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UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA

REPORT OF A MISSION TO CONGO MEETING OF
THE AFRICAN ADVISORY COMMITTEE ON
HEALTH DEVELOPMENT (AACHD)

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SERPD/SPPRU
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1. Introduction

The mission was undertaken in response to a letter of invitation to the ECA's Executive Secretary from the Regional Director of World Health Organization (WHO/AFRO) in Africa to attend the African Advisory committee on Health Development (AACHO) which took place in Brazzaville (Congo) from 11-15 June 1990.

2. The terms of reference for the meeting were :

- i. Review Health Develop strategies and plans of action in the region, and indicate ways and means of implementing them in the context of the economic and socio-cultural development of the countries of the region.
- ii. Review and identify health development Policies in relation to development issues with particular reference to the major determinants of health : population, social behaviour, environmental and delivery of health services
- iii. Review the WHO programme management process, and particularly the general programme of work, programme budget policy, and evaluation of implementing the regional strategy for HFA in accordance with the timetable adopted by the WHO governing bodies and make recommendations.
- iv. Review any other relevant matters concerning health development in the region and make recommendations.

3. In his opening remarks, Professor Kaptue, who had been elected the chairman of the committee, emphasized the fact that the low managerial capability of our health systems, exacerbated by exaggerated centralization, had been major obstacles to accelerating the achievement of health development in Africa which was started in 1985. Consequently, he welcomed the Regional Director's decision to strengthen the health development teams

jointly supported by WHO and the African countries.

4. On his part, the Regional Director expressed his gratitude for the cordial atmosphere and the pleasant working conditions made possible by Congo. He went on to argue that Africa had been faced with a prolonged period of turbulence which had wrought major changes in all facets of our socio-economic life. He therefore called, in particular, for a reexamination of the managerial framework in which health activities will be carried out and especially the analysis of specific improvements that can be made to management, the development of human resources and health research, all of which are imperative for accelerating the achievement of our health development.

5. In his address, the congolese Minister for health, the honourable Dr. Ossebi, welcomed the participants to Congo and went on to emphasize the primary role of African Advisory Committee for Health Development (AACHD). He therefore called on African Ministers of health to give weight to recommendations of AACHD because of the importance of such recommendations to the health development within the Africa region.

6. After adopting the provisional agenda and the programme of work, and given the above terms of reference, the committee examined the following areas :

- i. managerial framework for strengthening national health systems and health programmes;
- ii. criteria for assessing the managerial capability of national health systems;
- iii. mobilization of all available human resources for health;
- iv. research framework for monitoring the progress made;
- v. health and health financing policies.

7. Summary of the discussion relating to the above areas : the members of the AACHD carefully studied the working document submitted for discussion relating to implementation of the African health development scenario for the period 1990-1994. The members of the committee agreed that the document provided an excellent and systematic approach to the process of health development in the African region in addition to being a useful tool in understanding the severe socio-economic crisis the African region has been going through.

Here, the discussion centred mostly around the health development matrix in the document presented by WHO/AFRO with its emphasis on three main parameters, namely : management, technologies and resources and the relation of these to a country's organizational structure - i.e, local level (community), intermediate level (district) and central level (national). The AACHD argued that the interrelations and interactions between the different domains (management, technologies and resources) and the different levels (peripheral, intermediate and central) should be clearly and explicitly spelt out, on the health development matrix (see annex III), in order to enable those concerned - especially the implementators of the health programmes - understand the scheme better. Regarding the managerial capability of national health systems (ii above), the AACHD argued the need to underscore the importance of planning, organization, staffing, leadership, control (monitoring, follow-up and evaluation) and reprogramming.

8. In relation to mobilization of all available human resources for Health for All, the committee agreed with the proposed approaches of WHO/AFRO, arguing, for example, that 'Local residents who actively participated in the economic and social life of the communities, students during practical training courses, teachers of all levels and specialization areas and national and international experts present in development sectors, represent

resources inadequately tapped for the majority' and that 'Economically active local residents - farmers, traders, craftsmen and others - could have spokesmen, ..., whose opinions should be sought and who ... would benefit from advice on basic principles of economics and the management of the district micro-economy'. This process would result in income generation that would improve the health status and release resources for health. However, the committee argued, among other things, that training and health research should also be considered with a view to identifying the human resources which can be solicited to offer expertise to the Ministry of health. Given the low priority attached to research, the committee recommended that a research coordination and consultation unit be set up in all the Ministries of Health. Such a research coordination unit would in particular be responsible for :

- defining research priorities
- identifying and following up projects
- supporting research activities
- using and disseminating research findings

The unit should operate in close collaboration with Universities and research institutes as well as the national health development unit.

9. Regarding research framework for monitoring the progress made, the AACHD reviewed 3 papers, namely : "Research Promotion and Development with the Context of the African Health Development Scenario", "A Framework for Monitoring Progress Towards HFA" and "twenty-seven community health indicators for monitoring progress towards the achievement of HFA/2000 at District Level", and made some suggestions : for example that (1), the groupings of the constraints regarding the promotion of Health System Research highlight the three phases of national research strengthening which

are consensus building (i.e consultation between researcher and policy makers), capacity building and institutionalization. The role of WHO should also be concretized, i.e provision of consultancy services and training modules; establishment of collaborative centres and for linkages or networks between Member States; mobilization of resources and promotion of Health System Research, (2) that ministries of health or governments demonstrate their support for health research by allocating funds - e.g, ministries of health should earmark 5 per cent of their funds to research and, (3) that there should have been some negative indicators used for monitoring progress towards the achievement of HFA/2000 at district level, such as infant mortality, mortality rate, and the like.

10. To underscore the centrality of health and health financing policies, the Regional Director described (during the plenary discussion on health research) the activities being planned by WHO/AFRO in order to reinforce health research in the African region. These included, among others, awarding of small grants to young health researchers (e.g health workers, social scientists, university students) for research activities on community health. The Regional Director hoped that the scheme would demonstrate to Ministers of health the importance of research and the need for funding. In addition, WHO/AFRO would undertake publication of community health research in the region through a regular periodical "Journal Africain de Santé Communautaire", as a way of overcoming difficulties in disseminating research findings.

11. Among the many observations and suggestions made by the committee, the following activities were regarded as regional programme priorities:

- disease control
- maternal and child health
- drinking water and environmental health

12. Besides the working documents presented by the secretariat of WHO/AFRO, there was a draft paper sent to WHO/AFRO by the World Bank entitled 'African Health Policy Study' which the members of the AACHD were requested to review and advice on. The main thrust of the World Bank paper can be summarized as follows :

- long-term prospects for health development in Africa;
- efficiency in the provision of social services;
- the increasing cost of providing social services and hence the need for "cost sharing";
- the involvement of the Bank in health policies in Africa;
- achievements so far in the implementation of Primary Health Care (PHC) in Africa;
- the development of the Three-phase Scenario;
- the economic crisis in Africa;
- the changing epidemiological challenges;
- diversities in the countries of the Region;
- strengthening the participation of individuals, households and local communities in health care;
- improving the performance of health care providers;
- expanding the role of nongovernmental organizations (NGOs) in health care provision;
- weak institutions and inadequate management capability;
- application of available low-cost technologies;
- cost of health services;
- increasing the effectiveness of health programmes;

14. The study made the following recommendations

- health policies in Africa should increasingly seek to forge cooperative links among health care providers, local communities and households, and strengthen the role of communities in determining service priorities;
- African governments should recognize the roles played by a variety of nongovernmental institutions in providing

health services and should increase technical, administrative and financial support to these institutions in order to encourage and enable them to meet public goals for health.

- African governments should give priority to playing four essential roles that cannot be played well by nongovernmental bodies; policy formulation, mobilization of funds, promotion of equity (including protection of the disadvantaged, handicapped and undeserved), and technical supervision of and support to voluntary and private institutions;
- African governments should increase public and private financial support for health; these increases should be accompanied by efforts to reduce the cost and improve the efficiency, effectiveness and utilization of services;
- donors should give priority to the development of locally sustainable institutional and physical infrastructure for the delivery of health services, work within the policy framework of recipients, and extend the time perspective of their commitment and expectation of impact.

15. In reacting to the World Bank paper, the members of AACHD felt that the Bank ought to reexamine its mandate in relation to the formulation of health policies in Africa. The committee also felt that there was need for the Bank to show the justification, motive, purpose and need for this particular study since African governments had prepared strategies to implement Primary Health Care (PHC) through the Three-phase scenario consistent with the Alma-Ata Declaration of 1978, a fact that seems not to be fully taken cognisance of by the Bank's study. In addition, there was a general consensus among the members of the committee that the Bank's structural adjustment programmes - particularly those calling for disinvestment in social services - had enormously contributed to the rapid deterioration in health sector in Africa,

which had particularly affected the health status of poor women and children. In conclusion, the AACHD members felt that the Bank's health development assistance in Africa should be geared towards helping African governments to implement the policies, initiatives and strategies which they had already adopted during the World Health Assembly and the regional Committee : all of which are in consonance with OAU's declaration of health as a basis for development, a concept that expresses the political will of the countries of the region. The committee also argued for greater involvement and participation of experts originating from the African Region - since there was no scarcity of such experts - in the preparation and production of background papers of the scope covered by the Bank's paper on "African Health Policy Study".

16. In reviewing and assessing the climate for accelerating the health development for all Africans, the AACHD identified a number of constraints in meeting this objective. These include, among others :

- Insufficient political commitment to a better management of the health systems in order to achieve Health for All.
- Inadequate leadership in the area of health at all levels.
- Constraints linked to the system of institutions.
- Lack of certain structures in particular the national health development unit and at times the Higher Council of Health.
- Lack or inadequacy of intersectoral collaboration mechanisms.
- Ignorance on the part of management structures with regard to the mission assigned to them.
- Inadequacy of the powers devolving on the Higher Council of Health and the national health development unit.

- Insufficient involvement of the populations, different associations and corporations.
- Small number of persons with management skills.
- Failure to apply management procedures.
- Administrative redtape.
- Low level of decentralization.
- Frequent changes at the level of officials including officials at the highest level (Higher Council of Health, Ministry of Health).
- Lack of motivation and refusal to carry out self-evaluation
- Reluctance to use qualitative criteria in assessment.

19. To correct the situation, the AACHD recommended, among others, that the Region pay particular attention to the following areas :

- Promotion of health management among political officials and high-ranking administrators.
- Promotion of leadership for health at all levels.
- Setting up of institutional systems for development including health development.
- Preparation of legal instruments setting up management structures and mechanisms such as the Higher Council of Health, Development and Health Committees, etc.
- Effective setting up of management structures and mechanisms.
- Strengthening of collaboration among sectors.
- Instructing and training members of different structures in the role they have to play.
- Strengthening the powers of management structures.
- Effective involvement of the populations, associations and corporations in the management of health activities and institutions.

- Improvement of training in the management of health personnel at all levels.
- Effective application of management procedures and principles to health services, programmes and activities.
- Simplifying and rationalizing administrative procedures.
- Effective decentralization of the health system.
- Stability of officials, particularly those who have management functions.
- Promotion of self-evaluation of health structures, institutions and programmes.
- The use of both qualitative and quantitative criteria in health evaluation.

**AFRICAN ADVISORY COMMITTEE FOR
HEALTH DEVELOPMENT (AACHD)**

DRAFT AGENDA

Monday, 11 June 1990

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|--------------------|---|--|
| 08.30 - 09.30 a.m. | : | Solemn opening ceremony under the chairmanship of His Excellency the Minister of Health of Congo |
| | - | Opening of the meeting by the AACHD Chairman, |
| | - | Speech by the Regional Director of WHO for Africa, |
| | - | Election of the AACHD Bureau, |
| | - | Adoption of the procedure. |
| 09.30 - 09.35 | : | Break |
| 09.30 - 10.30 | : | Presentation and discussions on the theme: "Framework for strengthening national health systems and health care programmes" (Reference chapters 2 and 4 of the Document "Implementation of the African Health Development Scenario"). |
| 09.35 | : | Presentation of the general theme |
| 09.45 a.m. | : | Group discussion on the theme |
| 11.00 - 14.00 | : | Resumption of group discussions |
| 14.00 - 15.30 | : | Lunch break |
| 15.30 - 17.00 | : | Resumption and end of discussions on the theme of the day. |

Tuesday, 12 June 1990

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| 08.30 - 10.00 | : | Presentation and discussions on HEALTH MANAGEMENT: |
|---------------|---|---|

Criteria for assessing the managerial capability of national health systems at all levels (Reference : Chapter 1 of the document. "Implementation of the African Health Development Scenario")

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| 10.30 - 11.00 | : | Coffee break |
| 11.00 - 12.00 | : | Resumption and end of group discussions on management |
| 12.00 - 14.00 | : | Presentation and discussions on the theme TRAINING: "Mobilization of all available human resources for health partners for health (Reference: Chapter 5 of the Document "Implementation of the African Health Development Scenario") |
| 14.00 - 15.30 | : | Lunch break |
| 15.30 - 17.00 | : | Resumption and end of group discussions on Training |

Wednesday, 13 June 1990

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| 08.30 - 10.30 | : | Presentation and discussions on the theme RESEARCH |
| | : | Research framework for monitoring the progress made (Reference : Chapter 7 of the Document "Implementation of the African Health Development Scenario") |
| 10.30 - 11.00 | : | Coffee break |
| 11.00 - 12.00 | : | Resumption and end of group discussions on Research |
| 12.00 - 14.00 | : | Presentation and discussions on the theme "health policies in Africa" (Reference; Note by the World Bank) |
| 14.00 - 15.00 | : | Lunch break |

15.30 - 17.00 : Resumption and end of group discussions on health policies in Africa.

Thursday, 14 June 1990

08.30 - 10.30 : Plenary session:
Presentation and general discussions on the themes dealt with

10.30 - 11.00 : Coffee break

11.00 - 14.00 : Resumption of discussions

14.00 - 15.00 : Coffee break

15.30 - 17.00 : Resumption and end of general discussions.

Friday, 15 June 1990

08.30 - 10.30 and
11.00 - 13.00 : Plenary session;
Adoption of summary reports.
Closing ceremony of the AACHD.

AFRICAN ADVISORY COMMITTEE FOR
HEALTH DEVELOPMENT (AACHD)
COMITE CONSULTATIF AFRICAIN POUR LE
DEVELOPMENT SANITAIRE (CCADS)

Tenth meeting/Dixième réunion

Brazzaville, 11-15 June/Juin 1990

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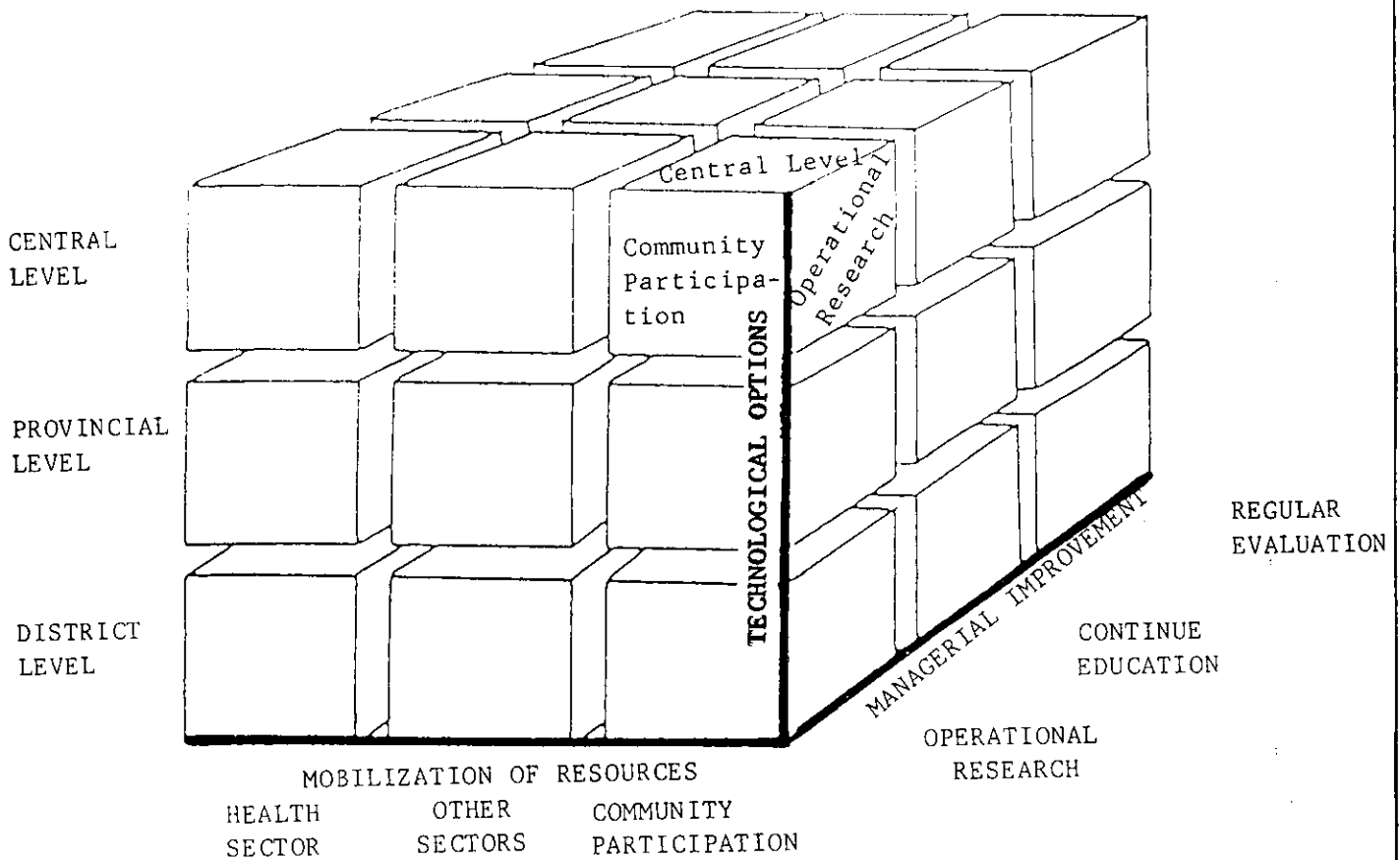
Dr Samba Diop

Dr E. R. Eben-Moussi (PHD)

Secretary of AACHD/Secrétaire du CCADS

ANNEX III

HEALTH DEVELOPMENT MATRIX



AT EACH LEVEL OF THE HIERARCHY, COUNTRIES WILL CONTINUOUSLY IMPROVE THEIR MANAGERIAL PROCESSES SO AS TO ACQUIRE THE BEST TECHNOLOGIES WITHIN THE LIMITS OF AVAILABLE RESOURCES.