
African Region**REGIONAL COMMITTEE FOR AFRICA****ORIGINAL: ENGLISH**Seventy-third sessionGaborone, Republic of Botswana, 28 August–1 September 2023Provisional 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 22 June 2023. The meeting was chaired by Ms Petronella Masabane, from Namibia, and reviewed 11 documents on public health matters of regional concern, which will be presented to the Seventy-third session of the Regional Committee for Africa. This statement summarizes the main outcomes of the meeting.
2. The Acting Regional Director, Dr Joseph Cabore, welcomed all participants to the three-day meeting of the Programme Subcommittee, while expressing special greetings to the new members. He conveyed the compliments and best wishes of the Regional Director. Dr Cabore congratulated the incoming Chairperson, Ms Petronella Masabane from Namibia, while thanking the outgoing Chairperson, Dr Mustapha Bittaye from the Gambia, for his leadership. He then welcomed the new PSC members from Burundi, Eswatini, Nigeria, Sao Tomé and Príncipe, Sierra Leone and United Republic of Tanzania. Dr Cabore highlighted the importance of the inclusion of Executive Board members and the African Group Coordinator in PSC meetings and recognized Executive Board members from Comoros and Togo who were participating in the meeting, as well as the former and current coordinator of the African Group of health experts in Geneva, from Eswatini and Ethiopia respectively.
3. The Acting Regional Director congratulated Member States of the African Region on the successful conduct of the Seventy-sixth World Health Assembly and the 153rd session of the Executive Board, and their active engagement, notably in ensuring the unprecedented increase of assessed contributions by 20% for the 2024–2025 biennium. He further encouraged all Member States to vigorously participate in the consultations of the Intergovernmental Negotiating Body.

4. Dr Cabore announced that the Seventy-third session of the Regional Committee will be held from 28 August to 1 September in Gaborone, Republic of Botswana, in a hybrid format. He reminded PSC members of their role in ensuring that the agenda is aligned with the public health priorities of the African Region. He noted that the PSC members were expected to review 11 documents, including four regional strategies with their accompanying resolutions, three frameworks, one annual report and two procedural documents. He welcomed all the participants to Brazzaville and pledged the continued support of the Secretariat to all the PSC members in the fulfilment of their mandate.

5. The PSC elected Ms Petronella Masabane from Namibia and former Vice-chairperson of the PSC in 2022 as its Chairperson. The PSC also elected Dr Oscar Ntihabose from Burundi as its Vice-Chairperson. The representatives of Seychelles, Mali and Sao Tome and Principe were elected as English, French and Portuguese rapporteurs of the PSC, respectively.

6. The Chairperson, on accepting the position, underscored the important responsibilities of the PSC and highlighted the role of the African Region in global health. She noted the increased impact of the African voice globally and requested PSC members to be diligent in reviewing the reports and the resolutions. She further thanked the Regional Director for her exemplary leadership in facilitating the preparation of the documents and for the opportunity given to the PSC members to take decisions that will contribute to the health and well-being of the populations of the Region.

Technical and health matters

7. The PSC discussed the document entitled *Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region*. The Framework articulates the following four strategic directions: (1) aligning and expanding nursing and midwifery education and training in line with population health needs; (2) stimulating and sustaining investments in decent employment for nurses and midwives; (3) promoting nursing and midwifery clinical and public health leadership and strengthening nursing and midwifery regulation; and (4) optimizing nursing and midwifery practice, innovation and research.

8. The PSC members noted that nursing and midwifery challenges predated the COVID-19 pandemic, which exacerbated the issues. They stressed that some Member States had produced more nurses and midwives than they could employ and retain due to budgetary constraints. They also emphasized that this challenge raised the need for better alignment of efforts between the health, education, and finance ministries to ensure coherent planning and investment to address the mismatches. The PSC then called on WHO to intensify support to Member States in managing migration and leveraging its potential dividends through mutually beneficial bilateral agreements with recipient countries that have stepped up international recruitments from Africa. Members recommended intensifying and contextualizing the implementation of the Global Code of Practice on the International Recruitment of Health Personnel in the Region.

9. Furthermore, the PSC members emphasized the need to develop standardized educational curricula for nursing and midwifery. They noted that specialization pathways for the nursing and midwifery workforce are not often standardized and recognized, prompting most nurses and midwives who desire career advancement to leave their profession. The PSC members therefore, recommended the development of standardized postgraduate specialization programmes to reverse the trend and improve the quality of nursing and midwifery care in the Region. They also noted the differences between countries in terms of nursing and midwifery governance structures, including regulatory bodies and compensation, and called for the standardization and harmonization of nursing and midwifery education, scope of practice, and regulatory standards. With a view to strengthening the leadership capacity of nurses and midwives, PSC members encouraged Member

States to remove entry barriers that prevent qualified and competent nurses and midwives from attaining senior leadership positions.

10. The PSC recommended the revised document entitled *Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region* for consideration by the Seventy-third session of the Regional Committee.

11. The PSC discussed the document entitled *Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region*. The framework highlights the heavy toll of health emergencies on African health systems and economies, as reflected in stalled progress towards the SDG targets and threats to hard-earned gains in ensuring health security. It draws from WHO's position paper on health system resilience, builds on other resilience frameworks and incorporates the outcomes of a special event on "Building back better" held at the Seventy-second session of the Regional Committee. The framework demonstrates the urgent need for Member States to invest in transformed, resilient health systems that are equitable and efficient and built around primary health care. It also proposes priority actions towards resilient health systems that can cope with disruptive shocks or stress from all hazards.

12. The PSC stressed the need for integrating disease programmes, cross-border coordination, and collaboration among Member States at the regional and continental levels, harmonized data systems and investing in both response and surveillance. The PSC members noted that Member States each have one health system that they rely upon to deliver universal health coverage, safeguard health from all hazards, protect livelihoods, and promote well-being. They reiterated the importance of a 'One Health' approach to health systems strengthening – an integrated, unifying approach to balance and optimize the health of people, animals, and the environment. PSC members advocated capacity strengthening for all health care workers, including midwives, nurses and epidemiologists to prevent and respond to health threats, and clarifying the role of public health institutions. They stressed the need to build the technical capacities of the health workforce and mobilize financial resources at the local, country, and international levels for better management of health emergencies. On the issues of medicines and health products, PSC members indicated the need for capacity assessment of existing products and those that enter the market. In addition, they reiterated the need for a certain proportion of vaccines to be procured locally. They also suggested a stronger articulation of the role of communities in the implementation of the framework and adapting resource mobilization at local level, including the possibility of communities contributing to health services. Finally, members stressed the importance of adding a reference to resolution WHA76.2 on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, to contribute to sustaining resilient health systems.

13. The PSC recommended the revised document entitled *Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region* for consideration by the Seventy-third session of the Regional Committee.

14. The PSC reviewed the document entitled *Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region*. Antimicrobial resistance is one of the top 10 global public health threats facing humanity and accounts for a high proportion of morbidity and mortality in the African Region. Ten million people worldwide, including 4.1 million in the Region, are expected to die from antimicrobial-resistant organisms by 2050, which could also cost countries across Africa up to 5% of their gross domestic product. The Regional antimicrobial strategy will guide Member States' efforts to curb antimicrobial resistance. It prescribes key interventions to enhance the implementation and monitoring of national action plans on antimicrobial resistance in line with the

“One Health” approach. It also aims to reduce morbidity, mortality, disability, and socioeconomic disruptions due to antimicrobial resistance.

15. The PSC members identified antimicrobial resistance as a global emergency requiring an urgent response. They highlighted the underlying causes and drivers of antimicrobial resistance, including the use of substandard and falsified medicines, misuse of broad-spectrum and other antibiotics, self-medication, inadequate laboratory facilities, all of which must be targeted and addressed. They also recommended targeted interventions to address the specific context of Small Island Developing States.

16. The PSC Members further recommended that all Member States establish dedicated teams on antimicrobial resistance to join the Global Antimicrobial Resistance and Use Surveillance System (WHO GLASS) and keep updated databases on antimicrobial resistance, to support the generation of evidence at health care level. They also recommended involving the community, beneficiaries of the programmes, and professional networks in addressing antimicrobial resistance, and intensifying sensitization and behaviour change interventions. The prevention and control of antimicrobial resistance should be holistic and integrated into the building of a resilient health system, to strengthen microbiology diagnostics and quality assurance.

17. The PSC recommended the revised document entitled *Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region* and its accompanying resolution for consideration by the Seventy-third session of the Regional Committee for Africa.

18. The PSC discussed the document entitled *Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region*. The document enumerates the challenges to availability and accessibility of diagnostic and laboratory services, which are crucial for patient care, disease prevention and research. Challenges include weak diagnostic systems, inadequate leadership and governance, infrastructure and equipment deficiencies, lack of regulation and national standards, and insufficient funding. About 47% of the global population is underserved and only 55% of Member States in the African Region have established directorates or units for laboratory services within their ministry of health. This means that many countries in the Region do not have a national coordination mechanism for diagnostic and laboratory services and systems, making it difficult to achieve universal health coverage targets. The regional strategy proposes an increase in the availability and accessibility of quality-assured diagnostic and laboratory services in the WHO African Region through a coordinated approach to expand them to all levels of the health system. It further recommends the establishment of leadership and governance mechanisms, promotion of quality-assured services, and provision of guidance for improvement.

19. The PSC members highlighted the importance of ownership of diagnostic and laboratory services and systems in the Region through adequate domestic funding, enhanced local production, and regional collaboration. They emphasized that such measures would help moderate pricing and increase access and affordability. The members stressed that coordinating with subregional entities and Africa CDC will help reduce duplication and provide for efficient use of scarce resources. They also underscored the need for more diagnostic equipment and well-trained human resources in the Region to manage diagnostic and laboratory services and maintain equipment. In that regard, they envisioned the possibility of leasing contracts that would enable companies to procure equipment, reagents, consumables and maintenance services. They further stressed the need to increase health security in diagnostic services, the quality of sampling, transportation of samples and the adequacy of laboratories. The PSC members affirmed the need to address access to drug control equipment in the Region, promote teleradiology in remotely located areas with inadequately qualified health

personnel and strengthen public-private partnerships (PPP) to mitigate the challenge of limited funding in countries.

20. The PSC recommended the revised document entitled ***Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region*** and its accompanying resolution for consideration by the Seventy-third session of the Regional Committee.

21. The PSC reviewed the document entitled ***Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region***. The Framework aims to significantly reduce morbidity and mortality due to alcohol consumption in the African Region. Some progress has been made in implementing the 2010 Regional strategy for reduction of the harmful use of alcohol in the African Region, and about 18 Member States in the Region have alcohol policies. However, challenges persist, including lack of multisectoral coordination, limited legislation and poor enforcement of laws and regulations, weak health care systems, and alcohol industry interference. The proposed framework builds on the previous regional strategy, while drawing on the Global alcohol action plan to strengthen the implementation of evidence-based strategies and policies to reduce the harmful use of alcohol.

22. The PSC noted that alcohol abuse is a complex and significant public health challenge due to its social, cultural, and religious acceptability in most societies, irrespective of its direct effect on health and other consequences such as accidents and injuries. PSC members highlighted the effects of alcohol use and abuse on families and communities, especially the youthful population. They underscored the need to raise the political profile of the issue, and the relevance of appointing national and regional champions to lead the fight. Additionally, PSC members recognized the challenges faced by countries in accessing quality treatment and rehabilitative services. They recommended the integration of context-specific prevention and control interventions into the primary health care system.

23. The PSC members identified some aspects of alcohol industry interference, especially its marketing strategies, including the packaging of beverages with high alcoholic content in smaller, more affordable containers, and expressed concern about the lack of regulation of locally produced alcoholic beverages. They recommended investing in strengthening the capacity of health workers at all levels to identify and treat alcohol-related issues, as well as developing and implementing legislation and strategies that address the availability, affordability, acceptability, and content of alcoholic beverages.

24. The PSC recommended the revised document entitled ***Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region*** for consideration by the Seventy-third session of the Regional Committee.

25. The PSC discussed the document entitled ***Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region***. The strategy aims to support Member States in creating supportive environments for community engagement by enabling communities to recognize factors that can undermine health and well-being. It will facilitate community participation in development initiatives and interventions to promote health, minimize risk and mitigate the consequences of public health events. It also provides guidance on leveraging existing community structures and institutionalizing community engagement in the interface between development and humanitarian action.

26. The PSC members acknowledged the vital role of community health workers but lamented the fact that these front-line workers often lack the necessary recognition or motivation. The PSC highlighted essential considerations for reinforcing community engagement in primary health care,

health promotion, health service provision and emergencies. These include training and recognizing community health workers, establishing comprehensive guidelines, and integrating health promotion into broader health strategies. The PSC members stressed the importance of strengthening the health information system and communication with communities, including engaging in dialogue with civil society organizations and community leaders. The discussion extended to crucial issues such as community feedback, evaluation systems, equity among countries, and integration of community engagement into governance and health resources. Additionally, the PSC underscored the role of governments in harmonizing the operational modalities of community health workers and finding a sustainable funding mechanism to motivate this category of the health workforce.

27. The PSC recommended the revised document entitled ***Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region*** and its accompanying resolution for consideration by the Seventy-third session of the Regional Committee.

28. The PSC reviewed the document entitled ***Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region***. Health and well-being creation requires the contribution of stakeholders beyond the health sector, based on a multisectoral approach. However, existing multisectoral actions in the Region are disease-specific strategies with poorly defined mandates, siloed implementation modalities, and weak monitoring and accountability systems. The proposed eight-year strategy aims to change the narrative of health and well-being as cost drivers to that of enablers of social and economic development through multisectoral action. The strategy allows Member States to adapt global commitments. This will be undertaken by leveraging existing structures, finances, and capacities within sectors to implement the defined objectives and targets.

29. The PSC members recognized the importance of multisectoral involvement in addressing determinants of health, particularly in the COVID-19 post-pandemic context and the ongoing threats of climate change, epidemics, and zoonotic diseases. The members emphasized the need for political will and creation of opportunities to implement the strategy. They recommended that multisectoral action should be based on three fundamental pillars: equity in health, community empowerment and engagement, and international cooperation. They also highlighted the need for generating evidence to make an investment case for multisectoral involvement in promoting health and well-being.

30. The PSC also proposed extending the health dimension to all development actions and programmes and demanded that health impact assessments and equity analyses be institutionalized and mandatory for all sectors and programmes using indicators beyond health to identify any negative impact of public policies. The PSC members requested WHO and partners to define key indicators for measuring and monitoring well-being. They further recommended that information and communications technology be used to reach young people, and for emphasis to be placed on community engagement, with the integration of community agents into well-being programmes, among other measures.

31. The PSC recommended the revised document entitled ***Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region*** and its accompanying resolution for consideration by the Seventy-third session of the Regional Committee.

32. The PSC discussed the document entitled ***Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region***. The eighth progress report on the Transformation Agenda, which covers the period from July 2022

to June 2023, provides a comprehensive review of the status of implementation and achievements across the four focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective partnerships and communications. Additionally, the report underscores the challenges encountered during implementation and sets forth the next steps for solidifying and perpetuating this transformative change.

33. The report also highlights the integration of the AFRO Team Performance Programme and the AFRO Mentorship Programme into staff development and learning activities, emphasizing the need to streamline and integrate training through a one-tool, one-concept, and one-mentor strategy. The report also indicates that AFRO has adopted several measures to strengthen its technical support to Member States by investing in its human capital, demonstrating a commitment to nurturing employee capabilities, improving communication and coordination by consolidating the Multicounty Assignment Teams (MCATs), and devoting special attention to tackling neglected tropical diseases (NTDs) by launching the Mwele Malecela Mentorship Programme for Women in NTDs. Regarding strategic operations, the report highlights that AFRO has leveraged stakeholder feedback to enhance team effectiveness, promote mental health in the workplace, and implement COVID-19 prevention and recovery measures for staff. New funding worth US\$ 422 million was mobilized at the country level through effective partnerships and communication.

34. The PSC members appreciated the progress achieved in the implementation of the Transformation Agenda in the Region, expressing gratitude to the Secretariat for its timely technical support and normative guidance that steered Member States through the COVID-19 crisis. They noted that this success was attributable to the Transformation Agenda, which has made the Organization more responsive to country needs. In particular, the members applauded the varied and multidisciplinary support provided by the Secretariat from the beginning of the COVID-19 pandemic, which enabled countries to manage the pandemic and establish rapid response teams, as well as the financial and material support and the deployment of regional and international experts, among others. The PSC members encouraged the Secretariat to document the successes and lessons learnt in the Region to guide future action.

35. Furthermore, the PSC members acknowledged a number of new flagship programmes, including: (a) promoting the resilience of systems for emergencies (PROSE); (b) transforming African surveillance systems (TASS); and (c) strengthening and utilizing response groups for emergencies (SURGE). They indicated that these programmes were a demonstration of the Secretariat's ability to transform and build organizational capacities to address the challenges of our time. The members also requested the Secretariat to support Member States to establish fit-for-purpose public health emergency operations centres (PHEOCs) by mobilizing the necessary technical and financial assistance, manuals, and standard operating procedures.

36. Members of the PSC further acknowledged and appreciated WHO's efforts in building health leadership capacity across countries through the AFRO Pathways to Leadership for Health Transformation Programme, recognizing its pivotal contribution to advancing the Organization's transformation agenda. The PSC members further requested WHO to scale up the roll-out of the leadership programme to ensure that all the Member States benefit from it. Furthermore, the PSC emphasized the need for a specialized leadership programme specifically targeting emergency situations, so as to provide countries with the essential skills and capabilities required to mount effective responses and navigate through times of crisis.

37. Finally, the PSC recommended the revised document entitled ***Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region*** for consideration by the Seventy-third session of the Regional Committee.

38. The PSC considered the *Proposals for 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 for the establishment of three subregional groupings. The PSC recommended the following proposals for adoption by the Seventy-third session of the Regional Committee:

A. Membership of the Programme Subcommittee

39. The terms of the Central African Republic, Eritrea, Liberia, Mali, Mozambique and Namibia will come to an end at the Seventy-third session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by Algeria, Angola, Benin, Gabon, Kenya and Zambia. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

<u>Subregion 1</u>	<u>Subregion 2</u>	<u>Subregion 3</u>
1. Mauritania (2021–2024)	7. South Sudan (2021–2024)	13. Seychelles (2021–2024)
2. Niger (2021–2024)	8. Uganda (2021–2024)	14. South Africa (2021–2024)
3. Nigeria (2022–2025)	9. Burundi (2022–2025)	15. Eswatini (2022–2025)
4. Sierra Leone (2022–2025)	10. Sao Tome and Principe (2022–2025)	16. Tanzania (2022–2025)
5. Algeria (2023–2026)	11. Gabon (2023–2026)	17. Zambia (2023–2026)
6. Benin (2023–2026)	12. Kenya (2023–2026)	18. Angola (2023–2026)

B. Membership of the Executive Board

40. The term of office of Rwanda on the Executive Board will end with the closing of the Seventy-seventh World Health Assembly in May 2024.

41. 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) Zimbabwe to replace Rwanda in serving on the Executive Board starting with the one-hundred and fifty-fifth session in May 2024, immediately after the Seventy-seventh World Health Assembly. The Executive Board will therefore be composed of the following Member States of the African Region as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Senegal (2022–2025)	Ethiopia (2022–2025)	Comoros (2023–2026)
Togo (2023–2026)	Cameroon (2023–2026)	Lesotho (2023–2026)
		Zimbabwe (2024–2027)

(b) Cameroon to serve as **Vice-Chair of the Executive Board** as from the one-hundred and fifty-fifth session of the Executive Board.

(c) **Comoros to replace Ethiopia** to serve on the Programme, Budget and Administration Committee (PBAC) as from the one-hundred and fifty-fifth session of the Executive Board. The PBAC will therefore be composed of Comoros and Senegal from the African Region.

(d) **Togo to replace Rwanda** to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) as from the one-hundred and fifty-fifth

session of the Executive Board. The SCHEPPR will therefore be composed of Togo and Lesotho from the African Region.

C. Officers of the Seventy-seventh session of the World Health Assembly

42. It is proposed that the Chairperson of the Seventy-third session of the Regional Committee for Africa be designated as President of the Seventy-seventh session of the World Health Assembly to be held in May 2024.

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

- (a) Rwanda to serve as Vice-Chair of Committee B;
- (b) Burkina Faso to serve as Rapporteur of Committee A;
- (c) Burundi, Equatorial Guinea, Guinea, Mozambique and South Sudan to serve on the General Committee; and
- (d) Guinea-Bissau, Madagascar and Uganda to serve on the Committee on Credentials.

44. 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 the one-hundred and forty-third session of the Executive Board, Member States are encouraged to take gender balance into consideration when proposing officers and presiding officers for governing body meetings.

D. Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)

45. The terms of office of Rwanda and Sao Tome and Principe will come to an end on 31 December 2023. In accordance with the English alphabetical order, it is proposed that Rwanda and Sao Tome and Principe be replaced by Sierra Leone and South Africa for a period of three years with effect from 1 January 2024 to 31 December 2026. Sierra Leone and South Africa will thus join Senegal and Seychelles on the Policy and Coordination Committee.

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

46. Twenty-nine applicants responded to the call for applications before the deadline of 16 December 2022. In accordance with the Framework of Engagement with non-State actors (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.

47. The Regional Office excluded 21 entities for several reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, failure to pass a due diligence check and risk assessment. The Regional Office considered that the applications of eight entities fulfilled the eligibility criteria. In certain cases, the criterion regarding active engagement with the Regional Office was considered fulfilled when an applicant had conducted research or advocacy activities pertaining to WHO meetings, policies, norms and standards for at least three years, in accordance with paragraph 53 of FENSA. The following eight entities were

presented for the consideration of the Programme Subcommittee: African Forum for Primary Health Care (AfroPHC), African Tobacco Control Alliance (ACTA), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Federation of African Medical Students' Associations (FAMSA), International Federation for Spina Bifida and Hydrocephalus (IF), Médecins d'Afrique (MDA), Université Numerique Francophone Mondiale (UNFM) and West African Institute of Public Health (WAIPH).

48. The PSC Members appreciated the criteria and procedures established by the Secretariat for reviewing the applications. They highlighted the added value of non-State actors to the Regional Committee, as stakeholders of public health in the Region. They also commended the Secretariat on the extension of the call, the online platform provided, and the commitment to continue to launch the call to encourage more participation of non-State actors.

49. PSC members recommended that the document be included in the statement of the Chairperson and not as a stand-alone document.

50. The PSC recommended the document entitled **Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa** for consideration by the Seventy-third Regional Committee.

51. The PSC discussed the document entitled *WHO reform: status of resolutions and decisions adopted by the WHO Regional Committee for Africa and recommendations for sunset reporting requirements*. The document addresses the challenges in managing the growing number of items mandated by the governing bodies for inclusion in their meeting agendas. It thus proposes measures to reduce the growing number of items on meeting agendas to allow for more time for substantive discussions. The measures proposed will ensure that the Regional Committee has a more streamlined agenda, and that the Secretariat reports on all resolutions and decisions adopted. The document draws from the outcomes of the 146th and 148th WHO Executive Board on the subject, and the Regional Director's commitment to more streamlined reporting to Member States as part of the Transformation Agenda, 2015–2020. It is further informed by a review conducted by the Secretariat on the strategies, frameworks and technical documents adopted by the Regional Committee over the last 30 years, dating back to its Forty-second session.

52. The PSC members complimented the hard work that went into the preparation of the document, observing that the proposed reform would equip WHO to better support countries. They, however, stressed the need for the Secretariat to ensure that resolutions and decisions were effectively implemented, which is the essence of the reform. The members requested the Secretariat to ensure uniformity in reporting and clear reporting timelines for all documents submitted for consideration by the Regional Committee. Lastly, the PSC members indicated that the document will be considered by the Regional Committee as part of the statement of the Chairperson and not as a stand-alone document.

53. The PSC recommended the document entitled *WHO reform: status of resolutions and decisions adopted by the WHO Regional Committee for Africa and recommendations for sunset reporting requirements* for consideration by the Regional Committee.

Discussions on other items proposed by Members of the Programme Subcommittee

54. The PSC members discussed the need to ensure close follow-up of resolutions adopted by the Seventy-sixth session of the World Health Assembly that are of particular importance to the Region. These include resolutions WHA76.2 on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies; WHA76.5 on strengthening

diagnostics capacity; WHA76.3 on increasing access to medical oxygen; and WHA76.6 on strengthening rehabilitation in health systems.

55. An update was provided to the PSC on upcoming high-level meetings, including those on pandemic prevention, preparedness and response, universal health coverage, and tuberculosis, to be held at the 78th session of the United Nations General Assembly (UNGA) in September 2023.

Closing the PSC Meeting

56. In her closing remarks, 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 RC73 webpage.

57. The Chairperson then thanked PSC members for the rich discussions and expressed her appreciation to the Secretariat for the efficient organization of the meeting and the high quality of the documents submitted. She also thanked all outgoing PSC members. Several members in turn thanked the outgoing Chairperson (Namibia) for her support to the PSC.

58. The Acting Regional Director, Dr Joseph Cabore, thanked participants for their valuable contributions and made special mention of the Chairperson and Vice-Chairperson for their skilful conduct of the deliberations. 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. He also encouraged the PSC members to communicate and engage closely and directly with cluster directors. Dr Cabore 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.

59. The Chairperson then closed the meeting on a note of appreciation to PSC members for their participation.

ANNEX 1

**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 (Regional Committee) approved the procedure for granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the Regional Committee.¹ All accredited non-State actors are 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. At its Seventy-second session, for the first time, the Regional Committee granted accreditation to five non-State actors² and deferred the decision on the accreditation of the Federation of African Medical Students' Associations (FAMSA), which was in the process of obtaining its registration as a nongovernmental organization, to its Seventy-third session.
3. The second call for applications was launched in English, French and Portuguese through the website of the WHO Regional Office for Africa (Regional Office) and its social media accounts on 19 October 2022, with the response deadline set for 30 November 2022. It was subsequently extended to 16 December 2022 due to the low number of applications received by the first deadline. In line with the adopted procedure, the Regional Office is mandated to review requests for accreditation by non-State actors and make recommendations to the Programme Subcommittee on their eligibility for accreditation.
4. In accordance with the terms of the Framework of Engagement with Non-State Actors (FENSA),³ 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 Regional Office; (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

5. Twenty-nine applicants responded to the call for applications before the deadline of 16 December 2022. 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 for eligibility, including due diligence, were fulfilled. As a result of the review, the Regional Office excluded 21 entities for a number of reasons, including non-

¹ WHO Regional Committee for on Africa decision AFR/RC71/Decision 9 on Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa. Virtual session: WHO Regional Office for Africa; 2021 (<https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC71-Decision%209%20-%20Accreditation%20of%20Regional%20non-State%20actors%20not%20in%20official%20relations%20with%20WHO%20to%20participate%20in%20the%20WHO%20Regional%20Committee.pdf>, accessed 27 April 2023) and 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 PROMETRA, Stichting BRAC International; Uniting to Combat NTDs; Wellbeing Foundation Africa; and West African Alcohol Policy Alliance.

³ 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).

compliance of their legal status with the accreditation procedure, their limited geographical scope, and failure to pass a due diligence check.

6. The Regional Office considered that the applications of eight entities fulfilled the eligibility criteria. In certain cases, the criterion regarding active engagement with the Regional Office was considered fulfilled when an applicant had conducted research or advocacy activities around WHO meetings and WHO's policies, norms and standards for at least three years, in accordance with paragraph 53 of FENSA.⁴ The following eight entities are presented for consideration by the Programme Subcommittee: African Forum for Primary Health Care (AfroPHC), African Tobacco Control Alliance (ACTA), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Federation of African Medical Students' Associations (FAMSA), International Federation for Spina Bifida and Hydrocephalus (IF), Médecins d'Afrique (MDA), Université Numérique Francophone Mondiale (UNFM) and West African Institute of Public Health (WAIPH).

7. A summary of each non-State actor recommended for accreditation by the Regional Committee at its Seventy-third session in 2023 is contained in Sub-annex 1 to this report.

UPDATES TO THE ACCREDITATION PROCEDURE

8. According to the approved procedure, non-State actors interested in applying for accreditation are requested to submit their completed Application form for accreditation to the Regional Office via email.⁵ In an effort to make its work more efficient and effective while increasing transparency, the Regional Office proposes to develop an online platform where applications can be filled in and submitted digitally. Non-State actors would be able to update their profiles and submit reports directly on the platform, and the information provided could be made public.

9. The approved procedure also provides that an annual call for applications shall be published on the website of the Regional Office for the first two consecutive years after the entry into force of the accreditation procedure. For the subsequent years, non-State actors are expected to independently retrieve the relevant application information from the website of the Regional Office.

10. In light of the experience of the past two years, where the dissemination of the information concerning the call for applications required an active publicization effort by the Regional Office and even an extension of the application period, the Regional Office considers that the accreditation mechanism still does not have the necessary visibility that would allow regional non-State actors to independently retrieve the relevant application information. It therefore proposes to continue to launch annual calls for applications after the first two consecutive years and as long as necessary.

⁴ Annex: Framework of Engagement with Non-State Actors. In: Framework of engagement with non-State actors. Geneva: World Health Organization; 2016: paragraphs 53 (WHA69.10; https://www.who.int/about/collaborations/non-stateactors/A69_R10-FENSA-en.pdf, accessed 3 March 2022).

⁵ 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: paragraph 7 (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).

ACTION BY THE PROGRAMME SUBCOMMITTEE

11. The Programme Subcommittee is invited to consider:
 - (a) approving the changes to the accreditation procedure that allow for:
 - (i) the submission, by non-State actors, of applications and reports through an online platform and the publication of their information; and
 - (ii) the extension of the launch of annual calls for applications beyond the first two consecutive years and as long as necessary.
 - (b) recommending to the Seventy-third session of the WHO Regional Committee for Africa the adoption of the following decision:
 - (i) 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,
 - (ii) Decided to approve the following eight regional non-State actors recommended by the Programme Subcommittee for accreditation to participate in sessions of the WHO Regional Committee for Africa: African Forum for Primary Health Care (AfroPHC), African Tobacco Control Alliance (ACTA), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Federation of African Medical Students' Associations (FAMSA), International Federation for Spina Bifida and Hydrocephalus (IF), Médecins d'Afrique (MDA), Université Numérique Francophone Mondiale (UNFM) and West African Institute of Public Health (WAIPH).

SUB-ANNEX

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

African Forum for Primary Health Care (AfroPHC)

1. The African Forum for Primary Health Care (AfroPHC) is a non-profit association founded in 2019 and registered in Johannesburg, South Africa, in 2021. Its membership includes over 650 primary health care (PHC) workforce stakeholders from 64 countries, 39 of which are in the WHO African Region. The members are part of AfroPHC either in their capacity as individuals or in their institutional capacity in representation of nongovernmental organizations (NGOs), the private sector, philanthropic foundations, academic institutions, governments and intergovernmental organizations.

2. AfroPHC's goal is to advocate for PHC and UHC in the African Region. To carry out its advocacy mandate, the entity organizes meetings and study visits, develops publications and presentations on PHC policies, awards prizes or grants and promotes research. It collaborates with the WHO Regional Office on several initiatives such as the Workshop on Health and Wellness of Primary Health Care Workers in Africa and is in the process of developing further workplans of activities aimed at disseminating and implementing WHO guidelines for health providers and improving quality of care through clinical governance and stewardship.

3. AfroPHC is governed by an Executive Board of 10 members, which consults with an Advisory Board of 28 members. A General Assembly of all paying members meets annually to elect the Executive Board and give directions on the development and delivery of AfroPHC's mandate. AfroPHC's funding comes from grants and donations from philanthropic foundations and, in a minimal part, from individuals.

African Tobacco Control Alliance (ATCA)

4. The African Tobacco Control Alliance (ATCA), which gathers 120 civil society and nongovernmental organizations from 39 countries of the WHO African Region, is a non-profit association established in Lomé, Togo, in 2008. ATCA is dedicated to promoting the development and implementation of international, regional and national legal instruments, policies and activities on tobacco control. It is also an observer to the Conference of the Parties to the WHO Framework Convention on Tobacco Control. It collaborates with WHO Country and Regional Offices in supporting civil society organizations to draft tobacco control policies and legislation based on research and in organizing advocacy events and activities.

5. ATCA's General Assembly is the supreme body of the association and comprises all its member organizations. It meets at least once a year and makes recommendations to the ATCA Board of Directors, which oversees the administrative operations of the ATCA Executive Secretariat, assists in fundraising and performs any other functions requested by the General Assembly. Most of ATCA's funding comes from grants and donations from other NGOs, philanthropic foundations and government-affiliated entities.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

6. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a non-profit public benefit corporation established in 1988 in Washington DC, USA, with the mission of ending global paediatric HIV and AIDS through prevention and treatment programmes, research and advocacy.

7. EGPAF has activities in 17 countries of the WHO African Region and offices in 13 of them. It has conducted joint activities with the Regional Office, including the design, implementation and monitoring of the evaluation components of the Free to Shine Campaign on prevention of mother-to-child transmission of HIV, and has collaborated with it on the elimination of mother-to-child transmission. EGPAF was also involved in the Triple elimination initiative of mother-to-child transmission of HIV, syphilis and hepatitis B in Gabon.

8. EGPAF is governed by a Board of Directors composed of 12 members. Its work is also guided by a Global Leadership Team consisting of Executive Leadership, Senior Leadership and Country Directors. The largest part of EGPAF's funding comes from government-affiliated funds, followed by grants from philanthropic foundations, individuals and the private sector.

Federation of African Medical Students' Associations (FAMSA)

9. The Federation of African Medical Students' Associations (FAMSA), which comprises 248 academic institutions from 45 of the 47 countries of the WHO African Region, is a student organization at the University of Ibadan, Nigeria, and since 2022, it is also registered as a charitable organization in The Gambia. It was established in 1968 to project the image of African medical students both on the continental and international scene; to enhance and broaden the general and special education of member medical students in various parts of Africa; and to generate research and dissemination of findings by African medical students on all matters pertaining to health in Africa. FAMSA organizes symposia, awareness-raising events, webinars and online communication campaigns on many health issues, often in connection with world health days.

10. The organization is governed by an Executive Council appointed by the General Assembly – FAMSA's supreme authority – which gathers delegates from member medical student associations chosen to represent their respective medical schools. The General Assembly also reviews the reports of outgoing Executive Council members, approves changes to the constitution, vets new membership applications and approves FAMSA's policies. Its 248 members have full voting rights. The entity's only source of funding is through membership fees.

International Federation for Spina Bifida and Hydrocephalus (IF)

11. The International Federation for Spina Bifida and Hydrocephalus (IF) is an international non-profit organization that currently includes over 80 Spina Bifida and Hydrocephalus (SBH) associations from all continents, of which 12 are from countries of the WHO African Region. It was founded in Brussels in 1979 with the mission of improving the quality of life of people with SBH and their families, and reducing the prevalence of neural tube defects and hydrocephalus through the improvement of maternal health literacy. To this end, it conducts awareness raising, advocacy, community building and capacity building activities.

12. IF was a founding partner of the Smarter Futures partnership, which advocated successfully for fortification of staple foods with vitamin B9/folic acid in Africa. It has engaged with WHO at a global level, specifically with the Disability Department and the Partnership for Maternal, Newborn and Child Health, but it has not yet collaborated directly with the Regional Office.

13. IF is governed by a Board of Directors comprising 10 members. An annual General Assembly of all IF full members meets yearly to vote on issues of governance, including admittance of new members, and the yearly budget. The entity's main sources of funding are donations and grants from NGOs and academic institutions and government-affiliated entities. Smaller amounts come from individuals and membership fees.

Médecins d'Afrique (MDA)

14. Médecins d'Afrique (MDA) is a non-profit international nongovernmental organization established in 1995 in Brazzaville, Congo. It has 5000 members and is active in 19 countries of the WHO African Region. MDA's aim is to foster the social and health development of Africa through the implementation of public and community health programmes, and with a special focus on mother and child health. It has been working for 10 years in the following areas: emergency response, HIV, nutrition, child protection and development and water, sanitation and hygiene (WASH). It also runs a Studies and Research Centre.

15. MDA has been an implementing partner of the Regional Office on many occasions, especially in the context of emergency response to cholera, measles and COVID-19 outbreaks in the Democratic Republic of the Congo and in the Republic of Congo. It also conducted data collection in the context of an mpox investigation in the Central African Republic.

16. The organization is governed by a Board of Directors comprising eight members. It is also guided by a Management Board of 12 members, representing the various countries. Each country has its own Assembly. MDA's main funding source is partnerships with donors, including UN agencies, governmental and intergovernmental institutions, other NGOs and public sector companies. Other sources of funding include annual contributions from members of the entity.

Université Numérique Francophone Mondiale (UNFM)

17. The Université Numérique Francophone Mondiale (UNFM) is a non-profit association registered in Saint Maurice, France. It was established in 2005 with the initial goal of launching a French-speaking distance training programme. Burkina Faso and Mali were chosen as pilot countries. Its current mission is to offer the widest possible access to health knowledge and training, mainly in French, accessible to professionals from all countries, in particular low- and middle-income countries (LMICs). Today, more than 19 training courses for different professional targets and on different topics are available online free of charge and six of them are in preparation. Given the online nature of UNFM's work, its activities target virtually all countries of the WHO African Region. Moreover, 22 scientific advisors who contribute to the dissemination of UNFM's courses are based in countries of the WHO African Region.

18. The courses offered by UNFM cover primarily HIV and sexually transmitted infections, noncommunicable diseases, mental health, nutrition and child and adolescent health. Although the entity is not directly engaged with WHO, the training courses are based on data and evidence published by WHO.

19. UNFM's main decision-making body is the UNFM Executive Board, which comprises five members. The General Assembly, which includes members of the association, volunteers, chartered accountants and auditors, gives advice on the proposed training programmes. However, only UNFM founders and members of the Board have the right to vote. The entity's main sources of funding are grants and donations from the private sector, government-affiliated bodies, academic institutions and philanthropic foundations.

West African Institute of Public Health (WAIPH)

20. Founded in 2015, the West African Institute of Public Health (WAIPH) is a nongovernmental non-profit body headquartered in Abuja, Nigeria. It has partner organizations in 12 West African countries of the WHO African Region and was created to promote health care capacity in West Africa in line with the West African Regional Charter for Public Health.

21. The key pillars of WAIPH's interventions are advocacy, policy development, research, capacity development, certification granting, advisory services, and consulting and implementation of public health programmes. The programme implementation activities cut across health systems strengthening, global health security, reproductive, maternal, newborn, child and adolescent health, nutrition, neglected tropical diseases, correlation between climate change and health and primary health care. WAIPH has a subsidiary entity, the Academy of Public Health (APH), that serves as a training and certification centre.

22. WAIPH is governed by a Board of Directors of 10 members, with the Executive Chairman of the Board also being the Director General of the Secretariat. The entity's main sources of funding are grants and in-kind donations from philanthropic foundations, NGOs and individuals.

ANNEX 2

**WHO REFORM: STATUS OF RESOLUTIONS AND DECISIONS ADOPTED BY THE
WHO REGIONAL COMMITTEE FOR AFRICA AND RECOMMENDATIONS FOR
SUNSETTING REPORTING REQUIREMENTS**

Report of the Secretariat

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BACKGROUND

1. In the context of its governance reform, the World Health Organization (WHO) is engaged in a global effort to improve the methods of work, efficiency, accountability, promotion and effectiveness of its governing bodies. One of the issues addressed by the reform is the difficulty in managing the growing number of items mandated by the governing bodies for inclusion in their meeting agendas. Measures have thus been taken to reduce the growing number of items on the meeting agendas in order to allow for more time for substantive discussions.⁶

2. In this regard, the 146th session of the WHO Executive Board adopted a number of measures to streamline reporting on resolutions and decisions mandated by the Executive Board and the World Health Assembly.⁷ Subsequently, the 148th session of the Executive Board recommended that the Health Assembly sunset reporting on 47 resolutions whose mandate has been completed or superseded by a new mandate on the same subject, and specify end dates for reporting on 10 resolutions with unspecified reporting requirements.⁸ The Seventy-fourth Health Assembly adopted the recommended decision.⁹ At regional level, the Regional Committees for the Americas¹⁰, Europe¹¹ and the Eastern Mediterranean Region¹² have reviewed their respective resolutions and adopted sunset criteria.

3. In the WHO African Region, the Regional Director committed to more streamlined reporting to Member States as part of the Transformation Agenda, 2015–2020.¹³ To this end, and in line with similar exercises undertaken in the other regions, the Regional Office for Africa conducted a review of the strategies, frameworks and technical documents adopted by the Regional Committee over the last 30 years, dating back to its Forty-second session. The objective was to identify all the resolutions and decisions issued by the Regional Committee during the considered period, assess the effectiveness of reporting on progress made by Member States in implementing them, and identify the resolutions and decisions that still require reporting. This was achieved by identifying the reporting requirements (or lack thereof) of strategies, frameworks and technical documents, comparing them against the related progress reports actually presented to the Regional Committee

⁶ WHO reform: Governance. Geneva: World Health Organization; 2021 (EB148/33);

https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_33-en.pdf, accessed 28 April 2022)

⁷ Decision EB146(21). WHO reform: governance. In: 146th session of the Executive Board, Geneva, 3-8 February 2020. Resolutions and decisions, annexes. Geneva: World Health Organization; 2020

(https://apps.who.int/gb/ebwha/pdf_files/EB146-REC1/B146_REC1-en.pdf#page=42, accessed 28 April 2022)

⁸ Decision EB148(9). WHO reform: governance. In: 148th session of the Executive Board, Geneva, 18-26 January 2021. Resolutions and decisions, annexes. Geneva: World Health Organization; 2021

(https://apps.who.int/gb/ebwha/pdf_files/EB148-REC1/B148_REC1-en.pdf#page=32, accessed 28 April 2022) WHO Reform Governance available at https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_33-en.pdf

⁹ Decision WHA74(17). WHO reform: governance. In: Seventy-fourth World Health Assembly, Geneva, 24 May-1 June 2021. Resolutions and decisions, annexes. Geneva: World Health Organization; 2021

(https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=94, accessed 28 April 2022)

¹⁰ Analysis of the Mandates of the Pan American Health Organization. Washington: 68th session of the WHO Regional Committee for the Americas; 2016 (CD55/18, Rev.1;

https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=35752&Itemid=270&lang=en, accessed 28 April 2022)

¹¹ A review of the status of recommendations adopted by the Regional Committee during the past 10 years (2013-2012) and recommendations for sunset and reporting requirements. Çeşme Izmir: 63rd session of the WHO Regional Committee for Europe; 2021 (EUR/RC63/17 Rev. 1,

http://www.euro.who.int/_data/assets/pdf_file/0007/215566/63wd17e-Rev-1_SunsettingResolutions.pdf?ua=1, accessed 28 April 2022)

¹² Review of implementation of regional committee resolutions 2000-2011. Cairo: 60th Session of the WHO Regional Committee for the Eastern Mediterranean; 2013 (Document EM/RC60/INF.DOC.8

http://applications.emro.who.int/docs/RC_Tech_paper_2013_inf_doc_8_14995_EN.pdf?ua=1, accessed 28 April 2022)

¹³ The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015-2020. Brazzaville: WHO Regional Office for Africa; 2015 (https://www.afro.who.int/sites/default/files/2018-03/Transformation_agenda_english.pdf, p. 4, accessed 28 April 2022)

and assessing the need for potential future reporting on the basis of past occurrences and current relevance.

4. The review indicated that since 1992 the Regional Committee has adopted over 165 resolutions and decisions on strategies, frameworks and technical documents on various subjects. The purpose of this document is to highlight the main issues and challenges related to reporting on resolutions and decisions as observed during the review, introduce sunset criteria and present proposals for streamlining reporting requirements.

ISSUES AND CHALLENGES

5. **Lack of specific end dates:** The review revealed that since its Forty-second session, the Regional Committee has adopted 135 strategies, frameworks and technical documents that have no deadlines for the achievement of targets and therefore no time-based end date for their implementation. Consequently, unless otherwise specified in any of the subsequent progress reports, the strategies or frameworks and technical documents remain in implementation phase awaiting completion, which, in some cases, can be indefinite, while the Regional Director for Africa is required to continue reporting to the Regional Committee on their implementation until their completion.

6. **Overlapping mandates:** In connection with the above issue, the review also revealed that the Regional Committee has adopted documents that cover the same subject matter, even when the implementation of an earlier document was still ongoing. This issue is especially prevalent in cases where the document lacks a specified end date for implementation, but it also highlights inconsistencies in the Secretariat's monitoring of past resolutions and decisions. This results in overlapping mandates on the same subject matter and the need to produce multiple reports on the same subject matter.

7. **Lack of specific reporting cycles:** The review documented 58 instances in which the Regional Committee adopted documents without specific reporting requirements, making reporting irregular and unpredictable.

8. **Non-adherence to reporting requirements:** Although some strategies, frameworks and technical documents have specific reporting requirements, these have not always been adhered to. In some cases, progress reports have not been provided to the Regional Committee for more than five years, and a number of documents have never been reported on. This is attributed to the limited capacity to monitor the implementation of mandates in a context of frequently shifting and thus competing priorities for Member States, and the consequent lack of reporting on data or progress in countries.

ACTIONS PROPOSED

9. To rectify the issues identified and to prevent a recurrence, the following actions are recommended:

Actions by the WHO Secretariat:

10. **Set clear reporting and end dates for all resolutions and decisions:** The Secretariat should ensure that all resolutions and decisions on strategies, frameworks and technical documents proposed by the Secretariat to the Regional Committee have clear reporting cycles as well as end dates, where appropriate. Where possible, the mid-term review should be clearly articulated. When

a resolution or decision is proposed by a Member State, the Secretariat should provide the same guidance to the drafters.

11. Adhere to the specified reporting requirements for strategies, frameworks and technical documents: All final progress reports to the Regional Committee should indicate whether reporting on the resolution or decision relating to a strategy, framework or technical document will be sunset or subsumed into reporting on a new mandate. Where appropriate, it is recommended that a resolution or decision on a strategy, framework or technical document be reported on through the most recent resolution or decision with a similar mandate even before its end date, provided that such action is specified in a progress report, which by that decision, would be the final one.

Actions by the Member States:

12. Sunset reporting on resolutions and decisions on strategies, frameworks and technical documents which were adopted before the Sixty-second session of the Regional Committee¹⁴ in 2012, on the understanding that the mandates have been completed or superseded by a new mandate on the same subject matter. Annex 1 contains the list of resolutions and decisions on strategies, frameworks and technical documents whose reporting is recommended for sunsetting.

13. Identify resolutions and decisions for which an exception to the above action should be made, in consideration of the specific nature or the specified implementation period of the related documents. A list of resolutions and decisions on strategies, frameworks and technical documents for which an exception should be considered is proposed in Annex 2.

14. Sunset reporting on resolutions and decisions on strategies, frameworks and technical documents adopted from the Sixty-second session of the Regional Committee in 2012 to the Seventy-second session of the Regional Committee in 2022 when reporting can be subsumed into future reports on a related subject matter. Annex 3 contains the list of resolutions and decisions on strategies, frameworks and technical documents whose reporting is recommended for sunsetting and/or subsumption into the reporting of mandates on a related subject matter.

15. Provide end dates for reporting on open-ended resolutions and decisions on strategies, frameworks and technical documents with no deadline for implementation, adopted from the Sixty-second session of the Regional Committee in 2012 to the Seventy-second session of the Regional Committee in 2022. Annex 4 lists resolutions and decisions on open-ended strategies, frameworks and technical documents with suggestions for reporting end dates. It is proposed that the time frame for implementation of each resolution or decision should be in line with the Thirteenth General Programme of Work, 2019–2025 (GPW 13) and with the 2030 Agenda for Sustainable Development. This will allow sufficient time for the implementation of the resolutions or decisions and for alignment with ongoing work at global level.

16. Provide clear reporting deadlines for resolutions and decisions on strategies, frameworks and technical documents with unspecified reporting requirements, adopted from the Sixty-second session of the Regional Committee in 2012 to the Seventy-second session of the Regional Committee in 2022. Annex 5 contains a list of resolutions and decisions on strategies, frameworks and technical documents with recommended reporting deadlines.

¹⁴ To provide a rational structure and allow for reasonable duration, the focus is on sunsetting resolutions and decisions that are over 10 years old.

ACTION BY THE PROGRAMME SUBCOMMITTEE

17. The Programme Subcommittee is invited to note the report and to consider recommending the following draft decision for adoption by the Regional Committee:

The Regional Committee for Africa, having examined and noted the report of the Secretariat titled *WHO reform: status of resolutions and decisions adopted by the WHO Regional Committee for Africa and recommendations for sunseting reporting requirements*, decided:

- (a) to sunset reporting on resolutions and decisions relating to strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee, as contained in Annex 1, on the understanding that the mandates have been completed or superseded by a new mandate on the same subject matter;
- (b) to maintain reporting on strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee, as contained in Annex 2;
- (c) to sunset reporting on resolutions and decisions relating to strategies, frameworks and technical documents adopted from the Sixty-second session to the Seventy-second session of the Regional Committee as contained in Annex 3, on the understanding that the subject matter will be systematically subsumed into future reports on a related subject matter;
- (d) to set the end dates for reporting on the strategies, frameworks and technical documents listed in Annex 4;
- (e) to set the reporting deadlines for the strategies, frameworks and technical documents listed in Annex 5.

Sub-annex 1. List of resolutions and decisions on strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee,¹⁵ for which reporting is recommended for sunseting

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
2010	60th session	AFR/RC60/3 AFR/RC60/R1	A strategy for addressing the key determinants of health in the African Region	Not specified	To report to the Sixty-second session of the Regional Committee (2012) on the progress made in the implementation of this resolution	65th session
2010	60th session	AFR/RC60/4 AFR/RC60/R2	Reduction of the harmful use of alcohol: A strategy for the WHO African Region	Not specified	To report on progress made in the implementation of the regional strategy to the Regional Committee every two years and at regional or international forums as appropriate.	Never reported
2010	60th session	AFR/RC60/5 AFR/RC60/R3	EHealth solutions in the African Region: The current context and perspectives	Not specified	To report to the Sixty-second Session of the Regional Committee, and thereafter every other year, on the progress being made	63 rd session
2010	60th session	AFR/RC60/6	Cancer of the cervix in the African Region: Current situation and way forward	Not specified	No reporting requirements	Never reported
2010	60th session	AFR/RC60/7	Health systems strengthening: Improving district health service delivery, and community ownership and participation	Not specified	No reporting requirements	Never reported
2010	60th session	AFR/RC60/9	Recurring epidemics in the WHO African Region: Situation analysis, preparedness and response	Not specified	No reporting requirements	Never reported
2010	60th session	AFR/RC60/11	Emergency preparedness and response in the African Region: Current situation and way forward	Not specified	No reporting requirements	Never reported

¹⁵ To provide a streamlined structure and allow for a reasonable duration, the focus is on sunseting resolutions and decisions that are over 10 years old.

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
009	59th session	AFR/RC59/4	Framework for the implementation of the Ouagadougou Declaration on primary health care and health systems in Africa: Achieving better health for Africa in the new millennium	Not specified	No reporting requirements	Never reported
2009	59th session	AFR/RC59/5	Framework for the implementation of the Algiers Declaration on research for health in the African Region	Not specified	No reporting requirements	Never reported
2009	59th session	AFR/RC59/8 AFR/RC59/R2	Drug resistance related to AIDS, tuberculosis and malaria: Issues, challenges and the way forward	Not specified	To monitor and report to the Sixty-first session of the Regional Committee and thereafter every year on progress in implementing interventions for prevention and control of AIDS, tuberculosis and malaria drug resistance.	60th session
2009	59th session	AFR/RC59/9 AFR/RC59/R3	Accelerated malaria control: Towards elimination in the African Region	Not specified	To report to the Sixty-first session of the Regional Committee, and thereafter every other year, on the progress made in the implementation of accelerated malaria control in the African Region	61st session
2009	59th session	AFR/RC59/10	Tackling neglected tropical diseases in the African Region	Not specified	Not specified	Never reported
2009	59th session	AFR/RC59/11 AFR/RC59/R4	Policy orientations on the establishment of centres of excellence for disease surveillance, public health laboratories, food and medicines	Not specified	To report to the Sixty-first Regional Committee, and every other year thereafter, on the progress made in the establishment of centres of excellence for disease surveillance,	Never reported

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
			regulation: Report of the Regional Director		public health laboratories, and food and medicines regulation.	
2009	59th session	AFR/RC59/12 AFR/RC59/R5	Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic	Not specified	To report to the Sixtieth Regional Committee, and on a regular basis thereafter, on the progress being made	Never reported
2009	59th session	AFR/RC59/R7	Call for intensified action for HIV prevention and tuberculosis/HIV co-infection control in the African Region	Not specified	To monitor progress in implementing this resolution and report thereon to the Regional Committee every two years	Never reported
2008	58th session	AFR/RC58/5 AFR/RC58/R1	Women's health in the WHO African Region: A call for action	Not specified	To establish a monitoring and evaluation mechanism in collaboration with the African Union and regional economic communities	63rd session
2008	58th session	AFR/RC58/6 AFR/RC58/R2	Strengthening public health laboratories in the WHO African Region: A critical need for disease control	Not specified	To report to the Regional Committee at its Sixty-first session (in 2011) on the progress in implementing this resolution	Never reported
2008	58th session	AFR/RC58/7	Iodine deficiency disorders in the WHO African Region: Situation analysis and way forward	Not specified	No reporting requirements	Never reported
2008	58th session	AFR/RC58/8	Patient safety in African health services: Issues and solutions	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/3 AFR/RC57/R1	Resurgence of cholera in the WHO African Region: Current situation and way forward	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/4 AFR/RC57/R2	Food safety and health: A strategy for the WHO African Region	Not specified	To report to the Regional Committee for Africa every two years	Never reported

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
2007	57th session	AFR/RC57/5 AFR/RC57/R3	Onchocerciasis control in the WHO African Region: Current situation and way forward	Not specified	To report to the Regional Committee in 2008 and every two years thereafter on progress made towards the elimination of river blindness in Africa	Never reported
2007	57th session	AFR/RC57/R4	Diabetes prevention and control: A strategy for the WHO African Region	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/8	Health systems strengthening in the African Region	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/9	Development of human resources for health in the WHO African Region: current situation and way forward	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/10	Tuberculosis and HIV/AIDS: A strategy for the control of a dual epidemic in the WHO African Region	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/RC57/13	Key social determinants of health: A call for intersectoral action to improve health status in the WHO African Region	Not specified	No reporting requirements	Never reported
2007	57th session	AFR/R57/14	Harmful use of alcohol in the WHO African Region: Situation analysis and perspectives	Not specified	WHO should prepare a regional strategy to address the harmful use of alcohol in the African Region to be presented at the Fifty-ninth session of the WHO Regional Committee for Africa in 2009.	58th session
2006	56th session	AFR/RC56/9 AFR/RC56/R4	Poverty, trade and health: An emerging health development issue	Not specified	To report to the Regional Committee every two years on progress made in implementing this resolution	60th session, 62nd session, 64th session

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
2006	56th session	AFR/RC56/10 AFR/RC56/R5	Health financing: A strategy for the African Region	Not specified	To report on implementation of the strategy every two years	Never reported
2006	56th session	AFR/RC56/11	Medicines regulatory authorities: Current status and the way forward	Not specified	No requirements	Never reported
2006	56th session	AFR/RC56/12 AFR/RC56/R6	Revitalizing health services using the primary health care approach in the African Region	Not specified	To report to the Regional Committee on performance of district health services in all countries of the Region every three years	Never reported
2006	56th session	AFR/RC56/14	Health research: Agenda for the WHO African Region	Not specified	No reporting requirements	Never reported
2006	56th session	AFR/RC56/15 AFR/RC56/R7	Avian influenza: Preparedness and response to the threat of a pandemic	Not specified	To report annually to the Regional Committee on progress in the implementation of this resolution	Never reported
2006	56th session	AFR/RC56/16 AFR/RC56/R8	Knowledge management in the WHO African Region: Strategic directions	Not specified	To report every other year to the Regional Committee on progress in the implementation of this resolution	Never reported
2006	56th session	AFR/RC56/17	Sickle cell disease in the African Region: Current situation and the way forward	Not specified	No requirements	Never reported
2004	54th session	AFR/RC54/12 Rev.1 AFR/RC54/R3	Priority interventions for strengthening national health information systems	Not specified	To report to the Regional Committee every two years	Never reported
2004	54th session	AFR/RC54/13 Rev.1 AFR/RC54/R4	Occupational health and safety in the African Region: Situation analysis and perspectives	Not specified	To report to the Fifty-sixth session of the Regional Committee and, every two years thereafter	Never reported
2004	54th session	AFR/RC54/15 Rev.1 AFR/RC54/R6	Child sexual abuse: A silent health emergency	Not specified	To report on progress during the Fifty-sixth session of the Regional	Never reported

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
					Committee, and every two years thereafter	
2003	53rd session	AFR/RC53/8 Rev. 1 AFR/RC53/R1	Macroeconomics and health: The way forward in the African Region	Not specified	To report to the Fifty-sixth session of the Regional Committee in 2006	55th session
2003	53rd session	AFR/RC53/9 Rev.1 AFR/RC53/R2	Strengthening the role of hospitals in national health systems	Not specified	To report on progress made in the implementation of this resolution to the Fifty-sixth session of the Regional Committee in 2006	Never reported
2003	53rd session	AFR/RC53/10 Rev.1 AFR/RC53/R3	Injury prevention and control in the African Region: Current situation and agenda for action	Not specified	To report to the Fifty-seventh session	Never reported
2003	53rd session	AFR/RC53/11 Rev. 1 AFR/RC53/R4	Women's health: A strategy for the African Region	Not specified	To report to the fifty-sixth session of the Regional Committee and every three years thereafter	58th session
2003	53rd session	AFR/RC53/12 AFR/RC53/R5	Food safety and health: Situation analysis and perspectives	Not specified	To report to the Regional Committee at its Fifty-fifth session, in 2005	55th session 57th session
2003	53rd session	AFR/RC53/13 Rev. 1 AFR/RC53/R6	Scaling up interventions against HIV/AIDS, tuberculosis and malaria	Not specified	Every year	55th session
2001	51st session	AFR/RC51/10 Rev.1 AFR/RC51/R3	Adolescent health: A strategy for the African Region	Not specified	To report to the Regional Committee in 2003 on progress made in implementing adolescent health programmes at national and regional levels	53rd session
2001	51st session	AFR/RC51/12 Rev. 1 AFR/RC51/R4	Health promotion: A strategy for the African Region	Not specified	To report on progress made in the implementation of the regional strategy to the Fifty-fourth session	61st session

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
					of the Regional Committee in 2004, and thereafter, every two years	
2000	50th session	AFR/RC50/R1	Health-for-all policy for the 21st century in the African Region: Agenda 2020	By 2020	To report to the Fifty-third session of the Regional Committee and every three years thereafter	53rd session
2000	50th session	AFR/RC50/R3	Promoting the role of traditional medicine in health systems: A strategy for the African Region	Not specified	To submit to the Fifty-second session of the Regional Committee a report on progress made	52nd session, 61st session
2000	50th session	AFR/RC50/R4	Noncommunicable diseases: A strategy for the African Region	Not specified	To report to the Fifty-third session of the Regional Committee, in the year 2003	53rd session
2000	50th session	AFR/RC50/R5	HIV/AIDS strategy in the African Region: A framework for implementation	Not specified	"...to report to the 52nd session of the Regional Committee on progress made in the implementation of the regional HIV/AIDS strategy"	52nd session
2000	50th session	AFR/RC50/12 AFR/RC50/R6	Roll Back Malaria in the African region: A framework for implementation	2000–2030	To report to the Fifty-second session of the Regional Committee on the progress made	52nd session, 55th session
1999	49th session	AFR/RC49/R2	Health sector reform in the WHO African Region: Status of implementation and perspectives	Not specified	To report to the Fifty second session of the Regional Committee on the progress achieved in the implementation of health sector reforms in Member States and the added value of the implementation of the health components of the UN special initiative on Africa	Never reported
1999	49th session	AFR/RC49/R3	Regional strategy for mental health	Not specified	To report to the Fifty-first session of the Regional Committee on the progress made in the	Never reported

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
					implementation of the regional strategy for mental health	
1999	49th session	AFR/RC49/R5	Essential drugs in the WHO African Region: Situation and trend analysis	Not specified	To report to the Fifty-first session of the Regional Committee on the progress made in the implementation of the Intensified Essential Drug Programme	55th session
1999	49th session	AFR/RC49/R6	Review of the implementation of the Bamako Initiative ¹⁶	Not specified	No reporting requirements	Never reported
1998	48th session	AFR/RC48/R3	Regional strategy for the development of human resources for health	Not specified	To report to the Committee every other year	52nd session
1998	48th session	AFR/RC48/R5	Oral health in the WHO African Region: A regional strategy	Not specified	Report to the Fiftieth session of Regional Committee on the progress made in the implementation of the strategy	Never reported
1997	47th session	AFR/RC47/R1 AFR/RC47/7	Regional strategy for emergency and humanitarian action	Not specified	To report annually to the Regional Committee	54th session
1997	47th session	AFR/RC47/R4	Promotion of the participation of women in health development	Not specified	To assess periodically the progress made in this regard	54th session
1997	47th session	AFR/RC47/R6	Tobacco control	Not specified	To report to the Forty-ninth session of the Regional Committee on progress made	Never reported
1996	46th session	AFR/RC46/R2 AFR/RC46/8	Strategy on HIV/AIDS/STD prevention and control in the African Region	Not specified	To report to the Forty-seventh session of the Regional Committee	Never reported

¹⁶ Although the mandate of the Bamako Initiative is still valid, reporting on this resolution is recommended for sunseting on the understanding that reporting is done on resolutions and decisions relating to strategies, frameworks and technical documents that stem from/implement the Bamako Initiative.

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
					on the progress achieved in the implementation of this resolution	
1995	45th session	AFR/RC45/6	Tobacco or health in the African Region	Not specified	No reporting requirements	47th session
1995	45th session	AFR/RC45/R1	HIV/AIDS/STD: Prevention and control in the African Region	Not specified	No reporting requirements	46th session
1995	45th session	AFR/RC45/R3 AFR/RC45/16 Rev. 1	Strategies for improving the quality of care in health care institutions in the African Region	Not specified	To report on the progress made in the implementation of this resolution to the Forty-seventh session of Regional committee	Never reported
1995	45th session	AFR/RC45/R4 AFR/RC45/11	Regional programme on malaria control	Not specified	No reporting requirements	52nd session
1995	45th session	AFR/RC45/R5 AFR/RC45/12	Expanded Programme on Immunization: Diseases control goals: the countdown has started	Not specified	To report to the Forty-sixth session of the Regional Committee the progress achieved.	52nd session
1995	45th session	AFR/RC45/R6 AFR/RC45/15	Disability prevention and rehabilitation: Regional situation analysis and future trends	Not specified	To report to the Forty-seventh session of the Regional Committee on the progress achieved in this programme	Never reported
1995	45th session	AFR/RC45/14 AFR/RC45/R7	Health of the youth and adolescents: Situation report and trend analysis	Not specified	To report to the Forty-eighth session of the Regional Committee on the improvements achieved in the health of youth and adolescents	Never reported
1995	45th session	AFR/RC45/13 AFR/RC45/R8	Eradication of dracunculiasis	1995 target, but not achieved	To submit a progress report on dracunculiasis eradication in the Region to the Forty-sixth session of the Regional Committee	Never reported

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
1994	44th session	AFR/RC44/R5 Rev. 1	Elimination of leprosy in the African Region	Not specified	Report regularly to the Regional Committee	Never reported
1994	44th session	AFR/RC44/R6	Regional programme for tuberculosis	Not specified	Report regularly to the Regional Committee	53rd session
1994	44th session	AFR/RC44/R7	Expanded Programme on Immunization, eradication of poliomyelitis and elimination of neonatal tetanus	Not specified	Report on progress	45th session
1994	44th session	AFR/RC44/R8	Eradication of dracunculiasis	Not specified	Submit to the Regional Committee at its Forty-fifth meeting a progress report on the activities in the affected countries	45 th session
1994	44th session	AFR/RC44/R9 Rev.1	Control programme of acute respiratory infections: Achievements	Not specified	Report to the Forty-sixth session of the Regional Committee	Never reported
1994	44th session	AFR/RC44/R10	Nutrition situation in Africa	Not specified	Report to the Forty-ninth Regional Committee	Never reported
1994	44th session	AFR/RC44/R11	Regional strategy for the accelerated reduction of maternal and neonatal mortality in the African Region	Not specified	To report on the progress made in the area of safe motherhood during the Forty-sixth session of Regional committee	Never reported
1994	44th session	AFR/RC44/R12	AIDS control: Current status of AIDS control activities in the African Region	Not specified	Submit a progress report on the implementation of this resolution to the Regional committee at its Forty-fifth session	45th session
1994	44th session	AFR/RC44/R13 Rev.1	Oral health in the African Region: Present situation and minimum action for improvement	Not specified	To report to the Forty-seventh session	48th session

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
1994	44th session	AFR/RC44/14	Accelerating the development of mental health in the African Region	Not specified	Report to the Forty-seventh session	Never reported
1994	44th session	AFR/RC44/R15	Selection and development of health technologies at district level	Not specified	No reporting requirements	Never reported
1994	44th session	AFR/RC44/R16	Establishment of an African Group for Humanitarian Action	Not specified	Report to the Forty-fifth session	Never reported
1994	44th session	AFR/RC44/R17	Special programme of cooperation with the Republic of Rwanda	Not specified	Report to the Forty-fifth session	Never reported
1993	43rd session	AFR/RC43/R2	Report on environmental sanitation in the African Region: Trend analysis	Not specified	To submit a progress report on implementation of this resolution to the Regional Committee at its Forty-sixth session	Never reported
1993	43rd session	AFR/RC43/R3	Prevention and control of AIDS in the African Region: Meeting the challenge of the AIDS epidemic	Not specified	To submit a progress report on implementation of this resolution to the Regional Committee at its Forty-sixth session	44th session
1993	43rd session	AFR/RC43/R4	Community-based measures for control and prevention of cardiovascular diseases for the 1990s	Not specified	Report regularly	55th session
1993	43rd session	AFR/RC43/R5	Regional programme for Malaria control	Not specified	Keep Member States informed of progress	45th session
1993	43rd session	AFR/RC43/R6	Women, health and development	Not specified	Report to the Forty-fifth session	53rd session
1993	43rd session	AFR/RC43/R7	Epidemiological surveillance of communicable diseases at the district level	Not specified	Report to the Forty-sixth session	48th session

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
1993	43rd session	AFR/RC43/R8	Expanded Programme on Immunization: Priority interventions for programme acceleration	Not specified	Report annually	44th session
1993	43rd session	AFR/RC43/R9	Eradication of dracunculiasis	Not specified	Report on the state of these activities at the Forty-fourth session	44th session
1993	43rd session	AFR/RC43/11	Extending the role of nursing/midwifery personnel in the epidemiological surveillance of diseases	Not specified	No reporting requirements	Never reported
1993	43rd session	AFR/RC43/15	Local production of essential drugs in countries of the African Region	Not specified	No reporting requirements	49th session
1993	43rd session	AFR/RC43/17	Development of national health information systems	Not specified	No reporting requirements	54th session
1992	42nd session	AFR/RC42/R3	Vaccine procurement	Not specified	To report to the Regional Committee on the progress achieved in the implementation of this resolution	Never reported
1992	42nd session	AFR/RC42/R4	Expanded Programme on Immunization: Regional strategies for eliminating neonatal tetanus and for eradicating poliomyelitis	By 2000	To present annually a progress report to the Regional Committee	43rd session
1992	42nd session	AFR/RC42/R5	AIDS prevention and control programme	Not specified	Submit a report to the Forty-third session of the Regional Committee on the AIDS situation in the Region and on the implementation of this resolution	43rd session

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on
1992	42nd session	AFR/RC42/R6	Reorientation and restructuring of hospitals based on primary health care in Africa	Not specified	To report on progress made to the Forty-third session of the Regional Committee	Never reported
1992	42nd session	AFR/RC42/R8	Regional programme for malaria control: Progress and prospects for the 1990s	Not specified	To submit to the forty-third session of Regional Committee a progress report on malaria control programmes in the Region	43rd session
1992	42nd session	AFR/RC42/R9	Regional programme for tuberculosis and leprosy control	Not specified	Regular basis	44th session
1992	42nd session	AFR/RC42/R10	Programme on the control of diarrhoeal diseases	Not specified	To keep Member States and the Regional Committee apprised of the progress made in the implementation of the programme on the control of diarrhoeal diseases	Never reported
1992	42nd session	AFR/RC42/R11	Emergency preparedness and response and humanitarian assistance in the African Region	Not specified	No reporting requirements	47th session
1992	42nd session	AFR/R42/R13	General mobilization for community health in Africa	Not specified	To report to the Regional Committee at its Forty-third session	No reporting

Sub-annex 2. List of resolutions and decisions on strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee on which the Regional Committee will continue reporting

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on	Reason for continuing reporting	Proposed reporting deadlines
2011	61st session	AFR/RC61/4 AFR/RC61/R3	Framework Document for the African Public Health Emergency Fund	Not specified	To report to the Sixty-second session of the Regional Committee for Africa, and on a regular basis thereafter	62nd session 63rd session 64th session 65th session 66th session 67th session	Since the Fund is still active, reporting should continue	To the 75 th session and every three years thereafter, until the Fund undertakes regular activities

Sub-annex 3. List of resolutions and decisions on strategies, frameworks and technical documents adopted from the Sixty-second session to the Seventy-second session of the Regional Committee on which reporting is proposed for sunseting and/or subsumption into the reporting of mandates on a related subject matter

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on	Reason for sunseting reporting
2019	69th session	AFR/RC69/9	Framework for the implementation of the global vector control response in the WHO African Region	2017–2030	Every two years	72nd session	Mandate subsumed into Framework for the control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030 (AFR/RC72/7)
2017	67th session	AFR/RC67/8	Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017–2026 in the African Region	2017–2026	No reporting requirements	Never reported	Reporting proposed to be subsumed into reporting on the Framework for the control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030 (AFR/RC72/7)
2016	66th session	AFR/RC66/7	Health in the 2030 Agenda for Sustainable Development	2030	Continue monitoring and reporting on the Region's progress towards the health-related targets.	Never reported	Reporting proposed to be subsumed into reporting on the Framework for health systems development towards universal health coverage in the context of the Sustainable

Year of adoption	Regional Committee session	Document reference	Title	Timeline	Reporting requirements	Regional Committee sessions at which the document has been reported on	Reason for sunsetting reporting
							Development Goals in the African Region (Document AFR/RC67/10)
2013	63rd session	AFR/RC63/8	Addressing the challenge of women's health in Africa: Report of the Commission on Women's Health in the African Region	Not specified	Yearly until 2015 and thereafter, every two years	65th session 68th session	As the Commission is no longer active, it is proposed that reporting on women's health be subsumed into reporting on the Global strategy on women's, children's and adolescents' health 2016–2030

Sub-annex 4. List of open-ended strategies, frameworks and technical documents adopted from the Sixty-second session to the Seventy-second session of the Regional Committee and proposed end dates

Year of adoption	Regional Committee session	Document reference	Title	Reporting requirements	Regional Committee sessions at which the document has been reported on	Proposed end date for reporting
2018	68th session	AFR/RC68/10	Ensuring sustainable financing for universal health coverage in Africa in the midst of changing global and local economic factors	Not specified (<i>proposal in Annex 5</i>)	Never reported	2028, after 10 years of implementation
2017	67th session	AFR/RC67/9	Reducing health inequities through intersectoral action on the social determinants of health	Not specified (<i>Proposal in Annex 5</i>)	72nd session	2027, after 10 years of implementation
2012	62nd session	AFR/RC62/R6	Health and human rights: Current situation and way forward in the African Region.	To report to the Sixty-fifth session of the Regional Committee and thereafter	66th session	2025, to align with GPW 13

Sub-annex 5. List of strategies, frameworks and technical documents without reporting requirements adopted from the Sixty-second session to the Seventy-first session of the Regional Committee and proposed reporting deadlines

Year of adoption	Regional Committee session	Document number	Title	Timeline	Regional Committee sessions at which the document has been reported on	Proposed Regional Committee sessions at which the document should be reported on
2018	68th session	AFR/RC68/7	Regional framework for the implementation of the global Strategy for cholera prevention and control	2018–2030	71st session	74th session (2024) 77th session (2027) 80th session (2030)
2018	68th session	AFR/RC68/10	Ensuring sustainable financing for universal health coverage in Africa in the midst of changing global and local economic factors	Not specified (<i>proposal in Annex 4</i>)	Never reported	74th session (2024) 78th session (2028)
2017	67th session	AFR/RC67/10	Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region	2017–2030	71st session	75th session (2025) 80th session (2030)
2017	67th session	AFR/RC67/9	Reducing health inequities through intersectoral action on the social determinants of health	Not specified (<i>proposal in Annex 4</i>)	72nd session	77th session (2027)
2017	67th session	AFR/RC67/11	The African Regional Framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030	2017–2030	72nd session	76th session (2026) 80th session (2030)
2017	67th session	AFR/RC67/12	Regional framework for integrating essential NCD services in primary health care	2017–2030	71st session	76th session (2026) 80th session (2030)
2016	66th session	AFR/RC66/9	Global strategy for Women's, Children's and Adolescents' Health 2016–2030: Implementation in the African Region	2016–2030	72nd session	76th session (2026) 80th session (2030)
2016	66th session	AFR/RC66/R2	Regional strategy on regulation of medical products in the African Region 2016–2025	2016–2025	71st session	76th session (2026)