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Second Session of the Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-2) Addis Ababa, Ethiopia 20-24 March 2017

Theme: “Youth, Health and Development: Overcoming the Challenges towards Harnessing the Demographic Dividend”

DRAFT CONCEPT NOTE

I. INTRODUCTION

1. The Specialized Technical Committee (STC) on Health, Population and Drug Control is one of fourteen (14) STCs, defined as an Organ of the African Union in accordance with Article 5 (1) (g) of the AU Constitutive Act. The STC on Health, Population and Drug Control meets once every two (2) years.
2. The 2nd Session of the Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-2) is scheduled to take place in Addis Ababa, Ethiopia, from 20 to 24 March 2017 and will be held under the theme: “Youth, Health and Development: Overcoming the Challenges towards Harnessing the Demographic Dividend”.

II. RATIONALE

A: Health, Population and Nutrition

3. The Africa ‘we want’ is aspired to be an Africa which is prosperous based on inclusive growth and sustainable development, an Africa whose development is people driven, and reliant on the potential offered by its people especially its women and children. An Africa where there is a high standard of living and quality of life and wellbeing for all of its citizens, who are healthy and well nourished.
4. The importance of ensuring good health is key to reducing youth vulnerability and to maximize human capital investment. The STC-HPDC-2 under the theme mentioned above, seeks to highlight the critical challenges and barriers, in speeding up the demographic transition and discuss solutions that move towards developing a productive workforce.
5. A combination of low mortality and fertility is a critical element for harnessing the demographic dividend. Whilst child mortality rates in Africa have declined, fertility rates have remained high, with a continental average of 4.7 (World Population Prospects 2015 Revision). In some African countries, the fertility rate stands as high as 7.6. These phenomena give rise to high youth dependency rates and manifest themselves in many other challenges as there are limited resources to adequately invest in the development of each individual.
6. The AU Heads of State and Government decided at their 26th Ordinary Summit in Addis Ababa on 31st January, 2016 to devote the theme of their 28th and 29th Ordinary Sessions in 2017 to “***Harnessing the demographic dividend through investments in the Youth***”. The decision of the Heads of State and Government comes at a critical time as the investments made in the youth will have a telling impact on the nature of implementation of the AU Agenda 2063 and the 2030 Agenda for Sustainable Development. For this reason, and in response to the Assembly Decision, it is important that all key partners work closely together towards ensuring that key objectives are set and activities planned for the upcoming STC-HDC-2.
7. The impact of child under nutrition on Africa’s socioeconomic development should not be underrated if the continent is to achieve the desired economic

transformation expressed in Agenda 2063 and the Sustainable Development Goals to be achieved by 2030. Stunting and underweight caused by chronic and/or acute hunger continue to hamper children's growth into healthy and productive citizens and the consequent socio economic potential that countries loose, has been shown to be tremendous.

8. It is also critical for countries to speed up the demographic transition to make strategic investments that would improve health outcomes, especially as they relate to access to sexual and reproductive health, to ensure that women can decide on the number and spacing of their children. In addition, it is critical to improve child survival by focusing on prevention of infectious diseases, immunization, improving nutrition and strengthening interventions around the neonatal period. The importance of ensuring good health is key to reducing youth vulnerability and to maximizing human capital investment. Consideration also needs to be given to emerging threats to safe pregnancy and health challenges (such as the Zika virus).
9. Further to the outbreak of Ebola in 2014, in view of the necessity for an accountability framework for health security to protect citizens of Africa and beyond, prudently, at the AU Summit in January 2015, the AU Heads of States approved the establishment of the Africa Centres for Disease Control (Africa CDC). The Africa CDC is a structure to support African countries in their efforts to ensure health security and to effectively respond to emergencies, to address complex challenges, and to build needed capacity. A symposium will be organised during the STC-HPDC-2 to reach experts, Ministers attending the STC meeting, as well as some invited guests and identified key stakeholders to the launch of Africa CDC Five year Strategic Plan.
10. In line with the African Union (AU) Pharmaceutical Manufacturing Plan for Africa (PMPA) and the African Medicines Regulatory Harmonization (AMRH) initiative, there is a need to establish a financing mechanism for the African Pharmaceutical Development (FAP-D). The objective of FAP-D is to finance the development of the pharmaceutical manufacturing sector in Africa. FAP-D is urgently needed because, without adequate and robust funding, current plans and efforts to adopt international standards of Good Manufacturing Practices (GMP) and to build capacity in pharmaceutical manufacturing in Africa are at risk of failure.

B. Health and socio-economic consequences of illicit drugs on youth

11. As alluded to earlier, a major objective of AU Agenda 2063 is to unleash the full potential of African youth and women to boost socioeconomic development. It is estimated that 68% of Africa's population is under age 30. Youth can be critical agents for positive socioeconomic change if appropriate investments are made and their rights to education, employment and health are realised, in order to unleash their power to innovate and become productive citizens. Alternatively, youth could turn into an army of unemployed youth which may increase social risks and tension.

12. The youth are disproportionately affected by world drug problems. Drugs often affect people during their most productive years. When youths become trapped in a cycle of drug use, and even in the drug trade itself, distinct barriers are effectively raised to the development of individuals and communities, constituting major social development challenges. This creates a vicious circle of marginalization and social exclusion, unemployment, low levels of education, and poor health and nutrition.
13. The persistent failure to accept or understand that drug dependence is a health condition feeds the cycle of marginalization that often affects people with drug use disorders, primarily the youth, making their recovery and social integration more challenging. Furthermore, inadequate measures in place to prevent and counter the illicit cultivation, production and manufacture of and trafficking in narcotic drugs and psychotropic substances, as well as drug-related crime and violence puts the safety and security of individuals, societies and communities at risk.
14. The inter linkages between drugs and development and the importance of “development-sensitive” drug control policies cannot be over empathized. In this regard, drug policies need to amongst others ensure that no one is left behind, least the youth. Drug policies must also be evidenced-based, backed by reliable data. There is a perceived general lack of sufficient and reliable information on drug use and trafficking patterns to undertake drug policy and legal reforms. A balanced and coordinated, holistic and multi-sectorial approach to drug control can adequately address drug use and drug trafficking in all its forms, including reducing harm associated with drug use, and expanding health and social services for those with problematic use and their families.
15. In April 2016, the UN General Assembly held a Special Session (UNGASS) on the World Drug Problem (2016). The outcome document covers human rights, youth, children, women and communities and highlights emerging challenges and the need to promote long-term, comprehensive, sustainable, development-oriented and balanced drug control policies and programmes.

III. PURPOSE AND OBJECTIVES OF THE STC-HPDC-2

16. The purpose of the STC-HPDC-2 will be to discuss issues pertaining to achieving positive socioeconomic change by investing in the health, safety and social wellbeing of young people, as well to establish synergies among the health, population and drug control sectors.
17. The specific objectives of the 2ND Ordinary Session of the STC-HPDC-2 will be the following:
 - Consider the Research, Monitoring and Evaluation frameworks for the Africa Health Strategy that the continent need to have in place in order to comprehensively implement its health strategies.
 - Discuss progress that has been made by the African Medicines Agency (AMA) in the development of the draft institutional and legal framework,

and business plan for the AMA, and financing of African Pharmaceutical Industries.

- Hold the symposium to launch the Africa CDC 5 Year Strategic Plan.
- Consider the APEC operational guidelines, the State of the African Population Report and the 50th Session of the Commission for Population and Development (CPD 50).
- Consider the implementation progress of the AU Plan of Action on Drug Control (2013-2017), its possible revision and extension to 2020.
- Discuss implementation of evidence based drug control strategies backed by data, subsequently, the meeting will be informed of the establishment of national and regional epidemiological networks and how these can be sustained.
- Sensitise experts and Ministers regarding the outcome of UN General Assembly Special Session (UNGASS) on the World Drug Problem, April 2016 and implementation priorities.

IV. AGENDA ITEMS

- Progress achieved by the African Medicine Agency
- Consideration of the M&E Framework of the African Health Strategy
- Consideration of Research for the African Health Strategy
- 2017 MNCH Status Report
- Financing for African Pharmaceutical Industries
- Symposium to launch the Africa CDC 5 year Strategic Plan
- APEC Operational Guidelines
- 2017 State of the African Population Report
- CPD 50
- Youth and Drugs
- Implementation Report of the AU Plan of Action on Drug Control (2013-2017) (AUPA) covering the period 2013-2016
- Evaluation of the AUPA on Drug Control (2013-2017) and its extension to 2020
- Outcome of UN General Assembly Special Session on Drugs (UNGASS) 2016
- Establishment of national and regional epidemiological networks
- Investment in national drug responses with adequate budget allocation
- Consideration to host the International Society of Substance Use Professionals (ISSUP) meeting in Africa in 2018

VI. FORMAT OF THE STC-HPDC -2

18. The STC-HPDC-2 will be conducted in two parts:

19.

- a **Senior Official's Meeting (20-22 March 2017) (Parallel sessions for Health, Population and Drug Control, respectively, on 20 and 21 March 2017)**
- b) **Ministerial Meeting (23-24 March 2017)**

**Associated Events: Lunch side event - ERADICATING CHILD
UNDERNUTRITION FOR INCLUSIVE AND SUSTAINABLE
DEVELOPMENT IN AFRICA – WFP/NEPAD/ECA
Lunch side event – EMERGING THREATS TO SAFE
PREGNANCY, E.G. ZIKA VIRUS - IPAS**

VII. PARTICIPANTS

20. The STC –HPDC-2 will bring together Ministers in charge of Health, Population and Drug Control, and government Experts responsible for the sectors concerned, partners, AU Organs such as the Pan African Parliament, the Regional Economic Communities. Pan-African and International Organizations working in the areas of concern will also be invited.

VIII. DATE AND VENUE

21. The STC –HPDC-2 will convene from 20 to 24 March 2017 at the African Union Commission in Addis Ababa, Ethiopia.

IX. LANGUAGES

22. Simultaneous interpretation will be provided in the four (4) working languages of the African Union: Arabic, English, French and Portuguese.

X. DOCUMENTATION

23. The main working documents of the STC-HPDC-2 will be available on the AU Website: www.au.int

XI. CONTACT PERSONS

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