

**Economic Commission for Africa****Africa Regional Forum on Sustainable Development**

Third session

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Item 6 of the provisional agenda*

Parallel panel sessions on the sub-themes of the Forum**Background paper on the sub-theme: “Healthy lives and promoting well-being for all”****Introduction**

1. The Sustainable Development Goals have placed a high premium on good health by calling for an improvement in the well-being of all people regardless of status. The literature shows that a healthy population is more productive and has greater potential to contribute to the overall economic and social development of a region or country. Thus, Agenda 2030 for Sustainable Development is explicit on the importance of good health as a catalyst for economic growth.
2. With 60 per cent of Africa’s population currently aged 24 and below, African Heads of State and Government have adopted as the theme for 2017 “Harnessing the demographic dividend through investments in youth” and are refocusing regional and subregional initiatives on this goal. Access to health services is crucial to the successful accomplishment of any plans to reap the demographic dividend.
3. The achievement of many Sustainable Development Goals has a bearing – whether direct or indirect – on the health goal by addressing the social determinants of health. For example, Goal 1 on ending poverty includes two health-related targets on providing coverage with social protection systems for people who are poor and vulnerable and on building resilience and reducing deaths from natural disasters. Goal 2 is concerned with food security and good nutrition (to prevent malnutrition); the upholding of health rights plays a critical role in attaining Goal 5 on gender equality and empowerment of women and girls, which includes a specific target on universal access to reproductive health and reproductive rights; Goal 6 on universal access to water and sanitation leads to good health and the prevention of water-related diseases; Goal 10 focuses on reducing inequalities, including in access to health information and services; while Goal 13 on climate change also has health implications.

II. Progress in implementation

4. Having been adopted in 2015, the Sustainable Development Goals have only been under implementation for slightly more than one year and it is therefore still too early to provide a comprehensive assessment of their progress. This notwithstanding, many countries in Africa have already stepped up their efforts to achieve universal and equitable access to quality health care, including universal access to comprehensive sexual and reproductive health services, to ensure realization of reproductive rights, and to improve health systems and health financing, among other imperatives.

5. More important, Africa has posted significant gains in health over the last one and a half decades. For example, there has been a considerable decline in new-born, child, maternal and adult mortality rates and substantial decreases in the burdens of several diseases.¹ Progress between and within subregions and individual countries remains very varied, however. While between 1990 and 2015 Africa excluding North Africa posted a 45 per cent reduction in maternal, new born and child morbidity and mortality, some countries, such as Burundi, the Central African Republic, Nigeria and Somalia, remain above the regional average for maternal mortality of 210 deaths per 100,000 live births (see figure 1). In fact, reproductive health problems are a leading cause of ill health and death for women and girls of childbearing age in many African countries. During the same period, under-5 mortality rates dropped by as much as 54 per cent in Africa excluding North Africa, while neonatal mortality declined by 38 per cent.² In North Africa under-five mortality reduced by 67% while maternal mortality has declined by 59% on account of strong health systems and increased access to health services, including voluntary family planning.

6. Sub-Saharan Africa has the world's highest unmet need for family planning, at 25 per cent. While some countries have shown remarkable progress in their contraceptive prevalence rate over the past 20 years, achievements against this indicator vary widely. The contraceptive prevalence rates for modern methods ranged from 1.2 per cent in Somalia to 60.3 per cent in South Africa. At the subregional level, Southern Africa reported the highest levels of contraceptive use, followed by East Africa. With a few exceptions, West and Central African countries report very low rates of family planning use.

7. Some of the lowest contraceptive prevalence rates in the world are found in these two African subregions, and they have had negative impacts on progress in the area of women's sexual and reproductive health and children's health. This is of particular concern where the attainment of sustainable development plans, in particular for young girls, is concerned. In 2012, the adolescent birth rate in sub-Saharan Africa was still as high as 75 live births or more per 1,000 girls, the highest such rate in the world, with West and Central Africa posting the highest levels of unmet contraception need at 24 per cent. In pursuit of the African Union's plans to harness the demographic dividend, African member States must make the crucial investments in the full realization of sexual and reproductive health and rights of women and young people.

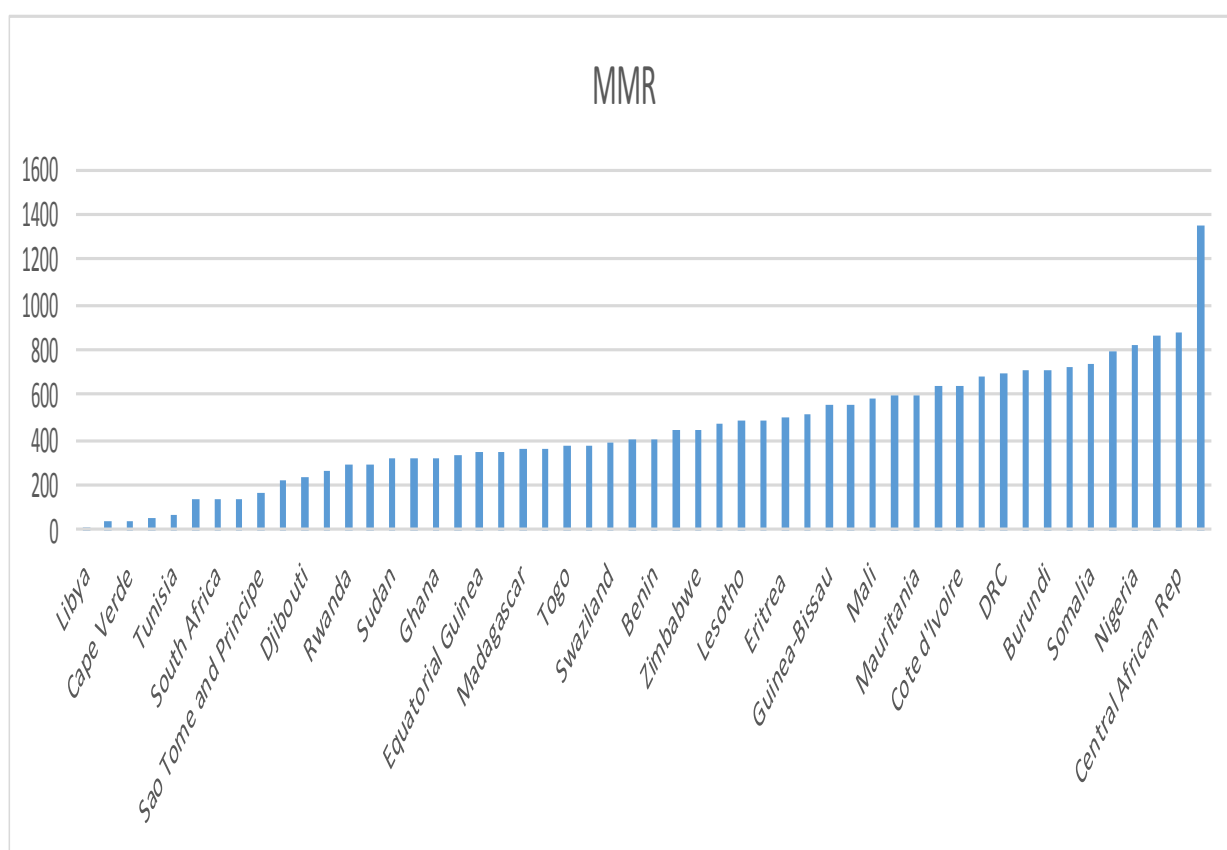
Figure 1

Maternal mortality ratios for select countries, 2015

NOTE TO POOL: THIS TABLE IS VERY SMALL WHEN I PRINT IT – PLEASE MAKE SURE IT IS AS WIDE AS THE ALLOWED MARGINS

¹ World Health Organization, *The Health of the People: What Works – the African Regional Health Report 2014*, WHO Regional Office for Africa.

² World Health Organization, “Global Strategy for Women’s Children’s and Adolescents’ Health 2016-2030: implementation in the African region”, report presented at the Regional Committee for Africa, sixty-sixth session, Addis Ababa, 19–23 August 2016.



Source: WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

8. Malaria control interventions averted 663 million cases between 2001 and 2015, primarily of children under 5 years of age in Africa excluding North Africa. Thanks to indoor residual spraying and the use of mosquito-treated bed nets, malaria-related deaths have dropped by a staggering 66 per cent in Africa. Malaria remains a major challenge in a number of States, however, including the Central African Republic, Chad, the Niger, Nigeria, Sierra Leone and others³.

9. Although Africa excluding North Africa remains the epicentre of the pandemic, deaths due to HIV/AIDS have declined by almost half in the last 10 years owing to programmes on the prevention of mother-to-child transmission and strong anti-retroviral treatment in member States. Notably, Africa achieved the HIV targets under the Millennium Development Goals. New infections have declined by 41 per cent since 2000 and more than 11 people million living with HIV mostly in Africa excluding North Africa are receiving treatment, which has contributed to a reduction of up to 48 per cent in HIV-attributable deaths since 2005.⁴ The prevalence rate in the region remains disturbingly high, however, estimated at 4.8 per cent in 2014 but much higher in Eastern and Southern Africa.

³ <http://www.africanhealthstats.org/cms/?pagename=indicator&indicator=MTB22>

⁴ World Health Organization, "Health in the 2030 Agenda for Sustainable Development", report of the secretariat, presented at the Regional Committee for Africa, sixty-sixth session, Addis Ababa, 19–23 August 2016.

Botswana, Lesotho, South Africa and Swaziland are among the countries with the highest HIV prevalence rates in Africa.

10. Africa continues to bear the brunt of the global burden of tuberculosis and accounts for 28 per cent of the estimated 9.6 million incident cases that occurred worldwide in 2014.⁵ Notwithstanding the high number of such cases, the World Health Organization (WHO) has been able to demonstrate that the implementation of directly observed treatment short-course (DOTS) and the Stop TB Strategy by member States resulted in the saving of an estimated 10.1 million lives in Africa between 2000 and 2014. This underscores the importance of targeted interventions and hence the need for increased focus on efforts mounted under the health-related Sustainable Development Goals.

11. Life expectancy at birth has risen rapidly since 2000 – a general reflection of improving health outcomes across the region. With a regional average of only 60 years, however, Africa still trails behind the rest of the world with regard to life expectancy at birth.

12. The overall gains in health are noted, however communicable diseases remain a major threat with non-communicable diseases on the upswing because of changing life styles especially in urban areas. In addition, the neglected tropical diseases and also mental health issues continue to pose challenges for Africa.

III. Emerging issues, challenges and opportunities to enhance implementation

13. Health is slowly moving from the margins of policy debates to a central position in development planning in Africa, as is evident from the increased attention being given to health in the region through a number of policy frameworks and instruments. Against this backdrop, the focus given by the Sustainable Development Goals to health presents both challenges and opportunities for realizing health for all. In order to promote healthy lives and deliver health to all, however, there is need to pay attention to some of the factors that hindered the achievement of some of the health-related Millennium Development Goals. These included fragmentation in funding and interventions; an ineffective multisectoral response; inadequate financing; weak health-care systems; and unequal access to effective services.⁶

14. In terms of health financing, member States are on average still far from meeting key health financing goals such as that set in the Abuja Declarations and Frameworks of 2000/2001 For Action on Roll Back Malaria, and on HIV and AIDS, Tuberculosis and other related infectious diseases of allocating 15 per cent of national budgets to health, while out-of-pocket expenditure remains very high, accounting for as much as 40 per cent of the total health expenditure in many African countries, with deleterious effects on poor households. In some countries the total health expenditure does not reach even the minimum level of \$44 per capita defined in 2009 by the High-level Task Force on Innovative International Financing for Health Systems.

15. Currently, Africa's investment in the health sector remains lower than that of other regions. In 2000, the continent's total expenditure on health as a percentage of GDP was 5.5% the global average stood at 8.2% 2012, the region's average had increased to 6.5% was still below the global average of 8.6% Many countries in the continent have very

⁵ World Health Organization, "Framework for implementing the "The End TB Strategy" in the African region 2016–2020", report of the secretariat, presented at the Regional Committee for Africa, sixty-sixth session, Addis Ababa, 19–23 August 2016.

⁶ Ibid.

low health capita spending, implying a low level of investment in individual citizens. In 2012, Africa's total expenditure on health stood at \$208 (PPT int.\$) per capita, compared to \$8845 (PPT int.\$) spent on health on average in high income economies (World Health Statistics, 2015). By 2012, only six African countries – Ethiopia (16.4%), Malawi (22.1%), Nigeria (18%), Swaziland (18.1%), Togo (15.4%) and Uganda (24.2%) – had met the Abuja target of allocating 15 per cent of national budgets to the health sector⁷.

16. In addition, weak data systems and data gaps in some member States in the areas of demography and certain health indicators pose serious challenges for the effective monitoring and evaluation of progress. In particular, the very limited disaggregation of indicators, whether by age, gender or location, complicates the processes of data collection and analysis. For example, disaggregation of health data by social and economic status would provide a measure of inequality alongside other measures such as the Gini coefficient. In this context, target 17.18 is critical, as it promotes monitoring of disaggregated data by “income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts” and will contribute to achieving Goal 10 on reducing inequality within and among countries.

17. In terms of shared opportunities, the health-related Sustainable Development Goals can serve as a powerful vehicle for enhancing mutual accountability between member States and development partners alike. Each party has clear responsibilities in the achievement of the health-related Goals.

IV. Conclusions and strategic policy recommendations

18. Sustained investments in health, coupled with appropriate reforms, will lead to resilient systems that can respond effectively to the health needs of African people. As over 60 per cent of the population is under 24 years of age, health systems must be able to meet the health needs of women and young people, in particular their sexual and reproductive health and family planning needs. Indeed, many African countries are already undertaking a wide array of policy and structural reforms in their health sectors, with a view to improving health outcomes, including accelerating progress towards meeting the health-related Sustainable Development Goals.

19. Drawing from the experience of the health-related Millennium Development Goals, monitoring of health and health-related targets under the Sustainable Development Goals should be a primary focus of governments and key stakeholders. In this context, strong and robust monitoring and evaluation frameworks should be put in place and supported by credible data to inform analysis and the design and implementation of policy. Thus, the availability of data and empirical evidence in the health-related Sustainable Development Goals is of critical importance.

20. Based on the identified challenges pointed out earlier, a number of steps and actions are proposed for member States, development partners and civil society to enhance the implementation of health related Sustainable Development Goals. For example, there is need to promote universal health insurance coverage and social protection,⁸ and also to strengthen the pharmaceutical manufacturing sector to tackle the production of counterfeit drugs for antimicrobial resistance and cover the regional unmet need for contraceptives (commodity security), in order to reduce vulnerability.

21. WHO⁹ has suggested a number of practical actions to ensure the attainment of the health-related Sustainable Development Goals. These include the adoption of a national

⁷ World Health Statistics 2015 Report, WHO

⁸ Economic Commission for Africa and African Union 2016. Expert Meeting on Agenda 2063 Financing, Domestic Resource Mobilization and Partnership Strategy, Pretoria, South Africa **CAN WE HAVE A PRECISE CITATION FOR THIS CONFERENCE – I AM UNABLE TO TRACE IT**

⁹ See footnote 3 above.

plan, a coordination mechanism, and a monitoring and evaluation framework for the implementation of the 2030 Agenda on Sustainable Development; a need for multisectoral actions to address social, environmental and economic determinants of health with a view to reducing health inequities within and between countries; a need for long-term, predictable and sustainable financing; the focusing of efforts on strengthening primary health care and health systems to ensure increased accessibility and quality of health services; policies to make health services available and affordable for all at the point of delivery; and improved accountability in data use, which should be take central stage in the planning and monitoring framework for the Sustainable Development Goals.

22. In order to address health inequities, and also inequitable conditions among people, redistributive fiscal policies are indispensable, such as social protection systems that target the poor and vulnerable. Where financing the health-related Sustainable Development Goals is concerned, domestic resource mobilization is critical for sustainable health outcomes in Africa. It is also in line with the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which, among other measures, called for public policies and the mobilization and the effective use of domestic resources, underscored by the principle of national ownership, as central to the attainment of sustainable development goals, including those which were health-related. Accordingly, Africa should expand the domestic fiscal space through increased economic growth for broader and progressive taxation, which will allow more public revenues to be spent on health. In addition, it should strengthen partnerships within the framework of South-South cooperation to leverage resources for health financing.

23. In order to sustain the momentum already generated and to catalyse the gains achieved thus far, Africa should redouble its political will through strong and visionary leadership, with the aim of realizing its vision of harnessing its demographic dividend to achieve sustainable development. This should be pursued through various declarations and instruments, such as the Abuja Declarations and Frameworks of 2000/2001 For Action on Roll Back Malaria, HIV and AIDS, Tuberculosis and other related infection diseases on increasing government funding for health; the 2004 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa; the Addis Ababa Declaration of 2006 on Community Health in the African Region; the 2012 Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector; the 2014 Addis Ababa Declaration on Population and Development; and the 2016–2030 Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights, and also through operationalization of the Africa Centre for Disease Control and Prevention and the Africa Health Strategy 2016–2030.

24. More important, progress will only be achieved if all stakeholders are part of the implementation process. In this regard, civil society, faith-based and community-based organizations and the private sector should all be mobilized and made an integral part of the implementation and monitoring strategy for the health-related Sustainable Development Goals.

25. Africa should also draw lessons from existing evidence with a view to developing more carefully targeted responses to health challenges. For example, the African Union-led cost of hunger studies in Africa provide very useful lessons and information on the cost of inaction on child undernutrition in Africa. These lessons should be adapted and put to use in assessing the overall cost of inaction for all the health targets under Goal 3.

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I. Main challenges and opportunities

34. In the light of the above assessment of the implementation of the Sustainable Development Goals and aspirations of Agenda 2016, the following structural and emerging challenges may be identified:

Challenges

- Very slow pace of implementation of the multiple global, regional and national gender equality and women's empowerment commitments entered into by member States. This constraint has been confirmed by a number of assessment reports, including the Africa regional review under the 20-year review of the implementation of the Beijing Declaration and Platform for Action
- Low investment in women's social and economic rights, in particular that of women's reproductive health, and in women's economic skills and opportunities
- Pervasive violence against women and girls
- Persistent and strong social and cultural standards and beliefs that underpin discrimination against women and girls across Africa
- Weak gender responsive statistics that impede an effective assessment of all gender related goals and the formulation and implementation of appropriate policy responses.

Opportunities

- The prominence accorded to gender equality and women's empowerment in the 2030 Agenda for Sustainable Development and Agenda 2063 and the current development of integrated national plans for the implementation of both agendas open up opportunities to integrate gender dimensions in these plans and to address the above challenges in a more systematic manner
- The development and strengthening of strategic partnership among a wide range of stakeholders would enable greater and coordinated responses to persistent challenges
- The Africa Data Revolution initiative would facilitate a systematic integration of gender dimensions in national statistics systems.

II. Policy messages and recommendations

32. Proceeding from the above analysis of the sub-theme, the following policy messages and recommendations on efforts to achieve gender equality and the empowerment of all women and girls in fulfilment of the Sustainable Development Goals and the aspirations of Agenda 2063 are put forward for consideration by the Forum:

Policy messages

- Growth that overlooks or worsens gender inequality cannot be inclusive or sustainable. Yet growth that is based on the over-exploitation of Africa's resources (in other words, that is unsustainable) and discriminates against women and girls, the majority of the population (in other words, that is exclusive) cannot be inclusive nor equitable

- Failure to achieve the gender equality goal will result in further delays to progress by the continent towards its much needed structural transformation and sustainable development
- A number of African countries have formulated policies and enacted laws to secure and protect the rights of women and girls. Their implementation is weak, however, and needs to be accompanied by appropriate resources and strengthened monitoring and evaluation mechanisms
- African countries' commitment to gender equality and women's empowerment should go along with the harnessing of domestic resources – both financial and human – to implement fully and urgently the gender goals, in order to steer the development discourse in the right direction and to maximize the potential and outcomes of women's social, economic and political empowerment.

Policy recommendations

- Appropriate measures and stronger action must be taken to reflect gender and women's issues, including those of girls and young women, in the national integrated plans that countries are developing to incorporate the 2030 Agenda and Agenda 2063 into their domestic legal frameworks and also in regional strategies and plans to harness the demographic dividend
 - The ministry responsible for developing national integrated plan for the implementation of both agendas should ensure the full and effective participation of the ministry in charge of gender equality and women's empowerment, of women's movements and of gender experts to ensure that gender issues are analysed and taken on board
 - Sufficient financial and human resources should be allocated for the implementation of the gender equality and women's and girls' empowerment goals
 - Greater investment in women's sexual and reproductive health is also a priority, given the alarming rates of maternal mortality and unmet need for voluntary family planning, in particular among younger women. In order to achieve the Sustainable Development Goals and Agenda 2063, it is critical for the international community to reaffirm the promise of universal access to reproductive health and family planning, and to increase investment in this area, in particular for young girls, given the size of this population group
 - Special attention should be given to women's economic empowerment by harnessing their entrepreneurial talent and opportunities. In this context, women should be fully involved in and benefit from the continuing engagement by Africa in strategies and initiatives to transform the continent's economies.
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