

For the avoidance of duplication

An African health policy framework exists, but external agencies keep walking around it. Francis Omaswa provides a forthright assessment of the way forward



During the last few months my attention has once again been sharply drawn to the perennial topic of the need for stronger coordination in order to build synergies and promote cohesion and so avoid dispersing our effort and resources. Even if we act separately we can at least move in tandem, collectively gaining momentum and accelerating towards the attainment of our shared goals. The motto of Kenya is 'Harambee', which might translate as lifting heavy loads in unison. We have discussed the need for country ownership and leadership before; let's look at how we could achieve a continental 'Harambee' for health in Africa. The situation is improving and coordinated action is critical now more than ever.

To illustrate, this month alone, I have encountered two separate initiatives both examining the need and modalities for establishing African Health Networks. Both are sponsored by international partners who were not aware of each other's effort. I have also received invitations to participate in three meetings on neonatal, child, and maternal health convened by three separate promoters and all taking place here in Africa in the space of 3 months. Yet, although Africa is very well organised on this topic at the continental level, yet again, one promoter does not appear to be aware of this. There must be many other such uncoordinated initiatives that I know nothing about taking place. Here is the problem:

Africa has well-established coordination structures in the health sector. We have the African Union Commission (AUC) whose mandate is 'to be the interface between Africa and the rest of the world'. The AUC has a department and a team led by a Commissioner for Social Affairs with health specialists; there are four sub-regional health communities with secretariats in Central, East, Southern, and West Africa, three of which are quite active. There are also two WHO regional offices in Brazzaville and Egypt. The UN family and partners in Africa also have a coordination structure known as Harmonization for Health in Africa (HHA) with a secretariat at WHO Afro. There are specialised African health institutions that act as centres of excellence in various fields and are in official relations with the bodies mentioned above and routinely play the role of expert resources. These agencies have access to African governments including Ministers and Heads of State and governments. I have seen these institutions work very well over a long

period of time. Why are these authentic structures not being used as entry points by our international partners?

I have consulted a number of African leaders from some of the mandated African institutions. They are all familiar with the problem and are not surprised; to quote some: 'we have all the policy instruments and we have repeatedly told these people that they are not listening to us;' 'it is the power of money that makes them to ignore us;' 'Africa has become everybody's playground;' etc.

Let us illustrate the point more with the effort on achieving MDG 4 & 5 over which multiple meetings are taking place. Africa has already moved on its own, way ahead of the UN system. There is an Africa Health Strategy 2007, The Maputo Plan of Action 2008, CARMMA (The Campaign for Accelerated Reduction of Maternal Mortality in Africa) for advocacy, adopted by Ministers of Health 2009, and the Kampala Heads of State and Government Declaration 2010. These instruments were developed through African leadership and the participation of the agencies listed above. Most countries in Africa have launched CARMMA and have national costed road maps for achieving MDG 4 and 5. What is needed now is supporting individual countries to implement their respective road maps. Africa was ahead of the UN summit and this was pointed out at the UN-GASS (UN General Assembly Special Session) last year. Africa has policy instruments in virtually all the priority health areas and these can be found on the website of the AUC and the various partner institutions. How can we generate the cohesion and the synergies that we are looking for?

First, AUC needs to mobilise these African institutions so that all are cognizant of existing instruments and establish monitoring mechanisms on the status of their implementation. The key players are known and have been mapped. They should be facilitated to play their roles effectively with the support of partners. Second, the international partners should familiarise themselves with African institutions and call on the AUC as the first point of contact when contemplating interventions in Africa; some are not aware of its existence! The AUC should be able to guide partners on status of all key issues and refer as needed to respective African centres of excellence. African institutions when approached by international partners' should refer them to the AUC and the designated issue leaders in the continent. Most important of all is that international and African partners' should immediately start to use and not bypass the existing structures. Will this happen any time soon? Are there other ways? I look forward to your frank comments.

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