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**FIFTH ORDINARY SESSION OF THE AFRICAN UNION
SPECIALISED TECHNICAL COMMITTEE ON HEALTH,
NUTRITION, POPULATION AND DRUG CONTROL (STC-HNPDC- 5)**

**05-09 AUGUST 2024
ADDIS ABABA, ETHIOPIA**

Theme:

***“Cultivating Wellness in Africa: Holistic Approaches to Health, Nutrition,
Population, Drug Control, Crime Prevention and Education”***

Concept Note

I. INTRODUCTION

1. The Specialized Technical Committee (STC) on Health, Nutrition, Population and Drug Control, is one of the fourteen (14) STCs, established by the Decision of the

Twelfth Ordinary Session of the Assembly of the African Union (Assembly/AU/Dec.227 (XII)), held in Addis Ababa, Ethiopia from 1 to 3 February 2009.

2. The STC is also defined as an Organ of the African Union (AU) in accordance with Article 5 (1) (g) of the AU Constitutive Act. It is composed of Ministers responsible for Health, Nutrition, Population and Drug Control and meets once every two (2) years.
3. The Fifth Ordinary Session of the Specialized Technical Committee on Health, Nutrition, Population and Drug Control (STC-HNPDC-5) is scheduled to take place in Addis Ababa, Ethiopia, from 01 – 05 July 2024 under the theme: **“Cultivating Wellness in Africa: Holistic Approaches to Health, Nutrition, Population, Drug Control, Crime Prevention, and Education”**. The theme is derived from the AU Theme for 2024 **“Educate an African fit for the 21st Century: Building resilient education systems for increased access to inclusive, lifelong, quality, and relevant learning in Africa”**.

II. RATIONALE

A. Health Systems, Diseases, Nutrition and Population

4. The African continent has the majority of countries with the worst indicators for maternal mortality, infant mortality as well as communicable and non-communicable disease morbidity and mortality. The socio-economic impact derived from communicable diseases (HIV, Tuberculosis, malaria, hepatitis), non-communicable diseases (hypertension, diabetes, neglected tropical diseases), injury and trauma, and malnutrition (undernutrition, overweight/obesity and micronutrient deficiency); has adversely affected development in Africa.
5. Africa carries a large share of the global malaria burden. In 2022, the continent was home 94% of malaria cases (233 million) and 95% (580 000) of malaria deaths. Since 2000, Africa has reduced its malaria death toll by 44%, from an estimated 680 000 to 384 000 annually¹. However, progress has slowed in recent years, particularly in countries with a high burden of the disease². Approximately 38.4 million people were living with the human immunodeficiency virus (HIV) in 2021 and Africa remains as the most affected region, accounting for more than two-thirds (25.6 million) of the people living with HIV worldwide³. Tuberculosis is one of the most common opportunistic infection and leading cause of death in AIDS patients. Approximately 10.6 million people globally were infected TB in 2021 with Africa hosting around 20% of new cases (2.5 million)⁴; whilst the global incidence of tuberculosis was 134 cases per 100,000 with Africa having one the highest rates globally (212 cases/100,000). The continent also bears a disproportionately high burden of Neglected Tropical Diseases (NTDs) with 47

¹ World malaria report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

² Global Health Observatory, World Health Organization. Estimated malaria incidence [Data table]. Retrieved from [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/malaria-incidence-\(per-1-000-population-at-risk\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/malaria-incidence-(per-1-000-population-at-risk)).

³ Global Health Observatory, World Health Organization. HIV, Estimated number of people (all ages) living with HIV. Retrieved from <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/estimated-number-of-people-living-with-hiv>.

⁴ Global Health Observatory, World Health Organization. Tuberculosis. Retrieved from <https://www.who.int/data/gho/data/themes/tuberculosis>.

countries being endemic for at least one NTD and 36 of them (78%) are co-endemic for at least five of these diseases. Although neglected, hundreds of millions of people are at risk of these diseases, which are found only, or mainly in the Africa.

6. The ongoing struggle against HIV/AIDS, tuberculosis, and malaria, as well as NTDs in Africa remains a significant challenge across several nations despite commendable progress, persistent issues include funding limitations and delayed responses from member states.
7. The draft Declaration aimed at eradicating AIDS in Africa by 2030 has motivated Heads of States to pledge their commitment to ending AIDS, tuberculosis, and improving maternal health. This dedication entails augmenting national funding and establishing conducive policy environments. Despite the obstacles encountered, the Declaration symbolizes a unified endeavor to address critical health issues and strive towards the ambitious goals set for 2030.
8. Experts in HIV/AIDS, Tuberculosis and Malaria advocate for an expedited adoption of the domestic health financing agenda throughout all African regions, emphasizing the imperative collaboration between Ministries of Health and Finance, with support from the Regional Economic Communities (RECs) and AU organs such as African Union Development Agency – New Partnerships for Africa’s Development (AUDA-NEPAD).
9. The AU Roadmap to 2030 aligns with the United Nations AIDS Programme (UNAIDS) target to end AIDS as a public health threat by 2030, as well as the Global Fund's objective to end the epidemics of HIV, tuberculosis, and malaria. It also addresses the reduction of health inequities and supports the achievement of Sustainable Development Goals (SDGs). The roadmap underscores a continental investment approach, emphasizing the development of resilient and sustainable health systems, integrating service delivery to encompass various diseases like Tuberculosis (TB), malaria, Reproductive Maternal New born and Adolescent Health (RMNCAH), Non-Communicable Diseases (NCDs), and NTDs. Additionally, it strives for Universal Health Coverage and further investments in health security.
10. On the other hand, an estimated 20 percent of the African continent’s population (278 million people) is affected by food crises and undernourishment. Women, children and youth (particularly adolescent girls) who form the biggest part of Africa's population at about 75 percent, are the most hit; with higher rates of acute malnutrition among pregnant women and children mirroring acute food insecurity as a result of weakened access to nutritious food, health and WASH (Water, Sanitation and Hygiene) services essential to prevent disease and infections. In 2021, stunting had declined in Africa, however 1 in 3 children are still affected; Approximately 12 million children were affected by wasting – the deadliest form of malnutrition; and overweight is on the rise in Africa whereby the number of children affected increased by 30 percent over the last two decades. Ironically, the average

cost of healthy diets in Africa is USD 3.46 per person per day, hence majority of people in Africa cannot afford a healthy diet.

11. The continent is grappling with the economic repercussions triggered by the 4 C's – the aftermath of the COVID-19 crisis, Conflict encompassing political fragility both within Africa and globally, the impacts of Climate Change, and the escalating Costs of food, fuel, and fertilizers. These challenges have had a ripple effect on jobs, wages, pricing structures, supply chains, and foreign direct investment, exacerbating issues within the food and health systems. To effectively respond to this situation, the continent needs more investments and well-rounded Resilience and Recovery Policies capable of addressing the existing health challenges coupled with those brought about by the 4Cs, fulfilling Universal Health Coverage and also unleashing the potential of Africa's biggest demographic – its women and youth. Recent years have seen the result in novel e-health and technological advancements. Digital technologies have become essential resources in building a primary health care that is sustainable and providing services that are of high quality and safety.
12. The AU recognizes that health is a human right that must be accessible to all and is fundamental to economic development. Aspiration 1 of Agenda 2063 envisions a “A prosperous Africa based on inclusive growth and sustainable development.” To achieve this ambition, one of the key goals for Africa is to ensure that its citizens are healthy and well-nourished and adequate levels of investment are made to expand access to quality health care services for all people.
13. To allow for the effective implementation of the Agenda 2063, the Africa Health Strategy (AHS) 2016-2030 an overarching policy document was revised and adopted. The AHS 2016 - 2030 being an overriding document inspired by other continental and global commitments does not seek to replace nor duplicate, rather intends to further enhance the commitments reflected in the global and continental instruments. The overall objective is to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority diseases burden by 2030.
14. The African Union Commission (AUC) and key stakeholders (RECs, Civil Society Organizations and international development partners) work together in ensuring the long and healthy lives and promote the well-being for all in Africa in the context of “Agenda 2063: The Africa We Want” and the SDGs through implementation of all relevant determinants of health. Several initiatives have been implemented in the past ten years including the launch of a 2 Million African Community Health Workers Initiative in 2019 that aims to increase in country-owned, well-harmonised and coordinated community health worker programs to attain Universal Health Coverage and improve the primary health care outcomes within the communities; the creation of the AIDS Watch Africa (AWA) in 2021 to lead advocacy, accountability, and resource mobilization efforts to advance a robust African response to end AIDS, Tuberculosis and Malaria by 2030; a framework for a comprehensive and resilient recovery from COVID-19 that was adopted by Member States in early 2022 to guide resilient socio-economic recovery efforts at

the continental, regional and national levels; a continental framework for the control and elimination of Neglected Tropical Diseases in Africa by the Year 2030; the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA); and the Africa Regional Nutrition Strategy (ARNS) 2016-2025 to guide implementation of various interventions to achieve the World Health Assembly nutrition targets, the launch of the Africa Leadership Meeting on Investing in Health (ALM) Declaration, the establishment of the African Medicines Agency (AMA) among others. Though significant progress has been made, accountability reports indicate that Africa is not on track to meet the Sustainable Development Goal targets of 2030.

15. Investing in research, innovation and technology to transform our continent through harnessing the power of Public Private Partnerships (PPP) for health whilst negotiating with manufacturers (at national, regional, continental or international levels) to achieve price reduction strategies for select health commodities is crucial. This could be achieved through use of appropriate tools such as bulk purchase volume discounts, standardization of commodity specifications (e.g. ARV regimens, fixed-dose combinations, reduced/larger package sizes, etc), financial incentives (e.g. tax/customs deductions), and trade instruments (e.g. compulsory licensing); and developing micronutrient fortification partnerships with local African private sector producers of fortified foods such as salt, grains/bread, milk and other dietary items; is necessary.

B. Drug Control and Crime Prevention

16. With less than two years left to achieve objectives of the African Union Plan of Action on Drug Control and Crime Prevention (2019-2025), Africa is at a crossroads. Although performance is divergent with some Member States on the right course, insufficient investments by many have left yawning gaps in fulfilling key outputs under each of the nine (9) pillars of the continental drug control framework.
17. The greatest challenge facing the continent is two-fold. Firstly, drug trafficking and related organized crime including complex networks of insurgency, corruption and terrorism destabilize the continent's socio-economic development, peace and security. The continent continues to be a major trafficking region and a growing destination market, complemented by illicit cultivation, production and manufacture of drugs. Opiates such as heroin, stimulants like cocaine and methamphetamine are increasingly trafficked into the continent⁵. The continent has also long produced and consumed cannabis, khat and new synthetic concoctions while pharmaceuticals are increasingly being diverted for illicit misuse. Chemical precursors, narcotic and psychotropic substances and those not under international control, including synthetic opioids such as Tramadol and Captagon, are a cause for concern. There is also a proliferation of new psychoactive substances and forfeited or adulterated drugs, causing a meltdown in countering drug trafficking and regulating internationally controlled substances.

⁵ <https://www.incb.org/incb/en/publications/annual-reports/annual-report-2018.html>

18. Secondly, African Union Member States are experiencing an upsurge in public health problems especially among youth, women, and children due to increased availability and use of psychoactive substances. The continent is experiencing an exponential rise⁶ in drug use as evidenced by the sharp increase in the number of people with drug use disorders seeking treatment. To make matters worse, Africa's growing youth population, coupled with high unemployment, has seen a surge in the number of young people who use drugs with cannabis being the most popular drug of abuse. Despite the exponential rise in the number of people who use drugs on the continent, prevention and treatment service provision falls short as only one (1) in eighteen (18) persons with substance use disorders have access to drug dependency treatment compared to one (1) in seven (7) globally⁷.
19. This is partly due to the persistent failure to accept or understand that drug dependence is a diagnosable, treatable medical disorder and not a criminal or social issue. Substance Use Disorders (SUDs) have traditionally been misconstrued as a criminal or social problem (personal deficit), and prevention services were not typically considered a responsibility of Government health care systems which left people needing care for drug dependency with limited treatment options. Substance use among populations displaced by conflict has been a neglected area of public health that needs attention. All this undermines public health and dents the continent's efforts towards achievement of inclusive sustainable development an aspiration of the continent's social development blueprint, Agenda 2063 – The Africa we want, an integrated, prosperous and peaceful Africa.
20. A transformative approach and decisive action is now needed to place people at the center of national drug control policy responses through concrete investments in the drug control architecture including: promoting people's health through balanced drug control and scaling up evidence-based services to address the health and social impact of drug use; strengthening mechanisms against organized crime; strengthening data collection, research and analysis to generate evidence for judicious review of policy and operational responses; capacity building and credentialing of professionals in drug use disorders prevention, treatment and care; dismantling barriers limiting availability of internationally controlled drugs for medical and scientific purposes; and enhancing knowledge of policy makers on drug control.
21. This STC provides an ideal platform to revisit policies and practice to address both drug trafficking and related organized crime as well as the provision of services for people with SUDs. In addition to reviewing the availability of services to deal with

⁶ African Union Reports of the Pan African Epidemiology Network on Drug Use (2016, 17, 18)
<https://au.int/en/newsevents/20190729/third-session-specialised-technical-committee-health-population-and-drug-control>

⁷ https://www.unodc.org/unodc/en/frontpage/2019/June/world-drug-report-2019_-35-million-people-worldwide-suffer-from-drug-use-disorders-while-only-1-in-7-people-receive-treatment.html

drug dependency, it will also consider operationalization of the Pan-African Epidemiology Network on Drug Use (PAENDU) to generate crucial evidence for review of policy and operational responses. The contribution of traditional leaders in the continuum of care for people with drug use disorders will also be considered. Engagement of children, women and youth in drug prevention initiatives is another important discourse as is collaboration with the all-relevant stakeholders including civil society organizations at grassroots level. Lastly, due consideration will be lent to assist countries in formulating policies aimed at decongesting prison populations of people who are incarcerated due to drug-related offenses, with a specific focus on people incarcerated for the use of substances.

C. Cultivating Wellness in Africa: Holistic Approaches to Health, Nutrition, Population, Drug Control, Crime Prevention, and Education

22. Similar to health, education remains a basic human right as outlined in article 26 of the Universal Declaration of Human Rights, article 28 of the Convention on the rights of the child and article 11 of the African charter on the rights and welfare of the child, all of which emphasizing the need for State parties to provide free and compulsory basic education.
23. The link between the two (health and education) is well established and influential. Research has consistently shown that individuals with higher levels of education tend to have better health outcomes, because they are likely to have access to accurate health information understand health risks and adopt healthier behaviours. Furthermore, education empowers individuals with knowledge, skills, and resources necessary to make informed decisions regarding their health, nutrition and avoid drug abuse and crime. Likewise, health has a significant impact on education outcomes for individuals and communities as good health is essential for improving school attendance, concentration, and performance; thereby improving the socio-economic status of individuals and communities. For instance, the experience at AUDA-NEPAD shows that School Meals are a significant game-changer with multiple benefits cutting across various sectors. Optimizing learning and health and nutrition of school children through diversified nutritious meals, goes beyond education and nutrition objectives. When school feeding is linked to local agricultural production it improves the livelihoods of local communities and smallholders' farmers by creating a stable and structured markets lifting people out of poverty as a result.
24. Over the past ten years, African governments have undertaken a wide range of programmes and policy-level efforts to ensure that no child is left behind in access to education. Overall, the proportion of out-of-school children had decreased until around 2010. The completion rates had improved in primary and lower secondary education, as well as the access to and the participation in Technical and Vocational Education and Training (TVET). There was also noticeable progress in the access to pre-primary education and in adult literacy and lifelong learning.
25. With regards to school feeding, low-income countries have doubled their national budget expenditures to Home Grown School Feeding (HGSF) from 17 percent to

33 percent between 2013 and 2020. In lower middle-income countries, national budgets now account for 88% of school meals financing, up from 55% in 2013. However, despite efforts and significant progress made in terms of access, completion and quality of basic education, disparities persist within and between countries. Learning achievement remains low in many parts of Africa. Girls, children from the poorest backgrounds, children with disabilities and children on the move such as forcibly displaced, face difficulties in realizing their right to education. These systemic challenges range from early childhood education, through primary and secondary education, technical and vocational education, and training to tertiary and higher education levels.

26. Investing in Education (for youth and adolescents in particular) is thus, the most effective investment in the fight against poverty, reducing gender inequalities, enabling people to survive and thrive and helping to improve socioeconomic development. Full access to reproductive and sexual health means they can make informed choices about their lives and those of their families, and contribute to healthier societies. The health and social benefits include, among others, delayed pregnancies and reduced fertility rates, improved nutrition for pregnant and lactating mothers and their infants, improved infant mortality rates and greater participation in the political process. School curricula should therefore, include elements to strengthen the self-esteem of girls and increase respect for girls among boys.
27. There is an urgent need to transform and revitalize the entire education system on the continent, while paying special attention to marginalized groups including girls, children in rural areas, those living with disabilities, and those in the move, including those in fragile countries and contexts. Additionally, the entire education system from early childhood education and development through to tertiary and vocational education and life-long learning, can be used as a platform to reinforce health, nutrition, population, drug control and crime prevention. Both teachers and learners could play a crucial role as key agents of transformation, if adequately supported and empowered.
28. It is expected that the (STC-HPDC-5), will put forth recommendations that advance the health and population agenda of the continent with a special focus on strengthening resilient education systems to build a healthy Africa with healthy and well-nourished citizens. There is also a need to a renewed commitment to allocate 20% of budget to education. Communication and advocacy in favor of initiatives for healthy and conducive learning environment needs to be strengthened to ensure empowered individuals and communities including holistic wellness education and supportive, safe school environment. In addition to being cost-effective, communities should have agency over their own health and wellbeing, to invest in, participate in governance, and be heard.

29. OBJECTIVES OF THE STC-HNPDC-5

30. The overall objective of the STC-HNPDC-5 is to review progress made in the implementation of the AU and STC Decisions, provide policy guidance, and adopt reports, frameworks, and guidelines as well as recommendations that will be presented for consideration by the Executive Council of AU.
31. More specifically, the meeting will identify and discuss key priority areas on health, nutrition, population, drug control and crime prevention that will improve the health and socio-economic well-being of Africa's population.
32. The STC-HNPDC-5 will also consider the following key documents:

Health

1. AU Digital Health Strategy (2024-2030)
2. Consideration of the Roadmap 2030 on Sustaining the AIDS Response, Ensuring Systems strengthening and Health Security for the Development of Africa
3. Terms of Reference of the Community Health Workers (CHW) Champion
4. Terms of Reference for the AU Taskforce on Health and Finance
5. Action Plan for the 3rd Decade of African Traditional Medicine
6. Health Financing Progress Tracker
7. Progress report on the implementation of the Addis Ababa Declaration on Immunization (ADI) and Immunization Scorecards
8. Draft Updated African Union Model Law on Medical Products Regulation
9. Draft African Union Declaration on the Fight against Substandard and Falsified Medical Products on the Continent
10. Progress report on utilizing the African Medicines Regulatory Harmonization (AMRH) to build a strong technical foundation for the AMA
11. Report on Climate Change and the Africa Integrated Vector Management (IVM) Programme
12. Report on Strengthening Pharmacovigilance Systems under African Union – Smart Safety Surveillance (AU-3S) Programme
13. Update on the implementation of the Infection Prevention and Control (IPC) Legal Framework
14. Update on the Common African Position on Antimicrobial Resistance (AU Road to UNGA – HLM AMR)

Nutrition

15. Report of the 14th Africa Task Force on Food and Nutrition Development (ATFFND) meeting
16. Advocacy and Communication Strategy for Nutrition 2024-2028
17. Strategic Framework for Prevention and Management of Anaemia in Africa
18. Concept Note – Development of Africa Regional Nutrition Strategy 2026-2035 and Adolescent Nutrition Plan of Action
19. Consideration of Cost of Food and Nutrition in Africa (COFAN) Methodology

Population

20. Ten-Year Review of the Addis Ababa Declaration on Population and Development in Africa beyond 2014 Report

Drug Control and Crime Prevention

21. Progress Report on the Implementation of the African Union Plan of Action on Drug Control and Crime Prevention (2019-2025).
22. Report on the Implementation of STC-HNPDC-4 Drug Control Sector recommendations.
23. Recommendations from the Continental Technical Experts' Consultation on Drug Supply Reduction in Africa (17-19 July 2023).
24. Recommendations from the Continental Technical Experts' Consultation on Drug Demand Reduction (06-07 November 2023)
25. Lusaka Declaration on addressing Substance Use and Related Mental Health Disorders among Youth, Children and Women in Africa.
26. First African Youth Forum Declaration on Drug Use Prevention.
27. Report of the Pan-African Epidemiology Network on Drug Use (2016-2021).
28. Draft Common Africa Position on the midterm review of 2019 Ministerial Declaration on Strengthening Actions at the National, Regional and International Levels to Accelerate the Implementation of Joint Commitments to Address and Counter the World Drug Problem.

List of Documents for Information:

29. Update on the Implementation of the AMA and Status of Operationalization
30. Update on the progress on the Implementation of the Cairo Declaration on Viral Hepatitis in Africa
31. Briefing on development of Multisectoral Nutrition Policy Framework and Target for Nutrition Investment in Africa
32. Biennial Progress Report on Neglected Tropical Diseases (NTDs)
33. Progress Report on Community Health Workers (CHWs)
34. Status Report on the Implementation of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) Plus activities
35. Africa Leadership Meeting (ALM) Report
36. Technical brief on the Office of the High Commission for Human Rights' Report on Human Rights Challenges in addressing the and countering all aspects of the world drug problem.

III. NOMINATIONS OF BUREAU MEMBERS OF THE STC-HPDC-5

33. STC-HNPDC-5 Bureau members will be nominated and confirmed.

IV. FORMAT OF THE STC-HPDC-5

34. The STC-HNPDC-5 will be conducted, physically in two parts:

- i. Experts Meeting from 05-07 August 2024. Parallel sessions will be held for Health, Population and Drug Control sectors.
- ii. Ministerial Meeting from 07 to 09 August 2024.

V. PARTICIPANTS

35. The STC-HNPDC-5 will bring together Ministers in charge of Health, Population and Drug Control, and government Experts responsible for the sectors concerned, AU Organs such as the AU Development Agency – New Partnerships for Africa’s Development (AUDA-NEPAD) and Africa CDC, and the Regional Economic Communities. Pan-African and International Organizations working in the relevant areas of concern will be invited to the opening and closing sessions. Member States will be required to sponsor travel costs (air tickets, accommodation, daily subsistence allowance, ground transportation, COVID-19 tests and other relevant expenses) for their nominated participants.

VI. DATE AND VENUE

36. The STC-HNPDC-5 will convene physically from 05 to 09 August 2024, in Addis Ababa, Ethiopia.

VII. LANGUAGES

37. Simultaneous interpretation and translation of relevant documents will be provided in six (6) working languages of the AU: Arabic, English, French, Portuguese, Swahili and Spanish.

VIII. DOCUMENTATION

38. The main working documents of the STC-HNPDC-5 will be available on the AU Website: www.au.int;

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