
By

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“The African Union envisions a high standard of well-being and empowerment for all African people fostered by the promotion of human rights and dignity, a significant increase in equitable access to relevant, affordable, and cost effective basic social services with the protection of individual freedoms guaranteed by strengthened and accountable institutions”
The AHS was adopted at the 3rd Session of the Conference of African Union Ministers of Health (CAMH) in Johannesburg, South Africa (9–13 APRIL 2007) under the theme “Strengthening of Health Systems for Equity and Development in Africa”
Strategic direction

- **Governance**: Policies and legislation; Organisation and Performance.
- **Resources**: Financing, Resource Allocation and Purchasing of Health Services; Social Protection; Human Resources; Commodity Security and Supply Systems,
- **Health Systems Operations**;
- **African Traditional Medicine**;
- **Participation**: Community Involvement and Empowerment; Strengthening Partnerships
- **Health Information and Research**: Surveillance, emergency preparedness and response
Resources – continued promotion of the Abuja declaration of allocation of 15% to the Health Sector; by 2010 only 6 Member states had attained.


- Pharmaceutical Manufacturing Plan for Africa (PMPA) – developing a business plan and creating synergies;

- Alignment of the indicators of the MPoA and Abuja call to those of MDG 4, 5 and 6.
The African Union Commission convenes Biennial meetings of the “Conference of the African Union Ministers of Health (CAMH)”.

Recommendations from the CAMH are presented to the AU summit of Heads of State and Government which convenes twice a year.

Governments of Member states are expected to implement the key decisions and recommendations of the CAMH as endorsed by the AU summit.
The commitment of Member states to the implementation of the recommendations is sub-optimal for several reasons;

1. The process of determining the agenda of the CAMH is limited and not adequately participatory.

2. The process leading up to the conduct of CAMH excludes a robust dialogue with diverse stakeholders both at regional and national level.

3. The process of decision making during CAMH can be more exhaustive.
4. There are multiple meetings involving the Ministers of Health on the continent.

5. Development partners have a poorly synergized and coordinated agenda, consequently contributing to the divergent focus of the Health sector leadership.

6. Weak intersectoral linkages and dialogue especially with respect to health financing and the social determinants of health.
Way forward

- Integrating the meetings of Ministers of Health in Africa especially with respect to the continental priorities (leaving room for regional specificities).

- Institutionalization of the process of determination of agenda relying on a strong evidence base.

- Institutionalization of a process of national and regional dialogue before the conduct of CAMH, supported with regional and national feedback.
Way forward (contd)

- Development partners to support continental/regional/national priorities (this would require a thorough understanding of the development assistance architecture of Africa).

- National health systems strengthened to institutionalize accountability mechanisms which integrates other sectors
Indigenous logic

- African proverb:
  - When **you** want to go **fast**, **you** go **alone**; but when **we** want to go **far**, **we** go **together**!
In most of Africa, the goal of enhanced health status as well as strengthened and accountable health sector is still far off, we need **all hands** on “the jaw”!