



**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-eighth session

Dakar, Republic of Senegal, 27–31 August 2018

Agenda item 6

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

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of the Congo, from 12 to 14 June 2018, and was chaired by Dr Thomas Samba from Sierra Leone. The meeting reviewed eight documents on public health matters of regional concern, which will be presented to the Sixty-eighth 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 who are from Angola, Botswana, Cameroon, Rwanda, Senegal, Togo, and Zimbabwe. She warmly welcomed members of the WHO Executive Board as well as the representatives of the African Group of health experts in Geneva-based missions, whose presence would facilitate effective linkages between debates and policies at regional and global levels.

3. Dr Moeti took the opportunity to congratulate the Ministers of Health of the African Region on their successful participation in the Seventy-first World Health Assembly (WHA71) and the 143rd session of the Executive Board. She requested the PSC to recommend that Member States should provide additional resources for implementation of the resolutions of the Regional Committee. She thanked the Coordinator of the African Group of health experts in Geneva-based missions for efficiently organizing the African Group during the Seventy-first session of the World Health Assembly. She then pointed out that the 13th General Programme of Work approved by the WHA71 will constitute the framework for discussion of the Global Transformation Plan and Architecture of WHO. Dr Moeti reminded PSC members of their role in line with the revised terms of reference (ToRs) of the PSC, particularly that of supporting the work of the Regional Committee and advising the Regional Director on important issues. She ended by briefly 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 Mr Carlos Alberto Bandeira de Almeida from Sao Tome and Principe as the Vice-Chairperson, and representatives from Angola, Mauritania and Seychelles as rapporteurs.

## Technical and health matters

5. The PSC discussed the document entitled ***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. This document is the third progress report and covers three years of implementation of the Transformation Agenda. It highlights the progress made, puts forward proposals for ensuring the successful completion of the Agenda and incorporates feedback from stakeholders.

6. The PSC commended the Secretariat on the laudable progress made and the strategic value of the report as an advocacy tool. The PSC proposed the use of a tabular format of progress reporting for ease of reference and for concrete demonstration of progress made on a yearly basis. The PSC also recommended the active involvement of Member States in implementing the Transformation Agenda and ensuring alignment with the strategic priorities of the 13th General Programme of Work and the Global Transformation Plan and Architecture, especially as they relate to evaluating health systems and delivering results at country level. The members of the PSC recommended the revised document entitled ***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-eighth session of the Regional Committee.

7. The PSC reviewed the document entitled ***Regional framework for the implementation of the global strategy for cholera prevention and control***. Cholera remains a major public health problem due to gaps in access to water, sanitation and hygiene infrastructure and services for the most vulnerable groups, and weaknesses in health systems. WHO and partners have developed a Global roadmap for the prevention and control of cholera. This framework provides guidance on the implementation of the global strategy and proposes key actions for Member States. These include enhancing surveillance, mapping cholera hotspots, improving access to treatment, strengthening partnerships, increasing investments in clean water, sanitation and hygiene for the most vulnerable communities, and promoting research.

8. The PSC members observed that the identified strategies for cholera prevention and control are universal, but are often difficult to implement as planned. The issue of illegal immigration further complicates prevention efforts. They recommended that the objectives of the framework should be revised to include timelines, to make them more actionable. They also recommended the inclusion of interventions for SDG 11 (safe and sustainable cities and human settlements), strengthening of the International Health Regulations (IHR 2005) core capacities, and engagement of community and religious leaders as strategies for addressing cholera. Finally, it was proposed that the title of the document should be revised to reflect the timeline of the framework. The PSC recommended the revised document entitled ***Regional framework for the implementation of the global strategy for cholera prevention and control*** for consideration by the Sixty-eighth session of the Regional Committee for Africa.

9. The PSC discussed the document entitled ***Framework for certification of polio eradication in the African Region***. The document proposes priority interventions for Member States to progress towards certification of polio eradication in the African Region, and to sustain a polio-free Region post certification. Significant progress towards poliomyelitis eradication has been noted with no confirmed case of wild poliovirus in the Region for the last 22 months. However, the Region risks not being certified as polio-free due to chronic surveillance gaps and low population immunity. PSC members stressed the need for sustained inactivated polio vaccine

(IPV) prioritization, mobilization of domestic resources for surveillance, immunization and human resource capacity strengthening. Additionally, there is need to ensure that the polio infrastructure is used to strengthen overall routine immunization to sustain the gains after polio eradication. They also recommended that the implementation of the framework be reviewed and reported upon during the Seventieth session of the Regional Committee in 2020. The PSC recommended the amended document entitled ***Framework for certification of polio eradication in the African Region*** for consideration by the Sixty-eighth session of the Regional Committee.

10. The PSC discussed the document entitled ***Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region***. The paper reviews the progress made in the implementation of the four time-bound commitments with regard to national NCD targets, national multisectoral policies and plans, reduction of NCD risk factors and strengthening health systems to address NCDs. It also highlights challenges and proposes priority actions to accelerate the implementation of the WHO Global Action Plan for the prevention and control of NCDs 2013–2020.

11 The PSC commended the Secretariat on the progress made and acknowledged the challenges of advancing the NCD response. Members of the PSC stressed the need for high-level advocacy and representation at the level of Heads of State at the UN summit, using existing epidemiological data on NCDs in the region. They suggested escalating NCD control to a multisectoral response. The PSC members highlighted the importance of strengthening domestic financing and surveillance systems for effective monitoring, and recommended the integration of NCDs into the policies and infrastructure of existing public health programmes such as HIV/AIDS. The members of the PSC recommended the revised document entitled ***Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region*** for consideration by the Sixty-eighth session of the Regional Committee.

12 The PSC discussed the technical paper entitled ***Ensuring sustainable financing for health in Africa in the midst of changing global and local economic factors***. The document reviews the state of health expenditure in the African Region and highlights the challenges in health financing, including inadequate and inequitable government spending on health and impoverishment of vulnerable groups as a result of low coverage of risk protection schemes. The document proposes actions for Member States to ensure sustainable financing and protection of populations from financial risk. It also proposes actions for WHO and partners to support Member States in this regard.

13 The PSC commended the Secretariat for the document and the initial actions undertaken to build the capacity of Member States. The members highlighted the importance of engaging a broader range of stakeholders beyond finance ministers, such as parliamentarians, to advocate for health. They further recommended that the title of the document should be revised to reflect universal health coverage and that the introduction should highlight the value of healthy nations. They also proposed that the document should provide more guidance on how to frame the evidence for advocacy for increased domestic resources for health in the face of competing national priorities.

14 Finally, the PSC members requested that WHO should also provide support for the development of essential packages of care, efforts to increase efficiency and for learning platforms for sharing experiences. The PSC recommended the revised document with the new title ***Ensuring sustainable financing for universal health coverage in Africa in the midst of changing global and local economic factors*** submitted for consideration by the Sixty-eighth session of the Regional Committee.

15 The PSC discussed the document entitled *Report on regional managerial compliance activities and matters arising out of internal and external audits*. The paper highlights the progress made in the implementation of the Accountability and Internal Control Strengthening project in relation to its five pillars, namely improved information sharing; clearly defined expectations and robust monitoring and evaluation; targeted training and direct country support; improved engagement with Member States; and improved governance and oversight. The paper also addresses the challenges encountered and proposes next steps.

16 The PSC commended the Secretariat for the well-articulated and comprehensive report which summarizes the progress made on managerial and compliance activities and noted the clear linkage with the Transformation Agenda. The members recommended that the document should set out actions for Member States, including advocacy for funding for enabling functions at all levels and particularly at country level, and to comply with Direct Financial Cooperation reporting requirements in a timely manner. The members of the PSC recommended the amended document entitled *Report on regional managerial compliance activities and matters arising out of internal and external audits* for consideration by the Sixty-eighth session of the Regional Committee.

17. The PSC discussed the document entitled *WHO's work on resource mobilization through strengthening partnerships to better support Member States*. The report reviews the progress made over the last two bienniums (2014-2015 and 2016-2017) in strengthening partnerships and improving resource mobilization in the African Region, and proposes the next steps. The report highlights efforts towards strengthening relations with key partners as demonstrated by the organization of the first ever Africa Health Forum in Kigali, Rwanda in June 2017. Key areas of progress also include strengthening WHO's reporting and internal control systems, and implementing a regional framework that underpins programmatic implementation for results. However, despite the progress made, several challenges have emerged. These include the ramp down of the Global Polio Eradication Initiative and the suboptimal and delayed contributions from Member States to the African Public Health Emergency Fund (APHEF).

18. The PSC members commended the Secretariat for a well-articulated document, while recognizing the challenges inherent in resource mobilization. The members recommended that the Secretariat should explore innovative approaches to reach out to new partners outside the traditional donors, including philanthropic organizations and the private sector within the Region. They further requested WHO to send a letter to Member States prior to the Sixty-eighth session of the Regional Committee, highlighting progress made and the current status of contributions to APHEF by Member States. The PSC stressed the need to have a separate agenda item on APHEF or to consider expanding paragraph 19 of the technical document to include more information on APHEF. The members requested that paragraph 18 of the technical document be revised to replace the 13th GPW with the WHO Programme budget. They also recommended the elevation of the issue of the level of Member States' contribution to APHEF to the attention of the Heads of Government. The PSC recommended the amended document entitled *WHO's work on resource mobilization through strengthening partnerships to better support Member States* for consideration by the Sixty-eighth session of the Regional Committee.

19. The PSC reviewed the document entitled *Proposal for a Code of Conduct for the nomination of the Regional Director*. The document builds on the provisions of Rule 52 of the Rules of Procedure of the Regional Committee, with the aim of promoting a transparent, open and equitable process for the nomination of the Regional Director. It outlines the general requirements, which include the basic principles and responsibilities inherent in the nomination process. It also defines the specific requirements pertaining to the submission of proposals, electoral campaigns, nominations and internal WHO candidates. The document also proposes a

resolution, an amendment to the Rules of procedure of the Regional Committee and a standard form for candidates' curriculum vitae.

20. The PSC commended the Secretariat on the document and observed that the amendments to the Rules of Procedure and the draft resolution were acceptable. The PSC highlighted the importance of the disclosure of information on financial support received by candidates towards their campaign and the need for equitable facilitation of meetings between candidates and the Member States. The PSC made proposals for reviewing the procedure applicable to internal candidates with regard to issues of real or perceived conflict of interest. The members further recommended that the title of the document be changed to reflect the fact that it is a draft code of conduct. Finally, the PSC requested that the document should clearly outline the rationale and additional value of the code of conduct in the nomination process. The PSC recommended that the revised document entitled *Draft Code of Conduct for the nomination of the Regional Director* be submitted for consideration by the Sixty-eighth session of the Regional Committee.

### **Discussions on other items proposed by Members of the Programme Subcommittee**

21. In line with the revised terms of reference of the PSC, members took the opportunity to raise other issues for discussion. These included inadequate funding for NCDs and the need for more support from the Secretariat in this regard; an update on the response to the Ebola outbreak in the Democratic Republic of the Congo; progress on the elimination of malaria; and the need for Member States to be adequately prepared for the high-level meeting of the General Assembly in September 2018 on ending tuberculosis. The PSC reviewed the agenda of the Sixty-eighth session of the Regional Committee and recommended its readjustment to reflect the linkages between the *Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020*; the *Report on regional managerial compliance activities and matters arising out of internal and external audits* and the report on *WHO's work on resource mobilization through strengthening partnerships to better support Member States*.

22. The PSC considered proposals for the designation of Member States on councils and committees that require representation from the African Region. The outgoing PSC members thanked the PSC and the Secretariat for their support and engagement throughout their terms. The PSC recommended the following proposals for the endorsement of the Sixty-eighth Regional Committee:

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

The terms of office of **Kenya, Liberia, Namibia, Seychelles, Sierra Leone and Uganda** come to an end at the Sixty-eighth Regional Committee for Africa. The following Member States are proposed to be on the PSC:

<b>Subregion 1</b>	<b>Subregion 2</b>	<b>Subregion 3</b>
1. Mauritania (2016–2019)	7. Ethiopia (2016–2019)	13. South Africa (2016–2019)
2. Nigeria (2016–2019)	8. Sao Tome and Principe (2016–2019)	14. Botswana (2017–2019)
3. Senegal (2017–2020)	9. Rwanda (2017–2020)	15. Zimbabwe (2017–2020)
4. Togo (2017–2020)	10. Cameroon (2017–2020)	16. Angola (2017–2020)
5. Cabo Verde (2018–2021)	11. Chad (2018–2021)	17. Comoros (2018–2021)
6. Côte d'Ivoire (2018–2021)	12. Equatorial Guinea (2018–2021)	18. Lesotho (2018–2021)

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

The terms of office of Algeria and Burundi on the Executive Board will end with the closing of the Seventy-second World Health Assembly.

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

- (i) Burkina Faso and Kenya to replace Algeria and Burundi in serving on the Executive Board starting with the one hundred and forty-fifth session in May 2019, immediately after the Seventy-second World Health Assembly. Burkina Faso and Kenya will thus join Benin, Eswatini, Gabon, United Republic of Tanzania and Zambia on the Executive Board as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Benin 2017–2020	Gabon 2018–2021	Eswatini 2017–2020
<b>Burkina Faso 2019–2022</b>	<b>Kenya 2019–2022</b>	Tanzania 2017–2020
		Zambia 2017–2020

- (ii) Benin to serve as Vice-Chair of the Executive Board as from the one hundred and forty-fifth session of the Executive Board.

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

It is proposed that the Chairperson of the Sixty-eighth session of the Regional Committee for Africa be designated as Vice-President of the Seventy-second World Health Assembly to be held from 20 to 28 May 2019.

With regard to the main committees of the World Health Assembly and based on the English alphabetical order and subregional geographic grouping, it is proposed as follows:

- (i) Angola to serve as the Chair for Committee A;  
(ii) Niger, Nigeria, Congo, Democratic Republic of the Congo and South Africa to serve on the General Committee; and  
(iii) Liberia, Eritrea and Seychelles to serve on the Committee on Credentials.

**(d) Officers of the Sixty-eighth session of the Regional Committee**

Chairperson: Senegal

Vice-Chairpersons: Namibia and Sao Tome and Principe

Rapporteurs: Algeria (French), Mozambique (Portuguese) and Uganda (English).

**(e) Regional Committee – Committee on Credentials**

The following seven countries are proposed to serve on the Committee on Credentials: Comoros, Eritrea, Guinea-Bissau, Liberia, Mauritania, Mauritius and Rwanda.

### **Adoption**

23. The PSC members were presented with the draft report of the proceedings of the PSC meeting held from 12 to 14 June 2018. The members reviewed the report and unanimously adopted the recommendations subject to minor amendments. The meeting was closed with a vote of thanks to all participants including the PSC members and the Secretariat.