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**FIRST MEETING OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH  
POPULATION AND DRUG CONTROL  
(STC-HPDC-1)  
ADDIS ABABA, ETHIOPIA  
13-17 APRIL 2015**

**STC-HPDC/MIN/Rpt.(I)**

***THEME:- “CHALLENGES FOR INCLUSIVE AND UNIVERSAL ACCESS”***

**REPORT OF THE MINISTERS' MEETING**

## INTRODUCTION

1. The Ministers' Meeting of the First African Union Specialized Technical Committee Meeting on Health, Population and Drug Control (STC-HPDC) was held in Addis Ababa, Ethiopia from 16 to 17 April 2015. The theme of the conference was 'Challenges for Inclusive and Universal Access'.
2. The meeting discussed critical issues addressing the theme across the three sectors of the STC as follows:
3. **Drug Control** - implementation of a five year strategic framework on Drug Control with specific focus on drug use prevention and treatment standards, establishment of national and regional drug observatories, and consideration of the process for developing the Common African Position for the forthcoming United Nations General Assembly Special Session on the World Drug Problem (19-21 April 2016).
4. **Health** - draft policies on maternal, new born and child health; nutrition; and HIV/AIDS, TB, Malaria; and other infectious diseases; as well as health systems strengthening including access to medical products.
5. **Population** – state of the population in Africa in relation to migration and broader development issues.

## ATTENDANCE

6. The meeting was attended by delegates from the following AU Member States: Algeria, Angola, Botswana, Burkina Faso, Burundi, Central African Republic, Congo, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea Conakry, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Sahrawi Arab Democratic Republic, Sierra Leone, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.
7. In addition AU Organs, Regional Economic Communities, UN Agencies, Inter-Governmental and Non-Governmental Organizations and cooperating partners were represented.

## AGENDA ITEM 1: OPENING

### Opening Remarks by the Commissioner for Social Affairs

8. The African Union Commissioner for Social Affairs, H.E. Dr. Mustapha Sidiki Kaloko, welcomed delegates and urged them to harness opportunities presented through convergence of three interlinked sectors (Health, Population and Drug Control) to truncate Africa's development challenges. The Commissioner highlighted the negative impact of illicit drugs on public health and socio-economic development. He also informed the meeting that population dynamics have an impact on the capacity of AU Member States to ensure universal access to health care and social protection services for their citizens and therefore deserved special attention.

### Remarks by the outgoing Bureau Chairperson - Population

9. The representative of Hon. Anne Waiguru, Cabinet Secretary, Ministry of Devolution and Planning, Kenya, and outgoing Chair of the Ministers of Population applauded the theme of the meeting emphasizing that it resonates well with the need for Africa's entire population to have access to quality health services at all levels. He stated that the theme of the 1<sup>st</sup> STC-HPDC-1 aligns with several global themes on the subject and gives issues of reproductive health a "human face", the action which will make universal access, a reality including reproductive health care, voluntary family planning, assisted childbirth and prevention of sexually transmitted infections including HIV. He reiterated that health services in Africa should be "youth friendly" and respond to the reproductive health and development needs of the ever increasing youthful population.

### Remarks by outgoing Bureau Chairperson – Drug Control

10. The Deputy Minister of Social Development, Republic of South Africa, Ms. Hendrietta Ipeleng Bogopane-Zulu, implored delegates to keep drug control as a top priority in the Member States which calls for balanced policies to address both drug supply and demand reduction. She also appealed for family support to young people and women who are mostly victims of drugs. She recommended that Ministers to ensure adequate attention is provided to each of the three sectors (health, population and drug control) to ensure none is "lost" in the combined STC.

## AGENDA ITEM II: PROCEDURAL MATTERS

### (a) Election of the Bureau of the STC-HPDC-1

11. In conformity with the AU Constitutive Act for composition of the STC and following due consultations amongst Member States, the Bureau of the STC-HPDC-1 was elected as follows:

|                                  |                                                          |
|----------------------------------|----------------------------------------------------------|
| Chairperson                      | South Africa (Southern Africa)                           |
| 1 <sup>st</sup> Vice-Chairperson | Sierra Leone (West Africa)                               |
| 2 <sup>nd</sup> Vice-President   | Burundi (Central Africa)                                 |
| 3 <sup>rd</sup> Vice-Chairperson | Saharawi Democratic Arab Republic (North Africa)         |
| Rapporteur                       | Federal Democratic Republic of Ethiopia (Eastern Africa) |

### (b) Adoption of the agenda and programme of work

12. The meeting adopted the agenda and programme of work without any amendments.

**AGENDA ITEM III: EBOLA OUTBREAK IN AFRICA AND THE LESSONS LEARNT**

13. The key note speaker, Major General Dr Julius Oketta, Head of Mission of the African Support to the Ebola Outbreak in West Africa (ASEOWA), highlighted the ASEOWA structure, strategy, achievements, challenges, lessons learnt and the way forward including the post Ebola recovery and reconstruction period.
14. The first lead discussant, Dr Micheal Makanga, Director, South-South Cooperation and Head of Africa Office made a presentation on, “Conducting clinical trials in Africa as a means of seeking an African solution to Ebola”. The presentation highlighted the Ebola situation in Africa, Ebola clinical trials, recommendations and the EDCTP response.
15. The second lead discussant, Ms Margaret Singonda representing Dr Ibrahim Assane Mayaki, Chief Executive Officer of the New Partnership for Africa’s Development (NEPAD) Planning and Coordinating Agency addressed the topic, “Regulatory oversight of clinical trials in Africa: What needs to be done.” The presentation highlighted the AMRH background, opportunities and the way forward.
16. Following the panel discussion the Ministers:
  - i. Requested the AU Commission to set up a stand-by emergence response team for rapid and effective response to future public health emergencies in Africa;
  - ii. In recognition of the acute shortage of health workers in the Ebola affected countries, called upon member states to set aside training opportunities in their medical institutions to train health workers from Sierra Leone, Guinea and Liberia;
  - iii. Further called upon member states to strengthen their integrated disease surveillance system and cross-border collaboration to ensure that future disease outbreaks are easily contained;
  - iv. Reiterated the need for the international community to consider debt cancellation for the affected countries;
  - v. Called upon member states to invest in research for long term solutions and not only to short term solutions during emergencies;
  - vi. Called upon member states to invest in health system strengthening and especially human resource development and institutional strengthening;
  - vii. Requested AUC to develop an African Hazard Preparedness Plan and develop guidelines (or protocol) for disaster response in line with international standard;

**AGENDA ITEM IV: THE PUBLIC HEALTH-DRUG CONTROL NEXUS**

17. In addressing the public health-drug control nexus, the presentations by Dr Gilles Forte, WHO and Mr Gunashekar Rengaswamy, UNODC, highlighted the issue of access to internationally-controlled psychotropic substances, and the case of scheduling of ketamine and other substances and implications for health in Africa. The session highlighted that untreated/undertreated chronic pain has serious physical, emotional, social consequences that severely affects the

quality of life. Pain is not a symptom: it's a disease entity itself. Following the plenary discussion, the Ministers:

- i. Called upon Member States to **support non- scheduling of ketamine internationally** as it is very essential especially for trauma in emergency and in war situations, with limited alternatives available. The challenge is to ensure balance between access and control.
- ii. Also called upon Member States to undertake legislative review, allow roles of doctors to be shifted to specifically trained nurses enabling them to prescribe oral morphine to patients in severe to moderate pain, and provide training for policy makers and health professionals, including allocation of funds to benefit larger population from AU.

**AGENDA ITEM V: PANEL DISCUSSION ON ACHIEVING INCLUSIVE UNIVERSAL ACCESS IN HEALTH, POPULATION AND DEVELOPMENT THROUGH IMPLEMENTING THE ADDIS ABABA DECLARATION ON POPULATION AND DEVELOPMENT**

18. The Commissioner for Social Affairs, H.E. Dr Sidiki Kaloko introduced the session informing that the focus was on strategies and opportunities for harnessing the demographic dividend for an inclusive prosperous and peaceful Africa.
19. Dr Addis Tamire, Chief of Staff to the Minister, read the statement of the key note speaker, Hon. Dr Kebede Worku, State Minister of Health, Federal Democratic Republic of Ethiopia, stressed the importance of accelerating the implementation of the Addis Ababa Declaration on Population (AADPD) and Development to ensure the achievement of set goals. He further highlighted that the pillars in the AADPD are in line with AU Agenda 2063 and they centre on the idea of people-centred development and the well-being of African people. Speaking on the achievements of Ethiopia, he stated that, recommendation 30 of the AADPD has been implemented in Ethiopia by ensuring a more efficient South-South cooperation through sending volunteers to Ebola affected countries, and the organization of the upcoming conference on human resources for health.
20. The first discussant, Hon. Hendrietta Ipeleng Bogopane-Zulu, Deputy Minister of Social Development, Republic of South Africa, stressed that for development to be meaningful it must be underpinned by a people centred approach in line with the Agenda 2063 principles. She observed that Africa has the youngest population, and harness the demographic dividend including equipping the youth with the necessary skills and protect them from drug use which is becoming the biggest challenge to youth development. She also pointed to the lack of women empowerment and focus on young women. She indicated the need to affirm reproductive health and rights of women and access to contraceptives particularly by encouraging dual protection.
21. The second discussant, Mr Constant-Serge Bounda, Representative of UNFPA to the AUC and ECA, emphasised the that implementation of the Addis Ababa Declaration on Population and Development should remain a foremost priority because all attributes to development are contained in it. He further

pointed out that the AADPD is a masterpiece which stands as visionary, practical and strategic.

22. Following the deliberations the Ministers called upon Member States to:

- i. Maximize the benefits of the Demographic Divident by investing in the creation of opportunities and entrepreneurship for the young people;
- ii. Prioritise critical enablers of the demographic dividend such as youth economic empowerment, access to quality education and health - cognisant of its cross cutting nature;
- iii. Consider the impact of climate change on health, as climate change impacts prevalence diseases and access to healthcare services;
- iv. Conduct impact assessments to determine the effectiveness, efficiency and ethicality of laws on population development;
- v. vi. Prioritise sustainable human settlements, nutrition security and skills development as they catalyse the fight against disease and poverty ;
- vii. Harness inter-generational dialogues to close the big gap by developing core messages that are responsive to young people and focus on cultural systems;
- viii. Strengthen partnerships especially South-south cooperation to leverage on resources including domestic and international financing for development.

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| <b>AGENDA ITEM VI: CONSIDERATION OF THE REPORT OF THE MEETING OF THE STC-HPDC-1 EXPERTS</b> |
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## I. SECTORIAL SESSIONS OUTCOMES – HEALTH

### Consideration of the Maputo Plan of Action Review Report

23. Following the 15th Ordinary Session of the AU Assembly Decision EX.CL/Dec.568(XVII), the Commission conducted a comprehensive review of the MPoA. The review report highlights the maternal, newborn and child health as well as the sexual and reproductive health trends since the 1990s to date; the key achievements, challenges and opportunities and guided by the AUC post 2015 policy instruments namely; the Common African Position on the Post 2015 Development Agenda and Agenda 2063 makes recommendations on the future outlook of the Plan of Action. Following deliberations, the Ministers **decided** that:

- i. A revised Maputo Plan of Action be prepared and implemented from 2016 – 2030 to enable further and more effective implementation consistent with the targets of Common African Position on the post 2015 development agenda and AU Agenda 2063;
- ii. The MPoA review report be finalized within two weeks based on the STC-HPDC inputs and comments including replacing the phrases “Review restrictive abortion laws to ensure safe abortion” with “ensure access to safe abortions to the full extent of national laws and policies” and “comprehensive sex education” with “age-appropriate and culturally sensitive comprehensive education on sexual and reproductive health for young people that involves parents and communities”;

- iii. The revision of the MPoA be guided by the recommendations of the review report, the outcome of the post 2015 negotiations, as well as other global MNCH/SRH processes;
- iv. The Commission of the African Union work with Member States to ensure the continental post 2015 aspirations and priorities are taken into consideration by other global review processes including the ongoing review of the UN Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health;
- v. Member States support the online health data platform "AfricanHealthStats" to ensure availability of up to date, high quality and valid data as part of strengthening the continental accountability mechanism; and
- vi. The AUC to spearhead the collaboration among the AU organs, namely the NEPAD Agency and the African Peer Review (APRM) Secretariat to support further development of the data platform and other related initiatives.

#### **Consideration of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa and the AU Roadmap on Shared Responsibility and Global Solidarity on HIV/AIDS, Tuberculosis and Malaria Review Report**

24. The objective of the Abuja Call and the AU roadmap is to strengthen the fight against the three diseases (HIV/AIDS, Tuberculosis and Malaria), in Africa by working strongly on the main challenges and obstacles. The first session of the Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-1) considered the briefing on the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa and AU Roadmap on Shared Responsibility and Global Solidarity for HIV/AIDS, TB and Malaria. The Ministers made the following **decisions**:
- i. Revise the "Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, TB and Malaria Service" and the AU Roadmap on Shared Responsibility and Global Solidarity in accordance with the Abuja +12 declaration and the review findings including emphasis on curbing the burden of tuberculosis on the continent;
  - ii. Member States to strengthen the implementation of the mechanisms for advocacy and resources mobilisation for the three diseases; and
  - iii. The AUC to facilitate development of a Roadmap detailing milestones to End HIV/AIDS, TB and Malaria in line with the Abuja +12 2030 target. This roadmap should be submitted during the next joint AUC – WHO African Ministers of health meeting in Tunisia, in 2016.

#### **Consideration of the Revised Africa Regional Nutrition Strategy**

25. The African Regional Nutrition Strategy (ARNS) which was developed and adopted in 2005 by the AU Executive Council Decision, No. EX.CL/Dec. 361 (XI) for the period 2005 to 2015; was revised and extended to end in 2025. This was informed by emerging policies and scientific evidence on nutrition. The objectives of the revised strategy are to achieve 40% reduction in stunting among children; 50% reduction in anemia among women of child bearing age; 30% reduction of low birth weight; no increase of overweight in children and women; 50% increase in exclusive breastfeeding; and reduce and maintain wasting among children under five years to less than 5%, by 2025. The

Ministers considered the revised ARNS 2015-2025 and made the following decisions:

- i. Continental policies and frameworks on nutrition security should be defined for adoption and ratification by AU Member States, especially development of multi-sectoral nutrition plans, community-based plan, budgets and expenditure tracking systems;
- ii. Member States to increase resources for nutrition and promote implementation of effective interventions to improve nutrition in Africa;
- iii. Establishment of a decision making structures and mechanisms for managing and coordinating the implementation of the revised ARNS on the continent, particularly using already existent review mechanisms within AUC, other regional institutions and within AU Member States;
- iv. Specific emphasis is given to effective implementation of programs that will ensure better nutrition of children, adolescents and women in the ARNS implementation;
- v. Nutrition surveillance systems be put in place in Member States and at regional and continental levels to facilitate data gathering on implementation of the ARNS (from Member States, through the RECs and other regional bodies on the continent);
- vi. Prioritization of nutrition research in implementation of the ARNS; and
- vii. The experts meeting recommended that Ministers adopt the ARNS 2015-2025.

### **The African Health Strategy**

26. The African Health Strategy was endorsed by the 3rd Conference of African Ministers of Health in 2007. The Eleventh Session of the Ordinary Executive Council Decision EX.CL/Dec.361 (XI) endorsed the Africa Health Strategy as a framework within which Member States should address the health challenges facing the continent. A highlight of the AHS review process was presented to the meeting and the following **decisions** were made by the Ministers:

- i. The AHS should be predicated upon and informed by the revised AU health policy instruments;
- ii. Research and innovation should be integrated into the revised AHS strategy with technical support from the NEPAD Agency and other interested parties;
- iii. The technical team to support the AHS review should take into consideration regional representation of Member States; and
- iv. The revised African Health Strategy be considered by the AU/WHO Joint Health Ministers Meeting in April 2016.

### **Briefings on Specialised Areas of Health Development**

#### **a) The Ebola outbreak**

27. After the presentation of the AUC's timely intervention in the Ebola affected countries, a discussion ensued leading to the Ministerial decisions below:

- i. While acknowledging and appreciating the support and solidarity expressed by the Member States, all restrictions should be lifted with regard to the affected countries and stigmatization ended;



- ii. The countries that have experience in tackling Ebola cases are congratulated and they should share such experience with other countries;
- iii. The AUC is requested to consider keeping a core of health volunteers (from the ASEOWA Mission) who can be called upon for rapid deployment in terms of future public health emergencies;
- iv. The AUC and Member States should strengthen research on the Ebola virus epidemic and on psychosocial support for survivors and families of the victims (orphans, widows, widowers etc);
- v. Encourage countries to continually strengthen their integrated disease surveillance system and cross-border collaboration to ensure that epidemics are easily contained;
- vi. Identify and promote lessons learned on Ebola response to extrapolate them to fight other outbreaks and health emergencies;
- vii. Recognize the support provided by the development partners in the fight against the Ebola outbreak;
- viii. Member states and development partners support Ebola affected countries to strengthen their health systems in the implementation of the post Ebola recovery plans; and
- ix. Support the AUC request for participation of AU Member States and partners in the upcoming African Conference on Ebola Recovery and Reconstruction, to be held in Malabo, Equatorial Guinea on July 20 – 21, 2015.

**b) Roadmap to eradicate Rheumatic Heart Disease (RHD) in Africa**

28. After presenting the report of the first meeting held 21-22 February 2015 in Addis Ababa, the Ministers decided that the AUC and partners proceed to develop a costed implementation plan with timelines for eradicating RHD in Africa.

**c) Report of the 7th meeting of the African Task Force on Food and Nutrition Development**

Upon considering the captioned report, the Ministers **decided** to adopt the report of the 7<sup>th</sup> meeting of the African Task Force on Food and Nutrition Development held in Johannesburg, 23 – 24 March 2015

**d) The Pharmaceutical Manufacturing Plan for Africa (PMPA)**

29. A presentation on the progress made in the implementation of the PMPA was made by representatives from the AUC and the NEPAD Agency who also highlighted key challenges, opportunities. The Ministers made the following **decisions**:
- i. The Commission and the NEPAD Agency in collaboration with other partners to facilitate implementation of Phase I activities, particularly the development and implementation of a Good Manufacturing Practice (GMP) roadmap through regional and national certification schemes.
  - ii. Institutionalize the biennial African Medicines Regulators Conference (AMRC) coordinated by NEPAD Agency and AUC in collaboration with WHO as a platform for sharing best practices on regulatory matters and a

mechanism for generating technical information to guide the AU decisions making process.

- iii. The Ministers recommend the African Union Model Law on Medical Products Regulation for the consideration by the STC on Justice and Legal Affairs

**e) Cost of Hunger Study in Africa (COHA)**

- 30. The presentation on the progress on the cost of hunger in Africa study that seeks to estimate the socioeconomic impact of child under-nutrition highlighted the conceptual framework, key findings in countries where it has been completed as well the next steps. In the ensuing discussions the need to include stunting as an indicator of socio-economic development of countries and the continent at large, was emphasized.

**f) 2015 MNCH Report**

- 31. The session was informed that pursuant to the Assembly decision (Assembly/AU/Decl.1{XV}) mandating the AUC to report annually on the status of MNCH in Africa until 2015, the Commission of the African Union prepared the 2014 MNCH Status Report. The report details the maternal, newborn and child health situation on the continent since 2010 and makes recommendations geared towards concretizing the Common African Position on the Post 2015 Development Agenda and Agenda 2063 on matters relating to the health of mothers, children and the adolescents. Following deliberations, the Ministers **decided::**

- i. Revision and finalization of the 2014 MNCH Status Report based on STC-HPDC comments and amendments;
- ii. Member States prioritize the implementation of high impact MNCH interventions documented in the report in a bid to end preventable maternal and child deaths in the continent by 2030;
- iii. CARMMA to continue post 2015 under the slogan “Africa Cares: No women should die while giving life” as a vehicle for solidifying the gains made by the campaign and focusing the continent’s efforts towards ending preventable maternal, newborn and child deaths;
- iv. Cognizance of the 15<sup>th</sup> session of the African Union Assembly decision (Assembly/AU/Decl.1{XV}), recommend that the MNCH taskforce prepare a biennial MNCH status report up to 2030 in order to ensure political support in the post 2015 since MNCH is still unfinished business; and
- v. The MNCH taskforce to ensure that adolescent health is given more prominence in subsequent MNCH status reports.

## **II. SECTORIAL SESSION OUTCOMES – POPULATION**

- 32. The Sectorial Session on Population was chaired by the Expert from the Government of South Africa, in his capacity as the Chairperson of the newly elected Bureau of the STC-HPDC-1. The session deliberated on the implementation of the Addis Ababa declaration on Population and Development to harness demographic dividend for Africa’s transformation and inclusive development; The on-going process on the post 2015 development agenda especially the sustainable development provides the opportunity for the inclusion of African priorities and goals as reflected in the CAP on post 2015

development was part of the agenda items. The 2014 State of Africa Population Report (SAPR) on migration and remittances was presented and discussed. The population experts also developed a calendar of events to draw attention of the commission and Member States to emerging opportunities to advocate for consideration of population issues relevant to Africa development. Following deliberations, Ministers:

- i. acknowledged the importance of establishing the African Population Experts Committee (APEC) as a sub-committee on population;
- ii. Deferred the terms of reference and requested to the Commission to prepare them in compliance with the African Union processes and procedures.
- iii. In line with the ICPD BEYOND 2014 in ensuring that population takes a central role in the Post 2015 Development Agenda, there should be mechanisms put in place to strengthen collaboration between AU Permanent representatives in Addis Ababa and their African counterparts in New York and Geneva;
- iv. The post-2015 development agenda process was a topic of prominence particularly on the importance of reflecting Africa's priorities such as harnessing the demographic dividend in on-going negotiations;
- v. A Monitoring, Accountability & Reporting Mechanism on the Addis Ababa Declaration on Population and Development be developed that would measure Member State progress in population and development at two intervals, three years (mainly to assess the process) and five years (to assess the impact).
- vi. The report will include concrete steps and actions to harness the demographic dividend and to this end develop a methodology and tools (e.g. a score card) to facilitate collection of comparable data for harmonized reporting;
- vii. That AU Member States influence resolutions being made on population and development within Africa and beyond in line with the calendar of meetings developed at the STC-HPD 1.

33. Following consideration of the 2014 State of Africa Population Report (SAPR), the following recommendations were made:

- i. A mechanism should be put in place to ensure that the findings of every SAPR are acted upon by the relevant end-users;
- ii. Benefits of migration to both sending and recipient countries, should be communicated widely to avoid exploitation, abuse and discrimination directed at migrants;
- iii. More detailed studies on migration-population nexus should be undertaken, to further enumerate more causative factors of migration;
- iv. Migration-population studies should place more emphasis on refugees and women migrants;
- v. The African Institute of Remittances (AIR) being an important initiative that should be broadened to not only to capture data on international migrants but also capture data between AU Member States (in Africa's internal migration) and within countries (e.g. for rural-urban migration).

The African Union Commission was commended on its effort in tackling the issue of Human Trafficking and smuggling in the Horn of Africa and was called upon to continue its work in collaboration with Member States.

### III. **SECTORIAL SESSION OUTCOMES – DRUG CONTROL**

- 34** The Ministers considered documentation regarding the drug control sector and made the following **decisions**:

#### **RECOMMENDATIONS: DRUG CONTROL**

- 35.** Regional Economic Community Secretariats should establish a regional drug control focal point and provide for regular meetings of national focal points of their Member States with the view to develop and implement regional drug control strategies and to support individual Member States for fulfilling their role in drug control for their region;
- 36.** Member States and Regional Economic Community Secretariats should:
- i. facilitate information exchange on drug use nationally and regionally;
  - ii. develop regional and national centres of excellence on drug dependence treatment and care to also be utilised for training of treatment workers;
- 37.** Member States should:
- i. ratify and implement all three International Drug Control Conventions;
  - ii. establish, operationalise, galvanise and strengthen national drug coordination mechanisms, including their capacity to control the illicit diversion of psychotropic and psychoactive drugs, as well as diversion of precursor chemicals;
  - iii. improve their quantification and estimation of opiates and other essential medicines and pain management drug requirements;
  - iv. develop and advocate for balanced national policies that aim at improving access to medicines for pain and palliative care meanwhile preventing their misuse, abuse and trafficking;
  - v. scale up advocacy for balanced and integrated drug control policies, incorporating drug supply and demand reduction with their efforts in primary prevention (drug education, awareness raising on the dangers of drugs) and secondary drug use prevention (brief screening and intervention by frontline health care workers and educators) and based on UNODC International Standards;
  - vi. implement alternatives to incarceration programmes for drug users in conflict with the law through strengthened linkages between health and criminal justice systems and
  - vii. improve capacities for research and data collection.
- 38.** The AUC should:
- i. circulate the updated implementation report on the AU Plan of Action (2013-2017), covering the period 2013-2014 to all Member States;

- ii. coordinate and promote research to generate reliable and up to date data on drug use patterns and drug trafficking trends;
- iii. leverage technical assistance to improve Member States' capacities in the criminal justice system;
- iv. develop model laws in partnership with the United Nations (WHO/UNODC) to provide a basis for legislative review at Member States level to address new and emerging challenges on drug control;
- v. promote Member States' capacity to engage and participate in the implementation of the AU Plan of Action on Drug Control (2013-2017) and submit biennial reports on the status of its implementation by April 2017;
- vi. circulate to all Member States, a Draft Common African Position (CAP) for the UN General Assembly Special Session on the World Drug Problem to be held in April 2016. Member States should provide their inputs into the zero draft CAP and forward it to the AU Commission by 31 May 2015 latest, after which date the AUC will consolidate the inputs for consideration by a meeting of the Bureau of the STC-HPDC-1 by the end of June 2015. The Bureau will consider and circulate the revised draft CAP for adoption by Member States by silent procedure and by the end of July 2015, forward the revised CAP to the African Group in Vienna, Austria, for forwarding to the UNGASS Secretariat in New York, USA.
- vii. mainstream drug control in the agendas of STCs that deal with agriculture, education, security, justice, health and finance.

39. Furthermore, Member States are encouraged to develop mechanisms to:

- i. scale up evidence-based comprehensive HIV services among people who inject drugs and who live in prisons;
- ii. increase focus on most at risk but often neglected populations (such as People Who Inject Drugs and People in Prisons. The focus should be on high burden sub-national locations/cities for maximising reach and impact);
- iii. create national drug information networks and a platform, as well as mechanisms for national epidemiological studies and information sharing at national, regional and continental level;
- iv. develop evidence-based drug use prevention policies and interventions targeted at different age groups and settings (school, family, community, work place, prisons and health sector);
- v. develop and expand low cost integrated drug treatment units where early interventions, drug testing, inpatient, outpatient, detoxification, opiate substitution therapy, psychosocial support and rehabilitation services are offered at different levels of the Health Care system;
- vi. Consider participation for certification in the capacity building programmes by the International Society of Substance Use Prevention and Treatment Professionals;
- vii. Provide necessary legal frameworks and coordination mechanisms for national or regional drug observatories in addition to requisite training programmes for officials;
- viii. Support Liberia, Sierra Leone and Guinea in strengthening their drug control system after the Ebola crises;
- ix. Strengthen cooperation among health, security and justice systems and other entities in addressing drug control in all Member States.

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| <b>AGENDA ITEM VII: REPORT OF THE MULTI-NATIONAL TASK FORCE ON THE AFRICAN CENTRE FOR DISEASE CONTROL (ACDC)</b> |
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40. The report of the meeting of the Multi-National Task Force on the African Centre for Disease Control (ACDC) was presented to the Ministers. Following the presentation, the Ministers **decided to**:
- (a) Refer the Task Force report to the Ministers of Health as a Working Group of the STC.at their meeting in Geneva on 14-15 May 2015 at margins of the World Health Assembly (WHA)..
  - (b) The Working Group will deliberate on:
    - i. The Transitional Institutional Arrangements. The AUC shall provide alternative scenarios on the establishment of the Transitional Board of the Africa CDC for their consideration
    - ii. Budget
    - iii. Inputs into the draft Statute and the Framework for the operation of the Emergency Operation Center (EOC);
    - iv. Implementation Plan
  - (c) In addition, the Ministers **decided that**:
    - i. The First Vice Chairperson of the Bureau shall attend and present the report of the 2<sup>nd</sup> meeting of the Africa CDC Multi-national Task Force to the Working Group;
    - ii. The Bureau will subsequently meet in June 2015 to deliberate on the outcome of the Geneva Working Group;
    - iii. Thereafter, circulate the final documents from the Bureau meeting in June to the ministers in charge of population and drug control

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| <b>AGENDA ITEM VIII: ADOPTION OF THE DECLARATION ON POLIO</b> |
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41. Following the consideration of the Declaration on Polio, the Specialised Technical Committee on Health, Population and Drugs Control, the Ministers adopted the Declaration with amendments.

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| <b>AGENDA ITEM VIII: ADOPTION OF THE RULES OF PROCEDURE FOR THE STC-HPDC</b> |
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42. Following the consideration of the Rules of Procedure for the Specialized Technical Committee on Health, Population and Drug Control, the Ministers **adopted** the Rules of Procedure with amendments and recommend the same to the STC on Justice and Legal Affairs

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| <b>AGENDA ITEM IX: DATE AND VENUE OF THE 2<sup>ND</sup> SPECIALISED TECHNICAL COMMITTEE MEETING ON HEALTH, POPULATION AND DRUG CONTROL</b> |
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43. No Member State has offered to host the STC-HPDC-2 to be held in April 2017.

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| <b>AGENDA ITEM X: ANY OTHER BUSINESS</b> |
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44. No items were listed under Any Other Business.

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| <b>AGENDA ITEM XI. ADOPTION OF THE MINISTERIAL DECLARATION OF THE STC-HPDC</b> |
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- 45 . The Ministers' meeting adopted their Declaration as amended.

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| <b>AGENDA ITEM 13: CLOSING</b> |
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- 46 The AUC Commissioner for Social Affairs, H.E. Dr Mustapha Sidiki Kaloko, appreciated the commitment of the experts and the common positions that they are ready to defend in international meetings.
47. The Chairperson of the STC-HPDC-1, Hon. Hendrietta Ipeleng Bogopane-Zulu, Deputy Minister of Social Development, Republic of South Africa of South Africa thanked the meeting for their constructive contributions and the AUC for its secretarial support.