



**REGIONAL COMMITTEE FOR AFRICA**

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**STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE TO THE  
SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE**

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 9 to 13 July 2012 and in Luanda, Republic of Angola, from 18 to 19 October 2012. The second meeting of the Programme Subcommittee was convened to deliberate on matters arising from the Sixty-fifth World Health Assembly and the Executive Board. Overall, the two meetings reviewed **10 technical and health matters** and **3 programme and budget matters**. This report summarizes the main outcomes of the two meetings.

**Opening**

2. In opening the meetings, the Regional Director reminded the members of the PSC of their terms of reference including ensuring that the Working Documents provided for the Regional Committee met the public health needs of the people of the WHO African Region. In addition, the PSC also advises the Regional Director on any public health matters requiring decision(s) from the Regional Committee. The second meeting of the PSC was opened by the Honourable Minister of Health of the Republic of Angola, Dr José Vieira Van-Dúnem.

**Technical and health matters**

3. Members of the Programme Subcommittee discussed a *strategy for disaster risk management for the health sector in the African Region*. The aim of the strategy is to contribute to human security and development through improving the health sector's management of disaster risks, including providing a comprehensive health response to emergencies and disasters. The Subcommittee reiterated the need to link disaster risk management with the African Public Health Emergency Fund.

4. In reviewing the *Road map for scaling up human resources for health for improved health services delivery in the African Region*, the PSC noted that the road map is expected to guide countries in undertaking actions to scale up relevant interventions and speed up progress in producing and appropriately managing sufficient and adequately available skilled health workers. The PSC suggested that more emphasis be put on the capacity to manage human resources in general and the production, retention and re-attraction of health workers in particular including improving their working conditions.

5. With regard to the *strategy for health promotion for the African Region*, members of the Programme Subcommittee suggested that more emphasis be placed on communication for social mobilization, the linkages between health promotion and the social determinants of health and primary health care, and the roles of households and communities.

6. In discussing the approaches to *optimizing Global Health Initiatives (GHIs) to strengthen national health systems*, the PSC observed that the ability of GHIs to raise and disburse additional funds to support disease control and strengthen health systems provides a unique opportunity for countries to fill critical funding gaps in addressing their health development priorities. The PSC underscored the need for Member States to increase domestic investments in health systems including achieving the Abuja target of allocating 15% of national budget to health, in order to enhance sustainability.

7. The meeting reviewed a *strategy for HIV/AIDS for the African Region*. The strategy provides directions for implementing the Global Health Sector Strategy on HIV/AIDS 2011–2015. The meeting suggested that the prevention aspects of the HIV response be highlighted, including biomedical interventions such as male circumcision and “Treatment as Prevention”. The PSC underscored the need for countries to continue mobilizing additional domestic and external resources and for full integration of HIV prevention, treatment and care interventions into health systems.

8. Members of the Programme Subcommittee reviewed the *situation of health and human rights in the African Region* and acknowledged that the Sixty-second session of the Regional Committee would be the first time the ministers of health would deliberate on the right to health, which is a necessary part of human rights. Members of the PSC stressed the need to create awareness on and mainstream a human-rights approach into all health policies and programmes, and address the needs of marginalized and vulnerable groups within the context of legal frameworks.

9. In reviewing the implementation of the *International Health Regulations (2005) in the African Region*, the PSC noted with concern that all the Member States had not attained the minimum IHR core competencies required for prompt detection of and effective response to public health emergencies of national and international concern. It was recommended that experiences and lessons from other WHO Regions guide implementation in the African Region, that capacity building efforts be intensified, and that actions related to IHR, Disaster Risk Management and Integrated Disease Surveillance and Response be integrated.

10. In discussing the *opportunities that the African Health Observatory and national health observatories provide to strengthen health information systems*, the Programme Subcommittee underscored the importance of ensuring the quality of the information and emphasized that the technology chosen must interoperate seamlessly with existing components of national health information systems and other ministry of health platforms. The PSC also highlighted the need to improve internet connectivity in countries.

11. The PSC reviewed the national and regional reports related to the *Follow-up of the Report of the Consultative Expert Working Group (CEWG) on Research and Development: financing and coordination*. The PSC agreed with nine CEWG recommendations shortlisted by the regional consultative meeting. Five of these were found to be feasible for the Region. These included open approaches to R&D through competitive research platforms and milestones; funding mechanisms through specific taxes; pooling resources for R&D in disease areas; strengthening R&D capacity and technology transfer; and coordination through putting in place a global R&D observatory. The PSC recommended that the ways and means for implementing the recommendations be made more elaborate in order to provide a clear way forward. Countries that had not conducted their national consultations were encouraged to do so. All countries were encouraged to participate in the “open-ended consultation” on research scheduled for November 2012 and to harmonize national regulatory mechanisms. In addition, all

countries were encouraged to speed up the implementation of the Global Strategy and Plan on Public Health Research and Intellectual Property.

12. In considering the *Brazzaville Declaration on Noncommunicable Diseases* (NCDs) that was adopted by the regional ministerial consultation on NCDs organized in April 2011 in Brazzaville, Congo, the PSC recommended that issues related to premature deaths and disabilities due to NCDs as well as national commitment to implement the Brazzaville Declaration be included.

### **Programme and budget matters**

13. Members of the Programme Subcommittee reviewed the implementation of the *WHO Programme Budget 2012-2013 in the African Region*, including the main achievements and related budget implementation levels. They noted with concern the slow rate at which the VC component of the budget was being mobilized as it could have serious implications for WHO's ability to effectively address the health needs and priorities of Member States in the Region. It was recommended that the Regional Office pursue efforts to strengthen partnerships for leveraging technical and financial resources for effective implementation of the Programme Budget.

14. In reviewing the *draft 12th General Programme of Work*, the PSC noted that the draft sets out a six-year (2014-2019) vision and mission for WHO, provides a framework for priority setting and accountability and serves as a means to support the implementation of the WHO reforms. The PSC further noted that the draft was work in progress and that a subsequent draft to be presented to the World Health Assembly would address the issue of resources. The conclusions and recommendations of the PSC regarding the various chapters of the draft General Programme of Work were summarized as an addendum and presented together with the main working document to the Sixty-second session of the Regional Committee for consideration.

15. The PSC reviewed the proposed *WHO Programme Budget 2014-2015* which presents a detailed analysis of what needs to be done to realize the health vision of the draft General Programme of Work 2014-2019 and is the primary instrument to express the full scope of work of the Organization during the biennium. The PSC expressed concern about the unavailability of information on the budget allocations and sources of funding to facilitate discussions at the Regional Committee. The observations and recommendations of the PSC on the proposed WHO Programme Budget 2014-2015 were summarized as an addendum and presented together with the main working document to the Sixty-second session of the Regional Committee for consideration.

### **Management matters**

16. The PSC also undertook a preliminary review of proposed *changes in the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee* in light of the reforms of WHO governance. The proposed changes are expected to be submitted to the Sixty-third session of the Regional Committee.

### **Conclusion**

17. In conclusion, members of the Programme Subcommittee are recommending 13 Working Documents to the Sixty-second session of the Regional Committee for consideration. Members of the Programme Subcommittee are also recommending eight draft resolutions to the Sixty-second session of the Regional Committee for consideration and adoption.