization of domestic resources for health are critical for long-term success.

In the debate that followed, the Global Fund was reminded to simplify and shorten the processing and disbursement of funds to fulfil its mandate. In this regard, both countries and partners had a role to play. Africa was reminded to approach health as a development matter, keeping human beings at the centre of all strategies. The first barrier in the health sector was indicated as inadequate political leadership while others included lack of technical leadership and a responsive community. The African Union was also urged to put health at the forefront of its programmes. Donor coordination required a sector-wide approach. The mandate and Agenda of NEPAD which is poverty alleviation and socio-economic development should be taken into account; in this regard, the NEPAD Health Strategy and the African Peer Review Mechanism (APRM). The role NGOs play in generating jobs and driving programmes was emphasized. The AU Commissioner for Social Affairs was called upon to have dialogue with WHO, GFATM, GAVI and other partners to coordinate political leadership. It was agreed that Africa needed to coordinate its programmes and promote good governance before approaching partners.

Address by the UNICEF Executive Director, Ms Carol Bellamy

In her address, Ms Bellamy recalled the four pillars of the UN General Assembly, Special Session on Children: promote health, promote health education, control HIV/AIDS and fight violence and abuse of children. To achieve these objectives, it required the engagement of all leaders and a multisectoral approach. The Executive Director also recalled the MDGs, almost all of which are directly or indirectly health or child-related. She emphasized that Africa had the immense challenge of having the lowest development indicators including the highest infant mortality rates. She outlined the recommendations for Child-Friendly Health Systems for reversing this trend, based on the following principles:

- multi-sectorality to encompass areas such as water and sanitation and provision of high-impact intervention,

- synergistic to avoid competition between diseases or interventions with delivery of synergistic packages through complementary service delivery modes (family and community care, outreach and clinical care),

- balanced and outcome driven to ensure country/local specificities.

Ms Bellamy ended her address with a strong appeal for intense activities aimed at behaviour changes in young people, most affected by HIV/AIDS and likely to change behaviour than older age persons. UNICEF was committed to work with

governments and other partners in this area, as well as on initiatives such as WHO "3X5" Strategy and in providing assistance or care to the orphans.

Agenda Item 6: Conclusion of the Special Session

(a) Implementation of Heads of State Declarations

The topic was introduced by the Representative of the African Union Commission. In his remarks, he reiterated the need to review past commitments before making new ones. He enumerated the steps for drafting a viable declaration and the challenges faced in the process. This was important to obtain input of all stakeholders and for ownership. This also would provide an enabling environment for effective implementation at all levels.

During the discussion which followed, several delegates made useful contributions for enhancing implementation. They emphasized that it was essential to share best practices and include these in a mechanism for monitoring. Furthermore, financial considerations should be a priority concern as well as lessons learnt from past programmes. Most delegates were concerned about limited communication between other Ministries at the national level and Ministry of Health, and between the Ministry of health and the Commission of the African Union. This contributes to the slow progress in the implementation process. It was then suggested that the outcome of this Session be institutionalized by the African Union Commission (AUC). However, the AUC Representative cautioned Ministers about the financial implications of such an initiative. He explained that the Special Session was sponsored for by GAVI and GFATM as a one time support. Hence, it would not be possible to call on partners to finance such special sessions on a regular basis. He then reviewed the history of Statutory Conferences of the African Ministers of Health since 1987 to Tripoli in April 2003. The AUC representative proposed that the Ministers consider this issue at their Session in Gaberone, Botswana, in 2005.

Some delegates pointed out that changes and trends in national health systems were taking place and perhaps such trends had not been communicated to the AUC. Such a gap in knowledge may be due to capacity implications both at AUC and national levels. It was therefore necessary for Ministers of Health and AUC to work together to fill the gap. In this regard, South Africa offered to second for a short time, two experienced officers to Social Affairs to support the preparation of documents for the next Assembly.

The following recommendations were finally made on how to improve on the implementation process:

- It was important to review all past declarations and Decisions and evaluate the status of implementation;

- The AUC should focus on the quality of life of Africa's people and mobilize Africa's leaders to understand this for strategic planning;

- A framework linking Ministries of Health and other related sectors to the AUC should be developed and the role of Regional Economic Communities (RECs) should be clarified. The AUC should ensure its application.

- There be direct communication between AU Commission and Ministries of Health with copies of such communication being sent to the Ministries of Foreign Affairs and International Cooperation.

- Ministries of Health should identify focal points for different aspects of health strategies. For example, there should be focal points for HIV/AIDS, Malaria, Tuberculosis and Other Related Infectious Diseases. The focal points should be communicated to AUC.

- AUC should develop a continental-wide mechanism for monitoring and evaluating the implementation of Declarations, Decisions and Resolutions in the Health Sector.

- AUC should develop a simple yet substantive questionnaire to be sent directly to Ministers of Health annually requesting for relevant information on the implementation of different aspects of Health Strategies. The information should then be used to prepare reports to the Assembly.

- The role of partners in implementing Declarations should be articulated clearly at both levels of AUC and Ministries of Health.

Address by Mrs. Graça Machel, Vice-President of the Vaccine Fund (VF)

At a dinner hosted by the President of the Vaccine Fund on 14 May 2005, its Vice-President, Mrs. Graça Machel addressed the Ministers and other delegates. She first welcomed and commended them for the untiring efforts to promote the health of African Peoples. She then focused her statement on the urgent need to protect all Africa's children from diseases preventable by immunization. There was good infrastructure in Member States for immunization and this could be utilized to promote primary health care especially for reproductive health, using the integrated approach. She concluded by urging the Governments to accord all children a healthy start in life, and for the Continent to strive to achieve the targets of The Millennium Development Goals.

The Draft Roadmap to Accelerate the Reduction of Maternal and Neonatal Morbidity and Mortality in Africa

Dr. Ebrahim Samba, the Regional Director WHO-AFRO gave a brief on this document and a related Draft Declaration which had been distributed earlier. He said that this exercise was being undertaken because numerous young women and newborns continue to die or get disabled due to preventable problems related to reproduction. The objective of the Roadmap was to encourage Member States to take action to reverse this trend. The WHO-AFRO, the AU Commission and other relevant partners would work to finalize the strategy and have it adopted by Heads of State and Government and subsequently implemented at national level. The

delegates were invited to submit input to make the Roadmap more comprehensive, if necessary.

(b) Consideration and Adoption of the Statement

The draft Statement was introduced by the Rapporteur for the Session, the Director of Health of the Federal Republic of Nigeria, on behalf of the Hon. Minister of Health of the country. The draft was then considered at length and constructive contributions were made. The Statement was then adopted as amended (attached).

(c) Closing

The Minister of Health of the Libyan Arab Jamahiriya, Hon. Mr. Habib Ismael Tamer, chaired the Closing Ceremony. He expressed his appreciation for the fruitful Meeting and thanked the partners who had provided support and the AU Commission for its contribution. He reminded the Ministers that they had a responsibility to work together to promote the well being of Africans. He concluded by emphasizing that, although the challenge was immense, it could be overcome because “where there is a will, there is a way”.

Hon. Dr. Francisco Songane, Minister of Health of Mozambique representing the Chairperson of the African Union, commended all participants for their hard work, which was a show of commitment and had contributed to the success of the Meeting. He also thanked the AU Commission and the partners who had worked together to organize the Meeting. He also thanked the joint Secretariat which had prepared the joint Statement, the Staff of Ramada Park Hotel and, last but not least, the Interpreters who had willingly worked far beyond their scheduled hours.

The Chairperson of the Special Session then declared the Meeting closed.

A Press Release (attached) on the Special Session of AU Ministers of Health was then issued to the Media.

STATEMENT OF THE MINISTERS OF HEALTH OF THE AFRICAN UNION ON THE OCCASION OF THEIR SPECIAL SESSION, GENEVA, SWITZERLAND, 14 - 15 MAY 2004

WE, Ministers of Health of the African Union, meeting in Geneva on the occasion of the Special Session, organised in partnership with the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the Global Alliance for Vaccines and Immunization (GAVI);

RECALLING the Abuja Declaration and Plan of Action on Roll Back Malaria of 2000, the Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases of 2001, the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases of 2003, the Maputo decision on Polio Eradication of 2003, AU/NEPAD Health Strategy of 2003 and the Millennium Development Goals;

CONSIDERING the challenges of implementing the above Declarations and Decisions; critical issues in the fight against HIV/AIDS, TB, Malaria and Other Related Infectious Diseases; the progress of immunization in Africa; access to essential drugs and consumables for HIV/AIDS, TB and Malaria; health systems in Africa; partnerships in the health sector; ownership and sustainability of initiatives in public health;

APPRECIATING the support of all our Partners in the implementation of our health programmes;

REALIZING the importance of accelerating the effective implementation and monitoring of the above Declarations and Decisions;

HEREBY RESOLVE TO:

1. Mobilise total political commitment and leadership at all levels and facilitate greater involvement of communities and civil society in meeting Africa's health challenges in the 21st Century.

2. Ensure both national ownership and leadership of health initiatives and programmes, and encourage each country to establish one national strategy, one coordinating body and one monitoring framework for all initiatives to combat HIV/AIDS, TB and Malaria, and Other Related Infectious Diseases.

3. Improve communication and coordination between relevant ministries, private sector, civil society and international development partners.

4. Mobilise greater domestic resources to fight HIV/AIDS, TB, Malaria and Other Related Infectious Diseases, including for vaccines and immunization, and in particular to ensure the realization of the target of allocating at least 15 per cent of our national budgets to the

health sector as set at the Abuja Summit of Heads of State and Government of the Organization of African Unity in 2001.

5. Urge all Member States of the African Union to contribute resources to the Global Fund, in order to demonstrate solidarity and shared responsibility in the call made by Heads of State and Government of the African Union in the Maputo Declaration.

6. Develop mechanisms to ensure sustainability of global health initiatives in the African region, looking beyond planned initial target dates, in particular the "3 by 5" Initiative beyond 2005.

7. Accelerate the strengthening of health systems in order to improve access to health services, paying particular attention to:

- Improving Information, Education and Communication at all levels in the implementation of health strategies;

- Promoting appropriate policies and strategies to train, motivate and retain human resources and increase their deployment in rural areas;

- Developing and maintaining infrastructure, especially technical capacity in health units particularly laboratories;

- Reinforcing and expanding research capacity;

- Utilizing existing services to improve delivery and access to Insecticide Treated Nets, as well as indoor residual spraying with insecticides;

- Ensuring the attainment of Polio Eradication targets;

- Developing and improving capacity to respond more effectively to health challenges.

8. Strengthen health programmes that address non-communicable diseases and place special focus on programmes related to maternal and child health, health promotion, nutrition and health literacy.

9. **Develop** and utilize Africa's capacity in biotechnology to produce drugs and vaccines at national or sub-regional levels.

10. **Engage** in more active dialogue with pharmaceutical companies to ensure universal, equitable access to affordable quality drugs (including generics) and vaccines.

11. Mobilise adequate resources to expand research and use of traditional medicine in line with the Decade for African traditional medicine (2001 – 2010).

HEREBY REQUEST:

1. The African Union Commission to:

- Improve communication and coordination with the Ministers of Health;
- Ensure effective and timely monitoring, evaluation and reporting on the implementation of Declarations and Decisions;
- Strengthen its capacity to respond effectively to its mandate on health;
- Collaborate with WHO Regional Offices for Africa and Eastern Mediterranean, and Regional Economic Communities of the African Union in harmonising the implementation of initiatives in health;
- Participate in major fora where important health issues are discussed and decisions taken.

2. External donors to make available increased, sustainable financing, towards health system improvement in general and priority health interventions, in particular through mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), and through such development financing opportunities as the proposed International Finance Facility and the European Development Fund (EDF).

3. Multilateral and Bilateral Agencies to harmonize and coordinate their activities and also streamline their procedures to improve access to, and efficient utilization of resources.

4. The Bureau of the Conference of the Ministers of Health to monitor the implementation of these Decisions in collaboration with the Commission of the African Union and report to the next meeting.

2004

Report of the special meeting of African ministers of health held in Geneva on 14 and 15 May 2004

African Union

African Union