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REPORT OF THE PROGRAMME SUBCOMMITTEE

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REPORT OF THE PROGRAMME SUBCOMMITTEE

OPENING OF THE MEETING

1. The Programme Subcommittee met in Harare, Zimbabwe, from 1 to 4 October 2002. The bureau was constituted as follows:

Chairman:	Professor Jeanne Diarra-Nama (Côte d'Ivoire)
Vice-Chairman:	Professor Pierre-André Kombila-Koumba (Gabon)
Rapporteurs:	Dr Ghermai Tesfa Sellasie (Eritrea) Dr André Enzanza (Congo)

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

3. The Regional Director, Dr Ebrahim M. Samba, welcomed the members of the Programme Subcommittee (PSC), members of the WHO Executive Board from the African Region and the Vice-Chairman of the African Advisory Committee on Health Research and Development (AACHRD). At the outset, the Regional Director referred to the change of venue of the meeting and informed the participants that the situation in Congo had resulted in Brazzaville being declared in Phase III of the UN security system. He clarified that the security phase was determined by the United Nations in New York and WHO, as a member of the UN system, had to follow and implement the decision. He informed members that under Phase III, all dependants of WHO staff members had to leave Brazzaville and no meetings could be held there. It was not possible to obtain special authorization from the UN to hold the PSC and the Regional Committee meetings in Congo despite efforts by the Regional Office. Dr Samba expressed his special thanks and gratitude to the Government of Zimbabwe for agreeing to host these meetings and for providing the necessary facilities at a very short notice.

4. The Regional Director underscored with satisfaction the increasing trend of the budget in the WHO African Region, and expressed his sincere thanks to Dr Gro Harlem Brundtland, WHO Director-General, for allocating more funds from the Regular budget as well as from Other Sources. He also expressed his gratitude to the Member States and WHO country representatives for their contribution to the efficient management of resources and implementation of programmes. He congratulated the WHO staff in the Region for their excellent performance.

5. Dr Samba recalled that the role of the PSC had broadened since the meeting in Sun City in South Africa in 1997 to include study, debate and advice on all technical agenda items of the Regional Committee apart from discussing the Programme Budget. He thanked the members of the Subcommittee for attending the meeting despite the short notice given to them about the change of venue. In conclusion, Dr Samba said that "in spite of the difficult situation in the Region, Africa remained our home and we must face the situation with optimism in order to make a difference."

6. Professor Jeanne Diarra-Nama, Chairman of the Programme Subcommittee, thanked the members for the honour bestowed on her and her country. Recalling the objective of the Subcommittee, she appealed to the members to pay special attention to the relevance and feasibility of the regional strategies. In regard to Programme Budget, Professor Diarra-Nama reminded the members of the importance of ensuring that the Subcommittee took into account the decisions of the WHO Governing Bodies and the needs of the Member States. She concluded by emphasizing the increased responsibilities of the Subcommittee and appealed for mutual exchange of ideas and experiences in order to improve the quality of the deliberations.

7. The agenda (Annex 2) and the provisional programme of work (Annex 3) were adopted without amendments.

WHO PROGRAMME BUDGET 2004–2005 (document AFR/RC52/3)

8. Dr L. G. Sambo of the Secretariat presented a general overview of this agenda item.

9. He informed the Subcommittee that the Proposed Programme Budget (PPB) 2004–2005 had three main features: it was more strategic; had a greater focus on countries; and concentrated on 35 Areas of Work (AOWs) as building blocks across the Organization.

10. In regard to the strategic nature of the PPB, he said that it reflected the strategic responsibilities of the entire WHO staff since it was jointly developed by WHO country offices, regional offices and headquarters, promoting ownership and commitment at all levels of the Organization and focusing on expected results and performance indicators.

11. As an example of greater focus on countries, he reported that a new AOW *WHO's presence in countries* had been introduced. It was aimed at: enhancing the operational capacities of WHO country offices; boosting WHO's normative and technical cooperation functions at country level; contributing to crucial national health priorities; as well as collecting and collating relevant health data and information in conjunction with ministries of health.

12. Dr Sambo informed the Subcommittee that the 35 AOWs were the building blocks across the Organization and were grouped around the nine Appropriation Sections. Each AOW consisted of issues and challenges, the goal, WHO objectives, strategic approaches, expected results and performance indicators, and resources.

13. He recalled the 11 global priorities which were: Malaria; Tuberculosis; HIV/AIDS; Mental health; Cancer, cardiovascular diseases and diabetes; Health systems and essential medicines; Making pregnancy safer and child health; Health and environment (new); Food safety; Safe blood; and Tobacco. He also mentioned that the priority domain of "Investing in change in WHO" had been removed from the list of priorities for 2004–2005.

14. Dr Sambo provided a breakdown of the global Regular budget (RB) by each of the six WHO regions. The African Region had been allocated a greater percentage of the budget (23%) as compared to other regions.

15. Referring to the regional and country contributions to the PB 2004–2005, he said that the fifty-first session of the Regional Committee had adopted 15 regional priorities. These were: Emergency preparedness and response; Surveillance, prevention and management of noncommunicable diseases; Health promotion; Mental health and substance dependence; Making pregnancy safer; Health and environment; Essential medicines: access, quality and rational use; Blood safety and clinical technology; Organization of health services; Malaria; Tuberculosis; HIV/AIDS; Health and sustainable development; Nutrition; and Child and adolescent health.

16. Concerning the PB analysis, Dr Sambo informed the Subcommittee that the total Regular budget allocation for the African Region was US\$ 192.7 million, of which 64% (US\$ 123.3 million) had been allocated to the Member States. The remaining 36% (US\$ 69.4 million) would be utilized at the Regional Office to deliver the expected results planned for at the regional and intercountry levels.

17. He pointed out that US\$ 83.63 million (73%) had been allocated to regional priorities. He also mentioned that the *WHO's presence in countries (SCC)* and *Organization of health services (OSD)* AOWs were chosen by all countries, given their importance in the successful implementation of other AOWs. *Health promotion, HIV/AIDS, Malaria, Nutrition, Communicable diseases surveillance* and *Health and environment* were chosen by over 80% of the countries.

18. Dr Sambo informed the Subcommittee that, with a view to strengthening WHO's presence at country level, the Director-General had decided to transfer, under the Regular budget, US\$ 5 million from global funds and 10% of funds from all AOWs at country level, which amounted to US\$ 24 million globally and US\$ 7.8 million in the African Region, and to earmark 1% (US\$ 37.5 million) of the funds from Other Sources to *SCC*.

19. In conclusion, Dr Sambo said that: (a) the allocation of financial resources to the African Region was on the increase; (b) the expected increase was from Other Sources and not from the Regular budget; (c) the allocations from both RB and Other Sources were estimated to be higher for Africa as compared to other WHO regions; (d) there was an effort to increase the allocation and decentralization of resources from the global and regional levels to country level; (e) 43% of the regional funds from Other Sources were focusing on regional health priorities; and (f) 73% of the regional RB was allocated to regional health priorities. However, there was still need to increase the overall funding to the African Region, particularly in the under-funded priority AOWs such as *HIV/AIDS, Making pregnancy safe, Health and environment, Noncommunicable diseases, and Emergency preparedness and response*.

20. The Subcommittee was invited to review the document which would be submitted to the Regional Committee for adoption to guide the operational planning and implementation in the African Region during 2004-2005.

General programme development and management

21. This section of the document was also presented by Dr L. G. Sambo of the Secretariat.

22. He informed the Subcommittee that there were six AOWs under General programme development and management. These were: *WHO's presence in countries; Resource mobilization, and external cooperation and partnerships; Evidence for health policy; Research policy and promotion; Programme planning, monitoring and evaluation (formerly known as Budget and management reform); and Governing Bodies*.

23. Dr Sambo highlighted the objective and thrust of each of these AOWs as well as the budget allocation. A total of US\$ 71,653,000 had been allocated to these AOWs for the period 2004–2005 for the Regional Office and Member States.

24. He presented a breakdown of the countries in the Region that had chosen different AOWs: *WHO's presence in countries*: 46 countries; *Resource mobilization, and external cooperation and partnerships*: 10 countries; *Evidence for health policy*: nine countries; and *Research policy and promotion*: eight countries.

Division of prevention and control of communicable diseases

25. Dr A. Kabore of the Secretariat presented this section.

26. He informed the Subcommittee that for the 2004–2005 biennium, the division had budgeted for the following seven AOWs: *Communicable disease surveillance*; *Communicable disease prevention, eradication and control*; *Research and product development for communicable diseases*; *Malaria*; *Tuberculosis*; *HIV/AIDS*; and *Immunization and vaccine development*.

27. Dr Kabore briefly described the main objectives and expected results for each AOW and indicated the budget allocated. For all the seven AOWs, a total of US\$ 263,339,000 had been allocated for the Regional Office and Member States. The amount constituted 53% of the total budgetary allocation to the African Region during 2004–2005.

28. He gave the following breakdown of the countries in the Region that had chosen different AOWs for the biennium: *Communicable disease surveillance*: 40 countries; *Communicable disease prevention, eradication and control*: 33 countries; *Research and product development for communicable diseases*: four countries; *Malaria*: 41 countries; *Tuberculosis*: 36 countries; *HIV/AIDS*: 43 countries; and *Immunization and vaccine development*: 35 countries.

Division of prevention and control of noncommunicable diseases

29. Dr M. Belhocine of the Secretariat presented this section.

30. He stated that for the 2004–2005 biennium, the following six AOWs had been identified for the division: *Health promotion*; *Noncommunicable diseases*; *Mental health and substance abuse*; *Tobacco*; *Nutrition*; and *Disability/injury prevention and rehabilitation*.

31. He briefly described the main WHO objectives and expected results for each AOW and indicated the budget allocated. For all AOWs, a total of US\$ 24,932,000 had been allocated for the Regional Office and Member States. This amount represented 5.1% of the total budgetary allocation for the Region.

32. Dr Belhocine gave the following breakdown of the countries that had chosen different AOWs for the biennium: *Health promotion*: 45 countries; *Nutrition*: 38 countries; *Noncommunicable diseases*: 36 countries; *Mental health and substance abuse*: 33 countries; *Tobacco*: 14 countries; and *Disability/injury prevention and rehabilitation*: 15 countries.

Division of family and reproductive health

33. Dr D. Oluwole of the Secretariat presented this section.

34. She informed the Subcommittee that the division had budgeted for the following four AOWs: during the 2004–2005 biennium: *Child and adolescent health*; *Research and programme development in reproductive health*; *Making pregnancy safer*; and *Women's health*.

35. She briefly described the main WHO objectives and expected results for each AOW and indicated the budget allocated to them. For all AOWs, a total of US\$ 28,255,000 had been allocated for the Regional Office and Member States, which constituted 5.7% of the total budgetary allocation for the Region.

36. Dr Oluwole gave the following breakdown of the countries in the Region that had chosen different AOWs for the 2004–2005 biennium: *Child and adolescent health*: 39 countries; *Research*

and programme development in reproductive health: 21 countries; *Making pregnancy safer*: 36 countries; and *Women's health*: 15 countries.

Division of healthy environments and sustainable development

37. Mrs E. Anikpo-Ntame of the Secretariat introduced this section.

38. She stated that the division covered four AOWs: *Health in sustainable development*; *Health and environment*; *Food safety*; and *Emergency and humanitarian action*.

39. Mrs Anikpo described briefly the major WHO objectives, expected results and budgetary allocation for each AOW. She said that a total of US\$ 26,025,000 had been allocated to all these AOWs for the 2004–2005 biennium for the Regional Office and Member States. The amount represented 5.3% of the total budgetary allocation for the Region.

40. The number of countries in the Region which had selected the different AOWs were: *Health in sustainable development*: 32 countries; *Health and environment*: 39 countries; *Food safety*: 25 countries; and *Emergency and humanitarian action*: 35 countries.

Division of health systems and services development

41. Dr R. Chatora of the Secretariat presented this section.

42. He listed the following AOWs in the division: *Blood safety and clinical technology*; *Essential medicines: Access, quality and rational use*; and *Organization of health services*.

43. He highlighted the major objectives, expected results as well as the budgetary allocation for each AOW. A total of US\$ 39,239,000 had been allocated to all the AOWs for the 2004–2005 biennium for the Regional Office and Member States. The amount represented 8% of the total budgetary allocation for the African Region.

44. Dr Chatora gave a breakdown of the number of countries in the Region that had selected each AOW: *Blood safety and clinical technology*: 28 countries; *Essential medicines: Access, quality and rational use*: 30 countries; and *Organization of health services*: 46 countries.

Division of administration and finance

45. Mr B. Chandra of the Secretariat presented this section.

46. He indicated that the division covered the following AOWs: *Health information management and dissemination*; *Human resources development*; *Financial management*; and *Informatics and infrastructure services*.

47. He said that the objectives and expected results of these AOWs were aimed at: making available timely and updated health information to concerned parties; maximizing staff motivation and productivity; providing efficient and effective financial and administrative support in the Region; and improving communications and logistics operations.

48. Mr Chandra informed the Subcommittee that the four AOWs had been allocated a total of US\$ 38.6 million, i.e. 7.8% of the total budgetary allocation for the African Region. He clarified that *Human resources development*; *Financial management*; and *Informatics and infrastructure services*

AOWs were Regional Office-specific and had no country budget allocations. However, *Health information management and dissemination* included some country allocations.

49. The Regional Director highlighted the key improvements that WHO had made in the preparation of its budget since Dr Gro Harlem Brundtland took office as the Director-General. These included: closer collaboration among all levels of the Organization in the preparation of the Programme Budget; more focused and targeted cooperation with Member countries; increased Regular budget and Other Sources allocations to the African Region; strengthened partnerships with governments, other UN agencies and Bretton Woods institutions; and full participation of all levels of WHO. The Regional Director said that as a result of these initiatives, the WHO budget was now more transparent and was better managed, monitored and evaluated.

50. The Subcommittee expressed its appreciation of the participatory manner in which the Programme Budget document had been prepared. Members took note of the increase in funds from both the Regular budget and Other Sources allocated to the African Region. They also emphasized the need for an improved flow of information from countries to the regional and headquarters levels as well as the need to strengthen the capacity of Member States to access health funds available at the international level. The Subcommittee expressed its satisfaction with the budget allocated to *Informatics and infrastructure services*. They acknowledged the importance of good communications for improving the exchange of information across the Organization and with partners. The Subcommittee congratulated the Regional Director for establishing a sound monitoring and evaluation mechanism which had contributed to the enhancement of the image of the Regional Office and boosted confidence among donors. It recommended that budget implementation by AOWs and different Organization levels for the preceding period should be presented to allow a better understanding of the variation in resource allocation. Members proposed that a list of the abbreviations and acronyms used should be inserted in the two documents. The Subcommittee wondered why a large portion of the budget had been retained at the headquarters level and whether it was meant for central acquisition of equipment and supplies.

51. Members made the following specific proposals for improving the Proposed Programme Budget document for 2004–2005:

- (a) the Director-General's *Highlights* should have been included to provide guidance and orientation for the preparation of the Programme Budget;
- (b) regarding the tenth indicator for *Research and product development for communicable diseases*, members wondered whether it was possible to measure the "Number of visits to appropriate WHO website pages". They expressed concern about the decrease in the budget allocated to this AOW, recognizing that other partners had not expressed interest in it. They also noted the overemphasis on global research to the detriment of research on local technologies as well as weak linkages between national research communities and ministry of health policy-makers;
- (c) the "Issues and challenges" box of the *Tuberculosis* AOW should mention "irregular supply of drugs in some countries";
- (d) concerning *Health promotion*, members expressed concern about the bias in the budget allocated for this AOW at the global level as opposed to country level where health promotion activities were really needed;
- (e) in regard to *Disability/injury prevention and rehabilitation*, under "Issues and challenges", paragraph 4 should be revised to facilitate understanding. Members

proposed that the resource allocation should reflect the increasing importance of this AOW in the Region;

- (f) regarding *Mental health and substance abuse*, the Subcommittee recommended that substance abuse activities should be harmonized with those of *Child and adolescent health* and *Health promotion*;
- (g) in the *Women's health* AOW, under "Strategic approaches", in the last sentence, delete "*and health*" to avoid repetition;
- (h) the title of the *Health and environment* AOW should be maintained in the light of the Subcommittee's discussions on the regional strategy;
- (i) concerning *Emergency preparedness and response*, members suggested that WHO and other agencies should provide technical support to countries to develop policies and legal frameworks to tackle emergency situations.

52. The Subcommittee made the following specific proposals for improving the Proposed Programme Budget (document AFR/RC52/3) and its Addendum:

- (a) the two decisions of the Director-General to move funds to *WHO's presence in countries* had not yet been implemented and there was a need to reflect the expected distribution of these funds to countries;
- (b) concerning *Nutrition*, in the second expected result, replace "*a programme for*" by "*the nutrition aspect of*";
- (c) under Programme Budget Analysis (VI), in the French version, the translation should be revised.

53. With regard to the section on the Director-General's *Highlights* in the Programme Budget, the Subcommittee noted that the Director-General had decided to wait for the Regional Committees' reactions before preparing that section. While introducing the agenda item, the Secretariat had highlighted the key policy decisions of the Director-General that guided the development of the Programme Budget. Regarding the question on whether it was possible to measure the "Number of visits to appropriate WHO website pages", the Subcommittee was told that given the current information technology, it was technically feasible to monitor the number of visits to the various websites. Members also noted that even though the Regular budget for *Research and Product Development for Communicable Diseases* had decreased as compared to the last biennium, the allocations from Other Sources had increased. Concerning the Director-General's decision regarding funds from Other Sources, the Subcommittee was informed that these funds had not yet been distributed to the regions, and thus, it was very difficult to forecast amounts of allocation to the Regional Office and countries. However, it was noted that the issue would be discussed during the forthcoming Cabinet meeting in November 2002 and the proceedings would be communicated to the Member States. Regarding the need for developing protocols for testing the effectiveness of traditional medicines, the Subcommittee noted the steps being taken by the Regional Office to implement the regional strategy on traditional medicine adopted by the fiftieth session of the Regional Committee. With regard to the linkage between "*Substance abuse*", "*Child and adolescent health*" and "*Health promotion*", the Subcommittee noted the ongoing collaboration between the three Areas of Work.

54. The Regional Director thanked members of the Subcommittee for their comments and suggestions and assured them that the documents will be revised to incorporate those changes. In

regard to fund-raising by countries, he said that donors were more willing to allocate funds directly to countries; therefore, he encouraged Member States to organize meetings with donors to mobilize more resources for health. At the same time, he urged countries to increase budget disbursement to ensure effective implementation of programmes. He underscored the need to ensure transparency and accountability in the use of public and donor funds. Concerning the utilization of research in decision-making at national level, the Regional Director concurred with the Subcommittee that there was need for collaboration between national research institutions and ministries of health.

REGIONAL STRATEGY FOR IMMUNIZATION DURING THE PERIOD 2003–2005
(document AFR/RC52/9)

55. Dr A. Kabore of the Secretariat introduced this document.

56. He recalled that the strategic plan of action of the Expanded Programme on Immunization (EPI) adopted by the forty-fifth session of the Regional Committee in 1995 had provided guidelines for the period 1996–2000. Since then, the transmission of wild poliovirus had been brought to the verge of being interrupted, 12 countries had eliminated neonatal tetanus, and seven southern African countries had sustained the measles elimination status from 1999 to 2001.

57. Dr Kabore said that the strategy document was geared towards achieving three main objectives: optimizing the delivery of sustainable and quality immunization services; accelerating efforts to achieve polio eradication, neonatal tetanus elimination and measles and yellow fever control; and accelerating the introduction of new vaccines as well as appropriate technologies for immunization.

58. In order to achieve the stated objectives, he said that there would be need for enhancing political commitment; promoting sustainable advocacy, communication and social mobilization; developing national- and district-level planning processes; establishing coordination mechanisms for EPI partners at all levels; and ensuring capacity-building and training at national, intermediate and peripheral levels.

59. Lastly, Dr Kabore emphasized the need for WHO and other health development partners to work with Member States to strengthen national immunization systems and ensure the eradication of wild poliovirus, elimination of neonatal tetanus, control of measles and yellow fever, and supplementation of vitamin A. As the strategy clearly indicated, there would be need to strengthen national surveillance systems and laboratory networks in order to provide necessary data to guide interventions.

60. Members of the Subcommittee felt that the strategy document was relevant, pertinent and, if implemented properly, could make a difference. Successful implementation of the strategy would depend on the provision of appropriate resources, especially at the peripheral level. Members expressed the need for caution in the introduction of new vaccines; this was because many countries experienced difficulties in sustaining even the current EPI programme including funding their national immunization days (NIDs). Routine immunization, they felt, should not be undermined.

61. Members made the following specific suggestions for improving the document: (a) throughout the French version of the document the word “*endiguer*” be replaced by “*controler*”; (b) in paragraph 3, the issue of “synchronized NIDs” implemented by groups of countries should be added; (c) in paragraph 7(b), first sentence, replace “*civil unrest*” with “*socio-political crises*”; (d) in paragraph 8, second sentence (French version), replace “*ecoliers*” by “*enfants en age pre-scolaires*”; in the third sentence, change “*financing is the main barrier*” to “*financing and staffing are the main barriers*”; a clarification whether the figures quoted in the document were based on results of studies

or surveillance data should be provided; (e) in regard to paragraph 11, second sentence, members enquired about the possibility of providing GAVI assistance for countries facing serious budgetary problems in spite of having high gross domestic product (GDP); in the third sentence, replace the word “*initiative*” with “*immunization*”; (f) in paragraph 15(c), replace “*all countries*” with “*at least 90% of the countries*”, and at the end of the sentence, add “*including timely and effective disbursement of funds*”; (g) in paragraph 17, the number of countries falling in each category should be specified to facilitate evaluation; (h) in paragraph 21, add two new sub-paragraphs: “*(d) peace should be a basis for development*” and “*(e) all eligible countries should take advantage of the HIPC initiative to mobilize resources for EPI and other health-related needs*”; in paragraph 21(b), add “*and parents*” after the word “*parliament*”; (i) before paragraph 23, in the subtitle, it was proposed that “*intermediate*” should be added after “*national*”; (j) in the subtitle preceding paragraph 25, delete “*ensuring*”, and add sub-paragraph (c) on provision of logistics and maintenance of the cold chain; (k) in paragraph 26, last sentence, add “*and communities*” after “*health workers*”; (l) replace paragraph 40 with the following: “*WHO will provide technical and financial support to countries, wherever it is needed, for the planning, implementation, monitoring and evaluation of EPI. WHO will negotiate for GAVI funds for countries currently excluded as well as provide support for the introduction of new vaccines.*”

62. The Regional Director expressed his appreciation for the comments and suggestions made by the Subcommittee and assured members that these would be incorporated in the revised document. He noted that with the resources allocated for polio, its eradication would be possible. He emphasized that the decision to introduce new vaccines rested with Member States. WHO would, upon request, support countries in both the introduction of new vaccines and the acceleration of routine EPI work.

63. In response to the question on the sources of data presented for hepatitis B and HiB, the Secretariat informed the Subcommittee that studies had been carried out in at least 70% of the Member States and that surveillance would be strengthened accordingly.

64. Concerning funds for immunization in general and for NIDs in particular, the Subcommittee was informed that these had indeed decreased, but that efforts were being made, in collaboration with headquarters and other partners, to obtain the necessary funding.

65. The Subcommittee approved the document with amendments and prepared a draft resolution on the subject to be submitted to the Regional Committee for review and adoption.

HEALTH AND ENVIRONMENT: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC52/10)

66. Mrs E. Anikpo-Ntame of the Secretariat introduced this document.

67. She explained that the aim of the document was to inform ministers of health of the response of the Regional Office to their request for assistance to develop mechanisms for improving the health of the people in the Region by addressing environmental determinants which influenced health outcomes.

68. Mrs Anikpo-Ntame said that the introductory section of the document provided an overview of the contribution of the environment to health, poverty and development in general and how the strategy would stimulate countries to develop health and environment policies in the health sector. The situation analysis summarized the current status of the environment in the Region as well as its implications for health and development. Three scenarios were described in the document to assist in long-term planning.

69. The vision of the strategy, its objectives and the guiding principles to produce the desired policies had been presented. In addition, some priority interventions that would enable these policies to become operational as well as the main stakeholders and their roles were identified.

70. Lastly, the document specified milestones that would guide the Regional Office in ensuring that countries were supported to achieve the intended goal of the strategy.

71. The Subcommittee acknowledged the relevance and pertinence of this complex subject that required a multisectoral response, clearly defining the roles and responsibilities of each sector, bearing in mind that the health sector had an important advocacy role to play. It was important to recognize that it was not just a matter of development of health and environment policies but, more importantly, their implementation and management of key environmental determinants of health. The Subcommittee lamented the appalling environmental conditions in most cities in the Region, specifically pointing out the mushrooming of shanties and slums, which was a manifestation of the growing prevalence of poverty and poor environmental management. With regard to the environment, the Subcommittee suggested that the strategy should emphasize the need for behavioural change through education.

72. Members suggested that the title of the strategy should be amended to read as “Health and environment: A strategy for the African Region”.

73. Members made the following specific proposals for improving the document: (a) in paragraph 1 of the Introduction, the second sentence should be reformulated as follows: “*Water treatment and vector control have been rendered very costly by: the rampant spread of disease vectors; the polluting of scarce water resources; the contamination of soils by industrial, municipal and agricultural wastes containing toxic and hazardous chemicals; the widespread use of old vehicles causing air pollution and accumulation of derelicts which add to the complexity of solid waste management*”; (b) in paragraph 6, first sentence, add “*and implementation*” after “*development*”; (c) in paragraph 8, add Ebola as one of the emerging diseases; (d) reformulate paragraph 14 to incorporate the causal factors of emerging diseases such as Ebola; (e) in paragraph 15 (French version), find an appropriate replacement for “*moralite*”; (f) in paragraph 19, the goal should be rephrased as follows: “*By 2020, an enabling environment that promotes health and contributes to sustainable development as well as promotion of appropriate behaviour with respect to environment will have been created and maintained.*”; (g) sub-paragraph 20(a) should be rephrased as follows: “*to develop, by 2010, their own policies on the management of health and environment*”; (h) amend sub-paragraph 20(d) to read as follows: “*to foster inter- and intra-sectoral collaboration and partnerships*”; (i) add a new sub-paragraph 20(e) reading as follows: “*to promote behaviour suitable to environmental management*”; (j) in paragraph 21, add a new sub-paragraph (e) to read as follows: “*the promotion of behavioural change with respect to the environment*”; (k) in sub-paragraph 21(d), replace “*social sector departments*” with “*social sectors*”, and, after “*water*”, add “*and forestry*”; (l) in paragraph 22(a), after “*structures*”, insert “*in all sectors concerned*”; (m) in paragraph 24, first sentence, after “*ministries of health*”, insert “*in partnership with ministries of environment*”; (n) paragraph 25 should make a reference to the World Summit on Sustainable Development held in Johannesburg in 2002; and (o) in paragraph 3 of the Executive Summary, first sentence, after “*policies*”, add “*as well as sound management of the environment*”.

74. The Regional Director agreed that health and environment was an important issue for Africa whose scope went beyond the health sector. He reassured the Subcommittee that the Regional Office had specifically created the Division of Healthy Environments and Sustainable Development in order to provide appropriate support and guidance to Member States.

75. The Secretariat agreed to change the title of the document to “Health and environment: A strategy for the African Region”.

76. The Subcommittee was informed that in 2003, the Regional Office, in collaboration with the United Nations Environment Programme (UNEP), would host a conference of African ministers of health and of environment to ensure synergy between health and environment.

77. The Subcommittee prepared a draft resolution on the subject to be submitted to the Regional Committee for review and adoption.

**IMPLEMENTATION OF HEALTH SECTOR REFORMS IN THE AFRICAN REGION:
ENHANCING THE STEWARDSHIP ROLE OF GOVERNMENT** (document AFR/RC52/12)

78. Dr R. Chatora of the Secretariat introduced this document.

79. He explained that the aim of the document was to provide orientation on how the implementation of health sector reforms could be improved by enhancing the stewardship role of government.

80. Dr Chatora stated that the introduction to the document defined the concept of stewardship. He explained that the concepts of stewardship and leadership in current health sector reforms showed a lot of similarities, although stewardship covered a broader perspective than leadership. Paragraphs 4–14 of the document described the current situation with regard to health sector reforms in the Region. He noted that though there had been some progress in the implementation of health sector reforms, the health status of the people in the Region was actually worsening.

81. Paragraphs 5–31 proposed a framework for enhancing the stewardship role of government on the basis of three components, namely, stewardship *in* health, stewardship *of* health and stewardship *for* health. The roles and responsibilities of partners, including those of WHO, during different stages of development, implementation, monitoring and evaluation were highlighted in paragraphs 32–35.

82. In the concluding part, the document emphasized the critical importance of enhancing the stewardship role of government in order to ensure accelerated and effective health sector reform. Ministers of health were specifically urged to fully assume the lead role and also to mobilize all other sectors, e.g. public, private and civil society, for this purpose.

83. Members congratulated the Secretariat for developing the strategic orientation for enhancing the stewardship role of government to support the implementation of health sector reforms, which was regarded as relevant and timely.

84. During the discussion that followed, various observations were made:

- (a) advocacy should be a prerequisite for the implementation of health sector reforms;
- (b) health sector reforms should be carried out in collaboration with other sectors rather than by the health sector alone;
- (c) there was need to clearly define stewardship in the light of decentralization and health sector reforms;
- (d) administrative decentralization should be combined with resource decentralization;
- (e) concern was expressed about the sustainability of reforms;
- (f) the research aspects were not explicitly articulated in the document;

- (g) concern was expressed about partners often encroaching upon the role of government in stewardship;
- (h) the words “State” and “government” should not be used interchangeably in the document;
- (i) the high turnover of policy-makers destabilized the operations of the health system.

85. Members made the following specific suggestions to improve the document: (a) concern was expressed that the statement in paragraph 8 did not reflect the negative aspects of reforms as identified by some studies which had showed a deterioration in the provision of quality health care; (b) in paragraph 11, members highlighted the importance and complexity of some political issues like separatism and federalism in relation to the stewardship role; (c) in paragraph 15, line 3, replace “*leading*” with “*coordinating*”; (d) the diagram in the Annex should be moved to page 4 to be part of paragraph 18 in order to clarify the relationship between stewardship and other functions of the health system; (e) in paragraph 24, last line, the term “*operationalization of district health systems*” used in the English and Portuguese versions needed to be clarified; (f) in paragraph 26, penultimate line, clarification was sought on the use of the phrase “*level of corruption*” instead of just using the word “*corruption*”; (g) in paragraph 28, members suggested that it might be useful to clarify when government itself should undertake stewardship and when it should delegate; (h) in paragraph 32, line 4, replace the word “*sensitize*” with “*involve*”; (i) in paragraph 39, given the nature of the document and the orientation that it provided, members felt that it should be submitted to the Regional Committee to take note of rather than to adopt it.

86. The Regional Director was in full agreement with the concerns raised by the Subcommittee with regard to the need to include the research component in order to answer questions related to health sector reforms.

87. Some of the questions which could be answered by operational research included the accessibility of costly health-care services, particularly in the light of the high levels of poverty that existed in the Region. In addition, research could contribute to an understanding of the negative impact of structural adjustments implemented since the 1980s on the health sector. The Regional Director supported the sentiment expressed by members that decentralization without adequate resource allocation could jeopardize health sector development.

88. The Secretariat provided a detailed justification for using the phrases “level of corruption” rather than “corruption”, and “district health systems” instead of “health systems”, and explained the implication of the stewardship role of government in federal states.

89. The Subcommittee endorsed the document with amendments and recommended to the Regional Committee to take note of its contents.

POVERTY AND HEALTH: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC52/11)

90. Mrs E. Anikpo-Ntame of the Secretariat introduced this document.

91. She stated that the purpose of the document was to provide an insight to ministries of health in the African Region into the role of health in development as well as in poverty reduction.

92. The document provided information on the incidence and trend of poverty in the Region as well as an explanation on the linkages between poverty and ill-health. Various initiatives taken by the health sector to reduce poverty were also described.

93. Mrs Anikpo-Ntame highlighted the objectives and guiding principles of the regional strategy as well as the proposed interventions within and outside the health sector. These included, among others: generating additional evidence on the linkages between health and other sectors; extending health infrastructure and services to underserved areas; reinforcing existing immunization programmes; strengthening environmental health services; and scaling up interventions against diseases related to poverty such as malaria, HIV/AIDS, tuberculosis and childhood illnesses.

94. The document identified the roles and responsibilities of different stakeholders including WHO, provided a set of monitoring and evaluation indicators consistent with the Health-for-all Policy for the African Region, and reiterated the comparative advantage of the health sector in addressing the health-related aspects of poverty reduction.

95. The Subcommittee acknowledged the relevance and timeliness of the subject. Members appreciated the linkage between the different strategy papers presented during the meeting as a crucial contribution towards poverty reduction. There was a general feeling that in comparison to the past, policy-makers were now more sensitive to and aware of the magnitude of the problem of poverty and the need for a multisectoral approach to address it. The Subcommittee called for a stronger understanding of coping mechanisms available at community level, and recommended the use of such evidence to formulate appropriate policies and interventions.

96. The Subcommittee recognized the fact that poverty was neither homogeneous (income, consumption) nor evenly distributed (gap between the rich and the poor and depth of poverty), and thus, there was need to design interventions in accordance with local contexts. Members emphasized the need for setting up mechanisms for resource allocation taking into account the concerns of the poor. In addition to the indirect contribution of the health sector to poverty reduction, which was acknowledged, there was need to emphasize its direct contribution such as restoring people's productive capacity. Consequently, this will empower people to develop their own capacity to fight against poverty. Members expressed concern that globalization had exacerbated poverty in Africa during the last decade.

97. Members made the following specific proposals for improving the document: (a) reformulate sentences 3 and 4 of paragraph 2 of the Introduction to read as follows: *"Unfortunately, during the last few years, the number of poor people has steadily increased in rural as well as urban areas resulting in the proliferation of precarious dwellings in cities. This situation brings about deterioration in social and healthHIV/AIDS"*; (b) in paragraph 7, add at the end of the first sentence, *"...integrating the contribution of other sectors"*; (c) in paragraph 11, add at the end of the last sentence *".... and also underscored the need to address the vulnerability of women and children"*; (d) in paragraph 12, rephrase the first sentence to read as: *"Nevertheless, the health sector, despite formulating different strategies (e.g. Alma-Ata, Bamako Initiative), has not implemented explicit interventions targeting poverty"*; (e) in sub-paragraph 15(a), line 4, add *"..housing, sanitation."* within the brackets; (f) in sub-paragraph 16(b), line 3, insert *"and universal"* after *"a sustainable"*; (g) in paragraph 18, line 1, insert *"their participation in"* after *"increasing"*; in line 2, replace *"national"* by *"community"* (sentence missing in the French text); (h) in sub-paragraph 19 (a), line 2, insert *"housing"* after *"chemical industry"*; (i) in sub-paragraph 19(b), line 1, after *"allocation"* add *"and utilization"*; (j) in sub-paragraph 19(c) add at the end *"as well as improving the local production of drugs and traditional medicines"*; (k) in sub-paragraph 19(e), line 1, add *"waste management"* after *"safe food"*; (l) in sub-paragraph 19(f), line 1, insert *"including healthy behaviour"* after *"initiatives"* and add *"priority"* after *"prevent"*; (m) in sub-paragraph 19(g), add *"other priority diseases"* after *"HIV/AIDS"*; (n) in paragraph 20, last sentence, add *"the family"* after *"individual"*; (o) in paragraph 22, add three new sub-paragraphs: *"(d) strengthen the technical competencies of community practitioners, e.g. traditional birth attendants, community care-givers; (e) document indigenous best practices; (f) devise performance-based indicators to capture community contribution"*; (p) revise paragraph 25 to include process and outcome indicators; (q) in paragraph 27, include the dates of the

creation of the New Partnership for Africa's Development (NEPAD) and of the African Union.

98. The Regional Director said that poverty was the root cause of all problems and emphasized that it was everyone's responsibility to address it. He said that poverty was the number one disease in Africa and that a radical paradigm shift supported by a long-term vision, transparency and responsibility was needed. The greatest challenge was how to successfully implement all the strategies adopted to date. He expressed his concern that Africa was the only part of the developing world where poverty was predicted to increase. The Regional Director paid tribute to African Heads of State and Government for creating NEPAD and advised that Africa should stay in the driving seat.

99. The Secretariat was grateful to the Subcommittee for its valuable comments and suggestions which will be incorporated in the revised document. The focus of the strategy implied a shift from the curative to a preventive and promotive approach. Although the promotion of capacity and protection of vulnerability were important, the Secretariat indicated that the priority was on the promotion of the capacity of the poor to enable them to fight against poverty by themselves.

HUMAN RESOURCES DEVELOPMENT FOR HEALTH: ACCELERATING IMPLEMENTATION OF THE REGIONAL STRATEGY (document AFR/RC52/13)

100. Dr R. Chatora of the Secretariat presented this document.

101. He informed the Subcommittee that the document had been prepared in response to the concerns expressed by Member States during the fifty-first session of the Regional Committee. It provided guidance and focused on priority actions that could lead to real and positive changes in the development of human resources for health in the Region.

102. Dr Chatora said that paragraphs 1–5 of the Introduction highlighted the importance of human resources in health systems as well as some important resolutions adopted by the World Health Assembly and resolution AFR/RC48/R3 adopted by the Regional Committee in 1998.

103. The situation analysis contained in paragraphs 6–14 described the status of implementation of the regional strategy and its impact on human resources for health in the Region. It recognized that more attention was paid to the training component rather than to other important issues such as lack of strategic approaches to policies and plans for human resources for health, migration, the increasing shortage of skilled health workers and the gap between the training and practice of health workers.

104. Paragraphs 15–34 presented the guiding principles and priority actions for accelerating the implementation of the strategy. Priority actions included planning and formulating human resources policy; education, training and skills development; human resources management; managing the migration of skilled health personnel; advocacy; and resource allocation.

105. The roles and responsibilities of various partners, including WHO, for the successful implementation, monitoring and evaluation of priority actions were specified in paragraphs 35–39. In the Conclusion, the document stressed the need for countries to translate priority actions into realistic operational plans.

106. The Subcommittee expressed its satisfaction with the relevance and coherence of the document. They stressed the importance of human resources development in the Region, an issue discussed in previous Regional Committee meetings, the joint partners' meeting in Addis Ababa in January 2002, and at the African Union Summit in July 2002. Proposals had been formulated but, in terms of implementation, not much progress had been made. The commitment of governments had not been translated into concrete actions.

107. The Subcommittee felt that human resources policies and plans should be consistent with national health policies and plans which, in turn, responded to the needs identified by national development plans. The lack of necessary skills for management in health systems, including human resource policy development and management, was highlighted. Members recommended that training in this area should be given special attention. They stressed the importance of national ownership of human resource development by dedicating a special budgetline rather than depending entirely on external resources. Given the current levels of brain drain, members emphasized the necessity of developing national institutional capacities for training, ensuring recruitment, retention and motivation of staff as well as appropriate management of human resources.

108. Members made the following specific proposals for improving the document: (a) in paragraph 4 of the Introduction, line 2, it was suggested to add “*and did not begin simultaneously*” after “*has been slow,*” and replace “*with*” by “*hence*”; (b) in paragraph 16, the penultimate sentence should read: “*The proposed actions are: formulation of human resources policy and planning; education.....resource mobilization*”; (c) before paragraph 17, the sub-heading should be changed to read: “*Formulation of human resources policy and plan*”; (d) in paragraph 17, line 5, delete “*work out*” and replace by “*formulate and apply*”; (e) in paragraph 23, last sentence, replace “*centres*” by “*mechanisms*”; (f) in paragraph 27, first sentence, replace “*with particular emphasis on mid- level*” by “*for all levels of*”; (g) the Secretariat to rephrase paragraph 32 and the second sentence of paragraph 34 to reflect the comments and suggestions made by members; (h) in paragraph 41 of the French version, delete the last sentence; and (i) in the Executive Summary, paragraph 3, line 2, add “*both in terms of quantity and quality*” after “*weak national human resources for health*”.

109. The Regional Director thanked members for their useful comments. However, he lamented the fact that the same issues had been raised in the Regional Committee meetings since 1996 but no substantial progress had been made. He impressed upon members that they needed to remind national authorities that without human resources no major progress could be made in the health sector. He emphasized that solutions were available but more effective action on the part of authorities was needed in order to improve the situation.

110. In response to the questions raised by members, the Secretariat provided clarifications and assured them that their inputs would be incorporated in the revised document.

111. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE

(document AFR/RC52/8)

112. After a review of the document and some discussions and amendments, the Programme Subcommittee adopted the report as amended.

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

113. The Programme Subcommittee decided that its Chairman and the Rapporteurs would present the report to the Regional Committee, and that in the event that any of the Rapporteurs was unable to attend the Regional Committee, the Chairman would present that section of the report.

114. The assignment of responsibilities for the presentation of the report to the Regional Committee was as follows:

- (a) WHO Programme Budget 2004-2005 (document AFR/RC52/3):
Prof. Jeanne Diarra-Nama (Chairman)
- (b) Regional strategy for immunization during the period 2003-2005
(document AFR/RC52/9): Prof. Jeanne Diarra-Nama (Chairman)
- (c) Environmental health: A strategy for the African Region
(document AFR/RC52/10): Dr Ghermai Tesfa Sellasie (Rapporteur)
- (d) Poverty and health: A strategy for the African Region
(document AFR/RC52/11): Dr Ghermai Tesfa Sellasie (Rapporteur)
- (e) Implementation of health sector reforms in the African Region: Enhancing the
stewardship role of government (document AFR/RC52/12):
Dr André Enzanza (Rapporteur)
- (f) Human resources development for health: Accelerating implementation of the
regional strategy (document AFR/RC52/13): Dr André Enzanza (Rapporteur)

CLOSURE OF THE MEETING

115. Professor Jeanne Diarra-Nama expressed her deep appreciation for having been elected Chairman of the Programme Subcommittee and thanked members for facilitating her work. She noted with satisfaction that the task of the Subcommittee had been successfully accomplished. However, she regretted the absence of more women on the Subcommittee.

116. The Chairman informed the meeting that Cape Verde, Chad, Central African Republic, Comoros, Congo and Cote d'Ivoire had come to the end of their term as members of the Subcommittee. She thanked them for their contribution to its work. They will be replaced by Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho and Liberia.

117. The Regional Director thanked members of the Subcommittee for their excellent work and commended the Chairman for the exemplary manner in which she had conducted the meeting. He urged members to endeavour to have more female representatives appointed by their ministers. He added that over 52% of the population in Africa were women and they should be made a part of the decision-making process for the continent's development.

118. The Regional Director expressed his thanks and appreciation to the President of the Republic of Congo for his efforts to support the continued operations of the Regional Office in Brazzaville. He again clarified that the security Phase III in Congo was determined by the UN security system in New York and stressed that WHO, as a specialized agency of the United Nations, had to comply with the advice. Dr Samba further stated that since the proposed budget for 2004–2005 had to be discussed and adopted by a specific time, a decision was taken to find an alternative venue for the Programme Subcommittee and Regional Committee meetings.

119. He expressed his sincere thanks to the President and the Government and people of Zimbabwe for accepting to hold this meeting in Harare at a very short notice.

120. The Regional Director thanked the Secretariat and the interpreters for doing an excellent job.

121. The Chairman then declared the meeting closed.

ANNEX 1

LIST OF PARTICIPANTS

Member States of the Programme Subcommittee

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*Unable to attend

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ON HEALTH RESEARCH AND
DEVELOPMENT (AACHRD)**

Dr Mohamed Abdullah
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Nairobi

ANNEX 2

AGENDA

1. Opening of the meeting
2. Election of the Chairman, the Vice-Chairman and the Rapporteurs
3. Adoption of the agenda (document AFR/RC52/7)
4. WHO Programme Budget 2004-2005 (document AFR/RC52/3)
5. Regional strategy for immunization during the period 2003-2005 (document AFR/RC52/9)
6. Environmental health: A strategy for the African Region (document AFR/RC52/10)
7. Implementation of health sector reforms in the African Region: Enhancing the stewardship role of government (document AFR/RC52/12)
8. Poverty and health: A strategy for the African Region (document AFR/RC52/11)
9. Human resources development for health: Accelerating implementation of the regional strategy (document AFR/RC52/13)
10. Adoption of the report of the Programme Subcommittee (document AFR/RC52/8)
11. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
12. Closure of the meeting

PROGRAMME OF WORK

Day 1: Tuesday, 1 October 2002

Session 1

10.00 a.m. - 10.10 a.m.	Agenda item 1	Opening of the meeting by the Regional Director
10.10 a.m. - 10.20 a.m.	Agenda item 2	Election of the Chairman, the Vice-Chairman and the Rapporteurs
10.20 a.m. - 10.30 a.m.	Agenda item 3	Adoption of the agenda (document AFR/RC52/7)
10.30 a.m. - 11.00 a.m.	Tea break	
11.00 a.m. - 12.30 p.m.	Agenda item 5	Regional strategy for immunization during the period 2003-2005 (document AFR/RC52/9)
12.30 p.m. - 2.00 p.m.	Lunch break	

Session 2

2.00 p.m. - 3.30 p.m.	Agenda item 6	Health and environmental: A strategy for the African Region (document AFR/RC52/10)
3.30 p.m. - 4.00 p.m.	Tea break	
4.00 p.m. - 5.00 p.m.	Agenda item 7	Implementation of health sector reforms in the African Region: Enhancing the stewardship role of government (document AFR/RC52/12)

Day 2: Wednesday, 2 October 2002

Session 3

9.00 a.m. - 10.30 a.m.	Agenda item 7 (continued)	
10.30 a.m. - 11.00 a.m.	Tea break	
11.00 a.m. - 12.30 p.m.	Agenda item 8	Poverty and health: A strategy for the African Region (document AFR/RC52/11)
12.30 p.m. - 2.00 p.m.	Lunch break	

Session 4

2.00 p.m. - 3.00 p.m.	Agenda item 8 (continued)	
3.00 p.m. - 3.30 p.m.	Tea break	
3.30 p.m. - 5.00 p.m.	Agenda item 9	Human resources development for health: Accelerating implementation of the regional strategy (document AFR/RC52/13)

Day 3: Thursday, 3 October 2002

Session 5

9.00 a.m. - 10.30 a.m.	Agenda item 4	WHO Programme Budget 2004-2005 (document AFR/RC52/3)
10.30 a.m. - 11.00 a.m.	Tea break	
11.00 a.m. - 12.30 p.m.	Agenda item 4 (continued)	
12.30 p.m. - 2.00 p.m.	Lunch break	

Session 6

2.00 p.m. - 3.00 p.m.	Agenda item 4 (continued)
3.00 p.m. - 3.30 p.m.	Tea break
3.30 p.m. - 5.00 p.m.	Agenda item 4 (continued)
6.30 p.m. -	Reception:

Day 4: Friday, 4 October 2002

Session 7

7.00 a.m. - 11.00 a.m.	Finalization of the report
11.00 a.m. -	Distribution of the draft report

Session 8

3.30 p.m. -	Agenda items 10, 11 and 12
	<ul style="list-style-type: none">• Adoption of the report of the Programme Subcommittee (Document AFR/RC51/8)• Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee• Closure of the meeting

DRAFT RESOLUTION

WHO PROPOSED PROGRAMME BUDGET 2004–2005

(document AFR/RC52/3)

The Regional Committee,

Having carefully examined the report submitted by the Programme Subcommittee on the World Health Organization Proposed Programme Budget and the Regional Contribution to the same for the 2004-2005 biennium;

1. NOTES that the WHO Proposed Programme Budget was prepared by the Director-General, with full participation of all regional offices and inputs from the countries, and comprises headquarters, regional and country office components that spell out clearly how ONE WHO will contribute to the achievement of the strategic goals and objectives of cooperation with Member States;
2. NOTES with appreciation the decision of the Director-General to increase the overall level of funding to the African Region, particularly to the countries;
3. COMMENDS the Regional Director for having prepared the Regional Contribution and for continuing to implement the policy and programmatic orientations defined by the governing bodies;
4. ENDORSES the WHO Proposed Programme Budget and the Regional Contribution for the biennium 2004-2005;
5. REQUESTS the Regional Director to ensure that operational planning, implementation, monitoring and evaluation are done in close collaboration with national health authorities;
6. ENCOURAGES the Regional Director to continue mobilizing funds from Other Sources to ensure adequate funding for the implementation of priority areas of work;
7. REQUESTS the Regional Director to bring this resolution to the attention of the Director-General.

DRAFT RESOLUTION

REGIONAL STRATEGY FOR IMMUNIZATION DURING THE PERIOD 2003–2005

(document AFR/RC52/9)

The Regional Committee,

Recalling various resolutions on the Expanded Programme on Immunization (EPI) adopted in recent years, including resolutions AFR/RC42/R4, AFR/RC43/R8, AFR/RC44/R7 and AFR/RC45/R5 on priority interventions for programme acceleration to achieve its goals;

Having examined the progress report by the Regional Director on the achievements of the Expanded Programme on Immunization in the African Region;

Noting the progress made in the polio eradication initiative since it was launched;

Concerned by the drastic decline in immunization coverage;

Considering that routine immunization is the only way of sustaining the gains made by the polio eradication initiative and measles control;

Having considered the proposed strategies for accelerating the achievement of EPI goals for 2003–2005;

1. APPROVES the orientations provided for the immunization programme in Africa in the Regional Director's report;
2. URGES Member States:
 - (a) to reorient their national strategic EPI plans of action to cover the period 2003–2005 with emphasis on strengthening immunization systems; accelerating disease control, particularly polio eradication, neonatal tetanus elimination, measles control, yellow fever control and introduction of new vaccines, mainly for hepatitis B and Haemophilus influenzae;
 - (b) to provide adequate national funds for EPI programmes;
 - (c) to plan and accelerate the achievement of certification-level surveillance in all countries of the Region and sustain this achievement to realize the goal of certification of polio eradication by the end of 2005;
 - (d) to plan and enhance the activities of national certification committees (NCCs) and national polio expert committees (NPECs) to document clearly the eradication of wild polioviruses in each country of the Region;

3. REITERATES its gratitude to Rotary International, the Centers for Disease Control, Atlanta, USA, UNICEF, the United States Agency for International Development (USAID), the Department for International Development (DFID) (U.K.), the Global Alliance for Vaccines and Immunization (GAVI) and other partners for their strong support to EPI activities in the African Region and invites other donors to join in this support for the benefit of humanity;
4. URGES all partners to strengthen and sustain their support to routine immunization;
5. REQUESTS the Regional Director:
 - (a) to continue advocating for EPI strategies for achieving the poliomyelitis eradication goal in the African Region during his meetings with heads of state, political leaders and other high-level opinion leaders to ensure sustained commitment to national immunization programmes;
 - (b) to monitor the implementation of accelerated disease control strategies with particular emphasis on achieving polio eradication, eliminating neonatal tetanus, controlling measles and yellow fever and strengthening routine immunization systems;
 - (c) to strengthen further collaboration with all international agencies, donor organizations and EPI partners so as to better coordinate policies and resource utilization in an efficient and sustainable manner;
 - (d) to report every year to the Regional Committee on the progress made.

DRAFT RESOLUTION

HEALTH AND ENVIRONMENT: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC52/10)

The Regional Committee,

Aware of the intricate link between health, environment and development;

Concerned about the increasing poor quality of life and the negative health outcomes resulting from neglect and deterioration of the environment in the WHO African Region;

Recognizing the efforts of countries to improve the health of their populations through various regional and country instruments, notably the Pretoria Declaration on Health and Environment (1997) and Promoting environmental health in countries of the WHO African Region: The role of ministries of health (AFR/RC48/TD/1);

Appreciating the contribution of sectors outside health and of communities and partners in pursuit of improved health and environment;

Determined to consolidate efforts towards attainment of the highest quality of life affordable within the Region, especially in advocating for the improvement of environmental determinants of health;

Having carefully examined the report of the Regional Director as contained in document AFR/RC52/10 (Health and environment: A strategy for the African Region), which is aimed at improving the health of the people through the development and implementation of policies for the management of environmental determinants of health;

1. APPROVES the proposed strategy;
2. REQUESTS Member States:
 - (a) to take account in their national policies and strategies of health problems resulting from the environment;
 - (b) to develop or review their national programmes and plans of action, with emphasis on advocacy, awareness-raising and education in health and environment;
 - (c) to collaborate with institutions of higher learning to develop and improve capacity for human resources to better manage health and environment programmes;
 - (d) to identify, mobilize and allocate resources for health and environment programmes to better respond to challenges;
 - (e) to collaborate with other sectors outside health, with partners and civil society in pursuance of improved health by targeting environmental determinants of health;
 - (f) to conduct research in the use of indigenous technologies and innovations that are effective, affordable and sustainable in pursuit of improved health of communities;

3. REQUESTS the Regional Director:
 - (a) to improve the capacity of WHO to effectively provide technical support to Member States for the development and implementation of policies on health and environment;
 - (b) to support the improvement of the capacity of countries to implement and monitor programmes and action plans;
 - (c) to update the Regional Committee in 2005 on the progress made in the implementation of the strategy;

4. APPEALS to other relevant specialized agencies and partners for technical and financial support.

ANNEX 4d

DRAFT RESOLUTION

POVERTY AND HEALTH: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC52/11)

The Regional Committee,

Aware of the intricate and complex linkages between poverty and health, especially in African countries;

Concerned about the deterioration of the health status of the majority of African people during the last decade, in addition to the heavy burden of disease on adults and children;

Recalling resolution AFR/RC50/R1 related to the regional strategy entitled 'Health-for-All Policy for the 21st Century in the African Region: Agenda 2020', and the recommendations of the Commission on Macroeconomics and Health to scale up investments in the health sector in order to reduce poverty and foster economic growth in African countries;

Appreciating the efforts Member countries and the international community have made in recent years through the Highly-Indebted Poor Countries (HIPC)/Poverty Reduction Strategy Paper (PRSPs) framework in order to improve policy implementation towards poverty reduction objectives;

Recognizing the necessity for WHO to fully play its critical role in reducing poverty and catalysing economic growth and social welfare, consistent with the internationally-adopted Millennium Development Goals;

Having carefully examined the Regional Director's report contained in document AFR/RC52/11 outlining the regional strategy for poverty and health, and aiming at supporting the health sector for a significant contribution in achieving national poverty reduction objectives;

1. APPROVES the proposed strategy;
2. REQUESTS Member States:
 - (a) to undertake appropriate reforms in the health sector in the context of broader public sector reforms that effectively improve in the short term the health status of the poor;
 - (b) to update national health policies based on a long-term strategic planning approach;
 - (c) to increase the budget allocated to the health sector in accordance with the Abuja Declaration, which commits countries to allocating 15% of their total budget to the health sector;
 - (d) to support efforts made by civil society and other stakeholders to improve the health of the poor at the grass-roots level in order to increase the absorptive capacity of the health sector and improve the responsiveness of public sector management to poverty reduction goals;
 - (e) to advocate at the national and international levels for more resources to be allocated to the health sector, and to develop a transparent mechanism for managing, monitoring and evaluating such resources;

3. URGES the Regional Director:
 - (a) to provide technical support to Member States for the development of national health policies and programmes for poverty reduction;
 - (b) to increase support, through training institutions, to national professionals in the field of health and development in order to strengthen their capacities for policy analysis, monitoring and evaluation;
 - (c) to assist in mobilizing additional resources for the implementation of this strategy;
 - (d) to report to the fifty-fifth session of the Regional Committee in 2005 on the progress made in the implementation of this strategy.

DRAFT RESOLUTION

**HUMAN RESOURCES DEVELOPMENT FOR HEALTH:
ACCELERATING IMPLEMENTATION OF THE REGIONAL STRATEGY**
(document AFR/RC52/13)

The Regional Committee,

Having considered the report of the Regional Director on the implementation of the regional strategy on the development of human resources for health;

Cognizant of the importance of human resources in the provision of quality health care and in the successful implementation of health sector reforms;

Recalling resolution AFR/RC48/R3 adopting the regional strategy for the development of human resources for health, and resolution WHA54.12 of the World Health Assembly on strengthening nursing and midwifery;

Noting with concern the low level of implementation of the strategy;

Deeply concerned about the high level of brain drain and migration and their negative effects on health services in the Region;

Aware of the need to have a more comprehensive and multisectoral approach for addressing issues regarding human resources for health;

Appreciating the efforts made by Member States and partners to properly address issues regarding human resources for health;

Appreciating the support provided by the Heads of State and Government of the African Union through the decision AHG/Dec.24/XXXVIII on “Development of human resources for health in Africa: Challenges and opportunities for action”;

1. APPROVES the accelerated implementation of the development of human resources for health as proposed in document AFR/RC52/13;
2. COMMENDS the Regional Director for supporting the development of human resources for health;
3. URGES Member States:
 - (a) to give high priority to the development of human resources for health, including mobilizing and allocating more financial resources, valuing health workers and recognizing their professional worth, and put more emphasis on issues of management of human resources for health such as employment policies, development of flexible career paths, fostering motivation and retention and adopting appropriate legislation;

- (b) to accelerate the implementation of the regional strategy for the development of human resources for health according to resolution AFR/RC48/R3 and to take account of additional orientations contained in document AFR/RC52/13;
 - (c) to make appropriate preparations for marking the African Year on Human Resources for Health in 2004;
4. REQUESTS the Regional Director:
- (a) to exercise leadership in forging and coordinating partnerships for the development of human resources for health, including continuing advocacy and support for marking the African Year on Human Resources for Health in 2004 and organization of a Special Summit of African Union Heads of State and Government;
 - (b) to strengthen collaboration with partners such as the International Organization on Migration to facilitate the use of African expertise in the diaspora and support Member States in assisting health workers who choose to return;
 - (c) to report every two years on the progress made in the implementation of the regional strategy for the development of human resources for health.