



A CALL TO THE 2007 G8 SUMMIT TO SUPPORT AFRICAN NATIONAL HEALTH PLANS AND COMPREHENSIVE HEALTH WORKFORCE STRATEGIES

We are African organizations deeply committed to improving the health of the people of our continent. Yet we are deeply concerned about the lack of progress, and in some countries reversal of progress, resulting in millions of preventable deaths that continue to burden our countries each year. It is clear that as long as our health systems remain weak in many dimensions and our countries face a health workforce crisis, the current unacceptable trends will persist.

In spite of this slow progress, we remain optimistic. We have observed progress in some regions and countries, and identify with the deepening commitment to the health of many of our Government and institutions. Our Regional Economic Communities have assumed an important leadership role within the continent in catalyzing actions required to strengthen health systems and achieve health MDGs. We are convinced that the engagement of our partners locally and globally can translate into the political will, resources, and efficiency required to transform health on our continent. With so many lives at stake, our neighbors, our children, and ourselves, we must succeed.

Cognizant of the continuing intolerable burden of disease, African Union ministers of health have developed an Africa Health Strategy 2007-2015 that seeks to “provide a strategic direction to Africa’s efforts in creating better health for all.” At the core of the Africa Health Strategy is the strengthening of health systems based on carefully costed National Health Plans that incorporate the commitments made by African governments, including achieving the Millennium Development Goals and universal access to HIV/AIDS treatment, care, prevention, and support by 2010.

The chief responsibility for the success of these plans lies with our own governments. We will hold our governments accountable. We will insist – and are demanding – that they take the necessary steps to achieve the promises of good health, a foundation of healthy societies. Collectively, we will hold our governments accountable to increasing health sector investments to at least 15% of the national budget, improving the efficiency in allocation and application of these resources, and the implementation of health workforce and systems strengthening strategies capable of providing quality health care to all people. We further commit to work with our governments to identify sustainable financing strategies that can replace point-of-service payments (i.e., user fees) for essential health services and to meet their other commitments and responsibilities including as part of the human right to health.

However, the successful implementation of the National Health Plans requires support from Africa’s development partners, especially from the nations that comprise the G8. Even if African governments significantly increase their own funding for National Health Plans, these plans will have significant financing gaps. Many of the actions required for these plans to succeed will require solutions and expertise that crosses national and even continental boundaries.

Building health systems must include building partnerships between health care providers and the communities that use those services. It requires donors to listen to African communities to find out what their needs and concerns are, so that services are tailored to those needs, as opposed to imposing

systems that may be effective elsewhere but not in Africa. It is about using the opportunities that exist within communities to advance health care, by harnessing the knowledge, resources, and energy in the community and applying it to work together with the formal health system.

We call upon the upcoming G8 summit in Germany to recognize the Africa Health Strategy developed by our health ministers and to engage in substantive dialogue with communities, civil society, governments, regional economic communities, and the African Union.

This dialogue should be backed by firm commitments about steps that we know will be required of wealthy countries if African National Health Plans are to succeed. We call upon the G8 countries to fulfill existing pledges, including the commitment of 0.7 per cent of their own Gross National Income (GNI) to Official Development Assistance (ODA), the doubling of aid to Africa by 2010, and to adhere to the commitments of the Paris Declaration on Aid Effectiveness, including those that relate to alignment and harmonization of aid investments with country plans and leadership.

We ask that this G8 summit also make the following commitments, which are required for African National Health Plans to succeed:

Fiscal Space

1. Provide long-term, predictable funding to cover financing gaps identified in National Health Plans and plans for universal access to HIV/AIDS treatment, care, prevention, and support, and harmonize health assistance with country-driven National Health Plans.
2. Work with International Financial Institutions and developing country governments and civil society to ensure that fiscal and monetary policies are aligned with the best estimates of the fiscal space required to achieve the MDGs and other human development goals and commitments.
3. Accelerate debt cancellation and ensure that debt cancellation supplements rather than displaces aid.
4. Provide the needed financial and technical support to developing countries to design and implement sustainable financing schemes that can support the elimination of point-of-service payments (user fees) for essential health services and that are designed to enable all people, including the poor, access to quality health services.

Health Systems and Workforce

5. Work with the AU and other continental partners to identify a basic package of health systems interventions, implemented at the community and district levels, that can provide the backbone for the delivery of health service packages required to achieve the MDGs and universal access to the best attainable health care.
6. Support the development and implementation of inter-sectoral and comprehensive health workforce strategies that are integrated with a broader health sector response and public service reforms to address numbers of health workers as well as other variables such as internal distribution, skills mix, work environments, productivity, and management capacity.
7. Engage developing countries to formulate a comprehensive strategy to address health worker migration that emphasizes co-development, including by adopting policies to develop self-sustainable workforces within OECD countries and to follow ethical recruitment practices.
8. Increase support to developing countries to fully utilize TRIPS flexibilities to improve access to medicine, including by helping build capacity to utilize these flexibilities and by avoiding any restrictions to such flexibilities – or any other provisions that may be detrimental to health – in trade agreements.

Mutual Accountability

9. Support initiatives and programs that promote peer and independent mechanisms to track the progress of our governments and their partners to the commitments and declarations made at global, continental, and regional fora.
10. Through diplomatic levers, technical assistance, and other strategies, support African civil society efforts to hold our own governments accountable to their commitments and responsibilities.

Signed

Action Group for Health, Human Rights and HIV/AIDS (AGHA)
UGANDA

Action Health Incorporated
NIGERIA

Addis Development Vision
ETHIOPIA

Africa Jesuit AIDS Network
PAN-AFRICA/KENYA

Africa Public Health Rights Alliance / 15% Now! Campaign
PAN-AFRICA/NIGERIA

African Council for Sustainable Health Development
PAN-AFRICA/NIGERIA

African Federation for Sexual Health and Rights
PAN-AFRICA/NIGERIA

African Medical and Research Foundation (AMREF)
PAN-AFRICA/KENYA

AIDS Law Project
SOUTH AFRICA

AIDS Rights Alliance for Southern Africa
SOUTHERN AFRICA/SOUTH AFRICA

Alliance Cornerstone Youth Organisation
NIGERIA

Center for Health Sciences Training, Research and Development
NIGERIA

Christ Soldiers Foundation
GHANA

Christian Community Development of Burundi
BURUNDI

Christian Health Association of Kenya
KENYA

Council of Nigerian Youths
NIGERIA

Department of Nursing Sciences, School of Medicine, Moi University
KENYA

Eastern Province Hospice Association
SOUTH AFRICA

Ecumenical Pharmaceutical Network
KENYA

Ethiopian Public Health Association
ETHIOPIA

Gays and Lesbians of Zimbabwe
ZIMBABWE

Global Health Watch
GLOBAL/SOUTH AFRICA

Health Action International Africa
PAN-AFRICA/KENYA

Ideas Research and Management Assistance
KENYA

Ikonzo Musanda Self Help Group
KENYA

Kenya AIDS Intervention/Prevention Project Group (KAIPPG)/Kenya
KENYA

Kenya Health Rights Action Network
KENYA

Kenya Network of HIV Positive Teachers
KENYA

Kenya Treatment Access Movement
KENYA

Kigezi Health Care Foundation
UGANDA

Mapendo International
PAN-AFRICA/KENYA

Medical Care Development Inputs
KENYA

National Nurses Association of Kenya
KENYA

Network of Zimbabwean Positive Women
ZIMBABWE

Nigerian Partnership for Transforming Health Systems
NIGERIA

People's Health Movement – South Africa
SOUTH AFRICA

Public Health Association of South Africa
SOUTH AFRICA

Resources Oriented Development Initiatives (RODI) Kenya
KENYA

St. Francis Hospice
SOUTH AFRICA

Students for Equity in Health Care
UGANDA

Uganda National Health Users'/Consumers' Organisation (UHNCO)
UGANDA

Volunteers To Support International Efforts In Developing Africa
LIBERIA

Wits Palliative Care, Chris Hani Baragwanath Hospital
SOUTH AFRICA

World Care Council/Conseil Mondial de Soins-AFRO
DEMOCRATIC REPUBLIC OF CONGO

Zimbabwe Association of Doctors for Human Rights
ZIMBABWE

Zululand Hospice Association
SOUTH AFRICA

Donald Cephas Epaalat
Commonwealth Nurses Federation, Board Member for East, Central and Southern Africa (ECSA)
KENYA

This statement has also been supported by organizations and individuals from beyond Africa. Although the statement was intended for African organizations to sign, and a separate statement of support was developed for U.S. organizations, other organizations also spontaneously expressed their support and solidarity.

ActionAid International USA
USA

AfricaRecruit
UNITED KINGDOM

American Jewish World Service
USA

CARE USA
USA

Church World Service
USA

Empower India
INDIA

European Forum for Primary Care
THE NETHERLANDS

Gay Men's Health Crisis
USA

Global AIDS Alliance
USA

Global Health Council
USA

Health Alliance International
USA

Health Gap
USA

ICMDA (International Christian Medical and Dental Association) HIV Initiative
AUSTRALIA

Kenya AIDS Intervention/Prevention Project Group (KAIPPG) International
USA

Management Education and Research Consortium
USA

Marianists International
USA

Medical Mission Sisters -- Sector North America
USA

Mishkin and Associates
USA

National Physicians Alliance
USA

New Rules for Global Finance Coalition
USA

Nigerian Public Health Network
UNITED KINGDOM

Pangaea Global AIDS Foundation
USA

Partners In Health
USA

Physicians for Human Rights
USA

Save the Children
UNITED KINGDOM

Search for a Cure
USA

Society Association HIV.LV
LATVIA

Support Group for ARV Users
NEPAL

The AIDS Institute
USA

United Methodist Church, General Board of Church and Society
USA

University Coalitions for Global Health
USA

Wemos
THE NETHERLANDS

Professor Jan De Maeseneer, MD,PHD
Head of Department of Family Medicine and Primary Health Care, Ghent University
BELGUIM

Fitzhugh Mullan, MD
Murdock Head Professor of Medicine and Health Policy
The George Washington University
USA

Haavard Nygaard
University of Berkeley, California
USA