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PROGRAMME BUDGET: PRIORITIES FOR 2004-2005

Report by the Regional Director

1. The Programme Budget 2004-2005 will be the second for the General Programme of Work (GPW) 2002-2005 (*WHO, 2001*). It should be consistent with the WHO Corporate Strategy (*WHO, 2000a*) and its Regional Strategic Framework (*WHO/AFRO, 2001c*). The following paragraphs provide brief situation analyses of the major public health problems in the African Region that could guide the selection of priorities for action.
2. Health systems in most of the Member countries remain weak. Major problems facing the health systems are: inadequate resources, poor financing, poor quality of care and lack of human resources (worsened by brain drain), which are aggravated by poor economic and political environments (*WHO/AFRO, 2000b*).
3. The African Region has remained the worst-affected area with regard to HIV/AIDS since the late 1990s. At the end of 2000, the Region had about 25.3 million adults and children living with HIV/AIDS (*UNAIDS, 2000*). The disease had resulted in about 2 154 000 deaths by the end of 1999 (*WHO, 2000b*).
4. Malaria is the leading public health problem in the WHO African Region. It accounts for some 270 million to 480 million cases and 953 000 deaths per year (*WHO, 2000b*).
5. The AIDS pandemic has worsened the situation caused by the already high prevalence of tuberculosis. About one-third of the population in the Region are healthy carriers of the TB germ. Approximately two million new cases of TB disease and over 600 000 deaths occur every year. Furthermore, about 40% of all AIDS deaths are caused by TB.
6. The maternal mortality rate (MMR) in the Region is the highest in the world. It averages 940 deaths per 100 000 live births, with disparities among countries and between urban and rural areas in same countries (*WHO, 1999*).
7. Every year, some 1.1 million children under five years of age die of acute respiratory infections, 765 000 of diarrhoeal diseases, and 740 000 of vaccine-preventable diseases (e.g. pertussis, poliomyelitis, diphtheria, measles and tetanus). Over 180 000 children die of nutritional deficiencies (*WHO, 2000b*).
8. The exact magnitude of the burden of mental illness in the African Region is unknown. However, its prevalence is believed to be high due to widespread civil disturbances, the rising incidence of substance abuse, and increasing poverty. The neuropsychiatric disorders were believed to be responsible for about 81 000 deaths in 1999 (*WHO, 2000b*).

9. The prevalence and incidence of noncommunicable diseases (NCDs) are on the increase. For example, in 1999, in the African Region, it is estimated that cardiovascular diseases caused 935 000 deaths, malignant neoplasms 523 000 deaths, respiratory diseases 226 000 deaths and diabetes mellitus 38 000 deaths (*WHO, 2000b*). The increase in the prevalence of NCDs is attributed to, among other factors, changing lifestyles.

10. The matter of safety of blood and blood products is of great concern in the Region, and a regional strategy for blood safety will be presented to this session of the Regional Committee. It is estimated that 25% of the blood transfused in the countries of the Region is not tested for HIV; and more than 50% of it is not tested for hepatitis B and C. Less than 30% of the countries can guarantee the safety of the blood transfused in their health-care settings (*WHO/AFRO, 2001a*).

11. Poverty, ill-health and under-development are closely linked, and there is need to break the vicious circle. Twenty-nine out of the 35 countries in the world with low Human Development Index (HDI) are in Africa. The external debt continues to put a heavy burden on the continent, which is home to 33 of the world's 41 heavily-indebted poor countries (*UNDP, 2000*).

12. Almost every country in Africa is prone to some form of natural or man-made disaster. For example, in 1998, civil unrest caused by different factors affected 20 out of the 46 countries in the Region, leading to over 40 million displaced persons and seven million refugees. Numerous health problems, including cholera, yellow fever, meningitis, malaria, haemorrhagic fever, neuropsychiatric disorders and nutritional deficiencies, are aggravated by large-scale civil disturbances. In addition, many countries in the Region are affected by complex emergencies, recurrent natural disasters (e.g. floods, droughts) and technological accidents (*WHO/AFRO, 2000a*).

13. The increasing burden of communicable and noncommunicable diseases is partly due to poverty, poor environmental conditions and low literacy levels, which reduce the access to and use of health services. The mass media are glamorizing unhealthy lifestyles which are impacting negatively on people's health. Therefore, health promotion interventions which cut across various sectors can address the above-mentioned factors by encouraging healthy living through the active participation of individuals and communities in health action. The success of priority health programmes in reducing the burden of disease greatly depends on effective and efficient implementation of health promotion activities (*WHO/AFRO, 2001b*).

14. Given the enormous magnitude of the existing public health problems, unfavourable macroeconomic indicators, ecological factors, civil unrest, heavy external debt and weak health systems, the situation in the African Region is unlikely to change significantly within the next two years. Therefore, I propose the following priorities for the Programme Budget 2004-2005:

- (a) Health systems development
- (b) HIV/AIDS
- (c) Malaria
- (d) Tuberculosis
- (e) Maternal health
- (f) Child health
- (g) Mental health
- (h) Cancer, cardiovascular diseases, diabetes and obstructive chronic respiratory diseases
- (i) Blood safety
- (j) Poverty and health
- (k) Preparedness for and response to emergencies and epidemics

- (l) Youth and adolescent health
- (m) Health promotion.

15. The Regional Committee is requested to analyse the above proposal and advise the Regional Director on the priorities for the WHO 2004-2005 Programme Budget.

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