World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC58/10
30 June 2008

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Fifty-eighth session
Yaounde, Republic of Cameroon, 1–5 September 2008

Provisional agenda item 7

REPORT OF THE PROGRAMME SUBCOMMITTEE

CONTENTS

Paragraphs

ANNEXES

Page

OPENING OF THE MEETING

1. The Programme Subcommittee met in Brazzaville, Republic of Congo, from 10 to 13 June 2008.

2. The Regional Director, Dr Luis Gomes Sambo, welcomed the members of the Programme Subcommittee (PSC) and one of the members of the WHO Executive Board from the African Region.

3. He recalled the approval of the new terms of reference of the PSC and the increase in its membership from 12 to 16 at the last session of the Regional Committee. That decision was being implemented for the first time as reflected in the current composition of the Programme Subcommittee.

4. He reminded members that according to the Rules of Procedure of the Regional Committee, the Programme Subcommittee is a subsidiary body of the Regional Committee established to study and examine issues to be discussed by the Regional Committee, while remaining within the confines of the Regional Committee. The key functions of the Programme Subcommittee included reviewing the Programme Budget, regional strategies, technical reports and resolutions proposed by the Regional Director; ensuring that proposals met the expectations of Member States and international health goals; and advising the Regional Director on matters of importance that required consideration by the Regional Committee.

5. The Regional Director reiterated the importance to the health of the Region of the issues to be deliberated and called upon members of the Programme Subcommittee to provide concrete proposals and recommendations to enrich the technical documents and resolutions that would be discussed by the honourable ministers of health during the fifty-eighth session of the Regional Committee.

6. He reminded the Programme Subcommittee of the adoption in April 2008 of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa urging Member States to adopt the Primary Health Care approach as the main strategy for designing and implementing health systems. He stressed the importance of community ownership and participation in this approach.

7. The Regional Director informed members of the Programme Subcommittee that three documents—Draft WHO Programme Budget 2010–2011, Global Update on the Implementation of the Alma-Ata Declaration, and Framework for the Implementation of the Ouagadougou Declaration—which were to be discussed by the Programme Subcommittee, were still in preparation. However, they would be submitted to Member States for review before the fifty-eighth session of the Regional Committee.

8. Administrative information and a security briefing were provided for members of the Programme Subcommittee.

9. After the introduction of the members of the Programme Subcommittee and the Secretariat of the Regional Office, the bureau was constituted as follows:

Chairman:	Dr Victor Mukonka, Director, Public Health and Research, Zambia
Vice-Chairman:	Dr Souleymane Sanou, Director-General, Ministry of Health, Burkina Faso
Rapporteurs:	Prof Emmanuel Kaijuka, Commissioner of Health, Uganda (for English)

Dr Moussa Mohamed, Director, Ministry of Health, Comoros (for French)
Dr Ildo Carvalho, Technical Advisor, Ministry of Health, Cape Verde (for Portuguese).

10. The list of participants is attached as Annex 1.

11. The Chairman thanked the members of the Programme Subcommittee for the confidence placed in him and emphasized that he would depend on the valued guidance and experience of the members to meet the objectives of the meeting. He thanked the Regional Director and the Secretariat for the preparations made for the meeting.

12. The agenda (Annex 2) and the programme of work (Annex 3) were adopted without any amendments. The following working hours were then agreed upon:

9.00 a.m.–12.30 p.m., including a 30-minute tea/coffee break
12.30 p.m.–2.00 p.m. lunch break
2.00 p.m.–5.30 p.m.

ACTIONS TO REDUCE THE HARMFUL USE OF ALCOHOL
(document AFR/RC58/PSC/3)

13. Dr Matshidiso Moeti of the Secretariat introduced the document entitled "Actions to reduce the harmful use of alcohol." The main objective of the document was to update Member States on current knowledge on the harmful use of alcohol in the African Region and to propose actions to address it.

14. The document noted that building a general agreement on these actions would allow countries to take action to address the issue at the national level and would provide solid inputs for regional and global strategies to be submitted to the fifty-ninth session of the Regional Committee for Africa, in 2009, and at the Sixty-third World Health Assembly in 2010, as requested by Member States.

15. The disease burden attributable to harmful use of alcohol is significant in the African Region, and countries have reported increases in consumption and changes in drinking patterns among adolescents. In addition, the gap between men and women regarding heavy alcohol consumption seemed to be narrowing, and there was no control over informal and illicit alcohol production and distribution.

16. The main challenges noted were the under-recognition of the extent of the public health problems caused by harmful use of alcohol at physical, social and economic levels; lack of regular surveillance and information systems; low budgetary allocation for information and advocacy campaigns; and insufficient initiatives for capacity building.

17. Proposed actions included comprehensive evidence-based policy measures and feasible cost-effective interventions such as strengthening political commitment and partnerships; strengthening community action and health sector response; establishment of alcohol information and surveillance systems; regulation of alcohol availability and marketing; increases in taxes and prices; and enforcement of drinking and driving laws.

18. Members of the Programme Subcommittee commended the Secretariat for a well structured document which highlighted the harmful use of alcohol, not only as a social and cultural issue,

but also as a growing public health problem. Members reiterated the need to have national health surveillance systems that would provide information on the magnitude and trends of the problem in the Region. They also highlighted the challenges related to implementing interventions aimed at the reduction of alcohol consumption as well as the effects, including the social and cultural aspects of alcohol. They called for sustained and intersectoral collaboration and alliances of all stakeholders.

19. The Programme Subcommittee members noted that the development of national policies on alcohol would facilitate awareness creation and involvement of all stakeholders at the national level. They observed that there were similarities in the problems associated with tobacco and alcohol in national responses.

20. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate for finalization of the document.

21. The Regional Director reiterated the need for Member States to fully participate in the global survey on alcohol, to establish mechanisms to generate appropriate data and evidence, and to provide additional input into the preparation of the global strategy on harmful use of alcohol.

22. The Programme Subcommittee agreed to submit the amended document to the Regional Committee at its fifty-eighth session.

CANCER PREVENTION AND CONTROL: A STRATEGY FOR THE WHO AFRICAN REGION (document AFR/RC58/PSC/4)

23. Dr Matshidiso Moeti of the Secretariat introduced the document entitled “Cancer prevention and control: a strategy for the WHO African Region.” The document defined cancer; gave an update on the cancer situation in the African Region; and stressed the need for consensus on the proposed set of public health interventions and their implementation to actively contribute to the reduction of cancer at national, regional and global levels.

24. It was noted that information on cancer burden and pattern in the Region was scarce. In 2002, Globocan recorded 582 000 cases of cancer in Africa; this number was expected to double in the next two decades if interventions were not intensified and scaled up. This situation was mainly due to infectious agents, tobacco, alcohol use, unhealthy diet, physical inactivity and environmental pollution. Most patients had no access to cancer services, which mainly treat cancers at advanced stage. Many patients were referred abroad, which was very costly.

25. While the cancer burden and risk factors in the Region were increasing, too little was invested in cancer prevention. Health systems were not well prepared to combat the threat of cancer. Although various guidelines and strategic documents existed to address the problem of cancer, this strategy was prepared as a single guidance document for Member States.

26. The proposed priority interventions included cancer prevention and control policies; legislation; capacity-building and health promotion; comprehensive national cancer prevention and control programmes; mobilization and allocation of resources; partnerships and coordination; strategic information; surveillance; and research.

27. Members of the Programme Subcommittee welcomed the document and commended the Secretariat for its pertinence and quality. They recognized the importance of Resolution WHA58.22 on cancer prevention and control to the Region; they underscored the need to ensure

availability, affordability and accessibility of medicines for cancer treatment and to establish subregional reference centres to service countries with limited diagnostic and treatment facilities. This will reduce the high costs related to referrals overseas. Health systems need to be strengthened to improve screening, early detection, diagnosis and treatment capacities, including maintenance of equipment at all levels.

28. It was recommended that advocacy efforts for additional resources should be intensified; and intersectoral cooperation and collaboration should be strengthened, including partnerships with the International Atomic Energy Agency (IAEA). Such interventions would ensure application of up-to-date methodologies for diagnosis, care and treatment, as well as support countries to establish regulatory bodies.

29. Members of the Programme Subcommittee also recommended the sensitization of communities to facilitate early detection to reduce associated cancer morbidity and mortality, and improvement of the quality of palliative care for advanced cases of cancer. Efforts need to be made to provide suitable vaccines for prevention of infectious diseases associated with cervical cancer.

30. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate for submission to the Regional Committee at its fifty-eighth session.

WOMEN'S HEALTH IN THE WHO AFRICAN REGION: A CALL FOR ACTION
(document AFR/RC58/PSC/5)

31. Dr Tigest Ketsela of the Secretariat introduced the paper entitled "Women's health in the WHO African Region: a call for action." Women must be in a state of complete physical, mental and social well-being in order to undertake their numerous responsibilities. This was underscored during the United Nations Decade for Women (1975–1985) and at various international gatherings on population and development.

32. Unfortunately, the huge majority of African women are still unaware of their rights to health, education and life as they continue to be victims of sociocultural discrimination; harmful traditional practices such as female genital mutilation (FGM); gender-based violence; food taboos; forced marriages; and early, unwanted and excessive pregnancies. These, coupled with the weakness of health systems, are at the root of the high maternal mortality in sub-Saharan Africa.

33. Several efforts have been made to address the high maternal mortality and morbidity in the African Region, including the adoption of a strategy on adolescent health in 2001, a Road Map for accelerating the attainment of the MDGs related to maternal and child mortality in 2004, a strategy on women's health in 2005, and a child survival strategy in 2006. In addition, the WHO Director-General in November 2006 declared a focus on, amongst others, the health of women.

34. Despite these efforts, very few countries have developed specific policies and programmes on women's health: 57% of women lack access to assisted deliveries by qualified staff, progress in eliminating female genital mutilation is slow in several countries, and average life expectancy at birth for women is only 51 years. Competing priorities, poverty, recurrent conflicts and misunderstanding of women's roles hamper the allocation of adequate resources for women's health.

35. Proposed actions to improve women's health include the formulation or review of national policies and programmes based on national women's health profiles; development and implementation of adolescent-friendly programmes; scaling up of essential interventions related to women's health; strengthening of the capacity of women, families and communities; setting up of multidisciplinary teams composed of experts in health, gender and human rights; development of an integrated communication plan; and mobilization of sufficient resources for effective implementation of essential women's health interventions.

36. Members of the Programme Subcommittee underscored the urgent need to address the slow progress in improving women's health, in particular in reducing maternal mortality rates. They observed that what needs to be done is already known and that what is required is to be more innovative, to identify what really works, and to mobilize resources to support implementation, including taking advantage of the opportunities offered by global health funding initiatives. There are countries that have made some progress in improving women's health; such success stories should be well documented and disseminated.

37. It was also observed that women's health required strong political commitment and synergic and coordinated actions, and that integration, intersectoral collaboration and partnerships should be strengthened, given that several vertical programmes were involved in this area.

38. Members of the Programme Subcommittee recommended that each country should develop and implement a road map for accelerating the attainment of MDGs related to maternal and newborn health and that the road maps should be guided by the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa.

39. It was also recommended that health systems should be strengthened, including investing more in institutional and human capacities, increasing training of midwives, improving the attitudes of staff, making available essential medicines, and strengthening referral systems. Communities should be mobilized, while ensuring the active involvement of men, and health insurance schemes should be promoted to reduce financial barriers for women accessing services. Schools should be used as forums for increasing youth awareness on both women's health and child health.

40. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate in the revised version.

41. The members of the PSC endorsed the Regional Director's proposal for the creation of a commission on women's health in Africa. The commission will, among others, analyse the situation of women's health in Africa, identify determinants, and gather evidence-based information for advocacy and resource mobilization.

42. The Programme Subcommittee agreed to submit the amended document and prepared a draft resolution (AFR/RC57/WP/1) on the subject for adoption by the Regional Committee at its fifty-eighth session.

STRENGTHENING PUBLIC HEALTH LABORATORIES IN THE WHO AFRICAN REGION: A CRITICAL NEED FOR DISEASE CONTROL (document AFR/RC58/PSC/6)

43. Dr Alimata Diarra-Nama of the Secretariat introduced the paper entitled "Strengthening public health laboratories in the WHO African Region: a critical need for disease control."

Laboratories play a critical role in disease control and prevention programmes through the provision of timely and accurate information for use in patient management and disease surveillance. For the purpose of case management, disease control and prevention, laboratories can broadly be divided into two groups—public health laboratories and clinical laboratories.

44. The paper reported that in the African Region, the situation of laboratory services was characterized by insufficient staffing, laboratory equipment and essential supplies. Since the adoption of the resolution on the regional strategy on integrated disease surveillance and response in 1998, a number of laboratory capacity-building activities have been implemented. These included the establishment of subregional and regional reference laboratories and various regional laboratory networks, implementation of external quality assessment schemes, and technical training for staff.

45. Despite the progress and efforts made to strengthen laboratory capacities in the Region, concerns and challenges remained. These included the low priority given to laboratory services by countries; lack of national policies and strategies for laboratory services; insufficient funding; inadequately trained laboratory staff; weak laboratory infrastructure; old or inadequately serviced equipment; lack of essential reagents and consumables; limited quality assurance and control protocols; and inadequate biosafety and biosecurity equipment and guidelines.

46. The proposed actions included the development of comprehensive national laboratory policy and formulation of national strategic plans; establishment and strengthening of national laboratory leadership, public health laboratory supply and distribution systems; monitoring and evaluation; extension of staff training and laboratory information systems; improvement of public health laboratory quality assurance systems; ensured maintenance of equipment; and increased funding for public health laboratory services.

47. Members of the Programme Subcommittee welcomed the document, taking into account the relevance of its content and the fact that it was the first time such a document was being presented to Member States. They recognized the continuing role that laboratories play in Integrated Disease Surveillance and Response and the need for national and regional reference laboratories. They expressed concern that in most countries laboratory services were considered together with pharmaceutical services, although each should be considered as a separate service. They observed that the availability of human and financial resources for laboratory services was a key challenge in most Member States. Members of the Programme Subcommittee reiterated the need for national public health laboratories to be seen as part of national health systems rather than separate autonomous entities.

48. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate in the revised version of the document.

49. The Regional Director informed the PSC of the efforts of the Secretariat in promoting the establishment of regional centres of excellence in order to boost regional capacity for disease surveillance, epidemic response, and food and drug regulatory functions. He acknowledged that the organization and designation of laboratories depended on the specific requirements of each Member State. He highlighted the importance of the functions of both public health laboratories and clinical laboratories.

50. The Programme Subcommittee agreed to submit the amended document and a draft resolution (AFR/RC57/WP/2) on the subject for adoption at the fifty-eighth session of the Regional Committee.

IODINE DEFICIENCY DISORDERS IN THE WHO AFRICAN REGION: SITUATION ANALYSIS AND WAY FORWARD (document AFR/RC58/PSC/7)

51. Dr Matshidiso Moeti of the Secretariat introduced the document entitled "Iodine deficiency disorders in the African Region: situation analysis and way forward." In the paper, iodine deficiency disorders (IDDs) referred to a wide range of health problems associated with iodine deficiency in a population. Iodine deficiency was caused by low dietary intake of iodine. The related problems, which include goitre, stillbirth, stunted growth (cretinism), thyroid deficiency and mental defects, were preventable by ensuring adequate intake of iodine. Pregnant women and young children living in IDD-affected areas were particularly at risk. In areas of severe iodine deficiency, cretinism affected 5% to 15% of the population.

52. Data from the WHO global database on iodine deficiency (2004) indicated that 54 countries worldwide had populations with insufficient iodine intake, and 14 of those countries were in the African Region. From 1997 to 2007 the percentage of households using iodized salt in the Region increased by 20%. However, only 5% of this increase was from 2001 to 2007 due to a decrease in IDD control efforts.

53. Although Africa has made some progress in IDD programmes, a number of challenges continued to hamper IDD elimination in the Region. These included ensuring long-term sustainability of salt iodization programmes and providing iodized salt for the entire target community.

54. It was stressed that in countries where IDD was of public health importance, there was need to enact and enforce salt iodization regulations. In addition, updated policies should clearly define the roles and responsibility of all stakeholders. The revised or new laws and policies needed to reflect the current level of iodization as recommended by the World Health Organization, United Nations Children's Fund and International Council for the Control of Iodine Deficiency Disorders.

55. Political support should be mobilized by engaging with legislators, government and the community. Political commitment needed to be sustained through continuous advocacy and effective partnership. Advocacy with key leaders at national and international levels needed to be strengthened. There was a need to mobilize the international community and public health authorities to keep the elimination of iodine deficiency disorder high on the international and national public health agenda.

56. Members of the Programme Subcommittee expressed the need to emphasize prevention at the consumption and food-preparation levels and to promote awareness creation, stressing that a multisectoral approach was important in addressing the issues. The role of cultural factors should be taken into account in communication and education interventions. They observed that the discussions constituted an opportunity to follow up on World Health Assembly resolutions WHA58.24 and WHA60.21 on sustaining the elimination of IDDs and to articulate further the Region's specific actions.

57. They recommended that issues relating to consumer resistance, informal trade in salt, health promotion, and regulations and mechanisms for monitoring the quality of salt from informal sources and of iodized salt should be better addressed in the document, and that best practices in elimination of IDD should be documented and shared with countries in the Region.

58. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate in the amended version.

59. The Secretariat reminded members of the Programme Subcommittee that in 2005 and 2007 resolutions were adopted at the World Health Assembly calling for sustained action towards elimination of IDD.

60. The Programme Subcommittee agreed to submit the amended document to the Regional Committee at its fifty-eighth session.

PATIENT SAFETY IN AFRICAN HEALTH SERVICES: ISSUES AND SOLUTIONS
(document AFR/RC58/PSC/8)

61. Dr Alimata Diarra-Nama of the Secretariat introduced the document entitled "Patient safety in African health services: issues and solutions." The paper reported that a patient safety practice referred to a type of process or structure which reduced the probability of adverse events resulting from exposure to the health-care system across a range of diseases and procedures. It aimed at making health care safer for clients and staff alike. Medical errors could result in numerous preventable injuries and deaths.

62. In the African Region, understanding of the extent of the problems associated with patient safety was hampered by inadequate data. However, prevalence studies on hospital healthcare-associated infection from some African countries reported high infection rates as high as 18.9%, with surgical patients the most frequently affected.

63. Most countries lacked national policies on safe health-care practices. Inappropriate funding; unavailability of critical support systems, including strategies, guidelines and tools; and patient safety standards remained major concerns in the Region. Weak health-care delivery systems, including suboptimal infrastructure, poor management capacity and under-equipped health facilities, have brought about a situation where the likelihood of adverse events was high.

64. The major concerns were: implementation of blood safety procedures; the overuse, under-use or misuse of medicines; poor health-care waste management; unsafe surgical care; shortages of human resources; low level of staff preparedness and lack of continuing medical education; serious risk of infection from blood-borne pathogens; lack of safety partnerships involving patients and civil society; and inadequate data on patient issues.

65. Proposed actions to improve patient safety included development and implementation of national policies and standards for patient safety; measuring the magnitude of the issues; improving the knowledge base and learning in patient safety; raising awareness and involving civil society; addressing the context in which health services and systems were being developed; minimizing healthcare-associated infections; promoting partnerships; providing adequate funding; and strengthening surveillance and research capacity.

66. Members of the Programme Subcommittee observed that one of the reasons for underutilization of health services was the poor quality of health care, and that better remuneration and improvement in the workplace environment were factors that could improve attitudes of health workers. They expressed the need to involve patients and civil societies in any discussion about establishing procedures related to patient safety.

67. They recommended that a body be created within ministries of health to promote and monitor patient safety, and to coordinate the updating of norms, standards and codes of ethics on patient safety. Sensitization on patient safety among health workers should be promoted, and patient safety should be included in the curriculum of health-related training institutions. More attention should be given to blood transfusion, handling of blood in hospitals and waste management.

68. Members of the Programme Subcommittee reiterated the need to increase accessibility to quality medicines in order to reduce self medication that might lead to harmful effects, and to strengthen legislation to control the quality of medicines. They also stressed the importance of Resolution WHA55.18 on patient safety and quality of care.

69. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate in a revised version.

70. The Secretariat informed members of the Programme Subcommittee that during the fifty-eighth session of the Regional Committee in Yaounde, a special meeting on patient safety would be held in collaboration with the International Alliance for Patient Safety.

71. The Programme Subcommittee agreed to submit the amended document to the Regional Committee at its fifty-eighth session.

IMPLEMENTATION OF THE REGIONAL ORAL HEALTH STRATEGY: UPDATE AND WAY FORWARD (document AFR/RC58/PSC/9)

72. Dr Matshidiso Moeti of the Secretariat introduced the document entitled “Implementation of the Regional Oral Health Strategy: update and way forward.” In 1998, the WHO Regional Committee for Africa adopted a ten-year (1999–2008) regional strategy for oral health. The strategy emphasized the most severe oral health problems in the Region and discussed five priorities: development and implementation of national strategies; integration of oral health into health programmes; service delivery; a regional education and training approach; and development of an oral health management information system.

73. Since the adoption of the regional strategy, significant progress has been made by Member States. However, many issues and challenges persisted. These were related to oral health programmes; oral health care services; preventive and preservative dental care; inadequate facilities and equipment; low and inadequate resource allocation; and training of health workers. In addition, national health information systems have been weak, resulting in lack of reliable data and no specific operational research in oral health.

74. The implementation of the regional strategy should be intensified through the following actions: strengthening political commitment and national coordination of oral health programmes; developing and implementing promotion programmes; increasing resource allocation for oral disease prevention and control activities; investing in appropriate capacity-building; developing and strengthening surveillance systems; encouraging research to provide evidence on the cost-effectiveness of oral health interventions; and strengthening partnerships.

75. Members of the Programme Subcommittee commended the Secretariat on the relevance of the subject matter and the quality of the document. They underscored the importance of integrating oral health into primary health care programmes, while emphasizing the primary and secondary prevention aspects. They also stressed the need to draw the attention of Member States to the problems associated with excessive use of fluoride and the necessity of conducting research

on the subject. The PSC members recommended that the document be regarded as a way to implement World Health Assembly Resolution WHA60.17 on oral health, focusing on actions that consider the specific contexts of Member States. They also recommended that more prominence be given to noma because of its mutilating, social and economic impacts.

76. Members of the Programme Subcommittee made specific recommendations on the content and formulation of the document which the Secretariat agreed to incorporate for submission to the Regional Committee at its fifty-eighth session.

DISCUSSION OF DRAFT RESOLUTIONS

77. The following draft resolutions were discussed:

(a) AFR/RC58/PSC/WP/1 Women's health in the WHO African Region: a call for action;

(b) AFR/RC58/PSC/WP/2 Strengthening public health laboratories in the WHO African Region: a critical need for disease control;

(c) AFR/RC58/PSC/WP/3 The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving better health for Africa in the new millennium.

78. Members of the Programme Subcommittee made specific amendments which were incorporated in the draft resolutions as attached in Annex 4 for submission at the fifty-eighth session of the Regional Committee for adoption.

79. The Programme Subcommittee agreed to submit the amended draft resolutions for adoption by the Regional Committee at its fifty-eighth session.

80. The Programme Subcommittee also reviewed and recommended the draft agenda of the fifty-ninth session of the Regional Committee for consideration by the Regional Committee at its fifty-eighth session.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE
(document AFR/RC58/PSC/10)

81. After review, discussions and amendments, the Programme Subcommittee adopted the report as amended, for submission to the Regional Committee at its fifty-eighth session in September.

ASSIGNMENT OF RESPONSIBILITIES FOR THE PRESENTATION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE TO THE REGIONAL COMMITTEE

82. The Programme Subcommittee decided that the Chairman and the Vice-Chairman would present the report to the Regional Committee.

CLOSURE OF THE MEETING

83. The Chairman thanked the Programme Subcommittee members for their very active and constructive participation in the deliberations. He also thanked the Secretariat for the well researched and articulated documents and overall facilitation. In addition, he thanked the Regional Director for the strategic directions he provided during the deliberations of the PSC.

84. The Chairman informed the participants that the Programme Subcommittee memberships held by Algeria, Angola, Benin, Uganda, Zambia and Zimbabwe had come to an end. He thanked them for their valuable contributions to the work of the Programme Subcommittee and informed participants that they will be replaced by the Gambia, Ghana, Guinea, Lesotho, Madagascar and Malawi. On behalf of the outgoing members of the Programme Subcommittee, the Chairman thanked the Secretariat for facilitating their work and for the technical assistance offered to countries.

85. In his closing remarks, the Regional Director thanked the Chairman for his tactfulness and diplomacy in steering the deliberations of the Programme Subcommittee to a very successful outcome. He also thanked the members for their contributions and inputs which contributed to the improvement of the technical papers and resolutions to be submitted to the Regional Committee. He observed that the Region abounds in high-quality technical expertise and technologies for addressing health problems; however, there was further need for a clear vision, mobilization of additional resources and more efficient management to improve health services delivery, particularly at local levels. He also thanked the members of the Programme Subcommittee for reviewing the draft agenda for the fifty-ninth session of the Regional Committee.

86. The Regional Director thanked the Secretariat and the interpreters for their excellent contributions to the work of the Programme Subcommittee.

87. The Chairman then declared the meeting closed.

ANNEX 1

LIST OF PARTICIPANTS

ALGERIA

Prof. Kheirreddine Khelfat
Conseiller Chargé d'Etudes et de Synthèse
Ministère de la Santé

ANGOLA

Dra. Elsa Maria da Conceiçao Ambriz
Ponto Focal para o Dossier da OMS no
Gabinete do Ministro
Ministério da Saúde, Luanda

BENIN

Dr Benoit Faïhun
Secrétaire général du Ministère
Ministre de la Santé, Bénin

BOTSWANA

Dr Shenaaz El-Halabi
Director Public Health

BURKINA FASO

Dr Souleymane Sanou
Directeur général de la santé
Ministère de la Santé

BURUNDI

Dr Jean Kamana
Conseiller à la Direction Générale de la Santé Publique

CAMEROON

Dr Boubakari Yaou
Inspecteur Général des services
Administratifs au Ministère de la Santé

CHAD

Dr Ali Mahamat Moussa
Coordonnateur Adjoint du Programme
National de Lutte contre le SIDA

CENTRAL AFRICAN REPUBLIC

Dr Jean Pierre Banga-Mingo
Chargé de Mission, Responsable de Suivi du
Deuxième Plan de Développement Sanitaire II

COMOROS

Dr Mohamed Moussa
National Director of Health

CONGO

Dr Damase Bodzongo
Directeur General de la Santé

COTE D'IVOIRE

Dr Trouin Félix Bledi
Directeur de Cabinet Adjoint du
Ministère de la Santé et de l'Hygene Publique

UGANDA

Prof. Mutabaazi Emmanuel Kaijufa
Commissioner for Health Services
Ministry of Health

ZAMBIA

Dr Victor M. Mukonka
Director Public Health & Research,
Ministry of Health, Lusaka

ZIMBABWE

Dr Stanley M. Midzi
Deputy, Director Disease Prevention and Control, Harare

EXECUTIVE BOARD MEMBER

Dr Djibo Ali
Directeur général de la Santé, Niger

ANNEX 2

AGENDA

1. Opening Ceremony
2. Election of the Chairman, the Vice-Chairman and the Rapporteurs
3. Adoption of the agenda (document AFR/RC58/PSC/1)
4. Actions to reduce the harmful use of alcohol (document AFR/RC58/PSC/3)
5. Cancer prevention and control: A strategy for the WHO African Region (document AFR/RC58/PSC/4)
6. Women's health in the WHO African Region: A call for action (document AFR/RC58/PSC/5)
7. Strengthening public health laboratories in the WHO African Region: A critical need for disease control (document AFR/RC58/PSC/6)
8. Iodine deficiency disorders in the WHO African Region: Situation analysis and way forward (document AFR/RC58/PSC/7)
9. Patient safety in African health services: Issues and solutions (document AFR/RC58/PSC/8)
10. Implementation of the regional oral health strategy: Update and way forward (document AFR/RC58/PSC/9)
11. Discussion of draft resolutions
12. Adoption of the report of the Programme Subcommittee (document AFR/RC58/PSC/10)
13. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
14. Closure of the meeting.

ANNEX 3

PROGRAMME OF WORK

DAY 1: TUESDAY, 10 JUNE 2008

9.00 a.m.–9.30 a.m.	*Registration of participants*	
9.30 a.m.–10.15 a.m.	**Agenda item 1**	Opening Ceremony
10.15 a.m.–10.25 a.m.	**Agenda item 2**	Election of the Chairman, the Vice-Chairman and the Rapporteurs
10.25 a.m.–11.00 a.m.	(*Group photo+Tea bre*ak)	
11.00 a.m.–11.10 a.m.	**Agenda item 3**	Adoption of the agenda (document AFR/RC58/PSC/1)
11.10 a.m.–12.30 p.m.	**Agenda item 4**	Actions to reduce the harmful use of alcohol (document AFR/RC58/PSC/3)
12.30 p.m.–2.00 p.m.	*Lunch Break*	
2.00 p.m.–3.30 p.m.	**Agenda item 5**	Cancer prevention and control: A strategy for the WHO African Region (document AFR/RC58/PSC/4)
3.30 p.m.–4.00 p.m.	*Tea break*	
4.00 p.m.–5.30 p.m.	**Agenda item 6**	Women's health in the WHO African Region: A call for action (document AFR/RC58/PSC/5)
5.30 p.m.	End of day session	
6.00 p.m.	***Reception***	

DAY 2: WEDNESDAY, 11 JUNE 2008

9.00 a.m.–10.30 a.m.	**Agenda item 7**	Strengthening public health laboratories in the WHO African Region: A critical need for disease control (document AFR/RC58/PSC/6)
10.30 a.m.–11.00 a.m.	*Tea Break*	
11.00 a.m.-12.30 p.m.	**Agenda item 8**	Iodine deficiency disorders in the WHO African Region: Situation analysis and way forward (documents AFR/RC58/PSC/7)
12.30 p.m.–2.00 p.m.	*Lunch Break*	
2.00 p.m.–3.30 p.m.	**Agenda item 9**	Patient safety in African health services: Issues and solutions (document AFR/RC58/PSC/8)
3.30 p.m.–4.00 p.m.	*Tea break*	
4.00 p.m.–5.30 p.m.	**Agenda item 10**	Implementation of the regional oral health strategy: Update and way forward (document AFR/R58/PSC/9)
5.30 p.m.	End of day session	

DAY 3: THURSDAY, 12 JUNE 2008

9.00 a.m.–10.30 a.m.	**Agenda item 6 (cont'd)**	Women's health in the WHO African Region: A call for action (document AFR/RC58/PSC/5)
10.30 a.m.–11.00 a.m.	*Tea Break*	
11.00 a.m.–12.30 p.m.	**Agenda item 12**	Discussion of draft resolutions
12.30 p.m.–2.00 p.m.	*Lunch break*	
2.00 p.m.	*Preparation of the Report of the Programme Subcommittee*	

DAY 4: FRIDAY, 13 JUNE 2008

10.00 a.m.–11.00 a.m.	**Agenda item 12**	Adoption of the report of the Programme Subcommittee (document AFR/RC58/PSC/10)
11.00 a.m.–11.30 a.m.	**Agenda item 13**	Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
	Agenda item 14	Closure of the meeting.

ANNEX 4: DRAFT RESOLUTIONS

AFR/RC58/WP/1: Women's health in the WHO African Region: a call for action

The Regional Committee,

Recognizing that women must be in a state of complete physical, mental and social well-being to be able to carry out their numerous and important responsibilities in the society and contribute to national development;

Recalling the Universal Declaration on Human Rights; the Convention on the Elimination of All Forms of Discrimination against Women, and the Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly;

Bearing in mind the various WHO Regional Committee resolutions pertaining to women's health and development, including Resolution AFR/RC53/4: Women's health: a strategy for the African Region, 2003 and Resolution AFR/RC54/R9: Road Map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa, 2004;

Concerned that despite the numerous efforts by Member States in the past to improve women's health, the overall progress has been negligible in the Region;

Deeply concerned that: 1 out of every 26 women is at risk of dying during childbirth in countries in sub-Saharan Africa compared to 1 woman out of every 7300 in developed countries; 13 out of the 14 countries where maternal mortality is above 1000 per 100 000 live births worldwide are in sub-Saharan Africa; over 57% of women in the African Region lack access to assistance by skilled birth attendants during childbirth; and female genital mutilation affects 100–140 million women and girls today;

Alarmed that although sub-Saharan Africa requires a 5.5% annual average reduction of maternal mortality in order to achieve Millennium Development Goal 5, the actual annual average reduction over 15 years between 1990 and 2005 was only 0.1%;

Noting that underdevelopment of health systems and their weaknesses are at the root of the high maternal mortality in sub-Saharan Africa;

Recalling the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa that seeks to strengthen health systems using the primary health care approach;

Aware that women continue to suffer from sociocultural discrimination; low economic status; harmful traditional practices such as female genital mutilation; sexual and gender-based violence; taboos; forced marriages; early, unwanted pregnancies; HIV and other STIs;

Recognizing that women are adversely affected by political and social instability, food insecurity, poverty, and natural and man-made disasters;

Deeply concerned that resources allocated to women's health in general and maternal health in particular are far below what is required to make significant impact towards achieving MDG3 and MDG5;

Mindful that women's health issues are complex and require multisectoral and concerted actions involving the public and private sectors, nongovernmental organizations, communities, families, women themselves and active involvement of men;

Having reviewed the document "Women's health in the WHO African Region: a call for action" as well as the report of the Programme Subcommittee relating thereto:

1. ENDORSES the report on women's health in the WHO African Region;

2. URGES Member States:

(a) to strengthen existing high-level multisectoral institutional bodies to advocate for and monitor issues related to women's health and empowerment, education of the girl-child, and poverty reduction strategies, including women's health-related actions of various sectors with the involvement of local government authorities;

(b) to build institutional capacity for implementing women's health interventions by establishing effective multisectoral coordination mechanism through nomination of a women's health focal person in each government ministry and department which has an influence on women's welfare and health and by setting up a women's health multisectoral, multidisciplinary technical group with clear terms of reference;

(c) to affirmatively increase national resources to implement national policies and strategies for women's health by allocating specific funds for women's health; adopting and implementing policies to address financial barriers to women's access to health care; and developing and implementing human resources for health policies that increase the availability of health workers providing maternal health services, especially in rural and underserved areas;

(d) to consider, in women's health policies, the prevention of early and forced marriages, gender-based violence and all forms of discrimination against women, and adopt and enforce relevant legislation;

(e) to strengthen partnerships with women's rights groups, including community-based organizations, nongovernmental organizations and womens' associations, and integrate women's health issues into their agendas;

(f) to develop and implement national Road Maps to accelerate the reduction of maternal and newborn mortality in line with Resolution AFR/RC54/R9 entitled "Road Map for Accelerating the Attainment of Millennium Development Goals Relating to Maternal and Newborn Health in Africa";

(g) to use the primary health care approach to deliver women's health-related interventions with strong community participation and ownership and active male involvement to improve utilization of services by pregnant women;

(h) to strengthen the integration of family planning, malaria control in pregnancy, nutrition and prevention of mother-to-child transmission of HIV into maternal and child health services and diversify entry points for women's health interventions in existing services to improve effectiveness and efficient use of resources;

(i) to scale up essential interventions related to women's health throughout their life cycle;

(j) to develop an integrated communication plan for better understanding of women's roles in society, and for promoting change of behaviour and attitudes towards women's health;

(k) to promote research on issues specific to women's health to generate evidence for informed policy actions and programmes;

3. DECLARES 4 September as Women's Health Day in the African Region;

4. REQUESTS the Regional Director:

(a) to strengthen advocacy for increased resources for women's health in general and for reduction of maternal and neonatal mortality in particular;

(b) to continue providing technical guidance to Member States to address women's health policies and priority interventions, and document and share best practices;

(c) to pursue partnerships with other relevant UN Agencies such as UNDP, UNESCO, UNICEF, UNFPA and UNIFEM to advocate for girls' education and for the socioeconomic empowerment of women and improvement of women's health throughout their life cycle;

(d) to establish a Commission on Women's Health to generate evidence on the role of improved women's health in socioeconomic development for improved advocacy and policy action;

(e) to establish a monitoring and evaluation mechanism in collaboration with the African Union and regional economic communities;

5. APPEALS to other international health partners:

(a) to recognize women's health as a priority in the African Region and establish innovative mechanisms for increased investment in maternal and newborn health services;

(b) to align women's health programmes and funding to national policies and priorities in line with the Paris Declaration on Aid Effectiveness, Alignment and Harmonization.

AFR/RC58/WP/2: Strengthening public health laboratories in the WHO African Region: a critical need for disease control

The Regional Committee,

Aware of the crucial role that laboratories play in disease prevention, control, alert and response to epidemics and health research;

Acknowledging the important role of laboratories in Integrated Disease Surveillance and implementation of the International Health Regulations;

Concerned about the frequent occurrence of outbreaks in the Region that are not immediately detected and responded to due to inadequate laboratory capacities;

Recognizing the weak organizational, financial and human resource capacity and low investment in laboratory services;

Concerned about the unclear oversight arrangement and the role of laboratory services within the national health systems in some Member States;

Cognizant of the need for Member States to ensure availability of quality laboratory services;

Acknowledging the need for national laboratory policies to guide the development and proper functioning of national laboratory networks in Member States;

1. ENDORSES the report of the Regional Director on strengthening public health laboratories in the WHO African Region;

2. URGES Member States:

   (a) to develop or strengthen comprehensive national laboratory policies that should focus on laboratory functions, organization, structures, networking, coordination, technologies, maintenance, biosafety, biosecurity and quality management;

   (b) to ensure adequate funding for public health laboratory services from all available government budgetary means;

   (c) to use the existing opportunities of global health funding mechanisms to mobilize required resources for laboratory services in support of public health programmes such as Integrated Disease Surveillance, International Health Regulations, disease prevention and control, and epidemic response;

   (d) to develop plans to fully equip and staff national public health reference and clinical laboratories;

   (e) to assign specific responsibilities to national public health reference laboratories related to the technical coordination, quality assurance, training and support to peripheral laboratories;

   (f) to strengthen the public health laboratory supply and distribution system in order to ensure continuous availability of laboratory equipment, reagents and supplies;

(g) to support national public health laboratories to develop capacity for quality management, disease prevention and control, alert response to epidemics and health research;

(h) to strengthen laboratory human capacity at all levels by identifying and addressing laboratory training and continuing education needs, as well as developing mechanisms to minimize the brain drain of laboratory personnel;

(i) to ensure preventive and curative maintenance of laboratory equipment by training biomedical engineers and technicians, and strengthening laboratory staff capacity to perform preventive maintenance;

(j) to strengthen laboratory management information systems that will allow for the collection of regular and accurate data for use in monitoring, evaluating and planning of quality laboratory services;

3. REQUESTS the Regional Director:

(a) to provide technical support for the development of national laboratory policies, plans, norms and standards;

(b) to promote the establishment and networking of national and regional public health reference laboratories;

(c) to support Member States in mobilizing, accessing and sustaining resources required to strengthen laboratory services;

(d) to report to the Regional Committee at its sixty-first session (in 2011) on the progress in implementing this resolution.

AFR/RC58/WP/3: The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving better health for Africa in the new millennium

The Regional Committee,

Recalling the adoption of the Alma-Ata Declaration on Primary Health Care in 1978;

Reaffirming the commitment to the attainment of the health-related Millennium Development Goals;

Realizing the importance of the Primary Health Care approach for the achievement of the health-related Millennium Development Goals;

Reaffirming that health is a fundamental human right and that governments are responsible for the health of their people;

Recognizing the importance of the involvement and empowerment of communities in health development;

Recognizing the importance of a concerted partnership, in particular, civil society, private sector and development partners to translate commitments into action;

Noting the strong interrelationship among health determinants such as economic development, governance, education, gender, food security and nutrition, environment, peace and security;

Noting the urgent need to address the financial gap of the health sector and the critical shortage of skilled human resources for health;

Recognizing that scaling up essential health interventions requires improved performance of health systems that are able to deliver quality health care to communities, families and individuals;

1. ENDORSES the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium;

2. URGES Member States to:

   (a) Take appropriate action to update their health policies and related plans in line with the Ouagadougou Declaration on Primary Health Care and Health Systems;

   (b) To establish a national framework for the implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems;

3. REQUESTS the Regional Director in collaboration with the African Union and other development partners to promote the Ouagadougou Declaration on Primary Health Care and Health Systems and conduct a process of elaboration and adoption of a framework for its implementation.