

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-first session
Virtual session, 24–26 August 2021

Agenda item 5

**STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE
TO THE REGIONAL COMMITTEE**

1. The Programme Subcommittee (PSC) held a virtual meeting from 14 to 15 June 2021, which was chaired by Dr Cherif Baharadine from Chad. The meeting reviewed nine documents on public health matters of regional concern, which will be presented to the Seventy-first session of the Regional Committee for Africa. This statement summarizes the main outcomes of the meeting.

Opening remarks

2. The World Health Organization (WHO) Regional Director for Africa, Dr Matshidiso Moeti, welcomed all Programme Subcommittee (PSC) members, particularly the new members from the Central African Republic, Eritrea, Liberia, Mali, Mozambique and Namibia. She warmly welcomed members of the WHO Executive Board from Ghana, Guinea-Bissau and Madagascar and the African Group Coordinator from the Central African Republic as well as the health experts in Geneva-based missions from Botswana and Zimbabwe, whose presence would ensure coherence and facilitate effective linkages between debates and policies in governing body discussions at the regional and global levels.

3. The Regional Director congratulated Dr Cherif Baharadine from Chad on his election as incoming PSC Chairperson and thanked the previous Chairperson, Dr Gibson Mhlanga from Zimbabwe, for his commitment and excellent leadership. She also thanked all the PSC members for their attendance, despite the ongoing challenges posed by the COVID-19 outbreak. Dr Moeti reassured the PSC members of the commitment of the Secretariat to facilitate their weighty task of reviewing the documents before they are presented for consideration by the Regional Committee and ensuring their coherence with World Health Assembly (WHA) and Executive Board documents.

4. Dr Moeti restated the critical role of the PSC in supporting the work of the Regional Committee and regularly advising the Regional Director on matters of importance for the Region. She particularly thanked the PSC members for the support provided to the Secretariat in ensuring the frameworks and strategies presented to the WHO Regional Committee for Africa are of good quality and relevant to advancing priorities in African countries. She informed PSC members that despite an already packed agenda, items recommended by the WHA for inclusion in the Regional Committee agenda will be carefully reviewed and critical ones considered to avoid unnecessary delays in regional discussions.

5. Dr Moeti recalled that the African Region is the most affected by public health emergencies and must be fully involved in global discussions and decisions on emergency preparedness and response. She expressed her gratitude to Member States for ensuring that the Region's specificities

were taken on board at the Seventy-fourth World Health Assembly (WHA74) and the 149th Executive Board. She emphasized the importance of the resolutions and decisions adopted by WHA74, which consisted of a range of issues of relevance to the Region, including local production of medical products, the health workforce, priority diseases such as malaria, HIV and neglected tropical diseases, among others. Another important outcome of the Health Assembly was the agreement to move forward with negotiations for a pandemic treaty, including the convening of a special session of the Health Assembly in November 2021. Dr Moeti encouraged all members of the PSC to actively participate in the discussions and make strong interventions to ensure regional perspectives and priorities were reflected in the global guiding documents.

6. Dr Moeti informed PSC members that the Ministers of Health had agreed to a virtual session of the Seventy-first Regional Committee for Africa and briefly outlined the important documents to be reviewed by the PSC, which include strategies and regional frameworks based on global strategies, as well as other matters of public health importance. These include the *Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region*, which comes at a time when the African Region has been declared free of wild poliovirus and is fostering the use of this effective intervention to protect vulnerable populations by addressing the stagnating coverage of routine immunization in the Region over the past 10 years. The framework also seeks to enable Member States to strengthen their health systems so as to expand access to immunization, reaching low-income, rural and other children that are being missed. It also calls for strengthening capacities for vaccine logistics, regulation, safety monitoring and local manufacturing while continuing to leverage the opportunity of high-level discussions around COVID-19 to mobilize investments and build sustainable capacities for local production on the African continent. The *Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region*, for its part, seeks to build on past successes to achieve this goal; and the *Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region*, aims to eliminate cervical cancer by advocating for improved vaccination of all girls with the human papillomavirus (HPV) vaccine as well as early screening and prompt treatment of all women with cervical cancer.

7. Other documents include the *Framework for implementing the global strategy on digital health in the WHO African Region*, which aims to foster digitization and country ownership of existing digital tools in the Region as well as encourage greater political commitment, sustainable financing, collaboration and support to countries to scale up digital solutions; the *Framework for strengthening the use of evidence, information and research for policy-making in the African Region*, which advocates building stronger research and information platforms, promoting the effective use of research and integrating new research tools in the health care system to inform policies and decisions taken in countries; and lastly, *Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*, which provides for the participation of non-State actors, upon invitation and without the right to vote, in sessions of the Regional Committee. This is a recognition that delivering better health outcomes requires action beyond the health sector, and many actors in the Region and globally, are playing important roles in public health. For several years, these non-State actors have participated in the Regional Committee on an ad-hoc basis, and this report proposes an accreditation process for groups. This new approach is expected to contribute to greater coherence, coordination and accountability for health in our Region.

8. The Regional Director concluded her statement by thanking the PSC members for their important role in improving the quality of the documents submitted to the Regional Committee last year and attributed that achievement to the commitment and support received from the PSC. She acknowledged the positive impact of the synergy between the work of the global and regional governing bodies and highlighted the role of the Executive Board members and the African Group

Coordinator. Dr Moeti emphasized that translating the various strategies and frameworks into action in countries is the most critical aspect, and the PSC Members are uniquely positioned to advise the Secretariat on what will work and what needs improvement. Finally, the Regional Director briefed the PSC on the ongoing discussion on the comprehensive and independent evaluation of WHO's response to the COVID-19 pandemic, as requested by the Seventy-third World Health Assembly.

9. The PSC elected Dr Cherif Baharadine from Chad as Chairperson and Dr Mustapha Bittaye from the Gambia as Vice-Chairperson. Mauritius was elected as English rapporteur while Comoros and Cabo Verde were respectively elected as French and Portuguese rapporteurs.

10. The PSC decided to delete agenda item 16 entitled *Discussions on other items proposed by Members of the Programme Subcommittee*, given that there were no proposals from PSC members under this item. The agenda was therefore adopted with amendments.

11. Regarding the programme of work, the PSC members decided that the *Adoption of the statement of the Chairperson of the Programme Subcommittee to the Regional Committee* would be done remotely after the PSC meeting.

Technical and health matters

12. The PSC discussed the document entitled ***Sixth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020***. This is a five-year roadmap for the transformation of the Organization into an effective and accountable leader in public health. The sixth progress report on the Transformation Agenda (July 2020–June 2021) presents the progress made in driving transformation forward across the six broad workstreams of the second phase of the Agenda, namely (1) strengthening change management processes and enhancing a value-based culture; (2) enhancing the country focus approach for greater impact; (3) delivering quality results and value for money; (4) promoting efficiency and accountability; (5) broadening engagement with Member States and partners; and (6) ensuring more effective communication of the work of the Secretariat. This report also considers the COVID-19 pandemic and the ensuing disruption of planned transformation activities.

13. The PSC members applauded the robustness of the progress report and its relevance in strengthening change in the African Region. They recognized the commendable progress made so far in ensuring value for money, accountability and promoting efficiency. They also noted the generation of new key performance indicators which align with the Thirteenth General Programme of Work, 2019–2023 (GPW 13), as well as the engagement of change agents across the Region to promote diversity, inclusion and accountability. The PSC members requested WHO/AFRO and the WHO country offices to align their activities and priorities with country priorities and ensure that the functional reviews present the right opportunity for WHO to provide high-quality technical assistance aligned with priorities on the ground. They also stressed the need for the deployment of programme management officers to WHO country offices to strengthen accountability, quality of results and value for money in countries. The PSC also called for the adoption of good managerial practices in WHO country offices because a strengthened WHO country presence would promote synergy for producing results in countries.

14. The PSC members recommended the revised document entitled ***Sixth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020*** for consideration by the Seventy-first session of the Regional Committee.

15. The PSC reviewed the document entitled *Framework for an integrated multisectoral response to TB, HIV, STIs, and hepatitis in the WHO African Region 2021–2030*. The burdens of HIV, TB, viral hepatitis and STIs are still high in the African Region. The framework, which is aligned with the WHO Thirteenth General Programme of Work, proposes the prioritization of integrated interventions using a primary health care approach in the context of achieving universal health coverage and other health-related SDG targets. It also proposes evidence- and rights-based interventions and actions to be delivered using a life-cycle approach to respond to TB, HIV, STIs and hepatitis in the WHO African Region.

16. The PSC members observed that the document appropriately underscored the current challenges faced in the four disease areas. The PSC observed that the classification of the targeted groups by age bracket as presented especially for adults (15-49 years) needs to be explained or reconsidered to bring it in line with the general understanding of these age brackets in countries. They recommended that financial protection be included in people-centred care to ensure equity. The PSC also recommended moving away from the syndromic approach to STIs and adopting better diagnostics. The PSC further recommended expanding the availability of the hepatitis B single birth dose. Overall, the PSC members were pleased with the form and content of the document, subject to the minor revisions and editorial changes recommended.

17. The PSC recommended the revised document entitled *Framework for an integrated multisectoral response to TB, HIV, STIs, and hepatitis in the WHO African Region 2021–2030* for consideration by the Seventy-first session of the Regional Committee for Africa.

18. The PSC discussed the document entitled *Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region*. The framework prioritizes core system-level strategic actions to meet the target of leaving no one behind and ensuring universal access to immunization. The African Region is now home to about 7.3 million zero-dose children with 86% of them located in 10 Member States. The advent of COVID-19 and subsequent disruption of essential health services has worsened the status of essential immunization delivery. Several immunization campaigns and new vaccine introductions have also been postponed. The regional framework for the implementation of the Immunization Agenda 2030 was developed through a rigorous consultative process. Its development was based on the global vision and aligns well with the Regional Committee resolution on universal health coverage. The framework also captures the impacts of COVID-19 and the lessons learnt from the response to the pandemic and associated service disruptions.

19. The PSC members commended the Secretariat for a well written document that addresses all areas and current issues on immunization, which is one of the most cost-effective public health interventions. The members noted that despite the introduction of immunization many decades ago, a number of goals have not been met in countries. The PSC Members further argued that the shift of resources from immunization to the COVID-19 response and the emergence of multiple variants of the disease, which is preventing children from participating in immunization campaigns for fear of infection, together with the introduction of new vaccines that places an additional burden on the health system, are all factors that negatively impact the immunization agenda. They recommended that vaccine hesitancy fuelled by misinformation be vigorously addressed by Member States through effective infodemic management, inclusion of equity and gender as guiding principles, and use of innovation and technologies such as the geographic information system, including digitization of data, real-time monitoring of vaccination activities and use of drones for distribution of vaccines in hard-to-reach geographical areas.

20. The PSC recommended the revised document entitled *Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region* for consideration by the Seventy-first session of the Regional Committee.

21. The PSC discussed the document entitled *Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region*. The paper argues that despite the significant progress made in combating meningitis over the past 20 years, it remains a major public health challenge globally, and its occurrence is of great concern in the African meningitis belt, with an estimated population of 500 million in 26 Member States. WHO and partners developed a Global strategy to defeat meningitis by 2030. The regional framework was developed to serve as a guide to Member States on the implementation of the Global strategy in the African Region.

22. The PSC members applauded the robustness of the framework and its relevance in eliminating meningitis in the African Region by 2030. The PSC acknowledged that meningitis remains a major public health issue that deserves major attention and regretted some of the challenges that have hindered the success of control efforts to include: weak health financing, limited partner support to strengthen case identification, surveillance and generation of vaccines. However, members re-emphasized the importance of strengthening integrated disease surveillance and response mechanisms in the African Region moving forward.

23. The PSC emphasized the imperative need to strengthen meningitis surveillance in all African Region countries and to include it in integrated disease surveillance and response. Members highlighted the need to strengthen access and include new generation and affordable vaccines to prevent meningitis and ensure total elimination of meningitis. They also underscored the need to strengthen case-based surveillance of meningitis. The PSC stressed the need to strengthen the system of transporting samples to laboratories and noted that partners support remains necessary.

24. The members of the PSC recommended the revised document entitled *Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region* for consideration by the Seventy-first session of the Regional Committee.

25. The PSC discussed the technical paper entitled *Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region*. The document revealed that the African Region has the highest burden of cervical cancer globally due to health system weaknesses, poor health and cancer literacy as well as social, cultural, economic and gender-based barriers that are prevalent in the Region. WHO has developed a Global strategy, with cost-effective interventions, to accelerate the elimination of cervical cancer as a public health problem. The regional framework has been developed to facilitate the implementation of the Global strategy to accelerate the elimination of cervical cancer by Member States of the African Region.

26. The PSC members observed that the well drafted document clearly highlights the importance of cervical cancer screening, control and management. The causes of the disease are largely known, but prevention and control efforts are suboptimal. The framework presents the Region's proposed contribution to the global targets. The PSC members, however, cautioned that the proposed targets of 90% vaccination rate for girls and 70% of women screened could be too ambitious, given the current level of the two indicators (10%) and proposed that these targets should be made more realistic and achievable, in light of the current health system issues and vaccine hesitancy observed with COVID-19. The Secretariat explained that the 90/70/90 targets were based on the Global strategy that was adopted at the Seventy-fourth World Health Assembly, and to which the regional framework is anchored.

27. The PSC members also recommended that the table of objectives be expanded with an additional column that provides the current indicators, to better highlight the baseline data for easier monitoring in subsequent years. Further, the PSC members, noting that ongoing cancer activities are spread across many programmes hence the need for a strong coordination mechanism, recommended that national plans be underpinned by good cooperation, coordination and collaboration among all stakeholders, to better harmonize their respective activities for accelerated progress on the targets. They also recommended that cervical cancer screening be decentralized and integrated into primary health care, sexual and reproductive health and rights and HIV services. Finally, the PSC members recommended strengthening the communication component of the priority interventions, to ensure the development of sound behaviour change communication plans and enhancing the organization of hospitals for the response.

28. The PSC recommended the revised document entitled *Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region* for consideration by the Seventy-first session of the Regional Committee.

29. The PSC discussed the document entitled *Framework for implementing the global strategy on digital health in the WHO African Region*. The paper notes that in spite of significant progress in the utilization of digital health solutions, with the development of digital health strategies in 33 Member States in the Region, most of these Member States use digital health solutions in pilot mode only. The mobile broadband penetration rate increased substantially from 1.7% in 2008 to 33.1% in 2020, while the rate of individual internet users increased from 4% to 30% over the same period. In addition, only a few Member States have complied with the implementation methodology recommended in the WHO national eHealth strategy toolkit, which is aimed at ensuring scale-up and sustainability of digital health use.

30. This gap is blamed on several persisting challenges, including inadequate use of digital health; limited institutionalization of digital health within ministries of health; inadequate financing for digital health; limited digital health leadership capacity at national level and inadequate multisectoral arrangements for digital health; inconsistent adoption of standards and interoperability frameworks; and limited data protection and system security regulations, among others. To mitigate these challenges, WHO adopted a global digital health strategy in 2020. WHO, in the African Region, has thus developed a framework to guide implementation of the global strategy in countries. The framework outlines guiding principles, including action points to ensure effective implementation among Member States.

31. The PSC members welcomed the development of the framework and noted the lack of standards in this domain, which hampers the scaling up of digital health. They emphasized the need to develop context-specific strategies reflecting the local situation; establish dedicated agencies to guide implementation, monitoring and evaluation of digital health, including multisectoral collaboration with network operators; and strengthen digital sovereignty through tighter monitoring of servers located abroad. They also stressed that the adoption of digital tools must be based on more elaborate criteria for interventions and rapid actions to increase digitization. The PSC also highlighted the challenge of parallel systems in conflict, fragile and post-conflict countries, which increase demand for data and are detrimental to an integrated system. The PSC members recommended reducing milestones to two or three per given year, thus leaving Member States the latitude to add local context-specific milestones for themselves, including an objective on financing in alignment with the targets and strategies outlined in the document.

32. The members of the PSC recommended the revised document entitled ***Framework for implementing the global strategy on digital health in the WHO African Region*** for consideration by the Seventy-first session of the Regional Committee.

33. The PSC discussed the document entitled ***Framework for improving access to assistive technology in the WHO African Region***. The paper notes that the WHO African Region has an estimated disability prevalence rate of 15.6%, with over 200 million of the Region's one billion population in need of at least one assistive product. Currently, only about 15% to 25% of people in need of assistive products have access to them. Access to assistive technology services and products is not effectively promoted by Member States due to several challenges, including weak governance and inadequate domestic funding for assistive technology. Other challenges include weak promotion of public-private partnerships, insufficient regulatory capacity and fragmented supply of assistive products, combined with the shortage of skilled personnel and insufficient service provision.

34. The regional framework, which is a response to the call for action by the Sixty-ninth session of the WHO Regional Committee for Africa, aims to guide Member States in planning and implementing priority interventions to promote access to assistive technology. It provides Member States with effective policy actions to increase availability and affordability of assistive technology according to their specific needs and contexts.

35. The PSC members acknowledged the importance of affordable assistive technology for people living with disabilities in the Region. They stressed the need to give priority to the implementation of the framework and to reinforce the technical implementation capacities of Member States. The PSC members noted the current concentration of these technologies in urban areas and the limited number of qualified human resources. They lamented the inadequate inclusion of older and disabled persons in health programmes, whereas these categories of people are most in need of these technologies for their well-being. Thus, the PSC proposed the expansion of service coverage and the integration of assistive technology tools in primary health care, in order to contribute to the achievement of universal health coverage and the health-related SDGs.

36. The PSC also proposed the inclusion of eyeglasses and hearing aids in the list of medical devices to enable countries to facilitate their regulation. The PSC further recommended the inclusion of assistive technology, particularly wheel chairs, hearing aids and eyeglasses in primary health care. They advocated for intensification of WHO collaborative efforts with partners to mobilize the necessary resources, interventions and measures to optimize regional health targets and outcomes. They also recommended that Member States consider enhancing access to assistive technology for disabled and older persons in their national health development plans and intensify efforts within the context of primary health care and universal health coverage.

37. The members of the PSC recommended the amended document entitled ***Framework for improving access to assistive technology in the WHO African Region*** for considerations by the Seventy-first session of the Regional Committee.

38. The PSC discussed the document entitled ***Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the WHO African Region***. The paper notes that following the endorsement of the implementation framework for the Global strategy and action plan on ageing and health 2016–2020 by the Sixty-sixth session of the Regional Committee for Africa in 2016, Member States have made progress in implementing its priority interventions. However, their health and social systems are at different stages, and very few of them (11%) have started on the processes of creating age-friendly environments.

39. The paper also notes that national health and social systems that should foster healthy ageing in the African Region are beset by various issues and challenges, including ageism and other forms of discrimination towards older persons; shortage of resources; poor organization and management; and weak governance, among others. Consequently, a framework for implementing the priority actions of the Decade of Healthy Ageing in the context of the SDGs in the African Region has been developed to provide guidance to Member States on developing policies and building collaborative, multisectoral partnerships to combat ageism and promote age-friendly environments.

40. The PSC members observed that the document was well articulated and adequately addressed the key challenges facing healthy ageing and the protection of the dignity of older people. They affirmed that the mechanisms for strengthening healthy ageing should be adapted to the local context, with locally tailored information and education campaigns to help reverse negative attitudes towards older people. Noting the major gaps in expertise and resources, they recommended revising the first objective of the framework to include providing the needed support to Member States. They also recommended presenting healthy ageing (with its related health indicators) as separate from older people and streamlining the analysis of both issues within the document, including considering social determinants and indicating the various age categories as applicable.

41. The PSC members pointed out that countries lagging behind should be assisted, while they further underscored that gender-based violence against older people should be clearly stated in the document and monitored. They recommended that strong reference be made to African culture in terms of caring for older people. Therefore, promoting best practices at the household level where the care for older people is largely concentrated in the African context should be highlighted.

42. Cognizant of the vulnerability of older people, the PSC members recommended that Member States consider granting them free access to health services. They also proposed that the document should provide more specific reference to the upsurge in violence triggered by the COVID 19 pandemic and the guidance on the prevention and prioritization of older people for life-saving COVID-19 treatments and vaccines. The need to ensure continuity of essential services in emergencies such as the COVID-19 pandemic was emphasized. The PSC members proposed that the document should also reference the African Union protocol to the African charter on human and peoples' rights on the rights of older persons in Africa, alongside other international instruments, the SDGs and the Madrid International Plan of Action on Ageing.

43. The members of the PSC recommended the revised document entitled *Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the WHO African Region* for consideration by the Seventy-first session of the Regional Committee.

44. The PSC discussed the document entitled *Framework for strengthening the use of evidence, information and research for policy-making in the WHO African Region*. The document notes that the attainment of the Sustainable Development Goals and universal health coverage in the African Region is largely dependent on the availability and use of sound data, information and knowledge for health policy formulation. However, while a range of health research evidence is produced and processed for use globally, health policies in the Region are suboptimally informed by evidence. This has been blamed on the weak capacity of policy-makers to use evidence, information and research in health policy-making in the Region.

45. The framework provides a guide for strengthening the use of evidence, information and research for health policy-making in the WHO African Region and focuses on clarifying guiding principles and priority interventions that articulate the use of evidence, information and research for health policy-making. The interventions proposed by the framework are focused and deliberately

inclusive in order to ensure fairness, transparency and gender equity as well as advocacy for domestic funding of research investments and civic participation in health policy-making.

46. The PSC commended the Secretariat for the quality of the document. The PSC members noted that the vision as presented in the document does not clearly indicate the existence of evidence generated and used for research and hence, recommended a minor amendment to the vision to reflect the fact that some efforts have been made so far to generate evidence, but more needed to be done in the present dispensation. They also suggested including the generation of gender disaggregated data as one of the objectives.

47. The members of the PSC recommended the revised document entitled *Framework for strengthening the use of evidence, information and research for policy-making in the WHO African Region* for consideration by the Seventy-first session of the Regional Committee.

48. The PSC considered *Proposals for the designation of Member States on committees that require representation from the African Region* which were developed in line with resolution AFR/RC54/R11 that provided the three subregional groupings. The PSC recommended the following proposals for adoption by the Seventy-first session of the Regional Committee:

(a) Membership of the Programme Subcommittee

The terms of Cabo Verde, Chad, Comoros, Côte d’Ivoire, Equatorial Guinea and Lesotho will come to an end at the Seventy-first session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by Mauritania, Niger, Uganda, South Sudan, Seychelles and South Africa. The full membership of the PSC will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. The Gambia (2019–2022)	7. Congo (2019–2022)	13. Malawi (2019–2022)
2. Guinea (2019–2022)	8. DR Congo (2019–2022)	14. Mauritius (2019–2022)
3. Liberia (2020–2023)	9. Central African Republic (2020–2023)	15. Mozambique (2020–2023)
4. Mali (2020–2023)	10. Eritrea (2020–2023)	16. Namibia (2020–2023)
5. Mauritania (2021–2024)	11. South Sudan (2021–2024)	17. Seychelles (2021–2024)
6. Niger (2021–2024)	12. Uganda (2021–2024)	18. South Africa (2021–2024)

(b) Membership of the Executive Board

The term of office of Burkina Faso and Kenya on the Executive Board will end with the closing of the Seventy-fifth World Health Assembly in May 2022.

In accordance with resolution AFR/RC54/R11, which decided the arrangements to be followed in putting forward each year the Member States of the African Region for election by the World Health Assembly, it is proposed as follows:

(i) Senegal and Ethiopia to replace Burkina Faso and Kenya in serving on the Executive Board starting with the one-hundred-and-fifty-first session in May 2022, immediately after the Seventy-fifth World Health Assembly. The Executive Board will therefore be composed of the following Member States as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Ghana (2020–2022)	Rwanda (2021–2024)	Botswana (2020–2023)
Guinea-Bissau (2020–2023)	Ethiopia (2022–2025)	Madagascar (2020–2023)
Senegal (2022–2025)		

- (ii) Botswana to serve as **Rapporteur of the Executive Board** as from the one-hundred-and-fifty-first session of the Executive Board.
- (iii) Ethiopia **to replace Ghana** to serve on the Programme Budget and Administration Committee from the one hundred and fifty-first session of the Executive Board. The PBAC will therefore be composed of Ethiopia and Madagascar from the African Region.
- (iv) Rwanda to replace Burkina Faso to serve on the Nelson Mandela Award for Health Promotion selection panel from the one hundred and fifty-first session of the Executive Board.

(c) Method of work and duration of the Seventy-fifth session of the World Health Assembly

It is proposed that the Chairperson of the Seventy-first session of the Regional Committee for Africa be designated as Vice-President of the Seventy-fifth session of the World Health Assembly to be held in May 2022.

With regard to the Main Committees of the Health Assembly and based on the English alphabetical order and subregional geographic groupings, it is proposed as follows:

- (i) Nigeria to serve as Vice-Chair of Committee B;
- (ii) Benin, Burkina Faso, Cameroon, Congo, Angola to serve on the General Committee;
- (iii) Sierra Leone, Chad and Eswatini to serve on the Committee on Credentials.

(d) Election of representatives to serve on the Special Programme of Research Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)

The terms of office of Niger and Nigeria will come to an end on 31 December 2021. In accordance with the English alphabetical order, it is proposed that Niger and Nigeria be replaced by Senegal and Seychelles for a period of three years with effect from 1 January 2022 to 31 December 2024. Senegal and Seychelles will thus join Rwanda and Sao Tome and Principe on the Policy and Coordination Committee.

49. The Secretariat presented the paper titled “*Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*” to the PSC. The paper noted that while the non-State actors that participate in global governing body meetings are in official relations with WHO, at regional level, the non-State actors from the African Region that have participated in the Regional Committee sessions until now, have done so on an ad-hoc basis. Many of the non-State actors from the Region that attend Regional Committee sessions do not qualify for official relations with WHO, due to their limited geographical scope, among other reasons. However, the Framework of Engagement with Non-State Actors – the document that WHO adopted in 2016 to regulate its engagement with non-State actors – provides that regional committees may decide on a procedure for granting accreditation to non-State actors not in official relations with WHO to attend their sessions, and the proposed document on accreditation seeks to establish such a procedure.

50. The proposed accreditation procedure is designed for non-profit NGOs, international business associations and philanthropic foundations that operate at regional or subregional level in Africa, are actively engaged with the WHO Regional Office for Africa, have an established structure and pursue goals and purposes that are consistent with the WHO Constitution and policies. Eligible non-State actors interested in receiving such accreditation would need to send an application to the Secretariat using the proposed exhaustive application form.

51. The members of the PSC recommended the document entitled **Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa, which is annexed to this report**, for consideration by the Seventy-first session of the Regional Committee.

Closing Session

52. The Chairperson of the PSC informed participants that the Secretariat would share the draft report with PSC members within 10 days, after which PSC members would have five days to provide feedback. Once cleared by the Chairperson of the PSC, the finalized report will be posted on the RC71 webpage.

53. The Director for Programme Management, Dr Joseph Cabore, congratulated the Chairperson and Vice-chairperson of the PSC on their skilful conduct of the meeting and for ensuring a through discussion of the documents. He also thanked all the reviewers and other Member States for comments made on the documents and assured the PSC of the timely revision and validation of the documents before they are posted on the webpage in time for the Seventy-first session of the Regional Committee. Finally, he expressed gratitude to all staff members for their role in the success of the meeting.

54. The WHO Regional Director, Dr Moeti, thanked participants for their valuable contributions and made special mention of the Chairperson and Vice-Chairperson for skilfully guiding the deliberations in a virtual setting. She underlined the importance of the PSC in promoting the agenda of WHO in the African Region and providing guidance to the work of the Secretariat in supporting public health in the African Region. She expressed appreciation for the support of the PSC members within the current challenging context, to ensure that the needs of the Region are expressed clearly and taken up at the global level. She thanked the Regional Office team led by the Director for Programme Management, all the directors and technical officers for their efforts in putting together the meeting documents. She then bid farewell to the outgoing PSC members (from Cabo Verde, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea and Lesotho), and thanked them for their work in the Subcommittee. She implored them to always respond favourably when called upon in the future, based on the experience acquired from their current participation to support the work of the Region.

55. In his concluding remarks, the Chairperson thanked PSC members, the Executive Board (EB) members and the Geneva-based experts for the rich inputs. He also recognized the Secretariat for the organization of the meeting and the high quality of the documents submitted, and declared the meeting closed.

ANNEX

GRANTING ACCREDITATION TO REGIONAL NON-STATE ACTORS NOT IN OFFICIAL RELATIONS WITH WHO TO PARTICIPATE IN SESSIONS OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Report of the Secretariat

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INTRODUCTION

1. At its Sixty-ninth session in 2016, the World Health Assembly adopted the Framework of Engagement with Non-State Actors (FENSA), with a view to strengthening and streamlining WHO's engagement with non-State actors. In line with FENSA, non-State actors are defined as nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.¹ The importance of WHO's engagement with non-State actors for the shaping and implementation of the Organization's policies and recommendations has been stressed in several documents^{2,3,4,5,6} over the past few years. Non-State actors are uniquely positioned to represent and reach target populations, and are therefore instrumental to WHO in defining its objectives and advancing its work.

2. As described in the past two yearly reports^{7,8} on the implementation of FENSA presented at the January sessions of the Executive Board, WHO in the African Region relies heavily on collaboration with non-State actors, given their strategic role in implementing WHO's policies. The views of non-State actors continue to be particularly important in the sessions of the WHO Regional Committee for Africa. Several non-State actors already attend Regional Committee sessions, but their participation has been on an ad hoc basis, and not systematic. The WHO Secretariat in the African Region wishes therefore to establish an accreditation mechanism for non-State actors that are not in official relations with WHO to participate in Regional Committee sessions.

3. "Official relations" in accordance with paragraph 50 of FENSA, is a privilege that the Executive Board may grant to "nongovernmental organizations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement in the interest of the Organization" and which are "international in membership and/or scope"⁹. This privilege includes being invited to participate in sessions of WHO's governing bodies. Currently, 216 non-State actors are in official relations with WHO.¹⁰

4. For nongovernmental organizations, international business associations and philanthropic foundations that do not qualify to enter into official relations with WHO, for instance due to their

¹ Framework of Engagement with Non-State Actors. In: Framework of engagement with non-State actors. Geneva: World Health Organization; 2016: paragraph 8 (WHA69.10; https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf, accessed 16 March 2021).

² Together for the Triple Billion - A new era of partnership between WHO and civil society. Ad Hoc Task Team on WHO-Civil Society Engagement. 2018 (<https://civilsociety4health.org/app/uploads/2018/12/WHO-cso-report.pdf>, accessed 16 March 2021).

³ Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 16 March 2021).

⁴ WHO governance reform processes - Involvement of non-State actors: Report by the Director-General. Geneva: World Health Organization; 2019 (EB145/4; https://apps.who.int/gb/ebwha/pdf_files/EB145/B145_4-en.pdf, accessed 16 March 2021).

⁵ WHO reform - Involvement of non-State actors in WHO's governing bodies: Report by the Director-General. Geneva: World Health Organization; 2019 (EB146/33; https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_33-en.pdf, accessed 16 March 2021).

⁶ WHO reform - Involvement of non-State actors in WHO's governing bodies: Report by the Director-General. Geneva: World Health Organization; 2021 (EB148/35; https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_35-en.pdf, accessed 16 March 2021).

⁷ Engagement with non-State actors - Report on the implementation of the Framework of Engagement with Non-State Actors: Report by the Director-General. Geneva: World Health Organization; 2020 (EB148/39, https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_39-en.pdf, accessed 16 March 2021).

⁸ Engagement with non-State actors - Report on the implementation of the Framework of Engagement with Non-State Actors: Report by the Director-General. Geneva: World Health Organization; 2019 (EB146/34, https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_34-en.pdf).

⁹ Annex: Framework of Engagement with Non-State Actors. In: Framework of engagement with non-State actors. Geneva: World Health Organization; 2016: paragraphs 50-51 (WHA69.10; https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf, accessed 16 March 2021).

¹⁰ Their profiles are recorded in the WHO Register of non-State Actors (<https://publicspace.who.int/sites/GEM/default.aspx?id=242#>, accessed 16 March 2021)

limited geographical scope, paragraph 57 of FENSA provides that regional committees may decide on a procedure granting accreditation to their sessions.

5. WHO in the African Region proposes to establish such a procedure for nongovernmental organizations, international business associations and philanthropic foundations that operate at regional or subregional level in the WHO African Region. All accredited non-State actors will be able to participate, upon invitation and without the right to vote, in sessions of the Regional Committee and to submit written and/or oral statements.

ACCREDITATION PROCEDURE

Eligibility

6. In accordance with the terms of FENSA,¹¹ accreditation shall be application-based. To be eligible to apply for accreditation, the non-State actor shall meet the following criteria, in alignment with the requirements of WHO Headquarters and other regional committees:

- (a) Its aims and purposes shall be consistent with the WHO Constitution and in conformity with the policies of the Organization.
- (b) It shall be actively engaged with the WHO Regional Office for Africa.
- (c) It shall operate at regional or subregional level.
- (d) It shall be non-profit in nature and in its activities and advocacy.
- (e) It shall have an established structure, a constitutive act and accountability mechanisms.

Application

7. Non-State actors that fulfil the above criteria and are interested in participating in Regional Committee sessions shall submit to the Regional Office the completed Application form for accreditation of regional non-State actors not in official relations with WHO, to participate in the WHO Regional Committee for Africa. The template of the application form is set out in Sub-annex 1. The form, duly completed and signed, must reach the External Relations, Partnerships and Governing Bodies Unit (EPG) of the Regional Office by 15 October of each year; it should be sent electronically to the following e-mail address: afgorcregistration@who.int. The template for application requests information about the applicant non-State actor, including but not limited to:

- (a) name;
- (b) objectives;
- (c) legal status;
- (d) governance structure;
- (e) composition of main decision-making bodies;
- (f) assets;
- (g) annual income and funding sources;
- (h) main relevant affiliations and website address;
- (i) summary of engagements with WHO.

8. After the entry into force of the new accreditation mechanism, an annual call for applications shall be published for two consecutive years on the website of the Regional Office for Africa and

¹¹ Annex: Framework of Engagement with Non-State Actors. In: Framework of engagement with non-State actors. Geneva: World Health Organization; 2016: paragraphs 58 (WHA69.10; https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf, accessed 16 March 2021).

shall be publicized through the existing communication and social media channels of the Regional Office. For the subsequent years, non-State actors will be able to independently retrieve the relevant application information from the website of the Regional Office. Their applications will be taken into consideration if they reach the Regional Office by the deadline of 15 October.

Outcome of applications

9. The Regional Office shall review all applications received for eligibility and shall transmit those that fulfil the requirements to the Programme Subcommittee. The Programme Subcommittee shall decide which non-State actors are granted accreditation at its meeting in June. The list of approved non-State actors shall be included in the Statement of the Chairperson of the Programme Subcommittee, for adoption by the Regional Committee.

10. The acceptance or rejection decision shall be communicated in electronic form by the Regional Office to all non-State actors concerned no later than one month after the decision of the Regional Committee. Non-State actors which have been denied accreditation may reapply not earlier than two years from the date of the Regional Committee's decision.

Duration of accreditation

11. The list of accredited non-State actors shall be made public by the Regional Office and published on the Regional Committee webpage. Accreditation is valid for two years. During this period, the accredited non-State actor is obliged to inform the Regional Office of any change that occurs in relation to any of the elements that constitute a criterion for eligibility. The Regional Office shall transmit the information received to the Programme Subcommittee, which shall assess whether the reported change(s) necessitate a re-evaluation of the accreditation. The Programme Subcommittee may suspend or discontinue accreditation in light of any verified information related to changes in the non-State actor's situation that reaches the Regional Office and which the non-State actor concerned fails to report. Accreditation is automatically withdrawn if the collaboration between the non-State actor and WHO is formally terminated. Accredited non-State actors wishing to discontinue their accreditation status before the expiry of the two-year term may do so at any time by means of an official letter sent to the Regional Office.

Renewal of accreditation

12. For the renewal of accreditation, a simplified application procedure could be used for non-State actors that have already been accredited and that reapply for the consecutive two-year period. The simplified procedure will consist of a submission of a statement by the non-State actor detailing only the changes in the information provided in the previous application. The simplified procedure shall be used by the non-State actor on a voluntary basis. It shall not be used for more than two consecutive applications.

Reporting

13. Every two years, accredited non-State actors shall submit a report on their participation in Regional Committee sessions, including a brief update on other activities they have carried out in the framework of their engagement with WHO. The standardized template for reporting set out in Sub-annex 2 shall be used and shall be submitted electronically to EPG by 31 January every year. The Regional Director shall relay the information received from accredited non-State actors to the Regional Committee.

PROCEDURE FOR PARTICIPATION OF ACCREDITED NON-STATE ACTORS IN REGIONAL COMMITTEE SESSIONS

Invitation and registration

14. The Regional Office shall send official invitations to all accredited non-State actors. Only accredited non-State actors shall be invited to Regional Committee sessions. Non-State actors intending to participate in a session shall register through the registration procedure put in place by the Regional Office. Each non-State actor shall be represented at the session by a maximum of three representatives, one of whom shall be appointed head of delegation.

Statements

15. Participating non-State actors that intend to make an oral or written statement at the session shall submit a request to the Regional Office no later than one week prior to the start date of the Regional Committee. The request form set out in Sub-annex 3 shall be used. Statements must be technically relevant to agenda items; must comply with word and time limits as well as with WHO nomenclature; must not be purely political, inappropriate or offensive. The Chairperson of the Regional Committee shall decide during the session whether or not to accord the non-State actors the right to present their oral statements in light of their relevance to the discussion, time constraints or any other reason. Written statements admitted shall be published on the webpage of the Regional committee session.

ACTION BY THE REGIONAL COMMITTEE

16. The Regional Committee examined and approved the procedure proposed in this report.

SUB-ANNEXES

Sub-annex 1: Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa¹²

Please send the completed form and the required documents by e-mail to afgorregistration@who.int by 15 October 2021

A. General information

1 **Name and acronym of the non-State-actor** (in the official language and in English, French or Portuguese)

2 **Registered office of the non-State actor**

Street: _____

Town: _____

Postcode: _____

Country: _____

Telephone: _____

E-mail: _____

Internet site: _____

3 **Year of foundation:** _____

4 **Legal status:** _____

5 **Web link to constitutive act¹³:** _____

B. Organizational structure

6 **Governance structure**

¹² See paragraph 7 of the Annex on Granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa.

¹³ If the constitutive act is not available online, it must be appended to this application form.

- MAIN DECISION-MAKING BODY

Type of body (such as board, board of directors, executive board, executive committee or other):

Composition and current list of members:

Name	Function	Affiliation

- OTHER DECISION-MAKING BODY

Type of body: _____

Composition and current list of members:

Name	Function	Affiliation

- GENERAL ASSEMBLY

Does the entity have a General Assembly of members or a similar body? Yes No

Name of the body: _____

Composition: _____

Function: _____

7 Secretariat

Secretary General (name, address): _____

Number of staff members: _____

8 Membership

Is the non-State actor membership-based? Yes No

Overview of categories and their voting rights in the main governing body:

	Total number	Voting
Individuals		
NGOs		
Private Sector		
Philanthropic Foundations		
Academic Institutions		
Government-affiliated non-State actors		
Intergovernmental Organizations		

Web link to membership list¹⁴: _____

C. Financial information

9 Annual income (in US\$) from _____ to _____: _____

10 Latest available assets (in US\$) as of _____: _____

¹⁴ If the membership list is not available online, it must be appended to this application form.

11 Funding (in US\$):

	Private sector (incl. business associations)	Philanthropic foundations	NGOs, academic institutions	Govt-affiliated non-State actors, intergovernmental organizations, including UN	General public, individuals	Total
Sales of goods and services						
Grants / Donations						
In-kind donations						
Membership fees						
Investment income						
Others						
Total						

D. Objectives and activities

12 Goals, mandate or mission of the non-State actor: _____

13 Activities of the non-State actor: _____

14 Geographical representation and activities

(Please mark the country in which your **non-State actor** enjoys a representation):

	Activities	Members	Offices/representatives
Algeria			
Angola			
Benin			
Botswana			
Burkina Faso			
Burundi			
Cameroon			
Cabo Verde			
Central African Republic			
Chad			
Comoros			
Congo			
Côte d'Ivoire			
Democratic Republic of the Congo			
Equatorial Guinea			
Eritrea			
Eswatini			
Ethiopia			
Gabon			
Gambia			
Ghana			
Guinea			
Guinea-Bissau			
Kenya			
Lesotho			
Liberia			
Madagascar			
Malawi			
Mali			
Mauritania			
Mauritius			
Mozambique			
Namibia			
Niger			
Nigeria			
Rwanda			
Sao Tome and Principe			
Senegal			
Seychelles			
Sierra Leone			
South Africa			
South Sudan			
Togo			
Uganda			
United Republic of Tanzania			
Zambia			
Zimbabwe			

E. Areas of cooperation with WHO

Please mark the areas of the non-State actor’s activities which correspond to the WHO Programme of Work:

<p>Communicable and noncommunicable diseases</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV, hepatitis, and other sexually-transmitted infections <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Tropical and vector-borne diseases, incl. malaria and neglected tropical diseases <input type="checkbox"/> Vaccine-preventable diseases <input type="checkbox"/> Antimicrobial resistance <input type="checkbox"/> Noncommunicable diseases <input type="checkbox"/> Mental health and substance abuse <input type="checkbox"/> Nutrition <input type="checkbox"/> Food safety <input type="checkbox"/> Violence and injuries <input type="checkbox"/> Disabilities and rehabilitation 	<p>Emergency preparedness and response</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infectious hazard management <input type="checkbox"/> Country health emergency preparedness and the International Health Regulations (2005) <input type="checkbox"/> Health emergency information & risk assessment <input type="checkbox"/> Emergency operations <input type="checkbox"/> Emergency core services <input type="checkbox"/> Polio eradication, incl. polio transition
<p>Life course</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sexual, reproductive, maternal and newborn health <input type="checkbox"/> Child and adolescent health <input type="checkbox"/> Ageing and health <input type="checkbox"/> Equity, social determinants, gender equity and human rights <input type="checkbox"/> Climate change, health and environment including occupational health, healthy settings and urban health 	<p>Corporate services/enabling functions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership and governance <input type="checkbox"/> Transparency, accountability and risk management <input type="checkbox"/> Data analytics and knowledge management <input type="checkbox"/> Strategic planning, resource coordination and reporting <input type="checkbox"/> Management and administration <input type="checkbox"/> Strategic communication
<p>Health systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> National health policies, strategies and plans <input type="checkbox"/> Integrated people-centred health services <input type="checkbox"/> Access to medicines and health technologies, and strengthening regulatory capacity <input type="checkbox"/> Health systems information and evidence 	

F. Modalities of engagement with WHO

15 Summary of the non-State actor’s engagements with WHO in the African Region and nature of these relations (incl. Cluster of the WHO Regional Office for Africa with which an agreement was concluded, names of contact persons, dates, method of cooperation, e.g. joint activity, technical assistance,): _____

G. Disclosures and Declarations

16 Tobacco/Arms-related disclosure statement for non-State actors¹⁵

For the purposes of this statement:

- *tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity; and*
- *arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.*

Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)?

Yes No Unable to answer

To the best of your entity’s knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

Yes No Unable to answer

To the best of your entity’s knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above)? This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

Yes No Unable to answer

If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation. _____

¹⁵ Pursuant to the WHO Framework of Engagement with Non-State Actors, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry.

Please note that the WHO Secretariat reserves the right to request additional information from your entity in this regard.

By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes.

17 Engagement with other industries affecting human health or affected by WHO norms and standards

Does the entity you represent have any formal association, affiliation or links with the following industry sectors?

If yes, please tick the box of the industry concerned and provide details in the space provided:

Alcohol _____

Chemical _____

Food and beverages _____

Health care _____

Pharmaceutical _____

Others (Please specify industry) _____

The WHO Secretariat reserves the right to request additional information from the entity you represent relevant to its engagement with WHO.

18 Declaration

I, the undersigned, understand that the information provided will be made public by WHO.

<p>Name and signature: _____</p> <p>_____</p> <p>_____</p> <p>Position _____</p> <p>Name of the non-State actor _____</p> <p>_____</p> <p>Date _____</p> <p>Check list: Documents required to support the application for accreditation</p> <ul style="list-style-type: none">✓ Statute of the non-State actor✓ List of member organizations✓ Activity and financial report covering the previous two years

Sub-annex 2: Reporting of activities by non-State actors accredited to participate in the WHO Regional Committee for Africa¹⁶

Name and acronym of the accredited non-State actor in the official language and in English, French or Portuguese

List of meetings attended

19 Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? Yes No

Was the statement accepted by the Chair of the meeting? Yes No

20 Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? Yes No

Was the statement accepted by the Chair of the meeting? Yes No

21 Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? Yes No

Was the statement accepted by the Chair of the meeting? Yes No

22 Brief summary of activities carried out in the framework of the engagement with WHO during the reporting period: _____

¹⁶ To be submitted in accordance with paragraph 13 of the Annex on Granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa.

<p>Name and signature: _____</p> <p>_____</p> <p>_____</p> <p>Position _____</p> <p>Name of the non-State actor: _____</p> <p>_____</p> <p>Date _____</p>

Sub-annex 3: Request to submit a statement by accredited non-State actors at sessions of the WHO Regional Committee for Africa

In accordance with Paragraph 15 of the Annex on Granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa, accredited non-State actors wishing to make a statement at sessions of the WHO Regional Committee for Africa must submit a request to the External Relations, Partnerships and Governing Bodies Unit (EPG) of the WHO Regional Office for Africa (at the e-mail address: afrgorcregistration@who.int) not later than one week before the start date of the session.

The statement should respect the time and word limits set for statements by non-State actors for the relevant session, as specified in the session's Information note disseminated to all participants. The statement should focus on technical issues and should be directly relevant to both the agenda item and to the document prepared for the item. The statement should not raise issues of a political nature that are unrelated to the agenda item and should not contain any inappropriate or offensive reference to Member States. While there should be no reference to any individual Member State or areas of Member States, it is recalled that nomenclature must follow that of the United Nations.

The Chairperson of the Regional Committee decides whether or not to accord the accredited non-State actors the right to make its oral statement during the session in light of its relevance to the discussion, the time constraints or any other reason.

The statement is posted on the website of the WHO Regional Office for Africa for a limited time period as determined by the Secretariat, and will not be retained thereafter.

Name and acronym of the accredited non-State actor (in English, French or Portuguese):

Date and title of the session: _____

Agenda item (number, title): _____

Form of the statement: Written Oral

If in oral form, name and function of the person wishing to read the statement: _____

Statement (in English, French or Portuguese): _____
