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

STC/EXP/HPDC/3

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

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 3rd Session of the Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-3) is scheduled to take place in **Cairo, Egypt, from 29 July to 2nd August 2019** under the theme: ***“Increased Domestic Financing for Universal Health Coverage and Health Security for All African Citizens- Including Refugees, Returnees and Internally Displaced persons”***. The theme is derived from the AU theme for 2019 “The year of refugees, returnees and internally displaced persons: towards durable solutions to forced displacement in Africa” (Assembly/AU/Dec.707 (XXXI) of July 2018 on the 2019 theme of the year).

II. RATIONALE

A. Health, Population and Nutrition

1. More than half of the world’s population growth is projected to be in Africa by 2050¹. It is projected that the global population could grow by 2.2 billion people and more than half of that growth is projected to occur in Africa. A larger population puts pressures on available resources and large increases in population size are inevitable owing to the youthful age structure of the continent. More people means increase demand for governments to provide adequate healthcare, basic education, housing and food security amongst others
2. Population movements occur within and between countries, movements which are inclusive of the movements of vulnerable populations such as refugees, returnees internally displaced and persons who are forcibly displaced. In order for governments to have comprehensive and inclusive policies that take into account the needs of vulnerable populations, national civil registration demographic health surveys and census need to take into account the needs of refugees, returnees internally displaced and persons who are forcibly displaced
3. Currently there are estimated 68 million forcibly displaced persons in the world. Over a third of the worlds forcibly displaced persons are in Africa, including 6.3 million refugees and asylum seekers and 14.5 million internally displaced persons². The causes of forced displacement and humanitarian crisis are multiple and complex. They include conflicts, poor governance, human rights violations, environmental degradation, effects of climate change and natural disasters.
4. At its 29th assembly in July 2017, the AU’s Executive Council called on the Union to declare 2019 the Year of Refugees, Returnees and IDPs. In July 2018, at Nouakchott, Mauritania, AU Assembly of Heads of State and Government

¹ World population Prospects: The 2017 key findings and advance tables. United Nations Department of Economic Affairs/Population Division

² Global Trends UNHCR, June 2018.

adopted Decision AU/Dec.707 (XXXI) declaring 2019 as “ **the Year of Refugees, Returnees and Internally Displaced Persons: Towards Durable Solutions to Forced Displacement in Africa**”. The decision of the Heads of State and Government, is important, as all citizens of the continent should have equal opportunity to contribute meaningfully to aspirations of the continent, as laid out in Africa’s transformational Agenda 2063.

5. The aspirations for health have been translated within, the Africa Health Strategy (2016-2030) and are aligned with the 2030 Sustainable Development Goals (SDGs). The health agenda of the continent needs to be founded on strong social protection policies and population distribution policies. The AU recognizes social protection, as both, an economic and social necessity for promoting inclusive and people driven sustainable development that will end poverty, reduce inequality and generate resilience against future shocks.
6. In order to fully achieve Africa’s aspirational goals for health, it is crucial that the needs of all citizens particularly the most vulnerable and neglected people within populations such as refugees, returnees and internally displaced persons, are factored into development planning and programming. Addressing the specific needs of these groups requires interventions that are comprehensive and within the frameworks of national social protection programs. In this vein, the AU is in the process of finalizing a Social Agenda as part of Agenda 2063, a Common Africa Position on Population and a Social Protection Protocol which will be the frameworks to guide Member states to develop or strengthen appropriate social protection and development measures in promoting and protecting the rights of all citizens and the vulnerabilities faced by different populations in the society.
7. The importance of ensuring universal health coverage for all is key to the best investment for a safer, equitable and healthier Africa. The STC-HPDC-3 under the theme of “**Increased Domestic Financing for Universal Health Coverage and Health Security for All African Citizens- Including Refugees, Returnees, the Internally Displaced and those who are forcibly displaced**”, seeks to highlight the critical challenges and barriers for access to health services. Good health is essential to sustained economic and social development and poverty reduction. Access to needed health services is crucial for maintaining and improving health. At the same time, people need to be protected from being pushed into poverty because of the cost of health care.
8. It is expected that the 3rd STC on Health, Population and Drug Control will put forth recommendations that advance the health and population agenda of the continent and that strong consideration shall be given to the health and population needs of the most vulnerable, including refugees, returnees, the internally displaced and those who have been forcibly displaced.

B. Africa CDC

1. The Ebola outbreak of 2014 gave impetus to, and accelerated the establishment of the Africa Centers for Disease Control and Prevention (Africa CDC) as part of medium to long term program to build Africa’s capacity to deal with public health emergencies and threats in the future. The AU Assembly formally established the Africa CDC in January 2015 and has since

been functioning. 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 core capacity for the implementation of the International Health regulations (IHR).

2. Following official launching on 31st January 2017, the Africa CDC started implementing its strategic plan in coordination with its Regional Collaborating Centres (RCCs).

C. Drug Control and Crime Prevention

3. Africa is experiencing an exponential growth in the trafficking and use of drugs. This poses challenges to health care systems and overall social, economic and security milieu with a growing nexus between drugs and organized crime including complex networks of insurgency, corruption and terrorism, factors undermining the goals of prosperity and inclusive and sustainable development.
4. In spite of the exponential growth of drug users in the continent, drug treatment and health services continue to fall short: the number of people suffering from drug use disorders who are receiving treatment has remained low, just one (1) in eighteen (18) receiving any form of treatment in Africa. This falls far below global statistics which show that about one (1) in six (6) problem drug users, globally, receive treatment for drug use disorders and dependence each year. This is in part due to the persistent failure to accept or understand that drug dependence is a multi-factorial health disorder, and often following the course of a chronic, relapsing disease. Most services for the prevention and treatment of substance misuse and substance use disorders are traditionally delivered separately from other mental health and general health care services. Because substance misuse has traditionally been seen as a social or criminal problem, prevention services were not typically considered a responsibility of health care systems; and people needing care for substance use disorders have had access to only a limited range of treatment options- where health insurance does not even feature.
5. This STC provides an opportunity to discuss how to tackle drug misuse and substance use disorders in the context of overall health care systems. Evidence suggests many opportunities to create policies and practices that are more evidence-informed to address health and social problems related to substance misuse, thereby improving access to health care for all drug users, including refugees, returnees and internally displaced persons.
6. While there is limited understanding of substance use among refugees, returnees and internally displaced persons, we need to think about integrating substance use prevention and treatment into services offered to them, especially in camp settings. The challenges of substance use, including medical and social problems, are compounded by the lack of prevention and treatment services for refugees.
7. Universal Health coverage has the potential to support the prevention and treatment of drug use and the delivery of services aimed at reducing the

adverse health consequences of drug use affecting all populations, in line with targets 3.3 and 3.5 of the Sustainable Development Goals.

8. Moreover, drug trafficking and abuse are also intrinsically linked to conflict and displacement. In this regard, resettlement, reintegration and security cannot be guaranteed without addressing links between drugs and terrorism, organized crime and corruption, as well as coordinated action to invest in long-term alternative development, integration efforts and international cooperation.

III. OBJECTIVES OF THE STC-HPDC-3

9. The overall objective of the STC-HPDC-3 is to identify and discuss concrete areas of Increased Domestic Financing for Universal Health Coverage and Health Security, including key populations and often neglected groups. Such broad areas will include but not limited to the health systems strengthening and human resources for health as well as investment in treatment of drug dependence. The session will also look at how such measures buttress the effects of forced displacement on Refugees and Internally Displaced persons.
10. The STC-HPDC-3 will also undertake the following:
 - Consider the MNCH Task Force Report and the MNCH Task Force Terms of Reference.
 - Consider the Report of the working group of STC on population & Common Africa Position on Population.
 - Consider the nutrition task force report and the nutrition task force terms of reference.
 - Consider the Africa health stats and CARMMA score card.
 - Consider the IMNCHN & CARMMA evaluation.
 - Consider the Africa CDC Report.
 - Consider the Draft Africa Common Position on Antimicrobial Resistance.
 - Consider the Draft Declaration on Viral Hepatitis.
 - Consider the Free to Shine Campaign progress report.
 - Consider the Zero Malaria Start with Me Campaign report.
 - Consider the Next Steps for the Post Africa Leadership Meeting on Domestic Financing for Health.
 - Consider the Draft Revised AU Plan of Action on Drug Control and Crime Prevention (2019-2023).
 - Consider the Draft Implementation Report of the AU Plan of Action on Drug Control (2013-2017) (AUPA)
 - Consider the first Draft Pan-African Epidemiology Network on Drug Use Report (2016-2017).
 - Consider the outcome document of the continental consultation on Online Child Sexual Exploitation (OCSE) in Africa.

IV. FORMAT OF THE STC-HPDC -3

11. The STC-HPDC-3 will be conducted in two parts:

a) **Senior Official's Meeting (29 July to 31st July 2019) (Parallel sessions for Health, Population, Drug Control and Africa CDC respectively**

b) **Ministerial Meeting (1-2 August 2019)**

V. PARTICIPANTS

12. The STC –HPDC-3 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.

VI. DATE AND VENUE

13. The STC –HPDC-3 will convene from 29 July to 2 August 2019 in Cairo, Egypt.

VII. LANGUAGES

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

VIII. DOCUMENTATION

15. The main working documents of the STC-HPDC-3 will be available on the AU Website: www.au.int

IX. CONTACT PERSONS

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