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**THIRD ORDINARY SESSION OF THE AFRICAN UNION
CONFERENCE OF MINISTERS OF HEALTH
9 – 13 APRIL 2007
JOHANNESBURG, SOUTH AFRICA**

CAMH/MIN/Draft/Rpt (III)

**Theme: “*Strengthening of Health Systems for Equity and
Development in Africa*”**

REPORT OF THE MINISTERS

DRAFT REPORT OF THE MINISTERS

I. INTRODUCTION

1. The 3rd Ordinary Session of the AU Conference of Ministers of Health was held at the Sandton Convention Centre, Johannesburg, South Africa, from 9 to 13 April, 2007. Its deliberations focused on the theme: “Strengthening of Health Systems for Equity and Development”. The objective of the Conference was to share experiences and lessons from different countries on how to strengthen their health systems in order to improve the health situation in Africa.

2. The Meeting of Experts/Officials preceded the Ministerial Meeting and was held on 9 April 2007. Its objective was to finalise the technical, administrative and logistical preparations for the Ministerial Meeting. It was chaired by Ms. Batatu Tafa, Permanent Secretary at the Ministry of Health of Botswana. Briefings were provided on the preparations by representatives of the Department of Health of South Africa and the African Union Commission. The AU Commission also provided a brief background on each of the working documents.

3. During the ensuing discussions, the Senior Officials expressed the wish to have had the time to review the technical preparations, including documentation for the Conference. However, they were informed that Ministers had also expressed the need to discuss each substantive document in detail.

II. ATTENDANCE:

4. The Meeting was attended by delegations from the following AU Member States: Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Congo, Côte d’Ivoire, DRC, Egypt, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, SADR, Senegal, Sierra Leone, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.

5. It was also attended by Representatives of the following countries, International and Regional Organizations, Agencies, NGOs and CSOs: Canada, Peoples’ Republic of China, Cuba, Japan, Romania, Serbia, USA, WHO, UNAIDS, International AIDS Vaccine Initiative, UNECA, UNIDO, IOM, UNICEF, FAO, WFP, UNHCP, UNFPA, UNDP, UNHCR, UNHCR, UNESCO, WORLD BANK, ADB, DPSA, CEN-SAD, ECOWAS, SADC, ICW/TAC, EU Commission, COMMONWEALTH SECRETARIAT, IPPF, National Population Council (South Africa), Medical Research Council (South Africa), OCEAC, OXFAM, NORAD, PANOS, GTZ, Pan-African Youth Organization against HIV/AIDS, Youth Against HIV/AIDS Cultural Organization, South African Youth Council, Netcare, Advocates International, Plan International, Center for Conflict Resolution,

USAID, DFID (UK), CIDA (Canada), The Family Caucus, AGSC, APHA, SADTC, GHWA, Pharmaceutical Society of South Africa, Bongmusa, Ikhambi, Rentloile, Novartis, Glaxosmithkline, South African Pharmacy Council, IKS Medical Research Council, University of Pretoria, RPM-DALBERG, DOE, AIDS Law Project, OSISA, AFRCASO, KHRAN, HENNT-AMREF, SPVC, ACD, Council of Medical Schemes, Board of Health Care Funders, Civil Society Charter Task Team, BEE Medscheme, Boneo of Healthcare Funders, Community Investment Holding, APHRC, IPAS, Ghanatta College of Art and Design, Monthly Asian Union, Cumulative Sunny NIG LTD, Prestige Academy, Kaneshie Anglican JSS, Health Professions Council of South Africa, ORACLE, ABMP, CHESTRAD.

6. The participants' list is annexed to this Report.

III. OPENING CEREMONY OF THE MINISTERIAL CONFERENCE

A. Official Opening Ceremony

7. The official opening ceremony for the Ministerial Session took place on April 10, 2007. The Deputy Minister of Health of South Africa, Ms. Nozizwe Madlala-Routledge, as Director of Programmes for the Opening Ceremony welcomed all participants to the Third Ordinary Session of the African Union Conference of Ministers of Health (CAMH3). This was followed by the anthems of the AU and the Republic of South Africa.

(i) Remarks by Prof. Sheila Tlou, Chairperson of the 2nd Session of the AU Conference of Ministers of Health

8. The Outgoing Chairperson of the AU Conference of Ministers of Health and Honourable Minister of Health of Botswana, Professor Sheila Tlou referred to the significant progress made since the second African Union Conference of Ministers of Health (CAMH2) held in Botswana in October 2005. However, she emphasized that Africa still faces severe challenges in achieving health and the Health Millennium Development Goals. She recognized that the theme of this Conference "*Strengthening of Health Systems for Equity and Development*" could not have come at a more opportune time, as health strengthening is central to achieving our common goal, which is to improve the health status of our people.

9. She concluded her remarks by expressing hope that the Africa Health Strategy which was expected to be the main outcome of the Conference would be adopted.

(ii) **Statement by the Acting Minister of Health of the Republic of South Africa, Hon. Jeff Radebe**

10. The Honourable Acting Minister of Health, Jeff Radebe, conveyed his best wishes for the speedy recovery to the Minister of Health of South Africa, Dr Manto Tshabala Msimang. He thanked the African Union for its leadership and all Ministers and Heads of Delegation for attending the Conference. He also highlighted the vision of an integrated and united Africa. He thanked Prof. Konaré and Advocate Gawanas of the AU Commission for their commitment and leadership.

11. While recognising that the disease burden in Africa continues to impede socio-economic development on the continent, Hon Radebe said that he was optimistic of the outcome of the conference. He expressed confidence that the Africa Health Strategy would help to address the health problems in Africa. He called for increased investment in health and emphasized the importance of human resources in strengthening health systems.

12. He point out that it was his conviction that the conference would not be in vain but would present the people of Africa with an Africa Health Strategy which they have been yearning for.

(iii) **Statement by Dr. Luis Sambo, Regional Director, WHO-AFRO**

13. The Regional Director of the World Health Organisation Africa Region conveyed greetings from the Director General of the World Health Organisation, Dr Margaret Chan. He informed the delegates that Dr. Chan would very much have liked to attend the meeting in person but was unable to do so due to prior commitments. He then conveyed her sincere apologies. He informed the meeting that Dr. Chan is committed to putting Africa and women at the centre of the work of WHO. In this regard Dr. Sambo said that WHO would focus on the areas of health and development, health and security, health systems, health information and improving performance.

14. He went on to say that health and poverty are related and that inequalities in health care must be addressed through policies and equitable health systems. With respect to HIV/AIDS, TB and Malaria, Dr. Sambo said that these diseases are still pervasive in Africa and pointed out that a lot had to be done in these areas if MDGs are to be achieved. He said that multi-drug resistant TB is a serious concern in Africa.

15. While acknowledging that Infant Mortality Rate (IMR) is going down due to public health interventions, Dr Sambo said that he was still concerned that Maternal Mortality Rate (MMR) was still high although there is a roadmap for the reduction of maternal mortality.

16. He then made reference to epidemics like cholera, rift valley fever in East Africa, cerebral spinal meningitis in West Africa for which a vaccine is being tested, and chronic diseases such as cardiopathy and diabetes which he said must be addressed within the health system although he contended that the health systems are already overburdened. He also reported that Africa has managed to lower measles morbidity and mortality.

17. According to Dr. Sambo, making National Health Systems capable is an absolute necessity and welcomed the theme of this Conference. He informed the delegates that WHO is committed to revitalising Primary Health Care according to the principles adopted at Alma Ata in 1978. He called for greater priority to health research by countries. He reported on commitments by UN agencies to improve co-ordination in their support for countries.

18. Dr Sambo announced that there will be a Health Systems and Primary Health Care (PHC) Conference in 2008 and Global Conference on Health in Mali also in 2008 and solicited the support of the African Union. He also announced that WHO now has a Deputy Director General from Ghana, Dr. Asamoah Ba.

(iv) Keynote Address by H.E. the Chairperson of the African Union Commission, Alpha Omar Konaré

19. Prof. Konaré greeted Hon. Jeff Radebe as Acting Ministers of Health of South Africa and wished him success. While thanking the government of South Africa for hosting the meeting, he wished Hon. Dr Manto Tshabala Msimang a quick recovery. He acknowledged the presence of the WHO-AFRO Regional Director at the meeting and expressed the appreciation of the AU for the commitment of Dr. Margaret Chan, the WHO Director-General to put Africa and women high on the agenda of WHO.

20. He recalled that health was a major preoccupation right from the inception of the Organization of African Unity in 1963 and also at the founding of the AU and its NEPAD Programme. Health is, indeed, a basic human right and therefore access to an integrated and affordable health system should be ensured throughout. This is in line with the theme of this Conference and is fundamental to Africa in view of the overwhelming disease burden on the Continent.

21. Prof. Konaré stated that although the millennium project refers to 50% access to health care, Africa is striving for universal access. The Millennium Development Goals will not be attained if things continue as they have been during the first five years of this century. He emphasized the call of the Heads of State for the Pharmaceutical Action Plan and local production that is to be discussed at this Conference, and a monitoring plan to assess access to drugs. He called for the effective implementation of the Abuja Summit Decision of 2005 [Assembly/AU/Dec.55 (IV)] on the major causes of the disease burden and stressed that access to drugs was in line with the spirit of the Bamako Initiative.

22. Prof. Konaré also referred to the Abuja Special Summit in May 2006 which ushered in the Abuja Call that urges for the acceleration of the Implementation of the Abuja Declarations of 2000 and 2001. The Implementation Plan for the Abuja Call would also be considered by this Conference. He cautioned that even with cheaper Anti-retroviral (ART), the fight against AIDS must continue. He also mentioned that HIV/AIDS should not overshadow other important diseases like malaria and Tuberculosis. In this regard, he stated that the AU would re-launch the malaria campaign in Africa. He called on partners to support an agenda defined by African governments rather than imposing their own and cautioned against dumping drugs that are unwanted elsewhere.

23. Prof. Konaré recalled the slogan *Health for All by the year 2000* which was never attained. On African Traditional Medicine, he reminded the Ministers that they had requested for a Mid-Term Review (MTR) of the Decade of African Traditional Medicine (ATM). He also referred to the Declaration of 2005 as the Year of Violence Prevention in Africa and informed the Ministers that a Draft Plan of Action on Violence Prevention would be presented for consideration. He emphasized that all of these initiatives must be achieved within an overall Health Strategy for Africa, based on good governance and an effective human resources policy. He commended the Health Ministers for their initiative in creating an African common policy and called on UN agencies and partners to support it. He also expressed concern about the adverse effect of illicit drugs, tobacco and some newly introduced foods on peoples' health.

24. Finally, Prof. Konaré requested the Health Ministers to assist actively in fighting drugs in sports, stressing the importance of ensuring a clean 2010 World Cup which South Africa will be hosting on behalf of the Continent.

25. The Chairperson of the AU Commission concluded his intervention by appealing for the acceleration of the processes that would lead to a United States of Africa.

B. LAUNCH OF THE MALARIA ELIMINATION CAMPAIGN

26. The Commissioner for Social Affairs, Advocate Bience Gawanas, in her capacity as Director of Programmes of the Launching Ceremony, explained that it had been decided to launch this campaign in line with the various commitments made by the Heads of State and Government at the continental level, including the 2000 and 2006 Abuja Declarations. She added that it was an advocacy campaign mounted by the AU in order to move from control to elimination and indeed to the complete eradication of malaria. She then called on several distinguished personalities to take the floor and address the gathering.

27. The UNICEF Regional Spokesperson for the fight against malaria in Africa, Ms Yvonne Chaka Chaka took up the slogans of the campaign that

malaria can be prevented, diagnosed and cured and that no more should anyone die of Malaria in Africa. She then entertained the gathering and delivered an advocacy message through a song about malaria and children.

28. The Representative for AMBP (Africa Media Broadcasting Partnership against HIV/AIDS), Mr Solly Mokoetle, then explained that his Organization consisted of 35 press agencies in 25 countries dealing with HIV/AIDS issues while planning to address tuberculosis and malaria in the near future. He made a special appeal to the Ministers to use AMBP to transmit their messages. He stressed that his group would like to be involved as an active partner in all phases of development of continental advocacy campaigns. He concluded that the very fact that he had been invited to address the meeting proved that the importance of the media was widely recognized.

29. After a brief musical interlude, the Regional Director of the WHO, Dr Luis Sambo, also congratulated the African Union Commission on the launch of this campaign. He emphasized that the main victims of malaria were children and pregnant women and that the strategies and tools to overcome this scourge were known. He congratulated the previous speakers on the role that they had played and continued to play in the prevention of various diseases in Africa. He concluded that the WHO was willing to provide the AU and other partners with all the assistance required in the fight against malaria.

30. The Acting Minister of Health of South Africa, Hon. Jeffrey Radebe, expressed his satisfaction with the launch of this continental campaign and referred to his country's experience. He mentioned the impact of his country's interventions which had led to the marked drop in the malaria mortality rate. He stressed that this approach, consisting of spraying DDT and cooperating closely with the neighbouring countries, was first decried, but that the WHO was now backing the operation. In conclusion, he offered his country's assistance to the AU Commission with the objective of achieving similar results in other regions of the continent. He further announced his country's commitment to pursue its efforts to eliminate malaria in the southern African region.

31. The Chairperson of the African Union Commission, Professor Alpha Oumar Konaré, had the honour of officially launching the Malaria Elimination Campaign. In his address, he stressed that this disease was preventable and that ways and means of overcoming it once and for all were known to us. He identified access to insecticide-treated mosquito nets, DDT and other medicines as the real challenge to be met. He underscored the importance of informing, educating and mobilizing the public. He referred to the 25th of April, Malaria Control Day, as a great opportunity to give concrete expression to our determination.

32. After recalling the theme "*Leadership and Partnerships for Concrete Results*", especially the slogan "*Rid Africa of Malaria NOW!*", he reminded the

meeting that this would only be possible through the leadership of the African Heads of State and Government as well as the mobilization of all stakeholders, including artists, sportsmen and -women, and the media. He added that he had no doubt about support from such partners as the WHO, UNICEF and other development partners for this great mobilization campaign. In conclusion, he assured the meeting of his conviction that by 2010 malaria would be overcome thanks to the determination of all concerned to win this battle.

33. Prof. Konaré then proceeded to hand out mosquito nets to the members of the outgoing Bureau of the Conference of African Ministers of Health representing the five regions of Africa, to Ghana as the Current Chair of the African Union and to South Africa as the Host Country. The Chairperson recommended that the recipients of the nets ensure a wide distribution of these tools in their respective regions.

34. The ceremony ended with the signing of a Malaria Scroll by the Chairperson of the AU Commission, and with another musical performance by Ms Yvonne Chaka Chaka.

IV. PROCEDURAL MATTERS

a) Election of the Bureau;

35. The Representative of the Office of the Legal Counsel informed the Meeting on the Rules of Procedure of the AU Conference of Ministers of Health as well as the pertinent decision of the AU Executive Council (EX.CL/Dec. 298 (X) adopted in January 2007. After due consultations and on the basis of the established Rules, the Conference elected the following Bureau Members:

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|---|-----------------------------------|--------------------------------|
| - | Chairperson: | Southern Africa (South Africa) |
| - | 1 st Vice Chairperson: | Central Africa (Gabon) |
| - | 2 nd Vice Chairperson: | Western Africa (Togo) |
| - | 3 rd Vice Chairperson: | Northern Africa (Egypt) |
| - | Rapporteur: | Eastern Africa (Mauritius) |

b) Adoption of the Agenda;

36. The Conference discussed the Draft Agenda as proposed and adopted it. However, it was agreed that under the Item "Any Other Business" the following issues would be discussed:

- (i) The principle of rotation of the post of WHO Director General among the world regions,
- (ii) A brief on health and health workers in Palestine.

c) Organization of Work

37. The Programme of work was adopted as proposed.

V. SUMMARY OF PROCEEDINGS

Item 3: Report of the Outgoing Chairperson – Doc. CAMH/MIN/2 (III)

38. In her report, the outgoing Chairperson of CAMH3, Prof. Sheila Tlou, recalled the 2005 Session of Health Ministers that was hosted by Botswana. She acknowledged the modest achievements that have been registered in the area of health. She thanked the Acting Minister of Health of South Africa for hosting the Conference and wished him success in his tenure of office as new Chairperson of the AU Conference of Ministers of Health. She further wished the substantive Health Minister of South Africa quick recovery.

39. She recalled the Gaborone Declaration, the Africa Regional Nutrition Strategy (ARNS) and the Sexual and Reproductive Health Rights (SRHR) Policy Framework that were adopted in Gaborone and subsequently endorsed by the AU Summit. She also stated that in line with the recommendation of the Gaborone session, the Bureau organized the Special Session on SRHR in Maputo, Mozambique which ushered in the Maputo Plan of Action (September 2006) on SRHR which was also endorsed by the AU Summit in January 2007.

40. She also informed her colleagues that she had hosted the Human Resource for Health (HRH) Inter-Ministerial Consultation and that she would be presenting the outcome to her colleagues later. As part of the preparation for this Session, the Minister indicated that the Bureau spearheaded the preparation of the Draft Africa Health Strategy which addressed, among others, issues of community participation, AIDS, TB and Malaria (ATM), partnerships and HRH.

41. She concluded by thanking all the Ministers, Members of the Bureau, the Chairperson of the AU Commission, the Commissioner for Social Affairs and all staff for their support.

Item 4: Report of the AU Commission Chairperson – Doc. CAMH/MIN/3 (III)

42. In presenting the Report, Adv. Bience Gawanas, AU Commissioner for Social Affairs highlighted the major health challenges faced by Africa, which included weak health systems, poor health infrastructure, and inadequate human resources for health. She outlined the various activities that had been undertaken by the AU Commission over the past two years as per the decisions of the Second Conference of AU Ministers of the Health (CAMH2) including elaboration and adoption of key policy instruments.

43. In the ensuing discussions, delegates commended the Commission for the work done, and raised some questions especially about when the draft Early Warning and Emergency Preparedness on Avian Human Influenza would be adopted. They also raised the issue of sharing experiences with some eastern countries, like China, on traditional medicines.

44. Regarding the 2006 Report of the AU/Africa AIDS Vaccine Partnership (AAVP) Meeting, the Commissioner informed the Meeting that Cameroon had offered to follow up on the issue and was expected to report back. Concerning the Action Plan on Avian Influenza, she noted the collaboration with the AU Inter-African Bureau for Animal Resources (IBAR) and WHO to facilitate the adoption of the Plan of Action. She added that the AU Commission would make the necessary follow up to ensure timely adoption of the Plan. On the issue of experience sharing on Traditional Medicine, the Commissioner noted that this would be discussed further when the agenda on the subject is considered in the course of the Conference.

45. At the end of the discussion, the Report was adopted.

Item 5: Overview of the theme: Strengthening of Health Systems for Equity and Development – Doc. CAMH/MIN/4 (III)

46. In presenting this item, the representative of the AU Commission while referring to the theme of the present Session, “*Strengthening of Health Systems for Equity and Development*”, highlighted the key issues raised in the theme namely health systems strengthening, equity and development. Specifically, he underlined that the health system should be looked at in its broader sense including all actors, resources and actions whose primary intent is to meet the basic health care needs of the people. With respect to equity, the presenter observed that intra-country and cross country discrepancies in health indicators do not speak well of equity. He suggested that when addressing issues of equity in health systems development and strengthening, the notion of fairness and equal treatment for equal needs should be guiding principle. The presenter concluded by acknowledging that health and development are inter-linked. He therefore stressed that improving the general well-being of a population requires addressing health issues and as such health should be at the centre of poverty reduction strategies.

47. The presentation on the Overview was then noted by the Conference.

**Item 6: Presentation of the Draft Africa Health Strategy –
Doc. CAMH/MIN/5 (III)**

48. The Draft Africa Health Strategy was presented by a representative of the AU Commission who emphasized that disease burden continues to be a barrier to socio-economic development in Africa. He stated that the Africa Health Strategy provides an overarching framework for addressing health challenges in Africa. He indicated that the overall objective of the strategy is to strengthen health systems by, in particular, covering issues of governance, financing, community participation, social protection, human resources for health, health research and information and integration of African traditional medicine while taking into account its strengths and limitations. He finally provided the way forward envisaged in the Strategy, including the respective roles for the various stakeholders.

49. During the preliminary discussions, delegates welcomed the Draft Africa Health Strategy and shared some of their own country experiences which were also generally found to be in line with the Strategy. The delegates also suggested that proposed amendments be submitted to the AU Commission in writing for incorporation into the Strategy for further consideration by the Conference. Other concrete proposals included addressing the issue of gender, maternal and child health, collecting baseline data. Furthermore, there was need to clearly indicate in the Strategy that “Health creates Wealth”. The delegates also suggested that the roles of AU and RECs be clarified as there seemed to be some duplication.

50. At the end of the discussion, the Commissioner for Social Affairs of the AU Commission thanked the Honourable Ministers for their comments which she said would be relevant when they discuss the Strategy section by section in the course of the meeting. She also indicated that the Strategy does not exclude ignore other existing strategies but agreed that the roles of the AU and RECs should be clearly delineated based on the principles of complementarity and subsidiarity. She further underlined the fact that RECs, as the pillars of the AU, needed to be greatly involved in this process.

**Item 7: Consideration of the Status of African Traditional Medicine
- Doc. CAMH/MIN/6 (III)**

51. In his presentation, the Representative of the AU Commission gave background information to situate the paper entitled the Status of African Traditional Medicine and reviewing of progress made on the implementation of the Plan of Action on the African Union Decade of Traditional Medicine (2001 – 2010), which constituted one of the working documents of the Conference.

52. He stated that the Conference of African Ministers of Health held in Gaborone, Botswana in October 2005 requested the AU Commission to conduct a mid-term review on the implementation of the Plan.

53. He pointed out that due to lack of accurate information at national level, the process of carrying out a mid-term review faced difficulties, hence the presentation concentrated on the achievements made by the five regions on the Plan of Action. In this respect, five priority areas were identified to gauge the progress.

54. The presenter talked of two options for the Ministers to consider: namely, the Member States to proceed with mid-term review on the status of traditional medicine and to encourage proactive implementation of the Plan of Action in view of limited time before the Decade expires (4 years) only.

55. During the discussions, Member States highlighted the importance of traditional medicine and the efforts expended in mainstreaming traditional medicine in their respective national health systems. Concern was expressed that there were still many challenges to be overcome, such as carrying out clinical trials, developing appropriate traditional medicine indicators and instituting regulatory frameworks to facilitate local production.

56. In conclusion, it was recommended that the mid-term review and the implementation of the Action Plan provisions should be undertaken at the same time, because the two options were not mutually exclusive.

INTER-MINISTERIAL CONSULTATION ON HUMAN RESOURCES FOR HEALTH

57. In introducing the session on Human Resources for Health Development. The Chairperson of the Session, Honourable Mrs. Missango Paulette, Minister of Health of Gabon, emphasised the central importance of Human Resources to strengthening health systems. She also emphasised the importance of remuneration and proposed that a political decision be made by Ministers for submission to the Heads of State and Government.

58. The Honourable Minister of Health of Botswana, Professor Sheila Tlou, reported on the High Level Inter-Ministerial Technical Consultation on Strengthening Political Support for Health Workers Development in Africa held in Gaborone, Botswana from March 2-4, 2007. Senior representatives from Ministries of Education, Finance, Public Service and Health participated. She presented a series of recommendations for inter-ministerial action arising from the Consultation aimed at achieving improved performance and effective deployment, tackling migration, scaling up production, financing an expanded and sustainable health workforce, better intelligence for determining health

workforce status and monitoring progress and enhancing governance, stewardship and partnership in support of HRH action.

59. Prof. Francis Omaswa, the Executive Director of the Global Health Workforce Alliance (GHWA) pointed out that the global health workforce crisis affects both developed and developing countries. It is estimated that the world is short of 4 million health workers, one million of whom are needed in Africa alone. In Africa, the crisis has worsened over the past several decades largely due to poor economic performance and under-investment, compounded by shortages of health professionals in developed countries. GHWA is a partnership that was launched in May 2006 as a focal point for a global response to the crisis.

60. Prof. Omaswa then informed Ministers about the strategy of GHWA and outlined some of its activities. He concluded by pointing out that GHWA anticipates increased visibility and awareness of the HRH crisis and solutions in the future, a number of countries implementing strategic plans, more resources flowing into the health sector with better working conditions, increased training of health workers and a more conducive national and global environment, including better managed migration.

61. Professor Eric Buch, Chairperson of the Steering Committee of the African Platform on Human Resources for Health, presented the Action Agenda of the Platform and made reference to the consultations in Abuja and Brazzaville in 2005 that advocated for the development of an African Platform on Human Resources for Health and a Health Workforce Observatory. Prof Buch informed delegates that a Secretariat is being established in Brazzaville, hosted by the WHO Regional Office for Africa (Afro) and that a Steering Committee, the majority of which are country representatives, has been established. The intention is to formally launch the African Platform once the consultation process is complete and a work plan established. Three regional consultative meetings have been held.

62. The African Health Workforce Observatory has been established, based at WHO Afro and a Health workforce database initiated. Support has been provided for national HRH observatories and country profiles. Other countries were invited to embark on this process. The African Platform is envisaged as a network that will provide for consensus building and catalytic and co-ordinated action, but not a controlling mechanism, nor a new conduit for funding. The Platform supports HRH funding going directly to countries. Overall, the Platform seeks to mobilise energy and action on the HRH crisis, fostering an enabling environment for technical work, sharing of experiences and best practices, collaboration and harmonisation and advocacy for HRH.

63. In the discussion that followed, the delegates generally appreciated and supported the issues raised and emphasized the need for producing mid-level

health workers, health officers, nursing auxiliaries and community and village health workers, with appropriate functions and referral systems to professionals.

64. Delegates also requested the AU to push for the developed countries to train sufficient professionals and provide compensation to developing countries while adhering to a code of conduct. Delegates further recommended that there should also be protocols for recruitment within Africa, which should be adhered to and a Diaspora database should be built-up.

65. The Ministers suggested that increased remuneration and other conditions of service, such as transport, housing, security, gloves, telemedicine, scholarships, postgraduate training, supplementary salaries and improvements in the health system could motivate health workers and their retention. Establishing a Health Service Commission was also considered as an option for a better selection of health personnel and for ensuring flexibility of salaries, instead of the usual Public Service Commission.

66. The Ministers observed that conflict and post-conflict countries need support as they face the added challenges of destroyed infrastructure, demotivated health workers and underserved rural areas.

67. The Commissioner for Social Affairs thanked the Honourable Minister of Health of Botswana for convening the Inter-ministerial Consultation and supported the role envisaged for the African Union. She proposed that the AU Commission and the WHO work together on the Work Plan for the proposals submitted. The Chairperson of the Session noted that there was wide support for the proposals from the Gaborone Meeting as well as the AU proposal.

Item 8: Review of the Draft African Pharmaceutical Manufacturing Plan for Africa – Doc. CAMH/MIN/7 (III)

68. This item was introduced by a representative of the AU Commission, who explained that the Draft Pharmaceutical Plan was developed in line with the AU Assembly Decision (Assembly/Dec.55 (IV), adopted in Abuja in January 2005 and the Gaborone Declaration. He added that countries in Africa still depend on imported affordable generic drugs. The fact that countries that were major suppliers of these generics were supposed to comply with patent laws by 2005 was seen as a major threat to access to affordable generics in Africa. He outlined some of the advantages of local production, which included saving foreign exchange, job creation, technology transfer, value addition for raw materials and self-sufficiency in drug supply.

69. With respect to production capacity, the presenter observed that with the WHO AFRO Region, 37 countries have local production although only one has limited primary production which means that local production in Africa relies on imported active ingredients. He indicated that national capacity for production

has increased in Egypt and Tunisia to between 60% and 95% of their national requirements for essential medicines.

70. The presenter then highlighted that Africa needs to decide what to produce, how to produce, what regulatory systems are required and how to assess the required human and financial resources. He concluded by saying that local production was feasible in Africa although capacity is currently limited. He then recommended that a Technical Committee should be mandated to study detailed implications and come out with a concrete plan. He stressed the importance of regional representation in the composition of such a Committee and recommended the following membership:

North Africa (Egypt and Libya)

West Africa (Nigeria and Senegal)

Central Africa (Cameroon and Gabon)

East Africa (Kenya and Ethiopia)

Southern Africa (South Africa and Angola)

71. The Committee would submit a Report and Phase 2 Plan to the Ministers for consideration as soon as possible.

72. During the discussion that followed, the delegates generally welcomed the Pharmaceutical Manufacturing Plan for Africa and commended the AU Commission for coming up with a plan which was realistic. The Ministers approved the proposed composition of the Technical Committee and agreed that Ghana and Burundi should also be part of the Technical Committee. The Ministers however cautioned that the November 2007 deadline might be unrealistic. After these observations the Honourable Ministers adopted the Pharmaceutical Manufacturing Plan for Africa.

Item 9: Draft Plan of Action on Violence Prevention in Africa -
Doc. CAMH/MIN/8 (III)

73. The Draft Plan was presented by the Representative of the AU Commission who noted that violence is one of the serious public health problems in Africa; it is caused by a number of factors – biological, social, psychological, cultural, economic, political, and others. However, the presenter emphasized that violence can be prevented but a concerted effort is needed to address the problem, which should begin with the acknowledgement of its existence. He further pointed out that the Plan of Action is meant to guide the elaboration and implementation of national plans and strategies to prevent violence. The

Presenter concluded by stating the need for determining roles by different actors and stakeholders at national, sub-regional and continental levels.

74. In the ensuing discussions, a number of delegates took the floor and welcomed the AU Commission's initiative in developing the Plan of Action. They also confirmed that violence remains a formidable public health and development challenge. The delegates underlined that poverty, illiteracy, social and economic inequality between men, women and children, alcoholism, and a host of other factors contribute to violent behaviours. They further agreed that women and children, particularly those living under conflict situations, constitute the majority of the victims of violence although it is evident that there are many cases of violence against men too. The delegates further recognized the vicious cycle in which violence leads to negative health and ill-health, such as mental illness, often results in violent behaviour; hence the need to address both.

75. Finally, the delegates recommended the following measures to prevent violence and promote health for sustainable development to be undertaken by Member States and Partners :

- Address the root causes of violence including poverty, illiteracy and gender inequality;
- Identify lead agencies and ensure inter-sectoral cooperation among line Ministries, civil society organizations/NGOs and other stakeholders;
- Encourage community participation in the prevention of violence, as well as care and support to the victims;
- Develop specific interventions with timeframes for implementation and monitoring of progress;
- Give special attention to children since violence against children is a worldwide phenomenon; link up the plan on violence against children and the present plan;
- Educate women, children and the population about their rights; all Member States need to legislate against all forms of violence because no one has the right to inflict violence on another person;
- Establish a National Counseling Unit (for the treatment of both the victim and the offender); for the latter, Counseling could be part of the corrective measures;
- The notion of violence should be seen in a broader context and should not be limited to the concerns of women and children only and should not also be attributed to poverty alone;

- Each member of society has a duty and responsibility to prevent violence, educate the children and the youth to respect one another, remove stigma and discrimination against victims and survivors of violence, to educate peace, to improve health program and care related to violence and to ensure emergency medical services; discourage children from watching video and TV programs that have violent scenes;
- Develop an Early Warning and Emergency Preparedness plan to prevent violence before it takes place and address it as soon as it occurs;
- Address the issue of harmful traditional practices, including female genital mutilation and early marriage which often gives rise to Obstetric Fistulae, such as vesico-vaginal fistula;
- Address the issue of rape and related gender-based violence against women and children under conflict circumstances; victims of rape would require special medical services all of which should be provided under one roof;
- Recognize and address the inter-linkage between economic dependency and violence.

76. With the above recommendations, the Conference adopted the Draft Plan of Action.

Item 10: Consideration of the Draft Implementation Plan for the Outcomes of the May 2006 Abuja Special Summit on HIV/AIDS, TB and Malaria – Doc. CAMH/MIN/9 (III)

77. The Representative of the African Union Commission briefly presented the broad outlines of the document. She recalled the conclusions of the Special Summit on HIV/AIDS, Tuberculosis and Malaria and explained that the implementation plan provided an operational framework that spelt out the role of each stakeholder in giving concrete expression to the commitments made.

78. She then highlighted the various obstacles to universal access to HIV/AIDS, tuberculosis and malaria services, citing among other things, the increase in, and triple burden of, the diseases, the difficulties in ensuring predictable and sustainable financing, as well as weak planning, evaluation and monitoring systems at national level. She also stated that the decision to prepare the implementation framework was taken at the Abuja Summit in 2006 by Heads of State and Government who collectively committed themselves and identified the programme areas to be addressed.

79. The African Union Representative explained that the document focused on identification of activities to be implemented by each stakeholder, benchmarks and monitoring and evaluation timelines.

80. She then went on to make a detailed presentation of the roles and activities as assigned in the document to the Commission and other organs of the African Union, Member States, and programmes devolving on the RECs and the International Community. She also referred to the emphasis made in the document regarding issues of resource mobilization, evaluation and monitoring.

81. She concluded by explaining that the plan was relatively long because it focused on the implementation of four documents dealing with three diseases.

82. In the ensuing discussion, the delegates commended the AU Commission for the document while underscoring the need to make the necessary corrections and improvement on the language. Several countries shared their experiences in the development and implementation of policies relating to HIV/AIDS, Tuberculosis and Malaria control activities, particularly the conclusions of the Abuja Special Summit. The discussion also focused on the following issues:

- The role of Development Partners and the need for national and continental ownership of the plan, as well as more in-depth multi-sectoral consultations at national, regional and continental levels, prior to the formal adoption of the document;
- That HIV/AIDS, Tuberculosis and Malaria are common causes of disease burden which should be taken on board in the African Health Strategy; The central and primordial nature of prevention was underscored, as well as the need to include Tuberculosis in the HIV/AIDS control strategies;
- Financing of the plan and use of flexible sources such as GAVI, taxation and creation of Specific National Funds;
- The need to place emphasis on vaccine and access to antiretroviral medicine, particularly for children, as well as meeting the legal protection needs of persons affected and those not yet affected by HIV/AIDS;
- The need for the AU to prepare clear indicators for monitoring and evaluating activities as contained in the plan and for the AU and the WHO to mount a research advocacy campaign in order to discover effective medicines to combat resistant micro-organisms;;
- As regards to malaria control, Members States were urged to use DDT, the WHO to advocate for the simplification of processes; a

proposal was made to remove DDT from the Stockholm Convention so that it can be used by public health authorities. The difficulties encountered at national level in the implementation of intermittent treatment among pregnant women due to resistance to the medicines were noted;

- The need for all Member States and other stakeholders to support the capacity building efforts;
- The need to coordinate and harmonize the implementation of strategies in accordance with the “Three-Ones” Principles. In this regard, the AU was commended for organizing an inter-agency meeting between AU, RECs, CSOs and international partners;
- How to address the difficulties of equitable access by all to anti-malaria medicines and commodities through predictable international subventions as proposed by the partnership to “Roll Back Malaria”. This will lead to the promotion of access to free or highly subsidized treatment and commodities.

83. Following the various interventions, the AU Commissioner for Social Affairs took the floor to provide further clarifications to the concerns raised by delegates. She explained that the title of the document needed review since the implementation of the continental commitments was the primary responsibility of Member States. Therefore, the document presented was only a mere monitoring and evaluation framework designed to give an account of the implementation of the commitments in 2008 and 2010. Concluding, the Commissioner said that the document was aimed at harmonizing the various implementation frameworks and enabling Member States to have easy access to the data required for the preparation of the report.

84. The document was subsequently adopted as amended.

Item 11: Consideration of the Draft African Health Strategy – Doc. CAMH/MIN/5 (III)

85. The AU Commission for Social Affairs recalled that the Draft Africa Health Strategy had already been introduced to the Ministers at the beginning of the Conference. What was required was that the Ministers make specific proposals and general comments and observations on the various sections of the Strategy.

86. The Ministers then considered the Draft Africa Health Strategy section by section and made a number of proposals to improve the document. These proposals were incorporated into the document. The Ministers finally adopted the Africa Health Strategy as the main outcome of the 3rd Session of the AU Conference of Ministers of Health.

- VI. ANY OTHER BUSINESS

- VII. DATE AND VENUE AND THEME OF THE FOURTH ORDINARY SESSION OF THE AU CONFERENCE OF MINISTERS OF HEALTH

- VIII. ADOPTION OF THE REPORT AND RECOMMENDATIONS OF THE 3RD SESSION OF THE AU CONFERENCE OF MINISTERS OF HEALTH

- IX. CLOSING SESSION