

Restructuring the African Union Commission is an opportunity for African and global health

Francis Omaswa urges open and clear dialogue as plans are finalised as to who should lead Africa's health policy dialogue



The African Union (AU) Heads of State and Government in their meeting in July 2016 in Kigali, Rwanda ordered that the African Union Commission (AUC) secretariat be restructured so that it can execute its roles better as an efficient organisation. Such restructuring will have implications for the way in which the AUC operates in many areas, including its work on health. President Paul Kagame of Rwanda, the current Chairperson of the AU was charged with the responsibility of overseeing this restructuring of the AUC. President Kagame has appointed a team to make proposals that will be submitted to the next AU Summit in January 2017 in Addis Ababa, Ethiopia.

This work is important because right now there are discussions on how the AUC will work with other partners in health, especially the Regional Office for Africa of the World Health Organization (WHO) and the Regional Economic Communities, such as the West African Health Organisation (WAHO) and East Central and Southern African Health Community (ECSA-HC). Other players include multilateral and bilateral agencies, philanthropy and the civil society organisations sometimes called non-state actors that include the private sector.

Health is already an important agenda for the AU and this has been reinforced by the adoption of the Sustainable Development Goals (SDGs) by African countries at the United Nations (UN) General Assembly. AU Summits have previously adopted a long list of resolutions and declarations on health that need implementation and follow-up action by the AUC. Examples include the revised Africa Health Strategy adopted in July 2016, the Maputo Plan of Action and the Campaign for Accelerated Reduction of Maternal Mortality in Africa, the Pharmaceutical Manufacturing Plan for Africa (PMPA), African Regional Nutrition Strategy 2015–2025 (ARNS), the various AU Abuja commitments aimed at combatting AIDS, tuberculosis, malaria, and other infectious diseases in Africa, to name just a few.

Of special interest is the fact that during the Ebola outbreak in West Africa two years ago, the AUC demonstrated its capacity to coordinate an African response

called African Union support for the Ebola Outbreak in West Africa code named ASEOWA. Teams of Ebola control teams were sent to the affected countries fully managed by the AUC. Lastly, the African Centres for Disease Control (CDC) had been established under the auspices of the AUC.

It is evident that the AUC has a critical role to play in achieving health goals in Africa, as well as contributing to global health security. Despite the improvements that have been recorded during the Millennium Development Goal era, African health indices are still the worst compared to other parts of the world, and this is a matter for great concern.

It is against this background that the ongoing restructuring of the AUC is a matter of great significance. What should the role of the AUC be in the health sector? At present, there is a very small team of health experts under the Commissioner for Social Services at the AUC. The AUC convenes Heads of State and Governments annually and Health Ministers every two years, while the WHO African Regional Office has annual Health Ministers meetings, and they also meet at the annual World Health Assembly. The Regional Economic Communities, WAHO and ECSA convene Annual Health Ministers Conferences and undertake additional work, including hosting technical agencies such as professional health colleges that undertake training and implementing programmes around the resolutions made by the Heads of State Summits and Health Ministers. The WHO in the African Region has been seen as the 'technical' partner to the AUC along with other UN family members, the UN Children's Fund and the UN Population Fund. There are also the UN Economic Commission for Africa and the African Development Bank. At one time all of these were coordinated under Harmonisation for Health in Africa (HHA), with a secretariat at the WHO Regional Office. However, HHA did not work because some individuals among the constituent members did not accept to be coordinated.

I want to call upon all of us to get involved in this discussion individually and through our governments and institutions. I also call upon President Paul Kagame and his team to provide opportunities for the voices of interested parties to be heard, so that the outcome will reflect the spirit of the 'Africa we want' — the theme for the African Vision 2063.

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