

**HUMAN SECURITY APPROACH
IN THE
HEALTH SECTOR IN AFRICA**

A PRESENTATION

BY

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LAUREATE, HIDEYO NOGUCHI AFRICA PRIZE BY JAPAN

ON THE OCCASION OF THE SATELLITE SYMPOSIUM:
THE THIRD TICAD MINISTERIAL FOLLOW UP MEETING
DAKAR SENEGAL
2-3 MAY, 2011

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**1. WE STAND IN SOLIDARITY WITH THE PEOPLE OF
JAPAN AS THEY CARRY OUT RECONSTRUCTION:**

- MR MODERATOR, SIR, ALLOW ME TO BEGIN BY EXPRESSING THE DEEP AGONGY THE PEOPLE OF AFRICA HAVE EXPERIENCED WITH THE PEOPLE OF JAPAN SINCE THE EARTHQUAKE OF MARCH 11, 2011;
- WE ARE VERY SORRY THAT SO MANY PEOPLE LOST THEIR LIVES AND SO MUCH DESTRUCTION TOOK PLACE;
- WE ADMIRE THE PEOPLE OF JAPAN EVEN MORE THAN EVER IN THE WAY YOU HAVE RESPONDED BEGINNING WITH HIS IMPERIAL MAJESTY, THE EMPEROR OF JAPAN, THE PRIME MINISTER AND THE GOVERNMENT AS WELL AS THE JAPANESE PEOPLE WE HAVE MET AND SEEN IN THE MEDIA.
- WE APPRECIATE VERY MUCH THAT IN SPITE OF THE ON-GOING RECONSTRURCTION AND RECOVERY EFFORTS, THE GOVEVERNT AND PEOPLE OF JAPAN ARE HERE IN AFRICA WORKING WITH US TOWARDS A VIBRANT AFRICA AS EXPRESSED IN THE THEME OF TICAD IV.
- WE STAND TOGETHER IN KIZUNA AS WE FACE CHALLENGES BEFORE US.

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2. A KEY FEATURE OF THE HUMAN SECURITY APPROACH IS THAT BOTH GOVERNMENT & THE PEOPLE ARE INVOLVED IN FINDING SOLUTIONS TO CHALLENGES THEY FACE.

- THE GOVERNMENT IS EXPECTED TO PROVIDE LEADERSHIP, PROTECTION, FACILITATION AND NEEDED SUPPORT TOWARDS FOR FINDING SOLUTIONS;
- THIS SUPPORT SHOULD INCLUDE FACILITATION OF PROCESSES OF EMPOWERMENT OF THE PEOPLE AT THE GRASSROOTS TO BE ACTIVELY INVOLVED IN THE SEARCH FOR SOLUTIONS RATHER THAN PASSIVELY WAITING FOR SOLUTIONS FROM THE GOVERNMENT OR FROM OTHER SOURCES. THE PEOPLE ARE TO BECOME PROBLEM – SOLVERS AT THE LOCAL LEVEL;
- THEN IN A SUCCESSFUL PARTNERSHIP, THERE ARE BOTH THE TOP- DOWN AND BOTTOM- UP APPROACHES WHICH MEET MIDD-AY IN SUCCESSFUL PROBLEM SOLVING. **AFRICA DESPERATELY NEEDS THIS HUMAN SECURITY APPROACH!**
- IT IS A GREAT JOY THAT THE HUMAN SECURITY APPROACH IS NOW BEING CONSIDERED WITHIN THE TICAD PROCESS AS EVIDENCED BY THIS SATELLITE SYMPOSIUM AT THE 3RD TICAD MINISTERIAL FOLLOW UP MEETING HERE IN DAKAR IN MAY, 2011.

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3. IN WHAT SECTORS CAN THE HUMAN SECURITY APPROACH BE VERY USEFUL TO AFRICA?

AMONG KEY SECTORS THAT THE HUMAN SECURITY APPROACH CAN HELP AFRICA ARE:-

- 1) IMPROVING EDUCATION;
- 2) IMPROVING HEALTH;
- 3) IMPROVING FOOD SECURITY;
- 4) INCREASING WEALTH CREATION
- 5) IMPROVING SOCIAL STABILITY AND PEACE

I'LL MAKE COMMENTS ON COMMUNITY-BASED APPROACH TO HEALTH CHALLENGES. WHAT IS TRUE OF HEALTH IS ALSO TRUE FOR THE CURRENT REALITIES IN AFRICA IN EACH OF THE ABOVE.

THE FACT THAT PEOPLE IN THEIR COMMUNITIES HAVE NOT BEEN FULLY EMPOWERED TO BE ENGAGED IN MEETING THESE CHALLENGES HAS CONTRIBUTED TO THE CURRENT REALITIES OF UNDERDEVELOPMENT IN

THE SAYING GOES "BETTER LATE THAN NEVER!" AND NOW IS THE TIME TO MAKE IT A PRIORITY TO EMPOWER AFRICA'S PEOPLE IN THEIR COMMUNITIES FOR FULL ENGAGEMENT IN FINDING SOLUTIONS TO THE CHALLENGES THEY FACE IN THEIR COMMUNITIES TO SO AS TO BECOME VIBRANT COMMUNITIES.

IT IS **VIBRANT COMMUNITIES** THAT WILL TRANSLATE INTO **VIBRANT NATIONS** AND INTO A **VIBRANT CONTINENT THROUGH A COMMUNITY-BASED APPROACH**.

4.1 WHY THE **COMMUNITY APPROACH** IN AFRICA?

- Because in Sub-Sahara Africa if it doesn't happen in the communities, it doesn't happen!
- When effective facilitation takes place we succeed at the community level in improving the quality of life of the majority of our people positive changes, happen very fast.
- For then we touch the core of our social lives and bring about **social transformation towards vibrant communities that lead to vibrant nations.**
- **SUPPORT FROM UP FOR COMMUNITY-BASED PROCESS FOR EMPOWERMENT OF COMMUNITIES CAN BECOME THE MODALITY FOR SOCIAL TRANSFORMATION OF AFRICA.**

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4.2 **NEED FOR CRITICAL MASS INVOLVEMENT TO PULL AFRICA OUT OF UNDERDEVELOPMENT.**

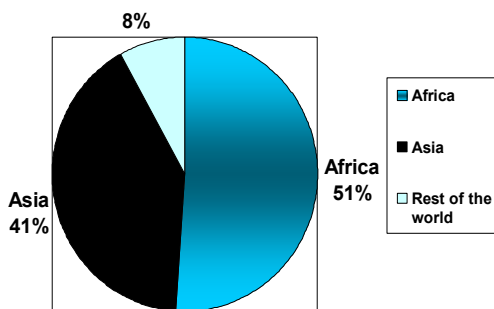
- Through the Community approach, we can reach most people: the younger generations as well as the mature ones;
- If we empower the majority of the people, we shall have a **critical mass engaged in improved food production, improved health, increased wealth creation and increased stability and peace in the communities, nations and on the continent.**
- We need to see the establishment of strategies for doing engaging a critical mass in each of these areas.
- This is how come **community approach becomes a powerful modality for social transformation** which Sub-Sahara Africa very much needs.

4.3, WE NEED TO APPLY THE COMMUNITY-BASED APPROACH FOR IMPROVING CHILD AND MATERNAL HEALTH. THE CURRENT PICTURE IS TERRIBLE AS SHOWN IN THE FIGURES BELOW !

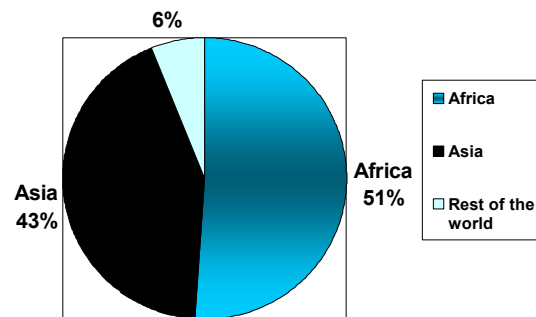
Sub-Sahara Africa reflected in the fact that with about 10% of the Global Population, Sub-Sahara Africa contributes:-

- 51% of global child deaths
- 51% of global maternal deaths

a) Children Under five (2007 data)



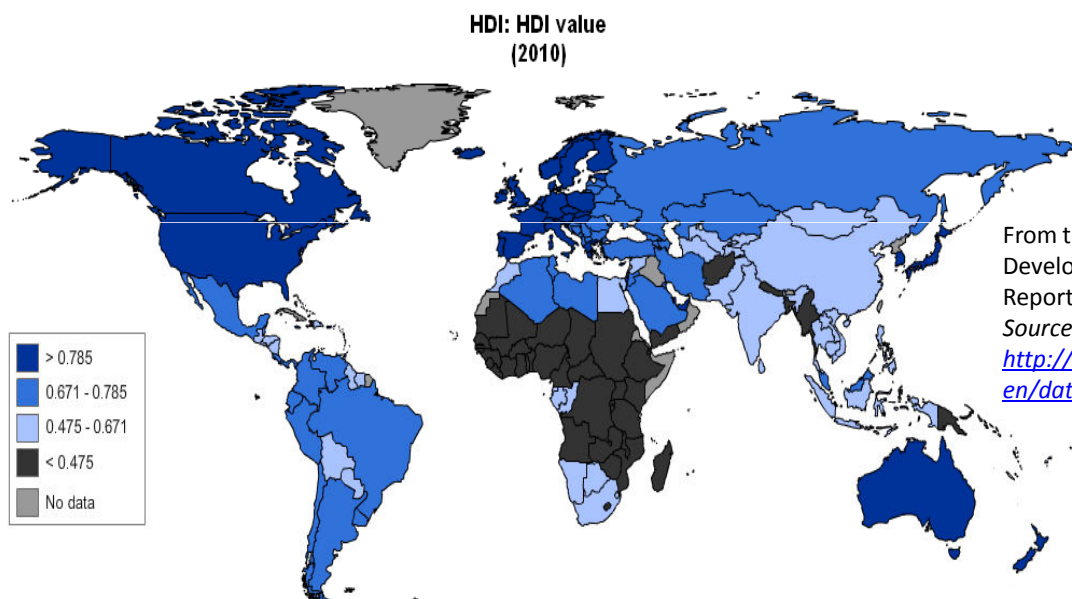
b) Maternal Death: (2005 Data)



Source: UNICEF global database 2009

4.4 VICIOUS CYCLE BETWEEN POVERTY AND DISEASE

NEED TO REDUCE BURDEN OF DISEASE TO STIMULATE WEALTH CREATION AND BETTER QUALITY LIVES WITH HIGHER HUMAN DEVELOPMENT INDEX



From the Human Development Report 2010, Source: <http://hdr.undp.org/en/data/map/> -

4.5 LEADING CAUSES OF DISEASE AND DEATH IN THE SUB-SAHARA AFRICA REGION ARE PREVENTABLE.

Leading causes of death in the African Region, 2002

Rank	0-4 years	5-14 years	15-29 years	All ages
1	Malaria	Lower respiratory infections	HIV/AIDS	HIV/AIDS
2	Lower respiratory infections	HIV/AIDS	Tuberculosis	Malaria
3	Diarrhoeal diseases	Road traffic crashes	Violence	Lower respiratory infections
4	Perinatal conditions	Measles	Lower respiratory infections	Diarrhoeal diseases
5	HIV/AIDS	Trypanosomiasis	Road traffic crashes	Perinatal conditions

Source: Source: Global Burden of Disease 2002

- PREVENTION AND PROMPT TREATMENT OF THIS DISEASES WILL REDUCE THE DISEASE;
- THIS IS BEST DONE WITHIN COMMUNITIES TO RELEASE ENERGY AND MONEY TOWARDS DEVELOPMENT.

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5. EXAMPLES OF NATIONAL COMMUNITY HEALTH STRATEGIES IN AFRICA

I WOULD LIKE TO MAKE REFERENCE TO EXAMPLES FROM

- GHANA IN WEST AFRICA;
- KENYA IN EAST AFRICA;
- MALAWI IN SOUTHERN AFRICA

5.1 THE COMMUNITY HEALTH PLANNING SYSTEM OF GHANA

- This is a nation-wide program by the name “The Community-based Health Planning and Services (CHPS) initiative”.
- It employs strategies tested in the Navrongo experiment, 1994;
- Between 1999 & 2002 100 of the 110 districts in Ghana had adopted the CHPS initiative

It flows from policy and has the following five key strategies:

- i. To improve access and gender equity (issues of maternal health are priority areas of attention)**
- ii. To enhance quality (there are clear plans to enrich the competence of community health workers)**
- iii. To develop efficiency**
- iv. To foster partnerships (including involving community in design and implementation)**
- v. To strive to establish sustainable funding**

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5.2 The objectives of the Kenya CHS strategy include

- Providing level 1 Community Services for all cohorts and socioeconomic groups, taking into account their needs and priorities.
- Building the capacity of level 1 human resource (the community health extension workers: CHEWs and community health workers: CHWs) to provide services at level
- Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of level one services.
- Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility based health services;
- Establish effective referral process from the community to the first health facility and beyond.

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5.2 continued: Among the achievements observed in Kenyan communities where the CHS is implemented are:-

- Immunization has increased appreciably;
- Diarrhea cases among children under two years have reduced;
- More women using ANC services and giving birth with the assistance of skilled workers;
- Increased latrine construction and use;
- Increased use of safe drinking water through boiling or chemical treatment and spring protection;
- Increased uptake of Family Planning methods.

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Achievements observed in Kenyan CHS continued

- Better case management e.g. of malaria and pneumonia
- Increased uptake of contraception for child spacing and family size planning.
- Periodic Amendment of the strategy to improve performance

Already cholera epidemics are becoming an experience of the past.

In Kenya, we appreciate the partnerships of Development Partners in the implementation of Kenya's Community Health Strategy including JICA, USAID, UNICEF & WHO.

5.3 MALAWI HEALTH SURVEILLANCE ASSISTANTS (HSAS)

- Malawi recruited its first batch of Health Surveillance Assistants (HSAs) in 1984 as volunteers but had very high dropout rates;
- Since 1998, HSAs became employees of the Government and work for the health department on a full-time basis;
- By 2010, these workers serve at least 85 per cent of the Malawian population;
- Training of these workers principally occurs at the district level;
- What is more, the quality of work of these workers is augmented by supervision across two domains, training and on technical issues.

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5.3 Continued: Key lessons learned in Malawi and key issues/Challenges that have arisen:-

- Need to focus on certain thematic disease concentrations and even appropriate geographical areas for intervention for the CHS: focus on high impact interventions and areas which can benefit most.
- Need to enhance the process of selection/recruitment, training, equipping, deployment, supervision and remuneration of CHWs to assure their retention and effectiveness.
- Strong political commitment remains a pre-requisite for success in implementation of the Community Health Strategy
- **THIS LAST POINT RESTATES THE IMPORTANCE OF THE INVOLVEMENT OF THE TOP NATIONAL LEADERSHIP!**

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6. COMMUNITY HEALTH WORKERS ARE THE KINGPINS OF THE COMMUNITY-BASED HEALTH CARE APPROACH

6.1 Overview On Community Health Workers (CHWS)

Community Health workers :-

- i. Seen as critical for reaching Millennium Development Goals by increasing access to and Coverage of interventions;
- ii. Potential to reach most remote and poorly served populations, thereby improving equity;
- iii. Some interventions more effectively delivered by CHWs rather than by facility-based health.

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6.2 AREAS IN WHICH CHWs have been found effective include:-

- i. Mass treatment, e.g. Trachoma and Onchocerciasis;
- ii. HIV/AIDS in promotion of Voluntary counseling and testing, Ensuring compliance with treatment as well as in Home-based care
- iii. Effective **Community case management** of childhood communicable illnesses responsible for two thirds of child death, notably Malaria, Diarrhea, Pneumonia and Newborn sepsis

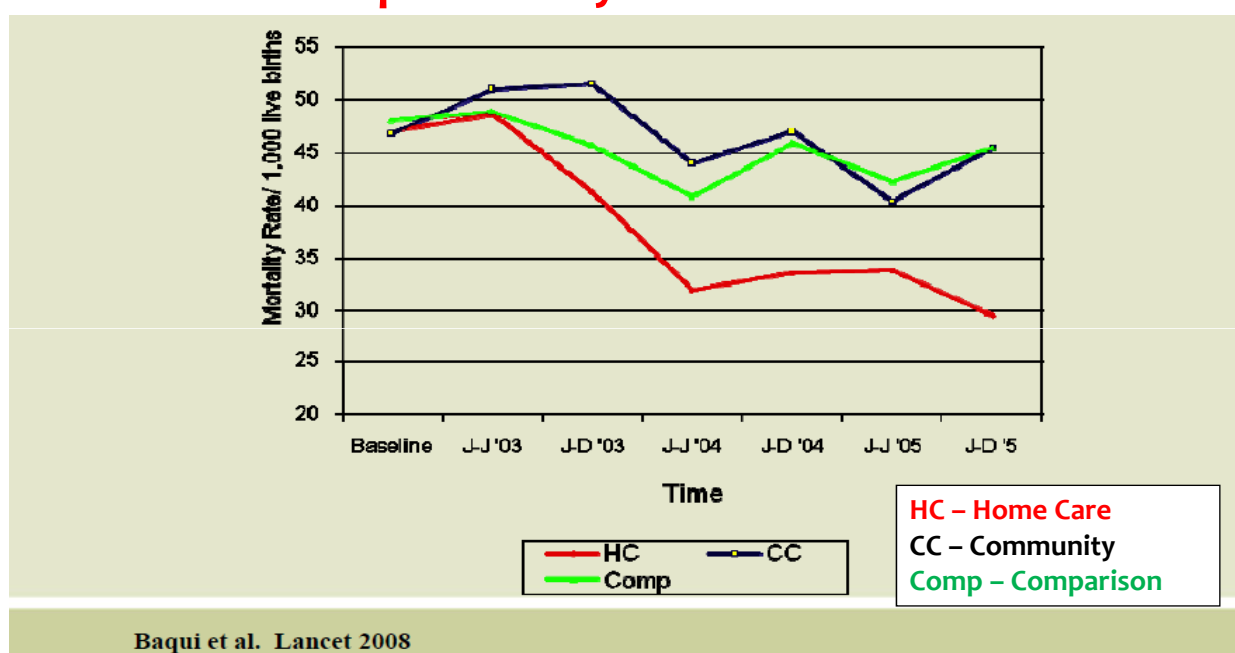
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6.3 Examples of case Management by CHWs

- i. Diagnosis of malaria by Rapid Diagnostic Test and treatment with Artemisinin Combination Therapy;
- ii. Diagnosis of diarrhea and treatment with ORS and zinc;
- iii. Diagnosis of pneumonia and treatment with antibiotics;
- iv. Integrated Community Case Management

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CHWs in reduction of Neonatal Mortality Rates: comparison by methods of care



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7. Establishment of the Continuum of Care in MCH Services in Africa through the MCH Handbook

MEETING THE CHALLENGE OF CONTINUUM OF CARE BY THE USE OF MCH HANDBOOK;

Aware that MCH HANDBOOK BEING USED IN BANGLADESH, INDONESIA, PALESTINE AND THAILAND AMONG OTHERS (www.hands.or.jp/mchtokyo08/en/mch_list.html -) ;

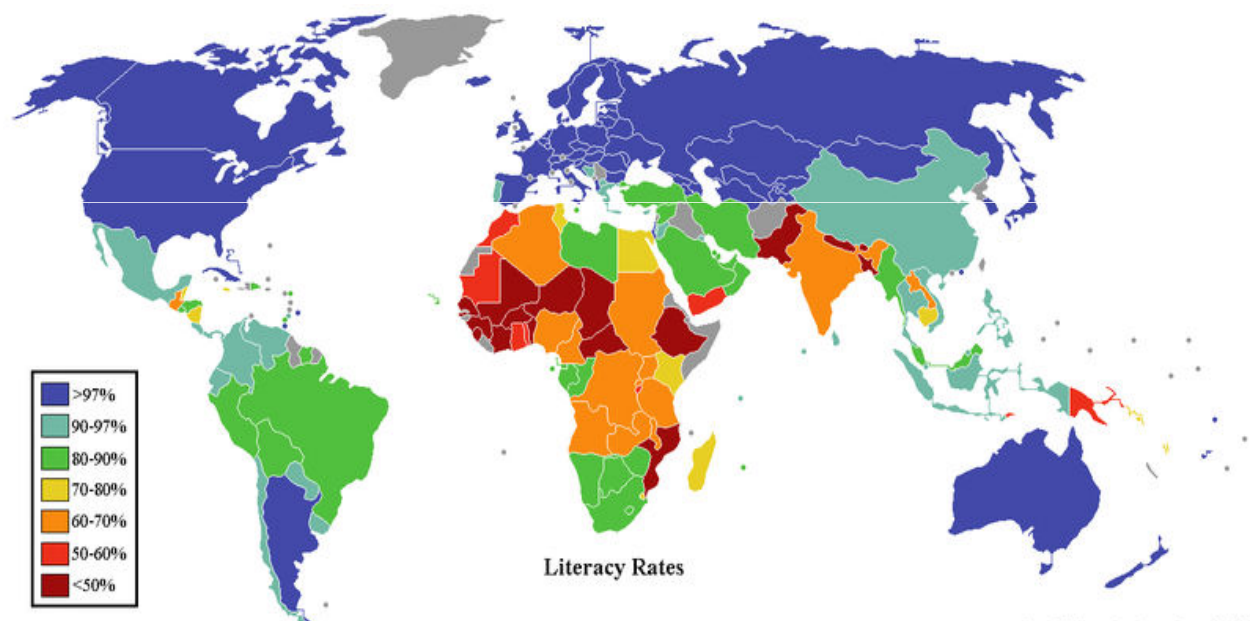
KENYA LAUNCHED MCH BOOKLET IN 2010 TO BE USED FROM LEVEL 1: WITHIN THE COMMUNITY AND FAMILY ;

IN MARCH, 2010, IN COLLABORATION WITH JICA, OSAKA UNIVERSITY, AMREF AND MINISTRIES OF HEALTH OF KENYA, WE HELD THE EAST AFRICAN WORK SHOP ATTENDED BY :- Burundi, Kenya, Rwanda, Tanzania Mainland, Uganda & Zanzibar.

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7.1 AFRICA'S LITERACY RATE SIMILAR TO WHERE THE MCH HANDBOOK IS BEING USED

AFRICA'S LITERACY RATE IN THE GLOBAL CONTEXT
WORLD LITERACY MAP UNHD 2007/2008



Source: UN Human Development Report 2007/2008

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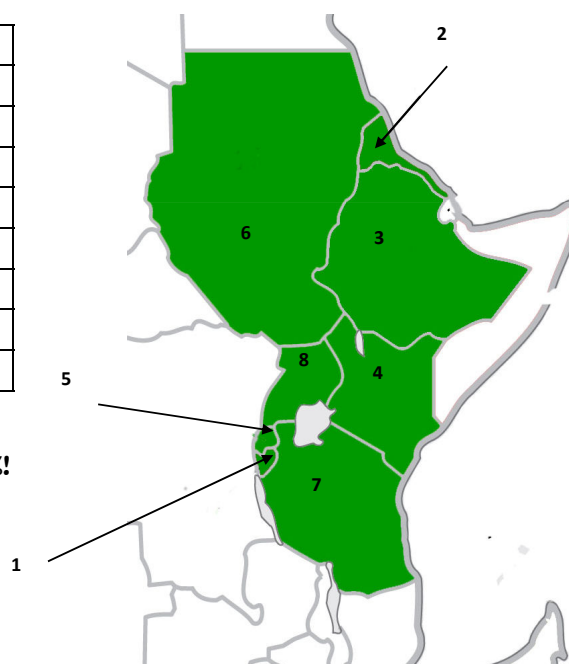
7.2 ADULT WOMEN LITERACY OVER 50% IN MOST COUNTRIES OF THE EASTERN AFRICA REGION OF THE AFRICAN UNION.

EASTERN AFRICA COUNTRIES WITH THE LITERACY RATES OF ADULT FEMALES

Country	Adult Literacy Rates, Female
1. Burundi	52.2 % (2002)
2. Eritrea	?
3. Ethiopia	22.8 % (2006)
4. Kenya	70.2% (2002)
5. Rwanda	59.8% (2002)
6. Sudan	51.8% (2000)
7. Tanzania	62.2% (2002)
8. Uganda	58.9% (2002)

Source: Constructed from UNESCO tables.

NOTE THAT EXCEPT FOR ETHIOPIA ALL >50%!



8. Global Consensus exists on the place of CHWs in National Health systems.

A Global Consultation held on 29-30 April, 2010 on CHWs took place in Montreux, Switzerland;

The Global Consultation concluded that CHWs are critical for Global attainment of the goals of

- **MDG4-Reducing Child Mortality by two-thirds from the base levels of 1990;**
- **MDG 5-Reducing Maternal Mortality by three-quarters from the base levels of 1990;**
- **MDG 6- Combating HIV/AIDS, malaria and other diseases.**

9. COMMUNITY-BASED HEALTH CARE & THE AFRICA HEALTH STRATEGY:2007-2015

9.1 USING THE COMMUNITY APPROACH TO ADDRESS THE ASPIRATIONS OF THE AFRICA HEALTH STRATEGY

RECOGNITION OF THE BURDEN OF DISEASE IN AFRICA AS A BARRIER TO PROGRESS IN HEALTH AND DEVELOPMENT

The Africa Health Strategy opens with the sentences, *“Africa has made significant strides in certain areas of social and economic development but has the potential to achieve even more if it can overcome the large burden of disease which continues to be a barrier to faster development.”*

THE EFFECTIVE COMMUNITY HEALTH IN EVERY AFRICAN COUNTRY WOULD DRASTICALLY REDUCE THIS BURDEN OF DISEASE “ in creating better health for all.”

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9.2 THE AFRICA HEALTH STRATEGY TAKES NOTE THAT CONTRIBUTING FACTORS TO THE HIGH BURDEN OF DISEASE IN AFRICA INCLUDES:

- i. **A shortage of appropriately trained and motivated health workers. “**
- ii. **Inadequate community involvement and empowerment.**

Among the Strategic Approaches (page6) for a coherent organisation framework that enhances efficiency and effectiveness is listed, **“Strengthening and revitalizing a primary health care approach”** in which Community Participation is one of the key pillars.

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9.THERE IS NEED FOR YOUTH TO BE ENGAGED IN COMMUNITY-BASED IMPROVEMENTS ON MATTERS OF OF: -

- Community & Personal Health care promotion and maintenance;
- Management of sexuality and HIV/AIDS CONTROL including support to and mentoring of HIV/AIDS ORPHANS;
- Reproductive health including planned parenthood
- Conflict management and promotion of peace.
- Protection and conservation of the Environment.

THE EXPERIENCE OF **UZIMA FOUNDATION IN KENYA** SINCE 1995 HAS SHOWN HOW YOUTH ENGAGEMENT IS FEASIBLE AND DESIRABLE FOR THE YOUTH THEMSELVES AND FOR THE COMMUNITIES IN WHICH THEY LIVE.

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10. IN CONCLUSION!

APPLYING THE WELL-ESTABLISHED HUMAN SECURITY APPROACH TO IMPROVING HEALTH IN AFRICA IS A VERY WELCOME DEVELOPMENT BECAUSE:=

10.1 THIS APPROACH RECOGNIZES THE IMPORTANCE OF BOTH THE GOVERNMENT, CENTRAL & LOCAL AS WELL AS THE PEOPLE IN THEIR COMMUNITIES IN ENGAGING IN FINDING SOLUTIONS;

10.2 THE INVOLVEMENT OF COMMUNITY REQUIRES THAT COMMUNITY AND PERSONAL EMPOWERMENT TAKES PLACE.

10.3 THAT GOVERNMENT AND DEVELOPMENT PARTNERS SEE THE EMPOWERMENT OF COMMUNITY AS A PRIORITY IN AFRICA AND ENGAGE IN FINDING HOW BEST THIS EMPOWERMENT IS TO TAKE PLACE.

10. 4 IF AFRICA & HER PARTNERS START NOW TO EMPOWER AFRICAN COMMUNITIES IN COMMUNITY-BASED HEALTH CARE APPROACHES, AFRICA WILL ACHIEVE THE HEALTH MDGs on TARGET!

THANK YOU FOR YOUR KIND ATTENTION AS WE STAND IN KIZUNA THROUGH HUMAN SECURITY APPROACH.

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