

**UNITED NATIONS  
ECONOMIC COMMISSION  
FOR AFRICA**



**NATIONS UNIES  
COMMISSION ECONOMIQUE  
POUR L'AFRIQUE**

**Distr. LIMITED**

**Original: ENGLISH**

**African Centre for Gender and Social Development (ACGS)**

---

**Training workshop for parliamentarians on Accelerating Progress  
towards the targets of the MDGs through mainstreaming health equity  
into the development agenda**

15 to 17 September, 2009  
Nairobi, Kenya

**AIDE MEMOIRE**

## **I BACKGROUND**

All African countries are signatory to the World Health Organization (WHO) Alma-Ata Declaration of 1978 wherein they committed themselves to achieve health-for-all by the year 2000. Towards the end of the twentieth century, it was recognized that achieving health-for-all was still a major challenge so renewed global commitments were made in the “World Health Declaration” of the World Health Assembly in 1998 wherein member States affirmed the need to give effect to the “Health-for-All policy for the twenty first century” through the implementation of relevant regional and national policies aimed at reducing social and economic inequities in improving the health of the whole population. At the regional level, African Governments have repeatedly highlighted the importance of bridging health inequities by improving access to health for all. The most recent affirmation of their commitment was made at the 3rd Ordinary Session of the Ministers of Health of the African Union that was held 9 -13 April 2007 in Johannesburg, South Africa, that particularly focused on the theme “Strengthening of Health Systems for Equity and Development”. In the declaration issued at the end of the meeting, the Ministers renewed their commitment to strengthen health systems for equitable health outcomes and specifically to develop social protection systems, particularly for the poor and vulnerable groups in society, aimed at promoting greater access to health care services and protecting families from debt traps due to health emergencies.

Despite these commitments, many African governments are still grappling with the challenge of devising health policies and health care systems that can ensure equity of access to adequate health care. Empirical evidence from a study undertaken by ECA “*Mainstreaming health equity in the development agenda*”, reveals striking evidence of inequities in accessing and utilizing health care resulting from income differences and rural urban location. The study used bivariate analysis on data from the Demographic and Health Surveys of ten African countries (Ethiopia, Kenya, Ghana, Senegal, Zambia, Malawi, Egypt, Morocco, Chad and Cameroon). The analysis revealed that in all the study countries women from the poorest quintiles are less likely than those in better off quintiles to use basic health services such as prenatal care, modern contraceptives, delivery assistance by a health professional, and immunization. Similarly the rural population group is disadvantaged in accessing health care services than urban population. Inequities are most extreme for delivery assistance. The existence of this striking evidence on health equities heightens the need for countries to take action to reduce these inequities and their root causes. This requires not only effective formulation of policies and strategies that can act on these inequities but allocation of adequate resources on a sustainable basis to help support implementation of the policies and strategies.

## **II OBJECTIVES OF THE TRAINING**

The objective of this training programme is to provide participants with the tools and knowledge on how to effectively mainstream health equity into development plans, and national budgets in order to accelerate the achievement of the MDG targets. Participants

will also be able to share experiences on best practices, challenges and lessons learned in addressing health inequities.

### **III TENTATIVE TRAINING OUTLINE**

- i. Meaning of health equity and its importance in achieving the targets of the MDGs
- ii. Health inequities in Africa: the status and causes.
- iii. Tools of identifying and monitoring health inequities.
- iv. Effective strategies and mechanisms to reduce health inequities.
- v. Mainstreaming of health equity into the PRSP or national development plans.
- vi. Mainstreaming health equity into resource allocation.

### **IV TRAINING METHODOLOGY**

The training methodology will be designed to encourage the highest level of interaction between participants and the resource persons on one hand and among participants themselves. The training sessions will involve plenary presentations, practical simulations of different policy scenarios, case study and group activities.

### **V PARTICIPANTS**

Parliamentarians involved in the committees of health from all African countries.

### **VI COLLABORATION**

The African Centre for Gender and Social Development (ACGS) of ECA will closely collaborate with the following partners in delivering the training: The AUC, WHO, the African Parliamentary Forum, other parliamentary organisations at sub-regional level such as the SADC Parliamentary forum and other partners. Generous funding from the Swedish International Development Cooperation Agency (SIDA) made this training workshop possible.

### **VII EXPECTED ACCOMPLISHMENTS**

At the end of this training workshop, participants are expected to have: learned the importance of health equity in accelerating the achievement of the targets of the MDGs; acquired tools for identifying and monitoring health inequities; to be knowledgeable of the strategies and mechanisms to reduce health inequities; and have acquired an appreciation of how to mainstream health equity into the overall development agenda and resource allocation.

### **VIII DATES AND VENUE**

Training workshop for parliamentarians on Accelerating Progress towards the targets of the MDGs through mainstreaming health equity into the development agenda is

scheduled to take place at the Laico Regency Hotel, Nairobi, Kenya from 15 to 17 September 2009.

## **IX. WORKING LANGUAGE**

The languages for the training workshop will be English.

## **VII. CONTACTS**

All communication on the meeting should be addressed to:

Mr. Kasirim Nwuke  
Chief  
MDGs/Poverty Analysis & Monitoring Section  
African Center for Gender and Social Development  
United Nations Economic Commission for Africa  
P. O. Box. 3001  
Addis Ababa, Ethiopia  
Tel: (251-11) 544-3375  
Fax: (251-11) 551-2785  
Email: [knwuke@uneca.org](mailto:knwuke@uneca.org)

Ms. Tsega H. Belai  
Consultant  
MDGs/Poverty Analysis & Monitoring Section  
African Center for Gender and Social Development  
United Nations Economic Commission for Africa  
Addis Ababa, Ethiopia  
Tel: (251-11) 554-3338  
Fax: (251-11) 551-2785  
Email: [tbelai@uneca.org](mailto:tbelai@uneca.org)

Mrs. Atkilt Getahun  
MDGs/Poverty Analysis & Monitoring Section  
African Center for Gender and Social Development  
United Nations Economic Commission for Africa  
Addis Ababa, Ethiopia  
Tel: (251-11) 554-5408  
Fax: (251-11) 551-2785  
Email: [agetahun@uneca.org](mailto:agetahun@uneca.org)