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Agenda item 6

**STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE
TO THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE**

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of the Congo, from 13 to 16 June 2016. The meeting reviewed eleven documents on public health matters of regional concern to be presented for consideration by the Sixty-sixth session of the Regional Committee. This statement summarizes the main outcomes of the meeting.

Opening

2. The Regional Director, Dr Matshidiso Moeti, welcomed the members of the PSC and all other participants to the meeting. She announced that the PSC was constituted by the Democratic Republic of the Congo, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritius, Mozambique, Namibia, Niger, Seychelles, Sierra Leone, South Sudan, Swaziland, Uganda and the United Republic of Tanzania. She particularly welcomed the representation of the Executive Board members, the Coordinator of the African Group of health experts in Geneva-based missions and the representative of the African Union Commission mission based in Geneva. She noted that their participation would strengthen the link between issues debated at the World Health Assembly (WHA), the Executive Board and at regional level. Dr Moeti underscored the importance of the work of the PSC in critically reviewing, with a view to finalizing, the documents to be considered at the Sixty-sixth session of the Regional Committee. She mentioned that the documents included regional strategies and implementation frameworks of global strategies. She highlighted other issues that should warrant more extensive discussions, including an analysis of the forthcoming programme budget, audit and compliance reports, and the implementation of the Transformation Agenda of the WHO Secretariat in the African Region. The Regional Director informed the members of the PSC that, after consultation with Ministers of Health, the Sixty-sixth session of the Regional Committee will now be held from 19 to 23 August 2016 in Addis Ababa, Ethiopia.

3. In their remarks, the Coordinator of the African Group of health experts in Geneva-based missions and the representative of the African Union mission based in Geneva thanked Dr Moeti for inviting them to the meeting. They underscored the importance of the subjects to be discussed at the meeting and emphasized that their participation would strengthen the linkage and contributions to debates at regional and global levels, and between WHO and the African Union.

Technical and health matters

4. The PSC discussed the document entitled *Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (NCDs)*. The global momentum on NCDs provided a unique opportunity for countries of the Region to prioritize oral health so as to directly contribute to the reduction of NCDs and their shared risk factors. The PSC members highlighted the linkage between the strategy and the Sustainable Development Goals (SDGs) and universal health coverage (UHC) in particular, and emphasized the promotive and preventive components, the social dimension as well as the economic impact of oral diseases on individuals, families and countries. They further suggested the inclusion of strengthening community based-services and school health as part of interventions, use of mHealth in promoting oral health, and prioritizing interventions according to cost-effectiveness in view of the limited resources. The PSC members highlighted the need to also include effective partnership and collaboration at regional level as part of the guiding principles, as well as mid-term targets to monitor implementation of the strategy. They recommended the document and a resolution on *Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases* for consideration by the Sixty-sixth session of the Regional Committee.

5. The members of the PSC deliberated on the *Regional strategy for health security and emergencies 2016–2020*. The frequent epidemics and other health emergencies remain threats to health security both regionally and globally. The PSC agreed on the use of the “all-hazards approach” to prevent, detect and respond to outbreaks and health emergencies. It noted that despite the availability of various frameworks, there has been no integrated strategy that comprehensively addresses public health emergencies in the Region. The PSC suggested that a link with the SDGs and climate change issues be included in the document. It suggested a balance between disease outbreaks and other equally important public health emergencies. The Secretariat indicated that the report of the consultative meeting that discussed the low level of Member States’ contribution to the African Public Health Emergency Fund (APHEF) will be presented to PSC members for inputs on ways of improving its effectiveness, before submission to the Sixty-sixth Regional Committee. The PSC suggested that the Regional Office maintain a critical mass of local volunteers for rapid mobilization when needed. It emphasized the importance of North-South and South-South cooperation and sharing best practices to support response to emergencies. The PSC suggested that Member States should be sensitized to invest in, and commit to research and development of health products. It was noted that most emergencies are preventable, and there was therefore a need to address social determinants of health and to strengthen health system resilience in the Region. The experience with the Ebola virus disease outbreak should serve as a pointer to the cost-effectiveness of preparedness as well as prompt and adequate outbreak response, which could facilitate advocacy for mobilization of domestic and external resources. On the issue of International Health Regulations (IHR) joint external evaluation, the PSC emphasized the need for a mechanism that would ensure peer review among Member States, external evaluation, commitment to address gaps identified and intersectoral collaboration. The PSC members recommended the document entitled *Regional strategy for health security and emergencies 2016–2020* and the corresponding resolution for consideration by the Sixty-sixth session of the Regional Committee.

6. The PSC members reviewed the document entitled *Health in the 2030 Agenda for Sustainable Development*. The document describes the SDGs that were adopted by Member States of the United Nations in September 2015. The SDGs are intended to guide global development over the 15 years to 2030. The health goal includes UHC and the unfinished Millennium Development

Goals (MDGs), among others. The document describes the health-related SDGs and targets, identifies key issues and challenges in achieving them, and proposes priority actions that Member States, WHO and partners should consider for the achievement of the SDGs. The PSC members proposed a number of amendments to improve the document. The Secretariat clarified that the Regional Committee would be informed of the status of the awaited global SDGs Monitoring Framework. The PSC members recommended that the document *Health in the 2030 Agenda for Sustainable Development* be submitted for consideration by the Sixty-sixth session of the Regional Committee.

7. The PSC members reviewed the document on *Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health - implementation framework for the African Region*. The document highlights an improvement in the quality of life in the Region, which has resulted in more people living longer. It is estimated that the number of people aged 60 years or over will increase from 46 million in 2015 to 147 million by 2050. The PSC noted that ageing is a normal process that should be portrayed in positive and dignified terms. Therefore the increase in the population of the elderly requires adequate preparation to accommodate their special health needs. The proposed regional implementation framework is intended to provide programmatic and policy orientations to Member States for the implementation of the Global Strategy and Plan of Action on Ageing and Health for the period 2016-2020, adopted at the WHA in May 2016 and aligned with the SDGs. The PSC emphasized that ageing was a new area of concern and programming for most Member States of the African Region. It proposed the inclusion in the document of some positive aspects of the increasing population of the elderly, such as their contribution to socioeconomic development, hence the need to involve them in planning, implementation and evaluation processes. It also proposed the inclusion of interventions for healthy ageing, which should start from childhood and continue throughout the life cycle, using appropriate means including information and communication technologies. The PSC expressed the need to underscore multisectoral approaches to the interventions and assigning clear roles to Member States and partners. It emphasized the importance of addressing healthy ageing within the context of UHC and primary health care (PHC) and palliative care, and of reorienting the health system to cover the needs of the elderly in relation to NCDs and other diseases that affect the general population. The PSC also stressed the role of families, communities, civil society organizations and the private sector in caring for the elderly. The PSC members recommended that the document *Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health - implementation framework for the African Region* be submitted for consideration by the Sixty-sixth session of the Regional Committee.

8. The document *Global strategy for women's, children's and adolescents' health 2016–2030: implementation in the African Region* was discussed by the PSC. The document noted that despite several commitments made by Member States to improve the health of women, children and adolescents, only a few of them achieved the MDG targets on the reduction of child and maternal mortality, and none achieved the target on reproductive health. The recently adopted Global strategy for women's, children's and adolescents' health is in line with the SDGs and Agenda 2063 of the African Union. The global strategy proposes that in the next 15 years, countries need to reduce maternal mortality to less than 70 per 100 000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births respectively. The PSC members stressed the need for the document to reflect the greater burden of neonatal, child and maternal mortality borne by sub-Saharan Africa. The PSC also emphasized that roles and responsibilities be clearly outlined for the major stakeholders. It underscored the need to consider community engagement, sociocultural

specificities, and the role of men in reproductive, maternal, neonatal, child and adolescent health (RMNCAH). It also suggested that further consideration should be given to the role of research and development, integrated systems, the institutionalization of the RMNCAH sub-account within the National Health Accounts and adequate monitoring of the implementation of the strategy in the Region. The PSC proposed actions to be taken in the provision of adequate infrastructure, the promotion of local production of medicines and vaccines, and improved use of telecommunications and innovative technologies for the delivery of health services. The PSC members recommended the document entitled, ***Global strategy for women's, children's and adolescents' health 2016–2030: implementation in the African Region*** for consideration by the Sixty-sixth session of the Regional Committee.

9. The PSC considered the document ***Framework for implementing the End TB Strategy in the African Region 2016–2020***. In May 2014, the Sixty-seventh WHA adopted the *End TB Strategy*, which aims to end the global epidemic of tuberculosis (TB) by 2035. The Strategy builds on, and significantly expands the scope of efforts in the context of the United Nations Sustainable Development Goal 3, target 3. It comprises three pillars: (i) Integrated patient-centred care and prevention; (ii) Bold policies and supportive systems; and (iii) Intensified research and innovation. The framework supports the adaptation and implementation of the Global Strategy in Member States during the period 2016–2020. The PSC members proposed a number of amendments to improve the document, including specifying the roles and responsibilities for the WHO Secretariat and Member States. The PSC members recommended that the ***Framework for implementing the End TB Strategy in the African Region 2016–2020*** be submitted for consideration by the Sixty-sixth session of the Regional Committee.

10. The PSC members reviewed the document entitled ***HIV/AIDS: framework for action in the WHO African Region 2016–2020***. They noted that HIV/AIDS continues to be a major public health concern in the African Region with almost 26 million people living with HIV and accounting for 70% of all AIDS-related deaths in the world. The framework is intended to guide Member States in the implementation of the Global health sector strategy on HIV, 2016–2021, as a contribution to achieving the 2030 agenda for sustainable development. It describes actions to accelerate HIV prevention and treatment to end the AIDS epidemic in the African Region. The PSC underscored the need for Member States to raise adequate domestic resources for HIV/AIDS prevention and control, and to promote local production of medicines. It also highlighted the need to embark on rigorous operational research, to disaggregate data by age and gender, and to work with other sectors. The PSC recommended the document ***HIV/AIDS: framework for action in the WHO African Region 2016–2020*** for consideration by the Sixty-sixth session of the Regional Committee.

11. The PSC discussed the document ***Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2020***. The document highlights that hepatitis remains a major public health problem in the Region. It noted the barriers that need to be addressed before the goal of eliminating viral hepatitis as a major public health threat can be realized. The PSC members called for a clear definition of the role and responsibilities of WHO in advocating for government support and implementation of the framework. They also called for the involvement and the training of traditional healers on safe practices, given the role they play in health care in the Region. They proposed that apart from hepatitis B and C, other strains of the disease, such as hepatitis A, be addressed in the document. The PSC recommended greater emphasis on research, testing of blood products before use, comprehensive action against hepatitis, as well as the inclusion of prevention, health promotion, behaviour change communication and vaccination of health workers among the

priority interventions. The PSC members noted that the definition of key populations should be based on the national context. It was suggested that efforts be made by Member States, with the support of WHO, to promote mechanisms for group purchasing, innovative financing and affordability of vaccines and medicines. Additional proposals concerning the training of public and private health workers and the sharing of best practices in the Region were made. The PSC members recommended the document entitled ***Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2020*** for consideration by the Sixty-sixth session of the Regional Committee.

12. The PSC reviewed the document entitled ***Regional strategy on regulation of medical products in the African Region, 2016–2025***. The benefits of medical products are compromised in the African Region by the circulation of products that do not fulfil the international requirements of quality, safety and efficacy. The Regional strategy aims at ensuring that National Medicines Regulatory Authorities are strengthened to effectively fulfil their mandate. It prioritizes interventions that will strengthen governance of regulatory systems, enhance collaboration, harmonize standards and facilitate implementation of joint regulatory activities to improve access to medical products of good quality. The PSC members made proposals to improve the document, notably monitoring and evaluation as well as the technical support to be provided by WHO to Member States. The PSC observed that the high cost of medicines and the porosity of borders were the major causes of widespread counterfeiting, which should be addressed in the strategy. It recommended that strong community participation and a multisectoral approach be incorporated in the strategy. The members of the PSC recommended the document ***Regional strategy on regulation of medical products in the African Region, 2016–2025*** and the corresponding resolution for consideration by the Sixty-sixth session of the Regional Committee.

13. The PSC members considered the document entitled ***Framework for implementing the Global technical strategy for malaria 2016–2030 in the African Region***. Its vision is “an African Region free of malaria”, and its objectives are to reduce malaria mortality rates and case incidence by at least 90% in 2030 compared with 2015; eliminate malaria from at least 20 malaria endemic countries; and prevent re-establishment of malaria in all Member States that are malaria-free. The aim of the framework is to provide guidance to Member States and partners on region-specific priority actions and interventions towards attaining the goals, targets and milestones of the Global Technical Strategy. The PSC raised issues related to financing, vector control interventions, climate change and the threat of drug resistance. It highlighted the need for greater community engagement and communication for behaviour change, improved governance, strong technical leadership to sustain political commitment, as well as the need for Member States to raise adequate domestic resources. The PSC members underscored the importance of integrated vector management in dealing with other vector-borne diseases, as well as a multisectoral approach and enhanced cross-border collaboration for malaria control and elimination. They also recommended the inclusion of mid-term targets to monitor progress in the implementation of the strategy. The PSC recommended the document ***Framework for Implementing the Global Technical Strategy for Malaria 2016–2030*** for consideration by the Sixty-sixth session of the Regional Committee.

14. The PSC discussed the document entitled ***New Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa***. The revised Terms of Reference (TOR) is aimed at strengthening the oversight role of the PSC. The PSC appreciated the quality of the revised Terms of Reference and highlighted the need to brief new members on the full extent of their mandate. It considered that extraordinary situations may give rise to ad hoc PSC meetings.

Concerning the new TOR that requires them to monitor the implementation of Regional Committee resolutions, it was suggested that the PSC focus on unimplemented resolutions and other issues requiring special attention. It was further suggested that in addition to examining internal and external audit reports, the PSC should also consider human resource issues. The PSC members also proposed using virtual meetings and a web discussion blog to facilitate discussion among members as well as the use of telecommunications for consultation and information sharing with the Secretariat. It was also suggested that the Regional Director appoint a focal point in the WHO country office to serve as a link between PSC members and the Secretariat for information sharing. It was proposed that the composition of the PSC should reflect the different skills and expertise of members, including the areas of management, administration and finance, in order to ensure proper coverage of all issues. The PSC members recommended the document entitled *New Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa* for consideration by the Sixty-sixth session of the Regional Committee.

Conclusion

15. In conclusion the PSC members recommended eleven working documents and three draft resolutions to the Sixty-sixth session of the Regional Committee for consideration and adoption.