

## NCD Alliance Advocacy Briefing

### 73rd WHO AFRO Regional Committee Meeting (Gaborone, Botswana)

### August 28 to September 1, 2023

This briefing note provides an overview of the NCD Alliance’s main advocacy priorities and key messages for the 73rd WHO AFRO Regional Committee Meeting (AFRO RCM73). This year’s RCM will be held in Gaborone, Botswana.

RCMs present a key opportunity to encourage rapid implementation of global commitments, especially those set out in Political Declarations of the High-Level Meetings (HLMs) on Noncommunicable diseases (NCDs) and Universal Health Coverage (UHC) and those captured in NCD-related Resolutions and Decisions, especially those adopted by the 76<sup>th</sup> Session of the World Health Assembly ([WHA76](#)) in May 2023. For the summary of NCD Alliance key messages and policy recommendations, please refer to the [WHA76 Advocacy Briefing](#).

Official AFRO RCM73 documents can be found [here](#). While there are additional agenda items of relevance to NCDs, this briefing focuses on four agenda items:

- Framework for implementing the global alcohol action plan 2022–2030 in the WHO African Region (Document AFR/RC73/8)
- Strengthening community protection and resilience: regional strategy for community engagement 2023–2030 in the WHO African Region (Document AFR/RC73/9 and Resolution AFR/RC73/WP3)
- Framework for sustaining resilient health systems to achieve universal health coverage and promote health security 2023–2030 in the WHO African Region (Document AFR/RC73/5)
- Progress report on the implementation of the strategic plan to reduce the double burden of malnutrition in the African Region 2019–2025 (Document AFR/RC73/INF.DOC/8)

### Summary

The NCD community welcomes the opportunity to review strategies and progress reports at the RCM73 and commends Member States for their commitment to the prevention and control of NCDs. As the African Region continues to battle a double burden of noncommunicable and communicable diseases, prioritizing NCDs and related agenda items supports much needed evidence-sharing and knowledge exchange and efforts to achieve both the regional and global commitments on NCDs.

Overall, we strongly recommend that WHO Member States use this RCM to strengthen the proposed strategies and commit to ambitious targets. We are now just two years away from the next UN HLM on NCDs, and need concerted action at all levels, if global NCD targets are to be met by 2025 and 2030. We call on African Heads of State and Government to engage at the UN HLM on UHC in September and act to meet the needs of people living with NCDs in their UHC health benefits packages.

Throughout this briefing, our recommendations are classified as:

 <b>We applaud</b>	The NCD community welcomes and aligns with current text and associated action.
 <b>We express caution/concern</b>	The NCD community is concerned with the current text and would recommend caution and alternation of the text and associated action.
 <b>We recommend</b>	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).

## Summary of NCDA’s key messages and recommendations

Technical documents	
<b>Pillar 1: One billion more people benefitting from universal health coverage</b>	
<p><b>Item 9:</b> (Document AFR/RC73/5) Framework for sustaining resilient health systems to achieve Universal health coverage and promote health security, 2023–2030 in the WHO African region</p>	<p> <b>We applaud</b> the following aspects of the framework:</p> <ul style="list-style-type: none"> <li>• The focus on <b>integration of parallel health programmes</b>.</li> <li>• The proposed prioritization of <b>health promotion and preventive care</b> within essential health service packages.</li> <li>• The inclusion of <b>engagement of communities and other stakeholders</b> among the guiding principles for the framework.</li> <li>• The call on Member States to establish or strengthen mechanisms that <b>protect against catastrophic expenditures on health</b>, prioritising protection for the poorest and most vulnerable.</li> <li>• <b>High-level multisectoral mechanism</b> to oversee health system resilience building, with clearly defined roles and responsibilities.</li> </ul> <p> <b>We express concern</b> that “noncommunicable diseases” are not mentioned outside of paragraph 7. NCDs are underfunded, underdiagnosed and undertreated in Africa leading to devastating health and economic consequences. Ensuring that NCDs are covered by EHSPs according to the national disease burden should be a priority for Member States.</p> <p> <b>We recommend</b> that Member States take swift actions to implement the framework by:</p> <ul style="list-style-type: none"> <li>• <b>INVESTING</b> in essential NCD services through adequate, predictable, and sustained resources for UHC – including through fiscal measures and pro-health taxes on unhealthy commodities such as tobacco, alcohol, unhealthy foods and fossil fuels, which reduce consumption and represent potential revenue stream for UHC.</li> <li>• <b>ACCELERATING</b> UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD “best buys” and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs.</li> <li>• <b>ALIGNING</b> development and health priorities to achieve UHC, breaking down siloed approaches to funding and implementation coordinated by whole-of-government, top-level leadership.</li> <li>• <b>ENGAGING</b> people living with NCDs in the design and implementation of people-centred primary health care, including by formalising opportunities for meaningful involvement of civil society in governance and decision-making. We therefore encourage Member States and WHO Regional Offices to consider the <a href="#">WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions</a>.</li> </ul>
<b>Pillar 3: One billion more people enjoying better health and well-being</b>	
<p><b>Item 12:</b> (Document AFR/RC73/8) Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region</p>	<p> <b>We applaud</b> the development of a framework for implementing the Global Alcohol Action Plan 2022–2030 in the WHO African region, including the target of at least a 20% relative reduction (against the 2019 baseline) in alcohol per capita consumption by 2030.</p> <p> <b>We express concern</b> that the draft framework falls short of giving Member States concrete guidance as to how to safeguard policy-making from undue influence.</p>

	<p>We welcome the proposed target of establishment of national multisectoral coordination mechanism but note with concern that there is no clear guidance on the role of the private sector and the alcohol industry in particular. There is a long history of industry interference in alcohol policy development and implementation in the African region, which the framework needs to help safeguard against.</p> <p> <b>We strongly recommend</b> replacing the flawed and outdated concept of “harmful use of alcohol”. While this terminology is still used in the Global Alcohol Action Plan 2022-2030, it is inconsistent with current scientific evidence and best practice. There is ever-stronger evidence that any level of alcohol consumption is associated with health risks. The evidence is particularly strong for cancer, where no level of alcohol can be considered safe. More detail is offered on p. 9.</p> <p><b>We recommend</b> further strengthening the framework by expanding the section on priority interventions and actions. We propose that the framework:</p> <ul style="list-style-type: none"> <li>• Make direct reference to the WHO SAFER technical package designed to support the implementation of cost-effective policy options and interventions;</li> <li>• Address gender-based violence in the context of alcohol consumption and addiction, as well as mention male vs female patterns of heavy episodic drinking;</li> <li>• Highlight the need for better coordination and referral systems between substance use and mental health services;</li> <li>• Identify a region-specific menu of priority actions which clarifies the roles and responsibilities of relevant actors, including WHO AFRO, Member States, civil society and affected communities. In order to do so, it could take inspiration from the level of detail included in the <a href="#">WHO Europe Framework for Action 2022-2025</a> (and accompanying <a href="#">background document</a>);</li> <li>• Propose a systematic approach to engagement with the private sector to safeguard against conflict of interests and alcohol industry interference.</li> </ul>
<p><b>Item 13:</b> Strengthening community protection and resilience: Regional strategy for community engagement, 2023–2030 In the WHO African region</p>	<p> <b>We applaud</b> the development of the regional strategy with the aim of institutionalizing community engagement as integral to the health system.</p> <p> <b>We express concern</b> that no specific roles and responsibilities are assigned to civil society organisations championing community engagement, people living with diseases, and the communities that the strategy seeks to engage.</p> <p> <b>We recommend</b> that WHO broaden the focus of the strategy beyond the response to health hazards and emergencies to specifically include the regional response to NCDs. We invite the WHO and Member States to consult the <a href="#">WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions</a> and the <a href="#">Africa Regional Advocacy Agenda of People Living with NCDs</a>. The NCD community proves daily the value of community-driven advocacy and health care and is ready to be an important ally in the institutionalization of community engagement.</p>
<p><b>Information documents</b></p>	
<p><b>Pillar 3: One billion more people enjoying better health and well-being</b></p>	

<p><b>Item 18.8:</b> Progress report on the implementation of the strategic plan to reduce the double burden of malnutrition in the African region (2019–2025)</p>	<p> <b>We applaud:</b></p> <ul style="list-style-type: none"> <li>• Uganda, Kenya, and United Republic of Tanzania for using the WHO AFRO nutrient profile model as a reference to introduce interventions that promote healthy diets.</li> <li>• Nigeria and South Africa for passing a trans-fat elimination policy setting powerful examples for how to achieve a trans-fat free Africa.</li> <li>• Member States and WHO for the progress made in strengthening regulation on the marketing of breast-milk substitutes, Codex Alimentarius structures and building capacity to respond effectively to food safety emergencies.</li> </ul> <p> <b>We are deeply concerned by</b> worsening trends in child wasting, exclusive breastfeeding and child overweight. We are also concerned that the strategic plan does not mention the impact of climate change on food systems and subsequent impact on malnutrition.</p> <p><b>We strongly caution</b> against adopting policy approaches reliant on self-regulation by the ultra-processed food and beverage industry. Experience shows that such an approach has not proved effective in transforming food systems and constitutes a collective waste of time and resources.</p> <p> <b>We recommend that</b> Member States take regulatory approaches to promote healthy diets, including reformulation, mandatory front-of-packaging labelling, marketing restrictions and taxation of unhealthy commodities. To this end we strongly encourage Member States to consult the recently updated <a href="#">Appendix 3</a> of the Global NCD Action Plan.</p> <p><b>We recommend</b> that the WHO regional office provide guidance to Member States on how to manage conflicts of interest in national food and nutrition programmes, facilitating sharing of knowledge and best practice in this regard.</p> <p><b>We encourage Member States</b> to proactively involve civil society and communities in the processes of nutrition policy design and implementation, as they provide deep knowledge of the drivers of poor nutritional status and health outcomes and can help devise innovative strategies and solutions that will increase the success of and political buy-in for national nutrition policy interventions.</p>
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### Technical documents

#### **Pillar 1: One billion more people benefitting from universal health coverage**

##### **Item 9: ([Document AFR/RC73/5](#)) Framework for sustaining resilient health systems to achieve Universal health coverage and promote health security, 2023–2030 in the WHO African region**

#### **Background**

Substantial progress was registered between 2000 and 2019 in increasing health services coverage in the African region which stalled during the COVID-19 pandemic. However, even before the pandemic, the region's progress had not been sufficient to attain Sustainable Development Goal (SDG) target 3.8 for UHC. Nonetheless, the 2022 UHC monitoring report for the African Region indicates progress, with the service coverage index (SCI) ranging from 28 to 75 (out of 100) across Member States; however, the proportion of the population facing catastrophic spending of 10% or more of household income on out-of-pocket health costs

increased from 7.7% to 8.4%. In most African countries, coverage and access to NCD services across the continuum of care, including screening, diagnosis, treatment, rehabilitation and palliative care, is inadequate. Too often, health systems are fragmented, underfunded and oriented towards single-disease treatments, instead of adopting an integrated, life course approach to health.

With seven years left to achieve the SDGs, the proposed regional framework seeks to highlight the urgency to accelerate recovery and progress from the COVID-19 pandemic and to avoid similar setbacks in the future. It emphasizes a unified approach to health systems strengthening based on **investments in primary health care and multisectoral governance and coordination**. It was developed to align with the [UHC framework for action](#) and the [Regional Strategy for health security and emergencies 2022-2030](#). It adopts recommendations from an Executive Board report on [Reorienting health systems to primary health care as a resilient foundation for universal health coverage](#) and the 76th World Health Assembly resolution [Preparations for a High-Level Meeting of the United Nations General Assembly on Universal Health Coverage](#).

**The proposed goal** of the framework is, by 2030, to have resilient health systems able to cope with disruptive shocks or stress from all hazards.

#### Proposed objectives include:

- to strengthen the foundations of primary health care and establish models for comprehensive, integrated people-centred care;
- to strengthen key essential public health functions to ensure that national health systems have the necessary capacities to be fully resilient;
- to strengthen governance and coordination of multisectoral actors and investments through institutionalized mechanisms for whole-of-government and whole-of-society engagement.

#### Indicators, targets, and milestones

Indicator	Milestone proposed by 2025	Targets proposed by 2030
Number of Member States that have developed Essential Health Service Packages (EHSPs), delivered through the PHC approach;	18 (out of 55) Member States	45 (out of 55) Member States
% of health workforce targets achieved by Member States in line with population health needs to achieve UHC, strengthened PHC and public health functions;	at least 50%	at least 70%
Number of Member States that have conducted a mapping and measurement of the public health and emergency workforce;	at least 32 (out of 55) Member States	all 55 AFR Member States
Number of Member States that have achieved Maturity Level 3, according to the WHO Global Benchmarking Tool for National Regulatory Authorities (NRAs); <sup>1</sup>	at least 5 (out of 55) Member States	at least 10 (out of 55) Member States
Number of Member States that have policies, legislative and regulatory instruments to mobilize and coordinate whole-of-government and whole-of-society resources, including those of the	at least 40 (out of 55) Member States ( <a href="#">please see footnote 2</a> )	all 55 AFR Member States

<sup>1</sup> According to AFR/RC73/5, currently, only the regulatory systems of Ghana, Nigeria, South Africa and United Republic of Tanzania have been assessed as well-functioning and able to ensure sustainable local production and access to quality-assured essential medical products. This means that they have achieved 'Maturity Level 3'. 40 Forty-one Member States are operating at WHO Maturity Level 1.

private sector. <sup>2</sup>		
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**The guiding principles** for the framework include Member State ownership and leadership; one health system; equity; engagement of communities and other stakeholders; learning and building on prior experience; whole-of-government and whole-of-society approaches.

**Priority interventions and actions** are detailed across 7 priority areas:

- Priority 1: Transform health systems based on a primary health care approach
- Priority 2: Invest in essential public health functions at all levels of the health system
- Priority 3: Invest in institutionalized mechanisms for whole-of-society engagement
- Priority 4: Leverage the current pandemic response to strengthen health systems
- Priority 5: Address pre-existing inequities in access to essential health services and the disproportionate impacts of health emergencies on marginalized and vulnerable populations
- Priority 6: Ensure sustainable financing for health system foundations
- Priority 7: Create and promote enabling environments for data generation, data-sharing, research, innovation, and learning

**Monitoring and Evaluation:** The WHO Secretariat will work with Member States using established baselines to report against the milestones and targets every two years. The Secretariat will work with Member States and stakeholders on additional system resilience indicators for adoption, and support Member States to put in place systems for generating data and reporting against those indicators.

**Actions proposed:** The Regional Committee is invited to examine and adopt the actions proposed.

### Key messages



**We applaud** the following aspects of this framework:

- The focus on alignment of all health sector plans with one national health sector strategic plan (NHSP) and on **integration of parallel health programmes**.
- The proposed prioritization of **health promotion and preventive care** within essential health service packages.
- The inclusion of **engagement of communities and other stakeholders** among the guiding principles for the framework.
- The call on Member States to establish or strengthen mechanisms that **protect against catastrophic expenditures on health**, prioritising protection for the poorest and most vulnerable.
- The proposal to set up **high-level multisectoral mechanism** to oversee health system resilience building, with clearly defined roles and responsibilities.



While **we applaud** the focus on comprehensive, integrated people-centred care, **we express concern** that “noncommunicable diseases” are not mentioned outside of paragraph 7. NCDs are underfunded, underdiagnosed and undertreated in Africa leading to devastating health and economic

<sup>2</sup> Note that the 2030 and 2025 targets are phrased inconsistently:

**2025:** At least 40 Member States have set up a high-level multisectoral mechanism to oversee health system resilience building, with clear roles and responsibilities.

**2030:** All Member States have policies, legislative and regulatory instruments to mobilize and coordinate whole-of-government and whole-of-society resources, including those of the private sector.

consequences. Ensuring that NCDs are covered by EHSPs according to the national disease burden should be a priority for Member States.<sup>3</sup>

**We express concern** that while there is continuous, much appreciated mention of communities as co-owners and co-producers of health throughout the document, civil society is not mentioned alongside the private sector in the 2030 target of all Member States having “policies, legislative and regulatory instruments to mobilize and coordinate whole-of-government and whole-of-society resources, including those of the private sector” (paragraph 25 (e)).



**We recommend** that the 2030 target on coordination of whole-of-government and whole-of-society resources is rephrased to align with the corresponding proposed 2025 milestone: “At least 40 Member States have set up a high-level multisectoral mechanism to oversee health system resilience building, with clear roles and responsibilities” (paragraph 26 (e)). We recommend that both 2025 milestone and 2030 target refer explicitly to high-level multisectoral mechanisms (see also footnote 2).

**We recommend** that Member States take swift actions to implement the framework by:

- **INVESTING** in essential NCD services through adequate, predictable, and sustained resources for UHC – including through fiscal measures and pro-health taxes on unhealthy commodities such as tobacco, alcohol, unhealthy foods and fossil fuels, which reduce consumption and represent potential revenue stream for UHC.
- **ACCELERATING** UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD “best buys” and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs.
- **ALIGNING** development and health priorities to achieve UHC, breaking down siloed approaches to funding and implementation coordinated by whole-of-government, top-level leadership.
- **ENGAGING** people living with NCDs in the design and implementation of people-centred primary health care, including by formalising opportunities for meaningful involvement of civil society in governance and decision-making. We therefore encourage Member States and the WHO Regional Office to consider the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#).

### Pillar 3: 1 billion people enjoying better health and well-being

#### Item 12: (Document AFR/RC73/8) Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region

##### Background

In the African Region, harmful use of alcohol accounts for 5.1% of all deaths accompanied by disastrous social and economic effects. There is no other consumer product as widely available as alcohol that accounts for as much premature death and disability. There are two main characteristics that describe alcohol consumption patterns in the Region: a high level of alcohol abstention in some countries (57.5%<sup>4</sup> across the region) and high-

<sup>3</sup> For instance, paragraph 33a could read: “The framework offers guidance to enable Member States to strengthen primary care-oriented systems, and ultimately address the health needs of the population, including both communicable and noncommunicable diseases guided by the epidemiological context.”

<sup>4</sup> WHO (2018) Global Status Report on Alcohol and Health

volume consumption with severe health and social consequences in others.<sup>5</sup> While total alcohol per capita consumption (APC) in the African Region has decreased, alcohol consumption among drinkers increased from 17.2 L in 2010 to 18.4 L in 2016.<sup>6</sup> Alcohol use is a causal factor for over 200 diseases and injuries including cancers, cardiovascular diseases, suicide, liver diseases, road injuries and violence, and communicable diseases like tuberculosis and HIV/AIDS.<sup>7</sup>

The proposed Regional Framework updates the 2010 African Region alcohol strategy. The Framework also seeks to operationalize the WHO Global Alcohol Action Plan 2022-2030 and address challenges encountered in the implementation of alcohol harm reduction activities in the Region.

**The proposed goal** is to significantly reduce morbidity, disability, and mortality due to alcohol consumption in the African Region by 2030.

**The proposed objectives include to:**

- Increase implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol in the African Region, considering the gender perspective and a life-course approach;
- Strengthen multisectoral actions through effective governance, enhanced political commitment, leadership, dialogue and coordination;
- Enhance the capacity of health and social care systems to prevent and treat alcohol disorders as an integral part of UHC and in alignment with the 2030 Agenda for Sustainable Development and its health targets;
- Raise awareness of the risks and harms associated with alcohol consumption and its impact on the health and well-being of individuals, families, communities and nations;
- Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm, their determinants and modifying factors, and policy responses at all levels;
- Increase the mobilization of resources required for appropriate and sustained actions to reduce the harmful use of alcohol at all levels.

**Indicators, targets, and milestones**

Indicator	Milestone proposed by 2025	Milestone proposed by 2028	Targets proposed by 2030
% relative reduction (against the 2019 baseline) in alcohol per capita consumption;	10%	15%	20%
% of countries that have developed and enacted a written stand-alone or integrated national alcohol policy based on the best available evidence;	40%	50%	60%
% of countries that have an established national multisectoral coordination mechanism for the implementation and strengthening of national multisectoral alcohol policy responses;	30%	40%	50%
% of countries that have developed and or strengthened interventions to reduce the harmful use of alcohol, within and outside the health sector at national level.	30%	40%	50%

<sup>5</sup> <https://www.afro.who.int/health-topics/alcohol>

<sup>6</sup> WHO (2018) Global Status Report on Alcohol and Health

<sup>7</sup> idem

The proposed guiding principles include an evidence-based approach; empowering of people and communities; human rights approach; equity-based approach; protection from commercial interests; multisectoral actions; life-course approach.

**Priority interventions and actions** are proposed across the following areas:

- Establish partnerships and multisectoral coordination mechanisms.
- Develop multisectoral alcohol harm reduction policies.
- Develop and/or strengthen legislation and regulations.
- Increase excise taxes and regularly review prices with regard to inflation and income.
- Reduce the public health impact of illicitly or informally produced alcohol.
- Enforce measures to reduce the acceptability of alcohol.
- Carry out awareness campaigns on the effects of alcohol.
- Reduce the availability of alcohol.
- Develop programmes to prevent and/or delay initiation of alcohol use.
- Provide appropriate infrastructure and funding.
- Support capacity building for health professionals, including public health experts.
- Capacity building for representatives of civil society organizations, including mutual help groups and associations of affected individuals and their family members.
- Enforce drink-driving countermeasures.
- Develop or strengthen national or subnational systems for monitoring alcohol consumption and its socioeconomic modifiers, including affordability and availability.

**Monitoring and evaluation:** Implementation of the priority interventions will be assessed by Member States and progress reports will be presented for review by the Regional Committee every three years.

**Actions proposed:** The Regional Committee is invited to examine and adopt the implementation framework.

### Key messages



**We applaud** the development of a framework for implementing the Global Alcohol Action Plan 2022–2030 in the WHO African region, including the target of at least a 20% relative reduction (against the 2019 baseline) in alcohol per capita consumption by 2030.



**We express concern** that while the draft framework identifies interference from the alcohol industry as a key issue and e.g. recommends restriction of alcohol marketing and sponsorship, it falls short of giving Member States concrete guidance as to how to safeguard policy-making from undue influence. We welcome the proposed target to establish national multisectoral coordination mechanism, but note with concern that there is no clear guidance on the role of the private sector and the alcohol industry in particular. There is a long history of industry interference in alcohol policy development and implementation in the African region which the framework needs to help safeguard against.



**We strongly recommend** replacing the flawed and outdated concept of “harmful use of alcohol”. While this terminology is still used in the Global Alcohol Action Plan 2022-2030, it is inconsistent with current scientific evidence and best practice. There is ever-stronger evidence that any level of alcohol consumption is associated with health risks. The evidence is particularly strong for cancer, where no level of alcohol can be considered safe. Both a recent [Lancet publication](#) with WHO staff and the WHO Europe Framework for Action 2022-2025 reflect this shift away from “harmful use of alcohol” toward

simply speaking of “alcohol consumption”. As the African region updates its guidance to Member States, we encourage WHO to be a leader in policy approaches that are based on the latest scientific evidence and corresponding terminology.



**We recommend** further strengthening the framework by expanding the section on priority interventions and actions. We propose that the framework:

- Make direct reference to the WHO SAFER technical package designed to support the implementation of cost-effective policy options and interventions;
- Address gender-based violence in the context of alcohol consumption and addiction, as well as mention male vs female patterns of heavy episodic drinking;
- Highlight the need for better coordination and referral systems between substance use and mental health services;
- Identify a region-specific menu of priority actions which clarifies the roles and responsibilities of relevant actors, including WHO AFRO, Member States, civil society and affected communities. In order to do so, it could take inspiration from the level of detail included in the [WHO Europe Framework for Action 2022-2025](#) (and accompanying [background document](#));
- Propose a systematic approach to engagement with the private sector to safeguard against conflict of interests and alcohol industry interference.

**We also recommend** moving the reference of legal blood alcohol concentration limit of 0.05% in paragraph 35 to paragraph 46 on drunk driving countermeasures for consistency’s sake.

### Item 13 : ([Document AFR/RC73/9](#)) Strengthening community protection and resilience: Regional strategy for community engagement, 2023–2030

#### Background

Healthcare systems are highly complex social systems shaped by multiple factors, including professional training, institutional values, leadership competencies and priorities, and the wider socio-cultural and economic context. Empowering people and communities to advocate for responsive and equitable policies, participate in planning and provision of services and adopt healthy behaviors is the foundation of Primary Health Care. The Astana Declaration on Primary Health Care, the UHC framework for action, and Regional Strategy for Health Security and Emergencies 2022-2030 (AFR/RC72/8) highlight systematic community engagement as a core component for successful implementation.

The proposed strategy seeks to support Member States in engaging communities for healthier and more resilient populations. It provides guidance on leveraging existing community structures and institutionalizing community engagement at the interface between health, development, and humanitarian action.

**The aim of the proposed strategy** is to create an enabling environment for long-term community engagement that strengthens community protection and resilience through empowerment, enhanced health literacy, and active participation in decision-making and the design, implementation, and evaluation of health and development initiatives.

#### The proposed objectives are:

- a) **To map and leverage existing community assets structures** that could serve as building blocks for engaging communities in PHC, health promotion and health and social service delivery, including emergency management.

- b) **To institutionalize community engagement and participation**, with a view to strengthen PHC, health promotion and health and social service delivery, including emergency management; and
- c) **To strengthen interdisciplinary country capacities for research, monitoring and evaluation** to document lessons from community engagement practices to inform interventions in countries and the Region.

### Indicators, targets, and milestones

Indicator	Milestone proposed by 2025	Milestone proposed by 2027	Targets proposed by 2030
Number of Member States that have mapped community assets and structures to create a knowledge base to inform future actions;	15	25	37
Number of Member States that have co-developed standard operating procedures and defined guiding principles for incorporating community engagement in PHC, health promotion and health service delivery;	15	25	37
Number of Member States that have documented, consolidated and applied lessons from past experiences on community engagement in health promotion, service delivery and emergency management.	15	25	37
Number of Member States that have completed assessments of the strategy's implementation at the country level.	-	-	37

**Guiding principles and values** include community empowerment and protection; whole-of-society and whole-of-government; all-hazards approach; equity and social determinants; governance and accountability.

**Priority actions and interventions** are proposed across three thematic areas:

- Leveraging community structures
- Institutionalization
- Research, monitoring, evaluation, and documenting lessons

**Roles and responsibilities** are assigned to Member States and WHO and other partners in the implementation of the strategy.

**Monitoring and evaluation:** Baseline measures will need to be conducted to inform the M&E framework. Implementation will be tracked annually. Key performance indicators will be incorporated in the annual reports for IHR, community engagement framework, and global programme of work. The Regional Director will update the Regional Committee every two years.

**Actions proposed:** The Regional Committee is invited to examine and adopt the strategy.

### Key messages



**We applaud** the development of the regional strategy with the aim of institutionalizing community engagement as integral to the health system. We also fully support the call for more regular, systematic, and predictable financial and human resources in this regard.



**We express concern** that no specific roles and responsibilities are assigned to civil society organisations championing community engagement, people living with diseases, and the communities that the strategy seeks to engage.



**We recommend** that WHO broaden the focus of the strategy beyond the response to health hazards and emergencies to specifically include the regional response to NCDs. We invite the WHO and Member States to consult the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#), as well as the [Global Charter on Meaningful Engagement of People living with NCDs](#) and the [Africa Regional Advocacy Agenda of People Living with NCDs](#). The NCD community proves daily the value of community-driven advocacy and health care and is ready to be an important ally in the institutionalization of community engagement.

**We recommend** that the strategy specifically mention active engagement of communities, people living with diseases and civil society, in the development, costing and implementation of health policies and programmes among the roles and responsibilities section of Member States.

### Information documents

#### **Pillar 3: 1 billion people enjoying better health and well-being**

##### **Item 18.8: ([Document AFR/RC73/INF.DOC/8](#)) Progress report on the implementation of the strategic plan to reduce the double burden of malnutrition in the African region (2019–2025)**

#### **Background**

In the African Region, high rates of undernutrition coexist with also growing rates of overweight and obesity, often in the same community or household. If current trends continue, the goal of ending hunger and all forms of malnutrition by 2030 will not be achieved. The key drivers of this situation are insufficient access to adequate foods in terms of quality and quantity, and food-borne diseases associated with increased consumption of highly processed foods.

In 2019, WHO launched a [strategic plan to reduce the double burden of malnutrition in the African region \(2019–2025\)](#). The present progress report constitutes the strategy's midterm review evaluating progress against the strategy's nine targets, some directly aligned with the global nutrition targets for 2025, as well as 14 priority interventions covering policy, legislation and regulation, partnerships and multisectoral action, service delivery, data innovation and research.

#### **Progress made as described by the report**

- **Infant and child nutrition:** Recent analyses alarmingly show worsening trends in child wasting, exclusive breastfeeding rate and child overweight. The number of Member States that achieved the exclusive breastfeeding target of 50% not only did not increase, but actually declined from 16 in 2016 to 11 in 2022.
- **Promotion of safe and healthy diets:** WHO AFRO developed a nutrient profile model to support Member States in regulating the marketing of unhealthy foods. Uganda, Kenya, and United Republic of Tanzania adopted the profile to regulate marketing restrictions and introduce front-of-pack labelling. To date, 24 Member States have adopted at least one of seven priority policy actions. With only two years left to reach the target of 47 by 2025, Member States need to step up the pace.

- **Regulations:** 33 Member States are engaged in the process of strengthening regulation on the marketing of breast-milk substitutes, exceeding the milestone of 24. As of July 2022, 28 Member States had been supported to strengthen their national Codex structures to promote harmonization of food standards and technical regulations with the Codex Alimentarius, exceeding the milestone of 25.
- **Capacity strengthening:** 25 Member States are implementing the WHO Package of Essential Noncommunicable disease interventions, and 13 Member States have strengthened the implementation of essential nutrition actions. Capacities to respond effectively to food safety emergencies have been built in 44 Member States through the designation and active participation of emergency contact points in the International Food Safety Authorities Network.
- **Data innovation and research:** almost all Member States have integrated nutrition indicators into existing integrated surveillance and health information systems such as DHIS2. Considerable progress has been made in six Member States.

Overall, however, the review reports weak implementation of the strategy by Member States, which has hampered progress towards milestones and targets. Contributing factors are named as insufficient national commitment, inadequate technical capacity, and limited resource allocation to nutrition and food safety programmes.

### **Next steps outlined for Member States, WHO and partners**

*Member States* should:

- (a) take leadership in developing policies, enacting and enforcing regulations, and monitoring implementation to promote healthy diets;
- (b) strengthen multisectoral coordination and surveillance to ensure systematic and consistent implementation of policies to transform food systems for health;
- (c) allocate adequate resources to scale up nutrition interventions, including social protection measures to counteract rising food insecurity in the Region.

*WHO and partners* should:

- (a) strengthen WHO's institutional capacity at regional and country levels to enable it to play its role in the nutrition clusters in developmental and emergency settings;
- (b) provide technical guidance and coordinate with development partners to implement transformative actions to address food insecurity and deliver sustainable and healthy diets to all;
- (c) advocate for and provide technical support to Member States to address nutrition challenges in the context of climate change.

**Proposed actions:** The Regional Committee is invited to note this progress report.

### **Key messages**



**We applaud:**

- Uganda, Kenya, and United Republic of Tanzania for using the WHO AFRO nutrient profile model as a reference to introduce interventions that promote healthy diets.
- Nigeria and South Africa for passing a trans-fat elimination policy setting powerful examples for how to achieve a trans-fat free Africa.
- Member States and WHO for the progress made in strengthening regulation on the marketing of breast-milk substitutes, Codex Alimentarius structures and building capacity to respond effectively to food safety emergencies.



**We are deeply concerned by** worsening trends in child wasting, exclusive breastfeeding and child overweight. Member States have moral, economic and legal obligations to invest in newborn, infant and childhood nutrition – ensuring the health and productivity of future generations. We are also concerned that the strategic plan does not mention the impact of climate change on food systems and subsequent impact on malnutrition.

**We strongly caution** against adopting policy approaches reliant on self-regulation by the ultra-processed food and beverage industry. Experience shows that such an approach has not proved effective in transforming food systems and constitutes a collective waste of time and resources. The return on investment from public policies and regulatory approaches that address the social, economic and commercial determinants of unhealthy diets is far greater.



**We recommend** that Member States take regulatory approaches to promote healthy diets, including reformulation, mandatory front-of-packaging labelling, marketing restrictions and taxation of unhealthy commodities. To this end we, strongly encourage Member States to consult the recently updated [Appendix 3](#) of the Global NCD Action Plan.

**We recommend** that the WHO regional office provide guidance to Member States on how to manage conflicts of interest in national food and nutrition programmes, facilitating sharing of knowledge and best practice in this regard.

**We encourage Member States** to proactively involve civil society and communities in the processes of nutrition policy design and implementation, as they provide deep knowledge of the drivers of poor nutritional status and health outcomes and can help devise innovative strategies and solutions that will increase the success of and political buy-in for national nutrition policy interventions.