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HEALTH-FOR-ALL POLICY  
FOR THE 21ST CENTURY IN THE AFRICAN REGION:  
AGENDA 2020

EXECUTIVE SUMMARY

1. The health development policy set forth in this document was formulated in stages with the full participation of the countries. It is based on a review of the past, an analysis of the present and an exploration of the outlook for the future. As directed by the forty-ninth session of the Regional Committee, the policy was reviewed during a meeting of a multi-disciplinary and inter-sectoral group of experts from the Region. The African Advisory Committee on Health Research and Development also made suggestions that contributed to this policy.

2. The proposed health-for-all policy is based on the principles and values underpinning the strategy for health for all in the 21st century as adopted by Member States at the World Health Assembly in 1998. It gives expression to the aspiration of the people to better health status.

3. As a framework for national health policy formulation, the document addresses the strategic directions that are expected to help achieve health for all in the 21st century. These strategic directions are as follows:

- (a) creation and management of enabling environments for health;
- (b) undertaking health system reform by drawing upon primary health care principles;
- (c) empowerment and support at individual, family and community levels;
- (d) creation of the conditions that will enable women to participate in, benefit from and play a leadership role in health development.

4. The document sets out the role that African Governments, WHO and other partners should play in the implementation of the health-for-all policy for the 21st century in the African Region.

5. The Regional Committee is requested to consider and adopt the document entitled "Health-for-all policy for the 21st century in the African Region: Agenda 2020".

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## INTRODUCTION

1. Most of the African countries achieved national sovereignty and political independence in the early 1960s. At that time, the overriding concern was to build a new administrative, political and social structure and implement economic development programmes.
2. In the 1970s, a long-term health planning process started in the Region and led to the development of a plan covering the period 1975-2000. That process aimed to reduce existing problems and address some urgent needs identified by Member States, namely:
  - (a) development of human resources for health;
  - (b) promotion of environmental health;
  - (c) control of communicable diseases; and
  - (d) strengthening of health services.
3. In the first two years of implementation of the plan, two major events occurred and marked global health development in the last quarter of the 20th century, namely: the declaration of Health-for-All (HFA) by the World Health Assembly in 1977 as a health development policy objective, and the adoption in Alma-Ata, in 1978, of the primary health care approach as the strategy by which the ultimate objective of HFA would be attained.
4. Since then, declarations of political support for the HFA objectives have been made at top political levels in Member States. Primary health care then became the framework for the formulation of national health development policies and plans. The performance of national health systems proved to be inadequate due to economic crises among various reasons and prompted ministries of health of countries in the Region to embark upon other initiatives.
5. Consequently, in 1985, the countries adopted the Three-Phase African Health Development Scenario under which the district became the focus for health development. Subsequently, the year 1987 saw the launch of the Bamako Initiative, which catalyzed the revival of primary health care and the promotion of community participation. Whereas these two actions gave renewed impetus to primary health care implementation in the countries and led to changes in health development activities, they were insufficient to bring the desired progress in achieving the HFA.
6. In 1995, the World Health Assembly, by its resolution WHA48.16, invited WHO Member States to renew for the 21st century, the Global Health-for-All Policy. Countries in the African Region participated actively in that policy renewal effort.
7. Subsequently, in 1998, the World Health Assembly requested that the report "Health-for-All in the twenty-first century"<sup>1</sup> should serve as a framework for the development of future policy. Furthermore, the Health Assembly adopted the "World Health Declaration"<sup>2</sup> which affirms the need to give effect to the "Health-for-All Policy for the twenty-first century" through the implementation of relevant regional and national policies.
8. For their part Member States of the African Region undertook a series of actions at national and regional levels, culminating, in the formulation of this Regional Health-for-All Policy that is intended to guide health development in the decades ahead.

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<sup>1</sup> Document A51/5, WHA 51, 1998

<sup>2</sup> Resolution WHA 51.7



## ANALYSIS OF HEALTH DEVELOPMENT IN THE REGION

### Health status of the people

9. The African Region bears, in comparison with other regions, the heaviest burden of disease mainly due to communicable diseases, despite important national and regional efforts. At the same time, non-communicable diseases and injuries are emerging as significant contributors to the disease burden. It is estimated that in the year 2000, the African Region will lose 319 million disability-adjusted life years (DALYs), compared to 100.5 million for all the developed countries. For the year 2020 the loss of DALYs<sup>3</sup> for the African Region is estimated at 330 million, of which 199 million will be due to non-communicable diseases and injuries.

10. While there is no doubt that the health status of the populations has improved as compared with the levels recorded twenty-five years ago, the improvement does not measure up to the projections for the year 2000. Besides, average figures, which have admittedly improved, can be misleading as they mask very wide disparities.

11. Life expectancy at birth in the Region which had shown an upward trend from an average of 40 years in the early 1970s to 51 in the early 1990s, is now facing a reversal, principally from HIV/AIDS and civil conflicts. The average life expectancy at birth in the Region is 49 years, and varying from 36 years to 68 years depending on the country. Infant mortality, which is estimated at 91 per 1000 live births, continues to decrease on average by about 1% every year. Under-five mortality, which averaged 188 per 1000 in the early 1980s, dropped to 154 per 1000 in 1998. Maternal mortality averaged 870 per 100 000 live births, and varied between 120 and over 1800 per 100 000 live births in 1990.

12. The overall improvement in health status should not overshadow some specific health problems that are still a major cause for concern. The emergence of HIV infection and AIDS has drastically changed the epidemiological profile in many African countries. The number of adults and children in Sub-Saharan Africa living with HIV/AIDS by the end of 1999 was estimated at 23.3 million, with an average prevalence rate of 8% among adults (15 - 49 years)<sup>4</sup>. The variation in this adult prevalence rate between countries<sup>4</sup> is very large, ranging from 0.1% in the least affected to more than 25% in the most affected countries<sup>4</sup>. The total number of Africans that had died of AIDS at the end of 1999 was estimated at 13.7 million. The negative impact of the pandemic on almost all sectors in the worst affected countries is enormous.

13. Tuberculosis is on the increase due especially to the AIDS pandemic and slackened surveillance and treatment. Malaria remains one of the leading causes of illness and death on the continent. Acute respiratory infections, diarrhoeal diseases, measles, malaria and malnutrition remain the major causes of childhood illness and death. Furthermore, there are frequent outbreaks or epidemics of killer diseases including emerging and re-emerging diseases.

14. Throughout the life cycle, women suffer more than men from a large number of health problems. Pregnancy and childbirth are accompanied by immense risks, resulting in the Region having the highest maternal mortality in the world. Women also continue to be victims of violence in the home, the community and in the context of civil conflicts, as well as of harmful traditional practices such as female genital mutilation.

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<sup>3</sup> Christopher Murray and Alan D. Lopez. *The global Burden of Disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risks factors in 1990 projected to 2020*. Vol 1, 1999

<sup>4</sup> UNAIDS/WHO: AIDS epidemic update. December 1999.

15. The share of noncommunicable diseases, including mental illness, in the disease burden continues to rise. The immediate and long-term effects of smoking, alcohol, substance abuse and road accidents are also taking a heavy toll on the populations of the countries.

#### **Trends in major health determinants**

16. Over the past decades, human activities have caused considerable hazards, especially due to the inadequate attention paid to environmental concerns. This problem is increasingly gaining magnitude and can seriously undermine the future availability of some natural resources that are so vital to the survival of mankind.

17. In many countries, the health sector has borne the brunt of the imbalance between resources and needs. Furthermore, political instability that is rife in the Region has contributed to the deterioration of health systems and services and a fall in their performance.

18. Poverty and its underlying causes exists in diverse forms in all the countries, sometimes assuming tragic dimensions. This stems largely from the ineffectiveness of development policies or from inadequate policy efforts to alleviate the plight of large segments of the population and to reduce social fragmentation.

19. Economic growth has not kept pace with population growth, with the result that the demand for goods and services in the health, education and other sectors has outstripped the supply of resources.

20. Intense migration, facilitated by modern means of transport or triggered by wars, natural and ecological disasters, has exposed a growing number of people to the risk of disease, epidemics and malnutrition.

21. Many health problems originate from illiteracy and ignorance of the adverse health impact of certain lifestyles and behaviours. They are aggravated by poor dietary habits as well as by the misleading advertising and promotion of some hazardous products such as tobacco and alcohol. Yet, the countries are not equipped with effective regulatory tools for prevention in this area.

22. Until the early 1970s, the State was the guarantor and manager of the entire health system in almost all the countries. Then after Alma-Ata, health policies became more oriented towards community participation in health promotion. The implementation of structural adjustment programmes as well as the democratisation process in some countries resulted in a redefinition of the role of the State and participation of civil society. The strategies that were thus adopted deprived the health sector of certain resources that it so vitally needed to enable it to support national health systems development.

23. Notable among the obstacles to successful implementation of health development programmes are: health professionals' attitudes and resistance to change; unsatisfactory working conditions; imbalance in the distribution of personnel between urban and rural areas; brain drain mainly due to inadequate remuneration and insecurity; lack of synergy in actions; practices and customs that adversely affect health; inadequate disbursement of funds for full execution of budgets; misapplication of available funds; lack of complementary inputs; lack of cohesion in sectoral policies; escalation of conflicts and wars in the Region; growing poverty; and the low level of interest shown in health development as an integral part of, and a precondition for socioeconomic and human development. Also, decisions often have been taken without relevant evidence, partly due to inadequate research and non-utilization of research findings.



24. Though health systems are a major health determinant in the Region, their performance has remained weak. This is demonstrated by the poor responsiveness to people's expectations, unsustainable financing mechanisms and the comparatively poor health status of people. The recent expansion of the private sector, the increasing recourse to traditional medicine and the development of nonformal medical practice which is not integrated and regulated, has created a complex situation and poses new challenges to health authorities and their partners. The reform process which countries have embarked upon attempts to address these issues.

25. On the other hand, the Region's health achievement has benefited from a host of positive developments, within and outside the health sector. In some countries the process of democratization and involvement of civil society, institutional reforms and increasing subregional economic integration (of which SADC, COMESA and ECOWAS are examples) have indirectly contributed to health development in Africa. Other positive developments include poverty alleviation strategies; the Bamako Initiative; small pox eradication; the onchocerciasis programme; the polio eradication programme, among others. All these initiatives have contributed to the improvement of the health status of the people in the Region.

## FACTORS CRUCIAL TO THE FUTURE

### Opportunities

26. Emerging and existing opportunities should be seized by decision makers, health professionals and the communities, these include new environmental management policies; health research opportunities; access to increasing scientific and technological progress including making antiretroviral drugs available at affordable costs; increasing participation and the empowerment of individuals and communities; ongoing actions to promote gender equity; the quest of good governance<sup>5</sup> at all levels; the emergence and gradual restructuring of a dynamic civil society; the expansion of partnerships fostering development, especially in the area of financial planning and including the private sector; the development of effective subregional economic integration; the prevention of crises and conflicts; and health sector reform.

### Threats

27. In addition to their immediate impact on the health status of the people, wars, social conflicts and increasing violence destabilize national health systems. The growing indebtedness of states, the very heavy dependence of the countries on the outside world, the effects of globalization, the inadequacy of financial resources worsened by high population growth rates and the strained circumstances of households, are all threats from the economic standpoint that should be urgently addressed. Natural disasters can undermine achievements at any time. Global warming and its influence on vectors and pathogens could result in outbreaks of infectious diseases such as malaria and others. Mutation of certain pathogens and the emergence of new ones are also looming threats. HIV/AIDS continues to be a major threat to the health systems in the Region, because of the related demand for health care as well as the loss of personnel due to the disease. All these pose an immediate threat to health and can even compromise health status in the long run.

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<sup>5</sup> Governance is a system whereby the society organizes and manages the affairs of its sectors and partners in order to attain its goals. It gives pride of place to transparency, accountability and incentives likely to promote participation. Quality governance is achieved when the criteria for decision-making and for the definition of resource-allocation priorities are made public and the results of the monitoring and evaluation of a activity implementation are widely disseminated. In addition, the role and responsibility of each entity is well defined when there is good governance. (Adapted from Document A51/5, Chapter 8, p.41).

### **Uncertainties about the future**

28. Health development and the trends in health systems in Africa are beset with uncertainties. The capacity of health systems to provide lasting solutions to health problems will largely depend on how some key factors will evolve over time. Two of the uncertainties appear to be crucial because they amplify the effects of the other factors and direct the course of future health development. The two uncertainties are (a) capacity to overcome poverty and (b) capacity to provide universal access to essential health care.

29. The vision of future health development in the African Region, as proposed below, is based on lessons learned from past and present developments. It is also based on favourable assumptions about how these two uncertainties will evolve over time.

### **VISION OF HEALTH DEVELOPMENT BY THE YEAR 2020**

30. The target year that was set during the formulation of this vision was 2020 because a twenty-year time frame is sufficiently long to produce desired changes and significant results. It is also consistent with the global health-for-all policy.

31. African nations should pursue the vision of overcoming diseases related to poverty, exclusion and ignorance in a context of good governance and autonomous development of a pro-active health system, for a decent and worthy living, by the year 2020. In all respects, achieving this vision will be a major challenge.

32. In this vision, it is expected that the general context within the African Region by the year 2020 will be favourable, characterized by a successful economic integration process; a progressive culture of democracy and peace; low to medium economic growth, but benefiting all segments of the population; recognition of the role of women; their empowerment to assume greater responsibility in decision making at the family, community and national levels; and the establishment of a legal framework that protects and promotes health.

33. To achieve this vision a number of conditions will need to be created, namely: adequate mobilization, equitable allocation and efficient management of resources; a stable and enabling political and socioeconomic environment for sustainable health development; autonomous development of a sustainable health system and accessible health services; adequate generation and mobilization of resources; and a health situation characterized by improved living conditions of the people as an intermediate stage to well being.

34. Health systems will have reduced their financial and managerial dependence on the outside world. They will be capable of adapting to the needs and diversity of cultural and sociological contexts. They will become pro-active, capable of foreseeing health needs and providing the appropriate response. Individuals and communities will be better informed of the health risks they face and their right to health. They will be more convinced of the role that they need to play in preserving their health status as well as in the management and financing of health services. Health services will aim primarily at meeting the needs of care seekers and providing quality and affordable care, on a continuing basis, in the immediate environment of individuals and their families. A comprehensive health care delivery system will be institutionalized in the clinical and public health spheres.



35. The realization of this vision calls for health development policies that are centered on the following value systems and principles:

- (a) *solidarity*, based on the principles of partnership, transparency, tolerance, integrity and shared responsibilities with individuals and communities;
- (b) *equity*, based on the principle of availability of and universal access to essential health care;
- (c) *ethics*, based on respect for human dignity and the principle of universal right to the fruits of progress achieved at the global level;
- (d) *cultural identity*, based on the recognition of local values and traditions favourable to health and giving due consideration to the specificity of conditions in each country; and
- (e) *gender equity*, by ensuring equity between women and men in decision making and utilization of health services.

36. Once this vision is realized, individuals will start experiencing worthier and longer lives in improved and safer environments. They will pay more attention to their responsibility for promoting their own health and the health of the communities to which they belong. The different categories at risk will no longer die in large numbers from preventable diseases. The tide of preventable deaths among mothers will have been stemmed while children and adolescents will have a greater chance of surviving the critical stages of their lives. Improved living standards will be assured for people in greatest need, such as women, children, adolescents, persons living with disabilities and the elderly.

## **HEALTH AGENDA 2020**

### **Strategic directions**

37. To realize this agenda, the following four strategic directions have been identified:

- (a) Creation and management of enabling environments for health;
- (b) Undertaking health system reform by drawing upon primary health care principles;
- (c) Empowerment and support at individual, family and community levels;
- (d) Creation of the conditions that will enable women to participate in, benefit from and play a leadership role in health development.

38. They will serve as a framework and guide for actions to be undertaken by the year 2020. National authorities, all national stakeholders, their health development partners and other interested parties in the Region will find in these strategic directions a source of inspiration for defining their role, their responsibilities and their interventions.

### ***Creating and managing enabling environments for health***

39. What needs to be done is to promote health at home, in the community and at the workplace by :

- (a) ensuring a positive political and legal environment;
- (b) promoting community empowerment;
- (c) increasing access to gainful employment;
- (d) fostering healthy working conditions;
- (e) enhancing environmental health and safety;
- (f) guaranteeing access to safe water and sanitation;



- (g) assuring access to formal, nonformal and mass education;
- (h) ensuring continued access by all people to sufficient supplies of safe foods for a nutritionally adequate diet;
- (i) promoting appropriate diet and healthy lifestyles;
- (j) guaranteeing decent, safe and affordable housing;
- (k) setting up or strengthening social protection systems.

40. Most of the major determinants of health fall outside the direct control of the health sector. Nevertheless, the health sector has to remain accountable for harnessing the essential inputs of the health-related sectors. Health policy makers and health systems managers must therefore adopt innovative strategies for fostering effective inter-sectoral action for health. To achieve this, the health sector must establish its credibility by fulfilling its direct mandate more visibly through increased effectiveness, demonstrable efficiency, responsiveness and accountability.

41. Given that poverty remains a major contributor to ill-health and premature death in the Region, the anti-poverty advocacy role of the health sector must be greatly enhanced. To do this, it will have to generate and disseminate reliable scientific evidence on the contribution of ill-health to poverty and vice versa. It must also work more consistently in providing supportive services, that would produce measurable contributions towards the attainment of the objectives of sectors such as education, agriculture, environment and water and sanitation. Pre-conditions for the success of these actions are the establishment of instruments for the coordination of health related activities in the various sectors, joint planning and coordination and public-private collaboration.

*Undertaking health system reform by drawing upon primary health care principles*

42. National health systems in the Region will have to be restructured and developed if they are to seriously pursue the health system defining goal of improving health and reducing health inequity, while assuring fairness in health financing and enhancing responsiveness to the legitimate expectations of the people by for example development and application of patient charters. In this context, the major functions of health systems would be stewardship, service provision, fairness in financing and resource generation. Intermediate goals, sub-functions and tasks will be set forth at different levels of the system, taking into consideration the regional and country-specific situations. It will be most important that all subcomponents of the health system work in synergy to achieve health.

43. Restructuring and developing health systems drawing inspiration from the primary health care approach and lessons learnt from past experience in health development, will enable countries to build on past successes towards achievement of health-for-all. Decisions in the restructuring process should be based on evidence, where possible generated through indigenous research. In this context, technical cooperation among countries is encouraged. Some important lessons learned to date are the need to develop partnerships for health, the selection of a minimum package of health services and decentralization of the management of services so that decisions are made at local level.

44. Health systems of the future should adapt to new challenges. The proposed restructuring and development will have to address major issues known to affect the performance of national health systems, as outlined below:

- (a) National authorities will ensure that the steering function will be undertaken at all levels of the system. They will give strategic direction to the health system by developing realistic health policies, providing for regulation of the system and facilitating the sharing of information with all the stakeholders to enable them make informed decisions and contribute better to the achievement of health goals.

- (b) The organization and management of both personal and non-personal health services will recognize that there are different types of service providers and that services are geared to meet the needs of the people. Equitable access to services should be ensured. Such services should be provided in a manner which is not only respectful of the personal dignity of the users but also meets their expectations.
- (c) Countries will put in place sustainable health financing mechanisms which are fair and preferably based on prepayment with pooling of funds as a form of risk sharing. These arrangements should help ensure a reasonable level of funding for health while protecting the poor from unexpected expenditures due to catastrophic illness.
- (d) The resources for health are produced in universities, other educational institutions, research centers, health product manufacturing firms and many others. Human resources, knowledge, equipment, drugs and physical facilities should be geared to contribute to the achievement of health system goals.

45. Routine systematic measurement of the performance of national health systems will be undertaken to assess progress made towards realizing the set goals.

46. The implementation of this reform should foster tangible progress in universal access to quality essential care especially for the most disadvantaged. It should help ensure the cost-effectiveness of interventions. It should also lead to a significant reduction in morbidity and mortality, particularly among mothers, children and adolescents and thus to improved health in the Region.

***Empowerment and support at individual, family and community levels***

47. Primary-level support by the family and close associates is most vital and should be strengthened, especially as it is being weakened by factors such as urbanization and other social changes. It will be incumbent upon the family and close associates to provide emotional, psychological and practical support especially to children and youth, persons living with disabilities, and the elderly. Individuals, families and communities have a key role to play in the promotion and management of their health. Conditions will have to be created for enabling the youths to participate and play a leadership role in health development.

48. Similarly, private enterprises, NGOs and the rest of civil society have an important role to play in promoting the provision of social support at all levels. It will be incumbent upon governments to ensure that appropriate mechanisms are set up to better mobilize, prepare, assist and monitor these key actors to fully play their roles.

***Creating the conditions that will enable women to participate in, benefit from and play a leadership role in health development***

49. Within the community, women play a paramount role in promoting health and providing care even though these roles are not sufficiently recognized. Governments should formally acknowledge the role that women play in the society and incorporate women's values in the planning process. They should enact and enforce appropriate laws recognizing women's rights in line with the Beijing Declaration and Platform for Action.

50. These actions will lead to a balanced representation of women in the nuclei of decision making and management in the political, administrative and technical domains. Acknowledging the critical roles women play, these actions will also improve the continuum of care, especially preventive, promotive and rehabilitative care from the family to health care institutions.



## IMPLEMENTATION FRAMEWORK

51. Health, hitherto the preserve of the medical profession, is now of political and economic interest and the field of operation of so many actors whose interventions and attitudes are increasingly decisive for health systems development and promotion. The State, represented by its leading institutions such as the Legislature, the Judiciary and the Executive, should play a steering role in order to ensure maximum health benefits for the people, especially the poor and marginalized.

52. Every individual plays a key role in promoting his or her own health. The family as an entity is considered as provider of education and mutual support. The role of women has proven to be essential in this regard. Both modern and traditional health practitioners as well as communicators and educators are emerging as strong advocates for health in the Region. Other key stakeholders are training institutions, research institutions, professional associations and societies, health insurance companies and health financing organizations, NGOs, local government, central government and bilateral and multilateral organizations. All these individuals and organizations have a role in policy formulation, implementation and monitoring.

53. By its own action and its role in the coordination of actors, the State should play a leadership role and coordinate all the partners and stakeholders in the country. The mandate and responsibilities of the government ministries responsible for health should be reviewed accordingly. Government should maintain a strong commitment to health development, in particular to guaranteeing an equitable distribution of health resources and services, paying more attention to the more impoverished members of the community. Dialogue between governments and bilateral and multilateral bodies should be encouraged in order to respect national priorities and needs and to strengthen cooperation. Similarly dialogue within and between bilateral and multilateral organizations involved in health development in Africa should be improved.

54. Member States should translate the regional health policy into realistic national health policies to be followed by appropriate strategic and implementation plans.

55. At both regional and country levels, it is necessary to set up or identify a mechanism to support the formulation of policies, the development and implementation of strategies and plans as well as their monitoring and evaluation<sup>6</sup>, using tools such as those being developed for health systems performance assessment.

## ROLE OF WHO

56. For its part WHO should, in line with its mandate, its mission and its functions:

- (a) think comprehensively from the strategic standpoint, but act locally; in other words, WHO should base its action on realities and needs in the countries and focus its programmes of cooperation with Member States on the health concerns of the communities;
- (b) contribute effectively to the creation of health-promoting environments; this will involve undertaking sustained advocacy and promoting appropriate frameworks that will enhance its contribution to the effort to stem the tide of poverty and ignorance;

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<sup>6</sup> A set of targets consistent with the four strategic directions is attached to the document.

- (c) prepare and disseminate a cohesive framework for the development and strengthening of health systems and services; this framework should be based on a unified health care approach, which means, for example, delivering a package of care that is focused, not on health professionals, but on the individual, the family and the community, with a view to meeting their essential needs and guaranteeing their health and well-being;
- (d) mobilize Member States and the international community for concerted action to renew national policies by drawing upon the global policy and the regional policy, and contribute to the mobilization and rational use of the resources with which to implement these policies;
- (e) develop a framework for monitoring and evaluation, on a sustained basis, the progress that the countries will be making in the implementation of the Regional Health-for-All Agenda 2020.
- (f) continue to strongly advocate for debt relief and use of a substantial part of the savings thereof for health development.

## CONCLUSION

57. The highest political commitment should be sought from Heads of State and Government, political leaders and civil society for implementation of this regional health policy and subsequent national policies.

58. While focusing on contextual specificity, the *regional health-for-all policy for the 21st Century* should remain a live instrument for health development. It should, as far as possible, maintain consistency with global thinking on issues relating to poverty and health, and health in human development.

59. In summary, the four strategic directions that have been adopted introduce major innovations in the way health action is conceived; they define the role that should be assigned to the various actors so that their interventions are inter-complementary. These directions are expected to inspire the actions that will be taken in the countries. Given the innovations that these directions will introduce, there will be need to embark upon a substantive debate in order to reach a consensus, at all levels, on the strategic directions and on health development challenges in the decades ahead.

60. Translating into reality the vision of health development by the year 2020 will be a gigantic uphill task. It will require mobilizing Africans and drawing upon their genius to help achieve sustainable human development in response to their fundamental aspirations. Finally, the vision draws attention, more than ever before, to the fact that health goes far beyond the health sector and is the concern of all stakeholders.



## ANNEX 1

## REGIONAL TARGETS

## COMPREHENSIVE MULTISECTORAL TARGETS

- Target 1:** By 2020, 75% of the people in the Region will have had access to safe drinking water and adequate sanitation.
- Target 2:** By 2020, about 70% of the countries in the Region will have developed systems for the safe management of chemical, industrial and hazardous waste.
- Target 3:** By 2020, the health sector will have contributed to reducing by 50% the percentage of the population in the Region living in dire poverty.
- Target 4:** By 2020, all countries in the Region will have improved the conditions that enable women to participate and play a leadership role in health development.

## SECTORAL TARGETS

- Target 5:** All countries in the Region will have improved the performance of their health systems and assured that 80% of the population will have access to quality care by 2020.
- Target 6:** By 2020, maternal mortality ratio will have been reduced by 50% of its current level in the Region.
- Target 7:** By 2020, the under-five mortality rate in the Region will have fallen to less than 45 per 1000 live births.
- Target 8:** By 2020, the current prevalence of HIV infection will have been reduced by 25%.
- Target 9:** By 2020, the current incidence of pulmonary tuberculosis will have been reduced by 50%.
- Target 10:** By 2020, the current prevalence of malaria will have been reduced by 75%.
- Target 11:** By 2020, dracunculiasis and poliomyelitis will have been certified as eradicated and measles eradication will have been achieved.
- Target 12:** By 2020, the elimination of leprosy and neonatal tetanus will have been certified.
- Target 13:** By 2020, 70% of those suffering from cardiovascular and chronic respiratory diseases and diabetes will have had access to comprehensive quality care.
- Target 14:** By 2020, 70% of the people with mental and neurological disorders will have had access to comprehensive quality care.