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Fifty-seventh session
Brazzaville, Republic of Congo, 27–31 August 2007

PROGRAMME SUBCOMMITTEE

Provisional agenda item 7

REPORT OF THE PROGRAMME SUBCOMMITTEE

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DRAFT RESOLUTIONS

These are attached to the respective documents.

OPENING OF THE MEETING

1. The Programme Subcommittee met in Brazzaville, Republic of Congo, from 19 to 22 June 2007.

2. The Regional Director, Dr Luis Gomes Sambo, welcomed the members of the Programme Subcommittee.

3. The Regional Director underscored the importance of the Programme Subcommittee in providing expertise in the development of strategies to address public health challenges in the Region. He appreciated its contribution and noted that it was time to move from words to actions. He underscored the fact that this meeting was taking place following the adoption by the World Health Assembly of the Medium-Term Strategic Plan 2008–2013 and the Programme Budget 2008-2009. This provided the opportunity to align the decisions of the governing bodies with the expectations of the African populations and Member States. He also informed the participants that the organizational structure of the Regional Office had been adjusted to respond to the implementation of the Medium-Term Strategic Plan and the roll out of the Global Management System. This system would improve budget and finance management and contribute to enhancing accountability, efficiency and transparency.

4. The Regional Director highlighted the importance of some of the agenda items such as: the resurgence of cholera which called for a multisectoral approach; the risk of resurgence of onchocerciasis due to the presence of the vector in the Region; the need to strengthen health systems through the development and implementation of sound policies and strategies; and appropriate financing of health plans in order to scale up interventions and provide quality care. The Regional Director also noted the necessity to review the terms of reference, mandate and membership of the Programme Subcommittee in order to better prepare and speed up the deliberations of the Regional Committee, generate opinion on public health matters of global concern, and provide the right orientations to Member States during meetings of the governing bodies.

5. After the introduction of the members of the Programme Subcommittee, and the Regional Office divisional directors and regional advisors, the bureau was constituted as follows:

Chairman:	Dr Potougnima Tchamdja (Togo)
Vice-Chairman:	Dr Sam Zaramba (Uganda)
Rapporteurs:	Dr Elsa Maria da Conceição Ambriz (Angola, for Portuguese)
	Professor Khireddine Khelfat (Algeria, for French)
	Dr André Bernard Valentin (Seychelles, for English).

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

7. The Chairman thanked the members of the Programme Subcommittee for the confidence placed in him on behalf of his country and underlined the timeliness of the subjects chosen for discussion. He was confident that the Secretariat would work together with the Programme Subcommittee to ensure that the documents were reviewed and revised for the Regional Committee.

8. The agenda (Annex 2) and the programme of work (Annex 3) were discussed.

9. The Regional Director proposed to include the discussion of an information document on the report of the WHO internal and external audits that were presented during the Sixtieth World Health Assembly. The report critically reviewed budget and finance management in the WHO African Region. The proposed document would be submitted to the Regional Committee to update ministers of health on the audit matters. It would also provide an opportunity for the Regional Committee to follow up matters related to budget and finance management. The document was proposed as agenda item 16.

10. The agenda was adopted with the proposed amendments as stated above. The following working hours were then agreed upon:

9 a.m. – 12.30 p.m.	including a 30-minute tea break
12.30 p.m. – 2 p.m.	lunch break
2 p.m. – 5 p.m.	

11. Administrative information and a security briefing were provided to the members of the Programme Subcommittee.

RESURGENCE OF CHOLERA IN THE WHO AFRICAN REGION: CURRENT SITUATION AND WAY FORWARD (document AFR/RC57/PSC/3)

12. Dr A. Yada of the Secretariat introduced the document entitled “Resurgence of cholera in the WHO African Region: Current situation and way forward”.

13. The document reported that the African Region accounted for over 90% of the total cases of cholera reported to WHO. The cholera situation in the African Region has been worsening since the early 1990s. In 2006, 31 countries reported a total of 202 407 cases and 5259 deaths with an overall case fatality rate of 2.6%. The current response to cholera in the African Region tended to be reactive, in the form of an emergency response. Poor sanitation and the lack of potable water were the main risk factors for cholera. Nevertheless, cholera tended to be viewed as the concern of the health sector alone, and, as a result, cholera prevention and control programmes and activities often lacked a coordinated and multisectoral approach.

14. It was essential that Member States recognized the complexity of cholera prevention and control and to develop or strengthen national multisectoral programmes to ensure universal access to safe drinking water and sanitation. In addition, national cholera epidemic management coordinating committees responsible for preparedness and response should be put in place. These committees should include representatives of the key sectors (health, water, sanitation, fisheries, agriculture and education) as well as nongovernmental organizations and international partners. National epidemic preparedness and response plans should include enhancing disease surveillance, case management, health promotion and pre-positioning contingency stocks for diagnosis and treatment.

15. The document recommended that WHO and partners continue assisting countries to build national capacity by providing guidelines, protocols and technical support for the development, execution and evaluation of a comprehensive control plan for cholera and other waterborne diseases. The Regional Office should also work with partners to mobilize resources in support of implementation of plans.

16. Members of the Programme Subcommittee welcomed the paper and commended its relevance, conciseness and clarity. They made some general comments for improvement. They requested that the linkage between cholera and poverty as well as overall development be emphasized; they also stressed a need to address issues related to leadership and coordination, resource mobilization, town planning, enforcement of appropriate bye-laws, quality of water, basic hygiene, and basic preventive measures such as boiling of water and hand-washing. Participants noted that most of the contributing factors lay outside the health sector and hence there was need for innovative and effective multisectoral responses. The Programme Subcommittee requested clarity on issues related to the effectiveness of vaccines, anticholera vaccination certificate requirements for travel, and the use of antibiotics.

17. The members of the Programme Subcommittee also proposed specific changes in order to improve the document:

(a) In the Situation Analysis: paragraph 9 should include issues related to development, unplanned settlements and weakness of local government authorities to provide basic services; in paragraph 11 replace "lack of" by "low" or "inadequate"; paragraph 10 in the French version should read "202 407 *cas dont* 5.259 *décès …2.6%"* and the Portuguese version should also take into account these numbers; paragraph 12 should read "…in development of appropriate policies…" and include sectors such as water, planning and finance; paragraph 14 should include poverty and behaviour change as major challenges; in paragraph 15 emphasis should be on public health education, information and communication.

(b) In the Way forward: paragraph 16 should include protection of water sources; paragraph 18 should include the role of local government authorities and communities.

(c) In Roles and responsibilities: paragraph 29 should incorporate the issues of leadership and financial commitment; paragraph 30 in the French version should be edited.

18. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to enrich and finalize the document for the fifty-seventh session of the Regional Committee. The Regional Director suggested the preparation of a draft resolution to highlight the need for a multisectoral approach, describe the roles of the health sector and serve as an advocacy tool with governments, the African Union and partners.

19. The Programme Subcommittee recommended the document with amendments and the preparation of a draft resolution (AFR/RC57/WP/1) on the subject to be submitted to the Regional Committee for adoption.

FOOD SAFETY AND HEALTH: A STRATEGY FOR THE WHO AFRICAN REGION
(document AFR/RC57/PSC/4)

20. Dr C.N. Mwikisa of the Secretariat introduced the document "Food safety and health: A strategy for the WHO African Region". The document defined food security and noted that food safety was an integral part of food security and involved protecting the food supply from microbial, chemical and physical hazards. The document stressed the need to derive maximum benefit from the little food available.

21. The situation analysis noted that contaminated food and water caused up to five episodes of diarrhoea per child per year, resulting in about 700 000 deaths in all ages. Unsafe food had both health and economic consequences. The food safety challenges in Africa included unsafe water and poor environmental hygiene; weak foodborne disease surveillance; inability of small- and medium-scale producers to produce safe food; outdated food regulation and weak law enforcement; inadequate capacity for food safety; and inadequate cooperation among stakeholders.

22. The justification section stated that food was central to the prosperity, health and social well-being of individuals and societies; safe food would contribute to reducing the burden of disease and the achievement of Millennium Development Goals 1, 4 and 8. Several guidelines and strategic documents on food safety had been prepared previously; therefore, this strategy was written for Member States as a single guidance document.

23. The strategy aimed at contributing to the reduction in morbidity and mortality associated with contaminated food by providing a platform for advocacy, development and implementation of policies, capacity-building and intersectoral collaboration. A number of guiding principles were discussed, including holistic and comprehensive risk-based action, intersectoral collaboration and individual responsibility. Priority interventions included development and implementation of food safety policies, legislation and programmes; capacity-building; and health promotion.

24. The document listed the roles and responsibilities of national governments, WHO and partners. Noting resource implications and core indicators, the document concluded by stating that although there were many food safety challenges facing Africa, Member States should strive to mitigate the harmful effects of unsafe food.

25. Members of the Programme Subcommittee commended the Secretariat for a well-structured document. They made various general comments for improvement. There was need to include issues such as genetically-modified foods, overfeeding, under-nutrition, malnutrition and the use of inappropriate ingredients for food preparation. It was noted that food contamination was avoidable. It was important to sensitize decision-makers and consumers on food safety and in particular the economic losses associated with contaminated food. There were simple methods for addressing food safety, including hand-washing.

26. Programme Subcommittee members suggested that in the situation analysis, reference should be made to imported fresh and frozen foods to avoid the entry of food of doubtful quality and safety. They identified the need for surveys to evaluate intoxication associated with these foods. Although the document highlighted the importance of consumers, the important role of consumer associations should also be mentioned.

27. The following were specific amendments to the document proposed by the Programme Subcommittee:

(a) In the Introduction, paragraph 1: add *quality* after the word *quantity* in the French version; the issue of concern to safety does not apply to all, so modify the sentence by adding “majority of people”; in paragraph 3 the first sentence in French should read: *pour utiliser efficacement le peu d’aliments disponibles.*

(b) In the Situation analysis, paragraph 6: remove the reference to DDT; in paragraph 9 the first sentence should be revised as follows: “Preparation, protection, sale and

consumption of street foods in inappropriate places are on the increase." Street foods are sources of nourishment to the urban poor; in the French version add the word *certes* before *exempts*; in paragraphs 10 and 11 include a list of countries; include a paragraph on genetically-modified organisms to state the current situation; paragraphs 13 and 15 are contradictory so take out "inadequate commitment".

(c) In the Regional strategy, "Priority interventions," paragraph 25: in the first sentence, remove in the French version the word *analytic* after *competence* and add *le control de la sécurité sanitaire des aliments sur le marché*; in paragraph 25, there is a need to establish or strengthen regional reference laboratories; this should be reflected in the roles and responsibilities of WHO.

(d) In Roles and responsibilities: paragraph 29(b) should include inspection services, and import and export certification.

(e) In paragraph 31, revise the first sentence by adding material and human resources.

28. At the request of the Secretariat, participants shared their experiences on agencies involved in food security and food safety assurance in their respective countries. Experiences differed slightly from country to country. Generally, food safety was under the Ministry of Health and food security under the Ministry of Agriculture and Livestock. Some countries have agencies that tackle specific issues such as microbial or chemical contamination. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions. It was stated that the suggested changes would be taken into consideration when finalizing the document for the fifty-seventh session of the Regional Committee. The Secretariat provided clarifications on genetically-modified foods, food safety, food security and the need for safe use of all chemicals, including DDT, to avoid their entry into the food chain.

29. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC57/WP/2) on the subject to be submitted to the Regional Committee for adoption.

ONCHOCERCIASIS CONTROL IN THE WHO AFRICAN REGION: CURRENT SITUATION AND WAY FORWARD (document AFR/RC57/PSC/5)

30. Dr A. Yada of the Secretariat introduced the document entitled "Onchocerciasis control in the WHO African Region: Current situation and way forward".

31. The document described onchocerciasis (river blindness) as a debilitating insect-borne disease caused by a parasite (*Onchocerca volvulus).* Infection led to severe skin disease with visual impairment, blindness and unrelenting itching. The disease has caused and perpetuated poverty, creating stigma, hindering agricultural productivity, generating massive economic losses and imposing a disproportionate disease burden on poor rural communities. Throughout Africa, 120 million people remained at risk, with 37 million heavily-infected.

32. The Onchocerciasis Control Programme (OCP) that was implemented between 1974 and 2002 in 11 West African countries achieved its goal of disease elimination in 10 countries (Sierra Leone being the exception due to internal civil conflict). After the closure of OCP, WHO established a multidisease surveillance centre in Ouagadougou to support countries with surveillance activities. In 1995, the African Programme for Onchocerciasis Control (APOC) was established to combat

onchocerciasis in countries where the OCP strategy could not be implemented due to various reasons. APOC covered 19 countries in Africa.

33. To capitalize on the progress of onchocerciasis control, a special partners meeting was held in Cameroon in 2006 to review the recommendations of a working group on the future of onchocerciasis control in Africa. Following the review, the African ministers of health adopted the Yaounde Declaration expressing their commitment to work together to accelerate the elimination of onchocerciasis as a public health and socioeconomic problem.

34. The document reported the obstacles and challenges which limited access and quality of onchocerciasis control services in many countries. These included civil strife and conflict; weak control programmes; insufficient health workforce; co-endemicity with Loa loa infection; sustainability of control activities; competing priorities; and inadequate allocation of national budget funds.

35. The document described the pillars of successful and effective control of onchocerciasis as country ownership, sustainability and devolution of activities to lower levels. The document recommended that endemic countries should establish sustainable national onchocerciasis control programmes with strong community participation using a Primary Health Care approach. Ministries of health and partners from the 16 target countries should pay particular attention to post-conflict areas and locations where epidemiology indicated increased disease prevalence, where there were reservoirs of infection, and where there was co-endemicity with loiasis.

36. Endemic countries were encouraged to act in accordance with the Yaounde Declaration; make annual budgetary allocations for control activities; and continue to develop and support mechanisms for addressing cross-border transmission. The paper stressed that sustained surveillance systems were required to address the challenges and dynamics of onchocerciasis in all countries at risk of cross-border recrudescence. It also recommended that the Multi-Disease Surveillance Centre should continue to support the establishment of national and regional onchocerciasis surveillance systems.

37. The Programme Subcommittee members thanked the Secretariat for the timely and pertinent document which emphasized the importance of the prevention and control of onchocerciasis in the Region. While risks were more important in conflict areas, there was need for other countries to ensure sustainability of past gains in the control of the disease. This called for increased government commitment to take over the funding of onchocerciasis prevention and control programmes as stated in the Yaounde Declaration.

38. Members of the Programme Subcommittee made additional general comments for improving the document. They expressed a need for an executive summary to capture the attention of the political leadership. Onchocerciasis control should be strongly highlighted as a development issue. Cross-border transmission of infection also needed to be emphasized along with integration of onchocersiasis into Primary Health Care services while strengthening community participation.

39. Participants also noted that onchocerciasis control programmes were mainly funded by donors and such a situation posed a great threat to sustainability and consolidation of gains at country level. Countries were called upon to monitor and update the Regional Committee on the implementation of the Yaounde Declaration.

40. The Programme Subcommittee proposed the following specific amendments to the document:

(a) Paragraph 3 should give reasons why Sierra Leone did not move forward in the elimination of the disease (war/conflict).

(b) There was need to define and clarify roles and responsibilities.

(c) Paragraph 26 should read: "…. and make regular annual budgetary allocation…"

(d) Paragraph 27, last sentence, should read: "….. devise control and monitoring measures…".

41. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. The Secretariat noted that for the last 30 years the Onchocerciasis Control Programme has benefited from donor support, and that government commitment would be critical to ensure continued support until 2015. Considering the impact of the disease on development and poverty reduction, as well as the risk of recrudescence, governments and ministries of finance should be updated regularly in order to sensitize them on the need to provide sustainable funding for this programme.

42. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC57/WP/3) on the subject to be submitted to the Regional Committee for adoption.

ACCELERATING THE ELIMINATION OF AVOIDABLE BLINDNESS: A STRATEGY FOR THE WHO AFRICAN REGION (document AFR/RC57/PSC/6)

43. Dr A. Louazani presented the paper entitled "Accelerating the elimination of avoidable blindness: A strategy for the WHO African Region".

44. The document defined visual impairment as low vision, and blindness as partial or total loss of sight, both measured by a standard scale. Blindness was preventable or treatable in 75% of cases. Blindness was a real public health and socioeconomic problem in the African Region, aggravating the problem of poverty.

45. A global initiative for the elimination of avoidable blindness, known as "Vision 2020: the Right to Sight", was launched in the African Region in 2000 in partnership with the International Agency for the Prevention of Blindness with the aim of providing an appropriate response to the challenges posed by blindness. The World Health Assembly adopted Resolution WHA56.26 in 2003 urging Member States to support Vision 2020, and in 2006 adopted Resolution WHA59.25 reiterating the need for prevention of avoidable blindness and visual impairment.

46. The document reported that several countries had blindness control programmes; however, the impact of these programmes was limited. Out of 27 million people with vision impairment in sub-Saharan Africa, 6.8 million were blind; 75% of the cases were avoidable. The main causes of avoidable blindness in developing countries were listed as cataract, glaucoma, corneal opacity, diabetes, trachoma, affecting especially women and children; childhood blindness due to vitamin A deficiency, measles and neonatal conjunctivitis; and onchocerciasis. Poorly equipped eye-care facilities, dysfunctional equipment, lack of medicines and other essential eye-care products, and a

lack of human resources resulted in the increase of the incidence of diseases that cause blindness, worsening the threat to health in the Region.

47. The regional strategy addressed the above conditions in an integrated way to support Member States in the reduction of the burden of preventable blindness. The strategy aimed to help create a favourable political environment for the implementation of Vision 2020; integrate eye-care services into Primary Health Care; strengthen the development of human resources and appropriate technologies and infrastructures; strengthen partnership and resource mobilization; and support studies on effective community interventions.

48. Recommended priority interventions included creating and strengthening favourable conditions for increasing advocacy and awareness; strengthening the development and implementation of national policies and plans; integrating eye care in all existing levels of health-care systems; strengthening human resources and infrastructure; strengthening partnerships and mobilization of resources; and developing operational research.

49. The document recommended implementation strategies for countries; defined roles and responsibilities of countries, WHO and partners; and suggested monitoring and evaluation systems. It emphasized the need for advocacy to sensitize decision-makers, partners, health professionals and the public to support the implementation of the interventions.

50. Members of the Programme Subcommittee welcomed the paper, commended its relevance and timeliness, and made some general comments for improving it. They noted that there was a need to recognize that the majority of the causes were preventable and that the focus should be on early diagnosis and treatment, especially at peripheral levels, ensuring linkages to referral services. In addition, the document should highlight preventive measures such as face-washing, appropriate use of antibiotics in the early stages of infection, and strengthening the capabilities of eye-care providers, including clarifying the training and qualifications of the various categories of staff. There was need to strengthen surveillance systems, conduct operational research at all levels, address indiscriminate selling of spectacles and put in place regulatory mechanisms.

51. The following were specific amendments to the document proposed by the Programme Subcommittee:

(a) In the Introduction: paragraph 5 should include “to ensure ongoing training”.

(b) In the Situation analysis: paragraph 9 should include main causes for cataracts; in paragraph 14, the four countries should be listed.

(c) In Justification: paragraph 17 should read “Blindness is among the major public health problems”.

(d) In the Regional strategy: paragraph 23 should be revised to go beyond discussions and include actions to be taken; in paragraph 36, the concept of cataract surgeons should be clarified in terms of their function, especially when such surgery was performed by general practitioners or nurses.

(e) In Roles and responsibilities: paragraph 40 should add the role that countries carry out surveys and build capacity; paragraph 41 should add that WHO should technically support training programmes and the conduct of surveys.

52. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. They stressed that the proposed strategy should be adapted to suit the specific context of each particular country.

53. The Programme Subcommittee recommended the document with amendments to be submitted to the Regional Committee for adoption.

DIABETES PREVENTION AND CONTROL: A STRATEGY FOR THE WHO AFRICAN REGION (document AFR/RC57/PSC/7)

54. Dr Boureima Sambo of the Secretariat introduced the paper entitled "Diabetes prevention and control: A strategy for the WHO African Region". It consisted of an introduction, situation analysis, objectives, guiding principles, strategic approaches, roles and responsibilities, monitoring and evaluation, and conclusion.

55. The document defined diabetes as a chronic disease characterized by chronic hyperglycaemia requiring lifelong treatment. Prevalence in Africa varied between 1% and 20%. Type 2 diabetes, the most common form, could be life threatening due to its complications, particularly, cardiovascular diseases. Diabetes constituted a serious public health problem.

56. In 1989 the World Health Assembly proposed Resolution WHA42.36 on diabetes, calling for an integrated approach in the fight against diabetes. In 2000, the WHO Regional Committee for Africa adopted a regional strategy on noncommunicable diseases (AFR/RC50/10) which underlined the need for Member States to assess disease burdens and develop strategies for prevention and control. Joint actions by the WHO Regional Office for Africa and the International Diabetes Federation (Africa) created an environment to combat diabetes.

57. The document focused on the need to support Member States in an integrated way. The objective of the proposed strategy was to contribute to the reduction of the burden of diabetes-related morbidity and mortality and its associated risk factors. Specifically, it aimed to increase sensitization and advocacy; promote primary, secondary and tertiary prevention interventions; strengthen the quality of health care by integrating diabetes into Primary Health Care; improve the capacities of health personnel; and support research in community interventions, including traditional medicine.

58. The proposed strategy reflected a need for a comprehensive approach to diabetes control. Recommended interventions included creation of conditions that enhance advocacy; prevention of diabetes and its associated risk factors; targeted screening; early diagnosis; and strengthening health systems. The document stressed the need for full commitment of Member States to the multidisciplinary and multisectoral approaches for the prevention and control of diabetes.

59. Members of the Programme Subcommittee welcomed the paper and acknowledged the importance of the contents. They generally agreed that stronger emphasis should be placed on screening and monitoring of risk factors as an integrated package for primary prevention of diabetes and other noncommunicable diseases. They also mentioned the need to encourage Member States to conduct surveys using the STEPwise approach in order to have more reliable standardized data for effective advocacy and response; as well as the need to integrate diabetes prevention and control into Primary Health Care, ensuring the availability of affordable generic medications or even the

exemption of payment of fees; and the need to maintain standards. It was suggested that whenever *glycaemia* appears in the document, it should actually say "fasting glycaemia". They called for a resolution to strengthen the implementation of this strategy.

60. The Programme Subcommittee proposed specific amendments to the document:

(a) In the Introduction: paragraph 2 should be revised to include insulin resistance; the same paragraph should include "higher than 2g/l (11.1mmol)…"; paragraph 3 should include sexual impotence.

(b) In the Situation analysis and justification: paragraph 7 should read "between 1% and 20%..."; paragraph 9 should read "feeding pattern".

(c) In the Regional Strategy: paragraph 18(a) should include policy-makers and the general public and (e) in the French version should read *de soutenir*…; paragraph 23 should include "recognized as a medico-social disease"; in paragraph 25 "asymptomatic" should be replaced by "is evolving silently"; paragraph 30, third sentence should include "Hospitals…"; paragraph 32, third sentence should include "prevention and control" after "diabetes management"; in the French version, the last sentence should read *par seul le medecin*; paragraph 36(c) should read "mobilize resources within the country and abroad and allocate them regularly" and should include (d) complete the STEPwise survey and (e) strengthen partnerships with other stakeholders.

(d) In the Conclusion, paragraph 41: delete "Inadequate commitment of".

61. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. The Regional Director recognized the importance of primary prevention and the need for epidemiological data using the STEPwise survey. He stressed the burden of the costs of diabetes medicines on families, the need to negotiate with pharmaceutical companies, that Member States should subsidize medicine costs, and the need to create associations at community level to ensure social protection of those affected by diabetes.

62. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC57/WP/4) on the subject to be submitted to the Regional Committee for adoption.

HEALTH SYSTEMS STRENGTHENING IN THE AFRICAN REGION: REALITIES AND OPPORTUNITIES (document AFR/RC57/PSC/8)

63. Dr A.J. Diarra-Nama of the Secretariat introduced the document entitled "Health systems strengthening in the African Region: Realities and opportunities". It consisted of a background; sections on issues and challenges, opportunities, actions proposed; and a conclusion.

64. The document acknowledged efforts made by countries to provide integrated quality health services that were accessible and affordable; they have also generated the necessary human and physical resources; raised and pooled the revenues used to purchase services; and governed and regulated the health sector through a defined vision and policy.

65. Despite these efforts, countries were confronted with a number of challenges, including: dearth of comprehensive national health policies and strategic plans; low investment in health; under-investment in training; poor working conditions; unequal distribution of existing staff; migration of health workers; gross inequity in the distribution of infrastructure and equipment; fragmentation of health systems; poor quality of health services; low access to quality medicines; and weak mechanisms for coordinating partner support in the health sector.

66. Opportunities existed for countries to meet the challenges: renewed commitment of Member States to strengthening health systems; increased willingness of vertical health programmes to sustain health system development; increased financial commitment to strengthen health systems from the Global Fund to Fight AIDS, Tuberculosis and Malaria; Global Alliance for Vaccines and Immunization; Alliance for Human Resources; Health Metrics Network; Multilateral Debt Relief Initiative; and Paris Declaration on donor harmonization and alignment for aid effectiveness.

67. The objective of the document was to propose actions that support integrated health systems and reinforce the effective implementation of already existing global and regional orientations for improving health system performance.

68. The document proposed actions which emphasized integrated health services at district level. These actions included updating national health policies and developing realistic health strategic plans; providing integrated health services at district level; mobilizing and efficiently using more financial resources to protect the poor; investing appropriately in people; and investing more in infrastructure, equipment and medicines**.**

69. Members of the Programme Subcommittee made some general comments for improving the document. They stressed the need to address health systems fragmentation associated with the development of parallel health programmes with the financial support of partners. They said that fragmentation led to the weakening of national health systems and that Member States should therefore organize a united front to address it. WHO should provide leadership by strengthening the capacity of countries to track progress and ensure accountability in the implementation of agreed commitments.

70. Members of the Programme Subcommittee underscored the importance of quality training, intercountry cooperation, integration of health services, health financing and establishment of centres of excellence. They stressed the need to consider all levels of the health system in terms of institutional capacity strengthening and appreciated the focus on community participation and involvement as ways of ensuring sustainability of health systems. They said that there was need to involve health professionals in building and equipping health infrastructure, to define the health systems concept and evaluate progress in implementation of previous initiatives, including Primary Health Care, the three-phase health development scenario and the Bamako Initiative, and to consider the achievement of the Millennium Development Goals as an opportunity for strengthening health systems in the African Region.

71. The Programme Subcommittee also suggested the following specific amendments:

(a) In the Introduction, paragraph 1: add “improving the quality of health services” to the first sentence; in paragraph 3, last sentence, add “universal access” and end the sentence with “in order to achieve the Millennium Development Goals”.

(b) In Issues and challenges, paragraph 8: in the third sentence (Portuguese version), remove the word *seus* before *serviços;* replace the word *a* by *aos* before *medicamentos*; in paragraph 11, insert the name of the country that has achieved the 15% target.

(c) In Actions proposed, paragraph 20, second sentence: take into account the role of the Ministry of Health not only to ascertain but to fully appreciate issues of budget allocation and participate in decision-making.

72. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. They provided clarification on the reason for district focus and why details were not given, in order to avoid repetition of documents and resolutions already adopted during previous Regional Committee meetings.

73. The Regional Director informed participants about the ongoing efforts to align and harmonize partners' interventions with national health priorities. He said that a report on Primary Health Care in Africa has been prepared and will be finalized and disseminated soon. He announced that the Regional Office has decided to organize, in 2008, an African conference on Primary Health Care and health systems on the occasion of the celebration of the thirtieth anniversary of the Alma-Ata Declaration. In this regard, an information note would be prepared by the Secretariat for submission at the fifty-seventh session of the WHO Regional Committee for Africa.

74. The Programme Subcommittee recommended the document with amendments to be submitted to the Regional Committee for adoption.

DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH IN THE WHO AFRICAN REGION: CURRENT SITUATION AND WAY FORWARD (document AFR/RC57/PSC/9)

75. Dr A.J. Diarra-Nama of the Secretariat introduced the document entitled "Development of human resources for health in the WHO African Region: Current situation and way forward". It consisted of a background, issues and challenges, and actions proposed.

76. In 1998 and 2002, Member States of the WHO African Region adopted resolutions to strengthen their capacities to optimize the utilization of their human resources for health (HRH). To implement these resolutions, WHO developed and disseminated various guidelines and tools and provided support in various technical areas. Five WHO collaborating centres were established and five regional training centres received financial and technical support. Some countries established new career profiles and contractual agreements, upgraded human resource units and introduced various initiatives to recruit and motivate health workers.

77. The document reported that the main HRH issues included inadequate funding for the health workforce; lack of comprehensive HRH policies and plans; insufficient supply of health workers; high attrition rates; and insufficient information and research evidence. The main challenge was how to mobilize the requisite additional financial resources and use them appropriately to reverse the current HRH crisis.

78. Proposed actions included creating fiscal space for improved production, retention and performance of HRH; accelerating the formulation and implementation of policies and plans;

increased production of HRH; improving systems for management of human resources; generating evidence; and fostering partnerships for health workforce development.

79. Members of the Programme Subcommittee thanked the Secretariat for this very important document and discussed it at length, making general comments for improvement. They reiterated that HRH was a perennial well-known problem with well-known interventions. There also existed some very relevant and useful plans and strategies that needed effective implementation with clear timelines. All stakeholders should be involved in the implementation of these plans and strategies, including monitoring and reporting on progress made.

80. HRH needed multisectoral approaches and actions, including relevant sectors, stakeholders and donors, to ensure that human resource issues were addressed in a coordinated way. This coordination would reduce the mass movement of experienced health workers from the public to the private sector, or from one programme to another. Such movement contributed to government losses on educational investments, distortions in remuneration systems and a weakening of the public health system.

81. All agreed that the human resources for health crisis across Africa required a concerted effort by countries themselves to ensure improved quantity and quality of health workers; due recognition of the contributions of the national health work force, including remunerating them accordingly; as well as providing enabling work environments. In addition, continuing education and regular upgrading in technical skills, management, financing (and contractualization) and maintenance of equipment in line with international standards should be emphasized.

82. The Programme Subcommittee stressed that the issue of high attrition of health workers due to the impact of the HIV/AIDS pandemic needed to be considered in addressing the HRH crisis. They expressed concern regarding intracountry and intercountry brain drain and active recruitment of health workers by recruitment agencies within the Region, making the situation worse for the losing countries. The members called for more south-south cooperation and mechanisms for curtailing this trend. They requested copies of the Yaoundé Declaration as well as the report of the Botswana meeting.

83. The Programme Subcommittee made the following specific amendments to the document:

(a) In paragraph 8, review the translation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in the Portuguese version.

(b) Paragraph 8, first sentence of the French version, should read: *De nombreuse opportunités pour investir dans le développement des ressources humaines se sont présentées, mais…”*.

(c) In Challenges: include the attrition of health workers due to the impact of HIV/AIDS on the health workers themselves.

(d) In paragraph 11, include the challenge posed by the fact that training of some categories of health workers involves other sectors as well.

(e) Clearly identify the roles and responsibilities of Members States, WHO and partners.

(f) Paragraph 20, second sentence should read: “…. empowered within national legislation to protect people’s health, including promotion of professional ethics as well as ……”.

(g) Revise the first sentence of paragraph 21.

(h) Insert a new subtitle “Retention strategies” between paragraph 20 and 21.

84. The Secretariat thanked the members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. The Secretariat reiterated the importance of the development and implementation of human resource policies and plans in countries; improved capacity of training institutions for production and continuing education; and the stewardship role of government in coordinating the different stakeholders. They said that efforts should be directed at planning, production, management (including reducing migration) and financing of HRH, including systematic generation of information to support actions and monitoring. The Secretariat described global and regional efforts to handle migration as well as experiences in collaborating with other sectors. They encouraged countries to demonstrate that production of human resources was an investment and not just a recurrent expenditure, and resources from partners and donors could also be used for HRH production.

85. The Programme Subcommittee recommended the document with amendments on the subject to be submitted to the Regional Committee for adoption.

TUBERCULOSIS AND HIV/AIDS: A STRATEGY FOR THE CONTROL OF A DUAL EPIDEMIC IN THE WHO AFRICAN REGION (document AFR/RC57/PSC/11)

86. Dr R. Chatora of the Secretariat introduced the document entitled “Tuberculosis and HIV/AIDS: A strategy for the control of a dual epidemic in the WHO African Region”. It consisted of an introduction, situation analysis, objectives, guiding principles, priority interventions, roles and responsibilities, monitoring and evaluation, and conclusion.

87. The document described TB and HIV co-infection as the most important factor driving the TB epidemic in the African Region. The document further reported that approximately 35% of TB patients were also infected with HIV, and that the African Region accounted for at least 25% of world TB cases. Recognizing the importance of the two epidemics, the WHO Regional Committee for Africa, at its fifty-fifth session, passed Resolution AFR/RC55/R5 declaring TB an emergency in the Region and Resolution AFR/RC55/R6 calling for accelerating HIV prevention efforts in countries. The coverage of key TB and HIV/AIDS interventions remained low, and TB and HIV/AIDS interventions and programmes for control were not jointly implemented, although joint interventions were known to effectively reduce TB incidence as well as deaths among persons living with HIV/AIDS (PLWHA).

88. The aim of the regional strategy was to contribute to the reduction of morbidity and mortality associated with TB and HIV co-infection in the Region by ensuring universal access to TB and HIV/AIDS interventions.

89. The strategy document instructed countries to implement the following priority interventions in order to achieve the stated goal: strengthening mechanisms for collaboration; improving prevention, case-finding and treatment of TB among PLWHA; improving access to HIV testing and counselling among TB patients; infection control to reduce transmission; advocacy, communication and social mobilization; and partnerships and resource mobilization. The document further delineated the specific responsibilities of countries, WHO and other partners. It stressed that joint delivery of

services was needed in order to accelerate the scaling up of interventions on TB and HIV/AIDS towards universal access.

90. Members of the Programme Subcommittee commended the Secretariat for a well-structured document. They also made some general comments for improvement. Despite the focus on dual infections, they said that attention should also continue on the treatment of the individual diseases. In addition to guidelines on infection control, there was need to improve the infrastructures within which TB cases were being managed and to provide training in infection control. There was need to invest in prevention, treatment and research, especially research for developing new technologies for diagnosis and treatment.

91. Members mentioned that the document should highlight the progress made in the 1970s by countries in the control of TB but reversed by the HIV/AIDS pandemic; the importance of nutrition in the management of TB and HIV/AIDS; the urgency of identifying centres of excellence given the emergence of multidrug-resistant (MDR) and extensively drug-resistant (XDR) tuberculosis; and the roles of the private sector in the management of TB. Programme Subcommittee members noted that although the greatest burden of disease was at country and regional levels, there was need for a global solution to control co-infection, such as development of clear guidelines for managing MDR and XDR TB.

92. The Programme Subcommittee proposed specific amendments to improve the document:

(a) In the Regional strategy: align the aim with the Stop TB Initiative; revise paragraph 16(a) to avoid stigmatization of the poor; in Priority interventions, include health systems strengthening.

(b) In Roles and responsibilities: in paragraph 27, extend WHO roles to include creation of centres of excellence, and supporting monitoring and evaluation.

(c) In Monitoring and evaluation: paragraph 30, include tracking of MDR and XDR TB.

93. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions. It was stated that the suggested changes would be taken into consideration when finalizing the document for the fifty-seventh session of the Regional Committee. The Secretariat provided clarifications on the focus of the document, which is dual TB and HIV/AIDS infection, given that other disease-specific issues were already covered in other documents. Equity of access to services focused on the poor as targeted beneficiaries rather than victims of stigmatization. Centres of excellence were assessed and designated based on merit. The development of new technologies for diagnosis and treatment was covered in Resolution WHA60.17 adopted in May 2007. The Stop TB Initiative engaged both public and private sectors in the management of TB and HIV/AIDS; the Global Drug Facility provided access to both first-line and second-line TB drugs. WHO was convening a global meeting to develop generic guidelines on infection control for country adaptation. The known preventive interventions were co-trimoxazole for prevention of opportunistic infections and isoniazid preventive therapy for PLWHA.

94. The Subcommittee recommended the document with amendments to be submitted to the Regional Committee for adoption.

WHO PROGRAMME BUDGET 2008-2009: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION (document AFR/RC57/PSC/10)

95. Dr P. Lusamba-Dikassa of the Secretariat introduced the document entitled "WHO Programme Budget 2008-2009: Orientations for implementation in the African Region". It consisted of an introduction, priorities, lessons learnt, Programme Budget, guiding principles for implementation, roles and responsibilities, conclusion and annexes.

96. The document reported that there were gaps in the global health environment in terms of social justice, responsibility, implementation and knowledge. Proven health interventions were not implemented at full scale in several parts of the world, especially in Africa.

97. The WHO Eleventh General Programme of Work set a global agenda for action to fill in the gaps mentioned above. In this environment, WHO defined its contribution to the global health agenda in its Medium-Term Strategic Plan 2008–2013 (MTSP) recently adopted by WHO governing bodies. The MTSP will be implemented through three biennial Programme Budgets and related operational plans.

98. In line with the WHO global priorities, the document reported on African Region priorities which should be better supported through further decentralization of resources and delegation of implementation functions to the Intercountry Support Teams.

99. The Programme Budget 2008-2009 was founded on the principles of results-based management and integration. WHO governing bodies approved a global WHO budget amount of US$ 4 227 480 000. The African Region will receive US$ 1 193 940 000, representing a proportion of 28.2%. The document showed a breakdown of this budget using several criteria.

100. The document recommended guiding principles for implementation of the Programme Budget and described the roles and responsibilities of Member States and the WHO Regional Office. It then called on the Programme Subcommittee to review and adopt orientations for implementation of the WHO Programme Budget 2008-2009 in the African Region.

101. Members of the Programme Subcommittee commended the Secretariat for a well-structured document. They made various general comments for improving it. They said that it was important to show the evolution of the budget over the years, including the proportion of the budget used for WHO country office operations versus implementation of programmes. They expressed concern about the high proportion of voluntary contributions in the context of overall insufficient funding since they carried a certain amount of uncertainty and could threaten programme implementation.

102. Since the major part of the budget was allocated to country offices and Intercountry Support Teams, Programme Subcommittee members requested information about their functions and performance as well as how best to strengthen their efficiency. They requested that country allocations be included in the document.

103. Programme Subcommittee members welcomed the emphasis on partnerships, especially with the African Union (AU) and raised the question about how this partnership would be pursued. They reiterated the importance of some challenges that needed to be taken into account in budget allocations. These included human resources for health as a priority, strengthening health systems,

adequately addressing noncommunicable diseases which are on the rise, and the health needs of vulnerable groups such as women and children. They mentioned that the underfunding of reproductive health, particularly maternal and child health, due to overemphasis on communicable diseases threatened the implementation of key strategies such as the Road Map for accelerating the attainment of the MDGs relating to maternal and newborn health in Africa.

104. The Programme Subcommittee suggested specific changes to the document:

(a) In paragraph 5, add the information that the Programme Budget 2008-2009 has been approved by the World Health Assembly.

(b) In paragraph 6, Portuguese version, replace the word *maximisar* with *aumentar*.

(c) Ensure that all the parts of Figure 1 are visible in white and black.

(d) In paragraph 16, Portuguese version, replace *empenhamento* with *empenho*.

(e) In paragraph 26, Portuguese version, fifth line, replace *à* with *para a*.

(f) Given that maternal and child health was a major problem in the Region requiring an increased level of funding, and taking into account the flexibility that still existed for the operationalization of the Programme Budget, include the need to identify maternal and child health as a priority for increased budget allocation in the operational plans, either in the section on roles and responsibilities or in the conclusion.

(g) In paragraph 35 English version, replace “to review and approve” with “to note and adopt”.

105. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee. They explained the process used to develop the Programme Budget in the context of the Eleventh General Programme of Work. The process involved countries and partners, and then adoption (including strategic objectives and the organization-wide expected results) by the World Health Assembly. The final document would be shared with countries to provide more detailed information.

106. The Secretariat clarified the evolution of the total budget (assessed and voluntary contributions) allocated to the African Region. They informed participants that WHO was in the process of developing a resource mobilization policy which would complement the existing framework, contribute to the timely release of funds and reduce the proportion of earmarked funds. The country operational plans should be developed in close collaboration between the Ministry of Health and the WHO country offices.

107. The Secretariat emphasized the roles of the Programme Subcommittee and Regional Committee in providing orientations for the implementation of the Programme Budget. They informed the members that the Regional Office had a standing collaboration with the African Union and regional economic communities and was therefore involved in the development of the Africa Health Strategy: 2007–2015. The Secretariat emphasized their willingness to support the implementation of the Africa Health Strategy in collaboration with other UN agencies in the Region while respecting the WHO mandate. Noting that funding for reproductive health was a concern since the last biennium, the Secretariat reported that efforts have been made to increase allocations to this

area of work. However, there was still need to increase allocation, especially for maternal health which presented the worst indicators and slow progress.

108. The Programme Subcommittee recommended the document with amendments and prepared a draft resolution (AFR/RC57/WP/5) on the subject to be submitted to the Regional Committee for adoption.

KEY SOCIAL DETERMINANTS OF HEALTH: A CALL FOR INTERSECTORAL ACTION TO IMPROVE HEALTH STATUS IN THE WHO AFRICAN REGION
(document AFR/RC57/PSC/13)

109. Dr C.N. Mwikisa of the Secretariat introduced the document "Key social determinants of health: A call for intersectoral action to improve health status in the African Region". It consisted of background, issues and challenges, actions proposed, and conclusion.

110. The document reported that health was profoundly affected by certain conditions commonly referred to as the "social determinants of health". This document, partly in response to the request by ministers of health for an update regarding the work of the WHO Commission on Social Determinants of Health (CSDH) and also in anticipation of the Commission's report, briefly outlined issues and challenges for countries in the African Region; it also proposed actions.

111. The document first discussed some factors that present major challenges, including: poverty; inequity; lack of attention to girls' education; lack of access to and use of health services by large segments of populations; environmental problems; globalization of trade, travel, migration, technology and communications; lack of coordinating mechanisms; and absence of proposals explicitly addressing the social determinants of health. The document then proposed actions for Member States, WHO and partners.

112. The paper called upon countries to establish a social determinants of health task force to consider the issues as well as the anticipated recommendations of the CSDH; and to ensure that their health policies and plans were oriented to addressing the key SDH. The document requested WHO, partners and others to establish a regional SDH observatory; and to provide the necessary technical support and guidance to countries.

113. Members of the Programme Subcommittee made general comments for improving the document. For the section on "Issues and challenges", they expressed the need to develop separate paragraphs on urbanization (including growth of unplanned settlements in post-conflict countries) and cultural factors. Regarding the proposal to establish a social determinants of health task force, there was concern whether the task force should be in the ministry of health or at a higher level like the office of the prime minister or the president. There was need to mention the key lessons learnt from the Healthy Settings Initiative, and the possibility of having timelines for the proposed actions. They stressed the need to note the weak intersectoral cooperation on the ground; highlight the relationship between health, wealth and poverty; specify concrete actions for the proposed task force; and propose that the Ministry of Health could, in some cases, cooperate with the various health-related sectors without necessarily having to establish a task force.

114. The Programme Subcommittee proposed these changes:

(a) In paragraph 4, include a separate paragraph to update the ministers on the work of the WHO Commission on Social Determinants of Health.

(b) In Issues and challenges, paragraph 10, the French version, replace *les plus riches* with *des plus riches* in the second line; in the third line, replace *les plus pauvres* with *des plus pauvres.*

(c) In Actions proposed, paragraph 15, explain what the task force is expected to do; in paragraph 17 in the French version, change *à la transformation* to *à la promotion*; in paragraph 18, check whether it is feasible to include "socially disabled groups"; in paragraph 19, use "mass media" instead of "media" and consider mentioning the roles of private sector and industrial health issues; in the last sentence of paragraph 21, stop after the phrase "social determinants of health"; rephrase paragraph 22 to read "Countries are called upon to mobilize resources from external sources and allocate them to implement…".

(d) In the Conclusion, paragraph 24, delete the word "note".

115. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions, assuring them that their input would be used to finalize the document for the fifty-seventh session of the Regional Committee. The Secretariat also provided clarification on some of the issues raised regarding the housing of the task force; updating health web sites; the relationship between health, wealth and poverty; and intersectoral actions for health.

116. The Programme Subcommittee recommended the document with amendments to be submitted to the Regional Committee for adoption.

HARMFUL USE OF ALCOHOL IN THE WHO AFRICAN REGION: SITUATION ANALYSIS AND PERSPECTIVES (document AFR/RC57/PSC/14)

117. Dr T. Agossou of the Secretariat introduced the document entitled "Harmful use of alcohol in the WHO African Region: Situation analysis and perspectives". It consisted of the following sections: Background, situation and perspectives.

118. The document defined the harmful use of alcohol as a pattern of drinking that caused or contributed to physical or psychological harm, impaired judgment or dysfunctional behaviour, leading to disability or interpersonal problems. In the African Region, alcohol abuse was increasing, resulting in important health and social consequences. Heavy episodic or "binge drinking" was a significant characteristic pattern of consumption.

119. The document provided an overview of the harmful use of alcohol in the Region. African countries were described as having some of the highest levels of per capita absolute consumption in the world, with traditional brews constituting hidden dimensions of drinking problems in several countries; about 50% of consumption was unrecorded. The harmful results of alcohol use were related to high-risk sexual behaviour, infection with HIV, and sexually-transmitted infections.

120. The main problems highlighted in the document were related to globalization and aggressive alcohol marketing; increased availability and accessibility of alcoholic beverages; and new and more harmful drinking patterns. Although alcoholic beverages constituted an important source of

employment and economic revenue for both families and governments, the enormous cost to society of alcohol abuse in terms of health as well as social and economic harms could not be ignored and called for alcohol regulation.

121. The document presented some perspectives. Countries were encouraged to acknowledge the harmful use of alcohol as an important public health issue related to injuries, HIV, violence, conflict or post-conflict situations, social inequities and poverty. There was need for further research, good assessment and tools to collect information on alcohol consumption and alcohol-related harm to reflect the true situation in countries. The paper recommended a regional surveillance system as a priority to ensure evidence-based policy decisions. Existing surveillance networks should be supported.

122. The paper stressed that the rising pattern of consumption and problems related to the harmful use of alcohol in the African Region needed to be addressed at macro- and multisectoral levels. A pan-African regional conference could provide the basis for such a process. There was need for a long-term and sustainable strategy to effectively address the harmful use of alcohol.

123. The members of the Programme Subcommittee welcomed the document and made some general comments about it. They raised concern about the paucity of data on the problem in the Region and recommended that countries be encouraged to conduct surveys using standardized methodologies with the support of WHO. They also suggested the establishment of a regional observatory.

124. It was suggested that the document needed to be more aggressive in the presentation of the problem and its consequences, especially among young persons and women. It would also be useful to include the underlying causes of the problem in order to more effectively address it. There was need for a paragraph on counterfeit and substandard alcoholic beverages as well as a need to address the alcohol problem as part of an integrated approach to substance abuse.

125. Members called for further discussion on the conflict of interest between the negative health impact of harmful alcohol use and the revenue generated through taxation on alcohol. Finally, they said that the proposed regional conference on the problem was very relevant as it would increase awareness and action in the Region; such a conference should have representation from all sectors.

126. The Programme Subcommittee proposed some specific amendments to the document. In the Situation analysis: paragraph 8, some of the major diseases associated with alcohol consumption should be listed. The section on perspectives should be reformulated as roles and responsibilities to guide action in countries.

127. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions and indicated that the document was inspired by discussions at the Sixtieth World Health Assembly. The purpose of the document was to stimulate discussions by the Regional Committee in order to take a common African position on the subject which is scheduled for the agendas of the Executive Board in January 2008 and the World Health Assembly in May 2008. The Secretariat added that the World Health Organization will support countries to conduct a global survey on alcohol and public health to improve evidence-based data at country and regional levels.

128. The Regional Director underscored the importance of the problem in the Region and its linkages to the social and cultural behaviour of people. He emphasized the need to gather adequate information in order to better inform discussions at global level and to prepare a regional strategy after the World Health Assembly in 2008.

129. The Programme Subcommittee recommended the document with amendments to be submitted to the Regional Committee for discussion.

PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY: PROGRESS MADE IN THE INTER-GOVERNMENTAL WORKING GROUP TO FACILITATE IMPLEMENTATION OF RESOLUTION WHA59.24 (document AFR/RC57/PSC/INF.DOC/1)

130. Dr A.J. Diarra-Nama of the Secretariat introduced an information document entitled "Public health, innovation and intellectual property: Progress made in the Inter-Governmental Working Group to facilitate implementation of Resolution WHA59.24". It comprised of a background, progress to date, challenges and follow-up actions.

131. The document reported that in 2004, WHO tasked an independent commission with analysing the relationship between intellectual property rights (IPRs), innovation and public health. The report contained 60 recommendations and was published in April 2006. It concluded that IPRs provided important incentives for the development of new medicines and medical technologies but not when patient populations were small and poor. Resolution WHA59.24 Public health, innovation and intellectual property: Towards a global strategy and plan, established the Inter-Governmental Working Group to follow up on the recommendations in the commission's report.

132. According to the resolution, the Inter-Governmental Working Group (IGWG) would draw up a global strategy and plan of action that aimed at essential research and development relevant to diseases that affected developing countries; report to the Sixtieth World Health Assembly on progress made in research; and submit the final global strategy and plan to the Sixty-first World Health Assembly in May 2008.

133. The IGWG held its first meeting in December 2006 with 100 participants, 24 of whom were Member States from the African Region. The meeting enriched the draft strategy and plan of action to be presented at the second IGWG meeting scheduled for November 2007. Member States have made 32 submissions to the draft global strategy. Five countries (Kenya, Lesotho, Madagascar, Mauritius and South Africa) made proposals for eleven experts to participate in the November meeting. In order to support countries to contribute to the IGWG progress, the Regional Office has organized a regional consultation to be held in Brazzaville in September 2007.

134. Delegates congratulated the Secretariat for the well-articulated document which provided critical information about this challenging subject. They made various general comments to improve the document. They said that there was need for precise terms of reference for African countries and the Inter-Governmental Working Group in order to ensure active participation and produce tangible, pertinent plans that addressed relevant public health issues, including the neglected diseases and the needs of vulnerable groups.

135. The members of the Programme Subcommittee stressed that it was important to state the key issues in order to raise awareness among ministers of health. Discussions on the World Trade

Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) should also include how vulnerable groups can access innovations. African countries needed to be aware of Article 31 of the TRIPS Agreement and the Doha Declaration on the TRIPS Agreement and public health; both provided for the protection of public health interests.

136. The document should include the roles of African organizations (such as *Organisation Africaine de la Propriété Intellectuelle* and the African Regional Intellectual Property Organization) in the development and implementation of the global strategy. It was also important to protect the many innovations originating from Africa.

137. The Secretariat thanked the Programme Subcommittee members for their contributions that would be used to finalize the document to be presented at the fifty-seventh session of the Regional Committee. They informed participants that a regional consultation was prepared for September and that many countries were expected to participate with multisectoral teams.

138. Concerning the important issues that needed to be brought to the attention of the ministers of health, the Secretariat emphasized the two resolutions already adopted by the WHA in 2006 and 2007, the joint statement signed by African ministers of health during the Sixtieth World Health Assembly and the Kenya statement made during the first IGWG meeting on behalf of African countries. The Secretariat encouraged Member States to ensure that Africa's health needs were forcefully articulated in the global plan of action.

139. The Programme Subcommittee recommended the document for presentation and discussion by the Regional Committee.

WHO INTERNAL AND EXTERNAL AUDIT REPORTS: IMPLICATIONS FOR THE AFRICAN REGION (AFR/RC57/PSC/INF. DOC/2)

140. Mr S.E. Haarman, of the Secretariat, introduced the information document entitled "WHO internal and external audit reports: Implications for the African Region". He highlighted the main aspects covered in the document: Background, internal and external audit reports, concerns and recommendations from the World Health Assembly and the Executive Board, actions taken by the Regional Office for Africa, and the way forward.

141. He recalled that in 2006, four internal audits and three external audits were conducted at the Regional Office and in four WHO country offices. He said that Africa was singled out at the World Health Assembly because of non-compliance with the WHO managerial process and occurrences that were not acceptable. The purpose of the document was to inform the Regional Committee on this matter and the actions being taken to overcome the situation. Most of the problems identified were due to poor banking and travel facilities, among others. He concluded by stating that the Regional Director has already started putting measures in place to address the concerns, including the employment and training of a compliance officer to follow up on the implementation of the recommendations of the audit reports.

142. The Programme Subcommittee noted that it was unfair to single out the African Region alone. They stressed the need for additional capacity instead of one compliance officer to address such a complex matter. In addition, a situation analysis should be conducted on current procedures and findings applied in the development of a framework for the application of procedures in the future.

Furthermore, they recommended more investment in economic intelligence in order to put in place mechanisms and processes for averting risks.

143. The Programme Subcommittee recognized that it would be difficult to rectify the current situation without taking a holistic approach to address all the issues, including weaknesses in banking services in the Region.

144. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions. Regional Office management declared that the identified concerns were being addressed.

REVIEW OF THE MEMBERSHIP AND TERMS OF REFERENCE OF THE PROGRAMME SUBCOMMITTEE (document AFR/RC57/PSC/12)

145. The Regional Director, Dr Luis Gomes Sambo, after consultation with the legal office of WHO, introduced the Secretariat's proposal on the "Review of the membership and terms of reference of the Programme Subcommittee". It consisted of a background as well as sections on issues, challenges, experiences from other WHO regions, new terms of reference, membership and meetings.

146. The document recalled the establishment of the Programme Budget Subcommittee in 1975 and how it had evolved over the years into the Programme Subcommittee which provided succinct and informative advice in the form of reports that aided decision-making by the Regional Committee. Recently, however, the Programme Subcommittee has faced challenges such as the increasing number of agenda items and inadequate representation of Member States. To address these challenges, and taking into consideration the experience of other WHO regions, there was a need to revise the terms of reference and composition of the Programme Subcommittee to allow it to play an enhanced role in the deliberations of the Regional Committee.

147. The document proposed the following revised terms of reference for the Programme Subcommittee, stating that it should:

(a) Review and propose the provisional agenda of the Regional Committee to the Regional Director;

(b) Advise the Regional Director on matters of due importance that require consideration by the Regional Committee;

(c) Advise the Regional Director on proposed designations of Member States to be considered by the Regional Committee when calls were made for the Region to nominate Member States to serve on councils and committees;

(d) Examine issues related to the General Programme of Work, Medium-Term Strategic Plan, the Global Health-for-All Policy and regional health policies before they are considered by the Regional Committee;

(e) Review the Programme Budget, regional strategies, technical reports and resolutions proposed by the Regional Director;

(f) Recommend to the Regional Committee additional resources required by the Regional Office and propose a mechanism for Member States to contribute additional funding for the implementation of Regional Committee resolutions;

(g) Suggest to the Regional Committee such additional work or investigation into health matters as in the opinion of the Programme Subcommittee would promote the mission of the Organization within the Region;

(h) Undertake any other assignments as may be recommended by the Regional Committee;

(i) Advise the Regional Director as and when required between sessions of the Regional Committee.

148. Regarding membership and meetings, the Programme Subcommittee would consist of sixteen (16) representatives of Member States. In addition, three (3) members of the Executive Board from the African Region would participate in Programme Subcommittee meetings. Membership shall be on a rotating basis following the English alphabetical order. The Regional Director may invite expert assistance. The Regional Director would convene the Programme Subcommittee at least once a year for a duration not exceeding 5(five) working days.

149. Members of the Programme Subcommittee commended the Secretariat for a well-conceptualized document and made some general observations. They said that there was strong justification for increasing the terms of reference and for expanding the membership of the Programme Subcommittee to enhance the work of the Regional Committee. They pointed out the need for justifying the change in the number of Programme Subcommittee members from 12 to 16. A specific suggestion was made to change, at the end of paragraph 14, “technically competent in a director position” to “technically competent and in a senior management position”.

150. The Secretariat thanked members of the Programme Subcommittee for their comments and suggestions that would be used to finalize the document for the fifty-seventh session of the Regional Committee.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE
(document AFR/RC57/PSC/15)

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

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

152. The Programme Subcommittee decided that the Chairman and the rapporteurs would present the report to the Regional Committee, and that in the event that any of the rapporteurs were unable to attend the Regional Committee, the Chairman would take over the reporting responsibilities assigned to that rapporteur.

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

(a) Dr Potougnima Tchamdja (Chairman), agenda items:

- 7.1 Resurgence of cholera in the WHO African Region: Current situation and way forward;
- 7.2 Food safety and health: A strategy for the WHO African Region;
- 7.3 Onchocerciasis control in the WHO African Region: Current situation and way forward;
- 7.4 Accelerating the elimination of avoidable blindness: A strategy for the WHO African Region.

(b) Professor Khireddine Khelfat (French rapporteur), agenda items:

- 7.5 Diabetes prevention and control: A strategy for the WHO African Region;
- 7.6 Health systems strengthening in the African Region: Realities and opportunities;
- 7.7 Development of human resources for health in the WHO African Region: Current situation and way forward;
- 7.8 WHO Programme Budget 2008-2009: Orientations for implementation in the African Region.

(c) Dr Andre Bernard Valentin (English rapporteur), agenda items:

- 7.9 Tuberculosis and HIV/AIDS: A strategy for the control of a dual epidemic in the WHO African Region;
- 7.10 Review of the membership and terms of reference of the Programme Subcommittee;
- 7.11 Key social determinants of health: A call for intersectoral action to improve health status in the WHO African Region.

(d) Dr Elsa Maria da Conceição Ambriz (Portuguese rapporteur), agenda items:

- 7.12 Harmful use of alcohol in the WHO African Region: Situation analysis and perspectives;
- 7.13 Public health, innovation, and intellectual property: Progress made in the Inter-Governmental Working Group to facilitate implementation of Resolution WHA59.24;
- 7.14 WHO external and internal audit reports: implications for the African Region.

CLOSURE OF THE MEETING

154. The Chairman thanked the Programme Subcommittee members for their diligence, high quality of discussions, and active participation in the deliberations. He also thanked the Secretariat for well-articulated documents and overall facilitation; and the interpreters for facilitating communication. In addition, he acknowledged the superb support provided by the Director of Programme Management and the divisional directors to the work of the Programme Subcommittee. He expressed profound gratitude to the Regional Director for creating an enabling environment at the Regional Office, and for providing direction and guidance at the appropriate moments.

155. In his closing remarks, the Regional Director thanked the Chairman for his able leadership during the entire meeting. He applauded the members of the Programme Subcommittee for the high quality of technical discussions and for their suggestions for improving the Regional Committee documents. He expressed his hope that once the revised documents had been reviewed and adopted by the Regional Committee, governments and other health development partners would hasten the implementation of the proposed priority interventions, with a view to having a positive impact on the health status of the people in the African Region. He expressed his hope that the Programme Subcommittee members would share the meeting outcomes with their ministers of health. The Regional Director wished all the participants a safe journey to their respective countries.

156. The Regional Director thanked the Secretariat and the interpreters for doing an excellent job that had contributed to making the meeting a success.

157. The Chairman then declared the meeting closed.

ANNEX 1

LIST OF PARTICIPANTS

ALGERIA

Prof. Khireddine Khelfat
Conseiller auprès du Ministre
de la Santé de la population et de
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Dr Sylvain Shunker Manraj*
Mauritius

* 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/RC57/PSC/1)
4. Resurgence of cholera in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/3)
5. Food safety and health: A strategy for the WHO African Region (document AFR/RC57/PSC/4)
6. Onchocerciasis control in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/5)
7. Accelerating the elimination of avoidable blindness: A strategy for the WHO African Region (document AFR/RC57/PSC/6)
8. Diabetes prevention and control: A strategy for the WHO African Region (document AFR/RC57/PSC/7)
9. Health systems strengthening in the African Region: Realities and opportunities (document AFR/RC57/PSC/8)
10. Development of human resources for health in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/9)
11. WHO Programme Budget 2008-2009: Orientations for implementation in the African Region (document AFR/RC57/PSC/10)
12. Tuberculosis and HIV/AIDS: A strategy for the control of a dual epidemic in the WHO African Region (document AFR/RC57/PSC/11)
13. Review of the membership and terms of reference of the Programme Subcommittee (document AFR/RC57/PSC/12)
14. Key social determinants of health: A call for intersectoral action to improve health status in the WHO African Region (document AFR/RC57/PSC/13)
15. Harmful use of alcohol in the WHO African Region: Situation analysis and perspectives (document AFR/RC57/PSC/14)
16. WHO internal and external audit reports: Implications for the African Region (document AFR/RC57/PSC/INF.DOC/2)
17. Public health, innovation, and intellectual property: Progress made in the Inter-Governmental Working Group to facilitate implementation of Resolution WHA59.24 (document AFR/RC57/PSC/INF.DOC/1)
18. Discussion of the draft resolutions
19. Adoption of the report of the Programme Subcommittee (document AFR/RC57/PSC/15)
20. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
21. Closure of the meeting.

ANNEX 3

PROGRAMME OF WORK

DAY 1: TUESDAY, 19 JUNE 2007

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/RC57/PSC/1)
10.30 a.m. – 11.00 a.m.	*Tea Break*	
11.00 a.m. – 12.30 p.m.	**Agenda item 4**	Resurgence of cholera in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/3)
12.30 p.m. – 2.00 p.m.	*Lunch break*	
2.00 p.m. – 3.30 p.m.	**Agenda item 5**	Food safety and health: A strategy for the WHO African Region (document AFR/RC57/PSC/4)
3.30 p.m. – 5.00 p.m.	**Agenda item 6**	Onchocerciasis control in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/5)
5.00 p.m. – 5.30 p.m.	**Agenda item 7**	Accelerating the elimination of avoidable blindness: A strategy for WHO African Region (document AFR/RC57/PSC/6)

DAY 2: WEDNESDAY, 20 JUNE 2007

9.00 a. m. – 10.00 a.m.	**Agenda item 8**	Diabetes prevention and control: A strategy for the WHO African Region (document AFR/RC/57/PSC/7)
10.00 a.m. – 10.30 a.m.	*Tea Break*	
10.30 a.m. – 11.30 a.m.	**Agenda item 9**	Health systems strengthening in the African Region: Realities and opportunities (document AFR/RC57/PSC/8)
11.30 a.m. – 1.00 p.m.	**Agenda item 10**	Development of human resources for health in the WHO African Region: Current situation and way forward (document AFR/RC57/PSC/9)

1.00 p.m. – 2.00 p.m.	*Lunch Break*	
2.00 p.m. – 3.30 p.m.	**Agenda item 12**	Tuberculosis and HIV/AIDS: A strategy for the control of a dual epidemic in the WHO African Region (document AFR/RC57/PSC/11)
3.30 p.m. – 4.45 p.m.	**Agenda item 13**	Review of membership and terms of reference of the Programme Subcommittee (document AFR/RC57/PSC/12)
5.00 p.m.	Cocktail	

DAY 3: THURSDAY, 21 JUNE 2007

9.00 a.m. – 10.00 a.m.	**Agenda item 11**	WHO Programme Budget 2008-2009: Orientations for implementation in the African Region (document AFR/RC/57/PSC/10)
10.00 a.m. – 10.30 a.m.	*Tea Break*	
10.30 a.m. – 11.30 a.m.	**Agenda item 14**	Key social determinants of health: A call for inter-sectoral actions to improve health status in the WHO African Region (document AFR/RC57/PSC/13)
11.30 a.m. – 1.00 p.m.	**Agenda item 15**	Harmful use of alcohol in the WHO African Region: Situation analysis and perspectives (document AFR/RC57/PSC/14)
1.00 p.m. – 2.30 p.m.	*Lunch break*	
2.30 p.m. – 3.30 p.m.	**Agenda item 16**	WHO internal and external audit reports: Implications for the African Region (document AFR/RC57/PSC/INF.DOC/2)
3.30 p.m. – 4.30 p.m.	**Agenda item 17**	Public health, innovation, and intellectual property: Progress made in the Inter-Governmental Working Group to facilitate implementation of Resolution WHA59.24 (document AFR/RC57/PSC/INF.DOC/1)
4.30 p.m. – 4.45 p.m.	*Tea break*	
4.45 p.m. – 5.15 p.m.	**Agenda item 13**	Review of membership and terms of reference of the Programme Subcommittee (document AFR/RC57/PSC/12) **(continued)**

DAY 4: FRIDAY, 22 JUNE 2007

8.30 a.m. – 9.30 a.m.	**Agenda item 18**	Discussion of the draft resolutions
9.30 a.m. – 10.00 a.m.	*Tea Break*	
10.00 a.m. – 11.00 a.m.	**Agenda item 19**	Adoption of the report of the Programme Subcommittee (document AFR/RC57/PSC/15)
11.00 a.m. – 11.30 a.m.	**Agenda item 20**	Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
	Agenda item 21	Closure of the meeting.