



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-second Session

Lomé, Republic of Togo, 22–26 August 2022

Agenda item 5

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

OPENING REMARKS

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo from 20 to 21 June 2022. The meeting was chaired by Dr Mustapha Bittaye from the Gambia, and reviewed nine documents on public health matters of regional concern, which will be presented to the Seventy-second session of the Regional Committee for Africa. This statement summarizes the main outcomes of the meeting.
2. The Regional Director, Dr Matshidiso Moeti, welcomed all participants to the two-day meeting of the Programme Subcommittee, particularly the new members from Mauritania, Niger, Seychelles, South Africa, South Sudan, and Uganda. She warmly welcomed the members of the WHO Executive Board from Rwanda and Senegal, the African Group coordinator in Geneva who is the health attaché from the Central African Republic, and the health experts in Geneva-based missions from Cameroon and Eswatini. She noted that their presence would facilitate effective linkages between debates and policies at regional and global levels. The Regional Director thanked the outgoing PSC Chairperson, Dr Cherif Baharadine from Chad, for his leadership and PSC members for their participation. She pledged the continued support of the Secretariat to all the PSC members in the fulfilment of their mandate.
3. Dr Moeti congratulated all Member States on the successful and intense Seventy-fifth session of the World Health Assembly and the 151st session of the Executive board held in Geneva in May 2022, highlighting the call from Member States for the amendment of WHO's core governing bodies. She noted that the active engagement of Member States resulted in the adoption of key resolutions and decisions for the African Region. She particularly highlighted the recommendation from the Working Group on Sustainable Financing to increase assessed contributions to an aspirational 50% of the base budget, and resolutions on human resources for health, amendments to the International Health Regulations (IHR, (2005)), the strengthening of clinical trials, and the Global strategy on infection prevention and control.

4. Dr Moeti acknowledged the efforts of the Working Group on amendments to the IHR (WGIHR), and the agile Member State Task Group on strengthening WHO budgetary, programmatic and financing governance that were established by WHA75. Additionally, she mentioned that the Intergovernmental Negotiating Body (INB), responsible for drafting and negotiating a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response met from 6 to 8 June and encouraged Member States to provide additional written comments before the deadline for inclusion in the progress draft for further discussion. She restated the critical role of the PSC in supporting the work of the Regional Committee and in regularly advising the Regional Director on matters of importance to the Region.

5. The Regional Director mentioned that a special event dedicated to polio will be held at the upcoming Regional Committee to address the new cases of wild poliovirus reported in Malawi and Mozambique. She reiterated the importance of ensuring that health surveillance systems function optimally and can detect cases early, and that child immunization coverage, particularly targeting zero-dose children continues to be strengthened. The Regional Director stressed that the monkeypox outbreaks in western countries is a stark reminder of the importance of sustaining surveillance, investing in new tools, sharing resources between low- and high-income countries and regions to address public health threats, and maintaining resilient health systems.

6. Dr Moeti expressed appreciation for the quality of the papers that were presented to the Regional Committee last year and attributed it 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. She also outlined the documents to be reviewed by the Subcommittee, which include three regional strategies and their accompanying resolutions, two frameworks, one technical document, one annual report on the Transformation Agenda, and two procedural documents, which are being recommended for adoption by the upcoming Regional Committee session. All the documents emphasize the building of responsive health systems to effectively manage health emergencies, while ensuring the uninterrupted delivery of essential services. This approach seeks to improve service delivery at the primary health care level by increasing coverage, reducing inequities, integrating interventions for better efficiency while leveraging technology.

7. The PSC elected Dr Mustapha Bittaye from the Gambia as its Chairperson, Ms Petronella Masabane from Namibia as its Vice-Chairperson, and the representatives of Eritrea, Democratic Republic of the Congo and Mozambique as its English, French and Portuguese rapporteurs respectively.

Technical and health matters

8. The PSC reviewed the document entitled ***PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities***. The document highlights the challenges associated with the current systems of care for severe noncommunicable diseases (NCDs) such as type 1 diabetes, advanced rheumatic heart disease, and sickle cell disease at tertiary facilities. Some of the challenges include worsening health inequities and high rates of premature mortality from NCDs in the Region. Considering that WHO has been providing support to Member States to implement the WHO Package of Essential NCD interventions for primary health care (WHO PEN) since 2008, this strategy aims to address the burden of severe NCDs among rural and unreached populations through decentralized, integrated outpatient services in first-level referral health facilities. It proposes priority interventions covering training and mentoring of staff, resource mobilization, multisectoral action, service delivery, data collection, innovation, and research, among others.

9. The PSC members emphasized the need to set realistic targets considering the gains made in preventing and managing NCDs over the past years. They recommended that additional evidence

be provided on NCDs in the Region, including existing protocols on prevention and treatment as well as standardized terminologies. The PSC highlighted the importance of identifying the warning signs of NCDs prior to their progression towards severe and life-threatening forms. They also stressed the need for mainstreaming and integrating NCDs into other primary health care services at all levels of the health care system, including the community. The PSC members recognized the need for involving other sectors, especially those targeting children and young people for early behaviour change to avoid NCD complications. They identified the need to focus on surveillance using new technology.

10. Furthermore, the PSC members insisted on the strengthening of the operational capacities of the first levels of the referral system, including the supply chain and treatment facilities for the successful implementation of the strategy. They also indicated the importance of building on the lessons learnt from the COVID-19 pandemic, particularly the vulnerability of the health system in providing care to people with comorbidities. The involvement of the private sector was considered key to ensuring the successful implementation of the strategy at all levels and by all service providers.

11. The PSC recommended the revised document entitled *PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities* and its accompanying resolution consideration by the Seventy-second session of the Regional Committee for Africa .

12. The PSC discussed the document entitled *Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region*. The Framework aims at strengthening effective leadership, governance and financing for the management of mental, neurological and substance use (MNS) disorders in the Region. The huge burden of MNS disorders is aggravated by the weak mental health systems in the Region. There is a dearth of policies and strategic plans, especially for child and adolescent mental health. The Mental Health Atlas 2020 reports that while 49% of Member States in the African Region have mental health legislation, less than US\$ 0.5 per person is invested in mental health. Thus, the goal of the framework is to strengthen mental health at community, subnational and national levels, promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights, and reduce mortality, morbidity, and disability among persons with mental disorders.

13. The PSC noted that mental ill health is a cross-cutting issue to be tackled using a multisectoral approach. PSC members stressed that the use of alcohol and other psychoactive substances is a growing problem in the African Region with a treatment gap due to unavailability of medicines, which further exacerbates mental health conditions in all population groups. The Subcommittee highlighted the need for the Framework to be informed by the outcomes of the assessment of the implementation of the previous strategy. Two major challenges, namely inadequate financing and shortage of human resources, should be addressed. Moreover, the imbalance between high strategy development targets and low strategy implementation targets by 2030 may hamper the ability of Member States to deliver the expected results and limit benefits to those in need in communities, including refugees.

14. PSC members recommended mobilization of resources for mental health as one of the top priorities, alongside training of health professionals and combating the discrimination and stigma faced by patients and related mental health personnel. In addition, increasing access to new MNS drug therapies should be prioritized, including by adding them to the essential medicines list. Given that natural disasters and population displacement are at the root of mental health problems, all the proposed priority interventions should be implemented in the relevant sectors to maximise synergies and impact.

15. The PSC recommended the revised document entitled *Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region* for consideration by the Seventy-second session of the Regional Committee.

16. The PSC discussed the document entitled *Financial risk protection towards universal health coverage in the WHO African Region*. The document enumerates the challenges to financial risk protection in the Region. Using such indicators as the incidence of “catastrophic health spending” and the proportion of the population “impoverished” due to out-of-pocket health spending, WHO and partners have monitored country progress on reducing financial hardship incurred while accessing essential health services since 2015. A recent report revealed that while the service coverage index has been improving globally from an average of 45 in 2000 to 68 in 2019, only six Member States in the African Region have managed to simultaneously increase service coverage and reduce catastrophic health spending. Ten Member States have a very high level of catastrophic health spending while their service coverage remains very low. The paper also proposes actions that WHO and Member States can take to address the financial burden of out-of-pocket health spending and therein advance the attainment of UHC in Africa.

17. The PSC members highlighted the importance of alternative and innovative financing mechanisms, including tax reform, in financing health and ensuring access to quality health services. They identified the need for high-level political support including from parliamentarians, and policy dialogue with other sectors to address the challenges. In this regard, the PSC members highlighted the need for in-house health economics expertise within ministries of health to carry out the robust analytical work needed to inform key decisions within the sector, such as making a business case to ministries of finance for investment in universal health care and social protection using up-to-date evidence. They also agreed on the need to contextualize financial risk protection based on country situations in order to promote measures aimed at reducing financial hardship incurred in the payment of health services.

18. The PSC members recommended equitable and targeted resource allocation for social protection interventions to make a difference and accelerate implementation. The sharing of best practices and lessons learnt between countries is critical to strengthening the capacities of other countries and promoting evidence-based policy-making. Additionally, they recommended home-grown financing to reduce donor dependency and promote sustainability.

19. The members of the PSC recommended the revised document entitled *Financial risk protection towards universal health coverage in the WHO African Region* for adoption by the Seventy-second session of the Regional Committee.

20. The PSC discussed the technical paper entitled *Framework for the integrated control, elimination, and eradication of tropical and vector-borne diseases in the African Region*. The document reveals that the African Region currently bears a heavy burden of communicable diseases. WHO has developed several technical strategy documents in response to the current burden of communicable diseases globally. However, by the end of 2020, progress towards elimination of these diseases was based on vertical programmes, and the narrow approach defined in multiple pre-existing frameworks has not allowed for significant progress in achieving the Sustainable Development Goals, while the neglected tropical disease road map targets for 2020 were also not met. These shortcomings have created the need for a holistic approach and integrated platforms for disease interventions. This integrated framework builds on the progress made over the last two decades in the control, elimination and/or eradication of tropical and vector-borne diseases, and addresses major programme deficiencies that drive the persistently high burden of these diseases. Adopting an “integration approach” to strengthen synergies between these different programmes remains the best way of contributing substantially to accelerating achievement of the Sustainable Development Goals.

21. The PSC members observed that the document was well written, noting that it represented a paradigm shift in integration. They asked that clarification be made that the document was not replacing all other disease-specific frameworks, nor proposing to create tropical and vector-borne disease departments in ministries of health; the document should equally explain how existing frameworks and funding modalities will henceforth be addressed, noting that stand-alone programmes on malaria and neglected tropical diseases are currently the norm in countries. The PSC members also strongly urged the inclusion of behaviour change communication in the document, and its integration into all the economic and industrial activities performed by populations. Meanwhile, health promotion should also be included in the guiding principles and multisectoral interventions proposed in the document. The PSC also recommended that cross-border disease control issues and collaboration should feature prominently in the document, as well as climate change management and its impact on the tropical and vector-borne diseases and their spread. The PSC members also stressed the need for a cross-cutting pillar on operational research and better management of reliable data to inform appropriate actions, strengthening the use of the integrated disease surveillance and response strategy, and an economic analysis to provide Member States with evidence related to investment as well as useful information supporting advocacy for the financing of these programmes.

22. Finally, the PSC members reiterated that a strong systems approach was needed to ensure integration, while noting that integration could also be a threat if not well planned and underpinned by strong ownership and leadership, to allow for collaboration and co-implementation to proceed where full integration is not feasible or beneficial. The PSC proposed that the document be further revised to remove the notion of "replacement" of existing disease-specific frameworks, and to reflect harmonized targets and milestones for implementing priority interventions.

23. The PSC recommended the revised document entitled *Framework for the integrated control, elimination, and eradication of tropical and vector-borne diseases in the African Region* for consideration by the Seventy-second session of the Regional Committee.

24. The PSC discussed the document entitled *Regional strategy for health security and emergencies 2022–2030*. The paper highlights the heavy toll of health emergencies, such as the increasing occurrence and severity of climate-related events, among others, on African health systems and economies, and the threat they pose to decades of hard-earned gains in ensuring health security. Such gains include the implementation of the Regional strategy for health security and emergencies 2016–2020, which reduced the median time used to contain outbreaks. However, the devastating effects of COVID-19 require building resilient health systems capable of providing quality health care while coping with health emergencies. This new strategy, therefore, incorporates lessons learnt from COVID-19, aims to reduce the health and socioeconomic impacts of health emergencies, and emphasizes the building of responsive health systems to effectively manage health emergencies while ensuring the continuity of essential health services.

25. The PSC commended the Secretariat for the quality of the document. Members noted that to effectively deal with fast-spreading public health emergencies, it is important to adopt a holistic, cross-border collaboration and multisectoral approach, including grassroots community engagement and participation. While recognizing the importance of new digital tools and information systems for real-time data generation, their interoperability with national platforms such as DHIS2 are essential for effective data sharing for decision-making using standardized elements. The Subcommittee stressed the need for harmonization and synergies between WHO and other key institutions such as Africa CDC and subregional entities involved in health security and health systems strengthening in the Region, to minimize fragmentation and optimize the use of scarce resources.

26. The PSC members reiterated the importance of timely availability of funding to mount quick and effective responses to emergencies and for Member States to benefit from humanitarian

response funding to sustain their readiness and build resilient health systems. They highlighted the need to systematically implement a code of conduct and ethics to preserve WHO's reputation, with zero tolerance for sexual exploitation, abuse and harassment in all emergencies to ensure successful interventions, community buy-in and the continuous support of partners. They also called for the strengthening of post-disaster recovery and health systems recalibration, based on best practices and lessons learnt from evaluations such as after-action reviews (AARs) and universal health and preparedness reviews (UHDRs) for high-level engagement and standardized learning and implementation across Member States.

27. The PSC members recommended an increase in domestic funding and resources for the implementation of the strategy in all Member States to reduce over-reliance on external resources. Enhanced funding is a prerequisite for sustained capacities and the building of resilient health systems. The PSC also recommended harmonization and synergies between WHO and regional institutions for better alignment and impact of the interventions proposed in the strategy at country level, and the strengthening of cross-border collaboration between Member States while promoting UHDRs.

28. The members of the PSC recommended the amended document entitled *Regional strategy for health security and emergencies 2022–2030* and its accompanying resolution for consideration by the Seventy-second session of the Regional Committee.

29. The PSC discussed the document entitled *Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032*. The paper notes that nearly one in four deaths in Africa is reportedly due to environmental causes, including the impacts of climate change. The regional strategy for the management of environmental determinants of human health (2017–2021) focused on safe drinking-water, sanitation and hygiene, air pollution and clean energy, chemicals and wastes, climate change, vector control and health in the workplace. However, limited investments and COVID-19 slowed down the implementation of the previous strategy but provided lessons and opportunities for renewed action. This updated strategy seeks to revitalize action on environmental determinants of human health. It integrates recommendations from the WHO manifesto for a healthy recovery from the COVID-19 pandemic.

30. During the review, the PSC observed that the document was well-structured, outlined actions, responsibilities and cited WHO guidance (policy, protocols, and tools). The PSC members raised the importance of setting up health and environment observatories to monitor (collect, collate, analyse evidence) field situations, and translate the data collected into practical policies and actions around the interrelated issues of climate, chemicals, air/soil/water quality, waste, and diseases; they also acknowledged the relevance of collaboration with other sectors to plan, implement, and account for actions on protecting the environment using the One Health approach. The strong connection between human, environmental and animal health, including the need to reverse land degradation and restore ecosystems is intrinsically linked to disease recurrence and re-emergence. They emphasised the need to strengthen the paper's focus on the role of communities, occupational health and safety, waste management and cross-border collaboration.

31. The PSC members recommended a call for Member States to invest more in environmental prevention, including access to safe water for rural and urban areas, health care facilities and vector control. They also brought forward the benefits derived from health promotion strategies to engage communities for ownership and accountability, and health literacy to promote behaviour change. The PSC underscored the critical importance of good governance in the sector, including coordination at the highest level, availability of resources, and community ownership, for sustainability of planned actions. The PSC members further recognized the fragmented funding and underfunding that has plagued this area of work, while noting that it was time to consider multisectoral funding; all social actors need to be mobilized, including tourism and transport

operators, city developers, multinational companies, global players and the African Mayors' Network.

32. The members of the PSC recommended the revised document entitled *Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032* and its accompanying resolution for consideration by the Seventy-second session of the Regional Committee.

33. The PSC discussed the document entitled *Seventh progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region*. The seventh progress report on the Transformation Agenda (July 2021–June 2022) details the status of implementation and results achieved over the past year across its four focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective partnerships and communications. The report notes the concrete, systemic measures taken by the Secretariat to prevent and address harassment and abuse of authority, including the recruitment of an Ombudsman and a Regional Coordinator for prevention and response to sexual exploitation, abuse and harassment (PRSEAH). Meanwhile, in the prevailing COVID-19 context, AFRO has adopted new ways of virtual and hybrid working and introduced proactive measures to promote mental well-being, as well as workplace mental health initiatives to support staff members in improving their productivity. Nonetheless, the COVID-19 pandemic has threatened to set back achievements of the Transformation Agenda and amplified the critical need to accelerate the 'unfinished agenda' of WHO's transformation which will require adequate staffing and resources to fast-track progress.

34. The PSC members lauded the progress made by AFRO and appreciated the lessons learnt over the implementation period of the Agenda. They further recommended that the Secretariat continue with the great work proposed in the next steps.

35. The PSC members recommended the document entitled *Seventh progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region* for consideration by the Seventy-first session of the Regional Committee.

36. The PSC considered the *Proposals for designation of Member States on committees that require representation from the African Region* (document AFR/RC72/PSC/9), which were developed in line with resolution AFR/RC54/R11 that provided for the establishment of three subregional groupings. The PSC recommended the following proposals for adoption by the Seventy-second session of the Regional Committee:

A. Membership of the Programme Subcommittee

The terms of Congo, Democratic Republic of the Congo, the Gambia, Guinea, Malawi, and Mauritius will come to an end at the Seventy-second session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by Burundi, Eswatini, Nigeria, Sao Tome and Principe, Sierra Leone, and United Republic of Tanzania. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Liberia (2020–2023)	7. Central African Republic (2020–2023)	13. Mozambique (2020–2023)
2. Mali (2020–2023)	8. Eritrea (2020–2023)	14. Namibia (2020–2023)
3. Mauritania (2021–2024)	9. South Sudan (2021–2024)	15. Seychelles (2021–2024)
4. Niger (2021–2024)	10. Uganda (2021–2024)	16. South Africa (2021–2024)
5. Nigeria (2022–2025)	11. Burundi (2022–2025)	17. Eswatini (2022–2025)
6. Sierra Leone (2022–2025)	12. Sao Tome and Principe (2022–2025)	18. Tanzania (2022–2025)

B. Membership of the Executive Board

The term of office of Botswana, Ghana, Guinea-Bissau, and Madagascar on the Executive Board will end with the closing of the Seventy-sixth World Health Assembly in May 2023.

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 Health Assembly, it is proposed as follows:

- (a) Cameroon, Comoros, Lesotho, and Togo to replace Botswana, Ghana, Guinea-Bissau and Madagascar in serving on the Executive Board starting with the one-hundred and fifty-third session in May 2023, immediately after the Seventy-sixth 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
Senegal (2022–2025) Togo (2023–2026)	Rwanda (2021–2024) Ethiopia (2022–2025) Cameroon (2023–2026)	Comoros (2023–2026) Lesotho (2023–2026)

- (b) Rwanda to serve as **Vice-Chair of the Executive Board** as from the one-hundred and fifty-third session of the Executive Board.
- (c) **Senegal to replace Madagascar** to serve on the Programme Budget and Administration Committee (PBAC) as from the one-hundred and fifty-third session of the Executive Board. The PBAC will therefore be composed of Senegal and Ethiopia from the African Region.
- (d) **Botswana and Rwanda** to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response as from the first meeting of the Standing Committee to be held in 2022. Lesotho to replace Botswana to serve on the Standing Committee as from the one-hundred and fifty-third session of the Executive Board.

C. Method of work and duration of the Seventy-sixth session of the World Health Assembly

37. It is proposed that the Chairperson of the Seventy-second session of the Regional Committee for Africa be designated as Vice-President of the Seventy-sixth session of the World Health Assembly to be held in May 2023.

38. With regard to the Main Committees of the Assembly and based on the English alphabetical order and subregional geographic grouping; it is proposed as follows:

- (a) Gabon to serve as Vice-Chair of Committee A;
- (b) Cabo Verde, Côte d'Ivoire, Democratic Republic of the Congo, Malawi, and Mauritius to serve on the General Committee; and
- (c) Algeria, Eritrea and Zambia to serve on the Committee on Credentials.

39. Persons proposed as officers of the Assembly and the Executive Board must be part of their countries' delegation, be present on the opening day, and remain in Geneva until the end of the session. The Member States concerned should have the right to vote (see resolution WHA54.5). Credentials should be submitted by the deadline indicated in the convocation letter. In line with the governance reform discussions at EB143, Member States are encouraged to take gender balance into consideration when proposing officers and presiding officers for governing body meetings.

Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa

40. Twelve applicants responded to the call for applications before the deadline of 30 November 2021. In accordance with the Framework of Engagement with non-State actors and the approved procedure for accreditation, the Regional Office reviewed the applications for accreditation to ensure that the established criteria and other requirements, including due diligence, were fulfilled. As a result of the review, the Regional Office excluded six entities for a number of reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, their profit-making character and their existing official relations with WHO. The Regional Office considered that the applications from the following six entities fulfilled the eligibility criteria, and were therefore presented for the consideration of the Programme Subcommittee: Federation of African Medical Students' Associations (FAMSA); PROMotion des MEdecines TRAditionnelles (PROMETRA); Stichting BRAC (Bangladesh Rural Advancement Committee) International; Uniting to Combat Neglected Tropical Diseases (Uniting); Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA). The decision on the accreditation of FAMSA was proposed for deferral to the Seventy-third Regional Committee as the entity is in the process of obtaining its registration as a nongovernmental organization.

41. PSC members raised concerns over certain non-State actors' limited geographical representation in the Region, the location of their headquarters outside of Africa and their unsustainable funding sources, especially when the status of their accreditation must be reviewed every two years.

42. PSC members recommended that non-State actors be encouraged to put in place or strengthen their own internal periodic ethical review.

43. The PSC finally recommended to the Seventy-second Regional Committee the accreditation of five non-State actors and the deferral of the decision on the accreditation of FAMSA, as set out in the Annex to this report.

Closing session

44. The Chairperson of the PSC informed participants that the Secretariat would share the draft report with PSC members within 10 days in all three official languages of the WHO African Region, after which PSC members would have five days to provide feedback. Once cleared by the Chairperson of the PSC, the final report would be posted on the RC72 webpage.

45. In his concluding remarks, the Chairperson also thanked PSC members, Executive Board (EB) members and the Geneva-based experts for the rich discussions. He thanked the Secretariat for the organization of the meeting and the high quality of the documents submitted. He also thanked all the outgoing members: Congo, Democratic Republic of the Congo, Guinea, Malawi, Mauritius, and the Gambia.

46. The members, led by Liberia, thanked the outgoing Chairperson (Gambia) for his support to the PSC.

47. The Director of Programme Management (DPM), Dr Joseph Cabore, on behalf of the Regional Director thanked participants for their valuable contributions and made special mention of the Chairperson and Vice-Chairperson for their skilful conduct of the deliberations in a hybrid setting. He bid farewell to the outgoing PSC members, thanking them for their work in the Committee, and recognized the new members. He urged members to request for briefings at any time on the Organization's multiple initiatives (including flagship programmes and the WHO Academy, among others). He also encouraged the PSC members to communicate and engage

closely and directly with cluster directors. He further reiterated the diligent process of peer review for documents intended for consideration by the PSC, and thanked the PSC for its thorough review and suggestions.

48. The Chair closed the meeting once again by thanking PSC members, EB members and the Geneva-based experts for their participation.

ANNEX

**ACCREDITATION OF 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 Seventy-first session, the WHO Regional Committee for Africa approved the procedure for granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa.¹ 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.
2. A call for applications was launched on 22 October 2021, with the response deadline set for 30 November 2021. In line with the adopted procedure, the WHO Regional Office for Africa is mandated to review the request for accreditation of non-State actors not in official relations with WHO and make recommendations to the Programme Subcommittee on granting accreditation to sessions of the Regional Committee.
3. In accordance with the terms of the Framework of Engagement with Non-State Actors (FENSA)², accreditation shall be application-based. To be eligible to apply for accreditation, a non-State actor shall meet the following criteria: (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.

APPLICATIONS FOR ACCREDITATION

4. Twelve applicants responded to the call for applications before the deadline of 30 November 2021. In accordance with FENSA and the approved procedure for accreditation, the Regional Office reviewed the applications for accreditation to ensure that the established criteria and other requirements, including due diligence, were fulfilled. As a result of the review, the Regional Office excluded six entities for a number of reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, their profit-making character and their existing official relations with WHO. The Regional Office considered that the applications from the following six entities fulfilled the eligibility criteria, and were therefore presented for the consideration of the Programme Subcommittee: Federation of African Medical Students' Associations (FAMSA); PROMotion des MEdecines TRAditionnelles (PROMETRA); Stichting BRAC (Bangladesh Rural Advancement Committee) International; Uniting to Combat Neglected Tropical Diseases (Uniting); Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA).
5. As FAMSA is currently in the process of obtaining its registration as a nongovernmental organization, the Programme Subcommittee considers that the decision to accredit FAMSA should be deferred to the Seventy-third session of the Regional Committee in 2023, in order to allow FAMSA enough time to formally constitute its legal status.
6. In line with the adopted procedure, accreditation, if granted, will be valid for two years. Renewal of the accreditation will be subject to reapplication by the accredited non-State actors. A simplified application consisting of a submission of a statement detailing only the changes in the

¹ 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. In: Statement of the Chairperson of the Programme Subcommittee to the Regional Committee. Brazzaville: World Health Organization Regional Office for Africa; 2021 (AFR/RC71/2; <https://www.afro.who.int/sites/default/files/2021-11/AFR-RC71-2%20Statement%20of%20the%20Chairperson%20of%20the%20Programme%20Subcommittee.pdf>, accessed 3 March 2022).

² 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-stateactors/A69_R10-FENSA-en.pdf, accessed 3 March 2022).

information provided in the previous application may be used. A due diligence and risk assessment procedure will be conducted by the Regional Office for all simplified and standard reapplications.

7. A summary of each non-State actor recommended for accreditation in 2022, describing their engagement with the WHO Regional Office, is contained in Sub-annex 1 to this report.

ACTION BY THE REGIONAL COMMITTEE

8. The Regional Committee is invited to consider the following draft decision:

The WHO Regional Committee for Africa, having considered and noted the report of the Secretariat on the accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa,

- (1) approves the following regional non-State actors recommended by the Programme Subcommittee for accreditation to participate in sessions of the WHO Regional Committee for Africa: PROMETRA, Stichting BRAC International; Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA).
- (2) defers the decision on the application of the Federation of African Medical Students' Associations (FAMSA) to its Seventy-third session.

SUB-ANNEX

REGIONAL NON-STATE ACTORS RECOMMENDED FOR ACCREDITATION TO PARTICIPATE IN THE WHO REGIONAL COMMITTEE FOR AFRICA

Promotion des médecines traditionnelles (PROMETRA)

1. PROMotion des MEdecines TRAditionnelles (PROMETRA) is a nongovernmental organization established in 1971 to preserve African traditional medicine, culture and autochthonous science through research, education, advocacy and practice. Headquartered in Dakar, Senegal, PROMETRA currently operates in 20 Member States of the WHO African Region.
2. The entity's main source of funding (75%) is through donations by its President. Twenty-three per cent of its funding in 2020 came from the Morehouse School of Medicine in the form of support for collaborative research. PROMETRA consists of 28 members from the NGO sector. It is governed by an Executive Committee comprising seven members and advised by a Scientific Committee comprising four members. A general assembly comprising the presidents of its 28 national chapters is in charge of giving broad direction to the NGO and electing members of the scientific and executive committees.
3. PROMETRA conducts trainings of community leaders, in particular healers, and research in collaboration with academic institutions. It has created an experimental centre for traditional medicine in Senegal.
4. PROMETRA has longstanding relations with the WHO Regional Office for Africa. Its President has participated in a large number of regional meetings, training workshops and regional consultations on traditional medicine convened by the WHO Regional Office. PROMETRA has also contributed to the review of the draft regional strategy on promoting the role of traditional medicine in health systems.

Stichting BRAC International

5. Stichting BRAC International is a philanthropic foundation established in 2009 for charitable purposes and to engage in social welfare activities in any country in the world. Its mission is to empower people and communities in situations of poverty, illiteracy, disease and social injustice. Headquartered in The Hague, Netherlands, Stichting BRAC International currently operates in Liberia, Rwanda, Sierra Leone, South Sudan, United Republic of Tanzania and Uganda.
6. The entity's main sources of funding are grants or donations received from governments and international organizations, NGOs and academic institutions, philanthropic foundations and individuals. Stichting BRAC International has a two-tier governance structure, with a supervisory board and a management board. The former consists of eight members and is responsible for the appointment and supervision of the management board. The management board consists of four members and manages the activity of the entity, prepares annual reports, financial statements and workplans.
7. In the WHO African Region, Stichting BRAC International carries out health programmes in Liberia, Sierra Leone, United Republic of Tanzania and Uganda, emergency preparedness and response in Sierra Leone and Uganda, and agriculture, food security and livelihood programmes in Liberia, Sierra Leone, South Sudan, United Republic of Tanzania and Uganda.

8. Previous collaboration between WHO and Stichting BRAC International focused on supporting WHO's efforts to achieve the goals of sensitizing and mobilizing communities to prevent the Ebola virus outbreak in 2019, in line with the schedule and activities of the incident management systems in Liberia and Uganda.

Uniting to Combat Neglected Tropical Diseases (NTDs) (Uniting)

9. Uniting to Combat NTDs (Uniting) is a global health partnership hosted by the Royal chartered society, Sightsavers, which is a charity registered in England and Wales. Uniting was established in 2012 to create political will and an enabling environment for countries to achieve the WHO NTD road map targets and deliver the SDG goal of ending NTDs by 2030. Headquartered in Haywards Heath, United Kingdom, Uniting conducts advocacy activities at global level, and in particular where the burden of NTDs is heaviest.
10. The entity's main sources of funding are donations and grants from philanthropic foundations, NGOs and academic institutions, government-affiliated and intergovernmental organizations and the private sector. Uniting is governed by its Partnership Board, which is composed of nine members and two observers coming from the private sector, philanthropic foundations, NGOs and academic institutions. One of the observers is the Director of the Department of Control of Neglected Tropical Diseases at WHO headquarters. The wider partner network, while it does not have voting rights, contributes to decision-making.
11. Uniting is actively engaged in advocacy, collaboration, information sharing, and communication activities aimed at extending the reach of WHO to support national programmes in their efforts to build and implement NTD interventions.
12. Previous collaboration between WHO and Uniting focused on supporting WHO's efforts in achieving the 2030 SDG target on NTDs. Uniting supports the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) initiative of the WHO Regional Director for Africa and actively engaged in Regional Committee meetings in 2020 and 2021, providing statements, comments and supporting countries with their engagement at such meetings. Activities also included the preparation of the Kigali Summit on Malaria and NTDs in June 2021, which was postponed to June 2022. The collaboration also included providing support to WHO for the observance of the WHO World NTD Day on 30 January 2022 (week of 24–30 January 2022).

Wellbeing Foundation Africa (WBFA)

13. The Wellbeing Foundation Africa (WBFA) is a nongovernmental organization founded in 2004 and based in Nigeria, with the aim of improving health outcomes for women, infants and children in Nigeria and sub-Saharan Africa. Specifically, it works towards improving sexual, reproductive, maternal, newborn, child and adolescent health and nutrition, with the central mission of ensuring safer births and working towards the elimination all forms of gender-based discrimination, abuse and violence.
14. The entity's main sources of funding are donations and grants from philanthropic foundations, NGOs and individuals. WBFA is governed by a charitable Board of Trustees responsible for ensuring the effective implementation of its mandate, including its vision, mission and strategic direction, and focused on achieving this objective.
15. WBFA delivers on its priorities through research, advocacy, policy development, community engagement, philanthropy and education.

16. WHO and WBFA have a long history of close collaboration, including, among others, the entity's support for WHO's efforts to achieve the goals of the mandate of the Independent Advisory Group (IAG) of the WHO Regional Office for Africa; support for the WHO Infant and Young Child Feeding initiative through personalized education that improves the uptake of early initiation of breastfeeding; support for the launch of the WHO WASH campaign in Abuja; and hosting of the *Walk the Talk* Challenge event in Abuja, which recorded the active participation of over 2000 stakeholders.

West African Alcohol Policy Alliance (WAAPA)

17. The West African Alcohol Policy Alliance (WAAPA) is a nongovernmental organization established in 2018 to promote and facilitate information sharing on alcohol and alcohol-related issues and to initiate, facilitate and conduct research on alcohol prevention policies and programmes. Headquartered in Accra, Ghana, WAAPA operates in nine West African countries.
18. The entity's main sources of funding are grants and donations. WAAPA is governed by a Board of Directors and by a General Assembly comprising representatives of member National Alcohol Policy Alliances.
19. In the field of alcohol control, WAAPA's main activities are: network development, capacity building and technical assistance; partnership development and resource mobilization; advocacy campaigns at the local, national, regional and international levels; research and data analysis and policy development.
20. Previous collaboration between WHO and WAAPA included the entity's support for technical discussions for the development of national multisectoral technical committees on alcohol, national alcohol policies and action plans in Africa; its participation in sessions of the Regional Committee for Africa; as well as its participation in discussions on alcohol control in West Africa. The forthcoming plan for collaboration includes provision of technical inputs and informing WHO's work on the draft regional implementation framework of the Global mental health action plan.