WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

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Provisional agenda item 8

REPORT OF THE PROGRAMME SUBCOMMITTEE

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OPENING OF THE MEETING

1. The Programme Subcommittee met in Brazzaville, Congo, from 17 to 20 June 2003. The bureau was constituted as follows:

Chairman:	Professor Pierre-Andre Kombila-Koumba (Gabon)
Vice-Chairman:	Dr Teniin Jepkemoi Gakuruh (Kenya)
Rapporteurs:	Dr Miaka-mia Bilenge (Democratic Republic of Congo)
	Dr Omar Sam (Gambia)

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

3. The Regional Director, Dr Ebrahim M. Samba, welcomed the members of the Programme Subcommittee (PSC), members of the Executive Board from the African Region and the Vice-Chairman of the African Advisory Committee for Health Research and Development (AACHRD). He informed the Subcommittee that this is the first PSC meeting to be held in Brazzaville since the return of the Regional Office. He further stated that the situation in Brazzaville has greatly improved thanks to the Government of the Republic of Congo in general, and particularly to the Head of State.

4. The Regional Director informed the Programme Subcommittee of the recent election of the World Health Organization Director-General, Dr J.W. Lee, whom he described as an experienced and friendly person. Dr Samba also acknowledged the valuable contribution of the out-going Director-General, Dr Gro Harlem Brundtland, whom he described as a true friend of Africa. The Regional Director expressed gratitude to Dr Brundtland for considerably increasing budgetary allocations to the African Region and for initiating the country focus initiative which will result in the increased capacity of country offices and further facilitate decentralization in large countries.

5. Speaking on other programmatic areas such as polio, malaria and tuberculosis, Dr Samba reminded the PSC, with satisfaction, that the extrabudgetary funds have increased tremendously. He announced that the European Union (EU) was prepared to give the African Region €600 million for medical research. He reminded the PSC that accountability and transparency were the secrets to mobilizing extrabudgetary funding. He pleaded with countries and WHO staff to efficiently utilize all the available funds and to duly account for them. He reaffirmed the WHO commitment to eradicate polio and reduce the prevalence of other priority diseases such as malaria, tuberculosis and HIV/AIDS.

6. Dr Samba recalled that the role of PSC had broadened since the Regional Committee held in Sun City, South Africa. He stated that the work of the PSC now went beyond discussion of the Programme Budget to include all other technical issues.

7. Commenting on the agenda, Dr Samba underscored the role of hospitals in provision of specialized care to minimize expensive evacuations outside Africa and informed the Programme Subcommittee of the efforts made by the Regional Office to promote subregional referral hospitals. He cautioned that these attempts could fail if competition among the different countries is not resolved. He further reiterated that emergencies such as droughts, floods, earthquakes and disease outbreaks are endemic in Africa.

8. The Regional Director recalled the proposal made by ministers of health in the Regional Committee meeting held in 1995 in Libreville to allocate 15% of national budgets to the health sector. This was confirmed at the Heads of State meeting in Abuja in 2000. He lamented that Member States have moved at a slow pace in achieving this target. The study on macroeconomics and health initiated by Dr Brundtland demonstrated that investing in health has high economic returns. Therefore, Africa could not develop when the majority of the population were in poor health. He urged Member States to increase investments in health as an effective poverty reduction strategy.

9. Dr Samba expressed his sincere gratitude to Heads of State for electing him and to his entire staff for doing a wonderful job which has made the African Region one of the best in the World Health Organization. He said that Africa can hold its own in international fora.

10. Professor Pierre-Andre Kombila-Koumba, Chairman of the PSC, thanked the members for the honour bestowed on him and his country. He congratulated the Regional Director and his team for the excellent job they are doing and for the good quality of the documents. He concluded by informing members that his task as the Chairman was to coordinate and facilitate the work of the Programme Subcommittee.

11. The agenda (Appendix 2) and the programme of work (Appendix 3) were adopted without amendments.

MACROECONOMICS AND HEALTH: THE WAY FORWARD IN THE AFRICAN REGION (document AFR/RC53/8)

12. Dr J.M. Kirigia of the Secretariat presented an overview of the document on macroeconomics and health.

13. He explained that in January 2000, the Director-General of the World Health Organization established a Commission on Macroeconomics and Health (CMH) to study the linkages between increased investments in health, economic development and poverty reduction.

14. The CMH analysis provided evidence that ill-health contributes significantly to poverty and low economic growth; a few conditions account for the high proportion of ill-health and premature deaths; substantial expansion of coverage of cost-effective interventions into priority health problems could potentially save millions of lives per year; a “close-to-client” (CTC) system is required to scale up cost-effective interventions targeting the poor; and the current level of spending on health in Member States is insufficient to scale-up the cost-effective interventions.

15. In light of the above findings, the CMH recommended enhanced political commitment, at both national and international levels, to increased investments in “close-to-client” health systems and expanded coverage of cost-effective interventions for priority national health programmes. Since different Member States present different contexts and challenges, the document suggests, rather than prescribes, generic steps that could be taken to develop investment plans for expanding the coverage of priority cost-effective health and health-related interventions.

16. Dr Kirigia described the generic steps: consensus building on the relevance of the findings and recommendations of CMH at the country level; setting up institutional arrangements to facilitate implementation of the CMH recommendations in countries; situation analysis and

strategic plan development; guidelines on how to bridge funding gaps; revision of the health and health-related sectoral development plans and the relevant components of Poverty Reduction Strategy Papers (PRSPs); implementation of the multi-year strategic plan by the lead ministries and agencies; monitoring, evaluation and reporting.

17. Members of the Programme Subcommittee felt that the document would be a useful tool for planning to scale up health investments needed in the expansion of pro-poor health interventions. They said that the national health accounts activities being undertaken by Member States would be useful in quantifying funds currently available from all sources (including all relevant sectors) as well as their allocation and utilization.

18. The Programme Subcommittee said that there is need for strong stewardship for health. The health contribution from the activities undertaken by all the sectors, inter alia, education, water and sanitation, environment, agriculture, labour and industry, should be quantified in order to arrive at a comprehensive estimate of the contributions they make to health financing. National capacity in public health should be strengthened to ensure the inclusion of health-related issues in the policies, projects and activities of all the sectors.

19. The Secretariat explained that Macroeconomics and Health was a relatively new area of work in WHO which constitutes a paradigm shift from a medicalized to a more developmental approach to health. Dr Gro Harlem Brundtland, Director-General of WHO, will always be remembered for having initiated the work on macroeconomics and health. The Secretariat assured the Programme Subcommittee that WHO would continue advocating for and strengthening the capacity of Member States in health economics.

20. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/1) on the subject, to be submitted to the Regional Committee for adoption.

STRENGTHENING THE ROLE OF HOSPITALS IN NATIONAL HEALTH SYSTEMS (document AFR/RC53/9)

21. The document was presented by Dr R. Chatora of the Secretariat.

22. He said that the document proposed a framework for improving the performance of hospitals in national health systems. The situation analysis revealed that in the last two decades, a decline of health systems performance in the African Region had been observed. It highlighted that the role of hospitals within national health systems was one of the fundamental issues which required priority attention.

23. Dr Chatora added that the framework proposed in the document defined three core functions of hospitals: provision of high quality health care services; development of human resources for health; and information and research.

24. To enable hospitals to undertake the aforementioned core functions, some orientations were proposed. They include: hospital development and government stewardship; enhancing collaboration between hospitals and other levels of the health system; development of human resources for health; making quality of care central to hospital development; improving hospital

financing mechanisms; improving organization and management of hospitals; improving responsiveness; and improving collaboration between traditional medicine and hospitals.

25. The roles and responsibilities of countries, partners and the World Health Organization (WHO) in the implementation of the framework were described.

26. Dr Chatora said that the document concluded by pointing out that development of hospitals in the Region should be undertaken within the context of health sector reforms. Giving appropriate consideration to hospitals should not divert attention from other levels of the health system. In this regard, efforts to boost Primary Health Care (PHC) should continue to be pursued which requires strong stewardship by national authorities and commitment by partners.

27. Members of the Programme Subcommittee expressed their satisfaction with the quality, relevance and pertinence of the document. However, it was observed that this issue should have been tabled for discussion much earlier in view of its significance in health care delivery system. They stressed that the document could be a useful tool for advocating for support from governments and partners in order to allow hospitals to play their important roles of providing quality care, training health personnel and research. Members reiterated that the improvement of working conditions in hospitals, including training and remuneration, are crucial for the motivation and retention of health workers. The PSC underscored the fact that improvement of hospitals will entail simultaneous revamping of health worker training institutions.

28. The Programme Subcommittee emphasized the need to affirm the role of community participation in the development and management of hospitals to ensure sustainability. The members stressed the importance of increasing hospital budget allocations as well as ensuring their timely availability and proper management.

29. With regard to resource mobilization for hospitals, members of the Programme Subcommittee underlined the importance of inter-institutional partnerships. This will entail twinning of hospitals in Africa with those in developed countries. The PSC strongly felt that the issue of strengthening of hospitals should be addressed globally before embarking on a country-by-country approach. In addition, effective decentralization of healthcare delivery mechanisms coupled with rational utilization of available resources is needed to ensure better performance of health systems.

30. The following were some of the specific amendments to the document proposed by the Programme Subcommittee:

(a) In the Executive Summary, paragraph 3 (a) should read “hospital development with government stewardship and effective community participation”.

(b) Under Situation Analysis:
- paragraph 5, second sentence should read “The network of hospitals includes district, regional, tertiary and teaching hospitals.”
- paragraph 7, first sentence should read “Funding for hospitals presents a dilemma as they generally consume a greater portion of ministry of health budgets (sometimes more than 70% of the total).”

- paragraph 9, last sentence should read “In many countries, senior public officials and the rich members of society demonstrate their lack of trust in public hospitals by seeking medical care in private hospitals or outside the country.”
- paragraph 13, first sentence should read “Some health programmes use district health facilities for in-service training and staff development.”

(c) In the section on “Framework for strengthening the role of hospitals in national health systems”:

- add: “(d) Community participation” in paragraph 18.
- paragraph 19 (a) should read “ provision of referral care,”
- paragraph 20, first sentence should read “ Provision of cost-effective health care is the central function of hospitals in their handling of referred cases.”
- paragraph 24 (a) should read “hospital development with government stewardship and effective community participation;”
- paragraph 31, first sentence should read “Quality of care should become a central issue of hospital reform and a corporate responsibility for all health professionals.”

31. The Secretariat thanked the Programme Subcommittee for their comments which would be used to enrich the document. They recognized that the current status of hospitals is a consequence of economic deterioration, lack of commitment to social care among the leadership and the effects of civil strife. The Secretariat stressed the necessity of increased investments in the health sector by governments and better management of resources. They emphasized that the ultimate responsibility of improving the health status of Africans lies with their governments.

32. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/2) on the subject, to be submitted to the Regional Committee for adoption.

INJURY PREVENTION AND CONTROL IN THE AFRICAN REGION: CURRENT SITUATION AND AGENDA FOR ACTION (document AFR/RC53/10)

33. Dr Mohamed Belhocine of the Secretariat presented this document.

34. He recalled that the document underscored the fact that injuries are as important as other diseases, and their prevention and control involve the same principles as other public health problems. Injuries are categorized as unintentional and intentional. Unintentional injuries comprise road traffic crashes, poisoning, falls, fires and drowning; intentional injuries comprise interpersonal, collective and self-inflicted violence.

35. Dr Belhocine emphasized that injuries are social problems with major public health implications in both developed and developing countries. Injuries represent 11% of the global mortality rate and 13% of all disability-adjusted life years lost. In the year 2000, in the African Region alone, an estimated 725,000 people died as a result of injuries, accounting for 7% of all deaths in the Region and 15% of injury-related deaths worldwide.

36. He further stated that the health, economic and social impacts of injury and violence are more significant in poor countries and among disadvantaged populations. Injuries may lead to poverty, and poverty is a risk factor for injury and violence. In the African Region, road traffic

injuries, conflicts and interpersonal violence are the leading causes of mortality and disability related to injuries.

37. Dr Belhocine said that the health sector is the final common point of convergence of all injuries. This is because information, education, communication, data surveillance, pre-hospital care, hospital care and rehabilitation involve the individuals and institutions of the healthcare sector.

38. The document concluded, therefore, that the health sector is central to raising awareness; as well as mobilizing other sectors and stakeholders. It should also advocate for and contribute to the formulation, adoption and implementation of comprehensive policies, strategies and programmes to prevent and manage injuries and violence.

39. Members of the Subcommittee described the document as relevant and pertinent. They recommended that the following factors be emphasized in the document: globalization; natural disasters; negative effects of haphazard urbanization; psychosocial and mental effects of injuries; political instability; lack of security; effects of war; high homicide rates; drug abuse among youth which resulted in speeding; and harmful traditional practices. In addition, the Programme Subcommittee recommended that the notion of “peace” and its determinants should be researched further to facilitate development of a clear orientation that could be used for advocacy at the highest level in countries.

40. The following were specific amendments to the document prescribed by the Subcommittee:

(a) In the executive summary:

- In paragraph 1, second sentence, after the words “a lack of” add “well researched information and public...”
- In paragraph 4, after the words “pre-hospital care” insert “(including emergency and ambulance services)”.
- In paragraph 5, after the word “comprehensive” add “evidence-based...”. At the end of the sentence, insert “and consequences of injuries”.

(b) In the introduction section:

- In paragraphs 3 and 4 mention “natural disasters” as a cause of injuries. This should also be reflected in paragraph 8.
- In paragraph 4, define the term “collective”. Correlation between poverty and injuries should be highlighted and supported by relevant statistics.
- Paragraph 7, first sentence, after the word “effects”, include “on”.
- Paragraph 8, include “emergency mechanisms”.

(c) Under current situation:

- In paragraph 11, include “political unrest and socio-cultural factors”.
- In paragraph 13, update Figure 2 with more recent statistics.
- In paragraph 25, present statistics of the number of suicides in the African Region.

(d) In the agenda for action section:

- Paragraph 28, include “evidence-based” after the word “promote” and reinforce the role of research.
- Paragraph 30, second sentence: include the phrase “encourage more efficient broad-based partnership” and reinforce the role of pre-emptive research.

(e) Under roles and responsibilities:

- Paragraph 31, the concept of “peace” should be defined. Also make the difference between “peace” and “absence of war”.
- In paragraph 35, there should be mention of “first-aid”. In addition, “community-based prevention, rehabilitation…” should be inserted.
- In paragraph 37, the word “adjust” should be replaced with “strengthen”.
- In paragraph 38, insert “curative and preventive” before “interventions”.

(f) In the section on monitoring and evaluation, incorporate the aspect of emergency preparedness, and mention who is responsible for monitoring and evaluation.

41. The Secretariat thanked the Programme Subcommittee for their comments which would be used to enrich the document. They recognized that the psychosocial consequences of injuries are a major problem in the Region. The Secretariat clarified that the lack of data on suicide in Africa is due to various reasons such as limited information systems and specific cultural considerations. They emphasized that the responsibility of monitoring and evaluation lies with countries and WHO will provide the necessary support.

42. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/3) on the subject, to be submitted to the Regional Committee for adoption.

WOMEN’S HEALTH: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC53/11)

43. Dr Doyin Oluwole of the Secretariat introduced this document.

44. She said that the document defined women’s health as a state of complete physical, mental and social well-being throughout their entire lifespan, and not only their reproductive health. Women’s biological vulnerability to health conditions (such as HIV/AIDS), their low social status, limited access to health services, low literacy level and lack of decision-making power are major determinants of ill-health.

45. Dr Oluwole pointed out that the document described the various stages of women’s lifespan and the related health issues. For example, infections, physical injuries and sexual abuse are common in childhood. Adolescence is characterized by early marriage, unwanted pregnancy, unsafe abortions and harmful traditional practices (HTPs)/Female genital mutilation (FGM). In the reproductive years, maternal morbidity and mortality are major public health challenges. Cervical and breast cancers, osteoporosis, post-menopausal syndrome and mental depression are principal causes of morbidity and mortality in later life. Sexually-transmitted infections (STIs), HIV/AIDS and violence occur throughout women’s lifespan. Tuberculosis, malaria and HIV/AIDS constitute a deadly triad in African women.

46. She said that the women's health strategy was meant to contribute to the attainment of the highest possible level of health for women. The strategy addresses health conditions that are exclusive to or more prevalent in women as well as those which have more severe consequences and imply different risk factors for women.

47. Dr Oluwole further reported that the proposed interventions focused on improving the responsiveness of health systems to the specific needs of women; developing appropriate policies, advocacy strategies and communication strategies; strengthening the capacity of various cadres of health providers to deliver quality care. Implementation was described within the context of health sector reform and equity in health; in partnership with women, men, opinion leaders, community-based organizations, NGOs, relevant government ministries, public and private institutions.

48. She reiterated that the document required that Member States should develop or revise legal frameworks, and collect sex-disaggregated data to promote women's health. WHO and partners should provide technical assistance, develop generic tools and guidelines, and assist countries to apply appropriate indicators. An enabling environment should be provided to promote health system responsiveness to women's needs, education of the girl-child, quality healthcare, elimination of gender discrimination and HTPs, and an appreciation of the role of women in sustaining the cycle of human life. Concluding her presentation, Dr Oluwole proposed a change in paragraphs 24 and 34 of the French version to read "SOU" instead of "EOC". In paragraph 34, second sentence, it should read "*statistiques sanitaires indispensables désaggrégées*" instead of "*statistiques sanitaires indispensables ventilées*".

49. Members of the PSC congratulated the Secretariat for developing a strategy on women's health. They discussed the various aspects of the document and raised the following issues:

(a) the need to address specific issues related to rural women;

(b) position of WHO on the proposed change from female genital mutilation (FGM) to female genital cutting;

(c) education of the girl-child for emancipating women from the burden of women-related conditions, including poverty.

50. Members of PSC made the following specific comments and suggestions for improving the document:

(a) in paragraph 2 clarification was sought on the meaning of "geographical and financial access";

(b) in the last sentence of paragraph 2, the factors listed are not specific to women;

(c) in paragraph 9, in the fourth sentence, replace the word "unacceptably" with "extremely" and add "lack of antenatal care";

(d) in paragraph 10, clarification was requested on "maternal exhaustion", "maternal disability" and "culture of silence and endurance";

(e) in paragraph 12, the issue of HIV/AIDS orphans and the burden of care it imposes on elderly women should be included, and biological vulnerability of women to HIV/AIDS should be clarified;

(f) in paragraph 13, clarification was sought on the sentence beginning with "the re-emergence of tuberculosis";

(g) in paragraph 15, a progress report on the implementation of activities on FGM elimination in the Region was requested;

(h) in paragraph 19(a) the clause "advocate for sensitive women's health policies and programmes" should be changed to read "advocate for women-sensitive health policies and programmes";

(i) in paragraph 19(b), add "in particular, maternal mortality" at the end of the sentence;

(j) in paragraph 19(c), add "and ensure safe motherhood" at the end of the sentence;

(k) in paragraph 20, it was suggested to include the issue of education of the girl-child;

(l) in paragraph 20(b), at the end of the sentence, add "in particular, emergency obstetric care";

(m) in paragraph 23, second sentence, before "diabetes and blindness" insert "hypertension";

(n) in paragraph 35 of the French version, second sentence, it was requested to change "*engagement ferme*" to "*ferme engagement*";

51. Reviewing the executive summary, the following suggestions and comments were made:

(a) add at the end of paragraph 2: "All these factors require detailed studies in order to inform policies and promote effective planning and interventions.";

(b) in paragraph 4, it was suggested to link the objectives of this regional strategy with appropriate millennium development goals (MDGs);

(c) in paragraph 5, after "health systems" add "based on well researched information on" and add "evidence-based" after "appropriate".

52. The Secretariat expressed appreciation for the comments and suggestions made by the Programme Subcommittee and assured members that these would be included in the revised version.

53. In addition, the PSC members were reminded that over 50% of the population in Africa are women and consequently, they should be part of the development process. In particular, the education of the girl-child was identified as one of the leading factors for the promotion of equity, women empowerment, accessibility to health systems and reduction of harmful traditional practices. It was emphasized that although poverty and lack of development affect both women and men, there was greater impact on women. Furthermore, it was reiterated that while maternal mortality is recognized as a major challenge, this strategy document goes beyond safe motherhood to include risks throughout a woman's lifespan.

54. In response to specific issues raised, the Secretariat provided the following explanations:

(a) The expression Female Genital Mutilation is still retained by WHO despite the proposed move to change to female genital cutting (FGC) because the practice involves real mutilation of the female genitalia rather than just cutting;

(b) geographical accessibility referred to the distance/topography to a health facility, and financial accessibility concerns the affordability of health care;

(c) disaggregated data are needed to provide better information on the health status of women and men; on the basis of this explanation, the phrase "disaggregated data" should be retained and the Portuguese version reviewed accordingly;

(d) on the issue of female biological vulnerability to HIV/AIDS, four contributory factors

were mentioned, namely: larger surface area of the vagina, accommodation of large amounts of semen in the vagina, higher viral load in the semen and multiple micro-tears in the vagina during intercourse;

(e) regarding the factors listed in paragraph 2, the PSC was referred to paragraph 17 of the document: Even though the factors are common to women and men, they have severe consequences and imply different risk factors for women, and this is one of the added values of the strategy;

(f) concerning "culture of silence and endurance", the explanation provided was that in the African traditional context, children in general and girls in particular are brought up to stay silent when other members of the household are speaking; hence, they grow up with this silence and pay more attention to matters involving the rest of the family rather than themselves;

(g) with reference to "maternal exhaustion", this was explained as a common syndrome consisting of chronic fatigue caused by multi-parity or short birth intervals and aggravated by malnutrition and anaemia;

(h) in paragraph in the Portuguese text, it was proposed that "*incapacidades maternas*" should be changed to *incapacidades decorrentes da maternidade*;

(i) concerning the progress on FGM elimination, PSC members were informed that there is an ongoing survey to evaluate the first 5 years of implementation of the 20-year Regional Plan of Action to Accelerate the Elimination of FGM. It was further stated that by December 2003, preliminary results would be available to share with Member States.

55. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/4) on the subject, to be submitted to the Regional Committee for adoption.

FOOD SAFETY AND HEALTH: SITUATION ANALYSIS AND PERSPECTIVES (document AFR/RC53/12)

56. Dr E. Anikpo-Ntame of the Secretariat introduced this document.

57. She explained that the document described foodborne illness as a major public health problem which also lowers economic productivity. Every year, millions of people worldwide become sick as a result of consuming contaminated and unsafe food. Ensuring food safety is a critical and fundamental component of public health and food security. The Fifty-third World Health Assembly adopted resolution WHA53.15 urging WHO and its Member States to recognize food safety as an essential public health function.

58. Dr Anikpo-Ntame said that food hazards include foodborne microbial pathogens and both chemical and physical contaminants. Socioeconomic, environmental and climatic factors along with poor personal hygiene predispose food to contamination within the Region.

59. She mentioned that the high incidence of foodborne illness was a continuing challenge in the Region. Though some positive steps have been taken to improve food safety, success has been elusive. The 2002 WHO Regional safety survey showed that most national policies and programmes have gaps and inadequate linkages between strategies. There was a need to strengthen the capacities of countries to develop comprehensive, sustainable and integrated food safety systems. The reduction of foodborne diseases depended on availability and enforcement of

food safety legislation, application of preventive risk-based approaches, surveillance and capacity building.

60. Because of the need to raise the profile of food safety in the Region, the document highlighted the dimensions of the food safety problem; examined the linkages between food safety, health and development; and proposed approaches and priority actions for strengthening food safety activities in countries.

61. The members of the Programme Subcommittee thanked the Secretariat for proposing the discussion of this important issue and also for the quality of the document. They pointed out that the document had not mentioned the role of laboratories in food safety surveillance. Recognizing the involvement of different sectors in food production, handling, inspection, import and export, the members emphasized the need for multisectoral collaboration under the coordination and leadership of ministries of health. Roles of the respective sectors should be clearly defined by governments to avoid duplication and improve synergy.

62. The Programme Subcommittee also highlighted the lack of tools and preparedness of countries in the Region to tackle the issue of food hazards such as radioactive, chemical and bacteriological contamination, among others. They stressed the need to establish inter-country information networks and rapid alert mechanisms.

63. The PSC proposed the following specific suggestions for improving the document:

(a) in paragraph 26 of the French text, add "*sur*" after "*fondee*";
(b) in paragraph 37, in the first sentence, add the word "coordinated" before the word "enforceable" and at the end of the sentence add "including their enforcement";
(c) in the executive summary there was a proposal to include another paragraph to cover the issue of duplication of efforts, synergy and coordination among sector ministries.

64. The Secretariat thanked the members for their valuable comments and assured them that they would be incorporated in the final document.

65. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/5) on the subject, to be submitted to the Regional Committee for adoption.

SCALING UP INTERVENTIONS AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA (document AFR/RC53/13)

66. Dr A. Kabore of the Secretariat presented this document.

67. He underscored the fact that HIV/AIDS, tuberculosis and malaria contribute to high morbidity and mortality in the WHO African Region, and account for more than 90% of the global cases and deaths associated with these diseases. They exert enormous economic burden on governments, communities and families, trapping millions in a vicious cycle of poverty and ill-health.

68. Dr Kabore reported that a number of innovative and cost-effective interventions had been developed over the years to reduce the burden of the three diseases. The Region had adopted

strategies, frameworks and resolutions; countries had developed and are implementing plans of action in line with these decisions.

69. The following achievements have so far been made: increased political commitment in countries and partnership building for accelerating implementation of interventions; ongoing capacity building for the prevention and control of the three diseases; increased knowledge about HIV/AIDS and safe blood for transfusion; increased TB case detection rates and implementation of the DOTS strategy; and more capacity to plan, implement, monitor and evaluate malaria prevention and control programmes in almost all countries.

70. Dr Kabore lamented that despite these achievements, coverage and access to interventions remained low: only 6% of the adult population had access to voluntary counselling and testing, 40% of countries had nationwide coverage of DOTS services and coverage of ITN was 5%. Trends in these diseases were not declining largely due to limited human and financial resources, unaffordable drugs for prevention and treatment, and poor infrastructure. These constraints were compounded by inadequate approaches to the implementation of existing strategies for programmes.

71. Dr Kabore stressed that implementation of the approaches outlined in this document would significantly contribute to scaling-up interventions for the three diseases. The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global TB Drug Facility and Roll Back Malaria Initiative offered enormous opportunities to scale up implementation of activities. In concluding his presentation, Dr Kabore proposed a change to paragraph 21 of the French text to read, *"Les objectifs spécifiques, en accord avec les déclarations d'Abuja et la session extraordinaire de l'Assemble générale des Nations Unies, sont:"*.

72. Members of the Programme Subcommittee thanked the Secretariat for the document. They expressed the need to include and emphasize traditional medicine as it has a role to play with regard to research and management of the three diseases. In addition, the mechanism to prevent leakage of cheaper antiretrovirals (ARVs) from developing to developed countries required formulation. They proposed that the document should consistently use the abbreviations *HIV/AIDS* rather than *HIV* only. The special problems of countries in conflict and post-conflict situations, the resulting displaced populations and the issues of worsening poverty should be taken into account in the section on constraints.

73. Members made the following specific suggestions for improving the document:

(a) in paragraph 6, the last sentence should begin: "Some countries in the Region have";
(b) paragraph 7, the second sentence should begin: "It accounts for 30–50%";
(c) since paragraphs 11–14 are all dealing with *management issues*, there was a proposal to have them merged;
(d) in paragraph 13, second sentence, it was proposed to add "and inappropriate composition of coordinating bodies" after "planning and management";
(e) in paragraph 18, add "Community Based Organizations" after NGOs;
(f) in paragraph 19, last sentence, before "further reaffirm" add "and other initiatives for poverty reduction";
(g) in paragraph 22 (c), clarification was sought on "cultural acceptability"; also add "and participation of the community" after "to ensure sustainability";
(h) in paragraph 24, in the last sentence, add "and interpersonal communication", after

"rural radio stations";

(i) in paragraph 25, the last sentence in the Portuguese version, change "*catalitico*" to "*catalizador*";

(j) in paragraph 26 (a), add "CBOs" after NGOs, and in 26 (b) add "corporate sector" before NGOs;

(k) in paragraph 38, in the first sentence, add "at all levels" after "participate"

(l) in paragraph 39, there was a request for clarification of the phrase "*suprimentos dispendiosos para a prevencao*" in the Portuguese text;

(m) in the executive summary, paragraph 3, add "development of strategic plans by countries" after "political commitment";

(n) in the executive summary, paragraph 4, clarification was sought on why "Environmental sanitation" had not been included.

74. The Secretariat expressed appreciation for the comments and suggestions made by the Programme Subcommittee and assured members that these would be included in the revised version.

75. In response to the question of 30% of outpatient cases and hospital admissions being caused by malaria, the Secretariat proposed reviewing the reference documents to correct the figure, if necessary, and quote the source. On "cultural acceptability," the explanation given was the need to take into account the cultural environment when implementing strategies developed at regional level. Concerning the translation of the word *supplies* in paragraph 39, it was proposed to use the terms *materiais* in the Portuguese text and *materiels* in the French text.

76. Concerning the issue of "Environmental sanitation," the Secretariat responded that currently available evidence indicates that it was not a cost-effective intervention for preventing malaria transmission.

77. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC53/WP/6) on the subject to be submitted to the Regional Committee for adoption.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE (document AFR/RC53/7)

78. 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

79. 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.

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

(a) Macroeconomics and health: The way forward in the African Region (document AFR/RC53/8), Professor Pierre-Andre Kombila-Koumba (Chairman)
(b) Strengthening the role of hospitals in national health systems (document AFR/RC53/9), Professor Pierre-Andre Kombila-Koumba (Chairman)
(c) Injury prevention and control in the African Region: Current situation and agenda for action (document AFR/RC53/10), Dr Omar Sam (Rapporteur)
(d) Women's health: A strategy for the African Region (AFR/RC53/11), Dr Omar Sam (Rapporteur)
(e) Food safety and health: Situation analysis and perspectives (AFR/RC53/12), Dr Miaka-mia Bilenge (Rapporteur)
(f) Scaling up the interventions related to HIV/AIDS, tuberculosis and malaria (document AFR/RC53/13), Dr Miaka-mia Bilenge (Rapporteur)

CLOSURE OF THE MEETING

81. Professor Pierre-Andre Kombila-Koumba thanked the members of the Programme Subcommittee for facilitating his role. He commended the Regional Director and the staff of the Regional Office for the quality and relevance of the documents presented which facilitated discussion. He pointed out that while the topics discussed were not completely new, the learning process had been useful and the solutions to the problems need to be implemented by Member States and governments.

82. The Chairman informed the participants that the term of Programme Subcommittee membership held by Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon and Gambia had come to an end. He thanked them for their diligent contributions to the work of the Subcommittee. They will be replaced by Madagascar, Malawi, Mali, Mauritania, Mauritius and Mozambique.

83. Dr Sambo, on behalf of the Regional Director, thanked the Chairman for his able leadership throughout the meeting, and the members of the Programme Subcommittee for their excellent contributions and guidance which served to enrich the documents. He assured the PSC that their suggestions and recommendations would be taken into account when revising the documents for submission to the forthcoming Regional Committee meeting.

84. He said that he could not overemphasize the need for taking into account all the key health determinants in the health development discourse. He further explained that, with the publication of the *World Health Report 2002*, the theme of which was reducing risks and promoting healthy life, WHO was increasingly using a multi-sectoral approach to mitigating health risks. At the country level, he said that various health risks can only be addressed successfully through active engagement of all relevant sectors.

85. Dr Sambo thanked the Secretariat and the interpreters for doing a superb job which had contributed to making the meeting a success.

86. The Chairman then declared the meeting closed.

ANNEX 1

LIST OF PARTICIPANTS

1. MEMBER STATES OF SUBCOMMITTEE

DEMOCRATIC REPUBLIC OF CONGO

Dr C. Miaka mia Bilenge
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GUINEA*

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LESOTHO

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2. EXECUTIVE BOARD MEMBERS

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Dr Yankuba Kassama
Secretary of State for Health and Social Welfare
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Dr Kwaku Afriyie*
Minister of Health
Ghana

3. AFRICAN ADVISORY COMMITTEE FOR HEALTH RESEARCH & DEVELOPMENT (AACHRD)

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Kenya

*Unable to attend

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/RC53/6)

4. Macroeconomics and health: the way forward in the African Region (document AFR/RC53/8)

5. Strengthening the role of hospitals in national health systems (document AFR/RC53/9)

6. Injury prevention and control in the African Region: Current situation and agenda for action (document AFR/RC53/10)

7. Women's health: A strategy for the African Region (document AFR/RC53/11)

8. Food safety and health: Situation analysis and perspectives (document AFR/RC53/12)

9. Scaling up the interventions related to HIV/AIDS, malaria and tuberculosis (document AFR/RC53/13)

10. Adoption of the report of the Programme Subcommittee (document AFR/RC53/7)

11. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee

12. Closure of meeting

ANNEX 3

PROGRAMME OF WORK

DAY 1: TUESDAY, 17 JUNE 2003

10.00 a.m. – 10.10 a.m.	**Agenda item 1**	Opening of the meeting
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/RC53/6)
10.30 a.m. – 11.00 a.m.	**Tea break**	
11.00 a.m. – 12.30 p.m.	**Agenda item 9**	Scaling up the interventions related to HIV/AIDS, malaria and tuberculosis (document AFR/RC53/13)
12.30 p.m. – 2.30 p.m.	**Lunch break**	
2.30 p.m. – 4.00 p.m.	**Agenda item 5**	Strengthening the role of hospitals in national health systems (document AFR/RC53/9)

DAY 2: WEDNESDAY, 18 JUNE 2003

9.00 a.m. – 10.30 a.m.	**Agenda item 6**	Injury prevention and control in the African Region: Current situation and agenda for action (document AFR/RC53/10)
10.30 a.m. – 11.00 a.m.	**Tea break**	
11.00 a.m. – 12.30 p.m.	**Agenda item 7**	Women's health: A strategy for the African Region (document AFR/RC53/11)
12.30 p.m. – 2.30 p.m.	**Lunch break**	
2.30.pm. – 4.00 p.m.	**Agenda item 8**	Food safety and health: Situation analysis and perspectives (document AFR/RC53/12)
5.00 p.m.	**Cocktail**	

DAY 3: THURSDAY, 19 JUNE 2003

9.00 a.m. – 10.30 p.m.	**Agenda item 4**	Macroeconomics and health: the way forward in the African Region (document AFR/RC53/8)
11.00 p.m. – 5.00 p.m.	**Writing of report**	(By the secretariat)

DAY 4: FRIDAY, 20 JUNE 2003

11.00 a.m. – 1.00 p.m. **Agenda items 10, 11, and 12**

- Adoption of the report of the Programme Subcommittee (document AFR/RC53/7)
- Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
- Closure of meeting