AN ASSESSMENT OF HEALTH AND ENVIRONMENT LINKAGES IN NEPAD AND HOW THEY INTEGRATE THE MDGS AND WEHAB RECOMMENDATIONS

PROFESSIONAL DEVELOPMENT AWARD FINAL TECHNICAL REPORT
[MAY, 2004 – APRIL, 2005]

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EXECUTIVE SUMMARY

There is growing importance for IDRC programming and research to influence public policy. To achieve this, it is important to develop a good understanding of these policy processes and how to influence them. Such understanding would not only generate learning in terms of how to access particular policy environments and policy makers, but also generate new insights for scaling-up policy related activities in a particular program area.

In this context and with the future programming interests of the Ecohealth Program Initiative (PI) to reinforce its contribution to African development efforts, an exploratory study was launched to examine the policy environment of international development frameworks in Africa, and in particular the New Partnership for Africa’s Development (NEPAD). NEPAD has increasingly gained recognition by the international community as a viable initiative through which to support sustainable development efforts in Africa. Thus, for the Ecohealth PI to be well positioned to contribute to the broader goals of NEPAD through the activities it supports in the region, it is important to develop a good understanding of the policy processes and dynamics of this initiative. Given the fundamental health-environment nexus in the PI’s conceptual framework, the scope of this study was focused on the health and environment aspects of NEPAD, and the potential to link health and environmental issues more integrally.

The project was launched in May, 2004 as part of the activities to be undertaken by the Professional Development Awardee. The primary goal of the project is to gain a deeper understanding of the NEPAD initiative, its governance and policy structures, its commitments to and actions on health and environment, and the extent to which these integrate with global initiatives such as the Millennium Development Goals (MDGs) and the World Summit on Sustainable Development (WSSD) Framework on Water and Sanitation, Energy, Health, Agriculture and Biodiversity (WEHAB). This understanding is meant to provide the Ecohealth PI with an initial understanding of the key actors involved in health, environment and development issues in Africa, the policy making process, the opportunities and limitations presented by NEPAD to address problems at the interface of health and environment, and new learning on how to strengthen the policy relevance of Ecohealth-supported research and activities in the region. The project currently focuses on Sub-Sahara Africa and works along two sub-regional lines. A consultant works in collaboration with the PDA on the West and Central Africa sub-region, and the PDA focuses on East and Southern Africa core.

The project progressed through a number of steps, commencing with the preparation of a background paper on the NEPAD initiative and an issue paper on the perceived gaps related to health and environment within the initiative. The two papers constitute Parts II and III respectively in this report. The background paper examines the origins, evolution, contents, governing structure, and policy dynamics of the NEPAD initiative. It examines
also the health and environment commitments and actions of NEPAD, the extent to which health and environment linkages were made, and how they align with the MDGs and the WEHAB framework. The paper further delineates the African Peer Review Mechanism and some countries’ attempt to incorporate NEPAD objectives into their development agendas. As a follow up to the background paper, the issue paper, prepared by the PDA and the Ecohealth Intern for the period, examines the emerging knowledge gaps related to the integral implementation of health and environment issues within the NEPAD agenda and identifies possible focus areas that the Ecohealth PI might contribute to, such as strengthening the health and environment linkages within NEPAD, identifying ways to make knowledge on health and environment linkages relevant to policy makers, and building research and institutional capacity to implement intersectoral and holistic interventions. The paper also delineates and discusses potential constraining and facilitating factors that might influence the study. The report is organized into four parts. Part I introduces the project, its objectives and the methodological procedures guiding the project, Parts II and III are the background and Issue Papers respectively and Part IV presents the findings of the consultations that were held with various stakeholders including health and environment researchers in Africa, Ecohealth partners, and NEPAD officials among others in the regions. The report concludes with a reflection of my journey as PDA with the Ecohealth Program Initiative of IDRC. Since the project continued after the end of my tenure as a PDA, detailed monthly reports about the project, thereafter, especially the follow-up workshops that were held in Cotonou and Dakar can be accessed through the Ecohealth Program Initiative.
ACKNOWLEDGEMENTS

I am greatly indebted to the entire team of the Ecohealth Program Initiative for making my journey as a Professional Development Awardee one of the most decisive and productive adventures of my professional career. The team effort in making this project succeed amidst the uncertainties is unparalleled. Aspects of this report, especially the Background Paper on the NEPAD initiative and the follow-up Issue paper has benefited from critical comments and suggestions from members of the Ecohealth Program Initiative. In particular, I am grateful to the following: Ana Boischio, Alicen Chow, Renaud De Plaen, Nicole Ghanie, Jean-Michel Labatut, Ligia Noronha, Andres Sanchez, Daniele St. Pierre and Zsofia Orosz. I am also grateful to my colleague and consultant, Yveline Houenou, for efficiently facilitating the West and Central Africa components of this project. Responsibility for the contents of this report remains solely that of the author.
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<th>Description</th>
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<tbody>
<tr>
<td>ADB</td>
<td>African Development Bank</td>
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<tr>
<td>APGA</td>
<td>Action Group Plan for Africa</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AMCEN</td>
<td>African Ministerial Conference on the Environment</td>
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<td>AMCOW</td>
<td>African Ministerial Council on Water</td>
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<td>AMU</td>
<td>Arab Maghreb Union</td>
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<td>APR</td>
<td>African Peer Review</td>
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<td>APRM</td>
<td>African Peer Review Mechanism</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>CEN-SAD</td>
<td>Community of Sahel and Saharan States</td>
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<td>CFA</td>
<td>Canada Fund for Africa</td>
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<tr>
<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
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<tr>
<td>CSSDCA</td>
<td>Conference on Security, Stability, Development and Co-operation in Africa</td>
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<tr>
<td>DOTS</td>
<td>Directly Observed Treatment Shortcourse</td>
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<tr>
<td>ECCAS</td>
<td>Economic Community of Central African States</td>
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<tr>
<td>ECOSOC</td>
<td>Economic, Social and Cultural Council</td>
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<tr>
<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<td>G8</td>
<td>The Group of Eight</td>
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<td>GEF</td>
<td>Global Environmental Facility</td>
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<td>FAO</td>
<td>Food and Agricultural Organization</td>
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<td>HSIC</td>
<td>Head of State Implementation Committee</td>
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<td>Information, Communication and Technologies</td>
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<td>The Millennium Partnership for Africa’s Recovery Programme</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MTEF</td>
<td>Medium Term Economic Framework</td>
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<td>NAI</td>
<td>New African Initiative</td>
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<td>New Partnership for Africa’s Development</td>
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<td>NGO</td>
<td>Non-governmental Organizations</td>
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<td>Organisation of African Unity</td>
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<td>ODA</td>
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<td>PRSPs</td>
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<td>Regional Economic Communities</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SIMA</td>
<td>System-Wide Initiative for Malaria</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>Terms of Reference</td>
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<td>UN</td>
<td>United Nations</td>
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<td>United Nations Development Programme</td>
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<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
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<td>UNEP</td>
<td>United Nations Environment Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Education Scientific and Cultural Organization</td>
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<td>UNITAR</td>
<td>United Nations Institute for Training and Research</td>
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<tr>
<td>UN-NADAF</td>
<td>United Nations New Agenda for the Development of Africa</td>
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<tr>
<td>WEHAB</td>
<td>Water and Sanitation, Energy, Health and Environment, Agriculture and Biodiversity and Ecosystem Management</td>
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**WHO (Afro)**  World Health Organization (African Regional Branch)
PART I
INTRODUCTION

1.1 Background

This is a final report of a Professional Development Award (PDA) held with the Ecohealth Program Initiative (Ecohealth PI) of the International Development Research Centre of Canada (IDRC) for the period between May 2004-April 2005. The report is comprised of a chronological series of papers and reports that were prepared during the tenure of the award, as well as some reflections on my journey as a PDA with the centre.

The PDA award was instituted to conduct a study examining the policy processes surrounding health, environment and development issues in Africa, and in particular those of the New Partnership for Africa, and to provide the Ecohealth PI with a more informed understanding of how to situate and strengthen the policy relevance of the projects it supports in the region. The study complements the increasing efforts of the Ecohealth PI to reinforce and extend its partnership with African scientists and research institutions, promote excellence in research using ecosystems approaches, and to facilitate communications and networking within a global community of practice in Ecohealth (COPEH). The project is also consistent with IDRC’s efforts to reach national, regional and global decision-makers and to contribute to the achievement of global initiatives such as the New Partnership for Africa’s Development (NEPAD), Millennium Development Goals (MDGs) and World Summit on Sustainable Development (WSSD) recommendations.

Over the years, the ecosystems approaches to human health have captivated the imagination of researchers and civil society actors globally. The human health problems that are linked to poor environmental management are now better recognized as extremely important in a growing number of countries. Despite these linkages, a significant difficulty is that the issues are for the most part still addressed in separate disciplines – either in the health or environment sectors. Integrated and participatory approaches are perceived today as likely to bear fruit by a great number of actors who have a clear understanding of the complexity of issues that need to be addressed. The major challenge is no doubt that of reaching decision-makers who often work in the framework of ministries and departments that are organized in a sectoral manner, but even amongst this group of actors things are changing.

In addition, experts working on the development challenges of the African continent have always argued that, those development programs that are planned, initiated and supported by northern donor institutions, due to their lack of African ownership, do not necessarily enjoy strong support amongst the African actors that these programs try to reach. Furthermore, these programs tend to have little or even negative effects because of their piece-meal nature, often running the risk of contradicting each other. Also, the African leadership is often marginalised in the formulation of the development strategies.
involving their own countries and this results in promoting a sense of dependency amongst the African actors of development in general.

The New Partnership for Africa’s Development NEPAD initiative, despite its limitations and lack of specificity in the initial document, attempts to correct these deficiencies and aims to promote a sense of African ownership of the development process and a departure from a dependency attitude to initiate proactive strategies on the part of the African leaders and actors. NEPAD is an initiative by African leaders to deal, collectively and individually, with the political, socioeconomic and development challenges facing Africa. Initiated in 2001, NEPAD articulates the vision for Africa in the new millennium, stating the problems facing the continent and outlining a program of action to resolve these problems so as to achieve a desired future. Among other things, the NEPAD initiative aims to eradicate poverty in Africa and to place African countries, both individually and collectively, on a path to sustainable growth and development, and to ensure that Africa is on track to meeting the Millennium Development Goals (MDGs) by 2015.

Health and Environment are among NEPAD key areas of action and have been articulated in two NEPAD documents: the Health Strategy and the Environmental Action Plan. The Health Strategy recognizes the broader socio-economic and political factors that underlie much ill health in Africa and proposes a multi-sectoral approach to addressing the region’s disease burden. The Environment Initiative also identifies the root causes of most environmental degradation to include the complex interplay between poverty and excessive use of the natural resource base. The initiative proposes a coherent action plan and strategy to address the region’s environmental challenges while simultaneously combating poverty and promoting socio-economic development. International organizations interested in addressing problems at the interface of health and environment therefore have a key role to play in strengthening research and capacity in this regard. Moreover, with the time, the NEPAD initiative has increasingly gained recognition from the international community and the United Nations system as the development framework through which to support development in Africa. Thus, this project fits within the Ecohealth PI and IDRC’s objective to contribute to regional and global initiatives by facilitating dialogue among the various actors involved in integrated approaches to development and to build the capacity of those actors to implement those activities.

IDRC and the Ecohealth PI, in their current and future programming stand to contribute to the implementation of NEPAD objectives by supporting the African scientific community to assess and respond to some of the gaps and needs for refining and implementing local policies and actions within this development framework. To the extent to which encouraging more systematic exchanges of ideas about health and environment is considered desirable by the key actors of these regional initiatives, it will be necessary to help a scientific community trained in a single disciplinary approaches to acquire the skills to communicate and collaborate effectively across disciplines. Thus, this study identifies a number of areas that could be explored by the Ecohealth PI including the opportunity to:
- assess the opportunities presented by NEPAD to address health and environment issues more integrally and to identify key areas of policy and action that can be supported by Ecohealth research partners;
- promote research that reaches decision makers and deals with local issues as well as, national and regional ones;
- identify and support policy-relevant research linking health and environment in Africa;
- build capacity of the NEPAD actors so that the links between health and environment are strengthened; and
- facilitate the consolidation of a COPEH in the continent and institutionalize the Ecohealth approach;

1.2 Objectives of the Project

The main objectives of the project are:

- to obtain a better understanding of international sustainable development frameworks and initiatives: New Partnership for Africa’s Development (NEPAD), Millenium Development Goals (MDGs), and Water, Energy, Health, Agriculture, Biodiversity and Ecosystem Management (WEHAB) in Africa: their governance, the key actors and their research and capacity building needs as they relate to health and environment;
- to explore if and how the environment and health related efforts of NEPAD, MDGs and WEHAB are interlinked and whether this helps with the furthering of their objectives;
- to facilitate focus group discussions involving Ecohealth research partners in the region, and selected policy and decision-makers on the relevance, gaps and needs in terms of research and capacity building to utilise an Ecohealth approach within the implementation of these development frameworks; and,
- to provide the Ecohealth PI with a synthesis report summarizing insights based on the above that will assist the PI plan more effectively the delivery of its programming in Africa in the next prospectus.

1.3 Methodological Procedures

The project incorporated several stages including an initial review of the health and environment dimensions of key international development frameworks such as the NEPAD, MDGs and WSSD WEHAB recommendations, face-to-face consultations and workshops. A review of activities of Ecohealth partners and programming in the region was also undertaken.

The literature review consisted mainly of analyses of secondary data from key documents, collection of primary data through e-mail exchanges, telephone interviews and travel. The literature review culminated in the preparation of two papers: a
Background paper and an Issue Paper. The background paper, which constitutes part II of this report, examines the origins, evolution, contents, and governing structure of the NEPAD initiative. The paper examines the health and environment commitments and actions of NEPAD, the extent to which health and environment linkages are made, and how they align with the MDGs and the WEHAB framework. The paper also examines the African Peer Review Mechanism and some countries’ attempt to incorporate NEPAD objectives into their development agendas. As a follow up to the background paper, the issue paper assesses the emerging knowledge gaps related to the health and environment dimensions of the NEPAD initiative. The paper identifies possible focus areas that the Ecohealth PI might contribute to, such as strengthening the health and environment linkages within NEPAD, identifying ways to make knowledge on health and environment linkages relevant to policy makers, and building research and institutional capacity to implement intersectoral and integrated interventions.

The second stage of the project involved conducting face-to-face consultations in two separate regions: West and Central Africa, and East and Southern Africa. The consultations were held with Ecohealth research partners in the region, civil society, NEPAD and NEPAD-related officials, policy makers, and African researchers in health and environment. The consultations gathered opinions on the merits of the study, how to engage with NEPAD, challenges and capacity needs of linking health and environment concerns, and the types of health and environment activities that might be supported in the region to strengthen health and environment linkages. A bilingual consultant, Yveline Houenou, with interests in health and environment issues in West and Central Africa, was recruited to facilitate the consultations and workshops in that sub-region, whilst the PDA, conducted those in East and Southern Africa. The issues consulted on with various stakeholders are presented in Appendix 4.1.

Following these consultations were workshops to discuss the findings of the consultations and to act on emerging recommendations. Two workshops have thus far been held for the West and Central Africa region. The first was held from Feb. 17th-19th, 2005, in Cotonou, Benin, at the margins of the 2004 Institut d’Automne in Cotonou, and the second took place in Dakar, Senegal from August 22nd –26th, 2005, following the 2005 ENDA-LEAD International Training Session on Ecosystem Approaches to Human Health. The first workshop for the East and Southern Africa sub-region is planned for 15th-17th February, 2006, at Pretoria, South Africa. The reports for these workshops can be accessed from the Ecohealth Program Initiative of IDRC.

Finally, the outcome of these workshops will feed into the development of comprehensive health and environment framework for the two regions and suggested research priorities may be pilot tested in select countries, in collaboration with African research partners. These workshops are also intended to nurture the development of learning networks that create platforms for the exchange of best practice and experiences among various actors on health and environment linkages. Exchanges between these networks would be sustained through electronic discussions.
PART II

EXPLORING THE HEALTH AND ENVIRONMENT DIMENSIONS OF THE NEW PARTNERSHIP FOR AFRICA’S DEVELOPMENT (NEPAD)

A Background Paper prepared for the Ecosystem Approaches to Human Health Initiative of the International Development Research Centre of Canada (IDRC)

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2.1 Introduction

The purpose of this background paper is to examine the governance structure, dynamics and policy environment of the NEPAD initiative, its health and environment commitments and actions, and the extent to which these integrate and articulate with the Millennium Development Goals (MDGs) and the World Summit on Sustainable Development recommendations on Water and Sanitation, Energy, Health and Environment, Agriculture and Biodiversity and Ecosystem Management (WEHAB). The intent is to provide the Ecohealth Program Initiative (PI) of the International Development Research Centre of Canada (IDRC) with an in-depth understanding of the policy environment and processes of the NEPAD initiative, with the view to guiding its current and future programming in the African region, and also to be better positioned to guide its research partners in strengthening the policy relevance of their research.

The New Partnership for Africa’s Development (NEPAD) is an initiative by African leaders to deal, collectively and individually, with the political, socioeconomic and development challenges facing Africa. Initiated in 2001, NEPAD articulates the vision for Africa in the new millennium, stating the problems facing the continent and outlining a program of action to resolve these problems so as to achieve the desired vision.

Over the years, NEPAD has increasingly gained recognition from the international community and its development partners. In November 2002, the United Nations General Assembly passed a declaration (A/RES/57/2) and a resolution on NEPAD (A/RES/57/7), affirming the United Nations system’s support for the implementation of NEPAD and recommending that the international community use NEPAD as their framework to support development in Africa.\(^1\) The WSSD Plan of Implementation, also incorporates NEPAD’s main principles and priorities, and emphasises global partnership.

With the growing interest to increase the policy-relevance of research among its partners, the Ecohealth PI launched an exploratory study to better understand the policy context of some development frameworks in Africa. Thus, this background paper is an attempt to map out the NEPAD initiative, tracing its evolution, governance structure, contents, and health and environment commitments, and raising some questions as to how health and environment can be integrated into sustainable development efforts through NEPAD. It is hoped that this paper will set the stage for a follow-up consultation with African experts and policy makers in the field of health and environment, together with key NEPAD actors to determine the opportunities and limitations presented by NEPAD in the context of health and environment in Africa.

\(^1\) In 2002, the United Nations General Assembly passed three resolutions formally accepting NEPAD as the framework for engagement with Africa after ending the United Nations New Agenda for the Development of Africa (UN-NADAF). The Secretary General also established the Office of the Special Advisor on Africa (OSAA) to coordinate the UN’s support to Africa, guide reporting on Africa and coordinate global advocacy in support of NEPAD.
2.1.1 What Is NEPAD?

The New Partnership for Africa’s Development is a vision, a spirit and a strategic policy framework for the economic and social development of Africa. It is “a pledge by African leaders, based on a common vision and a firm and shared conviction, that they have a pressing duty to eradicate poverty and to place their countries, both individually and collectively, on a path of sustainable growth and development and, at the same time, to participate actively in the world economy and body politic.” The initiative is based on the determination of Africans to extricate themselves and the continent from the malaise of underdevelopment and exclusion in a globalising world. It also calls for a new partnership between Africa and the international community based on a realisation of common interests, obligations, commitments, benefit and equality. The initiative is premised on good governance and democracy and Africa’s ownership, leadership and management of the plan.

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NEPAD’s Essence and Purpose

- NEPAD is a vision and program of action for the redevelopment of the African continent.
- NEPAD is a plan that has been conceived and developed by African leaders.
- NEPAD is a comprehensive integrated development plan that addresses key social, economic and political priorities in a coherent and balanced manner.
- NEPAD is a commitment that African leaders are making to African people and to the international community, to place Africa on a path of sustainable growth.
- NEPAD is a commitment African leaders are making to accelerate the integration of the African continent into the global economy.
- NEPAD is a framework for a new partnership with the rest of the world.
- NEPAD is a call to the rest of the world to partner Africa in her own development on the basis of her own agenda and program of action.

Source: [http://www.africa-union.org/Special_Programs/NEPAD/nepad.htm](http://www.africa-union.org/Special_Programs/NEPAD/nepad.htm)

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2.1.2 What are the Origins of NEPAD?

NEPAD resulted from a merger of three parallel initiatives; the Millennium Partnership for Africa’s Recovery Programme (MAP), the OMEGA Plan for Africa, and the Compact for African Recovery. The MAP resulted from a mandate given to Presidents Mbeki of South Africa, Obasanjo of Nigeria, and Bouteflika of Algeria, by the 2000 OAU Summit in Lome, Togo, to prepare a plan detailing how Africa could overcome its problems of marginalisation, underdevelopment, conflict, disease, debt, and poor governance. Within

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3 For more information on the evolution of NEPAD, and the Millennium Partnership for the African Recovery Program and the Omega Plan, visit the NEPAD official website at www.nepad.org/
the same period, the Senegalese President Abdoulaye Wade, also drafted the OMEGA Plan which he first presented to the French-Africa summit in Cameroon in January 2001. The OMEGA plan focused on four priorities; agriculture, education, health and infrastructure, including information, communication and technology (ICT). The third initiative, the Compact for African Recovery, was initiated by the executive secretary of the United Nations Economic Commission for Africa, K.Y. Amoako, in response to a mandate given by the African ministers of finance in late 2000. The Compact document contained ideas of ‘enhanced partnership’, \(^4\) mutual accountability towards development outcome and the peer review mechanism.

At the Conference of Ministers of the United Nations Economic Commission for Africa (UNECA) in Algiers, 8-10 May 2001, it was decided to table and merge the three initiatives, given the synergy and complementarity amongst them, and the wisdom in presenting a single, coordinated plan to the international community. Following a series of negotiations and consultations, the merged document, entitled “A New African Initiative: Merger of the Millennium Partnership for the African Recovery Programme and the Omega Plan (NAI),” was presented to the OAU Summit of Heads of State and Government in Lusaka, Zambia, on July 11\(^{th}\) 2001. The initiative was enthusiastically received and unanimously adopted by the Summit in the form of Declaration 1 (XXXVII). A Heads of State and Government Implementation Committee (HSIC) was formed to drive and manage the new initiative, with President Obasanjo of Nigeria appointed as chairman, and Presidents Bouteflika of Algeria and Wade of Senegal as vice-chairmen. During the inaugural meeting of the HSIC held in Abuja, on October 23\(^{rd}\) 2001, the New African Initiative was renamed “The New Partnership for Africa’s Development (NEPAD)”. This document of October 23\(^{rd}\), 2001, hereafter referred to as the NEPAD Policy Document, remains the original text embodying the philosophy, objectives priorities and implementation modalities of the initiative.

The NEPAD initiative was later presented to and endorsed by the G8 at their annual summit in Genoa, Italy. The G8 appointed partner representatives, known as the Action Group Plan for Africa (APGA), to fashion out programs from the NEPAD agenda. At Kananaskis in 2002, the G8 adopted an Africa Action Plan in response to NEPAD. The Africa Action Plan set out how each of the G8 partners, together and individually, would enhance their engagement with African countries in support of NEPAD. In response, the Government of Canada established a $500 million Canada Fund for Africa (CFA), and has since implemented a number of policy initiatives in support of NEPAD and the Africa Action Plan\(^5\) (See Annex 1 for Canada’s support to NEPAD).

At the 2003 G8 Summit in Evian, G8 leaders reviewed progress in the implementation of their Africa Action Plan and agreed to expand the G8-NEPAD dialogue to include other major donors and key multilateral institutions through a new Africa Partnership Forum.

\(^4\) The concept of ‘enhanced partnership’ is a mutual commitment by African countries and donors to a set of development outcomes (set by African countries), whereby donors pool funds, guarantee them for an extended period and channel them through budgetary processes, which are then jointly monitored on the basis of outcomes (see Alex de Waal, 2002, p466)

This Forum will allow for effective participation of several international organizations to support NEPAD and help finance its activities. Issues of food security, HIV/AIDS and peace and security were deliberated upon at the 2004 G8 Summit in Sea Land, Georgia.

2.1.3 What are the Goals and Objectives of NEPAD?

NEPAD’s stated long-term objectives are to:6
- Eradicate poverty in Africa and to place African countries, both individually and collectively, on a path to sustainable growth and development and thus halt the marginalisation of Africa in the globalisation process; and
- Promote the role of women in all activities.

Its overarching goals are:7
- To achieve and sustain an average gross domestic product (GDP) growth rate of over 7 per cent per annum for the next 15 years, so as
- To ensure that the continent achieves the agreed International Development Goals (IDGs)8 of:
  - reducing the proportion of people living in extreme poverty by half between 1990 and 2015;
  - enrolling all children of school age in primary schools by 2015;
  - making progress towards gender equality and empowering women by eliminating gender disparities in the enrolment in primary and secondary education by 2005;
  - reducing infant and child mortality ratios by two-thirds between 1990 and 2015;
  - reducing maternal mortality ratios by three-quarters between 1990 and 2015;
  - providing access for all who need reproductive health services by 2015;
  - implementing national strategies for sustainable development by 2005, so as to reverse the loss of environmental resources by 2015

NEPAD’s first goal of achieving 7 per cent annual GDP growth rate is seen as necessary for Africa to meet the millennium development goals, especially that of halving poverty by 2015. Yet, very few expect many African countries to meet this target, as it involves not only doubling their current growth rates, but also overwhelmingly increasing domestic savings, foreign direct investment, overseas development assistance and debt relief.9 Only a few best-performing African countries with good governance and

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6 NEPAD 2001, para 67
7 Ibid, Para 68
8 The IDGs are goals that were set during UN Conferences in the 1990s to reduce poverty and promote sustainable development. The IDGs were later merged with the goals outlined at the Millennium Declaration to form the Millennium Development Goals. The NEPAD refers to the IDGs most likely because the document was in press at the time the IDGs evolved to form the MDGs (September 2001), as the NEPAD document was released one month later, in October 2001.
9 De Waal 2002. What is new in the ‘New Partnership for Africa’s Development?
Macroeconomic policies have met or are expected to meet this target\textsuperscript{10}. Factors such as regional and domestic conflicts, weak governance, inappropriate policies, trade barriers, droughts and HIV/AIDS, malaria, and other diseases all tend to dampen economic growth, inhibiting the achievement of the MDGs. Thus, while it is laudable that NEPAD locates its goals and objectives within the Millennium Development Goals (MDGs),\textsuperscript{11} it might be more pragmatic for these goals to reflect country and sub-regional diversities. Also given the difficulties associated in generating the necessary funds, estimated at US $64 billion a year, to implement NEPAD’s projects, critics worry that the architects of NEPAD might have set themselves up for failure by closely aligning their targets to the MDGs.

The expected outcomes of NEPAD are:
- Economic growth, sustainable development and increased employment;
- Reduction in poverty and inequality;
- Diversification of productive activities;
- Enhanced international competitiveness and increased exports; and
- Increased African integration.

2.1.4 What is the Organisational Structure of NEPAD?

NEPAD is managed by a four-tier governing structure: the African Union Assembly of Heads of State, a Heads of State and Government Implementation Committee (HSIC), a Steering Committee, and a Secretariat (See Figure 1). Special task teams and sub-committees have also been established to work on thematic issues, with institutions such as the United Nations Economic Commission for Africa (UNECA), the African Union (AU), and African Development Bank (ADB) playing lead roles.\textsuperscript{12}

**NEPAD and the African Union (AU)**

NEPAD is a ‘mandated initiative’ of the African Union,\textsuperscript{13} serving as a comprehensive tool to carry out the goals and objectives of the African Union.\textsuperscript{14} Also since NEPAD was

\textsuperscript{10} Ibid
\textsuperscript{11} The eight goals of the MDGs are:
1. Eradicate poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

\textsuperscript{12} Communiqué issued at the end of the inaugural meeting of the Implementation Committee of Heads of State and Government on the New Partnership for Africa's Development, Abuja, Nigeria, 23 October 2001
\textsuperscript{13} Communiqué issued at the end of the second meeting of the Heads of State and Government Implementation Committee of the New Partnership for Africa’s Development (HSIC), Abuja, Nigeria, 26\textsuperscript{th} March 2002. p7
\textsuperscript{14} OAU, 2001 Lusaka Summit
adopted by the OAU in the Lusaka Summit of 2001, this implies, at least in theory, that all OAU (now AU) members accept the NEPAD initiative. The NEPAD Secretariats and Steering Committee are to work in close collaboration with the AU. The NEPAD Heads of State and Government Implementation Committee has to report annually to the Union Summit. The Chair of the AU and the Chair of the AU Commission are ex-officio members of the Implementation Committee. The AU Commission is expected to participate in NEPAD Steering Committee meetings.

**The Heads of State and Government Implementation Committee (HSIC)**

Beneath the AU Assembly of Heads of State, is the Heads of State and Government Implementation Committee (HSIC). This is committee is comprised of twenty states nominated to spearhead the NEPAD process. Five of these are the initiating states (Algeria, Egypt, Nigeria, Senegal and South Africa) and are permanent members of the HSIC. The other fifteen were nominated from the five regional groupings of the AU (North, West, Central, East and Southern Africa), with each region nominating the four countries to represent it on the HSIC. The regional breakdown is as follows:

- North Africa: Algeria, Egypt, Tunisia, Libya
- West Africa: Nigeria, Senegal, Mali, Ghana
- Central Africa: Cameroon, Gabon, Sao Tome & Principe
- East Africa: Ethiopia, Mauritius and Rwanda, Kenya
- Southern Africa: South Africa, Botswana and Mozambique, Angola
The HSIC is chaired by President Obasanjo of Nigeria, with Presidents Wade of Senegal and Bouteflika of Algeria as vice-chairmen. These presidents have been mandated to serve until further notice.\textsuperscript{15} The HSIC meets once every four months and is tasked with setting policies, priorities and the programs of action. It also identifies strategic issues that need to be researched, planned and managed at the continental level; develop mechanisms for reviewing progress in the achievement of mutually agreed targets;

review progress in the implementation of past decisions and take appropriate steps to address problems and delays.

**The Steering Committee**
The Steering Committee of NEPAD is comprised of the Personal Representatives of the Heads of State and Government who serve on the HSIC. The committee develops the Terms of Reference (TOR) for identified programs and projects, and oversees the Secretariat in South Africa. It is also responsible for developing strategies for marketing the initiative at the national, sub-regional, continental and international levels. The Steering Committee meets monthly and is based in South Africa.

**The Secretariat**
The Secretariat is located in Midrand, South Africa. It is responsible for coordinating the preparation of NEPAD’s program and projects, mobilising technical and financial support, and facilitating and supporting implementation of NEPAD programs. It also liaises with development partners and multilateral institutions, mobilising private sector participation, outsourcing work on technical detail to lead agencies and/or continental experts, representing the program at development fora and monitoring and reporting on progress. The secretariat is divided into three work streams:
- Project and program policy coordination
- Administration and secretarial services
- Communications and marketing of the plan inside and outside Africa.

Currently, the Secretariat is comprised of a small core staff seconded by the governments of South Africa, Algeria, Nigeria and Egypt. Professor Wiseman Nkuhlu, an advisor to President Mbeki, is the interim chief executive. Prof. Nkuhlu also serves as chairman of the Steering Committee. Given the scope and amount of work required, a small staff seems woefully inadequate and there are concerns that South African government ministries are being pressured into service, drafting various NEPAD plans.16

**Task Teams and Sub-Committees**
Five task teams and five sub-committees were established at the inaugural Heads of State and Government Implementation Committee meeting in Abuja, 2001 to help identify and prepare specific implementable projects and programs in NEPAD priority areas. The task teams were led by specific institutions such as the OAU, the UN Economic Commission for Africa (ECA) and the African Development Bank. The five task teams included: Capacity building on peace and security (OAU); Economic and corporate governance (UNECA); Infrastructure (ADB); Central bank and financial standards (ADB); and Agriculture and market access (OAU).

Sub-committees were also formed to coordinate programs in certain thematic areas, with one of the five founding nations taking the lead role. These included: Peace, Security, Democracy and Political Governance Initiative (South Africa); Economic and Corporate Governance/Banking and Financial Standards/Capital Flows (Nigeria); Market Access...

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and Agriculture Initiative (Egypt); Human Resources Development (Algeria); and Infrastructure (Senegal).

2.2 What is the African Peer Review Mechanism?

The African Peer Review Mechanism (APRM) is an instrument voluntarily acceded to by member states of the African Union as an African self-monitoring mechanism. It’s mandate “is to ensure that the policies and practices of participating states conform to the agreed political, economic and corporate governance values, codes and standards contained in the Declaration on Democracy, Political, Economic and Corporate Governance.” 17 Many development partners of NEPAD consider the African Peer Review Mechanism (APRM) as an innovative element of the initiative. It is a process through which African leaders are expected to assume full responsibility for and obligation to their people, and be prepared to engage and relate with the rest of the world on the basis of integrity and mutual respect. The main purpose of the APRM “is to foster the adoption of policies, standards and practices that lead to political stability, high economic growth, sustainable development and accelerated sub-regional and continental economic integration through sharing of experiences and reinforcement of successful and best practice, including identifying deficiencies and assessing the needs of capacity building.”18

The voluntary decision by a country to participate in the African peer review process involves acceding to “submit to periodic peer reviews, as well as to facilitate such reviews, and be guided by agreed parameters for good political governance and good economic and corporate governance” 19 and subsequently sign a Memorandum of Understanding (MOU) with the African Peer Review Secretariat. Currently, about 23 countries have acceded to the APRM (See Table 2.1).

2.2.1 Types of Reviews

There are four types of reviews for countries that join the review mechanism:

- First, is the base review, carried out within the first 18 months of a country becoming a member of the APRM;
- Second, is the periodic review that takes place every two to four years;
- Third, and in addition to the above two, is a review in which a member country, due to specific reasons, requests for a review that is not part of the periodically mandated reviews; and
- Fourth, due to early signs of an impending political or economic crisis, a member country could qualify for a review. Such reviews are called for by participating Heads of State and Government (APR Forum) in an attempt to assist the government concerned.

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18 Ibid, p2
Table 2.1 Countries Acceded to the African Peer Review Mechanism

<table>
<thead>
<tr>
<th>No.</th>
<th>Country</th>
<th>Date of Signature of MOU</th>
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<tbody>
<tr>
<td>1</td>
<td>Algeria</td>
<td>09 March 2003</td>
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<tr>
<td>2</td>
<td>Burkina Faso</td>
<td>09 March 2003</td>
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<td>3</td>
<td>Republic of Congo</td>
<td>09 March 2003</td>
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<td>4</td>
<td>Ethiopia</td>
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<td>5</td>
<td>Ghana</td>
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<td>6</td>
<td>Kenya</td>
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<tr>
<td>7</td>
<td>Cameroon</td>
<td>03 April 2003</td>
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<tr>
<td>8</td>
<td>Gabon</td>
<td>14 April 2003</td>
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<tr>
<td>9</td>
<td>Mali</td>
<td>28 May 2003</td>
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<tr>
<td>10</td>
<td>Mauritius</td>
<td>09 March 2004</td>
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<tr>
<td>11</td>
<td>Mozambique</td>
<td>09 March 2004</td>
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<tr>
<td>12</td>
<td>Nigeria</td>
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<td>14</td>
<td>Senegal</td>
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<tr>
<td>15</td>
<td>South Africa</td>
<td>09 March 2004</td>
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<tr>
<td>16</td>
<td>Uganda</td>
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<tr>
<td>17</td>
<td>Egypt</td>
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<td>18</td>
<td>Benin</td>
<td>31 March 2004</td>
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<td>19</td>
<td>Malawi</td>
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<td>Angola</td>
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</tr>
<tr>
<td>23</td>
<td>Sierra Leone</td>
<td>08 July 2004</td>
</tr>
</tbody>
</table>

2.2.2 The Organisational Structure of the APRM

The APRM has a four-tier organisational structure: 1) the APR Forum, made up of the Heads of State and Government of those countries of the African Union who have chosen to participate in the APRM and have signed the Memorandum of Understanding; 2) the APR Panel, made up of five to seven appointed Eminent Persons; 3) the APR Secretariat, and 4) the APR Country Review Team. APR Partner Institutions are those institutions that are contacted to conduct technical assessment, as part of the APR process, on countries to be reviewed.

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20 This information was accessed from the NEPAD website on August 26th, 2004.
The APR Forum

The APR Forum is the supreme political authority of the APRM. Its composition is different from the Heads of State and Government Implementation Committee (HSIC). While the HSIC provides for only twenty members, who are nominated on the basis of regional representation, membership of the APR Forum consists of countries that have acceded to the APRM. With time, it is expected that the HSIC will also operate as part of the APR Forum, after all the countries serving on the HSIC have acceded.

The APR Forum is responsible “for oversight of the APRM organisation and processes, for mutual learning and capacity building, and for exercising the constructive peer dialogue and persuasion required to make the APRM effective, credible, and acceptable.” The mandate of the APR Forum is to, among others:

- appoint the APR Panel and its Chairperson;
- communicate the recommendations of the APR Forum to the Head of State or Government of the reviewed country after the review meeting;
- persuade development partners to support the recommendations approved by the APR Forum by providing technical and financial assistance;
- transmit APRM Reports to the appropriate African Union (AU) structures in a timely manner;
- make public, through the APR Secretariat, country review reports and press releases pertaining thereto;
- establish and approve the rules of procedure for the APR Forum and approve those of the APR Panel;

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ensure that the APR process is fully funded by the participating countries (including non-governmental partners).

The APR Panel of Eminent Persons

The operations of the APRM is directed and managed by a panel of between five and seven Eminent Persons. Candidates for appointment to the panel are nominated by participating countries, short-listed by a Committee of Ministers and appointed by the APR Forum. This Panel of Eminent Persons must be “Africans who have distinguished themselves in careers that are relevant to the work of the APRM.” In addition, they must have expertise in the areas of political governance, macro-economic management, public financial management and corporate governance. “Members of the Panel must be persons of high moral stature and demonstrated commitment to the ideals of Pan-Africanism.” The composition of the Panel also reflects broad regional balance, gender equity and cultural diversity. Once appointed, members of the Panel are expected to serve in their individual capacities and not as country or sub-regional representatives, nor as representatives of any organization. Also, they are not to seek or receive instructions from any government or be influenced by any other authority external to the NEPAD and APR Secretariats regarding peer review matters under their consideration.

Among this Panel of Eminent Persons, the APR Forum appoints one of the members as Chairperson. In addition to the above credentials, the Chairperson would have a proven leadership record in one of the following areas; government, public administration, development and private sector. The Chairperson is expected to serve for a period of up to five years, and on a full time salaried basis. The other members of the Panel will each serve for a period of up to four years, and on a part-time basis.

The mandate of the APR Panel include the following:

- exercise oversight of the APR process with a view to ensuring the independence, professionalism, and credibility of the process;
- oversee the selection of the APR Teams and appoint them to conduct country reviews;
- recommend appropriate African institutions or individuals to conduct technical assessments;
- meet when required to review and make objective assessments of and recommendations on the country review reports submitted to it by the APR Secretariat;
- consider recommendations contained in the country review reports and make recommendations to the APR Forum;

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22 Ibid Par 3.6
23 The African Peer Review Mechanism Review, Draft July 2002
submite to the APR Forum all country review reports with recommendations on measures that could be taken to assist the country in the improvement of its governance and socio-economic development performance; and
develop its own rules of procedure, submit these to the APR Forum for approval and approve those of the APR Secretariat and the APR Teams.

**The APR Secretariat**

The APR Secretariat provides the secretarial, technical, coordinating and administrative support services for the APRM. It is a unit located within the NEPAD Secretariat in South Africa, and is supervised by the Chairperson of the APR Panel at the policy level, and run by an executive officer. The APR Secretariat is expected to work closely with the Africa Union Conference on Security, Stability, Development and Co-operation in Africa (CSSDCA) and other African Union organs in the area of technical assessment. The functions of the APR Secretariat include:27

- maintaining extensive database and information on the four areas of focus namely, Democracy and Political Governance, Economic Governance and Management, Corporate Governance, and Socio-Economic Development;
- preparing background documents for the APR Teams;
- facilitating technical assistance to participating countries;
- proposing performance indicators and tracking the performance of each participating countries;
- liaising with participating countries and partner institutions to follow progress of technical assessments;
- plan and organize the Country Review Visits;
- recommend to the APR Panel on the composition of APR Teams and recruit the experts required for research and analysis;
- liaising with interested external partners and support participating countries in resource mobilization for capacity building;
- organising regional networks in the various areas of focus of the APRM and convene workshops for the sharing of experience and best practice and to address constraints experienced in the implementation of country programmes of action;
- liaising with the institutions issuing the standards and codes listed in the Declaration on Democracy, Political, Economic and Corporate Governance (AHG/235(XXXVIII) Annex 2); and
- ensure full documentation of the APR processes at country, sub-regional and continental levels to facilitate learning.

**The APR Team**

APR Teams are formed only for the period of a country review visit. The team is carefully designed to enable “an integrated, balanced, technically competent and professional assessment of the reviewed country”28 and is approved by the APR Panel.

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27 Ibid Par 4.2
28 Ibid Par 5.1
The APR Secretariat produces guidelines for the conduct of the country review visits and code of conduct for the APR Teams for approval by the APR Panel and APR Forum.

**The APR Partner Institutions and Technical Assessments**

Given the limited capacity of the APR secretariat and panel, partner institutions are contacted to conduct the technical assessments on countries to be reviewed. UNECA is tasked with conducting the technical assessment in economic governance and management, and the African Development Bank (ADB) in banking and financial standards. Matters relating to human rights, democracy and political governance, are the responsibility of AU organs such as, the African Commission on Human and Peoples’ Rights (ACHPR); the African Committee of the Experts on the Rights and Welfare of the Child, the Pan-African Parliament, the Peace and Security Council, the Conference on Security, Stability, Development and Cooperation in Africa (CSSDCA). These institutions are already legally tasked with similar assessments. In situations where the AU institutions lack the capacity, the APR Panel will recommend, for approval by the APR Forum, appropriate African institutions with requisite capacity to support the relevant AU institution, with a view to build its capacity, in conducting technical assessments.

It is anticipated that the APRM will have to work with a wider range of Partner Institutions, including those that set international standards, oversight institutions, African research and policy institutions engaged in policy advisory services. While the Panel and the Secretariat will use the African experts as much as possible, the Panel may also approve, in exceptional circumstances, the utilisation of the services of non-African experts, individuals or institutions.

### 2.2.3 The APR Process

The APR process is conducted under the leadership of the APR Panel and the technical support of the APR Secretariat. It consists of five stages that are defined in the APRM Base Document and explained in detail below. Preceding the five stages is a preliminary process known as the Country Support Mission. The purpose of this support mission is to review the state of preparedness of the country for the review; ensure a common understanding of the philosophy, rules and processes of the APRM; help streamline the institutional and organizational arrangements for involving major stakeholders in a participatory manner, and providing guidelines to the country in preparation of a program of action that builds on, and incorporates other existing programs, policies and strategies that address the key APRM objectives, such as PRSPs, Human Rights Action Plans, Gender Equity Strategies, and National Development Plans.

**Stage One**

Stage one of the APR process is a preparatory stage for both the APR Secretariat and the country to be reviewed. Under the direction of the APR Panel, the APR Secretariat sends

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questionnaire on the four areas (Democracy and Political Governance, Economic Governance and Management, Corporate Governance, and Socio-Economic Development) of the APRM to reviewing countries. These questionnaire form the basis of the country’s self-assessment. Having completed the self-assessment, the country prepares a preliminary Program of Action building on existing policies, programs and projects. Both the self-assessment and the preliminary Program of Action are submitted to the APR Secretariat.

Within the same period, the APR Secretariat also prepares a Background Document on the country’s situation on political, economic and corporate governance and development environment, based mainly on up-to-date background documentation provided by national, sub-regional, regional and international institutions. Information sources include official government documents, reports to treaty and other bodies, recent self-assessments and reviews done by standard issuing bodies.\(^{30}\)

Based on the information provided in the Self-Assessment, the preliminary Program of Action, and the Background Document, the APR Secretariat draws up an Issues Paper that sets out the apparent main challenges in the APRM focus areas of review and discusses it with the country and the APR Partner Institutions. A country review visit is then planned.

**Stage Two**

Stage two is the Country Review visit. Under the leadership of the APR Panel, the Country Review Team visits the country concerned with the intent of carrying out the widest possible range of consultations with the Government, officials, political parties, parliamentarians and representatives of civil society organisations including the media, academia, trade unions, business and professional bodies.\(^{31}\) The main purpose of the country review visit is to learn about the perspectives of the different stakeholders on governance in the country and to clarify the issues identified in the Issues Paper, and also find out whether the country’s draft program of action is adequate to address the assessed challenges and, if not, how the country can best be assisted in strengthening its draft program of action and its capacities to implement it.\(^{32}\)

**Stage Three**

Stage Three is drafting of the APR Team’s report. The team prepares a Country Review report based on the Background Document, the Issues Paper, and the information provided by the in-country stakeholder consultations. The draft report is then shared with the government and takes into account the applicable political, economic and corporate governance and socio-economic development commitments made in the preliminary Program of Action, identifies any remaining weaknesses, and makes recommendations on further actions that should be included in the final Program of Action. The draft report makes recommendations on how the Program of Action of the country can be improved

\(^{31}\) APRM Base Document, para 18
to accelerate the achievement of best practice and standards. The Team’s draft country review report is discussed with the Government of the country to ensure the accuracy of the information and to provide the Government with an opportunity to react to the Team’s findings and to put forward their own views on how to address the identified shortcomings, including modifying the draft Program of Action. The responses of the Government are appended to the APR Team’s report and moves on to the next stage.

**Stage Four**

At the fourth stage, the APR Team Report and final Program of Action are sent to the APR Secretariat and the APR Panel, who then submit it to the APR Forum of participating Heads of State and Government for consideration and formulation of actions deemed necessary in accordance with the mandate of the APR Forum. The Chairperson of the APR Forum communicates the decision of the forum to the head of the country reviewed. What happens next, as described in the APRM base document, paragraph 23 is worth quoting in full:

“If the Government of the country in question shows a demonstrable will to rectify the shortcomings, then it will be incumbent upon participating Governments to provide what assistance they can, as well as to urge donor governments and agencies also to come to the assistance of the country reviewed. However, if the political will is not forthcoming from the Government, the participating states should first do everything practicable to engage it in constructive dialogue, offering in the process technical and other appropriate assistance. If dialogue proves unavailing, the participating Heads of State and Government may wish to put the Government on notice of their collective intention to proceed with appropriate measures by a given date.”

The interval should provide the opportunity to the Government to undertake the required actions and address the identified shortcomings in a process of constructive dialogue.

**Stage Five**

Stage five is the final stage of the APRM process. Six months after the report has been considered by the Heads of State and Government of the participating member countries, the report is formally and publicly lodged in key regional and sub-regional structures such as the Regional Economic Commission to which the country belongs, the Pan-African Parliament, the African Commission on Human and Peoples’ Rights, the Peace and Security Council and the Economic, Social and Cultural Council (ECOSOCC) of the African Union. The duration for the entire APRM process is expected to vary considerably from country to country depending on country specificity. But the estimated duration of each peer review from stage one to the end of stage four should be between six and nine months.

2.3 **What is the NEPAD Programme of Action?**

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33 APRM Base Document, para 23
34 Ibid
35 Ibid, para 25
In order to achieve its goals and objectives, NEPAD has adopted a three-pronged strategy for its Programme of Action; (i) creating conditions for sustainable development; (ii) working on Sectoral Priorities; and (iii) mobilising Africa’s Resources (See Box).

**Conditions for Sustainable Development**

NEPAD identifies a set of *conditions* that it considers as prerequisites for sustainable development, although the term ‘preconditions’ has sometimes been used. These include the Peace, Security, Democracy and Political Governance initiative; the Economic and Corporate Governance initiative; and the Sub-regional and Regional Approaches to Development initiative.

The Peace, Security, Democracy and Political Governance initiatives has two components: the Peace and Security initiative which deals with peacekeeping, reconciliation, peace-making, and early warning; and the Democracy and Political Governance initiative which aims at promoting the principles of democracy and good governance, including transparency, accountability, integrity, respect for human rights and promotion of the rule of law among participating countries.

The Economic and Corporate Governance initiative aims to establish programs that would promote sound, stable fiscal and macroeconomic management, investor-friendly systems of commercial law, sound banking and insurance, as well as sound public financial management.

The final condition, the Subregional and Regional Approaches to Development initiative, focuses on the provision of regional public goods (such as transport, energy, water, ICT, disease eradication, environmental preservation, and provision of regional research capacity), and the promotion of intra-African trade and investments.

**Sectoral Priorities**

NEPAD identifies six sectoral priorities, each with a detailed plan of action. The six are:

1. **Bridging the Infrastructure Gap**: This includes all infrastructure sectors (roads, railways, highways, waterways and airways), ICT, Energy, Transport, and Water and Sanitation).
2. **Human Resource Development**: This embraces many social development themes, including Poverty Reduction, Education, Reversing the Brain Drain, and Health).
3. **Agriculture**: This identifies the setbacks facing the agricultural sector such as climatic uncertainty, instability in world commodity prices, institutional weakness, inadequate support for rural development from national and bilateral/multilateral donor agencies. The initiative’s major objective is to increase

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36 See NEPAD Policy Document, 2001, p18
37 Ibid, para 80
38 Ibid, para 88
39 Ibid, para 92
agricultural production, bring more land under cultivation through irrigation, and ensure food security in Africa.

4. **Environment**: This initiative recognises the need for a healthy and productive environment as a critical condition for the success of NEPAD, and for poverty reduction and socio-economic development. The environment initiative emphasises eight sub-themes including: combating desertification, conservation of wetlands, controlling invasive alien species, managing coastal areas, monitoring global warming, conserving cross-border areas, securing environmental governance and financing of actions related to all these. Poverty and the Environment, and Health and Environment are identified as cross-cutting issues in the action plan for the environment initiative.

5. **Culture**: This initiative is concerned with the continent’s culture and indigenous knowledge, and how to tap it to benefit mankind. Implicated is the sustenance of traditional ways of managing the environment inclusive of rights over resources in Africa.

6. **Science and Technology Platforms**: This initiative aims at generating a critical mass of technological expertise in targeted areas of biotechnology and natural sciences, partly through working with UNESCO, the FAO, and other international organizations. It also intends to help develop Africa’s biodiversity and indigenous knowledge by improving agricultural productivity and developing pharmaceutical products.

**Mobilising Resources**

The third component of NEPAD’s Program of Action concerns the mobilisation of resources, making use of two initiatives; capital flows and market access. The Capital Flows initiative looks at investment promotion, debt reduction, increased aid and aid reform. The Market Access initiative focuses on trade issues but also has a significant component of diversification of production, developing mining, manufacturing, tourism and services, promoting the private sector and exports and removing trade barriers.
NEPAD’S PROGRAMME OF ACTION

CONDITIONS FOR SUSTAINABLE DEVELOPMENT
1. The Peace, Security, Democracy and Political Governance Initiatives
   (i) Peace and Security Initiative
   (ii) Democracy and Political Governance Initiative
2. The Economic and Corporate Governance Initiative
3. Sub-regional and Regional Approaches to Development

SECTORAL PRIORITIES
1. Bridging the Infrastructure Gap
   (i) All Infrastructure Sectors
   (ii) Bridging the Digital Divide (ICT)
   (iii) Energy
   (iv) Transport
   (v) Water and Sanitation
2. Human Resource Development Initiative
   (i) Poverty Reduction
   (ii) Education
   (iii) Reversing the Brain Drain
   (iv) Health
3. Agriculture
4. Environment
5. Culture
6. Science and Technology Platforms

MOBILISING RESOURCES
1. Capital Flows Initiative
   (i) Increasing Domestic Resource Mobilisation
   (ii) Debt Relief
   (iii) ODA Reforms
   (iv) Private Capital Flows
2. Market Access Initiative
   (i) Diversification of Production
   (ii) Agriculture
   (iii) Mining
   (iv) Manufacturing
   (v) Tourism
   (vi) Services
   (vii) Promoting the Private Sector
   (viii) Promoting African Exports
   (ix) Removal of Non-tariff Barriers

2.4 Implementing the NEPAD

Role of NEPAD

NEPAD is itself not an implementation agency. Through the actions of its Heads of State and Government and managed by its Secretariat, NEPAD’s primary role is to facilitate, enable, focus, leverage and coordinate efforts to achieve its strategies. NEPAD’s role as a facilitator and coordinator is focused on mobilizing political will and actions to implement policy and institutional reforms in its priority sectors, including the ratification
of agreements, and harmonizing regulatory systems; facilitating resource mobilization through policy coordination among external partners and by helping to create an enabling environment for investments flows. NEPAD also plays an important role in nurturing partnerships for infrastructure development and financing involving the private sector, developing a strategic framework to coordinate and monitor programs for regional infrastructure; and facilitating knowledge sharing, networking and dissemination of best practices among countries, Regional Economic Communities (RECs) and technical agencies.

Core responsibility for implementation rests with individual countries at the national level, and with the Regional Economic Communities (RECs), supported by the African Union and the African Development Bank at the regional and sub-regional levels.

Since NEPAD itself represents a spirit, a vision, an energizer and mobiliser for African renewal, there are questions on how its goals, objectives and program of action get translated into action. The implementation of NEPAD programs takes place at three levels: national, regional and continental.

**NEPAD at the National Level**

The main actors at this level are the governments, who act through their relevant ministries and departments, to mobilise civil society and the private sector to participate in NEPAD and to see it as a relevant effort towards their development. It is the responsibility of these parties to internalize the NEPAD spirit and incorporate NEPAD objectives into their national development plans, Medium Term Economic Frameworks (MTEFs), and Poverty Reduction Strategy Papers (PRSPs).

On November 4, 2002, the UN General Assembly passed a resolution (57/7) acknowledging the importance of integrating NEPAD into national processes. It also welcomed "the commitment of African countries to integrate the priorities of the New Partnership for Africa’s Development into their national policies and development planning frameworks, to maintain full ownership and leadership in developing and utilizing such policies and frameworks, and to mobilize domestic resources in support of the New Partnership". Following this resolution, some African countries have established national NEPAD secretariats and/or focal points to strengthen their efforts to align national policies and programs with NEPAD priorities and also promote ownership of the initiative. Although there is not a complete list of all the countries with such set-ups, a few include South Africa, Mozambique, Senegal, Algeria, Cameroon, Kenya, Nigeria and Gabon.

A recent study by the United Nations Office of the Special Adviser on Africa, compared three African countries (Algeria, Nigeria and South Africa) in their efforts to integrate NEPAD into their national development processes. The report identifies four

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40 See the UN General Assembly Resolution 57/7, 2002
main elements for this process to include: (a) establishing institutional arrangements, such as, a national focal point, to manage the process; (b) creating a mechanism for decision-making and implementing the NEPAD programs or projects; (c) securing funding for the priorities of NEPAD; and (d) mobilizing public and political support for the priorities, through consultations within the government and with the private sector, civil society and non-governmental organizations (NGOs).42

With respect to establishing the necessary institutional arrangements, the report asserts that governments accord a high degree of importance and significance to NEPAD, by placing focal points either in the Ministry of Foreign Affairs as an inter-ministerial or interdepartmental committee or as an Adviser in the Office of the President. Others have established NEPAD task teams/focal points in every government department in an effort to raise awareness of NEPAD priorities in the national public service, while others locate them in the Ministry of Finance and Planning or the Ministry of Regional Integration and NEPAD.

In Algeria, for example, the Ministry of Foreign Affairs, and in particular, the Minister in charge of African and Maghreb affairs, is the focal point for NEPAD within the Government and reports directly to the President of the Republic. He has a number of advisers who coordinate and track the implementation of specific issues. Some duties of this focal point include, analysis of national statistics on NEPAD priorities, making recommendations for action to the various line ministries and then summarizes the actions taken in briefings to relevant ministries on linking proposals to NEPAD priorities. The focal point also briefs the Council of Ministers on all issues relating to NEPAD.43

The NEPAD Nigeria office is headed by the Senior Special Assistant (SSA) to the President of Nigeria The primary objective of this focal office is to popularize the NEPAD priority program areas among Nigerians and facilitate the integration of NEPAD programs within sectoral policy-making and implementation bodies in the country. This is achieved through the development of a plan of action with detailed activities. Since Nigeria is on the HSIC, it has a Personal Representative to the NEPAD Steering Committee with the responsibility for coordinating all continental and international relations aspects of NEPAD.44

In South Africa, the Interdepartmental Coordinating Committee (IDCC) located within the Ministry of Foreign Affairs is the focal point. Additionally, focal points have been established in each ministry to ensure a dispersed, technical integration of all NEPAD priorities, creating a sense of ownership at all levels of government.45

With respect to mechanisms for decision-making and implementation of NEPAD, countries adopt different approaches and make use of existing initiatives. For example, Algeria makes use of its three-year economic recovery plan which encompasses a wide

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42 Ibid, p3
41 Ibid
44 Ibid
range of issues including, some aspects of NEPAD priorities. This makes it possible to translate NEPAD objectives into current government, ministerial and departmental activities. However, in Nigeria, it is required that all planning, projects, and budgeting emanating from federal ministries, government agencies and state and council units be NEPAD-compliant. Despite this mandate, problems associated with internal government coordination and consultation with other groups still exist. The South African Government, on the other hand, is embarking on assimilating and incorporating NEPAD into its governance structures. This will require all internal government departments and functionaries to include an outward focus on NEPAD continental objectives. There is also in place an elaborate planning framework and decision-making process to incorporate NEPAD fully into the five-year strategic objectives set by Government.

The Interdepartmental Coordinating Committee (IDCC), the NEPAD focal point for South Africa is responsible for the overall coordination, synchronization and harmonization of NEPAD activities within the Government, and requests all departments to submit proposals for NEPAD high-impact and high-visibility projects. While the overall government process is organized by priority cluster, government departments and IDCC organize themselves by NEPAD/MDG thematic focal point.46

While countries are responsible for implementing NEPAD strategies and programs, NEPAD recognizes the need for facilitation and coordination of their efforts. Thus, for each of the programs, there is always a NEPAD partner(s) taking lead roles in coordinating and supporting the effort towards implementation. For example, NEPAD has embarked on a strategic partnership with the UNDP, which provides a vehicle through which other internal and external development partners can contribute to the NEPAD process. This arrangement allows the Secretariat to appoint experts and consultants in various areas to work on thematic issues. In the health sector, WHO Afro plays a key role in guiding the implementation of NEPAD health sector strategies. Realising that the successful implementation of its programs is contingent on innovative and effective partnerships, NEPAD is receptive to collaboration with development partners, and donor organizations.

**NEPAD at the Sub-Regional Level**

The Regional Economic Communities (RECs)47 form the building blocks of the African Union, and have a major role to play in translating NEPAD objectives, goals and strategies into practical programs, projects and activities at the sub-regional and member state level.48 The RECs form the platforms for planning, coordinating and monitoring of the regional integration process. RECs comprise intergovernmental institutions, working

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46 Ibid
47 The seven recognised Regional Economic Communities are: Arab Maghreb Union (AMU), Community of Sahel and Saharan States (CEN-SAD), Common Market for Eastern and Southern Africa (COMESA), Economic Community of Central African States (ECCAS), Economic Community of West African States (ECOWAS), Intergovernmental Authority for Development (IGAD), Southern African Development Community (SADC).
48 Meeting of Chief Executive Officers of the RECs, members of the NEPAD Secretariat and NEPAD partner institutions held in Abuja, Nigeria, on 29 - 30 October 2003.
with associations or other sub-regional organizations representing civil society and the private sector, to implement especially, infrastructure projects and related services. They are responsible for seeking full participation of all sub-regional stakeholders in the planning, development and implementation stages of their respective projects. The RECs operate through their secretariats, commissions or technical units to coordinate and facilitate programs. Designated institutions such as the African Development Bank (ADB), and the Economic Commission of Africa (ECA) assume responsibility for implementing some programs and projects at this level as well.

Also, following a meeting of the fourth Regional Consultations of UN Agencies Working in Africa, held on 24-25 October 2002 in Addis Ababa, Ethiopia, the UN system decided to support the NEPAD Action Plans at the regional level by establishing five thematic clusters around the priority areas of NEPAD, to serve as operational framework to support NEPAD and as reporting mechanism. The following areas were designated: Infrastructure Development including Water and Sanitation, Energy, Transport, and ICTs, convened by ECA; Governance, Peace and Security, convened by UNDP; Agriculture, Trade and Market Access, convened by FAO; Environment, Population and Urbanization, convened by UN-Habitat; Human Resource Development, Employment and HIV/AIDS, convened by UNICEF. The clusters have since worked closely with the RECs in the implementation of their sub-regional NEPAD activities.

NEPAD at the Continental Level

At the continental level, the AU is the key body. Special NEPAD committees such as the Heads of State Implementation Committee (HSIC), and the Steering Committee drive the process. The involvement of the AU chairman and secretary general as ex-officio members of the Implementation Committee facilitate the process. The AU Secretariat also participates at all the meetings of the Steering Committee. The partnership at this level benefits from the interaction of the government leaders and officials with the African business leaders and representatives of civil society. Some believe that NEPAD top level officials focus more on external partnerships, especially with the G8 and foreign investors than it does for domestic partnership, which could weaken ownership and regional integration.

2.5 The NEPAD Health Strategy

Health, in NEPAD’s Programme of Action is subsumed under the broader category of Human Resource Development, leading some to question NEPAD’s position on health. Throughout the NEPAD policy document, health has been portrayed as a means to achieve economic growth, and not as a basic human right or as an outcome of equitable development. The following paragraphs are indicative of this position:

50 Ibid, p11
“While growth rates are important, they are not by themselves sufficient to enable African countries to achieve the goal of poverty reduction. The challenge for Africa, … is to develop the capacity to sustain growth at levels required to achieve poverty reduction and sustainable development. This, in turn, depends on other factors such as infrastructure, … human capital, … health, and good stewardship of the environment”. Para. 64.

“Health, defined by the WHO as a state of complete physical and mental well-being, contributes to increase in productivity and, consequently, to economic growth. The most obvious effects of health improvement …are the reduction in lost working days…, the increase in productivity and the chance to secure better-paid jobs.” Para 128.

How does this position affect the strategies proposed for the health sector? In a detailed Health Strategy, adopted at the first African Union Conference of Health Ministers in Tripoli, April 2003, and by the African Union in Maputo in July 2003, NEPAD outlines a comprehensive framework and an initial plan of actions to tackle the huge burden of avoidable disease, death and disability in Africa. The strategy recognises the broader socio-economic and political factors that are at the root of much of the ill health in the continent, and emphasises a multi-sectoral approach to addressing the disease burden; one that harnesses the contribution of other strategies in NEPAD to address broader issues of poor governance, socio-political instability, economic underdevelopment, poverty, marginalisation and displacement, lack of infrastructure (energy, transport, water and sanitation), low educational levels, agricultural vulnerability, environmental degradation and gender inequality.51

While this integration of sectoral strategies is recognized and stated explicitly, the health strategy does not provide any concrete ways as to how this can be achieved. For example, the health strategy acknowledges explicitly its health commitments to include, among others child mortality, maternal mortality, reproductive health services, disease control, especially HIV/AIDS, malaria and other communicable diseases, and sustainable healthcare systems. It also acknowledges health-related commitments such as poverty, food and food production, and the environment. But the extent to which the strategy makes the linkage between achieving health through addressing other health determinants is not explicit. Poverty-environment-health linkages, water resource management-irrigation-health linkages, food production-nutrition-health linkages, and resource extraction-land degradation/pollution-health linkages are not explicitly made. Similarly, most of the proposed actions within the health sector focus essentially on health systems, making little reference to interventions outside the health services sector.

**Goals, Objectives, and Strategic Directions of the NEPAD Health Strategy**

The NEPAD Health Strategy recognises a number of goals and targets for the reduction of the disease burden in Africa. These include the Abuja Declarations on Malaria, HIV/AIDS, TB and other Related Conditions52; the Health-for-All Policy in the 21st Century in the African Region: Agenda 202053; the UN Special General Assemblies on

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51 NEPAD Health Strategy, 2003 p3
53 Health-for-All Policy in the 21st Century in the African Region: Agenda 2020. Adopted by the
HIV/AIDS and Children\textsuperscript{54}; and the G8 Okinawa Summit\textsuperscript{55}. However, because of a number of critiques on these goals and targets, primacy is given by NEPAD to the internationally agreed benchmarks of the Millennium Declaration. NEPAD’s health targets are therefore:

- To halt and begin to reverse the spread of HIV/AIDS by 2015;
- To halt and begin to reverse the increase in the incidence of malaria and other major diseases by 2015;
- To reduce mortality rates for infants and children under-5 by two-thirds by 2015;
- To reduce maternal mortality by 75 percent by 2015;
- To ensure that 80 percent of the population has access to quality health care by 2015; and
- To ensure that all countries spend at least 15 percent of public expenditure on health by 2010.

However, just like many other reports, the health strategy points out that Africa is not on track to achieving the above set goals and targets, not because they are unattainable, but because of a number of constraints specific to the African continent. The reasons outlined include:

- Poverty, marginalisation and displacement in the continent;
- Disease control programs fall well short of the scale required to be effective;
- Health systems tend to be too weak and under-funded to effectively support significant disease reduction;
- There are no resources and capacity for development of a sustainable health system;
- The people of Africa are not sufficiently empowered to take action to improve their own health;
- The benefits of development and health services do not equitably reach those with the greatest burden of disease; and
- Funding of health services including donor support is well below the level required for the impact desired, while the cost of drugs remains high.

To put Africa and its health systems and interventions on target to meet the internationally acknowledged health targets, the health strategy adopted a vision to rid Africa of the heavy burden of avoidable ill-health, disability and premature death.

The objectives to achieving this vision are to:

- Strengthen commitment and stewardship roles of governments, and to harness a multi-sectoral effort;
- Strengthen health systems and build evidence-based public health practice;

\textsuperscript{55} Final Communiqué of the G8, Kyushu Okinawa Summit 21-23 July 2000
- Scale up communicable and non-communicable disease control programs; especially recognising the unprecedented challenge posed by HIV/AIDS, tuberculosis and malaria;
- Reduce conditions associated with pregnancy and childbirth;
- Empower individuals, families and communities to act to improve their health;
- Share available health services equitably within countries; and
- Mobilise and effectively use sufficient sustainable resources.

To set the path for achieving the objectives of the health strategy, a set of initial programs were identified (See Annex 2), and the preparation of detailed briefs and action plans for some of these programs is currently under way.

**Implementing the NEPAD Health Strategy**

Individual countries are expected to take the lead in implementing the health strategy by incorporating the programs of action into their national health plans, and ensuring that information about it flows within the public, among NGOs and the private health sectors. NEPAD partners, such as WHO Afro, African institutions (e.g. training, research), regional non-governmental organizations or other partners then help to coordinate and support the implementation of specific programs and projects. WHO Afro, with its capacity at its head office and its country offices is considered ideally placed to help and has already provided essential technical support with the development of the health strategy.

Also, under the leadership of UNICEF, the UN sub-cluster on Human Resource Development chose to focus on the following issues:
- Intensify advocacy for inclusion of HIV/AIDS, malaria, tuberculosis and other infectious diseases in the development agenda for African states;
- Integrate HIV/AIDS, malaria, tuberculosis and other infectious diseases within bilateral and donor programs;
- Mainstream HIV/AIDS into all sectoral programs;
- Support for countries to integrate HIV/AIDS in sector policies and programs;
- Support for NEPAD Secretariat to establish a monitoring and evaluation system capable of tracking progress and measuring the performance of its HIV/AIDS related programs;
- NEPAD’s health strategy paper, drafted with the assistance of WHO; and
- Facilitation of NEPAD’s interface with the REC’s, through the establishment of health desks within the REC’s.

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57 To help implement NEPAD at the regional level, the Regional Consultations of UN Agencies working in Africa established five thematic clusters around the priority areas of NEPAD, to serve as operational framework to support NEPAD and as reporting mechanism.
2.6 The Action Plan of the Environment Initiative

The Environment component of NEPAD, led by President Abdoulaye Wade of Senegal has received special recognition within NEPAD as an important component in the fight against poverty. The Environment Initiative identifies the root causes of environmental degradation, and delineates the complex relationship between poverty and the destruction of the African environment. The initiative proposes a coherent action plan and strategy to address the region’s environmental challenges while simultaneously combating poverty and promoting socio-economic development. Through the support of UNEP, an Environment Secretariat was established in Dakar, Senegal to coordinate the NEPAD environment activities.

The ten-year Action Plan of the Environment Initiative was prepared under the leadership of the African Ministerial Conference on the Environment (AMCEN), with the support of UNEP and the Global Environmental Facility (GEF) in close collaboration with the NEPAD Secretariat and the AU. The plan takes into account the relevant recommendations on NEPAD as contained in the Johannesburg Plan of Implementation adopted by the 2002 World Summit on Sustainable Development. It is organized in clusters of programmatic and project activities including the following:

1. Combating land degradation, drought and desertification;
2. Conserving Africa’s wetlands;
3. Preventing, control and management of invasive alien species;
4. Conservation and sustainable use of marine, coastal and freshwater resources;
5. Combating climate change in Africa;
6. Cross-border conservation or management of natural resources;
7. Cross-cutting Issues;
   a. Poverty and Environment;
   b. Environment and Health
   c. Transfer of Environmentally Sound Technologies

Developing the Action Plan of the Environment Initiative of NEPAD

The Action Plan of the Environment Initiative was prepared through a consultative and participatory process, and in two phases; first, was the preparation of a Framework of an Action Plan by the UNEP/GEF medium-sized project Steering Committee comprised of five members of the Bureau of AMCEN and Steering Committee members of NEPAD. Through a series of meetings with experts and ministers, a draft framework of the action plan was prepared and adopted by the ninth session of AMCEN, in Kampala, July 2002. In the second phase, nine thematic workshops were convened, all before the end of February 2003, to further elaborate the activities contained within the framework of the

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59 Ibid , para 35. The Johannesburg Plan of Action contains 47 recommendations aimed at ensuring the promotion of sustainable development in Africa in the framework of NEPAD.
60 See Ibid para 8
action plan and to identify project proposals. These workshops were attended by more than 786 African experts and resulted in the identification of 200 project proposals falling within the program areas of the Action Plan. These workshops took place in the following venues: Desertification (Algiers); Invasive Species (Pretoria); Wetlands (Nairobi); Forests (Yaounde); Marine and Coastal environment (Abuja) and Climate Change (Rabat); Poverty and Environment (Bamako); Health and Environment (Dakar); and a consultative meeting with Non-Governmental Organizations/civil society (Nairobi).

The reports of the nine thematic workshops and the revised Action Plan were reviewed and endorsed by the Steering Committee at a ministerial level meeting in Maputo on 23 and 24 April 2003. The Action Plan was submitted to and unanimously adopted by the special session of AMCEN held in Maputo on 9 and 10 June 2003. A follow-up Partners’ Conference was held in Algiers, Algeria on 15-16 December 2003, to engage the development partners in a policy dialogue to consider the implementation of the Action Plan. The meeting endorsed the Capacity Building Program for the implementation of the Action Plan, and urged its implementation as a matter of high priority. Several key partners including, Canada, confirmed their commitment to support the implementation phase of the Action Plan.61 A second partners/donors conference is to be held in Dakar, Senegal in December 2004, to assess progress of implementation of the plan.

The Thematic Workshop on Health and Environment

The thematic workshop on Health and Environment (H&E), was held in Dakar from 17 - 18 February, 2003 to identify projects for this sub-theme. It was attended by some African Ministers of the Environment, officials from UNEP (Fatoumata Kieta-Ouane, Walter Jarman, Sekou Toure); the WHO (Ms Joanna Tempowski), and other experts in Health and Environment, primarily in the field chemical contamination and management.62 Working materials available to the meeting included the Environment Initiative framework of Action Plan that was developed by UNEP/GEF medium-sized project Steering Committee and a background document on health and the environment. The background document was prepared through a consultative process with experts in the field of health and environment, and with knowledge of African problems and priorities. The purpose of this document was to provide directions for future research, as well as identify existing projects in the thematic area of health and environment in Africa. The document also discussed the intricate linkages and interdependencies between human health and environmental quality.63

The workshop was addressed by six plenary background presentations:

1. Dr. Walter Jarman: NEPAD, Environmental Initiative, Heath and the Environment;

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62 Details on participants can be found in Annex 3 of the Thematic Report on Health and Environment of the Environment Initiative
63 See section II of the Thematic Report on Health and Environment the Environment Initiative
2. Professor Oladele Osibanjo: Chemicals and hazardous waste management challenges in Africa;
3. Dr. John Mbogama: Basel Convention, and the Pretoria Basel Convention Regional Centre;
4. Prof. Amadou Diouf: Health effects of lead, the levels of lead in the Senegalese environment and how tree bark was used as a monitoring tool, effects between rural and urban population;
5. Prof. Henk Bouwman: POPs and exposure under African conditions, DDT and malaria control and DDT and alternatives; and
6. Nelson Manda: Efforts on globally harmonized system (GHS) on the classification of chemicals that is being developed in coordination with the United Nations Institute for Training and Research (UNITAR).

At the end of the session, participants identified a set of projects that were clustered into six themes:\(^{64}\)
- Environmentally sound management of pesticides and other toxic chemicals;
- Waste management;
- Support infrastructure;
- Sustainable production and consumption;
- Networking and information dissemination;
- Atmospheric pollution (reduction of particles and harmful gases)

The identification of projects were guided by set criteria, taking into account the following:\(^{65}\)
- Projects should be integrated in the overall NEPAD environment initiative;
- Projects should be designed taking into account the need to alleviate poverty and promote economic growth;
- Projects selected must reflect a balance between the five Africa sub-regions in the United Nations geographical groupings;
- Projects must incorporate gender mainstreaming;
- Regional, sub-regional and multi-country projects or regional impact-projects developed and selected under the action plan should have a sub-regional or regional outlook or involve several African countries;
- Projects should aim at promoting sharing of experiences, enhancing regional co-operation and collective learning; and
- Projects will be evaluated against an agreed set of criteria, which will promote the overall objectives of NEPAD.

2.7 Health and Environment Linkages in NEPAD

All the three NEPAD documents that have been reviewed - the policy framework itself, the Health Strategy and the Action Plan of the Environment Initiative - acknowledge the complex relationship among human health, environment, and sustainable development:

\(^{64}\) See Annex 3 for detailed planned activities on these themes
\(^{65}\) Ibid, p18
“Africa is home to major endemic diseases. Bacteria and parasites carried by insects, the movement of people and other carriers thrive, favoured by weak environmental policies and poor living conditions. One of the major impediments….. is the widespread incidence of communicable diseases, in particular HIV/AIDS, tuberculosis and malaria.” 66

“Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.” 67

“the health of humans and the health of the environment (ecological health) are intertwined and dependent on each other; for both to be healthy, in biological terms, the relationship must be mutualistic; that is, it must benefit both.”68

Despite these clear acknowledgements of the interdependencies among health, environment and development, most projects seem not to take these synergies into account, when only sectoral interventions are prescribed. For example, most of the proposed activities related to achieving the three health-related IDGs identified by NEPAD – reduction in infant mortality rate and under-five mortality rate, reduction in maternal mortality rate and universal access to reproductive health services fall predominantly within the health sector. The constraints to achieving a significant reduction in infant and under-five mortality continue to lie not only in improved health services but also in the provision of adequate water, sanitation, housing, addressing food insecurity and consequent malnutrition, education and in dealing with the HIV/AIDS epidemic and conflicts69.

Given that a substantial percentage of health problems in Africa are influenced by environmental factors, adequate attention needs to be given to managing the environment, as a complement to the health sector interventions. NEPAD emphasises the development of new drugs against malaria, tuberculosis and trypanosomiasis (sleeping sickness) and vaccines against the strains of pneumococcus causing pneumonia, the rotaviruses and shigella causing diarrhea and the meningococcus causing meningitis in the continent. These could be complemented through the encouragement of managing the natural environment, among others.

Similarly, in the environment sector, health and environment has been identified as a cross-cutting issue in the action plan of the environment initiative. However, most of the projects outlined for this sub-theme focus largely on traditional environmental health issues70 (Refer to Annex 3). Some of these concerns were raised during the civil society consultations to finalize the action plan of the environment. Participants working on the

66 NEPAD 2001, para 125
67 Principle 1 of Rio Declaration on Environment and Development, which is embraced by the NEPAD Health Strategy, p 33
68 Background paper for the Thematic Workshop on Health and Environment, held o 17th-18th February, 2003 in Dakar, Senegal, p13
70 The projects were developed by experts in the field of health and the environment in Africa, at a consultation held in Dakar. The outcomes were reflective of the participants, primarily experts in the field chemical contamination and management.
Poverty, Health and Environment sub-theme observed that Health and the Environment were not directly reflected in the action points, which mostly dealt with chemical pollution prevention. Much more emphasis was needed on basic health services, such as access to clean water, food security and prevention of HIV/AIDS and environment-related diseases like bilharzia, and others. They also pointed out that the necessary integration between environment and social and economic development was not present in the action plans.  

2.8 Conclusion

This background paper has examined the governance structure, dynamics and policy environment of the NEPAD initiative, and its health and environment activities. Emanating from this are questions on the context within which health/environment linkages are made, how can they be strengthened and what institutional capacities are available for implementing programs in an integrated manner. Also the variation and complexity of relationships that exist among implementers, lead agencies, and approving bodies, pose challenges for integrated and inter-sectoral program execution.

The WSSD recommendations on water, energy, health, and biodiversity (WEHAB) provide a framework for the harmonization of each of the WEHAB areas to other sectors, thus nurturing integration. For example, water is intimately linked to health, agriculture, energy and biodiversity. Without progress on water, reaching other NEPAD goals and MDGs will be difficult if not impossible. The NEPAD documents reviewed do not make specific reference to the WEHAB commitments, only the action plan of the environment initiative makes reference to the Johannesburg plan of actions, which contains 47 recommendations for promoting sustainable development through NEPAD. WEHAB provides a platform for the harmonization of activities by groups, such as the Health and Environment Ministers of Africa, the African Ministers Council on Water (AMCOW), and the African Ministerial Conference on the Environment (AMCEN).

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72 see Action plan of the environment initiative p.iv
**WEHAB COMMITMENTS**

**Water and Sanitation:** To halve by 2015 the proportion of people without access to sanitation

**Energy:** To increase access of modern energy services, energy efficiency and the use of renewable energy: to phase out subsidies, where appropriate, and to ensure access to energy for at least 35% of the African population within 20 years, as set by NEPAD

**Health:** To ensure by 2020 that chemical use and production would not harm human health and the environment; to improve by 2010 developing countries access to environmentally sound alternatives to ozone depleting chemicals.

**Agriculture:** To develop by 2005 made in Africa food security strategies, and for the Global Environmental Facility (GEF) to consider inclusion of the Convention to Combat Desertification to attract funding.

**Biodiversity and Ecosystem Management:** To reduce biodiversity loss by 2010; to undertake initiatives by 2004 to implement the Global Programme for Action for the Protection of the Marine Environment from Land based sources of pollution.

Source: Chetty (2002)

Our next steps will seek to understand among other things:

- How are Health and Environment Linkages currently made within the NEPAD context?
- How might Health and Environment Linkages be strengthened in NEPAD?
- How might research on Health and Environment by our partners contribute to thinking within NEPAD? How can they be used to influence national policy?
- What opportunities exist for international development partners to influence/strengthen health and environment linkages within NEPAD?
- How can we work with other agencies and partners towards improving health and environmental linkages for improved well-being in Africa through the NEPAD initiative. Who might be suitable partners?
- What are the potential entry points to influencing health and environment issues within NEPAD?
- Who can we consult with within NEPAD to better understand the decision-making processes surrounding health and environment?
- Which regional and international Health and Environment experts have access to the NEPAD processes and structures?
- What linkages are made with the MDGs and WSSD WEHAB recommendations both at the policy and implementation levels?
It is hoped that follow-up consultations with key individuals in both the field of health and environment and within NEPAD will strengthen the outcome of this exploratory study and contribute to a better understanding on how local research on health and environment can influence policy in Africa.

Acknowledgements

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Appendix 2.1 Canada’s Support to NEPAD

Approximate financial assistance to African countries since 2001

Canada has committed $6 billion in official development assistance (ODA) for Africa in new and existing resources over the five-year period beginning with the Kananaskis Summit in 2002. Canada established the $500-million Canada Fund for Africa to support the objectives of NEPAD and the G8 Africa Action Plan. This is in addition to Canada's existing ODA for Africa, which amounts to about $700 million a year. The Canada Fund for Africa became operational following the Kananaskis Summit, under the guidance of the Minister for International Co-operation. In its initial year of operation, ending March 31, 2003, the fund disbursed $70 million.

The Canada Fund for Africa

The $500 million Fund has been fully allocated to specific programs including, governance and peace and security (15%); health (22%); agriculture, environment, and water (28%); economic growth through trade and investment (24%); and information and communication technologies (7%). On October 2, 2004 Honourable Aileen Carroll, Minister of International Cooperation announced Canada is committing $700,000, through the Canada Fund for Africa, towards the African Peer Review Mechanism (APRM).

Health and HIV/AIDS

NEPAD identifies the widespread incidence of communicable diseases in Africa — in particular, HIV/AIDS, tuberculosis and malaria — as a major impediment to the continent's development. Canada has supported African efforts to ensure the health and well being of the people of Africa.

- $50 million has been committed for research for an HIV/AIDS vaccine and additional support for HIV/AIDS treatment and prevention programs.
- $50 million has been committed to help eradicate polio by 2005.
- Canada has committed $50 million to HIV/AIDS vaccine research in conjunction with the International AIDS Vaccine Initiative and the African AIDS Vaccine Partnership. This is in addition to existing Canadian support for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.
- A further $50 million has been committed to the global campaign to eradicate polio by 2005, in collaboration with UNICEF and the World Health Organization. Polio still afflicts seven countries, of which four are in Africa.
- Canada has committed $1.5 million to child development in Africa through programs for children and youth, with support from Right to Play, a Toronto-based non-governmental organization. Communities in refugee camps in the Horn of Africa are the first beneficiaries of these programs, which contribute to the physical and psychological development of children.
- Canada is also contributing over $70 million for HIV/AIDS treatment and prevention programs in sub-Saharan Africa over five years-by strengthening local community groups, providing professional training, and working with women and children to improve knowledge of prevention and palliative strategies.

- Canada and Jean Chrétien Pledge to Africa Act, permitting drug companies to provide anti-HIV/AIDS drugs at low cost to African countries, thereby making medical treatment more accessible to the estimated 30 million African citizens currently suffering from HIV/AIDS.
- $100 million to the World Health Organization’s “3 by 5” initiative, an ambitious and urgently needed program aimed at getting 3 million people suffering from AIDS in developing countries in treatment by the end of 2005.

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73 This consist of selected examples from a report compiled based on information from an interim report by the Canadian International Development Agency (CIDA) on the implementation of Canada’s Africa Action Plan commitments.

Agriculture and Water

NEPAD emphasizes that improved agricultural performance is a prerequisite for economic development on the continent. Canada is supporting African efforts to achieve food security, to increase agricultural productivity and to improve sustainable access to safe and adequate drinking water and sanitation, especially for the poor.

- Canada has committed $40 million for research on agricultural productivity.
- Canada has committed $50 million to improve water management and access to fresh water and sanitation.
- Canada has provided more than $100 million in humanitarian aid to relieve famine.
- Canada has committed $40 million for research on agricultural productivity in Africa, in conjunction with the Consultative Group on International Agricultural Research..
- Canada has committed $50 million to improve water management and access to fresh water and sanitation in Africa, working with various African partners and in conjunction with the Global Water Partnership, an international, non-governmental alliance that promotes integrated water-resources management.
- As a result of a new CIDA policy, Canada will increase its investment in the agricultural sector from a current level of about $95 million annually to $300 million in fiscal year 2005–6, to reach an annual investment of $500 million by fiscal year 2007–8.
- Agriculture and Agri-Food Canada has signed memorandums of understanding and research agreements with scientific institutions in Egypt and Ghana to facilitate collaborative research and training to address Africa’s agricultural development research priorities. The Canadian Centre for Remote Sensing is working with the Committee for Earth Observation Satellites to promote and provide training on the use of earth observation to support sustainable development in Africa, including in the areas of agriculture and water.

Institutions and governance

NEPAD emphasizes that democracy, good governance and human rights are also among the conditions for sustainable development in Africa. In establishing an African peer-review mechanism, African leaders have underscored the importance of transparent economic, corporate, and political governance.

- $28 million has been committed to improve public sector governance and transparency.
- Canada has committed $28 million toward public sector capacity building in African countries through an innovative arrangement with the African Capacity-Building Foundation.
- Canada has committed $9 million to strengthening the role of African parliaments and parliamentarians.
- Canada has committed $6 million toward improving local governance by working with African partners.
- More than $20 million have been committed to civil society groups in several African countries.

Knowledge: Education and digital opportunities

Through NEPAD, African leaders pledge to promote people-centered development. Canada is supporting African efforts to improve the quality of life of the people of Africa in a number of ways, including by supporting African efforts to expand access to education and to information and communications technologies.

- Canada has committed to doubling its investment in basic education in Africa to $100 million a year by 2005. In line with this, Mozambique and Tanzania have already benefited from a specific allocation of $50 million in additional support made available to each of them over five years.
Significant resources have been committed to support African efforts to make use of information and communications technologies (ICTs) to accelerate economic and social growth, to enhance access to education, and to improve the provision of services to poor communities across the continent. Canada has committed $35 million to three initiatives: the e-Policy Resource Network for Africa, which will help countries develop strategies, policies and regulations relating to the ICT sector, and which will link African partners through a center located at the Economic Commission for Africa, in Addis Ababa, Ethiopia; the Connectivity Africa initiative, which supports research and development and innovative uses of ICTs, particularly in education, health, and economic and community development, and which involves a number of African partners along with the International Development Research Centre and the Open Knowledge Network; and the Enablis entrepreneurial network, a not-for-profit initiative led by the private sector, whose mandate is to support small and medium-sized African enterprises in their application of ICTs.

- More than $35 million has been committed to help Africa bridge the digital divide.
- Canada has committed an additional $12 million to help the African Virtual University, based in Nairobi, Kenya, to expand its network of community learning centers and its distance-learning programs in disciplines relevant to NEPAD.
- Canada has also provided $5 million for ICT-based commercial training initiatives in connection with Franconet, a network of French-speaking national Internet communities, and with technological institutions that focus on increasing Internet capacity, training, and access in 20 francophone countries in Africa.
Appendix 2.2. NEPAD’s Health Strategy: Initial Programme of Action

“This initial programme of action is not intended as a list from which to make selective choices, but rather as a composite set that needs to be actioned concurrently. As the strategy unfolds, further elements will be added.”

1. Strengthening commitment, enabling stewardship and harnessing a multi-sectoral effort

- Create a NEPAD Presidential Advocacy for Health Group to mobilise commitment from Africa and from development partners.
- Establish a health system observatory programme to provide the capacity to monitor and evaluate progress towards achieving this strategy.
- Institutionalise the preparation of National Health Accounts as a key tool for appropriate financial decision making in the health sector.
- Reach an international agreement on migration, especially with regard to ethical recruitment of health personnel from Africa.

2. Securing health systems and building evidence-based practice

- Strengthen the technical capacity for policy making and budget linked planning in Ministries of Health.
- Launch a sustainable health systems programme including the following elements:
  - Operationalize effective local health systems through establishing demonstration districts in all countries that can test delivery strategies and provide a model for replication.
  - Create a fund to support innovations in health systems and the sharing of successful new approaches to encourage new developments and evidence based practice.
  - Provide rural clinics with the infrastructure required for effective operation, starting with tele, radio or satellite communication to reduce isolation and enable calls for emergency assistance.
  - Test new models for drug supply to rural clinics and hospitals to overcome supply system problems.
  - Strengthen and increase capacity of training programmes for multipurpose clinic staff.
- Increase the capacity for public health training in Africa, so that the required cadre can be cost-effectively achieved.
- Increase funding for operations and health systems research, including community based interventions, to strengthen the evidence base on which public health decisions are made and to enable health research to become integral to the health system.
  - Build capacity in Africa for health research relevant to the challenges and needs of the continent and its health systems.
- Support the capacity for local production of essential drugs, including antiretrovirals so as to make drugs more affordable.
- Advocate and leverage support for development of the new drugs and vaccines needed by Africa.
- Establish reference laboratories in each of the regions in Africa to support disease and drug resistance surveillance and provide training.

3. Scaling up disease control

- Pro-actively provide support for the following programmes against the major burdens of disease whose practice should coincide with the approach in this strategy and enable them to deliver at scale and to build the capacity required:
  - Enhance prevention/promotion related HIV programmes in particular peer education programmes for vulnerable groups and those targeting youth. NEPAD Health Strategy
  - Advocate for and support the provision of affordable anti-retroviral therapy (ART) and treatment of opportunistic infections in persons living with HIV/AIDS.
  - Support the expansion of services for voluntary counselling and testing.
  - Support the scaling-up of interventions for the prevention and treatment of STIs.
Support the implementation of initiatives that increase access to and improve the quality of TB DOTS services such as community based DOTS, collaborative TB/HIV/AIDS activities and public-private partnerships.
  o Develop regional strategies to mobilise human and financial resources for TB control activities, and to ensure uninterrupted supply of affordable quality anti-TB drugs in all countries.

Facilitate mechanisms for financing, procurement and distribution of effective malaria control interventions, such as use of artemisinin derivatives, insecticide treated nets and insecticides, so that they reach vulnerable populations.

Include Integrated Management of Childhood Illness (IMCI) implementation in all district health plans.
  o Advocate and support inclusion of IMCI into pre-service training of health workers towards achieving sustainability in capacity.

Advocate and support trypanosomiasis elimination through revival of case detection and treatment, improved surveillance and targeted vector control.
  o Promote and support control of schistosomiasis and soil-transmitted helminths to improve school performance and adult productivity.
  o Advocate for and support lymphatic filariasis elimination as a tool for poverty reduction.

Enable countries to develop comprehensive responses to the increasing incidence of lifestyle-related chronic diseases e.g cardio-vascular disease (CVDs), lung cancer and diabetes, through promotion of proper diet, physical activity and the reduction of consumption of tobacco, alcohol and other substances.
  o Improve the management of epilepsy at primary health care level and contribute to the reduction of the Treatment Gap of people living with epilepsy.

4. Reducing conditions associated with pregnancy and childbirth

Support the establishment of an effective programme for the reduction of mortality from conditions associated with pregnancy and childbirth, and enable the effective integration of maternity services with the health system.

5. Empowerment of people to improve their health

Create a public communications for health literacy programme, using available capacity in Africa to cost-effectively empower people to take action to improve their own health.

Create a programme to enable countries to more effectively support and enable non-governmental and community organisations to make their unique contribution to prevention and care.

6. Mobilise sufficient sustainable resources

Seek commitments of countries to develop a timetable to reaching the agreed benchmark of allocating 15% of public spending to health.

Seek commitment to and a timetable for development partner support of US$ 22bn per annum in new health development aid for Africa.
Appendix 2.3  NEPAD Health and Environment Projects

Existing projects
- Support for the implementation of the Stockholm Convention on POPs
- Development of national implementation plans for the management of POPs
- Reduce reliance on agricultural pesticides use through integrated production and pest management and establishment of community-based pollution prevention system in Senegal and Niger River Basins
- Regionally based assessment of persistent toxic substances
- Agrochemical pesticides project
- MIRT (Minority international research training) Programme
- Chemical Information Exchange (CIEN)
- Preparation of national inventories of PCBs and PCB-containing equipment in the SADC sub-region
- African stockpiles project
- Survey of chlorinated Dioxins, Dibenzofurans and PCBs in the major waters of South Africa
- Atmospheric environmental issues in developing countries
- National chemical profile development
- Action plan development as part of an integrated chemicals management programme
- GHS implementation

Proposed Projects

Environmentally Sound Management of Pesticides and Other Toxic Chemicals
- Education and awareness
- Establishment of Poison Centres
- Development of emergency response plans
- Development of African input into the Strategic Approach to International Chemicals Management
- Assessment, development and implementation of health indicators
- Implementation of GHS
- Prevention of illegal traffic in chemicals
- Eliminate stockpiles of obsolete pesticides from Africa

Waste management
- Sewage system/Waste waters
- Solid Waste Management
- Environmentally sound management of hazardous waste
- Develop and implement waste minimisation programmes
- Management of Obsolete Stockpiles (ASP covers pesticides -need Industrial chemicals)

Support infrastructure
- Establishment of environmental information management systems
- Establishment of improved capacity in: laboratory, scientific risk assessment
- Monitoring of environmental contaminants in environmental samples and marketable products

Sustainable Production and Consumption
- Assessment of current status of production facilities
- Capacity to assess alternative cleaner production technologies

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74 These projects were identified through the thematic workshop on health and environment held in Dakar.
• Development of cleaner production capacity
• Research into alternative approaches to use of current hazardous formulations
• Development of strategies for remediation of contaminated sites
• Development of integrated vector management programmes

**Networking and information dissemination**
• Support for development and enforcement of legislative frameworks
• Dissemination of information on chemicals and pesticides
• Co-ordination amongst countries on cleaner production centres, poison centres and laboratories

**Atmospheric pollution (reduction of particles and harmful gases)**
• Reduction of emission from automobiles
• Elimination of lead in gasoline
• Strengthening of legislation related to vehicle emissions
PART III - ISSUE PAPER

Health and Environment Linkages in African Policies: A NEPAD Exploration

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3.1 Introduction

There is growing importance for IDRC programming and research to influence public policy. To achieve this, it is important to develop a good understanding of the policy processes we seek to influence, how we intend to influence them, and an understanding of factors and conditions that may inhibit or facilitate the policy relevance of the activities we support. Such understanding would not only generate learning in terms of how to access particular policy environments and policy makers, but also generate new insights for scaling-up policy related activities in a particular program area.

In this context and with the future programming interests of the Ecohealth Program Initiative (PI) to reinforce its contribution to African development efforts, an exploratory study was launched to examine the policy environment of international development frameworks in Africa, and in particular the New Partnership for Africa’s Development (NEPAD). NEPAD has increasingly gained recognition by the international community as a viable initiative through which to support sustainable development efforts in Africa. Thus, for the Ecohealth PI to be well positioned to contribute to the broader goals of NEPAD through the activities it supports in the region, it is important to develop a good understanding of the policy processes and dynamics of this initiative. Given the fundamental health-environment nexus in the PI’s conceptual framework, the scope of this study is focused on the health and environment aspects of NEPAD, and the potential to link health and environmental issues more integrally. Emphasis will be in the areas with which Ecohealth’s regional partners are presently engaged namely, malaria and agriculture; water, sanitation and health; urban slums, biodiversity, food security and nutrition.

The primary purpose of the Ecohealth-NEPAD study, therefore, is to gain a deeper understanding of the NEPAD initiative by examining its governance and policy structures, its commitments to and actions on health and environment, and the extent to which these integrate with global initiatives such as the Millennium Development Goals (MDGs) and the World Summit on Sustainable Development (WSSD) Framework on Water and Sanitation, Energy, Health, Agriculture and Biodiversity (WEHAB). The outcome of the study will provide the Ecohealth PI with an initial understanding of the key actors involved in health, environment and development issues in Africa, the policy making process, the opportunities and limitations presented by NEPAD to address problems at the interface of health and environment, and new learning on how to strengthen the policy relevance of Ecohealth-supported research and activities in the region.

As part of the process to this study, an initial background paper was prepared, examining the origins, evolution, contents, governing structure, and policy dynamics of the NEPAD initiative. The paper examined the health and environment commitments and actions of NEPAD, the extent to which health and environment linkages were made, and how they align with the MDGs and the WEHAB framework. The paper also examined the African

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Peer Review Mechanism and some countries’ attempt to incorporate NEPAD objectives into their development agendas. As a follow up to the background paper, this issue paper intends to clarify and consolidate any emerging knowledge gaps from the initial examination of NEPAD. It also identifies possible focus areas that the Ecohealth PI might contribute to, such as strengthening the health and environment linkages within NEPAD, identifying ways to make knowledge on health and environment linkages relevant to policy makers, and building research and institutional capacity to implement intersectoral and holistic interventions. The paper also delineates and discusses potential constraining and facilitating factors that might influence the study. The final segment looks at issues related to up-coming consultations with researchers, decision-makers, key NEPAD actors, donors and other international organizations that work closely with NEPAD.

3.2 Health and Environment in NEPAD: Emerging Knowledge Gaps

NEPAD recognises the intricate links among health, environment and development in its program of action. The health strategy recognises the impact of environmental factors and other sectors on health, and proposes an intersectoral approach to addressing the disease burden in Africa. NEPAD’s Environmental Action Plan also acknowledges the human health implications within its priority areas including pollution by agrochemicals; industrial, coastal, and freshwater pollution; and the impact of climate change on vector and water-borne diseases. A sub-theme, on ‘Environment and Health’ also identifies projects and actions related specifically to chemical contamination and management.

Despite the acknowledgement of the links between health and environment, and the need to adopt an integrated approach to addressing the associated challenges, most activities proposed by NEPAD fail to take this into account. In the health strategy for example, most of the interventions proposed fall predominantly within the health sector, making little reference to other sectors. However, in order to improve the health of many people in Africa, intersectoral cooperation, research and education, is imperative, not simply improving the health system, despite its importance.

The reasons for the discrepancy between what is proposed by these sectoral strategies and what is implemented is not clear and may be attributed to a number of factors. First, is the fact that health and environment are represented by separate sectors and receive input from a set of different actors; the health strategy mainly from African Health Ministers and experts, with technical expertise from WHO Afro; the environment initiative from the African Ministerial Conference of the Environment (AMCEN), African experts and UNEP among other consultations. Water and Sanitation issues are addressed under the Infrastructure initiative and receive input from the African Ministerial Council of Water (AMCOW) and the Global Environmental Sanitation Initiative (GESI). Thus the

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78 NEPAD Health Strategy, 2003 p3
80 Freshwater Action Network, 2003: Introduction to water in NEPAD and African Ministerial Council of Water (AMCOW)
detailed programs of action that emerge from these priority areas reflect the expertise of who was involved and their competitive edge to the decision making process. The interrelatedness to other sectors is not apparent. An example in point is how input into fashioning out projects on the ‘health and environment’ sub-theme within the environmental action plan came predominantly from experts in the field of chemical contamination and management and reflected mostly issues within that field, despite the availability of a background document (that was prepared by a different set of experts) that presented a more comprehensive framework to addressing the linkages between health and the environment. Thus, the segmented approaches within which health and environment concerns are addressed present a real challenge to harnessing an integrated and intersectoral approach, a problem not only limited to NEPAD, but to many other institutions as well.81

The second point deals with how knowledge on health and environment linkages is formulated and made accessible to decision makers. It is not clear what knowledge base or evidence sources policy makers draw on, and the alternative sources available to them. Despite the prevalence of a wide body of knowledge on the linkages between environmental hazards and threats to human health, this knowledge base is not systematically harnessed, and/or presented in an accessible way to influence decision-making. How can research and/or knowledge on health and environment linkages be demand-driven and respond directly to the needs of policy-makers? Via what modes can researchers access policy makers and the decision-making process?

This leads to the final point of what research capacity is needed by our partners, and African health and environment researchers to conduct policy-relevant research that feed into decisions at local, national and regional levels? Also what capacity building needs are required to foster intersectoral coordination among institutions?

From the above, emerging issues seeking clarification and focus would be: 1) identifying mechanisms for strengthening health and environment linkages within NEPAD; 2) identifying mechanisms to make knowledge on health and environment linkages more accessible to policy-makers; and 3) identifying how to build capacity for integrally linking health and environment issues with broader development efforts.

### 3.3 Focus Areas for Further Work

#### 3.3.1 Strengthening Health and Environment Linkages in NEPAD

If health and environment issues are dealt with in separate sectors, how might the linkages between them and with other sectors be strengthened so as to be compelling to decision makers? What are the institutional implications? Health and environment linkages within NEPAD may be strengthened both at the conceptual and institutional levels. At the conceptual level, the WEHAB framework (see Annex 1) provides a

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platform for teasing out the interrelations among the various sectors of water and sanitation, energy, health, agriculture and biodiversity. WEHAB represent areas in which practical, concrete and achievable actions can be taken to achieve the Millennium Development Goals (MDGs) (see Annex 2), and the aspirations of NEPAD. For example, actions in biodiversity or agriculture would help achieve the goals of poverty reduction and hunger, or actions in water, energy, and agriculture would help achieve aspects of health-related MDGs. Similarly, many of the interventions needed to address problems of the three health-related MDGs - reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria and other diseases - are related to activities of the WEHAB elements of clean water and sanitation, household energy and sound environmental management. WEHAB and the MDGs thus act in a reinforcing manner with WEHAB providing a practical operational path towards the realization of the MDGs. NEPAD’s health and environment objectives and actions can thus be informed by the synergies that exist between the MDGs and WEHAB initiatives, while taking into account other important issues such as gender, education and poverty reduction which are not common elements between the MDGs and WEHAB, but are essential for health improvement.

There are a number of institutional implications for the harmonization of health, environment and development issues within NEPAD. Sectoral plans of action, say the environmental action plan, receive input from a variety of sources including, continental experts (researchers), international agencies (e.g. UNEP), national ministers (e.g. AMCEN), lead agencies, and thematic consultations (e.g. civil society). Preparations of the plans work closely with the Regional secretariat (in South Africa) and sectoral secretariats (e.g. Environment secretariat in Dakar), and subsequently approved by the Heads of State and Government implementation Committee and adopted by the AU. Similar procedures are followed for other sectoral priorities. Not only is this process complex, involving a variety of actors with different jurisdictional roles, but also makes coordination and implementation of sectoral activities difficult. Also while some sectors of NEPAD, like the environment sector, have organized working units like a secretariat, there is no such provision for the health sector, being led by Algeria. During our consultations with various stakeholders, it might be interesting to chart the constraints to and opportunities for intersectoral collaboration. This will allow for an assessment of the potential role Ecohealth could play in furthering this effort?

Groups such as the African Ministers Council on Water (AMCOW), the African Ministerial Conference on the Environment (AMCEN), and the African Health Ministers play key roles in the final approval of NEPAD sectoral action plans. To what extent can the objectivities and activities of these groups be harmonized?

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3.3.2 Generating Relevant Knowledge and Influencing Policy

From the background review of the NEPAD initiative, it is not clear what information and/or evidence inform the preparation of detailed sectoral programs of action, what alternative information sources are considered, how this information is transmitted to the various relevant sectors for action, and what policy think-tanks or networks are contacted. For example, comments from the civil society thematic workshop for the preparation of NEPAD’s environmental action plan indicated that the programs outlined for the ‘Environment and Health’ sub-theme were predominantly focused on chemical contamination and were not representative of the issues encompassed by this sub-theme. Besides the fact that these programs were identified predominantly by experts in that field, what other alternative sources of information on health and environment linkages was available to the decision-makers or the higher approving bodies to decipher the inclusiveness of these identified programs and projects? What capacities are required to make such informed decisions, and how available are they? What role can Ecohealth research and partners play in making knowledge on health and environment linkages more relevant for policy and decision-making?

While research by Ecohealth partners in the region might not influence policy directly and immediately, it can, however, contribute to influencing policy in other important ways, such as altering thinking on health and environment issues, stimulating debates on the use of intersectoral approaches, and cause policy makers and their advisors to think critically about the concepts and philosophy of an ecosystem approach to health, and the intricate linkages between health and environment more generally. Weiss, cited in Linquist (2001) refers to such an approach as the ‘enlightenment function of research’, whereby research achieves “influence indirectly over time through the circulation and “percolation” of ideas and concepts, as opposed to timely, hard facts and robust theories to guide policy interventions”. 83

Lindquist (2001) also suggests that rather than aiming for high impact, measurable influence on policy processes, we could aim for intermediate influences such as 1) expanding capacities of chosen actors: that is, improving the knowledge of certain actors, supporting recipients to develop innovative ideas, improving capabilities to communicate ideas, and developing a new talent for research and analysis, and 2) broadening horizons of others that comprise a policy network: such as, providing opportunities for networking and learning within the jurisdiction or with colleagues elsewhere, introducing new concepts to frame debates, putting ideas on the agenda, or stimulating public debate, educating researchers and others who take up new positions with broader understanding of issues, and stimulating quiet dialogue among decision-makers.

These processes however, require developing a full understanding of the range of actors involved in health and environment decisions at the national, sub-regional and continental levels, the nature of relationships among these actors, and a good sense of how these

actors and policy field has evolved over time. The background research on NEPAD provided a view of the range of actors in the NEPAD domain. We are now in the process of ascertaining the relationships among the actors involved with the health and environment aspects of NEPAD, and the driving forces in the policy-making environment. Once these examinations are complete, we will be able to think concretely about choosing actors to target, expanding the policy capacities of the chosen actors, and broadening the policy horizons of others.

When thinking about policy influence, we must also consider the level at which we should target our efforts. For instance, should there be an emphasis on influencing policy from top-down and bottom up-approaches? What are the pros and cons with each? Which will be more effective? Which level is strategically the best in order to achieve effective or efficient policy influence – working at the Secretariat or national/local level? Is it better to use local influence to leverage support at a higher level, or should we focus on affecting thinking at that higher level to influence the local level? Are these mutually exclusive for Ecohealth’s purposes? What would the implications of either approach be? And within all of this, what is the appropriate role for the Ecohealth PI and also for its partners?

3.3.3 Building Capacity

To intensify and sustain efforts to improve human health and promote sustainable development, greater attention needs to be paid to developing research and institutional capacities to address health, environment and development linkages and to strengthen intersectoral action and align sectoral policies both between and within sectors. Understanding the capacity needs of actors at the continental, regional and national levels are important.

At the continental level, any attempts to influence decision-making and/or consideration of possible integrated health and environment projects and programs would involve NEPAD/AU structures such as the Presidential Advocacy for Health Group, a group responsible for strengthening the health agenda within NEPAD; the health and environment contacts in the HSIC (Head of State Implementation Committee), for example Wade (Environment) and Bouteflika (Health), the Steering Committee, and the regional and sectoral secretariats. The harmonisation of activities by groups, such as the African Health Ministers, the African Ministers Council on Water (AMCOW), and the African Ministerial Conference on the Environment (AMCEN) should be encouraged.

At the sub-regional level, the capacity of the regional economic communities (RECs) should be strengthening to identify, address, and monitor health and environment concerns, and advocate for these concerns to be incorporated into relevant sectors within the REC catchment areas. Since the RECs are also responsible for garnering support from civil society and the private sectors for the implementation of NEPAD projects, they could also serve as a tool to raise awareness of health-environment linkages, and also be in a position to influence decision makers. This could be channeled through the health

84Ibid p. 23.
desks that have been established at the RECs. The RECs could also provide a platform for researchers working on health and environment issues in the sub-region, including Ecohealth partners, to collaborate and disseminate evidence of best practice to policy makers. Centres of Excellence on Health and Environment should be considered as has been done for the agriculture and water sectors of NEPAD.

At the national level, capacity should be aimed at national governments, ministries and departments to align their policies and integrate health and environment issues into their national health plans, poverty reduction strategies, activities related to the achievement of the MDGs and medium term economic frameworks.

3.4 Constraining and Facilitating Factors

Familiarity with Ecohealth’s past and present work in the African context will assist in outlining some of the broad constraining and facilitating factors to this study. Consultations with some of Ecohealth’s partners would provide useful feedback as to what these factors are in the context of Africa. An additional constraint evident prior to consultations is the fact that the assumptions underlying much of the theoretical work on policy influence is often based on models of governance that are typical of Northern institutions, and while they are relevant, they may be of limited assistance in providing insight in the Southern context. Stephanie Neilson, in her work for the IDRC research-policy study, noted the paucity of opinions representing developing country perspectives or experience.85 Some of these assumptions include those of a stable government, an advanced democracy, a stable economy, and adequate institutional and infrastructural capacity – assumptions that may be present to varying degrees in any context, but which must be accounted. There is much to learn from the consultations regarding policy processes in Africa, as many uncertainties and gaps are evident. This lack of knowledge is in itself a constraint that has the potential to keep expanding the boundaries of how much knowledge we need to gain in order to have a complete enough picture upon which to build future activities. There are also structural constraints evident in promoting health and environment linkages within NEPAD, such as the apparent lack of collaboration between the Health and Environment Secretariats, and their administrative and physical separation.

Another possible constraint is that support and political commitment from NEPAD is a prerequisite for successfully moving health, environment and sustainable development issues higher on the development agenda of Africa. How might NEPAD’s role as an energizer, facilitator, and mobilizer help enhance this effort? While it is clear that NEPAD is not an implementing organization, the precise nature of its institutional role remains unclear. Questions relating to who NEPAD is intended to influence, and how they intend to achieve that influence remain unanswered – is it the international community, the donor community, or African national governments? What outcomes are anticipated? It appears that NEPAD was intended to consolidate African development priorities, and provide a unified vision to the outside world, to attract funding and

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leverage support. But the implementation of this vision at the country-level, or even at the regional level needs to be more clearly understood. The degree of flexibility within NEPAD’s organizational and conceptual structures is also relevant in understanding how the institution will respond to constraints inherent to its target audience, and changes in the global economic and political context.

This leads to another consideration regarding the effectiveness and sustainability of NEPAD. The question of financing has emerged unanswered, without clear reasons for the lack of buy-in or investment from the private sector—a sector specifically targeted in NEPAD as essential to development. If the eventual goal is to reduce African dependence on aid and increase its self-sufficiency, how has this response from the private sector been addressed, and why has the situation arisen? How will this affect the long-term outlook for NEPAD in achieving its goals?

Facilitating factors include the wealth of knowledge likely held by or accessible to our research partners, as well as our ability to learn from the experiences of other organizations in Canada (e.g. CIDA, DFAIT and CIHR) engaged with NEPAD processes and actors, as well as IDRC’s involvement with NEPAD, especially during the run-up to the Kananaskis Summit, RoKs involvement with NEPAD’s Science and Technology sector, and activities that the African regional offices might be or have been involved with. There has also been significant learning on the part of IDRC with regard to policy influence through the Evaluation Unit, which may be tapped. An additional facilitating factor is the emphasis on health and environment linkages, and the percolation of concepts and philosophies of an ecosystem approach to human health among international organizations such as the WHO and UNEP who are closely involved with NEPAD, and may serve to facilitate interaction, dialogue, and learning.

### 3.5 Consultations

In order to further clarify the issues discussed above, we plan to hold consultations with civil society actors, actors at various levels of government involved with health and environment issues, African researchers, Ecohealth research partners, officials (or their advisors) involved with the implementation of NEPAD at various levels, donors and officials of international organizations such as WHO (AFRO) and UNEP who have been involved in preparing NEPAD’s Health Strategy and the Environmental Action Plan respectively. Consultations are also ongoing with other Canadian institutions that have been involved with NEPAD.

The consultations will take the form of round table and focus group discussions at PI planned events such as the Training Institute in Benin and a meeting of the System-wide Initiative on Malaria and Agriculture (SIMA), to be held in Uganda early next year. For those representatives who might not make it to the group events, other techniques including, one-on-one meetings and closed and open-ended interviews will be organized. Individual consultations are also planned with some key NEPAD figures at the regional level.
secretariat in South Africa, who might subsequently participate in the larger round-table consultations.

The consultations would seek among other things, to understand the context within which health and environment decisions and actions are made in NEPAD, the key driving forces in the policy-making environment, the limitations and opportunities presented by NEPAD to addressing health and environment concerns, the research gaps and capacity building needs required to strengthen and promote health and environment linkages, and integrate them into sustainable development efforts. In addition, we will seek to identify the barriers to using knowledge on health and environment linkages in policy making, and the opportunities for the Ecohealth initiative to fill those knowledge gaps, as well as facilitate better knowledge access through Ecohealth research and partners. Information gathered from the consultations would be shared among participants through an electronic conference so as to gain feedback and to strategize the next steps. The outcome of the consultations will also be shared with IDRC African Regional Directors in order to assess how the findings and emerging lessons might be used to inform Ecohealth and Environment and Natural Resources Management (ENRM) work in Africa. It is hoped that these consultations will help orient Ecohealth programming towards appropriate target audiences, and the types of knowledge, tools or resources that decision-makers and stakeholders would find most useful.

3.6 Looking Ahead

From the preceding, a number of activities suggest themselves and will be followed through with the consultations. First, is the need to clarify the role of the Ecohealth PI and the intended roles for its partners in this endeavour. While the mapping of the health and environment policy environment of NEPAD was initiated and is currently being conducted by the Ecohealth PI, it is with the ultimate goal to have our partners engaged and involved with the entry points or actions that would eventually emerge. The Ecohealth PI thus assumes a facilitating role, taking the initiative to understand the policy context in the region so as to be better positioned to guide the activities of their partners. This implicitly points out the important role of the regional offices as mediators to how successful Ecohealth and its research partners can collaborate with NEPAD and contribute to its broader goals.

Second is the need to identify specific entry points to the focus areas identified above. How can we contribute to strengthening health and environment linkages within NEPAD? Whom can we work with? Who should we target? And at what level should we focus (National, sub-regional or continental)? With respect to making knowledge on health and environment more accessible to decision makers, what communication modes can we use? How do we foster intersectoral collaboration? At what level should intersectoral collaboration focus on, government ministries, sectoral secretariats, or at the level of experts? How can we facilitate the integration of knowledge on health and environment linkages into national development plans, PRSPs or country MDGs activities? Who can we work with?
Third is the issue of capacity building. What activities can we support to nurture both research and institutional capacities? Training programs, parliamentary briefings, workshops, side events at NEPAD meetings, support the development of benchmarks and indicators on health and environment linkages to be included in the APRM process, joint meetings on water, health and environment at the ministerial level, South-South university exchanges, centers of excellence, or partnering with like-minded organizations to support activities, among others?

3.7 Conclusion

This issue paper is written to supplement the background paper and has explored the emerging knowledge gaps pertaining to understanding the policy environment of health and environment issues within the NEPAD initiative. We still need to clearly understand what the driving forces of this policy environment are, who the major decision makers are, and at what level of jurisdictions they operate, as well as identify the alternative knowledge/evidence sources influencing decision making and how this can be strengthened. The paper also explored focus areas that can be enhanced through Ecohealth research and partners so as to contribute meaningfully to the broader aspirations of NEPAD. Issues such as strengthening environment-health linkages, conducting policy-relevant research and capacity building initiatives are considered. Possible constraining and facilitating factors and our next steps, including a number of consultations have also been delineated.

We hope this study will achieve the intended outcome of providing the foundation of knowledge needed to contribute to the PI’s future programming in Africa, as well as in thinking about the realities and processes involved with scaling up its policy-related activities and thinking strategically about policy influence. The immediate intended outcome of the project is therefore increased learning in terms of how to access policy makers, and scale-up policy related activities in the context of Ecohealth’s work. Over a longer perspective, the goal is to assist our partners in connecting with the actors and processes within NEPAD to which their research results are most relevant. In addition, the study will provide the PI with an important understanding of the present level of capacity of key development actors in the region with respect to integrating health and environment issues, as well as their needs and interests. The regional training sessions and networks put in place would be based on a good foundational knowledge.
References


Appendix 3.1: The WEHAB Framework and Action Areas

Water and Sanitation

- Halve by 2015 the proportion of people without sustainable access to safe drinking water
- Halve the proportion of people without sustainable access to improved sanitation
- Develop integrated water resources management (IWRM) frameworks, including integrated (ICARM), and prepare and implement water management action plans at the country level.
- Accelerate water productivity gains in irrigated agricultural systems to contribute to food security, relieve environmental pressures and provide scope for water transfers to other important productive uses.
- Safeguard human health, including reduction in the mortality rate (associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene), by improving the quality of drinking water.
- Strengthen disaster preparedness planning processes at the country level to protect the poor from the impact of water-related disasters (floods and droughts), particularly in low-lying countries and small island developing states.
- Mobilise financial resources to meet the investment needs in the water sector.
- Strengthen institutional and technical capacities of developing countries in the implementation of IWRM, ICARM and water governance at the country level, including those dealing with the O&M of water schemes.
- Protect the quality of surface and groundwater as well as of the aquatic ecosystems and coastal zones.

Energy

- Reduce poverty by providing access to modern energy services in rural and peri-urban areas.
- Improve health and reduce environmental impacts of traditional fuels and cooking devices.
- Improve access to affordable and diversified energy sources in Africa.
- Reduce poverty by providing access to modern energy services in rural and peri-urban areas.
- Improve energy efficiency in all sectors using established practices on standards and labeling techniques.
- Improve efficiency in power generation.
- Progressively increase contribution of renewable energy mix of all countries.
- Improve access to basic health care and education for poor people through the provision of renewable energy systems in primary health care centers and schools.

86 Source: http://www.biodiversityasia.org/ar_wssd.htm
• Promote the use of renewable energy in vaccine and immunization programmes.
• Provide the use of renewable energy to facilitate access to safe drinking water.
• Increase the use of advanced fossil fuel technologies for energy generation.
• Promote the use of clean coal technologies (CCTs) in countries using coal.
• Reduce atmospheric pollution from energy generating systems.
• Enhance productivity through advanced fossil fuel technologies.
• Improve air quality and public health through the introduction of cleaner vehicular fuels.
• Implement better transportation practices and systems in mega-cities.
• Promote new technologies for transport.

Health and the Environment
• Reduce poverty and malnutrition.
• Improve access to affordable, efficient and effective health services and reduce infant, child and maternal mortality.
• Control or eradicate major diseases.
• Improve health and sustainable development planning.
• Address health and environment linkages.
• Improve capacities in risk management/disaster preparedness related to health.

Agriculture
• Increase agricultural productivity and sustain or enhance the natural resources base, particularly in sub-Saharan Africa, contributing to efforts to eradicate poverty and ensure environmental sustainability.
• Encourage knowledge generation and transfer through research, extension, education and communication.
• Establish innovative public-private partnerships to stimulate joint implementation of sustainable agriculture and natural resource conservation.
• Develop enabling policies and associated institutional reforms and regulatory frameworks, including improved infrastructure and access to markets, capital and financial services.

Biodiversity and Ecosystem Management
• Integrate the principles of sustainable development into country policies and programmes, as called for in MDG-7. For biodiversity, this means being integrated, as the living basis for sustainable development, into development programmes and economic sectors’ plans, strategies and responsibilities.
• Reverse the loss of environmental resources, as called for in MDG-7. For biodiversity, this means halting the loss of biodiversity and restoring, if at all possible, biodiversity in degraded areas, as endorsed by the CBD COP-6.
## Appendix 3.2 The Millennium Development Goals (MDGs)

<table>
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<tr>
<th>Goal</th>
<th>Target</th>
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| 1. Eradicate extreme poverty and hunger                             | • Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day  
• Halve, between 1990 and 2015, the proportion of people who suffer from hunger                                                                 |
| 2. Achieve universal primary education                             | • Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling                                                                               |
| 3. Promote gender equality and empower women                        | • Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015                                                                 |
| 4. Reduce child mortality                                          | • Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate                                                                                                                              |
| 5. Improve maternal health                                          | • Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio                                                                                                                          |
| 6. Combat HIV/AIDS, malaria, and other diseases                     | • Have halted by 2015 and begun to reverse the spread of HIV/AIDS  
• Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases                                                                                                   |
| 7. Ensure environmental sustainability                              | • Integrate the principles of sustainable development into country policies and program and reverse the loss of environmental resources  
• Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation  
• Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers                                                                                           |
| 8. Develop a global partnership for development                    | • Seven targets related to: trade, special needs of poor countries, special needs of landlocked countries and small island developing states; debt problems of developing countries; work for youth; affordable drugs; technology |

Source: www.developmentgoals.com
PART IV: FINDINGS, CONCLUSIONS AND REFLECTIONS

4.1 Consultations and Findings

During the tenure of this award I made one trip to South Africa (November 22nd to 26th, 2004) where I carried out a series of consultations with various stakeholders including African researchers on health and environment, Ecohealth research partners, officials working with NEPAD. Some consultations were also conducted via email. Some of the institutions visited in South Africa included the University of Western Cape, Capetown; University of Kwazulu-Natal, Pietermaritzburg, Durban; University of Pretoria, School of Health Systems and Public Health; NEPAD S&T office in CSIR, Pretoria; and SIMA-IWMI office in Pretoria. Concurrent consultations were carried out by the consultant for the West and Central Africa region. The consultations took the form of one-to-one meetings and small group discussions and sought to understand among other things, the health and environment commitments and actions of the NEPAD initiative, the limitations and opportunities presented by NEPAD to address health and environment concerns integrally, the research and capacity needs required to strengthen and promote health and environment linkages in Africa and to integrate these into sustainable development efforts. The consultations also sought to identify effective ways of using knowledge on health and environment linkages to influence policy, and the role the Ecohealth Program Initiative and its research partners might play in such efforts. The issues raised during these consultations subsequently fed into workshops that were held in the West and Central Africa region and a pending one in the East and Southern Africa block. A detailed list of the issues consulted on is presented in Appendix 4.1 and the major issues emerging from these consultations are presented under the following headings:

- Strengthening Health and Environment Linkages in Africa
- Building capacity for health and environment linkages in Africa
- Policy influence
- Constraining factors
- Role of IDRC

4.1.1. Strengthening Health and Environment Linkages in Africa

During consultations on how to strengthen capacity on health and environment linkages in Africa and how to integrate these knowledge outcomes into African development (through NEPAD), the major concern was the need for some academic guidance on the current health and environment situation in Africa and an assessment of the current state of institutional and research capacities on H&E in Africa. A number of issues were thus suggested including: 1) the need to develop a position paper that identifies, prioritizes and sets out a research agenda for H&E issues in Africa; and 2) a second position paper that presents an overview of existing gaps/needs pertaining to H&E research, teaching, training and practice-related capacity within African institutions.
These two papers would be used as advocacy documents within NEPAD, and seek their input on how to integrate these research priorities into their agenda. This framework will seek the input from African researchers in the field, Ecohealth research partners and NEPAD experts. The framework will continue to evolve and would be streamlined further in subsequent Ecohealth/NEPAD workshops.

Following a discussion with the Ecohealth PI about the development of an H&E research framework for Africa, it was decided that any such framework would take into consideration the changing landscape of the burden of disease in Africa, be consultative in nature, seeking active contribution from the health and environment experts in Africa, NEPAD, and a few pilot countries and their relevant ministries. A series of steps and a schematic representation of the process is presented below.

Step 1: Formation of a lead team, Ecohealth, Research Partners, African experts
Step 2: Identify all health and environment actors (institutions, researchers, NGOs) in these pilot countries, with whom we will later consult.
Step 3: National workshops to be held with the identified national actors to gain input on elements that might be included in developing the framework. This exercise will provide the varied national contexts on H&E as well.
Step 4: Input from national workshops would then be analysed by the “lead team”, looking for commonalities and differences, and delineating elements that would shape the framework. At this stage a tentative framework would be developed.
Step 5: This tentative framework would be submitted to the NEPAD team for their input, feedback, validation.
Step 6: This stage would involve a reworking of the framework to incorporate feedback from the NEPAD team.
Step 7: The framework is now ready to be applied to the national context, specifying key research priorities and themes and possibly a research agenda that embraces the changing global and regional situation, while lending itself to newer approaches and interventions on environmental health problems.
Step 8: This exercise would then allow for specific research areas or themes to be selected and comprehensive interventions developed. IDRC can then consider supporting some of these projects.

This exercise might also provide useful information on subsequent activities related to the development of learning networks and the Community of Practice for Ecohealth in Africa (COPEH Africa), and also avail a framework that might be adapted to other countries of interest.
Figure 4.1
Developing an H&E Research Framework for Africa

Setting of IDRC’s leading group (African partners)

Identify actors in each targeted countries

National consultation (expectations from framework)

Conceptualisation of the framework by IDRC lead committee (Informed by national consultations)

Presentation of framework to NEPAD secretariat (Validation)

Adjustments of framework according to comments (by IDRC lead committee)

Application of framework to National Contexts

Elaboration of Research & Interventions in the specific countries (to be funded by IDRC or not)
4.1.2. Building Capacity for Health & Environment Research in Africa

The need to build capacity by supporting training, networking, effective communication strategies, knowledge translation mechanisms and curriculum development related to health and environment was reiterated during consultations. Among the issues discussed included:

- Targeted training on elements of Ecohealth research to various audiences.
- Targeted support to young researchers. It is important to start training a whole new cadre of researchers and academics who understand and can internalize the Ecohealth approach, especially at the master’s level, so that in ten years time there will be a whole group of people who understand the language, and practice the concepts and making use of case studies and research material which is grounded in African scholarship.
- Learning Networks, Community of Practice, Curriculum Development, short courses in Southern institutions.
- Reexamine the university’s role in capacity building, universities have played little role in the learning society. It is important to reassert a real position for universities in the learning society.
- Funding for staff development to learn about the ecosystem health (e.g two months for staff to do internships in other universities).
- Staff are under tremendous pressure to teach, publish and conduct research at the same time, so important to have staff in the cycle for capacity building.
- Important communication strategies to make known the Ecohealth approach and all the good work that has been done by Ecohealth research partners is needed. Some suggestions included:
  - Ecohealth Newsletter. A quaterly newsletter that is widely distributed to relevant places.
  - Journal Editorials
  - In the context of NEPAD, get a conference going, as part of the project on Ecohealth and NEPAD, request researchers to produce papers that could be put together as a special issue for an international journal so that we get the NEPAD context and examples of Ecohealth research into an international arena
  - Conceptualise the papers as a book, e.g based on Ecohealth past research
  - Cross-border learning network should be established and strengthened. There is a lot to learn from other countries.
  - Create a network of contacts where people hear and learn about their work (set up web-pages for networking)
- Put in resources for formal capacity building, centers of excellence, and institutionalization of the Ecohealth approach.
4.1.3 Enhancing Policy Influence

There was also emphasis to identify mechanisms for enhancing the policy-relevance of evidence related to health and environment linkages. Some of the issues suggested included:

- Development of effective knowledge translation and communication strategies
- Strengthen stakeholder processes. Facilitate frequent exchanges among NEPAD, WHO, Country NEPAD focal points, HELI, UNEP
- Make use of windows of opportunity at NEPAD events; identify effective communication strategies for making visible research outcomes.
- Synergy between bottom-up and top-down approaches.
- Intensify training activities and workshops for H & E officials in African countries
- Organize workshops with decision makers and Ecohealth partners
- Identify an ambassador for championing health and environment linkages within NEPAD’s environment and health secretariats, who would reach out to both local and regional policy makers.
- Aim to influence policy by supporting what already exits (institutionally) and developing meaningful collaboration between various decision makers.

4.1.4 Constraining Factors

- The need for organizations interested in health and environment linkages to streamline working relationships with the NEPAD secretariat.
- Separate institutionalization of health and environment sectors within the NEPAD initiative, hence lack of linkages between health and environment within development programs.
- Lack of research and institutional capacity to integrally link health and environment concerns in the region.
- Concern about NEPAD’s lack of inclusiveness to communities and other marginalized voices.
- Disciplinary training of health and environment experts makes integration difficult.

4.1.5 Role of IDRC

- IDRC/Ecohealth is strategically positioned to play a mediating role with other organizations (e.g. UNEP, WHO) in strengthening health and environment linkages in Africa.
- Ecohealth research partners stand to play a major role in bridging the research-policy gap that currently exist integrating health and environment linkages into African development policies.
- This project, through consultations and workshops, has started a number of discussions among different key actors (civil society, UNEP, HELI, WHO,
NEPAD and WAHO) who are interested in supporting activities that link
health and environment issues.

- Streamline relationship with the NEPAD Secretariat as a champion for
  nurturing H&E linkages in Africa and support activities to build capacities to
  implement health and environment objectives with the NEPAD agenda.

4.2. Conclusion and Reflections

The study was undertaken with the need to increase learning on how to strengthen health
and environment linkages in African development efforts; and to access policy makers
and scale-up policy related activities in the context of health and environment linkages in
Africa. Over the long term, the goal is to develop the research and institutional capacity
of health and environment in Africa and to develop a coherent framework from which
research priorities linking health and environment can be identified and intervened upon.
The study is also intended to inform the Ecohealth Program Initiative on the present level
of capacity in integrating health and environment issues, and the emerging needs and
challenges so that subsequent training, capacity building activities and networking would
be based on a good foundational knowledge.

This project has progressed beyond the end of my award as a Professional Development
Associate/Awardee. Ecohealth/NEPAD workshops have been carried out in Cotonou and
Dakar, and one for the East and Southern Africa region is planned for February, 2006.
The reports from these workshops can be accessed from the Ecohealth Program Initiative.
Throughout these consultations and workshops, one comment that seems to be reiterated
is that, this project stands to be one of the worthwhile projects initiated in Africa in
bridging the research-policy-practice gap with respect to health, environment and
development issues. It has brought together a variety of actors who normally would have
never worked together to identify their commonalities, differences and how their
respective activities impact one another and in need of integrative solutions. Additionally,
they have begun to network and share ideas in ways that would otherwise have been
perceived as not relevant to one’s discipline. I am glad to be associated with this network
and with the Ecohealth Program Initiative, in particular. My rewarding journey as a PDA
has been shaped by the critical thoughts, insights and relentless quest for success of the
Ecohealth Team members. The training has endowed me very insightful understanding of
the NEPAD, initiative, issues pertaining to health and environment in Africa and the
intricacies of scaling-up research findings to influence not only policy on H&E, but
development issues in general. I am hopeful that this project would pave the way for a
better understanding of how the Ecohealth PI and IDRC, in general, can augment the
policy relevance of the projects they support in Africa and other developing countries
where the need exists.
Appendix 4.1: Ecohealth-NEPAD Consultations

I. Overview of Study

The Ecohealth Program Initiative (PI) is a program area of the International Development Research Centre of Canada (IDRC) that simultaneously promotes and implements an ecosystem approach to human health. The Ecohealth PI supports research that investigates how social and ecologic conditions mediate the dynamics of health-environment relationships and their interactions with external processes. Some areas currently engaged by the PI include, malaria and agriculture; water, sanitation and health; urban slums, biodiversity, food security and nutrition.

To strengthen the policy relevance of the activities the PI supports in Africa, this study was launched to deepen the understanding of some international development frameworks in Africa, and in particular the NEPAD initiative: its governance, policy and decision making processes, its health and environment commitments and actions, the major actors involved, and an assessment of the opportunities and limitations presented by NEPAD to address health and environment issues in an integrated manner. This understanding would better inform the Ecohealth PI on how to support its partners to conduct research that contributes to the broader objectives of NEPAD and Africa in general.

As part of this study a number of consultations are being undertaken with policy makers, NEPAD key actors, individual experts and international organizations involved with the health and environment aspects of NEPAD, as well as Ecohealth research partners.

II. QUESTIONS/ISSUES - ECOHEALTH RESEARCH PARTNERS

General Overview
1. Have you had the chance to review the Issue Paper? What is your assessment of the project being undertaken by the Ecohealth PI? [Usefulness, potential influence, stumbling blocks, opportunities for engagement]
2. Are you familiar with NEPAD activities and commitments on health and environment?
3. How is NEPAD positioned to address problems at the interface of health and the environment?
4. What role can Ecohealth research partners potentially play in NEPAD?
5. What opportunities exist? What constraining factors do you foresee?

Health and Environment Linkages
1. To what extent does NEPAD take health-environment linkages into its programs of action?
2. What role can Ecohealth research and partners play in strengthening health and environment linkages in NEPAD?
3. What specific areas can be targeted for strengthening health and environment linkages in NEPAD?
4. What specific activities can be implemented? What might be some potential entry points?
5. At what level should this be implemented (National, Sub-regional, Secretariat, Expert or Regional)?
6. Which countries would you suggest for pilot projects? Why?

Policy Influence
1. What role can Ecohealth research partners play in influencing health and environment policy using the NEPAD philosophy of African leadership and responsibility?
2. How might your research feed into the NEPAD decision-making process? APRM? PRSPs?
3. What sorts of activities, strategies and mechanisms can be used to promote the concepts and philosophies of the Ecohealth approach within the NEPAD circles and public debates?

Constraining and Facilitating Factors
1. What do you see as the major constraining factors to engaging with NEPAD?
2. What are the barriers to strengthening health and environment linkages in NEPAD?
3. What facilitating factors or opportunities exist?
4. How can intersectoral cooperation be nurtured?
5. At what level can intersectoral cooperation be enhanced: ministerial, sectoral secretariats, subregional focal points or at the level of experts?
6. What are the institutional implications?
7. Do you have any suggestions on how to move health and environment linkages up the agenda of African policies?

Research and Institutional Capacity Needs
1. What research capacity would be required to strengthen and promote health and environment linkages in NEPAD (e.g. APRM)?
2. What institutional capacity would be required?
3. Are these capacities currently available? How can they be strengthened?
4. What activities (e.g. pilot projects) can be supported to nurture both research and institutional capacity for strengthening health and environment linkages in NEPAD?
5. Where can these take place?
6. What role can Ecohealth research partners play in this effort? What can the Ecohealth PI do to support this?

Consent and Appreciation
Thank you for taking time out to speak with me on these very important issues.
In writing my report, would you prefer I mention your name or keep you anonymous? 
……..Disclose  
…….. Anonymous

III. QUESTIONS/ISSUES – NEPAD HEALTH & ENVIRONMENT OFFICIALS

General Overview
1. Have you had the chance to review the Issue Paper? What is your assessment of the project being undertaken by the Ecohealth Program Initiative (PI)? [Usefulness, potential influence, stumbling blocks, opportunities for engagement]
2. How are you involved with NEPAD? Duration?
3. How are you involved with the health and environment aspects of NEPAD?
4. What health and environment organizational bodies exist in the region?
5. How does NEPAD draw on African and international research on health and environment? Who are the providers of this knowledge base?
6. To what extent are you familiar with the concept of Ecosystem Approach to Human Health?
7. Do you see any opportunities for engagement in NEPAD by IDRC Ecohealth Program Initiative and African health and environment researchers?
8. What concrete activities and/or projects can be pursued? Where?
9. What may be some barriers to this engagement?

Health and Environment Linkages
1. How do programs and projects in the health and environment sectors take the intricate linkages between health and environment into account?
2. How do they arrive at these programs and projects? [process, experts, knowledge sources, approval procedures, etc]
3. What role can international development agencies and donors play in strengthening health and environment linkages in NEPAD?
4. Who within the NEPAD organizational framework can they work with?
5. What sorts of activities can they support?
6. Where would such activities be located? Why?
7. What role can IDRC Ecohealth Program Initiative (or international research/donor institutions) and their African research partners play in this effort?
8. How can we facilitate the integration of knowledge on health and environment linkages into national development plans, PRSPs or country MDGs activities? Who can we work with?

Policy Influence
1. What information sources and knowledge base feed into decisions on health and environment issues?
2. How does this knowledge feed into the decision-making process?
3. What role do/can African health and environment researchers (e.g. Ecohealth research partners) play in influencing health and environment decisions in NEPAD?
4. What obstacles might stand in their way? How can they be overcome?
5. What opportunities exist?
6. How can health and environment issues be moved up the NEPAD agenda?

**Constraining and Facilitating Factors**

1. What do you see as the major constraining factors to engaging with NEPAD?
2. What facilitating factors or opportunities exist?
3. How can intersectoral cooperation be nurtured?
4. At what level can intersectoral cooperation be enhanced: ministerial, sectoral secretariats, subregional focal points or at the level of experts?
5. What are the institutional implications?

**Research and Institutional Capacity Needs**

1. What research capacity would be required to strengthen and promote health and environment linkages in NEPAD (e.g. APRM)?
2. What institutional capacity would be required?
3. Are these capacities currently available? How can they be strengthened?
4. What activities (e.g. pilot projects) can be supported to nurture both research and institutional capacity for strengthening health and environment linkages in NEPAD?
5. Where can these take place?
6. What role can African researchers play in this effort? What can the IDRC Ecohealth PI do to support this?

**Consent and Appreciation**

Thank you for taking time out to speak with me on these very important issues. In writing my report, would you prefer I mention your name or keep you anonymous?

………Disclose ……… Anonymous

**IV. QUESTIONS/ISSUES - NEPAD SECRETARIAT**

**General Overview**

1. How do international organizations and/or donors work with NEPAD? [First point of contact, how are they contacted, who do they work with, how do they relate to the various structures of NEPAD]
2. How do African Regional Organizations and African Research Networks work with NEPAD?
3. How are the health and environment sectors of NEPAD set up? [Organizational structures, major actors, secretariats and working units, policy processes]
4. How are NEPAD health and environment objectives implemented at the national and sub-regional level?
5. Who are the major actors [experts, African researchers, international organizations, etc] and what are their respective roles?
6. How do the health and environment sectors collaborate between themselves and with other sectors to address problems at the interface of health and environment?
7. What obstacles, if any, stand in the way for such intersectoral collaboration?
8. What can be done to overcome these obstacles?
9. What role can international and African development agencies and researchers play in strengthening health and environment issues in NEPAD?

Institutional set-up
1. How many NEPAD national and sub-regional focal points exist? [Where, functional levels, lead persons, roles]
2. What health and environment activities/projects/programs have been initiated at specific levels?
3. To what extent do these projects take health-environment linkages into account?
4. Who are the health and environment contact persons at these focal points? Who are their partners?
5. What is the relationship between these focal points and the regional secretariat? [autonomous, who do they respond to, how are they staffed and financed?]

Health and Environment Linkages
1. How are health and environment programs and projects developed? [actors, process, experts, knowledge sources, approval procedures, etc]
2. To what extent do these projects take health-environment linkages into account?
3. What role can international development agencies and donors play in strengthening health and environment linkages in NEPAD?
4. What level within the NEPAD structure might an international or regional organization be effective? Who can they work with?
5. What specific actions can be undertaken to promote health and environment linkages in NEPAD?
6. Where would such activities be located? Why?
7. What role can IDRC Ecohealth Program Initiative (or international research/donor institutions) and their African research partners play in this effort?
8. What possible constraints might be encountered? What opportunities exist?
9. How might health and environment linkages be included in the APRM, PRSP process? What role can African researchers play in this process?

Policy Influence
1. What governance and policy processes surround health and environment issues in NEPAD?
2. How are health and environment decisions and actions made within NEPAD? Who are the major actors? What are the key driving forces?
3. What information and knowledge sources on health and environment feed into the decision making processes? Who are the providers of these knowledge sources?
4. What are the barriers to using knowledge on health and environment linkages in policy making?
5. How can knowledge from African health and environment researchers including, Ecohealth-supported research be made readily accessible to NEPAD decision-makers?
6. At which level within the NEPAD structure can policy influence be effective [secretariat, focal points, individual countries, etc]?
7. How can health and environment issues be moved up the NEPAD agenda?

**Constraining and Facilitating Factors**
1. What do you see as the major constraining factors for international development and African regional organizations to engage with NEPAD?
2. What limitations and opportunities are likely to be encountered by NEPAD to addressing health and environment concerns in an integrated manner?
3. How might NEPAD’s role as an energizer, facilitator, and mobilizer help move the intricate linkages among health, environment and sustainable development higher on the development agenda of Africa?
4. Why has the private sector been slow in its response to the implementation needs of NEPAD’s program of action? How has this response been addressed, and how will this affect the long-term outlook of NEPAD in achieving its goals?
5. How can the private sector be encouraged to support NEPAD activities?

**Building Capacity**
1. What research capacity would be required to strengthen and promote health and environment linkages in NEPAD (e.g. APRM, National levels)?
2. What institutional capacity would be required?
3. Are these capacities currently available? How can these capacities be strengthened?
4. What activities (e.g. pilot projects) can be supported by international research institutions to nurture both research and institutional capacity for strengthening health and environment linkages in NEPAD?
5. Where can these take place [e.g. countries]?
6. What role can African research partners play in this effort? What role can international development agencies play?

**Consent and Appreciation**
Thank you for taking time out to speak with me on these very important issues. In writing my report, would you prefer I mention your name or keep you anonymous?

……..Disclose  ……… Anonymous