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**THIRD ORDINARY SESSION OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH,  
POPULATION AND DRUG CONTROL (STC-HPDC-3)  
29 JULY – 2 AUGUST 2019  
CAIRO, EGYPT**

**STC-HPDC-3/MIN/RPT**

Original: English

***Theme: “Increased Domestic Financing for Universal Health Coverage and Health  
Security for All African Citizens - Including Refugees, Returnees and Internally  
Displaced Persons”***

**REPORT OF THE MINISTERS’ MEETING  
3<sup>RD</sup> ORDINARY SESSION OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH, POPULATION AND DRUG CONTROL**

**1 – 2 AUGUST 2019**

## DRAFT REPORT OF THE MINISTERS' MEETING

### INTRODUCTION

1. The Ministers' Meeting of the 3rd Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-3) was held in Cairo, Egypt, from 1 to 2 August 2019 under the theme "*Increased Domestic Funding for Universal Health Coverage and Health Security for All African Citizens- Including Refugees, Returnees and Internally Displaced Persons*".
2. The Meeting reviewed and considered the Report of the Experts' Meeting on the above-mentioned theme, and endorsed several recommendations from the presentations and discussions of the three parallel sessions, namely: Health, Population and Drug Control.

### ATTENDANCE

3. The Ministerial Meeting was attended by delegations from the following AU Member States: Algeria, Angola, Burkina Faso, Burundi, Cameroon, Central African Republic, Comoros, Egypt, Gabon, The Gambia, Ghana, Kenya, Kingdom of Lesotho, Libya, Madagascar, Malawi, Mali, Kingdom of Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Saharawi Arab Democratic Republic, Seychelles, Sierra Leone, Somalia, South Africa, Togo, Tunisia, Uganda, Zambia and Zimbabwe.

### AGENDA ITEM 1: OPENING CEREMONY

#### H.E. Amira Elfadi, Commissioner for Social Affairs

4. Her Excellency, the Commissioner, appreciated Egypt's initiatives and contribution to the growth and health of Africa. She also thanked Egypt's Minister of Health Dr. Hala Zaid for hosting the STC-HPDC with hospitality and generosity. The importance of this Ordinary Session in the lead up to the International Conference of Population and Development (ICPD) in Nairobi, Kenya in November 2019 was recognized. The Commissioner acknowledged the first commitments, made towards ICPD to the health of the continent first, which were made in Cairo 25 years ago. She expounded on how the African Union is playing a leading role in advocating for increased domestic funding, partnerships for health care and aligning donor policies with national and continental priorities - in line with the *Agenda 2063*.
5. The Commissioner highlighted Africa CDC's active engagement in Ebola response in the Democratic Republic of Congo (DRC). She mentioned the endorsement of the *African Medicines Agency (AMA) Treaty* which was adopted by Heads of State and Governments during the 32nd Session in February 2019, she urged other governments to join in the ratification in support of the Commission. She also highlighted the exponential growth in the number of drug users on the continent.. Despite several continental and

international declarations for multi-sectorial and balanced responses to drugs that incorporate both supply- and demand-reduction, some countries continue to pursue a punitive approach that treats drug dependency as a crime. To address this, the Commissioner urged Ministers to adopt the *Revised AU Plan of Action on Drug Control and Crime Prevention (2019-2023)* to guide continental responses.

6. Furthermore, she recognised H.E. Paul Kagame, President of Rwanda, for carrying the mantle as Africa's Champion for Domestic Health Financing, appointed by the AU Assembly in February 2019.

#### **Dr. Hala Zaid, Minister of Health and Population, Arab Republic of Egypt**

7. Honourable Minister Zaid emphasised the need for Member States to pool efforts for the achievement of all the Continent's hopes for the future. She recognised that the human element of government was securing the health of each country. Therefore, Egypt had adopted ambitious plans for the health sector including a strategic approach to increasing access to and provision of health services. She thanked the delegates for appointing Egypt as the Chair of the 3<sup>rd</sup> Bureau of the STC-HPDC-3. She suggested that the STC be held annually to strengthen efforts and to advance the health agenda.

8. Dr. Zaid recognised initiatives by the President of the Arab Republic of Egypt – starting with the 100 Million Healthy People campaign. This campaign, which includes access for refugees, has contributed to diagnosis and treatment for many diseases, such as breast cancer. The results have seen maternal deaths decrease by 70% (in 2017) and the vaccination rate increase by 94%. She extended an offer to share with fellow AU Member States the national action plan. She extended an offer to host a meeting in Egypt to advocate for the ratification of the AMA treaty by additional countries in the spirit of collaboration. She concluded by calling upon leaders to implement decisions out of the STC-HPDC-3 to enhance the well-being of African citizens.

#### **Hon. Alpha Wurie, Minister of Health of Sierra Leone**

9. The Honourable Minister extended greetings from H.E. President Julius Maada Bio and the people of Sierra Leone. He thanked the outgoing 2nd Bureau of the STC and appreciated the role of Chair Sierra Leone had. He explained that in the next 2 years, the world was expected to experience a population growth of 2.2 billion – 50% of which would be in Africa. This, he stated, would lead to an increase in the youth population and in children under-five. He urged Member States to think of ways to support the young and ensure they are strengthened to make a substantial impact in the Region. He concluded by encouraging Egypt to not only work towards increasing immunisation rates but also increase in informed populations and domestic financing.

## **AGENDA ITEM 2: ADOPTION OF THE AGENDA AND WORK PROGRAMME**

10. The Draft Agenda and Programme of Work for STC-HPDC-3 Ministerial Meeting was adopted with no amendments.

### **AGENDA ITEM 3: PROCEDURAL MATTERS - ELECTION OF THE BUREAU**

11. The Report on the Election of the Bureau for the composition of the STC in accordance with the *Constitutive Act of the African Union* and the Rules of Procedure of STC-HPDC was presented before the Meeting. The Ministers endorsed the Report as presented below:

<b>DESIGNATION</b>	<b>REGION</b>	<b>MEMBER STATE</b>
<b>Chairperson</b>	Northern Region	Egypt
<b>1st Vice-Chairperson</b>	Central Region	Burundi
<b>2nd Vice-Chairperson</b>	Eastern Region	Comoros
<b>3rd Vice-Chairperson</b>	Southern Region	Lesotho
<b>Rapporteur</b>	Western Region	Sierra Leone

### **HIGH-LEVEL ROUNDTABLE 1**

#### **A Dialogue on the African Union Role in Achieving Universal Health Coverage (UHC)**

#### **The Next Epidemic: How Prepared are we to Achieve Health Security in Africa**

12. The High-Level Roundtable Panel comprised the Honourable Minister of Public Health, Madagascar, Professor Julio Rakotonirina, the Honourable Minister of Health, Uganda, Dr Jane Aceng, the Honourable Minister of Health, Burundi, Dr Thaddee Ndikumana and the AU Commissioner for Social Affairs, H.E. Mrs. Amira Elfadil.

13. Dr. Jane Aceng emphasised the need to innovate as a continent. She noted the linkage between UHC and Global Health Security, given that globalization has facilitated the spread of epidemics that go beyond clinical care, and it encompasses public health through a bottom-top approach; by improving primary care and engaging communities. She reiterated the importance of primary care in achieving UHC and building resilient health systems. Therefore, emphasis should be put into building health systems that empower communities to strengthen disease prevention rather than focusing on treatment.

14. Professor Julio Rakotonirina recognized the relevance of the UHC, emphasizing that financial accessibility by itself, is not sufficient, countries should consider other factors such as social, cultural and geographical issues to achieve UHC. He highlighted the need to address the cultural and social determinants of UHC such as sensitization, mobilizing

health workers for hard-to-reach communities. Finally, he appealed to Africa CDC to support Member States to set up and strengthen public health institutions. As this will enable countries to coordinate activities on preventing and controlling diseases and building resilient health systems in order to Africa's health security.

**15.** Dr Thaddee Ndikumana, acknowledged the link between UHC and Global Health Security. He highlighted the strides taken by the Government of Burundi in providing universal health coverage for its people by providing free healthcare services to all under five, pregnant women, and people affected by HIV and TB. The Minister emphasized the linkage between health and climate change, and the need for countries to embrace a multi-sectoral one health approach. He underscored the need for strengthened laboratory systems, access to medicines and diagnostics, and prevention programmes such as vaccination.

**16.** H.E. Mrs Amira Elfadil underlined the Africa Union's convening power at the highest level of leadership, including that of Heads of State and Government in Africa. She emphasized that the Africa Health Strategy 2016-2030 and the Sustainable Development Goals 2030 are aligned to the AU's Agenda 2063. She emphasized the role of social determinants of health and poor access to health. In order to achieve UHC, health systems must be affordable and accessible to all populations. She highlighted the Africa Union's activities on strengthening laboratory systems and public health institutes in countries to strengthen Global Health Security. She further emphasized the AU's determination to supporting countries in achieving UHC through political commitment, building resilient health systems, health financing, investing in human resources, and participatory community engagements. The AU will further support countries to share best practices, embrace multisectoral actions and empower communities.

**17.** The Honourable Ministers made the following recommendations:

- i) Ensure access to health for all including refugees, returnees, and internal displaced persons as well as other vulnerable populations;
- ii) There must be political commitment by Heads of State and Government towards achieving Universal Health Coverage (UHC);
- iii) Place emphasis on preventive medicines and scale up prevention measures in order to reduce the burden of communicable and non-communicable diseases in Africa;
- iv) Increase domestic resource for health;
- v) Protect health professionals in conflict areas and emphasise the need for collaboration between Ministers of Health and Defence and/or Security;
- vi) The need to combat terrorism because it deprives human beings of some of the vital rights necessary for life;
- vii) Strengthen health information systems.

## HIGH-LEVEL ROUND TABLE 2

### Africa and Post-Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

18. A panel discussion was held with the following speakers: Ms. Christina Albertin (Representative, Regional Office for Middle East and North Africa, United Nations Office on Drugs and Crime (UNODC)); and Honourable Patrick Ole Ntutu (Chief Administrative Secretary, Ministry of Interior and Coordination of National Government, Republic of Kenya).

19. On behalf of Ms. Miwa Kato, Director for Global Operations, UNODC, Ms. Christina Albertin, UNODC Regional Representative for North Africa and Middle East, reminded the meeting of the Ministerial Declaration adopted by the UN Commission on Narcotic Drugs in March 2019 which underlines the importance of shared solutions to shared challenges and of expediting action to address the evolving world drug problem. Political commitment to collaborate and seriously address the drug challenge was key to any solution. With continued intensification of coordination and implementation between agencies, and increased political commitment to collaborate, meeting the challenges of universal health coverage and health security for all African citizens – including refugees and politically displaced persons – can be made a reality.

20. Honourable Patrick Ole Ntutu described the nexus between drugs and universal health and noted that drug trafficking and abuse remained a major challenge. Drug use exacerbated the spread of HIV/AIDS and Viral Hepatitis, further straining already burdened health care systems and jeopardising Africa's collective commitment to deliver on the 2030 development agenda. Kenya recognised the health risks posed by drug abuse and the security challenges posed by drug trafficking and had adopted a multipronged approach to address both drug demand and supply. Hon. Ntutu noted the need for Member States to consider the plight of refugees, returnees and internally displaced persons affected by drug dependence. He expressed Kenya's support for the adoption of the *Revised African Union Plan of Action on Drug Control and Crime Prevention* for 2019 to 2023. He concluded by urging Member States to provide adequate resources towards countering the world drug problem.

21. The Ministers made the following recommendations:

- i) Member States should move away from punitive approaches to drug use and tailor their responses in accordance with public health principles;
- ii) The African Union to leverage technical assistance for research on new and emerging drug trends in order to respond appropriately;
- iii) Member States to establish drug epidemiology networks to collect treatment data that will inform evidence-based practices;

- iv) Member States are encouraged to allocate funds from national fiscus to respond adequately and effectively to the problems of drug use.

### **HIGH-LEVEL ROUND TABLE 3**

#### **Consensus Building of a Common African Position on Populations Issues**

**22.** The High-Level Roundtable Panel comprised of the Honourable Dr. Robert Chakanda, Deputy Minister of Planning, Sierra Leone, Honourable Mr. Mohammed Miraoui, Minister of Health, Population and Hospital Reform, Algeria and H.E. Mrs. Amira Elfadil, Commissioner for Social Affairs, AUC

**23.** Africa has a number of protocols on population but there is still a need for Africa to speak with 'one voice' on issues of population and development. It is for this reason that the CAP is being developed. The findings of the *Addis Ababa Declaration on Population and Development* (AADPD) review showed that gains have been made in the area of population and development, and there is commonality and agreement on a wide number of issues. However in-depth conversations need to be had in order to further interrogate the population and development issues where there are divergence amongst Member States so as to agree on a common African position.

**24.** The Panel shared experiences in the implementation of population and development programmes in line with the International Conference on Population and Development (ICPD). Considerable progress has been made, including the promotion of gender equality through efforts in education, health and social protection. These successes require good governance, legislation and intensified action on human rights and participation in decision making. Emerging issues such as an increase in birth rates and increasing adolescent fertility rates, have brought new challenges. Population movement including urbanisation, migration and immigration also have an impact on Member States' to achieve sustainable development.

**25.** Delegates highlighted challenges that include increased migration and urbanisation that are occurring across the continent due to rising insurgency; lack of data and they further highlighted that the Nairobi Summit presents a timely opportunity to dialogue and mobilise commitment for a Common African Position on Population and Development. The delegates recommended the urgent need to;

- i. Strength institutional mechanisms for population and development in order to harness and take advantage of the demographic dividend and
- ii. Need for accurate data on population and development

#### **Consideration of the Report of the Meeting of Experts of STC-HPDC-3**

26. The Honourable Ministers of the 3rd STC-HPDC considered the recommendations of the Experts' Meeting as follows:

### **Revised African Population Experts Committee (APEC) Terms of Reference (ToR)**

27. The Ministers adopted the Revised APEC Terms of Reference.

<b>THEME PAPER "INCREASED DOMESTIC FINANCING FOR UNIVERSAL HEALTH COVERAGE AND HEALTH SECURITY FOR ALL AFRICAN CITIZENS – INCLUDING REFUGEES, RETURNEES AND INTERNALLY DISPLACED PERSONS"</b>
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28. Ministers adopted the following Experts' recommendations on the theme of the Meeting:

- i) Translating growing political commitment to increasing domestic investment in health into action that results in increased resources for health (within existing fiscal realities) and using legislative prevention by levying taxes on harmful products whose use ultimately consumes scarce health resources;
- ii) Collectively insisting on the harmonisation of development assistance for health (DAH) with Member States' and Continental priorities so that assistance complements and supplements domestic resources;
- iii) Increasing allocative efficiency, including but not limited to the percentage of government health resources directed to primary health care and the use of strategic purchasing, and the effectiveness of spending;
- iv) Improving cross-sectoral collaboration, taking a holistic approach to well-being as a development agenda which requires efforts beyond the health sector.

### **EXPERT PANEL ON THE STC-HPDC-3 THEME "INCREASED DOMESTIC FINANCING FOR UNIVERSAL HEALTH COVERAGE AND HEALTH SECURITY FOR ALL AFRICAN CITIZENS – INCLUDING REFUGEES, RETURNEES AND INTERNALLY DISPLACED PERSONS"**

29. After deliberations, the Ministers endorsed the following Experts' recommendations on the theme of the Meeting:

#### **Drug Control**

- i) Member States to recognise drug use as a public health matter which should be mainstreamed into multi-sectoral national strategies;



- ii) In order to address recidivism and encourage reintegration, in a coordinated and holistic manner, all Member States are encouraged to take into consideration the needs of marginalised groups.

## Health

- i) Member States to introduce of earmarked legislative taxes through National and Social health insurance schemes while reducing and/or removing value added taxation on medical commodities and supplies to improve sustainability of national insurance schemes;
- ii) Establishment of updated unique identify electronic medical records to overcome fragmented for all primary health care supplies by aligning facility and national supply data;
- iii) Member States emphasised the importance of customer service satisfaction in healthcare delivery.

## Population

**30.** The Ministers adopted the following recommendations:

- i) Income generation amongst young people is promoted;
- ii) Obstacles on use of modern contraceptives are tracked in order to improve uptake;
- iii) The issues of migration are well incorporated into interventions on population and development;
- iv) To encourage Member States to conduct national Censuses in accordance with recommended periodicity, and that they strengthen and expand coverage of civil registration and vital statistical systems in order to produce accurate and reliable data that will complement census data and provide the data necessary to plan for Africa's future;
- v) Member States increase access to quality, affordable health care services for young people, through investigating the appropriateness of health insurance schemes.

## HEALTH SESSION REPORT

**31.** The Honourable Ministers of the 3rd STC-HPDC adopted the following Experts' recommendations from the Health Session:

### **Report on the Evaluation of the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) 2009-2019**

32. The Ministers adopted the Report with the following recommendations:
- i) Member States should regularly provide updated data and reports for the effective and efficient monitoring of the status of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) across the Continent;
  - ii) Champions or Good will ambassadors should be identified at the national and continental levels to advocate for the mobilization/generation of domestic resources for Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH);
  - iii) South-South Cooperation should be strengthened, with support and funding for MNCAH across the Continent;
  - iv) Establish a surveillance system of maternal and peri-natal deaths and response as an important component of the strategies to end avoidable maternal and peri-natal deaths.

#### **Maternal, Newborn Child and Adolescent Health (MNCAH) Status Report for 2019**

33. The Ministers adopted the Report with the following recommendations:
- i) The timely collection of data should continue during crises and include situation analyses and needs assessments of migrants;
  - ii) A digitized central repository of up-to-date, open source humanitarian emergency MNCAH data should be established for planning purposes;
  - iii) A minimum basic package of MNCAH services should be costed for the provision of services and training of personnel inclusive of conflict or humanitarian situations;
  - iv) The establishment of a continental mechanism to regulate and manage intra and extra-continental migration of health workers is necessary, particularly in relation to the provision of quality Nutrition and Primary Health Care (PHC) services;
  - v) Multi-sectoral partnerships and multi-country collaborations are vital. Regional Economic Communities (RECs) are encouraged to harmonise migration and health policies in order to address cross border health-related issues among those concerned;
  - vi) Situation analyses and needs assessment of the health of migrants for planning purpose, with the involvement and participation of the most vulnerable, including women and adolescents;

- vii) It should be recognized that the safety and the security of health workers are important and therefore particular emphasis should be placed on the collaboration between Ministers of Health and Defense and/or Security.

### **Draft Declaration on Prevention, Care and Treatment of Viral Hepatitis**

**34.** After consideration, the Ministers of Health endorsed the Declaration with the following recommendations:

- i) Prioritise Infection, Prevention and Control (IPC) including water and sanitation in preventing viral hepatitis (for hepatitis E in particular);
- ii) Reflect the high cost of preventing viral hepatitis, as it remains a challenge for implementation of Hepatitis programmes in Member States;
- iii) Put in place bulk procurement mechanisms in order to ensure reduction of the costs for medicines, vaccines and diagnostics;
- iv) Strengthen knowledge management on viral hepatitis in Africa.

### **Report on the Next Steps Post-Africa Leadership Meeting on Domestic Financing for Health**

**35.** After consideration, the Ministers of Health adopted the Report on the Next Steps with the following recommendations:

- i) Development Partners are to align their spending on health to the health priorities of Member States, using the Regional Health Financing Hubs (based in the RECs) as a means to achieve alignment and harmonisation;
- ii) Member States to address tax avoidance through reconsidering exemption laws and regulations.

### **Presentation of the Africa CDC Report**

**36.** After deliberations, the Ministers adopted the Africa CDC Report as presented.

### **Presentation of Draft African Common Position on Antimicrobial Resistance (AMR)**

**37.** After discussions, the Ministers adopted the *Draft African Common Position on Antimicrobial Resistance (AMR)*

### **Consideration of the Health Research and Innovation Strategy for Africa**

38. After discussions, the Ministers adopted the *Health Research and Innovation Strategy for Africa*.

### **Consideration of Reports and Recommendations - Nutrition and Health 10th African Task Force on Food and Nutrition Development (ATFFND)**

39. The Ministers made the following recommendations on the 10th ATFFND Report:

- i) Took note of the Task Force recommendation on the revision of the Terms of Reference (ToR) for ATFFND and requested the Office of the Legal Counsel to review it in accordance with the AU Rules and Regulations;
- ii) The Commission to advocate for the private sector to provide additional resources for nutrition interventions.

### **Report on Cost of Hunger in Africa (COHA) Studies Workshop**

40. The Ministers adopted the Report with the following recommendations:

- i) A continental nutrition report on the progress in the implementation of the COHA Studies recommendations be produced by the Commission, with the support of the WFP and other stakeholders;
- ii) The results of the COHA Studies should be used to engage parliamentarians to allocate clear budgets for advocacy to track nutrition interventions and advocate for domestic resources for nutrition;
- iii) The AU should leverage the support of Regional Economic Communities (RECs) for the development of Regional Nutrition Strategies and Regional Nutrition Scorecards.

### **A Mapping of Nutrition Policy, Interventions & Actors: The African Union Region and Africa Regional Economic Communities Report**

41. The Ministers took note of and adopted the Draft Report '*A Mapping of Nutrition Policies, Interventions and Actors*', with the following additional recommendations:

- i) Further recommended that nutrition is implemented from a multi-sectoral approach, inclusive of education, agriculture and health and any other relevant Ministry and institution.

**Communication and Resource Mobilisation Strategy for the Campaign for the Accelerated Reduction of Maternal Mortality (CARMMA) - Assembly/AU/Decl.1(XI)**

**42.** The Ministers adopted the Resource Mobilisation and Communication Strategy with the following recommendations:

- i) Member States should regularly provide updated data and reports for the effective and efficient monitoring of the status of Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) across the continent;
- ii) Champions or Goodwill ambassadors should be identified at the national and continental levels to advocate for the mobilisation/generation of domestic resources for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N);
- iii) The draft Communication and Resource mobilisation Strategy be adopted for use by member states in line with the period of implementation of the Maputo plan of Action (2016-2030).

**Report on 2<sup>nd</sup> International Conference on Maternal, Newborn and Child Health (ICMNCH) EX.CL/Dec.795(XXIV), 29-31 October 2018**

**43.** The Ministers adopted the Report of the 2nd International Conference on Maternal, Newborn and Child Health (ICMNCH) with the following recommendations:

- i) In order to improve leadership, accountability and governance for MNCH, the AUC should nominate a continental champion for health at the level of Heads of State and Government;
- ii) The CARMMA Initiative (Decision Assembly/AU/Decl.1(XI)) should be strengthened by relating maternal deaths to socio-economic development to re-invigorate political commitment;
- iii) In order to improve human resources for health, African governments are encouraged to develop appropriate community health worker policies that meet the criteria for strengthened community health worker programmes and operationalise such policies through appropriate government structures;
- iv) The Ministers requested the Commission to develop an initiative in partnership with the vaccine industry in Africa and abroad, and to develop strategies to advocate for the scaled-up administration of the HPV vaccine in all AU Member States.

**Report on the 2nd Maternal, Newborn and Child Health (MNCH) Task Force**

44. The Ministers adopted the 2nd Maternal, Newborn and Child Health (MNCH) Task Force Report with the following recommendations:

- i) Took note of the Task Force recommendation on the revision of the Terms of Reference for the Taskforce and requested the Office of the Legal Counsel to review it in accordance with the AU Rules and Regulations;
- ii) The Commission to convene the Task Force every two (2) years, prior to the STC-HPDC meeting, in order for the Task Force to give guidance to the STC on matters of Reproductive, Maternal, Newborn, Child and Adolescent Health.

### **Concept of the Mama Afrika Award**

45. The Ministers took note of the Report and adopted the revision of the Concept of the Mama Afrika Award, and requested its onward transmission to the Office of the Legal Counsel for review in accordance with the AU Rules and Regulations.

### **Briefings – Health and Nutrition**

46. The Ministers took note of the following briefings during the Experts' Meeting:

#### **i. African Medicines Agency (AMA)**

47. The Ministers took note of the update on the *AMA Treaty* and called for higher level advocacy and campaign for signing and ratification of the Treaty.

#### **ii. Fund for African Pharmaceutical Development (FAP-D)**

48. The Ministers took note of the progress on the establishment of the FAP-D.

#### **iii. Review of the 2nd Decade of Traditional Medicine**

49. The Ministers took note of the Draft Report on the Mid-Year Review of the 2nd Decade of African Traditional Medicine (2011 – 2020).

### **POPULATION SESSION REPORT**

50. The Honourable Ministers of the 3rd STC-HPDC adopted the recommendations from the Population Session as follows:

## I. Election of the Bureau of the African Population Experts Committee (APEC)

51. In conformity with the Terms of Reference of the African Population Experts Committee the APEC Bureau was elected as follows:

DESIGNATION	REGION	MEMBER STATE
Chairperson	Western	Nigeria
1st Vice-Chairperson	Southern	South Africa
2nd Vice-Chairperson	Northern	Egypt
3rd Vice-Chairperson	Central	Burundi
Rapporteur	Eastern	Kenya

## II. Draft Common African Position on Population and Development

52. The Ministers adopted the recommendations towards the development of the CAP on Population and Development as follows:

- i) The CAP to focus on Population and Development in line with the ICPD Programme of Action and Addis Ababa Declaration on Population and Development (AADPD);
- ii) The Commission to support Member States in the capturing of data on migration flows as well as highlight the issue of demographic transitions of countries across the Continent;
- iii) Member States are encouraged to improve the availability of quality, timely and well disaggregated data on population dynamics.

## III. Data and Accountability

### a) African Health Stats and CARMMA Scorecard

53. The Ministers adopted the African Health Stats and CARMMA Scorecard with the following recommendations:

1. Essential investments are made in order for the platform to remain an important data and information tool and only validated data should be utilised;

2. AU Member States to support sustainable funding towards:
  - i) Web hosting, security and maintenance costs of the *Africa Health Stats* and CARMMA Scorecard Data Platforms;
  - ii) Staffing with capability and capacity to maintain the two web platforms and data management functions.

**b) Implementing the Addis Declaration on Immunisation (ADI): Two Years on: Taking Stock of Progress made by AU Member States**

54. The Ministers adopted the Immunisation Scorecard with the following recommendations:

- i) That domestic funding for national immunisation programmes be increased;
- ii) That Member States scale up multi-sectoral prioritisation of immunisation.

**c) Continental Nutrition Accountability Scorecard**

55. The Ministers welcomed and adopted the development of the Continental Nutrition Scorecard.

**d) African Union Health Accountability Framework**

56. The Ministers welcomed and adopted the Accountability Framework.

**IV. Upcoming Global Population Meetings**

**a) Nairobi Summit on ICPD25: Accelerating the Promise**

57. The Ministers adopted the following recommendations on the upcoming Nairobi Summit on ICPD25:

- i) The AUC immediately forward to all Member States the list of key commitments that have been proposed to facilitate African's continental position towards the Nairobi Summit on *ICPD25: Accelerating the Promise*;
- ii) There is a need to highlight issues related to human trafficking and child labour in the commitments presented by the Commission;
- iii) There is an adoption of a declaration to commemorate the 25th Anniversary of the ICPD Programme of Action by the Heads of State and Government;



iv) There is a strong representation of African youth at the Nairobi Summit.

**b) Consideration of Theme for 53rd Session of the Commission on Population and Development (CPD) in 2020 - “Population, Food Security, Nutrition and Sustainable Development”**

**58.** The Ministers adopted the following recommendations on the 53rd Session of the Commission and Population and Development:

- i) The need to build consensus and for Africa to speak with one voice during the 53rd Session of the CPD to be held in 2020;
- ii) All Member States’ trade agreements include nutrition, food security and monitoring and evaluation policies;
- iii) The demographic projections be incorporated into national development plans to improve nutrition and achieve greater food security.

**V. Briefings**

**a) Final Report of the 5-Year Review of the Addis Ababa Declaration on Population and Development (AADPD)**

**59.** The Ministers took note of the Report on the 5-Year Review of the *Addis Ababa Declaration on Population and Development* and its key recommendations, which include the following:

- i) The alignment of the review cycle for the *Addis Ababa Declaration on Population and Development* with the Sustainable Development Goals (SDG) review cycles which, takes place every four years;
- ii) The need for special attention to consult with Small Island Developing States (SIDS) on population and development issues due to their unique geographical setting and population size;
- iii) All Member States to fast-track the implementation of the Executive Council Decision at its 32<sup>nd</sup> Ordinary Session held in Addis Ababa, in January 2019, EX.CL/Dec.987(XXXII), to allocate 0.15% of national budget to finance statistics and implement the revised strategy for the harmonisation of statistics in Africa (SHaSA 2);
- iv) Africa Union institute for statistics (STATAFRIC) to bring the necessary support in collaboration with partners to AU member states and the RECs for the development of National and Regional Strategies for the Development of Statistics (NSDS, RSDS), undertaking of 2020 round of censuses and regular surveys, the improvement of administration data and Civil Registration and Vital

Statistics (CRVS) and geo-spatial data;

- v) There is enhanced cooperation between Regional Economic Communities (RECs) and strengthen South-South cooperation on population and development issues.

**60.** The Ministers adopted the Report on the 5-Year Review of the *Addis Ababa Declaration on Population and Development* and its recommendations.

## **DRUG CONTROL SESSION REPORT**

**61.** The Honourable Ministers of the 3rd STC-HPDC endorsed the following Experts' recommendations from the Drug Control Session:

### **Draft Biennial Implementation Report of the AU Plan of Action on Drug Control (2013-2017), extended to 2019.**

**62.** After deliberations, the Ministers adopted the *Draft AU Plan of Action on Drug Control (2013-2017) implementation report*.

### **Draft Pan-African Epidemiology Network on Drug Use Report , 2018**

**63.** After deliberations, the Ministers adopted the drug epidemiology report as well as the proposed indicator developed for reporting on SDG 3.5.1, with the following additional recommendations:

- i) All Member States to establish and operationalise National Drug Epidemiology Networks;
- ii) The Commission to request and encourage Regional Economic Communities to establish and operationalise Regional Drug Epidemiology Networks;
- iii) Member States are encouraged to allocate sufficient resources (infrastructure, human and financial) to support operations and sustainability of the National Drug Epidemiology Networks;
- iv) Member States to implement evidence-based and age-appropriate prevention and treatment programmes;
- v) Member States to include drug related indicators in routine national surveys to obtain information from the general population.

### **Draft Recommendations of the Continental Consultation on Online Child Sexual Exploitation (OCSE) in Africa, 2019.**

64. After deliberations, Ministers adopted the report of the Continental Consultation on Online *Child Sexual Exploitation (OCSE)*, with the following recommendations:

#### **Continental Level Actions**

- i) Formulation of a Strategic Continental Framework (Plan of Action) to comprehensively address OCSE;
- ii) The African Union Commission to host, in collaboration with international partners including WePROTECT Global Alliance, a Global Summit on Addressing Online Child Sexual Exploitation; and
- iii) The African Committee of Experts on the Rights and Welfare of the Child to consider developing a General Comment on Article 27 of the African Charter on the Rights and Welfare of the Child, and in particular to clarify its meaning and scope with special emphasis on the balance between the rights of children to privacy, access to information and protection from Online Child Sexual Exploitation.

#### **Country Level Actions**

- i) Nomination of National OCSE Focal Persons;
- ii) Contributing to the larger global response on OCSE by joining global initiatives such as the WePROTECT Global Alliance;
- iii) Establishing and/or strengthening reporting mechanisms on OCSE;
- iv) Enhancing victim support services;
- v) Improving identification and rescue of victims by developing national image databases that are linked to international victim-focused law enforcement databases such as the International Criminal Police Organization (INTERPOL) International Child Sexual Exploitation (ICSE) database;
- vi) Strengthening prevention and advocacy programmes; and
- vii) Improving accountability of the internet industry.

#### **Draft Revised AU Plan of Action on Drug Control and Crime Prevention (2019-2023)**

65. The Ministers adopted the *Revised AU Plan of Action on Drug Control and Crime Prevention (2019-2023)* with the following recommendations:

- i) Member States to update their *National Drug Master Plans* and align with the revised Plan of Action (2019-2023);
- ii) The AUC to facilitate continental/regional/national consultations to assist Member States with alignment to the revised Plan of Action (2019-2023);
- iii) Continental collaboration and the establishment of a “Research Group” for continued research on emerging drug trends, not limited to those listed in the three international drug control conventions.

## **Briefings**

**66.** The Ministers took note of the following briefings made during the Experts Meeting:

- i) Post Political Declaration and Plan of Action of International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem;
- ii) Introduction to the UN System Common Position on Drugs;
- iii) West Africa Model Drug Law;
- iv) Briefing on the Rapid Assessment and Response to Drug Use and HIV Transmission, Namibia.

## **Briefing on Ebola Virus Disease (EVD) Outbreak in the Democratic Republic of Congo**

**67.** A presentation on the ongoing EVD outbreak in the Democratic Republic of Congo (DRC) was made by a representative of the Commission.

**68.** Ministers took note of the presentation, commended the efforts of the Government of DRC and the AU, and made the following recommendations:

- i) Call for support for resource mobilization to fund the AU response to the EVD outbreak;
- ii) Call for partners and Member States to join efforts in combating the EVD outbreak.

## **ANY OTHER BUSINESS**

**69.** Under Any Other Business, the Ministers recommended as follows:

- i) AUC to take leadership and advocate for elimination of Neglected Tropical Diseases (NTDs) on the Continent and also convene an Experts Meeting to come up with a Common Position on NTDs in Africa;

- ii) Member States to ensure that come October, during the Global Fund Replenishment, there is contribution to the Fund to ensure that it reaches the 15 billion dollars target, so that Africans can continue to remain the biggest beneficiary of the Fund as the regions continue to establish their own systems;
- iii) Call upon Member States to attend the ICPD25 taking place from 12 to 14 November in Nairobi, Kenya, where the presentation of the Programme of Action will occur, recognizing that reproductive health, women's empowerment and gender equality are the pathway to sustainable development;
- iv) In-country ratification of AMA requires national consultation and approval so that it can be a personalized effort to regulate medical dependent on the issues specific countries are facing with the pharmaceutical industry.

#### **DATE AND VENUE OF THE 4<sup>TH</sup> MEETING OF THE SPECIALISED TECHNICAL COMMITTEE ON HEALTH, POPULATION AND DRUG CONTROL (STC-HPDC-4)**

**70.** The Meeting agreed to the following:

- i) Recommend that the Executive Council approve the convening of STC-HPDC annually;
- ii) Recommend that an extraordinary session of the STC be held in Egypt, in accordance with AU rules and regulations, and delegate the Bureau of the STC to discuss, in line with the AUC agenda of the session.

#### **ADOPTION OF THE MINISTERIAL REPORT OF STC-HPDC-3**

**71.** The Honourable Ministers of the 3rd STC-HPDC adopted the Ministerial Report as amended.

#### **CLOSING**

**72.** Egypt Minister of Health and STC-HPDC-3 Chairperson, Dr Hala Zaid thanked all Ministers for a productive meeting; and for adopting the "Cairo Declaration on *Prevention, Care and Treatment of Viral Hepatitis*". She expressed confidence that decisions and recommendations of the meeting could take the continent forward if Member States implemented them expeditiously. She expressed Egypt's commitment to lead the STC over the next two years.

**73.** AU Commissioner for Social Affairs, H.E Mrs Amira Elfadil extended heartfelt thanks to the Arab Republic of Egypt for the well-organized conference as well as courtesies and hospitality extended. She also thanked all delegates and the African Union

Commission staff for tirelessly working towards the success of the conference. The Commissioner pledged the Commission's support towards organization of an Extra-Ordinary Summit on Health, Population and Drug Control before the end of 2019.