AFRICAN UNION POLICIES ON NON-COMMUNICABLE DISEASES: STRENGTHS, GAPS AND IMPLEMENTATION CHALLENGES

***Aje-Famuyide Olufunke A. PhD. and Nduka C. Njoku PhD**

Abstract

The Sustainable Development Goals adopted by the United Nations in 2015 recognizes noncommunicable diseases (NCDs) as a growing global public health crisis. Goal 3 of the SDG which seeks to ensure healthy lives and promote the well-being for all and, in particular target 3.4 aims to reduce premature NCD mortality by one-third by 2030. This paper critically examines

African institutional and regulatory framework to meeting the set targets and evaluates its effectiveness of broader policy benchmarks established by the African Union and the World Health Organization. This study employs a doctrinal legal analysis to identify regulatory framework of NCDs. This research adopts doctrinal research of primary and secondary sources including legal scholarship from policy papers, commentaries treaties and international instruments for the research. The research suggests legal reforms and recommendations to strengthen the regulatory system in line with global standards.

Keywords: Non-Communicable Diseases, Policy, Regulation, Governance.

1.0 Introduction

The focus of international and national effort on disease and health derive first, from the realization that, health is paramount and foundational to life; Non-Communicable Diseases (NCDs) further deserves attention because of the growing magnitude of NCDs sufferers that cut across people of all ages, race, income levels, working and non-working population. NCDs, defined as conditions that last for a substantial period of time, with debilitating sequelae and generally interferes with daily functioning, requiring complex treatment and causing hospitalization have been on the rise in the past five decades.[1] Presently, NCDs are the highest cause of mortality and morbidity with more deaths recorded annually across all age groups. WHO states that NCD deaths will further increase by 17% over the next decade with the most significant increase occurring in LMICs.[2]

This prognosis has been confirmed in a number of studies which reveal the prevalence of deaths and disability as a result of NCDs.[3] For Nigeria, the Nigerian Institute for Health has confirmed that NCDs, particularly, diabetes, cancer, chronic respiratory disease, and CVDs, are the major cause of premature death and disability in Nigeria. CVDs are the leading cause of mortality closely followed by cancers (leading with breast cancers among women and prostate among men). In 2022 alone, cancers, hypertension and diabetes accounted for approximately 29% of all deaths in Nigeria.[4]

[*] Aje-Famuyide Olufunke A. PhD.- Faculty of Law National Open University of Nigeria *funkefamu@gmail.com ORCID NO. 0000-0002-6101-3679.*
Nduka C. Njoku PhD - Faculty of Law National Open University of Nigeria *ndukanjoku@yahoo.com ORCID NO. 0000-0002-3638-2659*

[1] WHO. Sept. 2022 Noncommunicable Diseases. Retrieved Nov. 14, 2023, from https://cutt.ly/jwNvCBlk; Lozano, the causes of death for 20 age groups in 1990 and 2010: A Systematic analysis for the Global Burden of Disease Study. *Lancet* 380: 2095-2128

[2] P. Allotey, T. Davey, & D.D Reidpath. "NCDs in Low and Middle-Income Countries: Assessing the Capacity of Health Systems to Respond to Population Needs. *BMC Public Health*. 14(Suppl. 2 (2014) 2-4

[3] Mike Rayner, Kremlin Wickramasinghe, Julianne Willia MS, Shanthi Mendis (eds). *An Introduction to Population-Level Prevention of Non-Communicable Diseases: The Socio-Political Landscape of NCDs*. (Oxford: Oxford University Press, 2017).

[4] https://www.icirnigeria.org/who-29-per-cent-of-all-deaths-in-nigeria-caused-by-non-communicable-diseases/ accessed 26 January 2023 at 4.01am

In terms of NCDs, cancer is a major cause of mortality in Nigeria with breast cancer and cervical cancer being the leading cause of mortality among women and prostate and lung cancers among men. Other common NCDs in Nigeria are diabetes, CKDs, and high blood pressure, NCDs, are not confined to the adult population but are now prevalent among children and youths thus calling for urgent action. These four groups of NCDs also share a cluster of interrelated yet modifiable risk factors – unhealthy diet, tobacco use, harmful use of alcohol, and physical inactivity.

The regulatory and institutional framework in Africa viz-a-viz international benchmarks regarding NCDs are the focus in this article for several reasons. As several studies have pointed out, the rate of NCDs in LMICs are growing alarmingly and has become a global concern especially on its impact on weak health systems. Already, the cost from NCDs, injuries and mental health conditions is rapidly increasing across the African continent. As at 2010, 40% of deaths in Africa were attributed to NCDs and is expected to increase by 46% by 2030 unless urgent action is taken.[5] The four most prevalent NCD groups (cardiovascular disease, cancers, chronic respiratory conditions and diabetes) cause about half of the disease burden (55%) and two-thirds of the premature mortality from NCDs on the continent.[6]

The Lancet Commission on Reframing NCDs and Injuries (NCDs) draws attention to the heterogeneity of NCDs affecting the world's poorest billion in the Africa region where NCD care is underprioritized and most health systems are unable to cope with the burden associated with NCD care. Although NCDs affect the poorest and economically disadvantaged, yet, compared to their counterpart in high-income countries, NCD sufferers in low-middle-income countries are four times less likely to have their treatment covered by health insurance thereby further entrenching poverty.[7] The rising prevalence of NCD is predicted to impede poverty reduction initiatives in the African region.[8]; the long-term nature of NCDs leads to loss of productivity and household income for individuals and their families, and by extension, the gross domestic product of the States, and more particularly, the realization of Sustainable Development Goals (SDGs 2030) in Africa. The world's poorest billion people have higher prevalence and death rates from NCDs in every age group, and more than half of them live in African countries. One quarter of households affected by an NCD incurred catastrophic health expenditure in sub-Saharan African between 2000 – 2019.[9] Second, there is a link between socioeconomic factors and NCD burden. The FAO/WHO have indicated that poverty and underdevelopment and low socioeconomic status are major contributors to malnutrition in both rural and urban areas – a key risk factor of NCDs.[10] Again, it must be said that Africa plays host to a larger percentage of LMICs, with Sub-Saharan African comprising many of the world's least developed nations, where vulnerable groups are marginalized and poverty is closely linked to social and health inequalities, thereby reducing opportunities to prevent NCD mortality and morbidity.[11]

[5] WHO. Noncommunicable diseases country profiles 2014. In. Geneva: World Health Organization; 2014: 207

[6] Africa CDC Strategy (2022-2026) available at https://africacdc.org

[7] World Bank, *Country and Lending Groups* https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-andlending-groups accessed 13 July 2025

[8] M. Kassa & J. Grace. "The Global Burden and Perspectives on Non-Communicable Diseases (NCDs) and the Prevention, Data Availability and Systems Approach of NCDs in Low-Resource Countries. In *Public Health in Developing Counties – Challenges and Opportunities* Edlyne Exe Anugwom and N. Awofeso (Eds). IntechOpen. Available at http://dx.doi.org/10.5772/intechopen.89516

[9] P, Eze, L.O. Lawani, U.J., Agu & Y., Acharya. Catastrophic Health Expenditure in Sub-Saharan Africa: Systematic Review and Meta-Analysis. *Bulletin of the World Health Organization.* 100 (5), 337-351.

[10] FAO/WHO. Conference Outcome Document: Rome Declaration on Nutrition adopted at the Second International Conference on Nutrition; ICN2 2014/2; FAO/WHO: Rome, Italy 2014.

[11] www.worldbank.org accessed 29 August 2025

With the deepening conversation on integration and interdependence, it is necessary for a consideration of continent-wide policies and strategies. Thus**,** the major aim of this contribution is to identify the institutional, legal and policy framework available at the African Union (AU) level with a view to accessing their effectiveness in ensuring a reduction in NCDs. The WHO as the global body on health and the UN have crafted a number of technical packages encompassing standards for member states to adopt as guide.[12] Africa, through the AU, has crafted technical packages encompassing standards and policies to help the continent tackle the four NCDs causing the majority of premature mortality in Africa, particularly LMICs in Africa.[13] In this regard, it is asked whether the regulatory, institutional and policy framework are able to stem the rising prevalence of NCDs in the continent. What follows is a discussion of the strategies put in place to reduce the impact of NCDs in the African continent.

The second objective is to examine the relationship between effective NCD policies and the overall development of African states. Health is central to the achievement of all the SDGs; although while each goal has a distinct focus, they collectively shape both national and global health outcomes. The SDGs explicitly identify NCDs as a major barrier to achieving global development. In particular, SDG 3.4 calls on United Nation (UN) Members States to reduce premature deaths from NCDs by one-third during 2015-2030. Overall, this study undertakes a comprehensive review of legal, policy and institutional frameworks and practices of the prevention and reduction of NCDs within the AU system; this study also provide a useful insight into the underlying factors inhibiting progress at the continent level to improve health outcomes resulting from NCDs. Ultimately, the aim is to contribute to future policy debates, particularly from the perspective of public health on the responsibilities of the AU and member states in addressing and reducing the NCD burden across Africa.

Following this introductory background, Part II evaluates legal, policy and institutional framework governing the prevention, management and control of NCDs in Africa. This section outlines how these frameworks influence health system performance with a discussion of strategies required to strengthen NCD prevention and improve population health outcomes across the continent.

2.0 Situational Context.

The African continent is made up of 54 countries, eighty percent of which are classified as low and middle income (LMIC).[14] Africa has a yearly population growth rate of 2.32% with an estimated 1.56billion, representing one third of the global population.[15] Studies reveal that Africa has a prevalence of both communicable and non-communicable diseases.[16] South Africa, for instance, has a high burden CVDs, and diabetes, while the most common forms of NCDs in Nigeria are breast cancer, prostate cancer, colon, lung cancer, diabetes and CVDs. As revealed in the introductory part, the state of health of the African continent is alarming and, unless urgent action is taken, the rising NCD burden will add great pressure to overstretched health systems and pose a major challenge to development in Africa.[17] In past times, the focus of public health policy makers in Africa has focused majorly on communicable diseases and malaria, however, the burden of NCDs is increasing rapidly with SSA growing by 67% which is significantly higher than the global average.[18] Responding to

[12] WHO. 2024. Supporting Member States in Reaching Informed Decision-Making on Engaging with Private Sector Entities for the Prevention and Control of Noncommunicable Diseases: A Practical Tool. Geneva: World Health Organization

[13] A. Quaimbao et al. "World Health Organization's Guidance for Tracking Non-Communicable Diseases Towards Sustainable Development Goals. 3:4: An Initiative for Facility-Based Monitoring. *eClinical Medicine 85:3:4* (2025)

[14] World Bank Country and Lending Groups. Supra note 7

[15] Supra.

[16] Barry A et al. 2025. Non-communicable diseases in the WHO African region: Analysis of Risk Factors, Mortality, and Responses Based on WHO Data. *Sci Rep*. 10;15(1):12288. doi: 10.1038/s41598-025-97180-3.

[17] O. Nnamuchi, "Tobacco Control and Regulation in Africa: Constraints and Necessary Interventions". *LSD Journal* 2019 ,128

[18] Africa CDC Non-Communicable Diseases, Injuries, Prevention and Control and Mental Health Strategy (2022-2026)

these challenges with the urgency it deserves requires the creation of effective public health policies that will address NCDs. Meeting up the challenges of a double burden from communicable and non-communicable diseases require repositioning health systems to adequately address the needs of people with NCDs. Beyond health challenges, socio-economic development within the African region is generally slow, with more than half of the African population living below poverty line.

3.0 The African Union as a Regional Governance Actor: Its NCD Policy Instruments, Frameworks and Commitments

There are series of initiatives primarily driven by the AU aimed at addressing health generally[19]; however, the African Health Strategy (2016-2030)[20] (AHS) and the African Union Non-Communicable Diseases, Injuries Prevention and Control and Mental Health Promotion Strategy (2022-2026) (AU-CDC) are the two principal policies with the mandate to reduce disease level in the continent. The AHS is the continental policy framework that consolidates all Africa's health commitments. Anchored in the continental and global agendas, particularly the AU Agenda 2063 (AA2063) and the 2030 SDGs, it seeks to enhance health system performance, expand investments in health, promote equity and address social determinants of health to reduce disease burden by 2030. The preceding AHS strategy (2007-2015) had a similar focus on strengthening health systems as a foundation for improving health outcomes across Africa.[21]. In furtherance of this objective, the strategy sets out a 14-point agenda to be undertaken – these include improving health system, leadership and governance, essential medicines, multisectoral partnerships, empowering communities, surveillance emergency preparedness and response.[22]

In the context of NCDs, the AHS provides an overarching framework within which member states are expected to design and implement policies that address the growing burden in Africa. The Policy notes the negative impact of the disease burden on the continent, and similar to the SDG 3.4, dedicates Strategic Objective 2 to: reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa. Achieving this objective, according to the AHS, requires ending preventable maternal deaths, AIDS, tuberculosis and malaria, scaling up programs on immunizations, reducing all forms of malnutrition and prioritizing programs to address risk factors and premature mortality from diabetes, cancers, cardiovascular diseases, respiratory infections, mental health and other non-communicable diseases.

Similar to the AHS, the AU-CDC's mandate is to support public health initiatives of member states and strengthening their public health institutions to detect, prevent and control disease threats.[23] The AU-CDC acknowledges that NCDs constitute a serious impediment to achieving the vision of AA2063[24]; in fact, its predecessor (Africa CDC Strategic Plans (2017-2021) was mandated to strengthen the capacity of public health institutions to prevent and detect diseases based on science, policy and data-driven interventions. To this end, the Policy reiterates its core objective is:

[18] Africa CDC Non-Communicable Diseases, Injuries, Prevention and Control and Mental Health Strategy (2022-2026)

[19] These include the *Agenda 2063: The Africa We Want* which outlines a developmental vision for the continent over the next coming decades; Addis Ababa Action Agenda on the Third High Level Conference on Financing for Development; the Global Strategy for Women's Children's and Adolescent's Health (2016-2030); the AU Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria; the Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR) and its Maputo Plan of Action 2016-2030; the Pharmaceutical Manufacturing Plan for Africa; the African Regional Nutrition Strategy 2015-2025 and the AU Decade on Traditional Medicines etc

[20] Formerly the African Health Strategy 2007-2015. African Union Health Strategy (2016-2030) African Union: Addis Ababa, Ethiopia. 2016

[21] African health Strategy 2007-2015 Third Session of the African Union Conference of Ministers of Health, Johannesburg, South Africa.

[22] Other points are refocusing service delivery, multi-country collaboration, partnerships, empowering communities,

[23] African Centres for Disease Control and Prevention (Africa CDC) Strategic Plan 2023-2027 (Addis Ababa CDC 2023)

[24] https://africacdc.org.

strengthening health systems to significantly reduce NCDs, injuries and traumas.[25] The AU-CDC creates a framework for addressing mortality and morbidity from NCDs by locating its effort within the context of four pillars - strong African institutions, local production of vaccines, medicines and diagnostics, public health workforce and trusted and respectful partnerships.[26] A unique feature of the AU-CDC is supporting members to achieve their health goals. This is necessary as the AU-CDC recognizes that Member States, the African Union Commission (AUC) and indeed global institutions have previously set health goals to decrease the burden of diseases including NCDs, injuries and mental health within their national health systems. This may be coming from the experience of African economies during the 1980 global economic crisis. This notwithstanding, AU-CDC identifies the need for an integrated approach towards addressing these issues, vide a cognizance of the unique requirements of the African continent. Thus, CDC's overarching objective is achieving universal health coverage and the reduction of NCDs, communicable diseases, injuries and other health conditions.

The mandate of both the AHS and the AU-CDC is complementary. The AHS and AU-CDC prioritize health system strengthening and specific social determinants of health through inter-sectorial collaborations, community involvement and public-private partnership. Both Strategies highlight the importance of universal health coverage, recognizing its role in strengthening health systems and improving social determinants of health. Although more focused on NCDs, the AU-CDC is more pro-active in addressing national public health incapacities for NCDs. Four critical themes emerge across these two health policy documents, each of which is relevant to the NCD reduction and prevention discourse. First is the importance of health system strengthening; second is social determinant of health as critical to achieving health, a third is the role of community involvement and lastly the role of public private partnership in health discourse. These themes are not mutually exclusive, but rather interdependent towards realizing the overall goal of improved health across the continent. These themes are the focus of the discussion in the next section.

3.1.1 Priority Action for Africa Health Systems

African governments recognize that strengthening health systems is a priority action for addressing the challenges of NCDs and mental health conditions, a position reinforced by the WHO's emphasis on the critical role of strong health systems in the prevention and management of NCDs. Health systems refer to organizations, people and actions whose primary intent is to promote, restore or maintain health.[27] Similarly, the United Nations describes a health system as a structure that includes 'all actors, organizations, institutions, and resources whose primary purpose is to improve health…their primary goal is to promote, restore or maintain health, but they also aim to be responsive to people's legitimate expectations and [are] financially fair'.[28] In other words, the health system comprises of all the essentials that can improve the health of an individual – this includes, workforce, governance, drugs and medical equipment, healthcare delivery financing. Etc. The WHO outlines six core building blocks (known as the building blocks) for a functional health system: – human resources for health, service delivery, medicines, vaccines and technologies, health financing, health information system leadership and governance.

[25] AU CDC (2022-2026)

[26] African Union. Non-Communicable Diseases, Injuries Prevention and Control, and Mental Health Promotion Strategy (2022-2026)

[27] World Health Organization (WHO). *Everybody's business: Strengthening health systems to improve health outcomes – WHO's Framework for Action*. (Geneva: WHO, 2007).

[28] African Region Health Report. 2013: 106. See also World Health Organization (WHO). *Everybody's business: Strengthening health systems to improve health outcomes – WHO's Framework for Action.* Supra WHO. African Region Health Report. 2013.:106.

WHO further defines health system strengthening as 'an array of initiatives that improves one or more of the functions of the health systems and that leads to better health through improvement in access, coverage, quality or efficiency.'[29] The concept of health system strengthening emphasizes that the various actors involved in the management and delivery of health services require concerted efforts to improve overall performance of the system; this implies that health system strengthening should be on developing the whole and not a part. Like the WHO core components of efficient health system**,** it lays out six priority areas which align with Africa's New Public Order Framework and the WHO core components to health system strengthening to address the NCD disease burden. These are - (i) Building strong African institutions and multisectoral action; (b) Public health workforce; (c) Sustainable financing – through trusted and respectful partnership, and, (d) Access to technologies, medicines and diagnostics – local production of vaccines, medicines. [30]

In aligning with this framework, both the AHS and the AU-CDC recognize the need to prioritize health system strengthening across all levels of healthcare delivery for a number of reasons. First, African health systems are more fragmented with focus on individual programs rather than building strong, integrated systems.[31] This is evident in the way disease-specific programs operate independently of the broader national health system; and this siloed approach, often, weakens overall health system functions including health financing, information, governance and even workforce.[32] Second, weak health care systems are prevalent in Africa – even though African countries account for 11-13% of world population, it also contributes disproportionately to global medical tourism. For example, available data shows that over 5,000 Nigerians seek medical treatment abroad monthly.[33] In a multi-country study assessing the preparedness of health systems five countries were evaluated against the six WHO health system building blocks and none of them were on track to achieving an effective health system. The report further indicated inadequate progress towards achieving selected MDG impact indicators in these countries.[34] These findings are consistent with earlier observations which exposed significant gaps in health infrastructure and primary care systems.[35] These reports underscore the urgent need for reform for the continent; hence, a major goal of the AU-CDC is to ensure that African countries have an equitable, and responsive health system. For these reasons, the Africa CDC Statute and the first AU-CDC Strategic Plan (2017-2021) highlight health system strengthening aimed at reducing NCDs, injuries and trauma' as a core function of the organization. As put forward by the AHS, [AHS] recognizes the importance of countries having an equitable, and responsive health system through continental policy-making and coordination.

By adopting the AHS/CDC framework, countries can strengthen health systems and achieve sustainable health outcomes. In the context of NCDs, a core health system level interventions is the provision of essential medicines. This strategy can improve health system performance and lead to better health outcomes for multiple NCDs and mental health conditions, including reducing premature CVD mortality, providing better financial protection against iatrogenic poverty and

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[29] World Health Organization. Health Systems Strengthening Glossary. 2019. Available https://www.who.int./healthsystems/hss

[30] J.M. Nkengasong & S.K. Tessema. "Africa Needs a New Public Health Order to Tackle Infectious Disease Threats. *Cells.* 183 (2) (2020) :296-300

[31] J.D Sachs. "From Millenium Development Goals to Sustainable Development Goals". *Lancet.* 379:2206

[32] RC Swanson, et al. "Rethinking Health Systems Strengthening: Key Systems Thinking Tools and Strategies for Transformational Change. *Health Policy Planning.* 27 (2012) :54-61

[33] P. Musvanhiri, "Why Do African Elites Seek Medical Treatment Abroad? DW https://www.dw.com/en/why-do-african-elites-seek-medical-treatment-abroad/a-73499328 accesses 12 August 2025

[34] P. Tumusiime, A. Gonani, O. Wlaker, E, Z. Asbu, P. Awases, & C. Kariyo,. "Health Systems in Sub-Saharan Africa: What is Their Status and Role in Meeting the Health Millenium Development Goals?" African Health Monitor Issue #14 Geneva, Switzerland: WHO, 2012.

[35] M.P. Kieny, D.B. Evans, G. Schmets. et al. "Health System Resilience: Reflections on the Ebola Crisis in Western Africa.

increasing satisfaction with health services. Based on these priorities, the AHS emphasizes the need to strengthen integrated medical commodity procurement and supply systems to ensure efficient ordering, storage and distribution of essential medical supplies. It also recommends that essential drugs be part of the Package of Essential Health Services. In alignment with this, one of the AU-CDC's flagship initiative focuses on developing and expanding platforms to enable cost-effective pooled procurement of medical technologies, medicines and diagnostics by member states.

The AHS/AU-CDC requires Member State to assess their health system needs and implement context-specific interventions to build resilient and effective health systems. In this regard, Nigeria's National Health Policy aligns closely with continental health priorities emphasizing integrated, multisectoral approaches and focusing on behavioural change for NCD for prevention. By so doing, Nigeria demonstrates the principle of national ownership advocated by these frameworks and taking responsibility for implementing strategies that suit its specific context. For instance, Nigeria's National Health Policy provides a strong foundation for strengthening the national health system such that it would be able to deliver effective, efficient, quality, accessible and affordable health services.[36] It explicitly addresses NCDs prevention (4.1.3) and promotes behavioral change through public awareness campaigns, healthy lifestyle initiatives, and multi-sectoral partnerships, The policy also leverages mass media, schools and capacity-building programs to advance health promotion. These provisions mirror the objectives of the AHS/CDC frameworks, demonstrating how national policies translate regional commitments into concrete actions to reduce NCD burden across Africa.

AU-CDC recognizes the variation in disease burden within and across the continent. Member States. Consequently, each Member State has unique health needs and populations that have disproportionately disease burden. In response**,** the Strategy envisions a coordinated, collective strategy for preventing and control of NCDs that will complement existing national plans; specifically, this involves providing direct technical support, advocacy, increased funding and use of peer review mechanisms for cross cutting learning and monitoring and evaluation. Moreover, the Strategy prioritizing supporting Member States according to their specific country-level needs, focusing on areas requiring the most assistance while establishing a continent-wide framework for NCD control. In this regard, a notable example of the AU-CDC's mandate is its continental consultative meeting focused on eliminating cervical cancer, aligning with WHO's 90-70-90 targets. For example, Kenya faces the highest HIV prevalence while South Africa struggles with health disparities. To achieve WHO's targets, including vaccinating 90% of girls by age 15 and screening 70% of women by ages 35, and 45, and treat 90% of precancerous and invasive cases., To achieve these objectives, AU-CDC launched a cervical cancer screening and ablative treatment in Botswana in July 2025 addressing the country's high mortality rate from cervical cancer.[37] Looking ahead, Africa CDC aims to develop a new public health order emphasizing empowered institutions, workforce development, local production and multisectoral partnerships to strengthen health systems continent-wide.

3.1.2 Priority Action 2: Achieving Universal Health Coverage

Achieving universal health coverage (UHC) is pivotal to strengthening health systems across Africa.[38] Addressing NCD through prevention, diagnosis, and treatment is key to ensuring equitable access to essential services while advancing both continental and national health objectives. SDG 3.8

[36] National Health Policy 2016 Chapter 3: 3:1(1) – (3) The major focus of the Policy is: 1. National Health Systems and Management, 2. National Health Care Resources, 3. National Health Interventions, 4. National Health Information System, 5. Partnerships for Health Development, 6. Health Research, and 7. National Health Care Laws

[37] S. Grover et al. "Cervical Cancer Treatment Outcomes and Survival in Botswana by Human Immunodeficiency Virus Status: Ipabalele study results. JNCI 9:3 (2025).

[38] O.A. Aje-Famuyide & F. Anene, "Universal Health Coverage and the Right to Health in Nigeria". *University of Ibadan Law Journal*. 10: (2020) :243-263

targets UHC as the main policy vehicle for NCD services under SDG 3.8. The WHO describes UHC as: "the goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them".[39] Also, "that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship".[40] The UN General Assembly offered a fuller multidimensional goal of UHC that: [all] people have access, without discrimination, to nationally determined sets of the needed promotive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the user to financial hardship , with a special emphasis on the poor, vulnerable and marginalized segments of the population.[41]

This definition requires some unpacking. As outlined in SDG 3.8, UHC encompasses three key dimensions – financial risk protection; access to quality essential health services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.[42] These three interrelated components are critical to achieving healthcare coverage for persons living with NCDs which, incidentally, are central to the agenda of UHC. Evidence shows that although African countries have a robust policy response to NCDs, there still exist inequalities in health services and access to essential drugs for persons living with one form of chronic condition or the other. Appropriate policy equity coverage is therefore necessary through laws, policies and institutional mechanisms govern medicines, health workforce standards, and clinical guidelines. For instance, South African has committed to improving registration of quality drugs through its Health Products Regulatory Authority (SAHPRA). Nigeria's National Health Insurance Authority (NHIA) seeks to ensure access through its mandatory health insurance policy that seeks for affordable, and equitable health care under the universal health care.[43]

As evident from the definition, the first pillar of UHC is non-discrimination and inequity. The principle of non-discrimination lies at the core of the UHC. The design of the UHC ensures that everyone has access to quality healthcare services, based on needs and preferences, and that people are empowered to use the services. In addition, to achieve population coverage, UHC reduces existing inequalities between rich and poor communities by ensuring health equity through provision of accessible, preventive and clinical health care services to all. This dimension is reflected in the WHO World Health Report 2013 when it states that: to support the goal of universal health is also to express concern for equity.[44] Secondly, the services are of sufficient quality to improve the health of the users. In order to ensure access to health, health system financing arrangements affect social goals as well as influence individual choices and options with regards to employment, especially countries, for instance the USA, where health insurance is linked to one's place of employment. The healthcare within the contemplation of UHC consists of goods and services designed to promote health, including preventive, curative and palliative interventions.[45] It also includes the building blocks of a health system to medical products, vaccines and technologies. Within this paradigm, availability of medical goods is very important to the achievement of health to all populations.[46] The intended

[39] World Health Organization. 2000. *op. cit.*
[40] World Health Organization. http://www.who.int/health_financing/universal_coverage_ 2010. accessed 17 October, 2018
[41] United Nations General Assembly, Global Health and Foreign Policy, UN Doc. A/67/L.36 920120 para. 10
[42] O.A. Aje-Famuyide & F. Anene. supra. See also, United Nations. Sustainable development. https://sustainabledevelopment.un.org/sdgs
[43] National Health INsruance Authrity Act. 2022.
[44] O.A. Aje-Famuyide & F. Anene. Supra.
[45] World Health Organization. 2000. *op. cit.* 6.
[46] O.A. Aje-Famuyide & F. Anene. Supra

outcomes include improved access, financial protection, health status, equity, quality and efficiency.[47] UHC reflects the efforts to reduce health inequities and protect against economic hardship through the implementation of financing mechanism which does not require direct payment for health services.

The goal of achieving population health is more specifically stated in WHO's Report that the [UHC] is a 'practical expression of the concern for heath equity and the right to health'. UHC aims to deliver strong, efficient, well managed health system that meets priority health needs through people-centered care, preventive healthcare; early detection; rehabilitation; affordability.[48] These goals are consistent with, and critical to the realization of the AHS/AU-CDC strategies and the SDGs. As a fact, UHC is integral to all the health-related Sustainable Development Goals (SDGs)[49] For instance, SDG 3.8 view universal health coverage (UHC) as financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.[50] These dimensions include expanding priority services, expanding coverage to reach more people and reducing out-of-pocket payments. It further means that individuals and communities receive health services they need without suffering financial hardship and it includes the full spectrum of essential quality health services from health promotion, prevention, treatment, rehabilitation and palliative care.[51] In line with this initiative, many African countries, including Nigeria have restructured their financing systems through social health protection schemes such as community-based insurance schemes, national health insurance (NHIS) and Social Health Insurance (SHI) towards achieving universal coverage.

A third is the economic aspect of implementing universal health care system. The WHO definition UHC describes it to mean that everyone can use the quality health services they need without experiencing financial hardship at the point of use.[52] This involves the pooling of resources to allow spreading of financial risk associated with the need to use a health service. Insurance reduces the incidences of catastrophic spending across the low- and middle-income threshold levels in the target groups for the retired, disabled, poor and ethnic minority persons[53]. This is because a major cause of poverty among insured persons in the target groups is non-hospital costs (such as medication and travel).[54] There are a number of strategies that have been designed to reduce out of pocket spending, one of which is through the introduction of the health insurance. Nigeria's National Health Insurance Authority Act is one of the ways in which Nigeria seeks to reduce catastrophic out-of-pocket health (OOP) expenditure through financial protection and accessible healthcare. Section 14 (1) NHIA requires every person resident in Nigeria to obtain health insurance including the public and private sectors with five staff and above.[55] To ensure effective coverage of the populace, the scheme has specific programs for different segments of the society. This includes the public sector social health insurance programme for Ministries, Departments, Agencies in the Federal Civil Service and other relevant groups.[56]

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[47] World Health Organization. 2010. Health systems financing: The Path to Universal Coverage. The World Health Report. https://www.who.int/whr/2010/en/ accessed 5 September, 2019

[48] World Health Organization. 2014. WHO Universal health coverage (UHC) Fact sheet No. 395. https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc) accessed 12 September, 2016

[49] UN General Assembly. *Transforming Our World*: *The 2030 Agenda for Sustainable Development*. World Health Organization. (New York: United Nations, 2015); World Health Organization (WHO), "What is Universal Health Coverage? http://www.who.int/health_financing/universal_coverage_definitions/en accessed 17 October, 2018

[50] O.A. Aje-Famuyide & F. Anene. supra.

[51] O.A. Aje-Famuyide & F. Anene. Ibid.

[52] World Health Organization. *Universal health coverage: Financial protection*. www.euro.who.int/../health.../health.../universal-health-coverage-financial-protection accessed 8 November, 2018

[53] World Health Organization. (WHO), World Health Report 2010 (Geneva: WHO, 2010)

[54] M. Palmer, Inequalities in Universal Health Coverage: Evidence from Vietnam. http://dx.doi.org.org/10.2139/ssm.2524146 accessed 8 November, 2018

[55] Section 12 (2) (a) - ©)

[56] Article 13 (3

Remarkably, a lot of successes have been recorded in states such as the Philippines[57] that have established a mandatory insurance program to complement existing health insurance. In such jurisdictions too, there is also a risk protection through expansion of National Health Insurance Program along with improved access to quality hospitals and health care facilities and the attainment of health related MDGs.[58] Senegal, Tanzania and Rwanda are stories of successful implementation of the UHC in SSA. Rwanda'c community-based insurance is a success story where 90% of the population is covered by community-based health program. The approach in Rwanda's CBHI is mandatory registration.[59]

Again, a requirement for the achievement of UHC is health systems strengthening, which again depends on the availability, and capacity of health works to deliver quality people-oriented health care.[60] For there to be coverage, a functional system must be robust enough to focus on both communicable and non-communicable diseases and must be affordable so that financial hardships are alleviated and equity is hardship. UHC cannot be clearly implemented without the accessibility to treatments, crucial medicines and other necessary technologies.[61] Most of the 50 out of 54 African countries have implemented UHC albeit with different levels of commitments which also translate to variations in progress. SSA countries have made significant gains on UHC effective coverage since its initiation as a way of improving population health outcomes.[62]

3.1.3 Priority Action 3 Community involvement through the Primary Health Care

Primary health care (PHC) represents one of the prescriptions of the global community for inclusive and integrative health care. In the African context, PHC extends beyond a policy recommendation to being a moral imperative and a pragmatic necessity that aligns with global and continental visions while addressing Africa's unique health realities. The Alma Ata Declaration defines PHC as essential health care based on practical, scientifically sound and socially acceptable methods and technology which is universally accessible to individuals in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.[63] The Declaration of Astana builds on this vision, emphasizing that PHC must be of high quality, safe, comprehensive integrated, accessible, available and affordable for everyone.[64]

Conceptually, PHC is designed to be the first contact between an individual and the health system; serving a gatekeeping function in health care delivery. Beyond its foundational role, it is a cost-effective way of expanding service coverage, while reducing health expenditure through early intervention in disease.[65]

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[57] C. Bredenkamp, & L. R Buisman, L. Universal Health Coverage in the Philippines: Progress on Financial Protection Goals. Policy Research Working Paper 7258. https://openknowledge.worldbank.org/handle/10986/21990 accessed 8 November, 2018

[58] O.A Aje-Famuyide & F. Anene, F. Supra

[59] Y. Lu et. al . "Towards Universal Health Coverage: An Evaluation of Rwanda Mutuelles in its First Eight Years. *PLOS ONE* (2012)

[60] Ibid.

[61] M. Haider & K. Bibb, "Universal Health Coverage and Environmental Health: An Investigation in Decreasing Communicable and Chronic Disease by Including Environmental Health. *Advances in Health Management*. (2017) http://dx.doi.org/10.5772.intechopen.69922 Retrieved 30 September, 2018

[62] R.K. Dowou, H. Amu, F.I. Saah et al. 2023. Increased Investment in Universal Health Coverage in Sub-Saharan African is Crucial to Attain the Sustainable Developmenbt Goal 3 Targets on Maternal and Child Health. *Arch Public Health* 81:34

[63] World Health Organization (WHO), *Declaration of Alma-Ata International Conference on Primary Health Care Alma Ata*, USSR 6-12 September 1978 para VI

[64] World Health Organization (WHO), *Declaration of Astana* Global Conference on Primary Health Care, Astana Kazakhan 25-26 October 2018 {Preamble, para 3

[65] S. Valiani "Structuring Sustainable Universal Health Care in South Africa" *Int J. of Health Serv.* 50 (2020) 234-345

PHC is also an entry point for equitable care, ensuring that poor, rural and marginalized populations have access to essential health services. This economic rationale is particularly compelling for LMICs as PHCs reduces the need for costly tertiary care by focusing on prevention, early diagnosis and continuity of care. PHCs address primary health concerns in the community, consisting of basic facilities, such as diagnostic services, immunization. A notable example of such early intervention is Seychelles, where, within two decades of implementing PHC, the country recorded significant decline in infant and maternal mortality rates as well as improved control of communicable diseases.[66] PHC is not only a determinant of health systems, it is critical, and related both in content and in system to the UHC. In Somtanuek's summation, both the UHC and the PHC focus on quality and wide coverage of services that goes beyond first contact.[67]

The goals of PHC align closely with the prevention and reduction of NCDs. The AHS (2016-2030 Executive Summary Strategy commits to '*guide Member states to strengthen health systems performance, increase investments in health improve equity and address social determinants*'.[68] The AHS also emphasizes leveraging community strengths, public private and other partnerships and better inter-sectorial collaboration toward health system strengthening. Likewise, the AU-CDC Strategy pledges to strengthen and finance PHC and community health systems as the frontline of health security and disease prevention. The integration of NCD services into PHC makes such service more accessible, and reduces fragmentation while leveraging on existing PHC infrastructure. Several African countries have begun translating this vision into action. For instance, Kenya's Primary Health Care Strategic Framework (2019-2024) mainstreams NCD care into PHC by requiring every health centre to provide hypertension and diabetes screening[69]; in Ghana, the Community Based Health Planning and Services (CHPS) compounds now include NCD screening during household visits.[70]

For health systems to effectively utilize PHC for NCDs, there is need to have a reliable supply chains and financing mechanisms to sustain NCD treatment at local levels. There is also need to improve PHC-level NCD data collection to guide policy and follow-up. By integrating NCD data into PHC systems, it strengthens continuity of care and evidence-based planning.

3.1.4 Priority 4: Social Determinants of Health

Health related SDGs cannot be achieved with the provision of responsive healthcare, high quality primary health care services or even UHC. Some health issues are related to the environment necessitating interplay of the broader social determinants of health. Again, at the Declaration of Astana, governments affirmed the need to addressing the broader determinants of health including social, economic and environmental context through policies, and multisectoral actions. They also affirmed their willingness to empower individuals, families and communities to optimize their health. There has been a shift in disease paradigm from the narrow focus of a right to medical intervention to a right to all the underlying determinants of health, influenced majorly by the social

[66] World Health Organization. Primary Health Care. 2023., N.W, Workie, E.S, Shroff, A. Yazbeck, S.N. Nguyen, and H. Karamagi. Who Needs Big Health Sector Reforms Anyway? Seychelles' Road to UHC Provides Lessons for Sub-Saharan Africa and Island Nations. *Health Systems & Reform*. 4(2018) 362–71.

[67] S. Chotchoungchatchai et al. "Primary Health care and sustainable development goals. *Bull World Health Organization.* 98 (2020) :792-800

[68] https://au.int/sites/default/files/pages/32904-file-africa_health_strategy_2016-2030.pdf?utm_source=chatgpt.com

[69] Republic of Kenya. Ministry of Health. National Strategic Plan for the Prevention and Control of Non-Communicable Diseases. 2021/22-2025/26

[70] WHO. Fact on Ghana. Available on https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2022/ghana--empowering-health-workers-and-mobilizing-communities-to-improve-early-detection-and-treatment-of-noncommunicable-diseases-in-ghana?utm accessed 31 Oct 2025.

epidemiological movement which established the social context of disease. WHO defines SDH as "the conditions in which people are born, grow, live, work and age"[71] and this would include, social, and economic forces that greatly impact health outcomes. Social determinants of heath (SDH) in which humans live and work, and this will include are factors such as socioeconomic position and social relationships. For The Healthy People 2020 Initiative, this list would include, access to high-quality education, medical services, availability of community-based resources and opportunities for recreational activities; resources to meet daily needs; literacy, public safety; residential segregation; socioeconomic conditions and transportation options. Although there is no direct causal link between diseases and SDH, however, according to Braveman & Gottlieb "the overwhelming weight of evidence demonstrates the powerful effects of socioeconomic and related social factors on health, even when definitive knowledge of specific mechanisms and effective interventions is limited". [72] This means that SDoH play a substantial role in influencing health outcomes. Studies have demonstrated associations between SDHs and the prevalence of diseases and increased mortality and morbidity in persons.[73] In the context of NCDs, health care is moving beyond curative strategy to addressing the underlying risk factors of NCDs through policies and strategies targeting them. Other strategies address the distal determinants of health – such as increasing taxation of tobacco, alcohol and unhealthy foods, health promotion exercises such as improving the physical and social environments.[74]

It is noteworthy that AU acknowledges the need to address SDoHs in its policy documents. This is particularly significant, given the continent's status covering indices such as healthcare accessibility, insurance coverage, lifestyle, housing etc. According to the 2024 World Bank statistics, Africa hosts approximately 67% of the people living in extreme poverty (that is, two-thirds of the world's population)[75]; Nigeria and DRC each account for 11.7% share of global population living in extreme poverty. Similarly, Tanzania, Mozambique and Madagascar are among the countries with the highest concentration of persons living in extreme poverty.[76] There is a high level of inequality in income in Africa. Education, a key social determinant of health, fosters health literacy, informed decision and economic opportunities. Despite this, Nigeria has the highest number of out-of-school children in the world. Additionally, regional disparities in access to quality healthcare, education; clean water and sanitation persist and these deficits contribute to the continued prevalence of communicable diseases. Additionally, poor housing conditions in urban centers such as Lagos and Abuja in Nigeria result in overcrowded slums that further exacerbate health risks.[77] Economic instability across many African countries limits individuals' ability to access to quality healthcare. Furthermore, Africa hosts ten of the world's hungriest countries of the world, according to the World Food Program, and widespread food insecurity leads to malnutrition, increasing vulnerability to diet-related diseases.[78] For these reasons, the continent's AHS prioritizes SDoH. However, implementation at national level may be challenging because of lack of political and policy commitments from various stakeholders.

[71] World Health Organization (WHO). *Social Determinants of Health.* (Geneva: WHO, 2024). Accessed 16 June 2022, from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
[72] P. Braveman, & L. Gottlieb, "The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public Health Reports* 129 Suppl 2 (2014), 19–31.
[73] L.F. Callahan, K.R. Martin, J. Shreffler, D. Kumar, B. Schoster, J.S. Kaufman, and T.A. Schwartz, "Independent and Combined Influence of Homeownership, Occupation, Education, Income, and Community Poverty on Physical Health in Persons with Arthritis. *Arthritis Care & Research* 63.5: (2011) :643–653.
[74] Somtanuek Chotchoungchatchai. Supra
[75] World Bank Group. Available on https://www.worldbank.org/en/publication/poverty-prosperity-and-planet
[76] https://www.statista.com/statistics/1228553/extreme-poverty-as-share-of-global-population-in-africa-by-country/
[77] A.A. Aliyu, L. Amadu. Urbanization, Cities and Health: The Challenges to Nigeria – A review. *Annals of Africa Medicine. 16:* (2017) : *149-58*
[78] World Food Program. https;//www.wfpusa.org.

For Africa to move from this point, governments must live up to their responsibilities and commitments to implement SDoH. The South Australian Constitution provides a compelling model for the incorporation of social determinants into health legislation. The Public Health Act 2011 (SA) explicitly stated that: *[The legislation] 'in part provides for South Australia's response to this challenge' and includes principles of sustainability, partnerships, equity and prevention, providing a mandate for working together and recognizing that the social determinants of health are fundamental to improving population health outcomes.*[79] Also, SA Public Health Act now includes an 'Equity Principle' which states: *Decisions and actions should not, as far as is reasonably practicable, unduly or unfairly disadvantage individuals or communities and, as relevant, consideration should be given to health disparities between population groups and to strategies that can minimize or alleviate such disparities*[80] In some countries, social determinants of health have been elevated to the status of a legal right. *This approach demonstrates how legal and policy frameworks can explicitly embed health equity considerations to improve health.* In contrast, in most African countries, health-related rights are either absent or lack enforceability.[81] Nigeria aptly illustrates this challenge. Under the 1999 constitution, health is not enforceable, rather, the only direct application of the right to health is by its domestication of the African Charter on Human and Peoples' Rights into its constitution, which makes the right to health legally enforceable. Nigeria could take a cue from South Africa, where section 27 (1)(a) provides that everyone has a right to access adequate healthcare subject to progressive realization and the resources of the state. Nevertheless, Nigeria has other mechanisms to promote health rights. The National Health Act (NHA) provides a framework for regulating, developing and managing the national health system, safeguarding the population's right to access healthcare and guiding government responsibilities in service provision. The Act equally creates agencies that regulate the provision of services pertaining to health care provisions. This includes the Federal Ministry of Health; state Ministries of Health; local government health authorities and village health committees. While such mechanisms adopted by Nigeria provide standards for the government to implement action regarding their targets, it does not make them accountable where these objectives are not met. The consensus therefore, is that sustainable health outcomes and health equity cannot be achieved without tackling the underlying social, economic and environmental factors that shape health across the African continent.

4.0 Legal Accountability Mechanisms under African Union Strategies.

While the integration of NCD prevention into primary health care illustrates substantial progress, the long-term sustainability of such initiatives depends on the legal and institutional accountability frameworks established by the African Union. Generally, there are a series of binding and non-binding instruments that commit member states to specific health obligations and periodic performance review. For instance, under the African Charter, Article 1 states that 'shall recognise the rights, duties and freedoms enshrined in the Charter and shall undertake to adopt legislative or other measures to give effect to them Rights. This provision places obligation on Member States to protect the human rights of its citizens. Specifically, article 16 of the African Charter recognizes the right of every individual to enjoy the best attainable state of physical and mental health and obligates states to take necessary measures to protect this right. Adopting a rights framework is a basis for the adoption of NCD prevention and control measures and impose an obligation on Member States. This foundational right anchors subsequent AU health strategies – including the AHS and the AU-CDC which calls for regular monitoring, peer review and reporting by Member States on progress towards UHC and the social determinants of health.

4.1 The African Union Commission (AUC)

[79] Australian Bureau of Statistics.- *Prisoners in Australia*, 2015. Canberra: ABS (December 2015 Retrieved June 16, 2022, from https://www.abs.gov.au/ausstats/abs@.

[80] Public Health Act 2011 (SA) s 13.

[81] A.L. Kemp. "The Recognition of Health Rights in Constitutions on the African Continent: A Systematic Review Title. *African Journal of International and Comparative Law 24:* (2016) :142-157

An apt point in considering the institutional accountability mechanism for the continent is that provided under the African Union Commission (AUC). The mandate of the AUC promoting and facilitating the implementation of the (2016-2030) which serves as the key instrument for achieving health-related goals in alignment with Agenda 2063**.** The mandate of the AUC includes disseminating the AHS across member states and providing advocacy, resource mobilization, and the sharing of best practices at the continental level. In addition, the AUC is mandated to support the establishment of a continental accountability mechanism to track the implementation and progress of continental commitments; conduct advocacy at the highest political levels on strategic health issues jointly affecting member states. The AUC shall also moderate political and economic data analysis to help determine joint interests and positions for member states when participating in global health forums. Lastly, the AUC shall facilitate harmonization of regulatory frameworks and standards setting mechanisms across the continent**.** Other agencies working with the AUC are The NEPAD Agency[82] and the Regional Economic Communities; these institutions are responsible for providing technical support to States, monitoring and reporting progress reports. Again, the *Strategy is contingent upon the realization of Agenda 2063 and the AHS.*

Effective implementation of the AHS requires continuous monitoring which relies on the collection and use of reliable data on health system inputs, processes and outputs and outcomes. The strength of any monitoring and evaluation (M&E) system depends on the regularity, completeness, and quality of its reporting. Periodic reviews are to be conducted at the national, regional, and continental level**s** to share best practices, address implementation challenges, reinforce partnerships, and accelerate progress towards achieving the Strategy's objectives. In line with this, the AHS 2016–2030 will be evaluated every five years to assess progress and guide any necessary course corrections.

Priority should be given to improving vital statistics and civil registration systems, as well as epidemiological surveillance and mortality audits, to strengthen data reliability and accountability. The African Union Commission (AUC**)**, working in collaboration with NEPAD, is establishing a health-sector accountability mechanism that leverages existing structures such as the African Peer Review Mechanism (APRM). Given that the **AHS 2016–2030** is an aspirational, continent-wide framework intended to guide Member States, the primary responsibility for implementation lies with national governments. However, the AUC retains the lead role in coordination and oversight, working closely with the Regional Economic Communities (RECs) and relevant United Nations agencies to ensure coherence and alignment across the continent.

5.0 Conclusion and Recommendations

To summarize, the AU strategy towards disease prevention and in particular are geared towards health system strengthening, capacity building, universal health coverage, multisectoral collaboration and reliance on data for decision making. provides a reporting strategy in Africa in order to have a continental progress on health generally. Because disease burden and resources available to member states vary from country to country, there is the possibility of differing results. For this reason, the Strategy directs member states to adapt the priorities into their national healthy and multisectoral policy instruments**.** Member States will undertake monitoring and reporting at country level to the RECs and AU Commission The strategy also expects members to ensure good governance, participatory, and inclusive approaches to meaningfully and fully engage communities, CSOs and the private sector**.** They need to ensure that a conducive environment is in place to implement AHS 2016-2030, including harmonizing and streamlining their own policies, strategies, standards and pla.ns to ensure coherence**.**

[82] The NEPAD Agency shall support technical implementation of the strategy and resource mobilization. Its specific roles will include: (a) mobilizing and directing technical expertise and financial resources to implement agreed regional and national programs and projects; (b) supporting research and knowledge management; and (c) providing technical support to AU Commission's policy processes and activities.