

Overview: Scoring African Leadership for Better Health

At the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria in 2001, African leaders requested the Organisation of African Unity (OAU) Secretariat, in collaboration with UN agencies, to monitor progress toward implementation of the Declarations made there. Four organizations have undertaken this task: the African Union (and formerly, the OAU), the Economic Commission for Africa (ECA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO). *Scoring African Leadership for Better Health* is the result of this collaborative assessment of the Abuja commitments and beyond. It evaluates progress on Declarations for the period 2001-2003, emphasizes best country practices, and highlights lessons learnt.

Reversal of health gains in 1990s

Africa faces a crisis that threatens to undermine and, indeed in some countries, is already reversing the development gains of the post-independence years. Between 1960 and 1990 life expectancy at birth in Sub-Saharan Africa rose from 40 to 50 years. The mortality rate also fell considerably for both adults and children. But since 1990, life expectancy has fallen and mortality risen.

The emergence of HIV/AIDS and the resurgence of old diseases—malaria and tuberculosis (TB)—in more virulent forms and in epidemic proportions is the main reason for this setback in health status. The statistics paint an alarming picture. In Africa, about 30 million people live with HIV—over 70% of the world's total. Of global HIV/AIDS deaths, at least 75% occur in Africa. In fact, HIV/AIDS has become the leading cause of death on the continent. Sub-Saharan Africa also has the highest incidence of TB in the world. New TB infections grew by 20% annually between 1997 and 1999. And deaths in Africa from malaria, the continent's third biggest killer, account for a striking 90% of the world total.

The epidemics are no longer viewed as only health problems but as part of a broader development crisis. The social and economic consequences of these three diseases are staggering. They undermine countries' productive capacities, perpetuate poverty, exacerbate social problems, overwhelm health services, and threaten national security. The impact is also felt at the macroeconomic level. It is estimated that HIV/AIDS reduces GDP growth in Africa by 0.5% to 2.6% a year on average. In countries with a high burden of TB, the economic loss is estimated at between 4-7% of GDP annually. And Africa's GDP would be as much as \$100 billion greater had malaria been eliminated 30 years ago.

Renewal of Africa's leadership commitment

The African Development Forum (ADF) 2000 on "AIDS: The Greatest Leadership Challenge," was crucial in placing leadership at the core of responses aimed at managing, mitigating, and reversing the epidemic. The adoption of the Addis Ababa Consensus and Plan of Action stressed the critical role of African leaders in the fight against HIV/AIDS, and facilitated preparation for the 2001 Abuja Summit.

African Heads of State and Government have declared their commitment to fight the three diseases in the Abuja Declaration on Roll Back Malaria (RBM) in Africa and the Plan of Action (2000), the Amsterdam Declaration to Stop TB (2000), the Abuja Declaration and the Framework for Action on HIV/AIDS, TB and Other Related Infectious Diseases (ORID) (2001), and previously in 1992 with the Dakar Declaration on the AIDS Epidemic in Africa, in 1994 with the Tunis Declaration on HIV/AIDS and the Child in Africa, and in 1996 in Addis Ababa with the Declaration and the African Plan of Action Concerning the Situation of Women in Africa in the Context of Family Health. Further, the UN General Assembly Special Session (UNGASS) on HIV/AIDS in New York in 2001 set in place a framework for national and international response to the epidemic. And all Declarations have been increasingly moving towards measurable and time-bound targets at the national level.

Tracking national responses

Our assessment shows that implementation of the Amsterdam Declaration 2000 and Abuja Declarations 2000 and 2001 falls far short of the commitments made. Progress made in some areas and countries represent, for the most part, "pockets of excellence." Limited funding and inefficient use of resources hamper national responses. Some of the main findings of the report are summarized below.

Good progress has been made in setting up frameworks and institutions to address HIV/AIDS but much less on monitoring and evaluation and legislation.

Countries have made good progress in setting up National AIDS Councils (NACs). By 2002, 35 out of 44 countries that participated in the Abuja Summit had set up comprehensive National Strategic Frameworks (NSFs) and country coordination mechanisms. However, the effectiveness of the NACs is hampered by exclusion from budgetary processes, lack of legislative support, unclear divisions of responsibilities with Ministries of Health, and duplication of efforts with other HIV/AIDS control initiatives. Moreover, at the time of the assessment, only 4 out of the 44 countries had implemented comprehensive monitoring and evaluation (M&E) frameworks that are essential to tracking progress. And little has been done on legislation against social discrimination and stigmatization.

Very recently, UNAIDS introduced guiding principles for national authorities and their partners in their coordination of national responses to HIV/AIDS, which reinforce the 2001 Abuja Declaration. They are the “Three Ones”: one agreed Action Framework that provides the basis for coordination (such as the NSFs), one National Coordinating Authority with a broad-based mandate (like the NACs) and one agreed country-level M&E system.

Expanded HIV/AIDS prevention, treatment and care measures are needed.

HIV/AIDS prevention, care and support are effective when addressed simultaneously. This is especially the case for voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT). Although VCT services have been expanded, weak health systems and a lack of trained health personnel constrain further growth. Best practices such as the use of community-based “lay” counselors may help to overcome obstacles. Further, youth-friendly health services should be part of a multi-faceted approach. Governments must also increase the provision of PMTCT, an intervention which has proven cost-effective in Africa. There is also an urgent need to scale up access to antiretroviral therapy (ART) medications and treatment. African governments should facilitate the production and marketing of generic drugs on the continent. In this context, regional collaboration and the production centers of excellence are necessary. Moreover, tax exemptions and other incentives to reduce drug prices still need to be implemented.

More needs to be done to improve treatment and to build partnerships to combat TB.

Over 75 percent of the countries evaluated in this report have implemented strategic plans for the expansion of the Directly Observed Treatment Short-course (DOTS) and have centralized national TB control programmes. The adoption of the DOTS strategy in national health policies has led to a treatment success rate of over 70 percent in Africa. But progress has been slow in improving drug procurement to ensure uninterrupted supply, and in building partnerships with the private sector.

Basic institutional structures are in place for combating malaria.

Various interventions to control malaria have been implemented, including preventive measures such as environmental management, the use of insecticide-treated bed nets, and indoor and outdoor spraying, along with effective anti-malaria treatment. In the last three years, most countries have prepared strategic plans for the implementation of the Roll Back Malaria programme. But there has been only limited progress in building partnerships with the private sector, in strengthening community-based care, and in improving drugs procurement procedures to ensure uninterrupted supply. In addition, despite their effectiveness, the use of insecticide-treated nets has remained low for reasons of cost, further exacerbated by the taxes and tariffs still in place, and because of practical problems with their use.

Stronger commitment is needed from national governments to enhance partnerships.

The Declarations are clear on the need for partnerships at the country, sub-regional, continental, and international levels. Those countries that have developed clear strategies for civil society participation, particularly in advocacy and in the delivery of interventions, have made significant progress. The private sector is becoming more involved in the fight against these diseases. Further, the success of regional initiatives depends on close collaboration between countries, existence of working regional funding mechanisms, establishing formal intergovernmental agreements, and mechanisms for ensuring dialogue among bilateral, regional, and sub-regional organizations. But many regional interventions are currently threatened by wars and civil unrest that impede cross-border cooperation. Finally, major achievements at the global level have been the major coalitions to tackle the three diseases.

National poverty reduction strategies should be the main vehicle for mainstreaming health into the development agenda.

Recognizing that HIV/AIDS, TB and malaria underlie a broader crisis, the Declarations are emphatic on the need to mainstream health into the development agenda. This emphasis is reaffirmed in the New Partnership for Africa's Development (NEPAD), the overarching development strategy for the continent. Some progress has been made in incorporating health issues into Poverty Reduction Strategy Papers (PRSPs). Although analysis of general health issues is fairly robust, by 2003, only 10 out of the 29 African PRSPs reviewed had highlighted HIV/AIDS in their poverty analysis. Countries that have adopted comprehensive, multi-sectoral health strategies, supported by strong leadership, are making advancements. To address the issues of mainstreaming an AU Extraordinary Summit on Poverty Alleviation is planned to be held in September 2004.

Resource constraints are binding, but external support heightens potential.

The 2001 Abuja Declaration calls on governments to increase allocations to the health sector to at least 15% of national budgets. Although many countries have increased health spending, only three countries had met the target by 2000. Unfortunately, many African countries face difficult trade-offs when increased health spending threatens macroeconomic stability.

The Declarations also urge development partners to meet their promise of allocating 0.7% of the GNP to development assistance. Although none have met the target yet, aid flows to sectors such as health have increased in recent years. Several promising initiatives have been launched recently. Noteworthy are the "3 by 5" Initiative set up by the World Health Organization (WHO) and UNAIDS to provide ART to 3 million people living with HIV/AIDS by 2005; the Global Fund to Fight AIDS, Tuberculosis and Malaria created in 2002 to quickly raise funds to fight the epidemics; the World Bank's Multi-Country

HIV/AIDS Programme (MAP) for Africa to finance multi-sectoral initiatives based on national strategic plans; and the US-funded President Bush's Emergency Plan for AIDS Relief (PEPFAR) to help heavily-affected countries in Africa and the Caribbean. These welcome multi-donor funds do create a problem of coordination among donors themselves and between donors and African countries. A coordinating mechanism to harmonize donor funds with national strategies to combat the epidemics is crucial.

Another landmark effort at combating HIV/AIDS was launched by the UN Secretary-General Kofi Annan in February 2003. The Commission on HIV/AIDS and Governance in Africa (CHGA) was established under the Chairmanship of the Executive Secretary of the ECA. The Commission, in partnership with other organizations, will carry out work in three interrelated areas: assessment of the implications of human capacity losses for the maintenance of state structures and economic development; analysis of the technical, fiscal and structural viability of ART scale-up in Africa; and synthesis of best practices.

Inefficiencies in resource utilization hamper service delivery.

Inadequacies within health systems have led to poor utilization of resources. Country experiences show that increased resources do not always enhance the performance of health systems, suggesting that more can be done to improve efficiency. Many health systems lack effective coordination. Reforms are often introduced without adequate consultation. This leads to lack of ownership and commitment by stakeholders, hampering implementation.

Investing in research and development (R&D) should be a greater priority.

The Declarations stress the need to support basic and operational research for developing new diagnostics, drugs and vaccines, as well as for improving existing ones. However, there is a clear bias in research towards the diseases of the rich and away from those of the poor. For example, only 1.2% of HIV/AIDS research is focused on the development of vaccines suitable for use in Sub-Saharan Africa, malaria research received only 0.17% of the \$60 billion spent globally on biomedical research, and although investment in TB R&D rose from \$33 million in 1993 to \$125 million by 2000, this is still considered insufficient. The report finds that it is necessary for African countries to work to promote research partnerships, focus on applied research, and strengthen regulatory policies and international legislation.

The way forward

Despite a huge amount of progress, implementation of the leaders' Declarations has not been sufficient due to the enormous challenges presented by HIV/AIDS, TB and malaria. Many countries have managed to overcome constraints and devised effective programmes to counter the diseases. This has been achieved by doing business differently—scaling up interventions, reinforcing existing health systems, shifting government strategies,

strengthening partnerships, mainstreaming health into policymaking, mobilizing financial resources, and increasing access to biomedical R&D. Based on best practice examples, chapter 5 comes up with a list of workable recommendations to implement leadership commitments. They show that despite formidable challenges, African countries can make tremendous improvements in their responses to the HIV/AIDS, TB, and malaria epidemics.