

Reclaiming the resources for health

The Third EQUINET
Regional Conference
on Equity in Health
in East and Southern
Africa

Munyonyo, Kampala
UGANDA
23–25 September
2009

RESOLUTIONS FOR ACTION

Over 200 government officials, parliamentarians, civil society members, health workers, researchers, academics and policy makers, as well as personnel from United Nations, international and non-governmental organisations from East and Southern Africa and internationally met at the Third EQUINET Regional Conference on Equity in Health in East and Southern Africa, held 23–25 September 2009 in Munyonyo, Kampala.

Delegates recognized the significant, growing, avoidable and unjust inequalities in health and health resources in our countries, our region and our world. Like the WHO Commission on the Social Determinants of Health, we are aware that this social injustice is killing people on a grand scale.

We note that while we have the resources for health within our region, many of these, for example, our health workers, flow out of Africa and our remaining resources rarely reach the people with greatest health needs. Inequality blocks access to economic opportunities for those who need them most.

We stand for equity and social justice in health.

Unless we address inequalities in health and in the resources for health we will not achieve the policy goals set in the 1999 SADC Protocol on Health, in the resolutions of the Ministers of the East, Central and Southern African Health Community or the United Nations Millennium Development Goals in Africa.

It is imperative that we act to improve health equity and to reclaim the resources for health.

We know that we can only advance health equity when we:

- **integrate** health in national policies and goals,
- **advocate**, plan for and monitor equity in health as our political and social goal,
- **strengthen** our public health sector and redistribute resources to those with highest need, and
- **value**, support and adequately resource the role of communities and health workers.

So we call on all of us in the region as well as our international partners to intensify efforts to achieve the following four goals:

Advance equity in health as a political and social goal and in all policies:

- Ensure that we always include the **universal right to health** in our constitutions and our laws;
- Strengthen **community awareness** and capacity to claim these entitlements;
- Promote and **protect health in all policies**, including those encompassing education, safe water and sanitation, food sovereignty, energy and technology – social determinants of health;
- Expose the health implications of trade and intellectual property regimes and of new technologies to strengthen our **power to negotiate for resources** to protect health in the context of corporate control of resources;

2 Build universal, redistributive and people-centred health systems:

- Establish clear, comprehensive, integrated health care entitlements to secure **universal coverage**;
- Strengthen, resource and prioritise **primary health care** and inter-sectoral action for health;
- Generate and share evidence and implement options to **close gaps in access to key services** for priority health conditions, including for maternal, family and child health, for mental health and for improved nutrition;
- Mobilise the evidence, advocacy and political support to **meet and go beyond the 2001 Abuja commitment of 15 per cent government spending on health**, excluding external funding, and to **increase per capita spending** on health, supported by debt cancellation;
- Meet the 'people's Abuja' of at least **25 per cent of government spending in health allocated to the primary care and community level** of the health system;
- Harmonise health financing schemes into one framework for **universal coverage**, reduce out of pocket payments, provide for cross subsidies and pool resources from progressive tax funding and prepayment schemes;
- **Remove user fees** through a sustainable, planned strategy that strengthens the health system;
- Provide decent working conditions to **recruit and retain health workers** and make **vital and essential drugs and supplies available** at primary and district levels of health systems;
- Promote **constructive engagement** between health workers, trade unions and governments to negotiate, resource, implement and monitor country-driven strategies to retain health workers;
- Allocate health resources equitably and effectively by **strengthening public sector systems** and capacities, including in financial management;
- **Monitor through civil society and parliament** how funds are used and how services are provided;
- Regulate the private-for-profit sector effectively so it complements public sector provision and does not impact negatively on health equity;
- Identify, expose and **overcome any barriers** that disadvantaged and vulnerable communities face in accessing and using health and essential services;
- With AIDS one of many disease burdens, support **rights-based, holistic, integrated and primary health care approaches** to prevention, treatment and care for HIV and AIDS and remove any social or economic barriers to access and uptake of services to close disparities in access, including for children, commercial sex workers and other vulnerable groups. Provide health care workers with HIV and AIDS prevention and treatment;
- Strengthen local safety nets and recognize and train traditional healers, community health workers, peer support networks and non-medical health promoters to **link communities and services**;

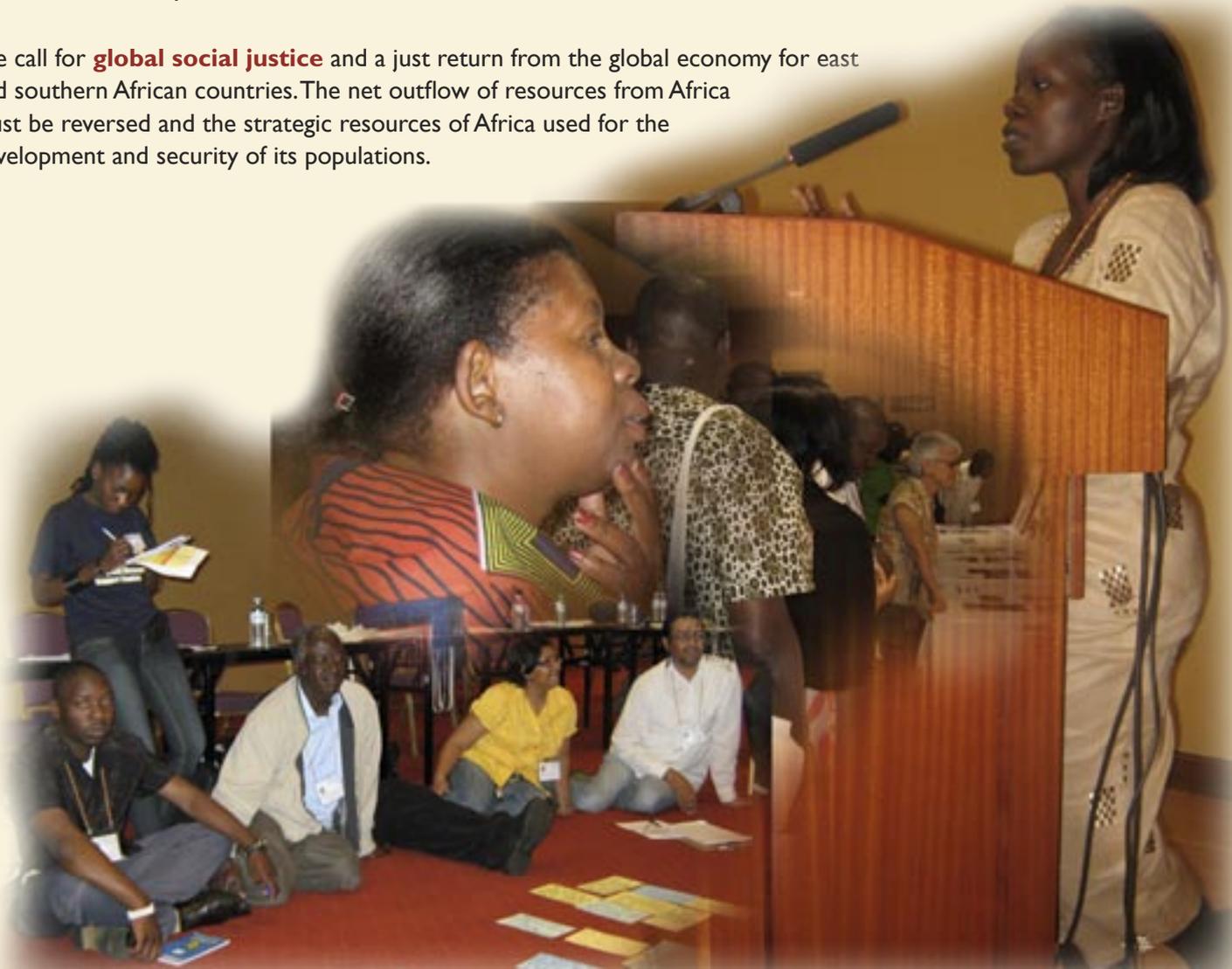
3 Recognize and support the central role of people, leadership and alliances:

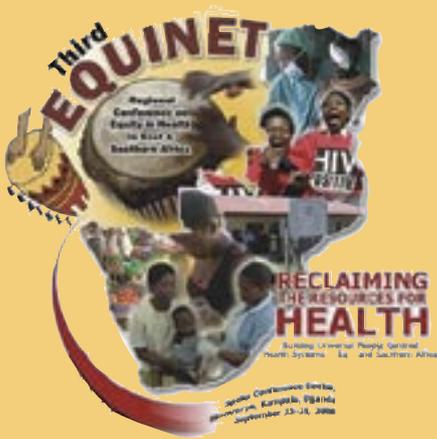
- Recognize the central role of **informed, empowered communities and health workers** in health systems and ensure laws, budgets, programmes and processes provide for this;
- Demand **strategic and capable leaders and managers** who consult, engage with and harness the range of constituencies and resources needed to advance health equity;
- Develop communication, engagement, capacities and networking to **strengthen alliances** between government, civil society, health workers, parliament and researchers to advance health equity;

4 Monitor progress and expose gaps in advancing health equity:

- Implement a country and regional level **Equity Watch** that builds alliances, analyses health disparities and progress in addressing them, monitors health equity and complements deeper district and household level assessments, using different forms of evidence, including from community level photography, to stimulate action;
- Invest in **research on health equity**, including: on new challenges, such as how climate change and globalisation affect health; on operational issues, such as how systems function without user fees; and to inform policy development, such as how the private-for-profit sector and commercialisation affect health equity;
- Build capacities to **involve stakeholders from the earliest stages of research** and to effectively communicate evidence.

We call for **global social justice** and a just return from the global economy for east and southern African countries. The net outflow of resources from Africa must be reversed and the strategic resources of Africa used for the development and security of its populations.





We call on our international partners to engage with us to achieve:

- The **global commitment** to and resourcing of the universal rights to health in the International Convention on Economic and Social Rights, the Convention on the Rights of Children and the Convention on the Elimination of Discrimination against Women;
- G8 targets of **universal access** to prevention, treatment and care for HIV and AIDS and the United Nations Millennium Development Goals;
- Debt cancellation, with the resources released channelled to **human development**;
- Economic **justice, fair trade and democracy** in the governance of global financial institutions;
- Bilateral and **multilateral agreements** that recognize and redress the resource outflows that affect African health and health systems, particularly from health worker migration.
- Genuine **partnerships** and external funding aligned to **national priorities**, that are developed through participatory and informed consultation with the people.

We will take these commitments forward in all our various organisations and forums. The conference set out our programme of work and action. EQUINET, as a consortium of institutions from the region, is committed to taking action to advance health equity. We will research and share evidence and good practice and advocate and monitor equity and social justice, including through the Equity Watch. EQUINET is committed to building inter-governmental, parliamentary, civil society, health worker and academic forums in east and southern Africa. We aim to strengthen our values-based leadership, develop democratic states and promote regional integration and co-operation in Africa so we reclaim the resources for health and advance health equity.

In the face of injustice it is imperative that we act.

EQUINET is a network of professionals, parliamentarians, civil society members, policy makers, state officials and health workers within east and southern Africa who have come together to catalyse, promote and realise equity in health.

For further information on EQUINET, its work and publications see www.equinet africa.org or contact admin@equinet africa.org

