

# The Africa we want to see

## Second WHO Africa Health Forum, Praia, Cape Verde

The Second World Health Organization Africa Health Forum (WAHF) was convened by the Government of Cape Verde and the World Health Organization Regional Office for Africa in Praia, Republic of Cape Verde, 26–28 March 2019. It was a follow-up to the First WAHF organised in June 2017 in Kigali, Rwanda. The Forum was attended by high-ranking government officials from ministries of health, other sector ministries, parliamentarians, civil society organisations and youth representatives, the media, agencies of the United Nations system and other stakeholders.

The theme for the Forum was 'Achieving universal health coverage and health security: the Africa we want to see.' The theme underscored the central role of good health, health security and Universal Health Coverage (UHC) for the continent's sustainable development. The Forum also highlighted the need for strategic partnerships, effective engagement and coordinated actions for the ever-changing health needs of African populations.

The following are the main recommendations of the Forum.

### On taking UHC to the next level:

Member States should:

- ◆ Scale-up implementation of the UHC strategy as the way to guarantee the right to health for all without financial constraints, and to the achievement of the Sustainable Development Goals;
- ◆ Accelerate the strengthening of national health systems, focusing on the primary health care strategy, ensuring active community participation as the pathway to achieving UHC, as reiterated in the Declaration of Astana on Primary Health Care.

Governments and Partners should:

- ◆ Monitor the range of essential health services available to each age group and ensure that citizens access to the services they need without payment at the point of use;
- ◆ Support the expansion of health promotion, disease prevention, cura-

tive, rehabilitative and palliative interventions, particularly for the populations currently left behind;

- ◆ Support generation and use of the data and statistics needed to monitor progress towards UHC and make adjustments when necessary.

### On effective collaboration:

Member States should:

- ◆ Promote inter-country stakeholders' dialogue and public-private partnerships including with intergovernmental organisations, development banks and regional economic communities, non-governmental organisations, local authorities, research institutions and academia;
- ◆ Invest in gathering and using the strategic information needed for advocacy, planning and monitoring of all programmes;
- ◆ Reduce barriers limiting access for young people and other vulnerable groups to health information and services.

Governments and Partners should:

- ◆ Promote 'Health in All Policies' and address determinants of health; empower the health sector.

WHO and the UN system should:

- ◆ Support Member States, development partners, private sector and financial institutions to harmonise and fund policies and interventions to reach the most vulnerable populations;
- ◆ Engage Heads of State and Government in championing coherent multisectoral agenda addressing key determinants of health;
- ◆ Provide evidence-based guidance that supports healthy choices in applying the WHO Framework of Engagement with Non-State Actors.

### On private sector engagement for UHC and health security:

Member States should:

- ◆ Establish an enabling legal and policy environment and instruments that regulate the role of the private sector in UHC and health security.

The Private Sector should:

- ◆ Work with governments to achieve the social contract that is inherent in UHC; leveraging existing resources to provide innovative solutions for UHC and health security.

WHO, the UN system and Partners should:

- ◆ Provide technical support to countries to enable them generate evidence on good practices for public-private engagement for UHC.

### On health security:

Member States, WHO, the UN system and Partners should:

- ◆ Accelerate full implementation of the International Health Regulations (IHR 2005) and strengthen cross-border collaboration;
- ◆ Develop mechanisms for implementation of the National Action Plans for Health Security (NAPHS), including the 'One Health' approach;
- ◆ Conduct research to improve epidemiological knowledge and risk factors to the top five causes of infectious disease outbreaks.

### On innovations for UHC and health security:

Member States, WHO, Partners and Private Sector should:

- ◆ Develop strategies for incorporating innovations, local solutions and new technologies into health sector, and share good practices with exhibitions during conferences;
- ◆ Institutionalise the use of Geographic Information Systems technological innovations to monitor universal health coverage and responding to health emergencies.

The Forum extended sincere gratitude to Cape Verde for hosting the Second Africa Health Forum. It asked the WHO Regional Director for Africa to present the Forum Communiqué to the 69th session of the WHO Regional Committee for Africa.

The next Forum will be held in 2021 at a venue to be determined.

## 2030 Now

### Multi-Sectoral Action to Achieve UHC in Africa: the AHAIC conference, Kigali

With over 1,500 delegates and 60 partners from 47 countries, the 2019 Africa Health Agenda International Conference (AHAIC) was a conference for Africans in Africa. The conference was held in Kigali, Rwanda, organised by African Medical and Research Foundation (Amref), Health Africa and Rwanda's Ministry of Health, 5-7 March 2019.

Professor Philip Cotton, the Vice Chancellor of the University of Rwanda kicked the off conference with a provocative pre-plenary special lecture on morality and health. He literally climbed over chairs in the plenary hall to demonstrate that 'nothing must stand in our way to get to the people we want to reach'.

In the first plenary, experts discussed the next frontiers in primary health care as a key pathway to achieving Universal Health Coverage (UHC). 'It is time to go to scale on primary health care,' said Dr Jean Kagubare from the Bill & Melinda Gates Foundation. Rwanda, where more than 90% of people are insured, has already shown that this is possible.

'Access to health care should not be a lottery of where you are born and how wealthy your family is,' said Global CEO of Amref Health Africa Dr Githinji Gitahi in a compelling opening speech. The highlight of the Opening Ceremony was no doubt the cross-generational discussion led by Marie Claire Wangari, the representative from the Youth Pre-conference, who asked her elders to sit on the stage steps for an informal discussion among equals.

The aim of the conferences was to gain a deeper understanding of the greatest health challenges in Africa focusing on access, quality, financing and accountability. It provided an opportunity for delegates to network with influencers from different sectors and find opportunities to collaborate and be a part of conversations that help influence policymaker and donor priorities to advance UHC in Africa.

Professor Francis Omaswa, the Executive Director of African Centre for Global Health and Social Transforma-

tion (ACHEST) told attendees. 'Most people are born normal with organised bodies, but it is the same people who disorganise their bodies through their life styles and behaviors. If individuals are given knowledge on keeping healthy, the infectious diseases and non-communicable diseases will be reduced. We should therefore keep people healthy until they die of old age.'

The Health Systems Advocacy Partners (HSAP) that comprises ACHEST, Amref Health Africa, Health Action International (HAI) represented by Coalition for Health Promotion and Social Development (HEPS), Wemos and the Dutch Ministry of Foreign Affairs, held a joint storytelling session to inspire change agents through the stories of their contribution in communities realising their

HEPS' contribution in working with Ministry of Health in Uganda to get the Ministry's commitment on finding a solution to the adverse effects of sexual and reproductive health (SRH) commodities among women. Amref Health Africa on the other hand told the story of their contribution in creating spaces for the youth in Kenya to engage with the political leadership through starting a Youth Parliament.

Professor Miriam Were, the Chancellor of Moi University in Kenya, noted that as women are dying during child birth, boys and men are dying too. There is need to empower men as well. The cross-gender empowerment must happen in the communities and households if it

must happen at the national level. Many Bills have not been passed into law because the involvement has not happened at the household and community levels.

The well-attended breakout session was organised so as to mimic a campfire setting, presenting an opportunity for the HSA partners to share stories about successes and challenges in fostering inclusive

dialogues around UHC and SRHR. It concretised the role civil society has in accelerating the health agenda at local, national, regional, and global level and discussed effective ways to go about this.

Perhaps the most rousing plenary was the Closing Ceremony, dedicated to women who are changing the world, from the community level to the halls of global policy making. The audience embraced each and every one of the amazing panelists – Katjalversen, CEO of Women Deliver; Amina Jama Mahmoud, Founder of Women in Global Health Somalia; Professor Miriam Were, Champion for an AIDS-Free Generation; and Cynthia Oning'oi, an advocate against female genital mutilation who received a standing ovation for her moving speech on her fight to end the practice.



right to accessible and quality Sexual and Reproductive Health Rights.

Dr Patrick Kadama, Director Health Policy at ACHEST told the story of ACHEST's contribution in building the capacity of civil society organisations (CSOs) to occupy the policy spaces: 'Improving the capacity of CSOs is immeasurable. The great progress in building capacity of other partners in the African region will have a ripple effect and sustainability if indigenous CSOs are capacitated so that the construct of UHC as a means to an end of managing better health outcomes and social exclusion is realised.'

Amanda Banda of Wemos told the story of Wemos's contribution in working with the Ministry of Health in Malawi to secure a commitment to finding a solution to the inadequacies in Health Financing. Denis Kibira, the Executive Director of HEPS told the story of

## Impact in global health

Improving wellbeing through education and research – CUGH, Chicago

The Consortium of Universities for Global Health (CUGH) 10th Annual Global Health Conference was held from 7-10 March 2019 in Chicago, USA. The theme of the conference was 'Translation & Implementation for Impact in Global Health'. It was attended by 1,700 students, university faculty and others interested in Global Health from 50 nations.

The conference started off with 18 satellite sessions on 7th March 2019 of varying topics. Topics varied from Global Surgery, Global Cancer, Research capacity in low and middle-income countries and many others. Of special interest for participants from Africa was the African Forum for Research and Education in Health (AFREhealth) and CUGH collaborative partnership satellite. It was about the collaboration of the two organisations and formation of working groups to augment health professions education. The satellite was attended by over 40 participants. At the end three working groups on Inter-professional Education, Student exchange and Research were formed. In the afternoon was another interesting satellite on 'Hot topics and current debates in Global Health

Education'. There were presentations and views on legal concerns on Global Health short term experiences, mentoring the mentors and using reflective writing in transformative learning, to mention but a few.

There were over 39 exhibitors and many special group meetings on the side as well as award ceremonies for distinguished achievers. It was an opportunity to collaborate and address challenges ranging from climate change, environmental degradation, non-communicable and infectious diseases, governance, inequality, human rights and more. Patty Garcia, former Minister of Health from Peru gave a passionate key note address on Corruption and Global Health, confronting the world's history on corruption and its impact on health giving live examples from Peru. She also mentioned that it could be the defining moment between life and death and that corruption is an elephant in the room that is not talked about.

An intriguing debate was presented with a statement 'The fields of Global Health should prioritise existential threats, including climate

change and environmental degradation, over more proximate health concerns'. Both are important aspects of the Sustainable Development Goals. Both sides of presenters agreed that the two aspects are important but one needed to look at each with its own dangers and each of them believed that if their side of the motion was not looked at critically, it could survival of humanity was at risk.

Another thought-provoking panel on 'Diversifying the Global Health knowledge pipeline' was presented. Various aspects on how to increase the participation of Women in Science, Technology, Engineering, Mathematics and Medicine (STEMM) were discussed. It was highlighted that the participation of women in STEMM worldwide was low although in some developing countries it is extraordinarily low. In the introduction, it was emphasised that it was imperative that diversity and inclusivity be improved across all aspects of the production of the global health knowledge pipeline – from the recruitment and retention of women and minorities into research careers, to participation in peer review and publishing that reflects the gender and geographic breadth of global health research. Barriers to the recognition, participation, visibility and advancement of women especially LMIC women was noted, including penalties for motherhood, uncondusive graduate research environments, lack of support for leadership bids, and fewer promotions and resources as well as exclusion of women from the 'old boys' club' of science and medicine that nurture the fraternity, networking, and promotion of men. The commitment of the *Lancet* to improve diversity in publishing was affirmed.

There was a plenary on mental health showcasing progress and challenges in Global Mental health. It was noted that when it comes to mental health, *all countries* are developing countries. It was emphasised that though progress had been made there was a need to reduce stigma, give supportive care to the mentally ill and put emphasis on prevention and promotion strategies as well as integrating mental health into Primary Health Care.



Speakers at CUGH conference, March 2019

# I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.



**Take a Triple a Day.  
Every Day.**

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013. (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

