

DECLARATION OF HEALTH AS A FOUNDATION FOR DEVELOPMENT

We the Heads of State and Government of the Organization of African Unity meeting in our Twenty-third Ordinary Session in Addis Ababa, Ethiopia from 27 to 29 July 1987,

BEARING IN MIND

- That the Lagos Plan of Action has defined a framework for socio-economic development of the countries of Africa.
- That the macro-economics of African countries are caught in crises – drought, famine, national debt payments, unfavorable international economic order and unstable currencies.
- That macro-economic development initiatives can provide a solid basis on which countries can build their macro-economic development as provided for in the Lagos Plan of Action.
- That in undertaking these macro-economic developmental initiatives priority is given to Agriculture, in other words, the promotion of small Agricultural ventures reinforced by related small industries (including local crafts) and small business.
- That Agricultural and other efforts as production (macro or micro-economic) are frustrated by the inadequate health status of many populations in Africa, the vicious cycle of ignorance, poverty and disease persists; poor health is delaying economic “Take off”.
- That production of healthy people (Health Development) is a developmental imperative – many apparently healthy persons are harboring illnesses, are medically unfit and are living in insalubrious environments.

- That health and socio-economic development initiatives can be jointly organized within the same administrative framework and under the same leadership in decentralized local governments areas or districts.

ACTION

IT IS SUGGESTED THAT GOVERNMENTS

1. Define or redefine politico-administrative units – minimal viable units (districts) with local government responsibilities and reinforce the managerial responsibilities of this (district) level for socio-economic development including health development.
2. Designate – according to national socio-political norms – members of district development committees and subcommittees in key areas including health.
3. Allocate annually a budget (however small) to every district for decentralized development activities including community-based multisectoral health development activities.
4. Encourage local initiatives in mobilizing additional resource (human, material and financial) for both health and development in communities that make up the district.
5. Use existing local, social and political mass organizations to mobilize population / communities to be involved in promoting their own health and development.
6. Organize, on a long term basis, short seminars, workshops and continuing education activities for the local (distance) leadership and front line workers from health and other sectors on the management of limited local resources for economic, social and health development.
7. Deploy national and external, technical and economic sources in implementing the above initiatives as well as in the organization of health and

related activities in the villages, quarters, communes, locations, etc. by the villagers themselves with the assistance of the district leadership.

8. Utilizing the same resources as above, encourage district managers assist villages in preparing operational plans, provide supervisory support and collect monitoring information, and prepare appropriate reports.
9. Ensure that intermediate and central levels of hierarchy can and do provide continuing support to the districts for which they are responsible, especially monitoring of progress, evaluating the impact of health and developmental activities on target communities and undertake field research to resolve operational problems.
10. To ensure the viability of the gigantic efforts, it would be necessary to reinforce existing mechanism for intersectoral cooperation, administrative decentralization and the selection of affordable effective technologies.
11. Universities are multisectoral institutions, reservoirs of science and technology, culture and learning. Their staff and students should assist governments in the implementation of combined health and development initiatives designed to reduce the burden of disease and accelerate economic growth whilst maintaining acceptable community health status.
12. This major historic undertaking calls for coordinated international support from multilateral, bilateral and non-governmental agencies and each country would set up an appropriate mechanism for effective coordination of all health and development activities targeted to the district (local) level.

SUPPORT

IT IS PROPOSED THAT

13. In keeping with the outcome of the special session of the UN on Africa (May 1986) self-reliance would be the basis of microeconomic and health development in the district (local) level.

14. Using the appropriate action mechanism and clearly defined channels, external support to microeconomic development at the local level would come from agencies such as the Economic Commission for Africa (ECA), the United Nations Development programme and the UN Institute for Training and Research, the World Bank and African Development Bank and Fund, WHO, FAO, UNEP, UNESCO, UNIDO, ILO, UNHCR, etc. The ECA, with Headquarters in Addis Ababa, would provide overall technical leadership at regional level, while the UNDP Resident Representative will manage the operations at county level.
15. Using an appropriate national mechanism and clearly defined channels, external support for health development at the local (district) level would come from some of the above agencies, there would however be special inputs from bilateral agencies, the World Health Organization, the United Nations Children's Fund, health related professional Associations, non-governmental and religious organizations, etc. WHO/AFRO with Headquarters in Brazzaville would have the technical leadership role. At country level the Office of the WHO Representative will manage the operations.
16. To accelerate the pace of implementation, manpower would include district level or field staff of the various miniseries and agencies of government and (where appropriate) of the private sector – with the guidance of their supervisors.
17. They (field staff) would also be assisted by Regular International Staff as well as Associated Professional Officers, United Nations Volunteers, National Professional Officers, National Civil Service Personnel, students and staff of High Educational Institutes (universities and colleges of technology, etc.)
18. For external support to district development committees with a view to strengthening microeconomics , the country office of the Resident Representative of UNDP will assist the national coordinating mechanism and proper reports for the United Nations, the Organization of African Unity, and collaborating international and bilateral agencies, the Economic Commission for Africa (through its subregional MULPOCS) will collaborate

technically in reporting on the economic performance of local government areas (or districts).

- 19. For external support to district health committees with a view to producing healthy people, who will accelerate socio-economic take-off, the country office of the Representative of WHO will assist the national coordinating mechanism (in the Ministry of Health) prepare reports for the Organization of African Unity and the governing bodies of WHO. UNICEF will be working with WHO in providing support for the activities of district health commissions.**

- 20. The World Bank, the African Development Bank and Fund, other major multilateral and bilateral agencies will cooperate financially with governments under specially favorable conditions to refurbish, build or equip health related and economically important infrastructure at the district level.**

- 21. A special development fund should be set up to stimulate action at the district level; specially to encourage (through grants, soft loans and prizes) remarkable local (district) initiatives in health and development.**

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