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

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 11 to 12 June 2019, and was chaired by Dr Carlos Alberto Bandeira de Almeida from Sao Tome and Principe. The meeting reviewed six documents on public health matters of regional concern, which will be presented to the Sixty-ninth session of the Regional Committee for Africa. This statement summarizes the main outcomes of the meeting.

### **Opening remarks**

2. The Regional Director, Dr Matshidiso Moeti welcomed all participants, particularly the new members of the PSC from Cabo Verde, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea and Lesotho. She warmly welcomed members of the WHO Executive Board (EB) as well as the representatives of the African Group of health experts in Geneva-based missions whose presence facilitates effective linkages between debates and policies at regional and global levels. The Regional Director expressed appreciation for the work of the outgoing PSC Chairperson, Dr Thomas Samba of Sierra Leone. She pledged the continued support of the Secretariat to all the PSC members for the fulfilment of their mandates.

3. Dr Moeti reminded PSC members of their role, particularly that of supporting the work of the Regional Committee and advising the Regional Director on important issues. She noted that in line with the revised Terms of Reference (ToRs) the Secretariat, in response to the previous request of the PSC, had included an agenda item on discussion of items proposed by the PSC members. She emphasized the linkages and synergy between the work of the global and regional governing bodies and highlighted the role of the EB members and the African Group Coordinator in that regard. She underscored the critical role played by the African Group in informing decisions and negotiations during the EB and World Health Assembly towards ensuring that the needs of our Region are clearly articulated. In line with the ToRs, three Executive Board members, namely Benin, Burkina Faso and Kenya were invited to the PSC meeting. Benin was in attendance. The African Group Coordinator

from Botswana was also present with representatives from Congo and Ghana. The Regional Director ended by outlining the important documents to be reviewed by the PSC, which include strategies and regional frameworks based on global strategies, as well as other matters of public health importance.

4. The PSC elected Dr Carlos Alberto Bandeira de Almeida from Sao Tome and Principe as Chairperson; Dr Gibson Mhlanga from Zimbabwe as Vice-Chairperson; and the representatives of Lesotho (English), Chad (French) and Cabo Verde (Portuguese) as Rapporteurs.

### **Technical and health matters**

5. The PSC discussed the document entitled *Fourth Progress Report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020*. The Transformation Agenda is a vision to accelerate the implementation of WHO reform in the African Region by fostering results-focused values; evidence-driven technical focus; responsive strategic operations; and effective and efficient partnerships and communication. Phase I covered three years of implementation of the Transformation Agenda, the results of which were reported in 2018.

6. Prompted by the need to consolidate the gains of Phase I and build on the lessons learned, Phase II of the Transformation Agenda was launched in 2018. The major thrust of Phase II is to optimize WHO's technical focus and performance, thus improving the quality of its work and ensuring better management of resources to generate value for money. Phase II is being implemented through the following six work streams: strengthening change management processes and enhancing a values-based culture; enhancing the country-focus approach for greater impact; growing a stronger focus on the delivery of quality results; promoting efficiency, accountability, quality and value-for-money; broadening engagement with Member States and partners; and ensuring more effective communication of the work of the Secretariat towards improving health outcomes in the Region.

7. This fourth report on the progress of implementation of the Transformation Agenda highlights the progress made in Phase II, including key achievements such as the Pathway to Leadership programme for senior leadership at regional and country levels, functional reviews of WHO country offices, support to Member States for progress towards universal health coverage (UHC) and the 80% decline in overdue reports to partners. The report also puts forward proposals for ensuring the successful completion of the Agenda and incorporates feedback from stakeholders.

8. The PSC congratulated the Secretariat on the progress made and efforts in improving communication with Member States. As part of the next steps, the PSC members proposed that the Secretariat should facilitate peer learning among Member States, building on best practices, for example in digital health, reproductive health and UHC. They also recommended that the Pathway to leadership training programme be extended to Member States. The Secretariat acknowledged that the programme would be pertinent in strengthening management and leadership in ministries of health, and expressed its commitment to mobilizing resources to make it possible.

9. The members of the PSC recommended the revised document entitled ***Fourth Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020*** for consideration by the Sixty-ninth session of the Regional Committee.

10. The PSC reviewed the document entitled ***Regional strategy for integrated disease surveillance and response: 2020–2030***. Emerging and re-emerging disease threats with pandemic potential continue to challenge fragile health systems, exacting an enormous human and economic toll in the Region and threatening global health security. A recent WHO evaluation of disease trends in 2019 indicates that the risk of emerging infectious diseases has risen, mainly due to the growth of cross-border and international travel, increasing human population density and the growth of informal settlements. Other factors include climate change, changes in the interactions between humans and wild animals and changes in trade and livestock farming. The Regional strategy for health security and emergencies 2016–2020 set a very bold target for IDSR; by 2020, all Member States should be implementing IDSR with over 90% national coverage. The new IDSR Strategy (2020–2030) provides Member States with the technical guidance and priority interventions to achieve the Thirteenth General Programme of Work goal of protecting one billion more people from health emergencies.

11. The PSC members congratulated the Secretariat on the well-written document, but observed that the context did not articulate substantive linkages with UHC and national health budget planning for better synergies and appropriate resource allocation. They noted the presentation of the weak laboratory situation and the laboratory targets that may be difficult to achieve due to limited technical and financial resources; challenges of surveillance related to displaced populations; cross-border monitoring and level of community involvement. The PSC also noted that the recommendation on the creation of a National Public Health Institute for coordination of IDSR implementation is overly prescriptive.

12. The PSC members recommended that the document should reflect more flexibility in setting targets aligned with country-specific capacity, and strengthening of early warning surveillance systems in communities. The PSC also recommended that the coordination of IDSR implementation should be based on the context and existing mechanisms in each country, while cross-border and subregional collaboration should be sustained beyond emergency response and the interlinkages with UHC and national health planning better articulated.

13. The PSC recommended the revised document entitled ***Regional strategy for integrated disease surveillance and response: 2020–2030*** and its accompanying resolution for consideration by the Sixty-ninth session of the Regional Committee.

14. The PSC discussed the document entitled ***Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025***. The document notes that despite global, regional and national initiatives, rates of hunger and undernutrition remain unacceptably high in the African Region, which is undergoing a nutritional transition. This translates into an increasing incidence of

overweight/obesity and diet-related noncommunicable diseases. The World Health Assembly in 2012 adopted the Comprehensive implementation plan on maternal, infant and young child nutrition with six targets for 2025. However, progress in the African Region is hampered by lack of resources and a policy environment that is under-equipped to control the consumption of poor-quality diets. To address these challenges, there is a need to strengthen policies and regulatory frameworks to promote, protect and support the consumption of safe and healthy foods. The objective of the Strategy is to strengthen national capacity and the evidence base for nutrition programming and thus reduce all forms of malnutrition throughout the life course, in line with the Sustainable Development Goals.

15. The PSC members commended the Secretariat for a well-written document and acknowledged the importance and timeliness of the Strategy. They requested a more explicit articulation of the challenge of obesity in the African Region in all age groups; the need for policies and guidelines to manage it; and a target for obesity reduction. Members raised concerns about the inappropriate use of pesticides and fertilizers in food production, considering they could potentially contribute to unsafe food. They recommended the promotion of family farming and production of organic and healthy foods. The Members also expressed concerns with the production and use of genetically modified foods. The challenge of fiscal measures such as taxation to control the marketing of unhealthy products was highlighted. They also underscored the need to promote local food production to address food insecurity and to curb the importation of unhealthy foods.

16. Managing the double burden of malnutrition is a multisectoral issue that requires collaboration at national level and the use of regional and subregional forums as well as the involvement of other sectors such as education to build awareness and gain support. They noted the importance of building on and leveraging previously adopted agreements at all levels, including the African Union, regional economic communities and the UN General Assembly, to support nutrition and health. Finally, members recommended that the Strategy should be linked with Document AFR/RC69/10 on the prevention and control of NCDs in the African Region.

17. The PSC recommended the revised document entitled *Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025* and its accompanying resolution for consideration by the Sixty-ninth session of the Regional Committee.

18. The PSC reviewed the document entitled *Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs*. Given the pivotal role of the district health system in achieving UHC, the paper proposes a framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs. The key objectives of the Framework are to guide Member States to strengthen and sustain district health systems in order to provide essential health services; and to articulate priority actions to enable Member States deliver essential health services that respond to individual and community needs across the entire lifecycle. It also sets relevant targets and milestones with clear interventions.

19. The PSC congratulated the Secretariat on the timeliness of the document. The members acknowledged the inadequacy of district health care in the Region; incomplete decentralization, especially in respect of budget allocation, resulting in poor health service delivery; and the need for strengthening referral systems including infrastructure for eHealth. The PSC recommended stronger referral systems which are responsive to current and future needs; decentralization of budget allocation and monitoring of disbursements, while centralizing some functions such as procurement of medicines and commodities that provide economies of scale. The members also emphasized the need to strengthen community involvement as part of the district health care system in countries. The PSC members also highlighted the need for research to support implementation of interventions.

20. The members of the PSC recommended the revised document entitled ***Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs*** for consideration by the Sixty-ninth session of the Regional Committee.

21. The PSC discussed the paper entitled ***Framework for the implementation of the Global Vector Control Response in the WHO African Region***. Vector-borne diseases (VBDs) are responsible for 17% of the global communicable disease burden and cause over 700 000 deaths per year. The WHO African Region has a high burden of VBDs such as malaria, arboviruses and schistosomiasis. Unfortunately, vector control efforts face various challenges including insecticide resistance, uncertain sustainability of interventions, and suboptimal surveillance and control. Other challenges relate to climatic and environmental risk factors, poor partner collaboration and coordination, and lack of evidence for decision-making. Additional constraints include deficient emergency and epidemic response, limited human resources, and health system weaknesses. In response to the increasing challenge of VBDs and at the request of Member States, WHO has developed the Global vector control response 2017–2030 (GVCR), as a strategy to strengthen vector control worldwide. The regional Framework is intended to guide Member States of the WHO African Region in planning and implementing priority actions of the GVCR in the context of their local situations, as well as to strengthen institutional and human capacity to implement vector control. These include conducting needs assessments, updating strategic plans, improving multisectoral response, vector surveillance and information systems, regulatory and legislative frameworks and applied research for entomology.

22. The PSC commended the Secretariat for the well-written and comprehensive document; highlighted the importance of community participation and noted the challenges of information systems for vector control and environmental health. The PSC raised questions about the effectiveness and potential adverse effects of innovative approaches such as the introduction of genetically modified mosquitoes as a vector control tool. The members further recommended inclusion of the private sector, centres of excellence and universities within the multisectoral approach. They also emphasized the importance of regulating the adequate and sound use of insecticides/pesticides, including adherence to personal and environmental safeguards. Finally, the PSC members requested that WHO should support countries to integrate entomological and environmental data into routine health information systems and strengthen Member States' capacity in the above-mentioned areas.

23. The PSC recommended the revised document entitled ***Framework for the implementation of the Global Vector Control Response in the WHO African Region*** for consideration by the Sixty-ninth Regional Committee.

24. The PSC discussed the document entitled **Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs**. In 2017, the Noncommunicable Disease Progress Monitor revealed that progress in scaling up services and programmes to prevent premature deaths from the major noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases in the African Region remains inadequate. The document highlights the outcome of the Third High-level Meeting of the United Nations General Assembly on NCDs held in New York on 27 September 2018 under the theme “Scaling up multi-stakeholder and multisectoral responses for the prevention and control of non-communicable diseases in the context of the 2030 Agenda for Sustainable Development”. It also highlights key issues and challenges in the African Region, and proposes actions to accelerate the response to NCDs.

25. The PSC commended the Secretariat on the comprehensive report, but observed that it did not adequately address issues such as health promotion and lifestyles and bottlenecks such as limited taxation of alcohol, tobacco and other health risks; and inadequate funding to support actions to improve access to medicines. The PSC members insisted on the need to address these bottlenecks by building on success stories and lessons learned in the Region, including leveraging NCD control through synergies with existing programmes and UHC. They also recommended increased partnership with the private sector and development partners as well as inclusion of specific actions for health promotion, commencing as early as pre- and primary school as well as involving families in health education. They also emphasized the need for governments to produce public policies that facilitate health promotion at all levels.

26. The members of the PSC recommended the revised document entitled **Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs** for consideration by the Sixty-ninth session of the Regional Committee.

#### **Discussion on other items proposed by Members of the programme Subcommittee**

27. In line with its revised terms of reference, the PSC raised other issues for discussion. Members saw this as an opportunity to ensure that their work is fully aligned with, and reflect their terms of reference. This item also afforded an opportunity for suggestions on face-to-face and virtual meetings. Members shared a concern regarding virtual meetings; considering that not all members are in countries that have the same level of IT development, such virtual meetings would be difficult to organize due to internet connectivity problems. Also, availability of members sometimes is a challenge as they are regularly on duty travel. It was suggested that advance warning could be provided to members on the scheduling of virtual meetings to factor in their availability. It was also suggested that

an assessment of IT infrastructure be conducted in WHO offices in PSC countries. The outgoing PSC members thanked the PSC and the Secretariat for their support and engagement throughout their terms.

### **Proposals for the designation of Member States on councils and committees that require representation from the African Region**

28. The PSC considered Proposals for the designation of Member States on councils and committees that require representation from the African Region, which were developed in line with resolution AFRO/RC54/R11 that provided the three subregional groupings. The PSC recommended the following proposals for the endorsement of the Sixty-ninth session of the Regional Committee:

#### **(a) Membership of the Programme Subcommittee**

The terms of Mauritania, Nigeria, Ethiopia, São Tome and Principe, South Africa and Botswana will come to an end at the Sixty-ninth session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by The Gambia, Guinea, Congo, Democratic Republic of the Congo, Malawi, and Mauritius. The full membership of the PSC will therefore be composed of the following Member States:

<b>Subregion 1</b>	<b>Subregion 2</b>	<b>Subregion 3</b>
1. Senegal (2017–2020)	7. Rwanda (2017–2020)	13. Zimbabwe (2017–2020)
2. Togo (2017–2020)	8. Cameroon (2017–2020)	14. Angola (2017–2020)
3. Cabo Verde (2018–2021)	9. Chad (2018–2021)	15. Comoros (2018–2021)
4. Côte d’Ivoire (2018–2021)	10. Equatorial Guinea (2018–2021)	16. Lesotho (2018–2021)
<b>5. The Gambia (2019–2022)</b>	<b>11. Congo (2019–2022)</b>	<b>17. Malawi (2019–2022)</b>
<b>6. Guinea (2019–2022)</b>	<b>12. DR Congo (2019–2022)</b>	<b>18. Mauritius (2019–2022)</b>

#### **(b) Membership of the Executive Board**

The term of office of Benin, Eswatini, United Republic of Tanzania and Zambia on the Executive Board will end with the closing of the Seventy-third World Health Assembly in May 2020.

In accordance with AFR/RC54/R11, which decided the arrangements to be followed in putting forward each year Member States of the Africa Region for election by the Health Assembly, it is proposed as follows:

- (i) Ghana, Guinea-Bissau, Botswana and Madagascar to replace Benin, Eswatini, United Republic of Tanzania and Zambia in serving on the Executive Board starting with the one-hundred-and-forty-seventh session in May 2020, immediately after the Seventy-third World Health Assembly.

The Executive Board will therefore be composed of the following Member States as indicated in the table below:

<b>Subregion 1</b>	<b>Subregion 2</b>	<b>Subregion 3</b>
Burkina Faso (2019–2022)	Gabon 2018–2021	<b>Botswana (2020–2023)</b>
<b>Ghana (2020–2023)</b>	Kenya 2019–2022	<b>Madagascar (2020–2023)</b>
<b>Guinea-Bissau (2020–2023)</b>		

- (ii) Kenya to serve as **Vice-Chair of the Executive Board** as from the one-hundred-and-forty-seventh session of the Executive Board.
- (iii) **Ghana to replace Zambia** to serve on the Programme Budget and Administration Committee from the one-hundred-and-forty-seventh session of the Executive Board. The PBAC will therefore be composed of Gabon and Ghana.

**(c) Method of work and duration of the Seventy-third World Health Assembly**

It is proposed that the Chairperson of the Sixty-ninth session of the Regional Committee for Africa be designated as Vice-President of the Seventy-third session of the World Health Assembly to be held from 17 to 21 May 2020.

With regard to the Main Committees of the Assembly and based on the English alphabetical order and subregional geographic groupings; it is proposed as follows:

- (i) Mali to serve as the Chair for Committee B;
- (ii) Uganda to serve as Rapporteur for Committee A;
- (iii) Sierra Leone, Eritrea, Ethiopia and United Republic of Tanzania to serve on the General Committee; and
- (iv) Liberia, Rwanda and Mozambique to serve on the Committee on Credentials.

**(d) Bureau of the Sixty-ninth session of the Regional Committee**

- (i) Chairperson: Republic of Congo
- (ii) First Vice-Chairperson: Namibia
- (iii) Second Vice-Chairperson: Guinea-Bissau
- (iv) Rapporteurs: Mauritania (French), São Tome and Principe (Portuguese) and South Sudan (English).