

Coordinating the regional effort at the West African Health Organization

Dr Nicolas Meda explains how WAHO was set up, how it is governed and what it has achieved

WAHO was established by West African Heads of State in 1987 to tackle health problems within the Economic Community of West African States (ECOWAS). It took almost 15 years to operationalise the organisation with the mission to work for the attainment of the highest possible standard and protection of health in West Africa through the harmonisation of the health policies of ECOWAS member states, pooling resources and cooperating with one another and with others for a collective and strategic push against the health problems of the sub-region.

WAHO originates from the Organisation of Cooperation and Coordination for the Fight against Major Endemic Diseases. OCCGE was set up after independence and was led by Africans as a specialised health institution within ECOWAS.

The Heads of State form the decision-making body of WAHO within ECOWAS. This is perhaps the main difference with the ECSA Health Community, because the Governing Body within WAHO is chaired by Heads of State. Technical issues are managed within the assembly of health ministers, but all their recommendations are passed to the Council of Ministers of ECOWAS, mainly composed of foreign ministers and African integration ministers. All major decisions are sent to the Summit of Heads of State and Governments.

The Governing Body of WAHO has the political mandate and direct communication with Member State decision makers and is able to develop partnerships for health-related issues with all the entities in the region, such as WHO/AFRO and other organisations dealing with health in West Africa.

WAHO's Strategic Plan for 2016-2020 was determined after thorough analysis and extensive consultation. The plan includes specific programmes on building institutional capacity, technical assistance to Member States and control of communicable and non-communicable diseases. The priority programmes cover all the essential health challenges in West Africa. The question now is in the scale, the intensity and the duration of intervention to make a difference in West Africa.

WAHO has contributed immensely in harmonising the training of health professionals in the sub-region. Graduates from the training institutions in West Africa can move

Dr Nicolas Meda is an epidemiologist, teacher and researcher at the University of Burkina Faso.



The Director General of WAHO at a press conference with AU media

to any of the member states and practice without any obstruction, provided they have the correct language skills. They have the same training curriculum which facilitates the mobility of health practitioners across countries. This has been one of the objectives of African Integration.

Another achievement of WAHO is the implementation of Africa CDC sub-regional body in West Africa for disease surveillance and control. The member states were most interested in expanding the African Union CDC to West Africa because of the sub-region's concerning epidemics.

On access to care, there is a downward trend of crude mortality in West Africa. It is most visible with the under-5 mortality rate, where the situation has really improved dramatically. Maternal mortality remains a major challenge. In addition, out-of-pocket expenditures for health remain unacceptably high. This is why countries in the sub-region must embrace Universal Health Coverage.

Leadership and leverage

As a former Health Minister, I understand the importance of strong leadership, with a clear vision and will. With will, we have the power to take decision and to commit resources necessary to move forward. We also have to work with the technocrats at the health and finance ministries. We need to work with other cabinet colleagues, civil society organisations and development partners, tapping into their technical capacities and the power they have to leverage financial resources required for pushing the health agenda.



WHO can shape the dialogue on fiscal space for health financing. Here we are all talking about financial arrangements but in various countries, such arrangements are in the common baskets of the Ministry of Finance and all sectors are fighting for a slice of cake. But the common basket arrangement was originally for health, and WAHO has a role to play in directing these funds to the health agenda. WAHO must also influence institutional rapport by strengthening capacities and sharing cross-countries best practices.

In the context of the Sustainable Development Goals (SDGs), WAHO has consulted extensively and worked with member states to support the definition of Universal Health Coverage plan and Health Accounts. It has also worked with Parliaments on health financing and access to family planning and sexual and reproductive health services and rights in the move to accelerate demographic transition. In pushing for change, WAHO convened a consultation to see how best it can encourage member states to accelerate programmes based on SDG targets.

On government expenditures on health in West Africa, major challenges still remain. No country in West Africa approaches the 15% threshold set by the Abuja Declaration. No one seems to care about this target. Even Nigeria, the home of Abuja, is lagging behind with between 4% and 6% of the national budget allocated to health. This is totally unacceptable and it remains a major governance issue, and we need to come up with some ideas and action plan to solve it.

Another challenge in ECOWAS is on the rising burden

of Non-Communicable Diseases (NCDs). NCDs in West Africa are linked to market forces. Here we are talking about tobacco companies sponsoring sports, and alcohol companies sponsoring hospital equipment, etc. Surely, we must find ways of doing things differently from now.

Achievements

WAHO's main achievements today appear in health workforce harmonisation instruments, health security agenda setting and building of quality and resilient health systems. With its unique health political mandate, WAHO has the power to push Member States towards Universal Health Coverage for the attainment of the highest possible standard and protection of health in West Africa. But this is not easy as there is always resistance to reforms, which is compounded by frequent changes in government. Sometimes the health reform agenda is not supported politically. Effective health reforms need at least six years: two years to convince people to adopt because resistance is very high; two years to help implementation; and another two years to see if reform works or not.

If we are going to access health for all, and if we are going to have efficient and quality health, it takes more than just medicines and more than just the Ministry of Health: it must involve several sectors. Only a multi-sectoral approach which can deliver this. And to do that, you must have a governance system that can allow the coordination, integration and the creation of the movement forward. This is what we need to do and at all levels, from the lowest up to the top.