

Canada's Approach to Africa Submitted Statement by the Canadian Network for NTDs

In 2015, the African Union in Agenda 2063 [committed to](#) sustainability develop “an Africa, whose development is people-driven, relying on the potential of African people, especially its women and youth.” Canada has invested in the development of countries on the continent of Africa for many decades. However, its relationship with African countries in peacebuilding, diplomacy, trade and aid have been under-resourced, limiting Canadian engagement.

While Canada continues to support global health initiatives around the world, there is a need for Canada to sustain investment in some very fundamental aspects of health in Africa. For example, supporting the development of rights-based care through 1) a strong health work force, 2) investing in Health Systems Strengthening (HSS), and 3) supporting the localization of health financing and planning to ensure African countries have the resources they need to meet the health care needs of their populations, and 4) supporting health care delivery through conflict and crisis.

1. Health workforce

The projected shortage of health workers in Africa by 2030 is expected to be 6.1 million.¹ In many countries on the continent, this shortage of health care workers is felt deeply given the high burden of disease and health emergencies experienced² (for example, Ebola, Cholera, measles, meningitis, etc.). Health care delivery is primarily powered by women but led by men³. For example, at the local level, Mass Drug Administration (MDA) campaigns for neglected tropical diseases (NTDs) and malaria are carried out to reach entire communities living with and at risk of infection. These campaigns are carried out by community health care workers and/or community drug distributors that are overwhelmingly women in some countries. They receive little to no pay or compensation for their work, despite the high value of bringing health care to communities that are otherwise underserved by their governments. Increasing the pay, improving the working conditions and building the agency and skills of the entire health workforce is needed. This also means addressing the surgical expertise gap in Africa among other specialist care. It also means supporting specific initiatives to build the leadership skills of health care workers in Africa. One example of this is the Mwele Malecela Mentorship program for women in NTDs which supports African women's leadership in NTD elimination strategies⁴. Initiatives promoting the skills and expertise of women in the higher levels of health care mean that women are more likely to receive more equitable care for the health issues that affect them the most, such as female genital schistosomiasis (FGS) and other sexual and reproductive health care needs.

2. Health-Systems Strengthening

Canada can contribute towards health-systems strengthening through current and new investments. For example, Canada can fulfill its [2022 Kigali Declaration on NTDs commitment](#) to integrate NTDs into the primary health care strategies it supports, and reduce the impact of NTDs on women and girls. Investing in primary health care with comprehensive referral pathways to specialist and tertiary care is critical to achieving universal health coverage.

1 World Health Organization (2016). Health workforce requirements for universal health coverage and the Sustainable Development Goals. (Human Resources for Health Observer, 17). [online] iris.who.int. World Health Organization. Available at: <https://iris.who.int/handle/10665/250330>.

2 Ahmat, A., Okoroafor, S.C., Kazanga, I., Asamani, J.A., Millogo, J.J.S., Illou, M.M.A., Mwinga, K. and Nyoni, J. (2022). The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health*, 7(Suppl 1), p.e008317. doi:<https://doi.org/10.1136/bmjgh-2021-008317>.

3 Oyeibanji, O. and Okereke, E. (2023). Empowering African women leaders is key for health equity. *Nature Human Behaviour*, [online] 7(6), pp.839–841. doi:<https://doi.org/10.1038/s41562-023-01603-y>.

4 ESPEN (n.d.). Mwele Malecela Mentorship Program - Mentee Application Form | ESPEN. [online] Available at: <https://espen.afro.who.int/mwele-malecela-mentorship-program-mentee-application-form> [Accessed 21 Jun. 2024].

Also critical to health systems strengthening is to build local/regional capacities to produce and manufacture pharmaceuticals and other medical products. Locally produced pharmaceuticals are expected to address jarring gaps in access to essential pharmaceutical products that due to TRIPs (Trade Related Aspects of Intellectual Property Rights) waivers and prioritizing profit over people has resulted in inequitable access to life-saving and essential medical treatment. Canada has an opportunity to support the [Pharmaceutical Manufacturing Plan for Africa \(PMPA\)](#) so people on the continent of Africa have sustainable access to affordable health care products and technologies.

Additionally, Canada can support the laboratory capacities of health care systems so that health care providers can accurately diagnose and treat people on time. This has far-reaching benefits for health care delivery and can ensure surveillance for current and emerging infectious diseases. For NTDs, symptoms may be nonspecific and look like other diseases, making them difficult to diagnose based on clinical symptoms alone (e.g. symptoms of leprosy may look like tuberculosis on the skin, schistosomiasis may look like a bladder infection and lymphatic filariasis may initially present like malaria with fever and chills). Diagnostic capabilities can improve detection and ensure timely treatment before these diseases progress. Supporting the development of local laboratory capacities (infrastructure, trained personnel, supplies) are key to closing these gaps.

3. Health financing and planning based on localized health care needs

Much of Canada's global health investments are currently dispersed through multilateral organizations⁵. While these are good investments, there is a need to bring funding closer to those that need it most by funding national ministries of health directly; and funding locally based civil society organizations directly. There is also a need to fund the work of the World Health Organization (WHO) in a manner that is proportionate to enable its broad mandate and achieve its ambitious goals for universal health coverage. This includes their work on preventing and treating NTDs and other infectious diseases, ensuring equitable health care delivery in some of the least developed countries and regions and ensuring that people are reached through and beyond health emergencies.

Canada has an opportunity to consider how to support what is needed locally to deliver on the health-care needs of populations based on epidemiological data. This is aligned with a more localized approach to overseas development assistance. One critically under-funded area of health on the continent are NTDs. There has been a tremendous focus on HIV, TB and Malaria since the Global Fund began its work some 20 years ago. While much progress has been made in preventing and treating these three diseases, NTDs have yet to attract comparable sustained levels of support from Canada in Sub Saharan Africa, even though the continent of Africa accounts for more than 40% of the global NTD burden⁶. Global efforts to prevent, treat and eliminate NTDs have made good progress but they continue to be stifled by the lack of funding required to reach everyone with the treatment they need, whether preventative, treatment for active infection, or providing surgical or supportive care for long-term NTD sequelae.

There are clear needs to continue to support the sexual and reproductive health and rights (SRHR) of women and girls in Africa. This is in alignment with the Government of Canada's Feminist International Assistance Policy. This must include Female Genital Schistosomiasis (FGS) as part of an integrated, comprehensive SRHR strategy. An estimated 56 million women and girls are affected by FGS in Sub Saharan Africa. FGS increases women's and girl's HIV risk threefold, as well as the risk of HPV. Diagnosis and treatment of FGS can easily be integrated within ongoing SRHR interventions such as HPV vaccinations, cervical cancer screening, and HIV prevention, treatment and care programs.

5 Global Affairs Canada (2022). Canada's 10-Year Commitment to Global Health and Rights. [online] GAC. Available at: https://www.international.gc.ca/world-monde/issues_developpement-enjeux_developpement/priorities-priorites/commitment-health-rights-engagement-sante-droits.aspx?lang=eng.

6 Candid (2023). *Africa: Forging a Path Towards Climate-Resilient Health and NTDs Control in Africa*. [online] Philanthropy News Digest (PND). Available at: <https://philanthropynewsdigest.org/news/other-sources/article/?id=14461204&title=Africa:-Forging-a-Path-Towards-Climat-Resilient-Health-and-NTDs-Control-in-Africa#:~:text=Vector%2Dborne%20diseases%20like%20dengue> [Accessed 21 Jun. 2024].

Another common group of NTDs known as STH (soil-transmitted helminths) affect 1.5 billion people globally, primarily children. They have a significant impact on the health of adolescent girls, and for women and girls of reproductive age. In particular, they are known to cause organ damage and commonly contribute to iron-deficiency anaemia, that in pregnancy can result in low-birth-weight babies and infant mortality⁷. Additionally, STH infections have been associated with poor school attendance and have an impact on a child's development.

4. Delivering health for all through conflict and crisis

Health disparities become exacerbated in times of conflict and crisis. Forced migration due to severe climate events (storms, extreme weather, flooding, drought, fires) often push people into living in precarious conditions of scarcity of food, clean water and sanitation, shelter. These conditions leave people vulnerable to a plethora of risks to their health, including but not limited to NTDs. For example, hot, dry conditions and food scarcity in the South Omo Valley, Ethiopia has led to [outbreaks of visceral leishmaniasis](#), an NTD that can kill. In our warming world, Dengue outbreaks are affecting many countries in Africa, especially in West Africa, with outbreaks reported in 15 countries within the last year⁸. Supporting African countries and the WHO in responding to these outbreaks is critical to reducing the spread of these diseases, reducing death and disability, and protecting already fragile health care systems with the tools they need to respond.

In Summary, the Canadian Network for NTDs recommends the following considerations for Canada's Approach to Africa:

1. Canada should invest in the health workforce in countries in Africa, including investing in women's leadership in healthcare
2. Canada can fulfill its 2022 Kigali Declaration on NTDs commitment to integrate NTDs into the primary health care, and reduce the impact of NTDs on women and girls. Investing in primary health care with comprehensive referral pathways to specialist and tertiary care is critical to achieving universal health coverage.
3. Re-imagine health financing for Africa that includes supporting the Pharmaceutical Manufacturing Plan for Africa (PMPA); local laboratory capacities to diagnose and treat legacy and emerging infectious diseases; prioritizing local epidemiological health needs, addresses critically underfunded areas of health such as NTDs; and funding the work of the World Health Organization (WHO) proportionate to its broad mandate and achieve its ambitious goals for universal health coverage.

About the Canadian Network for NTDs

The Canadian Network for NTDs is a Network of 13 organizations and 300 people within Canada and globally that share our vision of a world free from NTDs. Our mission is to seek greater Canadian engagement and commitment towards NTD prevention and treatment globally. For more information, please contact us at info@cnntd.org or visit our website at <https://cnntd.org>.

7 Canadian Network for NTDs (2023). Statement on Neglected Tropical Diseases and the Sexual and Reproductive Health and Rights of Women Globally. [online] Available at: <https://www.ourcommons.ca/Content/Committee/441/FAAE/Brief/BR12370251/br-external/CanadianNetworkForNeglectedTropicalDiseases-e.pdf> [Accessed 21 Jun. 2024].

8 WHO/AFRO (2024). WHO African Region Health Emergency Situation Report Multi-country Outbreak of DENGUE. [online] Available at: https://reliefweb.int/attachments/dd8314fb-8042-4bc2-a6a60a668348025a/DENGUE%20REGIONAL%20SITUATION%20REPORT%20004%20WHO%20AFRO%20March%2003_2024.pdf [Accessed 21 Jun. 2024].