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

1. The Programme Subcommittee (PSC) met twice in Brazzaville, Republic of Congo, from 9 to 11 June 2014 and from 1 to 2 September 2014 respectively. The meetings reviewed six public health matters of regional concern and issues related to the WHO Programme Budget and other WHO reform matters. This statement summarizes the main outcomes of the two meetings.

**Opening remarks**

2. Opening the meetings, the Regional Director acknowledged the significant role members of the Programme Subcommittee had played over the years in the work of the Regional Committee. This includes conducting an in-depth analysis and proposing relevant recommendations on public health issues of importance to the African Region. The Regional Director reminded the meetings that the PSC comprised experts from 18 Member States and 3 Members of the Executive Board (EB) from the African Region. He called on the PSC to review the working documents and make concrete recommendations to the ministers of health for their consideration during the Sixty-fourth session of the Regional Committee.

**Technical and health matters**

3. Members of the Programme Subcommittee discussed the document entitled *Progress towards the achievement of the health-related Millennium Development Goals*. It was noted that countries in the African Region have made progress over the past ten years but most of them are still not on track to achieve the health MDGs. The PSC observed that implementation of the Luanda Commitment on Universal Health Coverage would contribute to accelerating progress towards achieving the MDGs and to the definition of the post-2015 development agenda. The members of the Subcommittee underscored the importance of leadership and political commitment and the need for increased resources, including from both domestic and external sources, to accelerate implementation of cost-effective interventions to help achieve the MDGs. They called on partners to further align their support to country priorities and on countries to efficiently utilize the available resources. The PSC recommended that increased attention be paid to multidisciplinary approaches and intersectoral collaboration to enhance the performance of health systems, including addressing the social determinants of health. The members of the Subcommittee recommended a document and a resolution on accelerating progress towards the achievement of the MDGs for consideration by the Sixty-fourth session of the Regional Committee.

4. The PSC reviewed the document entitled *Regional Strategic Plan for Immunization 2014 - 2020*. The Regional Strategic Plan aims at achieving universal immunization coverage in the Region. The PSC noted with concern that coverage of DPT3, which is a reflection of routine immunization, has remained around 70% for the past three years, and that gaps in immunization coverage have led to resurgence of measles and wild poliovirus outbreaks in some countries. The members called for increased government investments to strengthen health systems in order to sustain and expand immunization services. The PSC underscored the need to reach every child as part of the Reaching-Every-District approach and for communities to demand vaccination as a right. The PSC observed that funding for the introduction of new vaccines remains a challenge, especially for countries that are not eligible for GAVI support. The Subcommittee therefore called for increased advocacy to address this situation and to explore alternative mechanisms for supporting middle-income countries. The members of the Subcommittee recommended a document and a resolution on the Regional Strategic Plan for Immunization 2014-2020 for consideration by the Sixty-fourth session of the Regional Committee.

5. The PSC also discussed *the situation of viral hepatitis in the African Region*. The Subcommittee expressed concern about the very high burden of viral hepatitis in the African Region. The members of the PSC suggested that awareness of viral hepatitis among policy-makers, health workers and the general population be improved. They proposed that more emphasis be put on primary prevention, including the introduction of the birth dose of hepatitis B vaccine. They also recommended integrating activities for the prevention and control of viral hepatitis in existing systems and programmes such as HIV/AIDS, sexual and reproductive health, disease surveillance, blood safety, water and sanitation and health promotion. In addition, the PSC suggested advocating for additional resources and for reduction of the prices of the medicines available for hepatitis treatment. The members of the Subcommittee recommended a document and a resolution on viral hepatitis for consideration by the Sixty-fourth session of the Regional Committee.

6. In discussing the *implementation of the African Public Health Emergency Fund (APHEF)*, the PSC noted with satisfaction that the Fund was already operational and that Heads of State and Government at the 19th Ordinary Assembly of the African Union had endorsed its creation. The PSC, however, expressed concern that only eight Member States had so far made contributions to the Fund. The Committee recommended that continued advocacy be carried out and that regular updates on implementation be sent out to Member States as reminders to pay their contributions. The PSC suggested that countries create specific budget lines for the Fund in their ministry of health budgets to ensure that they contribute to the Fund. The PSC agreed that WHO should explore additional mechanisms to raise funds from potential contributors including the private sector and wealthy and willing entities in accordance with the WHO policy on engagement with non-State actors. The PSC further recommended that innovative financing approaches be harnessed for the above purpose. It was suggested that, given the delay in the African Development Bank taking up the Trusteeship responsibility, WHO should manage the Fund using its existing financial system. The members of the Subcommittee recommended a document and a resolution on accelerating the implementation of the APHEF for consideration by the Sixty-fourth session of the Regional Committee.

7. The PSC discussed the *Ebola virus disease (EVD) outbreak in West Africa*. The members expressed concern about the inadequacy of public awareness and the embedded cultural beliefs that have prompted resistance to uptake of interventions; the weakness of health systems and the high numbers of health workers infected, creating fear among them and further hampering the ability to provide adequate response; delayed response mounted in some of the affected countries; and the negative information of some media. They acknowledged the significant contributions made by

WHO and other partners in supporting the affected countries, including setting up of coordination centres, training of health workers on EVD prevention and control, deployment of experts and provision of Personal Protective Equipment (PPEs) and other equipment. They expressed concern about the closing of borders and echoed the view that the EVD outbreak was no longer a West African problem but an African problem adversely affecting the economic activities of countries. The PSC suggested that countries strengthen their preparedness and response plans including surveillance systems; reinforce the capacity of health workers to respond to the outbreak; strengthen cross-border collaboration and coordination; and promote research not only on the disease but also on potential medicines and vaccines. The PSC members also suggested that governments pay their contributions to the African Public Health Emergency Fund. The members of the Subcommittee recommended an updated document on intensifying the response to Ebola virus disease outbreak in West Africa for consideration by the Sixty-fourth session of the Regional Committee.

8. In discussing the *draft post-2015 Global Technical Strategy for malaria*, the PSC noted with satisfaction that the proposed document takes into consideration the different stages of control and elimination of malaria in the African Region. They observed that although the Vision and Goals are ambitious, they will be useful for motivating the programmes and mobilizing resources. The PSC stressed the need to strengthen cross-border surveillance and intersectoral collaboration; innovation and research including the development of vaccines, new medicines and insecticides in light of the emerging resistance; resource mobilization; impact of malaria control on other diseases such as dengue; and economic development. The PSC suggested that the document outlines country level base line indicators to be measured by 2015 and methods for collecting them. The members of the Subcommittee requested the Secretariat to submit a report on their deliberations directly to the WHO Global Malaria Programme.

### **Programme Budget matters**

9. Members of the Programme Subcommittee reviewed the document entitled *Implementation of the WHO 2014-2015 Programme Budget in the African Region*. The PSC noted that by July 2014, the total of funds received in the Region was US\$ 757.76 million out of the budget of US\$ 1.12 billion approved for the African Region, and that US\$ 341.55 million (i.e. 45% of the available resources) had been utilized. The PSC observed with concern that the African Region continues to be disproportionately funded across Categories and across Programmes within the same Category. It was indicated that although reporting by Member States on Direct Financial Cooperation (DFC) was improving, it continues to face a major challenge in meeting the compliance and oversight requirements and that this needed to be addressed in order to avoid compromising resource mobilization efforts. The PSC also recommended that African Member States participate in the Financing Dialogue that is expected to lead to greater predictability of funds and improved alignment of financing with the priority Categories/Programmes. The members of the PSC expressed the desire for better alignment of the approved budget with national priority programmes and recommended that the budget gaps across Categories and priority programmes be addressed through additional funding, in line with Article 50 of the WHO Constitution. The members of the Subcommittee recommended the document and a resolution for consideration by the Sixty-fourth session of the Regional Committee.

10. Members of the Programme Subcommittee also deliberated on the **WHO Draft Proposed WHO Programme Budget 2016-2017**. They noted that the draft PB is the first to reflect the WHO managements' efforts towards the reforms. The Programme Budget is structured according to the Categories of work and Programme areas outlined in the Twelfth General Programme of Work 2014–2019. In line with the aim of maintaining a stable budget over the period covering the Twelfth General Programme of Work, the draft Programme Budget is budgeted at US\$ 4171.3 million with an allocation of US\$ 1098.7 million to the African Region. The PSC expressed concern that activities in areas such as HIV/AIDS, tuberculosis and vaccine-preventable diseases would be scaled down as capacity at the country level increases. The PSC suggested that the Financing Dialogue should continue and synergies and complementarities with initiatives that have the potential to attract funding should be encouraged. The members of the Subcommittee recommended the document on the WHO Draft Proposed Programme Budget 2016-2017 for consideration by the Sixty-fourth session of the Regional Committee.

11. In their discussion on the proposals for **WHO strategic budget space allocation**, the members of the PSC noted that the objective of developing a strategic budget space allocation methodology is to define a more coherent way of allocating and optimizing the use of available resources as part of the WHO Reform. To that end, WHO's work has been divided into four operational segments – (i) Technical cooperation at country level; (ii) Provision of global and regional goods; (iii) Administration and management; and (iv) Emergency Response covering outbreak and crisis response and poliomyelitis eradication. For each segment, provisional criteria and approaches are proposed. The members agreed that in principle the objectives of the exercise were good. However, they expressed concern about the complexity of the proposed criteria and their application in the health sector, the limited availability and poor quality of data on the proposed indices and the possible negative implications for country allocations while the overall budget remains stable. They suggested the possibility of applying these criteria to any additional portions of the current budget. The members also suggested that different scenarios be developed with concrete country examples to demonstrate their potential impact on country allocations. They then recommended the document on WHO strategic budget space allocation for consideration by the Sixty-fourth session of the Regional Committee.

12. Within the context of WHO reforms, members of the Programme Subcommittee also discussed the **WHO Framework of engagement with non-State actors**. They agreed on the importance of WHO's engagement with a broad range of non-State actors based on a clear framework. The members agreed that the current draft Framework could be further improved in order to be adopted by consensus by the next World Health Assembly. Clarifications and proposals for improvements were made including issues regarding the understanding of the document, further elaboration on conflicts of interest, clarifications on boundaries notably concerning the alcohol and food industries, definition of actors, official relations, acceptance of donation of pharmaceutical products and technology transfers. Further detailed comments were noted by the Secretariat. Overall the members of the Subcommittee recommended the documents on the WHO Framework of engagement with non-State actors for consideration by the Sixty-fourth session of the Regional Committee that will be invited to provide a regional position towards subsequent global debates.

## **Conclusion**

13. In conclusion, the members of the Programme Subcommittee recommend nine working documents to the Sixty-fourth session of the Regional Committee for consideration. They are also recommending five draft resolutions — “Progress towards the achievement of the health-related Millennium Development Goals in the African Region”; “Regional Strategic Plan for Immunization 2014–2020”; “Viral hepatitis: situation analysis and perspectives in the African Region”; “African Public Health Emergency Fund: accelerating the progress of implementation”; and “Implementation of the Programme Budget 2014-2015 in the WHO African Region”, to the Sixty-fourth session of the Regional Committee for consideration and adoption.