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

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 16 to 19 June 2015. The meeting reviewed EIGHT public health matters of regional concern and issues related to the World Health Organization (WHO) Programme Budget. This statement summarizes the main outcomes of the meeting.

**Opening**

2. The Director of Programme Management, Dr Joseph Cabore, speaking on behalf of the Regional Director (RD), Dr Matshidiso Moeti, welcomed participants to the Programme Subcommittee (PSC) and, in particular, the newcomers, namely: the Democratic Republic of Congo, Equatorial Guinea, Ghana, Guinea, Mauritius and Mozambique. The session was attended by 17 Member States and one member of the Executive Board. Dr Cabore recalled the terms of reference of the PSC, highlighted health issues of concern in the African Region, including the Ebola outbreak and the lessons learnt from it, and stressed the need to guard against such outbreaks in future. To that end, he underscored the need to take appropriate measures, including working with communities. He also referred to World Health Assembly 68 (WHA68) resolutions related to International Health Regulations, health and the environment, among others, and emphasized the need to implement, monitor and evaluate the resolutions. He recalled the key pillars of WHO reform which are governance, as well as programmatic and management reforms. In reference to the new African Region management, he stated the five priorities targeted by the Regional Director, namely: (i) health security; (ii) universal health coverage (UHC); (iii) the post-2015 development agenda; (iv) the socioeconomic determinants of health; and (v) building a responsive and results-driven Secretariat. He then referred to the key agenda items of the PSC meeting and called PSC members to critically review the documents and make recommendations to be considered by the ministers of health during the Sixty-fifth session of the Regional Committee.

### Technical and health matters

3. The PSC discussed the document entitled *Progress on the Health-Related Millennium Development Goals and the Post-2015 Health Development Agenda*. They acknowledged that the report highlighted national shortcomings in achieving the Millennium Development Goals (MDGs), pointing out that data remains a challenge since the content of the report is inconsistent with the data reported by the countries. The Secretariat explained to the PSC that the data presented are based on estimates, in order to standardize and harmonize for all countries. This method of reporting was adopted at the beginning of the MDGs and cannot be changed now. The PSC members observed that national health information systems (NHIS) remain weak, with the result that the data collected is of poor quality (timeliness, completeness and accuracy) and inadequate to monitor and evaluate progress on MDGs. Consequently, Member States could face more challenges with the Post-2015 Agenda, given the high number of targets to be monitored. PSC members recognized the need for countries and partners to invest more in strengthening NHIS, monitoring and evaluation, and requested the Regional Office to support them in their efforts. They also urged WHO to obtain a consensus for the reporting on the Sustainable Development Goals (SDGs) and validate data with Member States before publishing. The Members of the PSC recommended the document on *Progress on the Health-Related Millennium Development Goals and the Post-2015 Health Development Agenda* for consideration by the Sixty-fifth session of the Regional Committee.

4. In the discussion on *Global strategy on people-centred integrated services delivery: contribution from the African Region*, the PSC underscored the fact that this strategy focused on the health needs and expectations of the people, and is crucial for ensuring progress towards universal health coverage. It noted the relevance of the actions proposed and agreed that the current emphasis on curative measures, in both budgeting and staff training, should be reviewed to include current demands and challenges relating to other health needs of the population. This requires greater emphasis on the primary health care integrated approach, strengthening of health districts, and community empowerment. Weaknesses in these areas were exposed by the recent Ebola virus disease (EVD) outbreak. The effectiveness of these approaches is predicated on committed leadership to develop the appropriate policies and availability of the necessary resources to implement them. A significant change is needed in the training of health workers such that they develop a more ethical and humane attitude towards patients and communities. The members of the PSC recommended the document, *Global strategy on people-centred integrated services delivery: contribution from the African Region* for consideration by the Sixty-fifth session of the Regional Committee.

5. The PSC reviewed the document entitled *Research for Health: a strategy for the African Region, 2016–2025*, which highlights the status of national health research systems (NHRS) in the African Region. It aims at fostering the development of a functional NHRS that generates scientific knowledge for developing technologies, building research capacities as well as systems and services needed to make progress towards achieving universal health coverage. The PSC members agreed that there is an urgent need to close gaps highlighted in the NHRS. They identified omissions in the strategy, which include a failure to refer to the *Global strategy and plan of action on public health, innovation and intellectual property* as well as omission of other health-related SDGs and of the potential for research to contribute to the attainment of such SDGs. They also highlighted the weak coordination of health research. Inadequate funding for health research was noted as a long-standing challenge that calls for innovative ways of supporting countries such as, establishing a pooled funding mechanism at the regional or subregional level as detailed in the report of the Consultative Expert Working Group (CEWG) on Research and Development. Collaboration with regional economic communities; professional organizations; ministries in charge of education, research, science and technology, and animal

health; and lastly tertiary institutions was also emphasized as a means of sharing lessons learnt as well as strengthening and coordinating research. In the case of Ebola-affected countries, the Mano River Union provides an opportunity for coordinating and using pooled funding mechanisms to support research for health in the three EVD most affected countries. The members of the PSC recommended the document and a resolution on ***Research for health: a strategy for the African Region, 2016–2025*** for consideration by the Sixty-fifth session of the Regional Committee.

6. The PSC discussed the document entitled ***Global strategy on human resources for health: perspectives from the African Region***. The PSC members agreed on the main issues relating to human resources for health (HRH) country needs, including: quality and number of health workers trained; motivation and commitment of health workers; capacity-building for health workers in a variety of areas, including management of health services at a decentralized level, research, emergency response and other priority service needs that contribute to the achievement of the MDGs and SDGs. The members took note of the WHO Global Code of Practice on the International Recruitment of Health Personnel and encouraged countries to comply with the reporting requirements. The PSC recognized the need to harmonize training curricula and standards and to improve motivation and recognition of health workers beyond financial incentives, including improving work conditions and other contextual incentives. It encouraged countries to use legal and contractual frameworks to retain health workers. Furthermore, it emphasized the need to build the capacity of local authorities to recruit and retain human resources and urged Member States to involve professional and other regulatory bodies, as well as the private sector and communities, in the formulation of HRH strategies. The PSC encouraged Member States to share lessons, including those learnt from using the workload indicators of staffing need (WISN) tool for improved HRH planning. It also requested the WHO Secretariat to create regional or subregional mechanisms for coordinating the supply and demand for human resources for health, with a view to making such resources available for sharing among countries. The members of the PSC recommended the document on ***Global strategy on human resources for health: perspectives from the African Region*** for consideration by the Sixty-fifth session of the Regional Committee.

7. The PSC discussed the ***Progress report on the establishment of the Africa Centre for Disease Control (Africa CDC)***, and agreed that such a centre was needed in the Region to help prevent and mitigate the impact of communicable and noncommunicable diseases. Consequently, they underscored the need for Member States to take responsibility as primary owners and funders of the initiative. Recognizing that this is an important undertaking involving enormous responsibilities, the PSC clearly expressed the view that WHO should assume full leadership of the technical aspects of this initiative as the agency that coordinates global preparedness and response to major diseases, including implementation of the International Health Regulations. However, there was need to (i) define clear roles, functions and responsibilities for WHO and the African Union (AU) in the establishment and running of the Africa CDC in order to reduce overlap and wastage of resources on functions currently performed by WHO, drawing on relevant experiences from other regions and bearing in mind the comparative advantage of WHO in health matters; and (ii) establish sustainable funding mechanisms, focusing on their feasibility and linkages with parallel WHO funding initiatives, such as the African Public Health Emergency Fund (APHEF), the global health emergency contingency fund, and the global health emergency workforce. Mindful of the two important meetings on the Africa CDC, namely that of the African Union Commission (AUC) with WHO scheduled for 30 June to 1 July 2015 in Brazzaville and the experts and ministers of health meeting scheduled for 19–21 July 2015 in Malabo, the PSC suggested that the Secretariat should: (i) circulate a background document on the status of the Africa CDC and the suggestions of this PSC meeting to all Member States to enable them make informed contributions to the decisions to be taken at the Malabo meeting; (ii) circulate the report

of the previous meeting between AUC and WHO on the subject to PSC members; and (iii) update the document presented at this PSC meeting by including the outcomes of the Brazzaville and Malabo meetings, for subsequent presentation to the Sixty-fifth session of the Regional Committee.

8. The PSC discussed the document entitled *The establishment of the African Public Health Emergency Fund: Stocktaking*. The document highlighted the frequency of public health emergencies in the WHO African Region, the low contribution of Member States to the Fund, slow response to emergencies due to lack of funds and possible actions to improve Member-State contributions. Members recognized the need to maintain APHEF. They, however, expressed concern about the low level of contributions received since the creation of the Fund in 2012, even in cases where a Member State's assessed contribution is relatively low. PSC members requested a review and amendment of the assessment formula such that assessed contributions fall within a range that will enable ministries of health to contribute. PSC members supported the proposed actions and suggested the exploration of innovative financing mechanisms, the assessment of all processes related to APHEF, and better prioritization of the intervention areas supported. Whilst acknowledging the relevance of APHEF, PSC members suggested that an analysis be conducted to determine the factors hampering the payment of Member-State contributions. They further proposed that the document should articulate the correlation between APHEF, the contingency fund being established at the global level, and the Africa Union fund for the Africa CDC at the continental level. They suggested that the title of the document be modified to reflect the current phase of the Fund, considering that it had already been established. Accordingly, the members of the PSC recommended adoption of the document newly entitled *The African Public Health Emergency Fund: Stocktaking*, for consideration by the sixty-fifth session of the Regional committee.

9. The PSC discussed the document on *The 2014 Ebola Virus Disease (EVD) outbreak: Lessons learnt and way forward* and observed that it should reflect the internal assessment review and the recommendations of the review committee. They requested that the document should highlight successes, particularly initiatives which worked well in the affected countries that quickly controlled the epidemic. They noted that the report failed to include ongoing clinical research on vaccines, drugs and social impact studies. The PSC suggested that studies be conducted in areas such as financial and economic impact of EVD, and the natural reservoir of the disease. They stressed the need for continued subregional coordination to sustain emergency preparedness and response, with emphasis on integrated disease surveillance. They recognized the contribution made by partners and expressed the need for strong coordination mechanisms to avoid vertical interventions. The PSC recommended that Member States should show due appreciation of the sacrifices made by health workers in their line of duty, and establish mechanisms to ensure their protection, including health and social insurance schemes. The Members of the PSC recommended the document on *The 2014 Ebola Virus Disease (EVD) outbreak: Lessons learnt and way forward* for consideration by the Sixty-fifth session of the Regional Committee.

### **Programme and budget matters**

10. The PSC deliberated on the *Regional orientation on the implementation of the WHO Programme Budget 2016–2017*. They appreciated the bottom-up approach adopted, which has led to an increase in the share of the budget allocated to countries, relative to the Region and to programme areas, and reflects the focus on the priority health needs of countries. The PSC expressed the view that the principles of budget allocation to countries should be reviewed for use in the coming biennium to ensure greater balance across countries. This could be determined based on the defined priorities and criteria, using the relevant tools to identify critical gaps within

the health system and the level of implementation of previous budget allocations. The PSC expressed satisfaction with the measures put in place to improve budget implementation such as the establishment of an accountability and compliance team in the Regional Office. The PSC acknowledged the improvement made in the submission of overdue reports on direct financial contributions (DFC), and encouraged the regional office to sustain this practice. They also suggested an addendum to the program budget that reflects progress made to improve compliance, audit processes and governance. Furthermore, the PSC suggested that the Region needs innovative ways of raising additional funds from both domestic and international sources. The members of the Subcommittee recommended the document entitled ***Regional orientation on the implementation of the WHO Programme Budget 2016–2017*** for consideration by the Sixty-fifth session of the Regional Committee.

### **Conclusion**

11. In conclusion, the members of the Programme Subcommittee recommend EIGHT working documents to the Sixty-fifth session of the Regional Committee for consideration. They also recommend TWO draft resolutions, namely ***Research for health: a strategy for the African Region, 2016-2025*** and ***The African Public Health Emergency Fund: Stocktaking***, to the Sixty-fifth session of the Regional Committee for consideration and adoption.