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DRAFT RESOLUTION

**PEN-PLUS – A REGIONAL STRATEGY TO ADDRESS SEVERE
NONCOMMUNICABLE DISEASES AT FIRST-LEVEL REFERRAL HEALTH
FACILITIES (Document AFR/RC72/4)**

The Regional Committee,

Having considered the document entitled “PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities”;

Recalling the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/73/2); resolution WHA66.10 (2013) on the endorsement of WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020; decision WHA72(11) (2019) which extended the global action plan until 2030 in order to ensure its alignment with the 2030 Agenda for Sustainable Development; resolution AFR/RC62/R7 on the consideration and endorsement of the Brazzaville Declaration on Noncommunicable Diseases; the Thirteenth General Programme of Work, 2019–2023 and its triple billion targets of “one billion more people benefiting from universal health coverage, one billion more people protected from health emergencies and one billion more people enjoying better health and well-being”; document AFR/RC67/12 on the Regional framework for integrating essential noncommunicable disease services in primary health care;

Also recalling resolution WHA61.14 (2008) on the implementation of the Global Strategy for the prevention and control of noncommunicable diseases to reduce premature mortality and improve quality of life, and the General Assembly Political Declaration of the High-level Meeting on Universal Health Coverage (A/RES/74/2);

Deeply concerned that despite sustained efforts, the African Region is highly impacted by the burden of noncommunicable diseases (NCDs) with only two countries in the Region on track to meet Sustainable Development Goal 3 target 4 on reducing by one third premature mortality from NCDs, and that severe NCDs such as rheumatic heart disease, sickle cell disease, and type 1 diabetes mellitus contribute to the burden of premature mortality in all countries across the Region;

Also deeply concerned that only 21 Member States are implementing the WHO Package of Essential NCD interventions for primary health care in low-resource settings (WHO PEN) and the limited availability in the public sector of NCD essential medicines and basic technologies for diagnosing and monitoring NCDs;

Noting that as part of the district health system, district hospitals are the main referral facilities at district level providing both administrative and operational oversight to primary health care facilities and other health institutions within the district and that the capacity of district hospitals to manage severe NCDs is often underutilized due to the non-availability of essential medicines, technologies and limited skills and capacity of mid-level health-care workers;

Also noting that private sector facilities including faith-based hospitals also serve as first-level referral facilities and improving care in these setting will ensure broader population coverage;

Reaffirming the commitments made in the Brazzaville Declaration on Noncommunicable Diseases, the Regional framework for integrating essential noncommunicable disease services in primary health care and the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region;

Recognizing that strengthening and implementing protocol-based management of severe NCDs at district hospitals will bridge the access gap in treatment and care of patients with chronic and severe NCDs as well as strengthen the implementation of standardized and integrated protocol-based management of NCDs at primary health care level,

1. ADOPTS “PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities”
2. URGES Member States to:
 - (a) Develop and implement comprehensive national integrated and standardized protocol-based programmes for management of chronic and severe NCDs, by ensuring availability of essential medicines, technologies and diagnostics needed for management of severe and chronic NCDs at health district hospitals, based on outcomes of the situation analysis of policy, infrastructure and human resource barriers identified.
 - (b) Engage non-publicly-funded facilities through their associations and other platforms to ensure that interventions are offered to populations accessing non-public hospitals, including skilling through continuing education requirements for the relevant cadres.
 - (c) Mobilize and allocate additional resources for standardized and integrated protocol-based programmes for management of chronic and severe NCDs, ensuring that their implementation strengthens and complements WHO PEN.
 - (d) Establish mentorship programmes to strengthen standardized and integrated protocol-based management of chronic NCDs to ensure that the knowledge and skills of trained health care workers are maintained.
 - (e) Develop management tools and protocols on integrated management of severe NCDs including sickle cell disease, rheumatic heart disease and type 1 diabetes mellitus at district hospitals.
 - (f) Integrate surveillance within the national health information system and invest in digital health platforms for scaling up programmes.
 - (g) Collaborate with partners to undertake basic and applied research in the area of NCD management.

3. REQUESTS the WHO Secretariat and partners to:
 - (a) Mobilize the international community to support the prevention and effective management of severe NCDs and facilitate effective linkages, collaboration and coordination among partners and stakeholders.
 - (b) Advocate for increased resource allocation to support implementation of standardized and integrated protocol-based management of chronic and severe NCDs.
 - (c) Support Member States to improve the affordability and availability of essential medicines, diagnostics and monitoring devices for chronic and severe NCDs.
 - (d) Promote and support partnerships to improve the training and expertise of health personnel and to undertake research.