

SIXTY-FOURTH SESSION

of the

WHO REGIONAL COMMITTEE FOR AFRICA

Cotonou, Republic of Benin, 3–7 November 2014



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of the
**WHO REGIONAL COMMITTEE FOR
AFRICA**

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FINAL REPORT

WORLD HEALTH ORGANIZATION
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ABBREVIATIONS

AfDB	African Development Bank
AUC	African Union Commission
APHEF	African Public Health Emergency Fund
DFC	Direct Financial Cooperation
CCS	Country Cooperation Strategy
EVD	Ebola Virus Disease
GAVI	Global Alliance for Vaccines and Immunization
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HRM	Human resources for health
MCV	Measles-containing vaccine
MDG	Millennium Development Goal
NCDs	Noncommunicable diseases
NSA	non-State actors
PSC	Programme Subcommittee
RECs	Regional Economic Communities
SO	Strategic Objective
TB	Tuberculosis
UNMEER	United Nations Mission for Ebola Emergency Response
WHA	World Health Assembly
WHO	World Health Organization



Front view of the *Palais des Congrès, Cotonou*



Group photograph taken shortly after the opening ceremony

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

The Regional Committee appointed a Subcommittee on Nominations consisting of the representatives of the following 12 Member States: Eritrea, Gabon, Gambia, Lesotho, Mauritius, Mozambique, Nigeria, Rwanda, Sierra Leone, South Sudan, Zambia and Zimbabwe.

The following members of the Subcommittee on Nominations met on 3 November 2014: Eritrea, Gabon, Gambia, Lesotho, Mauritius, Mozambique, Nigeria, Rwanda, Sierra Leone, South Sudan and Zimbabwe.

The Subcommittee elected Honourable Dr Khaliru Alhassan, Minister of State for Health, Nigeria, as its Chairperson.

First meeting, 3 November 2014

Decision 2: Election of the Chairperson and the Rapporteurs of the Sixty-fourth session of the Regional Committee

After considering the report of the Subcommittee on Nominations, and in accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and Resolution AFR/RC23/R1, the Regional Committee unanimously elected the following officers for its plenary sessions:

Chairperson:	Prof. Awa M. Coll-Seck, Minister of Health and Social Action, Senegal
Rapporteurs:	Dr Khadijah Kassachoon Principal Secretary of the Ministry of Health, Kenya (English)
	Mr Mano Aghali Minister of Public Health, Niger (French)
	Mrs Maria Tomé Ferreira d'Araújo Minister of Health and Social Welfare, Sao Tome and Principe (Portuguese)

Second meeting, 4 November 2014

Decision 3: Election of the Vice-Chairpersons of the Sixty-fourth session of the Regional Committee

The Subcommittee on Nominations had an extraordinary session attended by the following Member States: Eritrea, Gabon, Gambia, Lesotho, Mauritius, Mozambique, Nigeria, Rwanda, Sierra Leone, South Sudan and Zimbabwe to propose the Vice-Chairpersons of the Sixty-fourth session of the Regional Committee.

In accordance with Rule 13 of the Rules of Procedure, the Committee decided as follows:

First Vice-Chairperson: Dr David Parirenyatwa,
Minister of Health and Child Care,
Zimbabwe

Second Vice-Chairperson: Mr André Mama Fouda,
Minister of Public Health,
Cameroon

Third meeting, 4 November 2014

Decision 4: Composition of the Subcommittee on Credentials

The Regional Committee appointed representatives of the following seven countries as members of the Subcommittee on Credentials: Central African Republic, Chad, Comoros, Ethiopia, Ghana, Mali, and Sao Tome and Principe.

The Subcommittee on Credentials met on 3 November 2014 and elected His Excellency Mr Ousmane Kone, Head of Delegation of Mali, as its Chairperson.

Decision 5: Examination and Validation of Credentials

The Subcommittee examined and validated the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tomé and Principe, Senegal, Sierra Leone, South Africa, South Sudan, Seychelles, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe, and found them to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa.

The Subcommittee reconvened on 4 November and validated the credentials of the following countries: Burkina Faso and Burundi, Equatorial Guinea, Eritrea, Liberia and Madagascar.

Credentials presented by Guinea-Bissau on 5 November were validated in a plenary session of the Regional Committee. This brought to 46 the number of countries whose credentials were received and approved.

The following Member State was not present at the Regional Committee: Malawi.

Fourth meeting, 4 November 2014

Decision 6: Nomination of the Regional Director

The Regional Committee by its Resolution AFR/RC64/R1 nominated Dr Matshidiso Moeti as WHO Regional Director for Africa.

The Regional Committee requested the Director-General to propose to the Executive Board the appointment of Dr Matshidiso Moeti for a five-year term with effect from 1 February 2015.

Fifth meeting, 5 November 2014

Decision 7: Expression of appreciation to Dr Luis Gomes Sambo

The Regional Committee by its Resolution AFR/RC64/R2, recognizing Dr Luis G. Sambo's contribution and devotion to international health and his achievements during his tenure as Regional Director for Africa for the past ten years, thanked him for his dedicated leadership and invaluable contribution to health development in the African Region and decided that he be made Regional Director Emeritus.

Fifth meeting, 5 November 2014

Decision 8: Replacement of some members of the Programme Subcommittee

The term of office on the Programme Subcommittee of the following countries will expire at the closure of the Sixty-fourth session of the Regional Committee: Algeria, Angola, Central African Republic, Chad, Togo and Zimbabwe.

The following countries will replace them: Democratic Republic of Congo, Equatorial Guinea, Ghana, Guinea, Mauritius and Mozambique. These countries will thus join Benin, Botswana, Burkina Faso, Cape Verde, Comoros, Congo, Côte d'Ivoire, Lesotho, Madagascar and Rwanda whose term of office ends in 2015.

Sixth meeting, 5 November 2014

Decision 9: Provisional agenda, dates and place of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session

The Regional Committee decided to hold its Sixty-fifth session from 31 August to 4 September 2015 and approved the draft provisional agenda of the Sixty-fifth session (refer to Annex 4). The Regional Committee also considered the offer by the Federal Democratic Republic of Ethiopia to host the Sixty-sixth session of the Regional Committee in Addis Ababa and decided that its Sixty-sixth session will be held in the Federal Democratic Republic of Ethiopia.

Sixth meeting, 5 November 2014

Decision 10: Designation of Member States of the African Region to serve on the Executive Board

The Regional Committee designated the Republic of Congo to replace Chad in serving on the Executive Board starting with the one-hundred-and-thirty-seventh session in May 2015, immediately after the Sixty-eighth World Health Assembly. Congo will thus join Democratic Republic of Congo, Eritrea, Gambia, Liberia, Namibia and South Africa.

The term of office of Chad on the Executive Board will end with the closing of the Sixty-eighth World Health Assembly.

The Fifty-first World Health Assembly by resolution WHA51.26 decided that persons designated to serve on the Executive Board should be government representatives technically qualified in the field of health.

Sixth meeting, 5 November 2014

Decision 11: Method of work and duration of the Sixty-eighth World Health Assembly

Vice-President of the World Health Assembly

1. The Chairperson of the Sixty-fourth session of the Regional Committee for Africa will be designated as Vice-President of the Sixty-eighth World Health Assembly to be held in May 2015.

Main committees of the World Health Assembly

2. The Director-General, in consultation with the Regional Director, will consider before the Sixty-eighth World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:
 - Vice-Chairman of Committee A;
 - Rapporteurs of the Main Committees.

3. Based on the English alphabetical order and subregional geographical grouping the following Member States have been designated to serve on the General Committee: Burkina Faso, Ghana, Burundi, Comoros and South Sudan.
4. On the same basis, the following Member States have been designated to serve on the Credentials Committee: Gabon, Lesotho and Guinea-Bissau.

Sixth meeting, 5 November 2014

Meeting of the Delegations of Member States of the African Region in Geneva

5. The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 16 May 2015, at 09:30, at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-fourth session and discuss agenda items of the Sixty-eighth World Health Assembly of specific interest to the African Region.
6. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*.

Sixth meeting, 5 November 2014

Decision 12: Nomination of representatives to serve on the Special Programme of Research Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)

The term of office of Lesotho and Liberia on the HRP's Policy and Coordination Committee (PCC) under Category 2 will come to an end on 31 December 2014. Lesotho and Liberia will be replaced by Mali and Mauritania for a period of three (3) years with effect from 1 January 2015. Mali and Mauritania will thus join Madagascar and Malawi on the PCC.

Sixth meeting, 5 November 2014

Decision 13: Nomination of representatives to serve on the Special Programme for Research and Training in Tropical Diseases (TDR), Membership of the Joint Coordinating Board (JCB)

The term of office of Côte d'Ivoire on the TDR's Joint Coordinating Board (JCB) will come to an end on 31 December 2014. Côte d'Ivoire will be replaced by Comoros for a period of one (1) year with effect from 1 January 2015.

Ninth meeting, 7 November 2014

RESOLUTIONS

AFR/RC64/R1: Nomination of the Regional Director

The Regional Committee,

Considering Article 52 of the WHO Constitution; and

In accordance with Rule 52 of the Rules of Procedure of the Regional Committee for Africa,

1. NOMINATES Dr Matshidiso Rebecca Moeti as WHO Regional Director for Africa, and;
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Matshidiso Rebecca Moeti for a five-year term with effect from 1 February 2015.

AFR/RC64/R2: Expression of Appreciation to Dr Luis Gomes Sambo

The Regional Committee,

Appreciating the commitment of Dr Luis Gomes Sambo to international health and his contributions and achievements during his tenure as Regional Director for Africa for 10 years;

1. THANKS Dr Luis Gomes Sambo for his dedicated leadership and invaluable contribution to health development in the African Region;
2. DECIDES that, in view of his immense contribution, he be made Regional Director Emeritus.

AFR/RC64/R3: Progress towards the Achievement of the Health-Related Millennium Development Goals in the African Region

The Regional Committee,

Having considered Document AFR/RC64/4: "Progress towards the achievement of the health-related Millennium Development Goals in the African Region";

Recognizing that countries in the African Region have made some progress over the past 10 years, but that one year away from the cut-off date, most countries are unlikely to achieve all the health-related MDGs;

Aware that progress is still possible if countries overcome the challenges and constraints of strengthening health systems, rapidly scaling up effective interventions, improving coordination, financial mobilization and management, and addressing health-related inequities;

Building upon the numerous global and regional opportunities in maternal, newborn and child health; AIDS, tuberculosis and malaria; social determinants of health; and better harmonization of international partnerships through "Harmonization for Health in Africa" and such other mechanisms;

1. ENDORSES Document AFR/RC64/4: "Progress towards the achievement of the health-related Millennium Development Goals in the African Region";

2. URGES Member States:

- (a) to strengthen coordination mechanisms through strong leadership and good governance, and translate the commitments made into concrete actions;
- (b) to commit substantial financial and other resources and prioritize and reprogramme internal and external resources more efficiently, focusing on areas where progress has been limited, in order to accelerate progress and, for countries on track, to build on the gains already made to achieve and sustain the health-related MDGs;
- (c) to scale up interventions to attain the necessary reductions in maternal mortality and under-five mortality, increase efforts and funding to accelerate the reduction of the burden of HIV/AIDS, malaria and tuberculosis, and address major health and environmental priorities such as the provision of safe drinking water and sanitation;
- (d) to put in place the necessary structures and processes to move towards the post-2015 development agenda, which includes Universal Health Coverage and the unfinished business of MDGs;
- (e) to improve the availability and quality of information to monitor and evaluate progress towards achieving the health MDGs and support effective planning for the post-2015 development agenda;

3. URGES international partners to improve the predictability and harmonization of resource allocation to country priorities, as set forth in the Paris Declaration on aid effectiveness;

4. REQUESTS the Regional Director:
 - (a) to advocate for and facilitate the coordination of partners' action for adequate resource mobilization and efficient technical cooperation;
 - (b) to support Member States in monitoring progress on the health MDGs and in documenting and sharing best practices;
 - (c) to report to the Sixty-fifth session of the Regional Committee on the progress made in the implementation of this Resolution.

AFR/RC64/R4: Regional Strategic Plan for Immunization 2014–2020

The Regional Committee,

Having carefully examined Document AFR/RC64/5 entitled "Regional Strategic Plan for Immunization 2014–2020";

Recognizing the importance of immunization as one of the most cost-effective interventions in public health;

Reaffirming resolution WHA 65.17 that commits Member States to apply the vision and strategies of the Global Vaccine Action Plan (GVAP) and to allocate adequate human and financial resources to achieve vaccination goals;

Noting that, although there has been some progress in improving routine vaccination coverage in the African Region during the period 2006–2009, a significantly high number of children are still missed every year and should be vaccinated if the agreed regional and global targets are to be met;

Concerned that the current levels of national budgetary allocation to vaccination programmes cannot sustain the progress made in the introduction and scaling up of new vaccines that are more expensive than the traditional vaccines;

Having considered the proposed strategies for accelerating the achievement of EPI goals for the period 2014–2020;

1. ENDORSES Document AFR/RC64/5 entitled *Regional Strategic Plan on Immunization 2014–2020*;

2. URGES Member States:

- (a) to develop and implement comprehensive multi-year plans (cMYPs) with integrated annual operational plans in line with the Global and Regional Vaccination Plans;

- (b) to commit themselves to allocating adequate human and financial resources to achieve the vaccination goals and other relevant key milestones;
 - (c) to mobilize, involve and empower communities to effectively demand and utilize vaccination services;
 - (d) to enhance and sustain multisectoral collaboration and partnerships in the implementation of key approaches;
3. REQUESTS the Regional Director:
- (a) to provide the necessary technical support to Member States for the development, and implementation of cMYPs as well as annual operational plans in order to achieve the set objectives and targets;
 - (b) to develop, in consultation with Member States, monitoring, evaluation and accountability mechanisms for the implementation of the Regional Strategic Plan for Immunization 2014–2020;
 - (c) to foster continued collaboration with international and multilateral agencies, donor organizations and EPI partners to harmonize policies and efficient and sustainable utilization of resources;
 - (d) to report to the Regional Committee beginning in 2015 and thereafter every year on the progress made, remaining challenges and updated actions towards the achievement of the set objectives and targets.

AFR/RC64/R5: Viral hepatitis: situation analysis and perspectives in the African Region

The Regional Committee,

Reaffirming resolution WHA 67.6 that called on Member States to develop and implement national strategies for preventing, diagnosing and treating viral hepatitis based on their local epidemiological contexts;

Recalling resolution WHA 63.18 that recognized viral hepatitis as a global public health problem and called upon WHO to develop a comprehensive global strategy for viral hepatitis prevention and control;

Further recalling resolution WHA 45.17 on immunization and vaccine quality, urging Member States to include hepatitis B vaccines in national immunization programmes, and recognizing that currently the regional hepatitis B vaccine coverage for infants is estimated at 72% which is below the 90% target;

Noting with deep concern that the African Region has the highest prevalence of hepatitis B in the world at 8% and that an estimated 2% of the population are chronically infected with hepatitis C, while major outbreaks of hepatitis A and E continue to occur in Member States;

Recognizing the limited data on viral hepatitis as a result of lack of adequate viral hepatitis surveillance systems;

Acknowledging the need to increase awareness of viral hepatitis among policy-makers and the general population, and considering that most people with chronic hepatitis B or hepatitis C are unaware of their infection and are therefore at serious risk of transmitting the infection and developing cirrhosis or liver cancer;

Expressing concern that preventive measures are not universally implemented and that equitable access to and availability of quality, effective, affordable and safe diagnostics and treatment regimens for both hepatitis B and C are lacking in many Member States of the Region;

Recognizing also the role of health promotion and prevention in the fight against viral hepatitis, and emphasizing the importance of strengthening vaccination strategies as high-impact and cost-effective public health actions;

Concerned that, in the Region, the birth dose coverage rate with hepatitis B vaccine remains unacceptably low and vaccination of health workers against hepatitis B is almost non-existent;

Taking into account the low implementation of standard precautions for infection control, including unsafe injections and the fact that not all the blood units for transfusion are screened for hepatitis B and C;

1. ADOPTS Document AFR/RC64/6 entitled Viral hepatitis: situation analysis and perspectives in the African Region;

2. URGES Member States:

- (a) to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on local epidemiological context, with involvement of all partners including civil society;
- (b) to put in place a strong and well-resourced viral hepatitis surveillance system to support evidence-based policy decision-making;

- (c) to raise awareness about viral hepatitis among policy-makers, health workers and the general population especially among those at high risk through health promotion activities in the communities;
- (d) to scale up activities for the prevention of viral hepatitis infection including increasing coverage of routine hepatitis B vaccination; introducing the birth dose; vaccinating health workers and at-risk populations; ensuring safe blood transfusion; strengthening infection control in health care settings; increasing access to safe drinking water; improving personal hygiene; ensuring safe food for all populations and safe sex practices and proper disposal of sanitary waste within communities;
- (e) to train primary health care workers in the diagnosis, care and treatment of patients with chronic hepatitis B and C;
- (f) to increase access to testing, counselling and treatment of chronic hepatitis B and C, and include the WHO prequalified medicines for the treatment of hepatitis B and C on their national essential medicines lists.

3. REQUESTS the Regional Director:

- (a) to provide the necessary technical support to enable countries to develop comprehensive and integrated national viral hepatitis strategies, guidelines and monitoring systems;
- (b) to work with key stakeholders and facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics;
- (c) to advocate at global level for a reduction in the prices of medicines for hepatitis B and hepatitis C and to support Member States in negotiating with manufacturers for lower prices using flexibilities contained in the agreement on Trade Related Aspects of Intellectual Property Rights;
- (d) to identify and disseminate mechanisms to assist countries in the provision of sustainable funding for prevention, diagnosis and treatment of viral hepatitis;
- (e) to report to the Sixty-seventh session of the Regional Committee, or earlier if needed, on the implementation of this resolution.

AFR/RC64/R6: African Public Health Emergency Fund: accelerating the progress of implementation

The Regional Committee,

Having examined Document AFR/RC64/7 entitled "African Public Health Emergency Fund: accelerating the progress of implementation";

Recalling Regional Committee Resolution AFR/RC60/R5 approving the creation of the African Public Health Emergency Fund (APHEF) and Resolution AFR/RC61/R3 adopting the Framework document of the APHEF;

Concerned that Africa continues to witness increasing public health emergencies affecting larger and larger areas, e.g. the Ebola Viral Hemorrhagic Fever epidemic in West Africa, the food crisis in the Sahel and the protracted humanitarian emergencies in Central African Republic, South Sudan, Democratic Republic of the Congo, etc.;

Noting with satisfaction the launch of the operations of the APHEF and appreciating that the Fund is already making a notable contribution to the management of public health emergencies in the African Region;

Greatly concerned by the very low level of Member States' contribution to the APHEF so far;

1. URGES Member States:
 - (a) to undertake advocacy to raise awareness of the APHEF at the appropriate levels in countries, including in parliaments, so as to facilitate payment of countries' contributions;
 - (b) to honour their commitments to the APHEF in accordance with Resolution AFR/RC61/R3;
2. APPROVES the proposal by the WHO Secretariat to reach out to potential contributors to the APHEF, e.g. the private sector, philanthropic entities and African development institutions;
3. REQUESTS the Regional Director:
 - (a) to continue to support response to public health emergencies through the APHEF, based on the provisions of the Operations Manual of the Fund;
 - (b) to utilize the WHO financial system as the mechanism to manage the APHEF and a suitable alternative to the trusteeship arrangements agreed upon

under Resolution AFR/RC61/R3, until the initially approved mechanism is put in place;

- (c) to intensify advocacy towards governments of African countries and all relevant entities in order to increase the current financial capacity of the APHEF, in accordance with the current WHO policy on engagement with non-State actors.

AFR/RC64/R7: The work of WHO in the Africa Region 2012-2013: Biennial report of the Regional Director

The Regional Committee,

Having examined the document entitled "The work of WHO in the African Region 2012-2013: Biennial report of the Regional Director;

Recognizing the positive trend of economic growth at an average rate of 5-6% and the efforts by governments to increase investments in the health sector;

Acknowledging the reductions in under-five mortality and in the malaria and HIV burden, which represent progress towards achieving MDGs 4 and 6;

Noting the significant achievements with increased immunization coverage rates for Diphtheria Pertussis Tetanus (DTP3); Measles (MCV); and Oral polio vaccine (OPV3);

Recognizing with concern that natural and man-made disasters, sociopolitical unrest and other crises continue to cause deaths, injuries, population displacement and destruction of health facilities in the Region;

Noting that the total funds received in the Region amounted to US\$1.283 billion with an implementation rate of 90% of available funds;

Appreciating that WHO has commended the fundamental role played by governments and that significant contributions have been made by international and national health partners;

1. THANKS the Regional Director for his comprehensive report on the work of WHO in the African Region;
2. ADOPTS the biennial report of the Regional Director 2012-2013.

AFR/RC64/R8: Vote of thanks

The Regional Committee,

Considering the immense efforts made by the Head of State, the Government and the people of the Republic of Benin to ensure the success of the Sixty-fourth session of the WHO Regional Committee for Africa, held in Cotonou, from 3 to 7 November 2014;

Appreciating the particularly warm welcome that the Government and the people of the Republic of Benin extended to the delegates;

1. THANKS the President of the Republic of Benin, His Excellency Dr Thomas Boni Yayi, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement he delivered at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and the people of the Republic of Benin for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to the President of the Republic of Benin, His Excellency Dr Thomas Boni Yayi.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-fourth session of the WHO Regional Committee for Africa was officially opened by the President of the Republic of Benin, His Excellency Dr Thomas Boni Yayi, at the *Palais des Congrès de Cotonou*, on Monday, 3 November 2014. Among those present at the opening ceremony were cabinet ministers and members of the Government of the Republic of Benin; ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Margaret Chan; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; members of the diplomatic corps accredited to the Republic of Benin; representatives of United Nations agencies; a representative of the African Union Commission; and representatives of nongovernmental organizations (see Annex 1 for the list of participants).



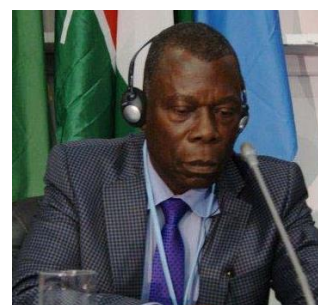
His Excellency Dr Thomas Boni Yayi
President of the Republic of Benin

2. The Minister of Health of the Republic of Benin, the Honourable Prof. Dorothée Kinde Gazard, welcomed the national authorities and the delegates to the Sixty-fourth session of the WHO Regional Committee. She thanked the Regional Committee for accepting her country's offer to host the session. She also thanked the President of the Republic of Benin for his leadership and support in organizing the Regional Committee session. Prof. Gazard expressed her appreciation for the leadership of the Director-General in global health and thanked the Regional Director for the support provided to Benin in the organization of the meeting of the Regional Committee. She reminded the Regional Committee that the session would be discussing the health challenges facing the Region, including the progress made towards achieving the health and health-related MDGs, and called on the delegates to come up with workable solutions.



Prof. Dorothée Kinde Gazard
Minister of Health, Republic of Benin

3. The Chairman of the Sixty-third session of the Regional Committee, Minister of Health of Congo, the Honourable Mr François Ibovi, in his statement, indicated that the Sixty-fourth session of the WHO Regional Committee was taking place against the backdrop of the ongoing Ebola Virus Disease epidemic in West Africa and called for a minute of silence in memory of all those who had lost their lives. He called on all countries to intensify their efforts in epidemic preparedness and response. He went on to remind the delegates that while all attention was being paid to the Ebola epidemic, there were still other challenges related to the attainment of the MDGs, the post-2015 development



Mr François Ibovi
Minister of Health, Republic of Congo

agenda, the fight against communicable diseases and noncommunicable diseases, Universal Health Coverage, health systems strengthening, and the WHO reforms that needed to be addressed. Concluding his statement, Mr Ibovi congratulated the Regional Director whose mandate was coming to an end for his immense contribution to health development in the African Region during the past 10 years.

4. In his statement, the WHO Regional Director for Africa, Dr Luis Gomes Sambo, commended the President, the Government and the people of the Republic of Benin for their warm hospitality and the facilities placed at the disposal of the Regional Committee to ensure the success of the meeting. Dr Sambo recalled that the meeting had to be postponed from September to November 2014 because of the EVD epidemic that had resulted in more than 13 000 cases and 5000 deaths and was undermining social and economic progress in the affected countries. He indicated that this was the first time the EVD affected countries in West Africa in such an intensive and overwhelming manner. Dr Sambo, however, recognized the efforts made by the Federal Republic of Nigeria and the Republic of Senegal in containing the Ebola outbreaks in the two respective countries with WHO having already declared the two countries Ebola-free.



Dr Luis Gomes Sambo
WHO Regional Director for Africa

5. Dr Sambo stated that despite the challenges faced by the Region, much progress had been made in the past ten years thanks to the combined efforts of national governments, communities and partners. These include a reduction in infant mortality rate from 80 to 63 deaths per 1000 live births; under-five mortality from 129 to 95 deaths per 1000 live births; maternal mortality ratio from 670 to 500 deaths per 100 000 live births; and an overall reduction in the burden of disease. This includes a reduction in the incidence of HIV by 26%, a reduction in AIDS-related deaths by 34%, a reduction in the incidence of malaria by 39% and malaria deaths by 62%. Dr Sambo also stated that since the introduction of the conjugate meningococcal vaccine in 12 countries in the Sahel region in 2010, no confirmed case of meningococcal meningitis had been reported in persons vaccinated. Between 2005 and 2013, the number of wild polio cases dropped by 95% in the Region and from 49 cases in 2013 to 6 cases in 2014 in Nigeria, the only endemic country in the Region. Other successes include the elimination of leprosy, the near eradication of dracunculosis and the control of onchocerciasis. He also stated that the unacceptably high disease burden, the risks of epidemics and the ongoing humanitarian crises in South Sudan and Central African Republic resulting in population displacement, destruction of health care networks and disruption of the delivery of care underscore the need for further and in-depth reforms aimed at strengthening the resilience of health systems and ensuring Universal Health Coverage.

6. Dr Sambo thanked the Regional Committee for the opportunity given him to serve as Regional Director for the past 10 years. The Regional Director informed the Regional Committee that in order to account for his mandate and facilitate institutional memory, he had produced three reports, namely: (i) *The Work of WHO in the African Region 2012-2013: Biennial Report of the Regional Director*; (ii) *A decade of WHO action in the African Region: striving together to achieve health goals 2005-2015*; (iii) *The African Regional Health Report 2014: The Health of the People — What works*. Some of the achievements of Dr Sambo, set forth in the second report, are the establishment of the Intercountry Support Teams; decentralization and delegation of authority to senior staff; establishment of the Compliance Team; creation of the African Public Health Emergency Fund; and establishment of the Harmonization for Health in Africa. He indicated that the achievements were made possible due to the strong collaboration between WHO and governments of Member States, bilateral and multilateral cooperation agencies, the African Union and Regional Economic Communities.

7. Dr Sambo who has served the Organization for almost 25 years recalled the work done by his predecessors and saluted their contribution to health in the Region, adding that he built his actions on their heritage. He also thanked the Director-General for her unflinching and unfailing support. He expressed his gratitude to Cluster Directors, WHO Country Representatives and all the staff of the WHO African Region for showing proof of competence and commitment to work. He thanked the President, the Government and the people of Congo for their support during his stay in the Regional Office and the conducive environment that enabled him to discharge his duties in serenity. Dr Sambo expressed his profound gratitude to the President, the Government and the people of Angola for the confidence they reposed in him, and for their support which enabled him to face difficult moments calmly. In concluding his statement, Dr Sambo recalled that a new Regional Director would be elected during the current session. He welcomed the distinguished candidates and wished them the best of luck. He underscored the importance of the work of WHO and called for increased funding for the Organization to enable it to fulfil its mandate.

8. The WHO Director-General, Dr Margaret Chan, in her statement, said that many external experts believe that Africa is at a crossroads. Africa is undergoing an economic and social transformation that is unparalleled in any other region of the world, at any time in recent history. However, this bright future depends on whether governments make equity in the distribution of benefits an explicit policy goal to mitigate the unfair distribution of wealth which favours the elite but does little to improve living conditions and health status in rural areas where most of the poor and sick reside. She referred to the Ebola outbreak and expressed her deep concern about its effect on



Dr Margaret Chan
WHO Director-General

the economic and health gains in the three hardest-hit countries. She extended her deepest sympathy to the people of West Africa who had lost many of their compatriots. She urged everyone to respect the compassion and courage of so many health workers who selflessly risked their lives, and lost them. She underscored the urgent need to strengthen the neglected health systems as repeatedly argued by the Regional Director. There was also a need to invest in research and development for new medicines and vaccines. She congratulated Dr Luis Sambo on his achievements during his mandate as Regional Director.

9. In his statement to the Regional Committee, which was read out by the WHO Director-General, Dr Margaret Chan, the Secretary-General of the United Nations, Mr. Ban Ki-Moon, expressed his solidarity with the people of Africa, especially with the three Ebola-affected countries, namely Guinea, Liberia and Sierra Leone. He recalled that the world was facing an unprecedented Ebola crisis that was destroying families and communities and killing people. In response, the United Nations had established the “*United Nations Mission for Ebola Emergency Response*” (UNMEER) with its headquarters in Accra, Ghana. The Secretary-General underscored the need to ensure that preparedness and response plans were in place and that funding was available to implement them. He called on national governments to strengthen their health systems as part of the post-2015 development agenda in order to prevent future outbreaks and build vibrant and healthy societies.

10. In opening the Sixty-fourth session of the Regional Committee, the President of the Republic of Benin, His Excellency Dr Thomas Boni Yayi, said his country was honoured to be hosting the session. He expressed his delight about the presence of the Director-General of WHO which shows her determination, commitment and leadership in regard to the well-being of the world population in general and of Africans in particular. He extended the gratitude of the governments and people of Africa to the WHO Regional Director for Africa, Dr Luis G. Sambo, for his immense contribution towards improving health indicators on the continent and for initiating projects that gave renewed hope for universal health coverage. The President reminded the delegates of the ongoing Ebola epidemic and its devastating health and socioeconomic consequences. He stressed the need for the countries in the Region to collaborate with WHO to address challenges related to human resources, health infrastructure, organization and financing of health services, communicable diseases, noncommunicable diseases, neglected tropical diseases, and the consequences of climate change. He urged countries to reinforce south-south cooperation in order to create the conditions necessary for the development of traditional medicine and to promote Public-Private Partnerships. The President underscored the need to put health at the centre of development. He concluded his statement by paying a tribute to the memory of the late Dr Alfred Quenum, the first African ever to serve as WHO Regional Director for Africa.

ORGANIZATION OF WORK

Constitution of the Subcommittee on Nominations

11. The Regional Committee appointed the Subcommittee on Nominations consisting of the following Member States: Eritrea, Gabon, Gambia, Lesotho, Mauritius, Mozambique, Nigeria, Rwanda, Sierra Leone, South Sudan, Zambia and Zimbabwe. The Subcommittee met on Monday, 3 November 2014, and elected Dr Khaliru Alhassan, Minister of State for Health, Nigeria, as its Chairperson.

Election of the Chairman, the Vice-Chairmen and the Rapporteurs

12. After considering the report of the Subcommittee on Nominations, and in accordance with Rules 10 and 15 of its Rules of Procedure and Resolution AFR/RC23/R1, the Regional Committee unanimously elected the following officers:

Chairperson:	Prof Awa Marie Coll-Seck Minister of Health and Social Action, Senegal
First Vice-Chairperson:	Dr David Parirenyatwa Minister of Health and Child Care Zimbabwe
Second Vice-Chairperson	Mr André Mama Fouda Minister of Public Health Cameroon
Rapporteurs:	Dr Khadijah Kassachoon Principal Secretary of the Ministry of Health Kenya (English)
	Mr Mano Aghali Minister of Public Health Niger (French)
	Mrs. Maria Tomé Ferreira d'Araújo Minister of Health and Social Welfare Sao Tome and Principe (Portuguese)

Adoption of the agenda and programme of work

13. The Chairman of the Sixty-fourth session of the Regional Committee, Professor Awa Marie Coll-Seck, Minister of Health of the Republic of Senegal, tabled the provisional

agenda (Document AFR/RC64/1) and the draft programme of work (see Annexes 2 and 3 respectively). They were adopted without amendment. The Regional Committee adopted the following hours of work: 08:30 to 12:30 and 14:00 to 18:00, including 30 minutes of break in the morning and in the afternoon, with some variation on specific days.

Appointment and meetings of the Subcommittee on Credentials

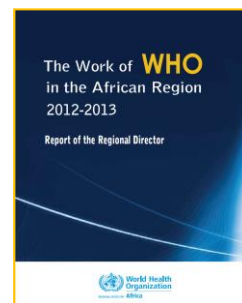
14. The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following Member States: Central African Republic, Chad, Comoros, Ethiopia, Ghana, Mali, and Sao Tome and Principe.

15. The Subcommittee on Credentials met on 3 November 2014 and elected Mr Ousmane Kone, Minister of Health of Mali, as its Chairman.

16. The Subcommittee examined the credentials submitted by the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe. These were found to be in conformity with Rule 3 of the Rules of Procedure of the WHO Regional Committee for Africa.

THE WORK OF WHO IN THE AFRICAN REGION: BIENNIAL REPORT OF THE REGIONAL DIRECTOR 2012-2013 (Document AFR/RC64/2)

17. The document "The Work of WHO in the African Region: Biennial Report of the Regional Director 2012–2013" was presented by the Regional Director for Africa, Dr Luis Gomes Sambo. He indicated that the report covers the work of WHO in the African Region for the period from January 2012 to December 2013. It reflects the work carried out by country offices, the technical support provided by the three Intercountry Support Teams (ISTs) and the policy and strategic support provided by the Regional Office. The report is structured in seven sections: Introduction; Context; Implementation of the Programme Budget 2012-2013; Significant Achievements by Strategic Objective (SO); Progress made in the implementation of Regional Committee resolutions; Challenges, constraints and lessons learnt; and Conclusion.



18. The Regional Director reported that the work of WHO was guided by the 11th General Programme of Work 2006–2015, the Medium Term Strategic Plan (2008-2015)

and the Country Cooperation Strategy documents in the context of the WHO reform. The work was delivered through the six WHO core functions and across the 13 Strategic Objectives.

19. Under SO1, which addresses Communicable diseases, Dr Sambo reported increased immunization coverage rates from 2012 to 2013 for Diphtheria Pertussis Tetanus (DPT3): 68% to 75%; Measles (MCV1): 71% to 74%; and Oral polio vaccine (OPV3): 74% to 77%. WHO responded to 67 and 72 public health events, mainly outbreaks, in 2012 and 2013 respectively.

20. With regard to SO2 on HIV/AIDS, Tuberculosis and Malaria, the Regional Director reported an overall decline by 38% in new HIV infections (2001–2012). In 31 countries the reductions were more than 25%. A total of 5 822 924 medical circumcisions were performed to prevent HIV infections, with coverage increasing from 7% to 28% (2011–2013). Cumulative data show a decline in TB mortality due to increased access to ARVs as well as a reduction in the number of new malaria infections.

21. Under SO3, addressing Noncommunicable diseases (NCD), Dr Sambo reported that the work focused on WHO advocacy for policy change and resource mobilization in line with the Brazzaville Declaration on NCDs.

22. With regard to SO4 on Child, adolescent and maternal health and ageing, 15 countries were on track for MDG 4 and 25 were making progress, while four countries were on track for MDG 5 and 34 countries were making progress. In order to make more progress in the health of women and children, 37 countries developed their roadmaps.

23. Under SO5, on Emergencies and disasters, 18 significant events were reported, affecting about 100 million people in 35 countries. These included weather-related events (49%); disease outbreaks (30%); armed conflicts (20%) and accidents (1%).

24. Under SO6 and SO7, which deal with risk factors and determinants of health, a report was made on the successful organization, in Johannesburg, March 2013, of a Multi-stakeholder dialogue addressing the risk factors for noncommunicable diseases. Ten more countries enacted legislations banning smoking in public places.

25. With regard to SO10 and SO11 that deal with Health services and medical products, the Regional Director reported that the First Expenditure Atlas was published and capacity was built for National Health Accounts in 26 countries. A framework for implementing the HRH regional roadmap to meet the need for Universal Health Coverage was adopted. Through partnerships, the pharmaceutical systems and access to quality medicines of 15 countries were strengthened. In addition, a Regional Working Group on Substandard, Spurious, Falsely-labelled, Falsified, Counterfeit (SSFFC) medicines was established to enhance understanding of the regional implications.

26. Under SO12 that addresses Leadership, governance and partnership, the Regional Director focused on advocacy for increased investment in national health systems through improved coordination mechanisms such as Harmonization for Health in Africa (HHA) and United Nations Development Assistance Framework (UNDAF). The review of Country Cooperation Strategy (CCS) documents was supported in all the 47 countries.

27. Under S013 on an Efficient and effective WHO, it was reported that bank accounts were fully reconciled, meeting audit recommendations. The management of salary workplans improved with better distribution of staff costs to funding sources. Efforts were made to recruit more females in accordance with the WHO gender balance policy.

28. In conclusion, Dr Sambo reported an overall budget implementation rate of 90% against available funds. The ongoing WHO managerial reforms had led to improvement of compliance and achievement of greater efficiency in the use of resources.

29. During the discussion an issue was raised on Table 1 regarding the difference between the budget approved, the allocated budget and the funding available. It was noted that the allocated budget was higher than the approved budget, clearly indicating that the Region requires a higher budget. The meeting recommended that more funding be made available to implement priority activities in the Region.

30. The Regional Committee adopted the report as contained in "The Work of WHO in the African Region: Biennial report of the Regional Director 2012–2013" (Document AFR/RC64/2).

STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC64/3)

31. In his statement to the Sixty-fourth Regional Committee, the Chairman of the Programme Subcommittee (PSC) reported that the PSC met twice in Brazzaville, Republic of Congo, from 9 to 11 June 2014 and from 1 to 2 September 2014 respectively. The PSC reviewed the Regional Committee working documents and draft resolutions to ensure that they met the public health needs of the people of the WHO African Region. In all, the PSC recommended the amended versions of nine working documents and five draft resolutions to the Regional Committee for consideration and adoption.

NOMINATION OF THE REGIONAL DIRECTOR (Document AFR/RC64/INF.DOC/5)

32. Considering Article 52 of the WHO Constitution and in accordance with Rule 52 of the Regional Committee's Rules of Procedure and also following an open meeting to determine the modalities for interviewing the five candidates and closed door meetings to interview the five candidates and to vote, the Regional Committee nominated Dr Matshidiso Rebecca Moeti as WHO Regional Director for Africa and requested the Director-General to propose to the Executive Board her appointment for a five-year term with effect from 1 February 2015.



Dr Matshidiso Rebecca Moeti
Incoming WHO Regional Director for Africa

33. After her nomination as Regional Director, Dr Moeti, in her acceptance remarks, expressed her gratitude to the President of her country, Botswana, for the invaluable support provided for her campaign and nomination. She also thanked the Ministers of Health and the Heads of Delegation for the confidence they reposed in her and in her country by nominating her for appointment as Regional Director. Dr Moeti went on to congratulate the other candidates for their contribution to a good and fair campaign and pledged to collaborate with them during her term of office.

34. Dr Moeti acknowledged the progress made in health development during the tenure of office of Dr Sambo and committed herself to working with all Member States to build on the achievements made so far. She stated that while the MDGs have helped to propel forward the African Region so far, there is still need to take further on board the principles of equity and the centrality of health as the Region moves towards the post-2015 era and the sustainable development goals. She called on Member States to draw on the positive transformation and opportunities provided by the economic growth, the expanding partnerships for development in the Region, and the readiness of Africans to embrace their responsibility in order to improve the health of the African people.

35. Following Dr Moeti's acceptance remarks, Dr Margaret Chan and Dr Sambo took turns to congratulate her on her nomination and wished her a successful mandate. Dr Chan warmly welcomed her to the WHO Global Policy Group which comprises the WHO Director-General, the Deputy Director-General and the six Regional Directors. Dr Chan reminded the nominee and the Regional Committee to always "remember the people" in their work. For his part, Dr Sambo pledged his fullest support to her to achieve her new vision and goals for the work of WHO in the African Region and to work with her to ensure a smooth transition from his administration to her administration.

36. The Regional Committee adopted Resolution AFR/RC64/R1 on Nomination of the Regional Director.

37. The Regional Committee also adopted Resolution AFR/RC64/R2 on the designation of Dr Luis Sambo as Regional Director Emeritus.

PROGRESS TOWARDS THE ACHIEVEMENT OF THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS IN THE AFRICAN REGION (Document AFR/RC64/4)

38. The document notes that countries in the African Region have made more progress over the past 10 years but are still not on track to achieve the health and health-related MDGs despite the commitments made by governments and partners. Of the 47 countries, the number of countries that are on track to achieve each target or that have achieved each target is 16 for target 4A; four for target 5A; seven for target 5B; 34 for target 6A; 10 for target 6B; 12 for target 6C; 11 for target 1C; and 23 for target 7C. The main challenges concerned weaknesses of integrated country health systems, availability and management of financing, multisectoral response coordination and the quality of data for monitoring.

39. The interventions proposed to countries include improving financial mobilization and management; strengthening health systems; improving the implementation of effective interventions; improving the collection, management and use of data; effectively addressing the issue of coordination; preparing for the transition towards the post-2015 development agenda which should include the unfinished business of the MDGs; increasing dialogue between the ministry of health and oversight ministries such as finance and planning; collaboration between the public sector and the private sector; and promoting south-south cooperation.

40. During the discussions the countries recognized the progress made and the variability of achievements across the Region. This variability underscored the need to share best practices and experiences of those countries that have made progress and achieved the goals. The common factors that appeared to have significantly contributed to progress in many countries include committed leadership, implementation of country plans using multisectoral approach including civil society, researchers and enhanced community participation. Member States emphasized the importance of promoting innovative internal health financing mechanisms to strengthen their health systems toward Universal Health Coverage including access to quality health care and reduction of out-of-pocket payment.

41. The following recommendations were made to Member States:
- (a) to increase government budget for health in accordance with the Abuja Declaration and for per capita health spending as recommended by the High Level Task Force on Innovative International Financing for Health Systems;
 - (b) to implement relevant best practices from other countries that have made progress and achieved the MDG targets;
 - (c) to review and identify gaps in the progress of MDGs and immediately develop and implement mitigating priority interventions.
42. The following recommendations were made to WHO and partners:
- (a) to collate, disseminate and facilitate the sharing of best practices from other countries that have made progress and achieved the MDG targets;
 - (b) to support countries to strengthen their health information systems in order to collect accurate data relevant to the MDGs;
 - (c) to align their support to countries' priorities in line with the Paris Declaration and the Accra Call to Action.
43. The Regional Committee adopted with amendments Document AFR/RC64/4: Progress towards the achievement of the health-related Millennium Development Goals in the African Region and its related Resolution AFR/RC64/R3.

EBOLA VIRUS DISEASE OUTBREAK IN WEST AFRICA: UPDATE AND LESSONS LEARNT (Document AFR/RC64/9)

44. The document indicates that the Ebola virus disease (EVD) is a severe illness caused by the Ebola virus with a case fatality rate that can be as high as 90%. The virus is transmitted by direct contact with the body fluids and tissues of infected people and animals, dead or alive. Although the reservoir of the Ebola virus is not fully known, it is believed that fruit bats are its sources. Past outbreaks of EVD have occurred primarily in remote villages in Central and West Africa, near tropical rainforests. The current epidemic has been compounded by its spread from rural areas to densely populated urban towns. Concerned by the worsening situation, the UN Security Council declared the EVD epidemic as a threat to international peace and security in September 2014. The main issues that countries are confronted with in the ongoing epidemic are related to the uniqueness of the epidemic; community awareness; cultural beliefs and practices; weak health systems capacity in the affected countries; inadequate logistic capacity; resource mobilization and coordination; international travel restrictions; and equity and development.

45. The interventions proposed include raising awareness and knowledge about the disease; strengthening national capacity to detect EVD outbreaks and provide response; strengthening national capacity to provide care to patients and ensure effective infection prevention and control; involving communities early in implementing preventive and control measures; establishing dialogue with opinion leaders; enhancing coordination and scaling up resource mobilization; and addressing the social determinants of health. Partners, technical agencies and public health institutions are requested to participate actively in the response activities in line with the identified country priorities by providing technical and financial support for response operations in the EVD-affected countries as well as for prevention and preparedness in countries at risk of EVD. UNMEER should continue its leadership of the epidemic preparedness and response to effectively manage infected cases and avert deaths, stop transmission of the virus and prevent the disease outbreak from re-occurring.

46. During the discussions Member States expressed their deepest condolences to the affected countries for the loss of many of their citizens. They thanked the countries and partners for the solidarity shown in addressing the emergency. The main issues raised related to leadership and coordination, weakness of health systems, stigmatization of countries and people affected by the EVD, and border closure including flight cancellations. Member States also highlighted the issues of inadequate communication, insufficient involvement of local communities and weak multisectoral response. They expressed concern about the inefficient use of the available resources, lack of national laboratory services and logistics to provide quick response, the high number of cases among health workers, lack of clear guidelines on Personal Protection Equipment (PPE) quality and procurement, and the absence of facilities dedicated for treatment of health workers infected with Ebola. They also raised concern about the suboptimal implementation of the available WHO policies, strategies, guidelines and plans towards strengthening health systems.

47. The following recommendations were made to Member States:

- (a) to strengthen health systems through implementation of the already available WHO policies, strategies and guidelines;
- (b) to take the lead in coordinating response to EVD at national and district levels;
- (c) to ensure the involvement of the community, including cultural and religious leaders, in EVD prevention and control;
- (d) to ensure that Ebola cases are treated in designated treatment centres while other health issues are addressed in the existing health facilities;

- (e) to improve surveillance through implementation of the Integrated Disease Surveillance and Response strategy and strengthening of the International Health Regulations (IHR) core capacities;
- (f) to increase awareness of the population and build capacity of health workers to effectively respond to EVD;
- (g) to ensure efficient use of available resources;
- (h) to meet their commitment towards the African Public Health Emergency Fund (APHEF);
- (i) to ensure that national preparedness and response plans are developed and tested;
- (j) to establish treatment centres in host countries to cater for health workers infected with Ebola.

48. The following recommendations were made to WHO and partners:

- (a) to provide support to Member States in implementing their national preparedness and response plans, including human resource capacity building;
- (b) to support countries in the upgrading and accreditation of their national laboratories to levels appropriate for Ebola diagnosis;
- (c) to support the development of subregional response plans;
- (d) to work jointly with the African Union Commission (AUC) in accelerating the establishment of the African Centre for Disease Control;
- (e) to consider Universal Health Coverage as a flagship programme to strengthen health systems;
- (f) to document and share best practices, lessons learnt and weaknesses from countries that have successfully contained the EVD;
- (g) to support countries in establishing Emergency Operation Centres.

49. The Regional Committee adopted with amendments Document AFR/RC64/9: Ebola virus disease outbreak in West Africa: update and lessons learnt.

AFRICAN PUBLIC HEALTH EMERGENCY FUND: ACCELERATING THE PROGRESS OF IMPLEMENTATION (Document AFR/RC64/7)

50. The document recalls that the African Public Health Emergency Fund (APHEF) was established by the Regional Committee in 2012 to supplement the efforts of governments of affected Member States and partners and promote solidarity among Member States in addressing public health emergencies. Following the adoption of Regional Committee Resolution AFR/RC61/R3, the operations manual of the APHEF was

developed and endorsed by the Monitoring Committee of the Fund at its first meeting in May 2013. The Regional Director has continued advocacy with Heads of State, the African Union and Regional Economic Communities, resulting in the endorsement of the Regional Committee resolutions on APHEF by African Heads of State and Government at the 19th Ordinary Assembly of the African Union in March 2014. By the end of May 2014, eight Member States had paid a total of US\$ 3 611 731. Out of this amount, a total of US\$ 1 326 073 from APHEF was used to provide immediate financial assistance to seven countries for the management of declared public health emergencies, showing that the APHEF has started to prove its value. However, the optimal functioning of the Fund faces significant challenges such as low level of contributions to the APHEF; delay in the African Development Bank's assumption of trusteeship of the Fund after over two years of negotiations; and limited involvement in APHEF of the private sector and wealthy and willing individuals in Africa.

51. The following actions were proposed to accelerate implementation of the APHEF: establishing flexible options for contributing to the APHEF, including payment by instalments and establishing specific lines within the budgets of ministries of health that would be used to pay their contributions to the APHEF; reviewing the trusteeship arrangements and using the WHO financial system as an appropriate alternative mechanism for managing the APHEF; widening the scope of contributors to APHEF to include the private sector and wealthy and willing individuals in countries; and conduct of advocacy by RECs and by ministries of health in-country to raise awareness of APHEF.

52. During the discussions, the delegates underscored the importance of the APHEF, especially within the context of the ongoing Ebola virus disease epidemic. Several countries described how they had benefited from the Fund during recent outbreaks and humanitarian crises. They, however, expressed concern that most Member States had not yet made any contribution to the Fund and wanted to understand why. Alternative mechanisms to encourage countries to contribute to the Fund such as setting timelines and penalties were discussed. Concern was also expressed about the delay in reaching a trusteeship agreement with the African Development Bank. The delegates reiterated the need to continue advocacy efforts targeted at Heads of State.

53. The delegates recommended that Member States honour their commitment by contributing to the APHEF.

54. The following recommendations were made to WHO and partners:

- (a) WHO should continue to manage the Fund pending the conclusion of the agreement with AfDB and submit a progress report to the Sixty-sixth session of the Regional Committee.

- (b) The WHO Regional Office for Africa and country offices should, with the support of other interested organizations and individuals, intensify advocacy for the Fund.

55. The Regional Committee adopted with amendments Document AFR/RC64/7: African Public Health Emergency Fund: accelerating the progress of implementation and its related Resolution AFR/RC64/R6.

REGIONAL STRATEGIC PLAN FOR IMMUNIZATION 2014–2020 (Document AFR/RC64/5)

56. The document indicates that immunization is considered as one of the most cost-effective public health interventions and that the regional coverage with three doses of Diphtheria-Tetanus-Pertussis containing vaccine and the first dose of Measles Containing Vaccine was maintained around 70% during the last three years. Furthermore, there has been an estimated 88% reduction in measles mortality since 2000 and only one country in the Region remains endemic for wild poliovirus. The external evaluation of the 2009–2013 Regional Immunization Strategic Plan revealed that the challenges hindering access and utilization of immunization services include gaps in organization, coordination and management of immunization activities, inadequacy of cold chain storage capacity, limited service delivery points, and inappropriate communication strategies, resulting in low community awareness and participation.

57. The Regional Immunization Strategic Plan 2014–2020 is intended to address the identified challenges by providing policy and programmatic guidance to Member States. The aim of the Plan is to achieve universal immunization coverage within the WHO African Region by 2020. Its objectives are to increase and sustain high vaccination coverage in order to interrupt poliovirus transmission completely and ensure virus containment; to eliminate measles and advocate for the elimination of rubella and congenital rubella syndrome; and to attain and maintain elimination/control of other vaccine-preventable diseases. The key approaches include integrating immunization into national health policy and plan, strengthening immunization financing, enhancing partnerships, building national capacity, improving monitoring and data quality, improving vaccine management, safety and regulation and promoting implementation research and innovation.

58. During the discussions, countries re-emphasized the important role of immunization in reducing morbidity and mortality from vaccine-preventable diseases. Member States considered that the Region should be more ambitious in setting the objectives and targets of the current Strategy. Many countries admitted that the implementation of the 2009-2013 Regional Immunization Strategic Plan had contributed to the progress made

in the achievement of the MDGs in the Region. Member States envisaged that the Regional Strategic Plan for Immunization 2014–2020 will be of further assistance in accelerating progress towards universal immunization coverage. They emphasized the need to integrate immunization programmes into the broader health systems, particularly in the context of Universal Health Coverage. However, Member States were concerned about the high cost of new vaccines, immunization coverage inequities between and even within countries, low coverage of hard-to-reach populations, lack of cross-border collaboration and issues related to cold chain adequacy.

59. The following recommendations were made to Member States:

- (a) to conduct relevant research in order to address challenges in increasing uptake and coverage of immunization services at all levels;
- (b) to establish monitoring and evaluation systems for the implementation of their national immunization plans.

60. The following recommendations were made to WHO and partners:

- (a) to support Member States in the establishment of pooled procurement mechanisms in order to improve accessibility to, and affordability of, new vaccines for middle-income countries that are not eligible for GAVI support;
- (b) to support research on the development of heat-stable vaccines;
- (c) to collate, share and facilitate the use of best practices that optimize the utilization of immunization services.

61. The Regional Committee adopted with amendments Document AFR/RC64/5: Regional Strategic Plan for Immunization 2014–2020 and its related Resolution AFR/RC64/R4.

IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2014-2015 IN THE AFRICAN REGION (Document AFR/RC64/8)

62. The document presents an overview of the current level of financing and the status of implementation of the 2014-2015 approved Programme Budget for the African Region, and the challenges associated with its implementation. The 2014-2015 approved budget for the African Region is US\$ 1.12 billion, representing 28% of the global WHO-approved budget of US\$ 3.977 billion. Seventy-five per cent (US\$ 843.90 million) of the regional budget is appropriated for countries with a balance of US\$ 276.1 million (25%) allotted to the Regional Office, including the Intercountry Support Teams (ISTs). By October 2014, the total funds received in the Region were US\$ 968.3 million, i.e. an average funding level of 86%. The implementation of the programme budget stood at US\$ 520.9 million, representing 47% of the approved budget and 54% of the available resources, with variations across Categories and Programmes. With 22% and 19% of the

overall expenditure, Direct Financial Cooperation (DFC) and Direct Implementation, respectively, being the most utilized mechanisms to fund the implementation of activities at country level.

63. The major challenges facing WHO and its Member States in the implementation of the Programme Budget include how to improve the quality of implementation of activities in order to increase and sustain coverage of vital interventions in the light of the prevailing weakness of health systems. This is worsened by the insecurity, population displacement and the destruction of infrastructure, including health facilities, caused by man-made and natural disasters such as wars and sociopolitical unrests in several countries. The funding pattern shows that the African Region continues to be disproportionately funded across Categories and Programmes. Such patterns of funding demonstrate the extent to which donor funding continues to influence the work of the Organization. In addition, reporting by Member States and partners on DFC implementation, though improving, continues to be a major concern.

64. During the discussions, it was reiterated that effective implementation of WHO technical cooperation with Member States requires that available resources be strategically allocated to regional priority programmes. While the reprogramming process could help to rectify some of the distortions in the funding of the budget, the WHO financing dialogue is expected to further improve the alignment of funding with the approved programme budget. It is critical that Member States make substantial improvement in financial and technical reporting in accordance with WHO financial rules, while participating more actively in mobilization of additional resources to fill the funding gap in the Programme Budget. As most of the WHO staff are being paid from Voluntary contributions earmarked for specific short-term projects, the issues of staff security, programme sustainability and retention of competent staff are a concern.

65. The Regional Committee recommended that Member States take necessary actions to bring closure to all outstanding DFC reports in order to comply with WHO rules and procedures.

66. The following recommendations were made to WHO:

- (a) to use the reprogramming process and the bottom-up planning approach to ensure better alignment of available resources to priority programmes;
- (b) to assess the progress of the implementation of DFC and report thereon to the Sixty-sixth session of the Regional Committee;
- (c) to review the implications of the new WHO staff policy in order to preserve staff security and ensure programme sustainability.

67. The Regional Committee adopted without amendment Document AFR/RC64/8: Implementation of the WHO Programme Budget 2014-2015 in the African Region.

VIRAL HEPATITIS: SITUATION ANALYSIS AND PERSPECTIVES IN THE AFRICAN REGION (Document AFR/RC64/6)

68. The document states that viral hepatitis is an inflammation of the liver, caused by five distinct hepatitis viruses (A, B, C, D, and E). Their routes of transmission are oro-faecal, exposure to blood, sexual intercourse, and transmission from an infected pregnant mother to her unborn child. All the hepatitis viruses can cause acute disease but the highest numbers of deaths result from liver cancer and cirrhosis which occur decades after infection with hepatitis B or C. Hepatitis B is highly endemic in West Africa with a prevalence of 8%, the highest in the world. Viral hepatitis is also an increasing cause of morbidity and mortality among people living with HIV. By the end of 2013, hepatitis B vaccine had been introduced into routine childhood vaccination schedules in 46 countries in the African Region. Currently, there are reliable and affordable diagnostics for hepatitis B. In addition, effective and safe antiviral agents against hepatitis B and hepatitis C exist. The major challenges faced by countries include limited data on the burden of disease; lack of public awareness; inadequate primary prevention; and limited access to diagnosis and treatment.

69. The interventions proposed to Member States include improving data collection to ensure accurate estimation of the disease burden; raising awareness and knowledge of viral hepatitis; strengthening primary prevention; ensuring safe blood supply and safe transfusion; and strengthening access to testing, care and treatment for viral hepatitis, including revising National Essential Medicines lists to include WHO prequalified medicines for treating chronic hepatitis B and C. Partners, technical agencies and public health institutions are requested to promote and support viral hepatitis control strategies and mobilize resources for the response. WHO should support the development of national strategies and provide technical support to Member States to strengthen hepatitis surveillance and prevention.

70. During the discussions the delegates raised issues regarding the lack of public awareness, access to sanitation and safe water, inadequate testing and diagnostic capacity, unavailability of medicines, the high costs of blood tests and treatment and inadequate surveillance. They also expressed concern about the low coverage of the birth dose of the hepatitis B vaccination, poor hospital waste management and the high risks associated with some traditional medicine practices. The need to intensify prevention efforts was underscored.

71. The following recommendations were made to Member States:

- (a) to reinforce hepatitis surveillance as part of the integrated national surveillance system;
- (b) to improve capacities for testing and diagnosis;
- (c) to promote multisectoral collaboration and plans to address hepatitis;
- (d) to screen all donated blood routinely;
- (e) to improve protection of health workers against occupational exposure;
- (f) to scale up hepatitis vaccination at birth;
- (g) to reinforce advocacy for new vaccines and therapies;
- (h) to scale up prevention through improvement of hygiene and provision of safe water.

72. The following recommendations were made to WHO and partners:

- (a) to support negotiation with manufacturers to lower the cost of hepatitis medicines and vaccines;
- (b) to support new vaccines and medicines research and development;
- (c) to hold hepatitis stakeholders meetings regularly in order to intensify and sustain the momentum.

73. The Regional Committee adopted with amendments Document AFR/RC64/6: Viral hepatitis: situation analysis and perspectives in the African Region and its related Resolution AFR/RC64/R5.

DRAFT PROPOSED PROGRAMME BUDGET 2016-2017 (Document AFR/RC64/10)

74. The draft proposed Programme Budget (PB) 2016–2017, developed in the broader context of the WHO reform, was presented for consideration by the Regional Committee in order to allow programmatic and budget review and discussion of the priorities, results and deliverables proposed for the work of WHO in the biennium 2016–2017. In response to Member States' requests for more robust bottom-up planning, consultations had been conducted with countries to identify a limited number of priorities of technical cooperation within each country context, and the bottom-up country-level priority setting has been aligned with regional and global commitments and consolidated into proposed outputs for each programme area.

75. The draft Programme Budget is structured according to the categories of work and programme areas outlined in the Twelfth General Programme of Work 2014–2019. In line with the aim of maintaining a stable budget over the period covering the Twelfth

General Programme of Work, the draft Programme Budget is budgeted at US\$ 4.171 billion with an allocation of US\$ 1.098 billion to the African Region. Special emphasis has been given to further strengthening of the institutional, international and country capacities for emergency preparedness, surveillance and response, as well as continued focus on strengthening regulatory capacity and health systems information and evidence. WHO support to areas such as HIV/AIDS, tuberculosis and vaccine-preventable diseases will be scaled down in terms of activities as capacity at the country level increases.

76. During the discussions, Member States appreciated the draft document and the bottom-up planning approach used for its development, taking into account country priorities. The format of the budget, presented according to the three levels of WHO (country, region and headquarters) and according to different categories, was also appreciated. However, Member States noted the disproportionate budgeting of certain categories relative to other regions and headquarters e.g. health systems, and requested that this be addressed. They also questioned if areas such as gender, equity and human rights mainstreaming, ageing and health, and social determinants of health could be considered as a mandate shared with other organizations. They emphasized the need for WHO to focus more on its core functions. Significant progress was made in financing of the Programme Budget 2014-2015 during the last two financing dialogues. It was noted that this is a work in progress and such dialogues in future will improve the predictability and flexibility of funding of the Programme Budget 2016-2017.

77. The Regional Committee took note of the document and recommended that the suggestions be passed on to the WHO headquarters for finalization of the draft proposed Programme Budget 2016-2017.

STRATEGIC BUDGET SPACE ALLOCATION (Documents AFR/RC64/11A and AFR/RC64/11B)

78. The first document (AFR/RC64/11A) recalls that at the Sixty-sixth World Health Assembly in May 2013, Member States requested the Director-General to propose, for consideration by the Sixty-seventh World Health Assembly, in consultation with Member States, a new strategic budget space allocation methodology in WHO, starting with the development of the Programme Budget 2016–2017. A Working Group was established for this purpose following a decision by the 134th session of the Executive Board. The document has been prepared by the Secretariat based on the outcome of the Working Group discussions and highlights the scope, the guiding principles and the criteria that were discussed by the members of the Working Group with regard to the distribution of resources within each operational segment.

79. The second document (AFR/RC64/11B) indicates that for the purpose of developing a strategic budget space allocation methodology, WHO's work has been divided into four broad operational segments — (i) Technical cooperation at country level; (ii) Provision of global and regional goods; (iii) Administration and management; and (iv) Emergency Response such as outbreak and crisis response. For each operational segment, provisional criteria and approaches for strategic budget space allocation are proposed based on the following guiding principles: (i) needs and evidence; (ii) results-based management; (iii) fairness and equity; (iv) accountability and transparency; (v) clear roles and functions; and (vi) performance improvement. The second document describes each of the four operational segments and lists some key functions and roles of the three levels of the Organization.

80. The Member States noted the complexity of the subject matter, which requires further elaboration to allow for meaningful contributions to its improvement. Nonetheless, they questioned the inclusion of evidence and research as one of the guiding principles given that this area is not well developed in all Member States.

81. The following recommendations were made to WHO:

- (a) to take into consideration the reality of the African Region when defining the criteria for budget space allocation;
- (b) to bring the concerns expressed by the Programme Subcommittee and the Sixty-fourth session of the Regional Committee to the attention of the next session of the working group on Strategic Budget Space Allocation.

82. The Regional Committee adopted without amendment Documents AFR/RC64/11A and AFR/RC64/11B.

FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS (Documents AFR/RC64/12A and AFR/RC64/12B)

83. The first document summarizes the issues raised by Member States during the Sixty-seventh World Health Assembly, together with requests made to the Secretariat for action or for provision of clarifications in response to decision WHA67(14). The second document comprises: (a) an overarching framework of engagement with non-State actors; (b) four separate WHO policies and operational procedures on engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, as presented at the Sixty-seventh World Health Assembly.

84. The draft framework defines the different non-State actors, five categories of interactions (participation, resources, evidence, advocacy and technical collaboration), and the benefits and risks of such engagement. It further outlines both

the policies and the operational procedures for WHO's transparent management of engagement with non-State actors including due diligence, risk assessment and risk management. For the oversight of engagement it is proposed that the current Standing Committee on Nongovernmental Organizations be replaced by an Executive Board committee on non-State actors. The four separate WHO policies and operational procedures on engagement specify, for each group of non-State actors, the possibilities and limits of engagement for the five categories of interactions. Some of these provisions are identical for all four groups of non-State actors, but others are specific to one or two groups or differ between different groups.

85. In the discussions that ensued, the following key issues emerged: (i) interaction with non-State actors is essential; (ii) transparency of the processes is an imperative; (iii) there is a lack of clarity in the process and criteria regarding due diligence and related procedures. WHO should develop a comprehensive conflict of interest policy in the non-State actors framework. Furthermore, WHO should proceed with caution while developing a policy on engagement with non-State actors (NSA) as such a policy would have far-reaching implications for the Organization.

86. Reservations were raised regarding earmarking of funds from private sector NSA's as well as the use of such funds for the payment of staff salaries. Concerns were expressed regarding the influence of NSA's on WHO's normative and standard-setting work. Strong reservations were also raised regarding staff secondment to WHO from the private sector.

87. Furthermore, although there was agreement that WHO should not engage with the tobacco and arms industries, this restriction, in the view of a number of Member States, should be extended to others, including notably the alcohol, food and beverage industries. It was underscored that decision making within WHO governing bodies should remain the exclusive prerogative of Member States.

88. Delegates requested more time to allow for consultation at the national level. It was noted that Member States were at liberty to express opinions or even raise concerns at the Executive Board meeting in January 2015, including through the Executive Board members from the African Region.

89. The following recommendations were made:

- (a) Delegates should further consult on this matter at country level and share the outcome of their deliberations with Executive Board members from the African Region and with the Regional Office, with a view to developing a regional position in time for the Sixty-eighth World Health Assembly in May 2015.

- (b) The revised framework should provide a clear policy on how WHO will manage conflicts of interest and define its due diligence processes.
- (c) The revised framework should better reflect the role and function of academic institutions, in particular regarding how such role and function can complement WHO's work.

90. The Regional Committee took note of Document AFR/RC64/12A and Document AFR/RC64/12B.

DRAFT PROVISIONAL AGENDA AND DATES OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE AND PLACE OF THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC64/13)

91. The Regional Committee adopted the provisional agenda of its Sixty-fifth session and confirmed that the session would be held in N'Djamena, Republic of Chad, from 31 August to 4 September 2015.

92. The Regional Committee also decided that its Sixty-sixth session would be held in the Federal Democratic Republic of Ethiopia.

93. The Regional Committee further decided that its Sixty-seventh session would be held in the Republic of Zimbabwe.

INFORMATION DOCUMENTS

94. The Regional Committee took note of the following information documents: (a) Report on WHO staff in the African Region (Document AFR/RC64/INF.DOC/1); (b) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC64/ INF.DOC/2); (c) Poliomyelitis in the African Region: progress report (Document AFR/RC64/ INF.DOC/3); and (d) The Pan African programme for public health and climate change: current status and perspectives (Document AFR/RC64/ INF.DOC/4).

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (Document AFR/RC64/14)

95. The report of the Sixty-fourth session of the Regional Committee (Document AFR/RC64/14) was adopted with amendments.

CLOSURE OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

VOTE OF THANKS

96. On behalf of the delegates, the Minister of Health of Eritrea, Dr Amina Nurussien, presented a vote of thanks to the President, the Government and the people of the Republic of Benin for successfully hosting the Sixty-fourth session of the Regional Committee.

Closing remarks by the Regional Director

97. The WHO Regional Director for Africa, Dr Luis Sambo, in his closing remarks thanked the President of the Republic of Benin, His Excellency Dr Thomas Boni Yayi and his Government for hosting the Regional Committee and for the warm hospitality and ideal conditions that facilitated the work of the Secretariat. He also expressed his gratitude to the Minister of Health of the Republic of Benin, Honourable Professor Dorothee Kinde Gazard, for her excellent leadership in coordinating the organization of the meeting. The Regional Director went on to thank the Ministers of Health and Heads of Delegation of Member States for making time to attend this Regional Committee session despite its postponement from September 2014 to November 2014 due to the Ebola Virus Disease epidemic. In addition, Dr Sambo thanked the Chairperson and Vice-Chairpersons for the effective manner in which they conducted the session, and the distinguished delegates for their active participation.

98. The Regional Director reminded the delegates of the important decisions taken during the Sixty-fourth session of the Regional Committee, which are crucial to the health of the people and the functioning of health services within and beyond the African Region. These included the nomination of Dr Matshidiso Moeti from Botswana for appointment as the new Regional Director; actions to be taken by both the affected and non-affected countries to address the Ebola Virus Disease outbreak; the need for Member States to honour their commitments to the African Public Health Emergency Fund and the critical need for increased advocacy to both internal and external partners to contribute to the Fund. Furthermore, decisions were taken to control viral hepatitis, achieve new targets for improving immunization services including coverage and introduction of new vaccines. Dr Sambo said the progress made towards achieving the MDGs was analyzed and decisions were taken to scale up interventions to reach the targets and to align to post-2015 sustainable development goals.

99. The Regional Director concluded his statement by thanking members of the WHO Secretariat, consultants, interpreters, translators, and all who had contributed to the successful conduct of the meeting. He wished all health professionals success in their endeavours to improve the health of the people in the African Region.

Closing remarks by the Minister of Health of the Republic of Benin

100. The Honourable Minister of Health of the Republic of Benin, Professor Dorothée Kinde Gazard, in her closing remarks, thanked the President of the Republic of Benin, Dr Thomas Boni Yayi, for authorizing the holding of the Regional Committee in the Republic of Benin. She thanked all the 47 Member States and Dr Margaret Chan, the Director-General of WHO, for attending the meeting and witnessing the nomination of a new WHO Regional Director for Africa. She expressed her gratitude to Dr Sambo for his close collaboration and support during his tenure as Regional Director. She also thanked the Local Organizing Committee for their immense contribution that ensured the successful conduct of the meeting. She concluded her statement by congratulating the newly-nominated Regional Director for Africa, Dr Moeti, and urged everyone to give her their full support to ensure a successful tenure of office.

Closing remarks by the Chairman of the Regional Committee

101. The Vice-Chairman of the Sixty-fourth session of the Regional Committee, Dr David Parirenyatwa, Honourable Minister of Health and Child Care of Zimbabwe, in his closing remarks also reminded the delegates of the important decisions taken, including the nomination of a new WHO Regional Director for Africa, the designation of Dr Luis Gomes Sambo as Regional Director Emeritus and the honouring of the memory of the late Dr Alfred Comlan Quenum, the first African ever to assume the office of WHO Regional Director for Africa.

102. He then officially declared the Sixty-third session of the Regional Committee closed.

PART III
ANNEXES

ANNEXE 1

LIST OF PARTICIPANTS

1. REPRESENTATIVES OF MEMBER STATES

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MALI

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President, Africa Region (WONCA)
World Organization of Family Doctors
Nigeria

UNICEF/WCARO

Dr Maurice Hours
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West and Central Africa Regional Office
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Organization for Coordination of the Control of Endemic Diseases in Central Africa (OCEAC)

Dr Constant Roger Ayenengoye
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OCEAC - Cameroon

East, Central and Southern Africa Health Community (ECSA-HC)

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East, Central and Southern Africa Health
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Union Economique et Monétaire Ouest Africaine (UEMOA)

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Roll Back Malaria (RBM)

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Head of delegation
Candidate for the post of WHO
Regional Director for Africa

African Leaders Malaria Alliance

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Regional Head, Anglophone Africa
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ANNEX 2

AGENDA OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda (Document AFR/RC64/1)
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region 2012-2013: Biennial Report of the Regional Director (Document AFR/RC64/2)
7. Statement of the Chairman of the Programme Subcommittee (Document AFR/RC64/3)
8. Nomination of the Regional Director (Document AFR/RC64/INF.DOC/5)
9. Progress towards the achievement of the health-related Millennium Development Goals in the African Region (Document AFR/RC64/4)
10. Ebola virus disease outbreak in West Africa: update and lessons learnt (Document AFR/RC64/9)
11. African Public Health Emergency Fund: accelerating the progress of implementation (Document AFR/RC64/7)
12. Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC64/5)
13. Implementation of the WHO Programme Budget 2014-2015 in the African Region (Document AFR/RC64/8)
14. Viral Hepatitis: situation analysis and perspectives in the African Region (Document AFR/RC64/6)

WHO Reform

15. Draft proposed Programme Budget 2016-2017 (Document AFR/RC64/10)
16. **WHO Reform**: Strategic budget space allocation
 - 16.1 Strategic budget space allocation (Document AFR/RC64/11A)
 - 16.2 Operational Segments (Document AFR/RC64/11B)

17. **WHO Reform:** Framework of engagement with non-State actors
 - 17.1 Report by the Secretariat to the regional committees (Document AFR/RC64/12A)
 - 17.2 Report by the Secretariat (Document AFR/RC64/12B)
18. Draft provisional agenda and dates of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session of the Regional Committee (Document AFR/RC64/13)
19. **Information Documents**
 - 19.1 Report on WHO staff in the African Region (Document AFR/RC64/INF.DOC/1)
 - 19.2 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC64/INF.DOC/2)
 - 19.3 Poliomyelitis in the African Region: progress report (Document AFR/RC64/INF.DOC/3)
 - 19.4 The Pan African programme for public health adaptation to climate change: current status and perspectives (Document AFR/RC64/INF.DOC/4)
20. Adoption of the report of the Regional Committee (Document AFR/RC64/14)
21. Closure of the Sixty-fourth session of the Regional Committee

ANNEXE 3

PROGRAMME OF WORK

DAY 1: Monday, 3 November 2014

09:00–11:00	Agenda item 1	Opening of the meeting
11:00–11:45		<i>Group photograph followed by tea break</i>
11:45–12:00	Agenda item 2	Constitution of the Subcommittee on Nominations
12:00–14:00		<i>Lunch break</i>
		<i>(Meeting of the Subcommittee on Nominations)</i>
14:00–14:30	Agenda item 3	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
	Agenda item 4	Adoption of the Agenda and the Programme of Work (Document AFR/RC64/1)
	Agenda item 5	Appointment of members of the Subcommittee on Credentials
14:30–15:30	Agenda item 6	The Work of WHO in the African Region: Biennial Report of the Regional Director 2012-2013 (Document AFR/RC64/2)
15:30–15:40	Agenda item 7	Statement of the Chairman of the Programme Subcommittee (Document AFR/RC64/3)
15:40–16:00		<i>Tea break</i>
16:00–17:00	Agenda item 8	Nomination of the Regional Director <i>(Determination of modalities for interviewing Candidates – open meeting)</i> (Document AFR/RC64/INF.DOC/5)
17:00–17:30		Meeting of the Subcommittee on Credentials
19:00		<i>Dinner hosted by His Excellency the President of the Republic of Benin</i>

DAY 2: Tuesday, 4 November 2014

- 08:15–08:30 **Agenda item 5 (cont'd)** Report of the Subcommittee on Credentials
- 08:30–08:35 **Agenda item 2 (cont'd)** Report of the Subcommittee on Nominations
- 08:35–17:00 **Agenda item 8 (cont'd)** Nomination of the Regional Director
(Interviewing shortlisted candidates–closed meeting) (Document AFR/RC64/INF.DOC/5)
- 19:00** **Reception hosted by the WHO Director-General and Regional Director**

DAY 3: Wednesday, 5 November 2014

- 08:15–08:30 **Agenda item 5 (cont'd)** Report of the Subcommittee on Credentials
- 08:30–10:30 **Agenda item 8 (cont'd)** Nomination of the Regional Director
(Voting–closed meeting)
(Document AFR/RC64/INF.DOC/5)
- 10:30–11:00 *Tea break*
- 11:00–12:30 **Agenda item 9** Progress towards the achievement of the health-related Millennium Development Goals in the African Region (Document AFR/RC64/4)
- 12:30–14:00 *Lunch break*
- 14:00–16:00 **Agenda item 10** Ebola virus disease outbreak in West Africa: update and lessons learnt
(Document AFR/RC64/9)
- 16:00–16:30 *Tea break*
- 16:30–18:00 **Agenda item 11** African Public Health Emergency Fund: accelerating the progress of implementation
(Document AFR/RC64/7)

DAY 4: Thursday, 6 November 2014

- 08:30–09:30 **Agenda item 11** African Public Health Emergency Fund: accelerating the progress of implementation
(Document AFR/RC64/7)

09:30–10:30	Agenda item 12	Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC64/5)
10:30–11:00	<i>Tea break</i>	
11:00–12:30	Agenda item 13	Implementation of the WHO Programme Budget 2014–2015 in the African Region (Document AFR/RC64/8)
12:30–14:00	<i>Lunch break</i>	
14:00–15:00	Agenda item 14	Viral Hepatitis: situation analysis and perspectives in the African Region (Document AFR/RC64/6)
15:00–16:30	Agenda item 15	WHO Reform: Draft Proposed Programme Budget 2016–2017 (Document AFR/RC64/10)
16:30–17:00	<i>Tea break</i>	
17:00–18:00	Agenda item 16	WHO Reform: Strategic budget space allocation 16.1 Strategic budget space allocation (Document AFR/RC64/11A) 16.2 Operational Segments (Document AFR/RC64/11B)
	Agenda item 17	WHO Reform: Framework of engagement with non-State actors 17.1 Report by the Secretariat to the regional committees (Document AFR/RC64/12A) 17.2 Report by the Secretariat (Document AFR/RC64/12B)

DAY 5: Friday, 7 November 2014

08:00–08:30	Agenda item 18	Draft provisional agenda and dates of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session of the Regional Committee (Document AFR/RC64/13)
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08:30–09:00	Agenda item 19	Information Documents (not for discussion)
	Agenda item 19.1	Report on WHO staff in the African Region (Document AFR/RC64/INF.DOC/1)
	Agenda item 19.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC64/INF.DOC/2)
	Agenda item 19.3	Poliomyelitis in the African Region: progress report (Document (AFR/RC64/INF.DOC/3)
	Agenda item 19.4	The Pan African programme for public health and climate change: current status and perspectives (Document AFR/RC64/INF.DOC/4)
09:00–10:00	Tea break	
10:00–11:30	Agenda item 20	Adoption of the report of the Regional Committee (Document AFR/RC64/14)
11:30–12:00	Agenda item 21	Closure of the Sixty-fourth session of the Regional Committee
12:00	<i>Lunch</i>	

ANNEX 4

PROVISIONAL AGENDA OF THE SIXTH-FIFTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region: implementation of Programme Budget 2014-15
7. Statement of the Chairman of the Programme Subcommittee
8. Health-related Millennium Development Goals: achievements and perspectives
9. Global Strategy on people-centred integrated service delivery: contribution of the African Region
10. Setting the research agenda for emerging epidemics in the African Region
11. Progress report on the establishment of the African Medicines Agency
12. Regional orientation on the implementation of the WHO Programme Budget 2016-2017
- 13. Information**
 - 13.1 Report on WHO staff in the African Region
 - 13.2 Regional matters arising from reports of the WHO internal and external audits
 - 13.3 Poliomyelitis in the African Region: progress report
 - 13.4 Progress report on the implementation of the *Health Promotion Strategy for the African Region*
 - 13.5 Progress report on *Strategy for Addressing Key Determinants of Health in the African Region*
 - 13.6 Progress report on the implementation of the *Recommendations of the Commission for Women's Health in the African Region*
14. Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and place of the Sixty-seventh session of the Regional Committee
15. Adoption of the report of the Regional Committee
16. Closure of the Sixty-fifth session of the Regional Committee

ANNEX 5

ADDRESS BY HONOURABLE PROF. DOROTHÉE KINDE GAZARD, MINISTER OF HEALTH OF THE REPUBLIC OF BENIN, AT THE OPENING CEREMONY OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Your Excellency the President of the Republic, Head of State and Head of Government,
- Heads of institutions of the Republic of Benin,
- The WHO Director-General,
- The WHO Regional Director for Africa,
- The Honourable Cabinet Minister in charge of higher education and scientific research,
- Members of Government,
- Honourable African Ministers of Health and Heads of Delegation,
- Members of the diplomatic corps and representatives of international organizations,
- Distinguished delegates at the Sixty-fourth session of the WHO Regional Committee for Africa,
- Distinguished guests,
- Ladies and gentlemen,

It is a great joy for me to welcome you to Benin, at the Cotonou Conference Centre, where the Sixty-fourth session of the WHO Regional Committee for Africa is taking place.

On this day of official opening of the Sixty-fourth session, I would like to thank you, Your Excellency the President of the Republic, for supporting our country's bid to host this meeting and for facilitating its organization.

I would also like to pay a deserved tribute to Dr Margaret Chan, WHO Director-General, for her guidance and for endorsing the choice of our country to host this Regional Committee session, during the previous one that took place in Brazzaville in 2013.

Thank you also, Director-General, for accepting not only to be among us here in Cotonou but also to share with us your experiences and enlightened expertise.

Dr Luis Gomes Sambo, I would be remiss if I did not mention your attentiveness to the Organizing Committee, your advice and suggestions, and the technical support provided by your team.

Honourable Ministers of Health, I would like to thank you because this Regional Committee session would not have taken place here had you not massively approved the choice of Benin.

- Your Excellency the President of the Republic,
- The WHO Director-General,
- The WHO Regional Director for Africa,
- Distinguished Heads of Delegation at this session,
- Ladies and gentlemen,

At this Sixty-fourth session of the WHO Regional Committee for Africa, we will discuss major health issues that pose real challenges to us in Africa. Despite the considerable progress made in the past decades, neglected tropical diseases, noncommunicable diseases and many other diseases largely affect the daily lives of a substantial segment of our populations.

We are only a few months away from the 2015 deadline for achievement of the Millennium Development Goals. Yet, despite the significant progress we have made, some of our countries are still not on track to achieve the MDGs.

During our deliberations, we will discuss the Ebola Virus Disease outbreak, which has revealed the actual capacities of health systems in Africa to deal with emergencies.

I therefore have no doubt that we will be able to pool our ideas, proposals, experiences and knowledge in order to find suitable solutions to the challenges we face.

As we begin the Sixty-fourth session of the WHO Regional Committee for Africa, I consider it proper to pay a tribute to the WHO Director-General and her entire team, to the WHO Regional Director for Africa and his entire staff, to you, dear colleagues, Ministers of Health, and to all stakeholders of Africa's health system, for exercising courage in the delicate management of health issues.

- Your Excellency the President of the Republic,
- The WHO Director-General,
- The WHO Regional Director for Africa,
- Distinguished Heads of Delegation,
- Ladies and gentlemen,

To you all, dear delegates who have gathered here for the Sixty-fourth session of the WHO Regional Committee for Africa, I wish you to be inspired and enjoy your stay in our country.

Long live health at the service of development!

Long live international and regional cooperation!

Long live the Sixty-fourth session of the WHO Regional Committee for Africa!

Long live Benin!

Thank you for your kind attention.

ANNEX 6

STATEMENT BY THE HONOURABLE MINISTER OF HEALTH AND POPULATION OF THE REPUBLIC OF CONGO AT THE OPENING OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Your Excellency the President of the Republic of Benin,
- The Director-General of WHO,
- Honourable Ministers and Heads of Delegation,
- The WHO Regional Director for Africa,
- Representatives of International Organizations,
- Ladies and Gentlemen, all protocol respected,

This session opens at a peculiar time in view of the outbreak of Ebola virus disease (EVD). As you are aware, by 27 October this year, this deadly virus had already affected 13 703 people resulting in 4922 deaths this year with serious economic and social consequences for the affected countries.

These figures are, no doubt, an under-estimation given the weaknesses of our health systems. As a show of solidarity with countries affected by this horrible virus and in memory of its victims, I would kindly ask that we observe one minute of silence.

- Your Excellency, the President of the Republic,
- Ladies and Gentlemen,

The pillars of EVD control have been repeatedly highlighted by international organizations and WHO. Despite the progress made in diagnosis through the development of rapid screening tests yet to be made available and the production of candidate vaccines including the one recently approved by SWISSMED at the *Centre Hospitalier Universitaire Vaudois*, prevention based on communication, information, training and hygiene remains the bedrock of the control effort. We cannot rejoice yet because the epidemic is far from being brought under control in the affected countries.

Therefore, the crisis alert level must be kept high in all the other countries in order to avoid importation of the virus.

Although the EVD epidemic is worrying, it must not divert our attention from other major issues that need to be addressed at this meeting, namely:

- Scaling up measures for achieving the MDGs;
- Validating the outlines of our post-2015 action plans based on sustainable development goals;
- Control of communicable diseases and noncommunicable diseases;

- Harmonizing our action on universal health coverage that remains indispensable for strengthening our health systems;
- Pursuing WHO reform.

- Ladies and Gentlemen,

This reform would be implemented by a new management team of the WHO Regional Office for Africa that must support our 47 Member States to improve the health of our populations.

Before we consider these matters, I would first of all like to pay a special tribute to Dr Luis Gomes Sambo, the outgoing Regional Director, for his immense and tireless work for our health systems. On your behalf and on my own behalf, I congratulate him for the heritage he is bequeathing to his successor and I respectfully commend the diverse forms of work he did at the helm of our common health institution over the last 10 years.

- Ladies and Gentlemen,

During our tenure as Chairman of the Sixty-third session of the WHO Regional Committee for Africa, we were able to appreciate the considerable professional and human qualities of Dr Luis Gomes Sambo.

He demonstrated willingness and talent to successfully address the major health challenges facing our Region.

As for our own performance, we leave that to your judgment. We humbly conducted our work in accordance with our mandate as prescribed and held ourselves in readiness for action whenever it became necessary. In this regard, we participated in various high-level meetings to resolve the health problems that still afflict our populations.

- Ladies and Gentlemen,

As our tenure comes to an end, we wish to express our gratitude to the Republic of Benin and its Government for accepting to host this session. At the same time, we wish our presumed successor, the Minister of Health of Benin, success in taking on and uplifting the mantle of disease control and improvement of the well-being of our populations. We would like to assure her in advance that we are in readiness to support her in this noble and exciting task.

On this note, I wish the Sixty-fourth session of the WHO Regional Committee for Africa great success.

Thank you for your kind attention.

ANNEX 7

ADDRESS BY DR LUIS G. SAMBO, WHO REGIONAL DIRECTOR FOR AFRICA, AT THE OPENING CEREMONY OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Your Excellency Dr Boni Yayi, President of the Republic of Benin,
- Mr Francois Obovi, Minister of Health of the Republic of Congo, Chairman of the Sixty-third session of the Regional Committee,
- Honourable Members of Government and Heads of institution of the Republic of Benin,
- Honourable Ministers of Health and Heads of Delegation of Member States,
- Dr Margaret Chan, WHO Director-General,
- Ambassadors and Heads of diplomatic missions accredited to the Republic of Benin,
- Dear colleagues from agencies of the United Nations system,
- Distinguished Guests,
- Dear participants,
- Ladies and gentlemen,

It is a great honour for me to take the floor before this august assembly to welcome you to the Sixty-fourth session of the WHO Regional Committee for Africa. The holding of this session, initially scheduled from 1-5 September, was postponed to this day because of contingencies related to management of the current Ebola virus haemorrhagic fever epidemic which is seriously affecting our Region.

- Your Excellency Dr Boni-Yayi, President and Head of State of the Republic of Benin,

I want first of all to express my profound gratitude to you and to the Beninese Government and people for the warm hospitality accorded us and the excellent arrangements made for the holding of this meeting. The hosting of this meeting by your country is a testimony to the quality of the long-standing ties of cooperation between Benin and WHO and your personal commitment to health development in Africa.

This session of the Regional Committee is holding in an extremely difficult context because of the Ebola virus epidemic which is overstressing our health systems and jeopardizing the progress made in socioeconomic development in the affected countries. So far, more than 13 000 cases and nearly 5000 deaths have been recorded. The magnitude and the spread of this epidemic has taken all of us by surprise. In addition, it is the first time that the Ebola virus haemorrhagic fever epidemic is hitting West Africa so intensively. Nevertheless, the Federal Republic of Nigeria and the Republic of Senegal have been able to contain the epidemic from its onset and WHO

has already declared both countries Ebola-free. Moreover, the recent information received from Liberia indicates a downward trend in the number of new cases reported. This issue will be discussed during our deliberations.

This Committee session coincides with the implementation of the WHO reform which seeks to ensure a greater WHO leadership and coordination role in global health governance. This Regional Committee session is also being held in a transition period between the Millennium Development Goals and the start of Sustainable Development Goals outlined by the United Nations in the post-2015 agenda. The current context is also characterized by economic growth in Africa which should provide opportunities for in-depth reforms to improve health systems capacity and performance.

- Mr President of the Republic,
- Honourable Ministers,
- Distinguished Guests,

Despite the many challenges facing the African Region, progress has been made towards achieving the health-related MDGs in the past decade. Infant mortality has dropped from 80 to 63 deaths per 1000 live births; under-five mortality has fallen from 129 to 95 deaths per 1000 live births; and maternal mortality ratio has declined from 670 to 500 deaths per 100 000 live births. The past decade has also seen progress in terms of reduction in the disease burden. For example, the incidence of HIV/AIDS has been reduced by 26% and the number of AIDS-related deaths by 34%. Malaria incidence has fallen by 39% and mortality by 62%.

Since the introduction of the conjugate vaccine in 2010 in 12 Sahelian countries, no confirmed case of meningococcal A meningitis has been recorded among the immunized population. The number of poliomyelitis cases dropped by more than 95% between 2005 and 2013. Nigeria, which is the only endemic country, has made remarkable progress, recording only six cases of poliomyelitis in 2014 compared with 49 cases over the same period in 2013. We continue to work with the governments and partners concerned to stop the transmission of the poliomyelitis virus in our Region this year. During the same period, we eliminated leprosy and are about to eradicate guinea-worm disease. Concerning river blindness (onchocerciasis) we have reached the threshold for its control.

- Excellencies,
- Ladies and gentlemen,

Those are some of the health outcomes obtained through the combined efforts of governments, African communities and partners.

In spite of this progress, major challenges persist. The disease burden is still high, mortality indicators remain worrying and there is still the risk of epidemic outbreaks. Humanitarian crises continue to occur in the Region, as is currently the case in South Sudan and Central African Republic. This has resulted in population displacement turning many people into refugees, a significant number of victims of firearms, destruction of health infrastructure and disruption of health care delivery. These challenges underscore the need to undertake more in-depth reforms to strengthen the resilience of health systems and ensure universal health coverage.

It is now a decade since you elected me WHO Regional Director for Africa. I would like to express, here and now, my heart-felt thanks for the confidence you reposed in my country, Angola, and in my humble person. While acknowledging my limitations, I would like to assure you that I have done my best to meet the expectations of all our countries.

- Honourable Ministers of Health,

Thanks to your seamless support, your assistance and that of the international community, we have been addressing the health challenges in our Region since 2005. In order to render account of my stewardship over the past 10 years and for the sake of institutional memory, we have produced three reports presented to you today:

- (a) The first report, entitled "*The Work of WHO in the African Region 2012-2013: Biennial Report of the Regional Director*", reflects the work of the Secretariat in the implementation of the Programme Budget 2012-2013.
- (b) The second report, entitled "*A decade of WHO action in the African Region: striving together to achieve health goals 2005-2015*", deals with my contribution as the leader of the WHO team in the African Region during my two terms of office. It sets forth initiatives such as the establishment of Intercountry Support Teams in order to bring WHO technical support closer to countries; decentralization and delegation of authority to senior staff to facilitate decision-making; establishment of "the WHO regulations and procedures compliance monitoring unit" which has led to greater accountability and reduction of problems raised by external audits; the establishment of the African Public Health Emergency Fund; and establishment of the partners coordination mechanism for Harmonization for Health in Africa (HHA).
- (c) The third report, entitled "*The African Regional Health Report 2014: The Health of the People — What works*," is a report of the WHO/AFRO management team, sharing successful experiences in public health best practices in many countries of the Region, which contributed to the progress made.

Allow me to thank the governments of countries of the Region and bilateral and multilateral cooperation agencies that contributed to and participated in the achievements of the WHO Regional Office for Africa. I should also commend the health initiatives implemented by the African Union and the regional economic communities.

- Mr President of the Republic,
- Honourable Ministers,
- Distinguished guests,

I would like, after having spent nearly 25 years at the service of WHO, to remember my predecessors, notably the late Dr Alfred Quenum (from 1965 to 1984), Dr Gottlieb Lobe Monekosso (from 1984 to 1994) and Dr Ebrahim Malick Samba (from 1994 to 2004) with whom I was privileged to work and learn. I would like to acknowledge, at this gathering, their contributions to health development in Africa since the mid-1960s and the solid heritage on which we built our action over the past decade. The works of these illustrious public figures are on display in the exhibition hall.

I want to reiterate my gratitude to you for the privilege you gave me to serve WHO in the Region. The magnitude of the challenges was immense, but the opportunities to address them firmly were edifying. The results we achieved would not have been possible without the seamless support of the WHO Director-General, Dr Margaret CHAN. I would like, dear Margaret, to thank you for your unfailing support.

May I also express here my sincere gratitude to all Directors, WHO country representatives and the entire staff of the WHO African Region who showed proof of competence and devotion to work. You supported me in various often unforeseeable moments and I thank you for your support.

Our thanks go to the host country of the Regional Office, the Republic of Congo, particularly His Excellency the President, to the Government and the people of the Republic of Congo for their support and their care which enabled me to discharge my duties in serenity throughout my stay in Congo.

Last but not least, allow me to turn to my country, Angola, to express my profound gratitude to His Excellency Mr José Eduardo dos Santos, President of the Republic, and to the Government and people of Angola for their unfailing support which enabled me to face even the most difficult moments with calm.

This session of the Regional Committee will elect a new WHO Regional Director for Africa. Allow me to salute the distinguished candidates to my succession and to wish all of them the best of luck in this noble undertaking.

While I am about to depart from this prestigious organization, which I had the privilege to serve, I am even more convinced of its relevance and *raison d'être*. Its core functions are of special importance to African countries, in view of the health challenges facing them. To enable WHO to fully play its role, it is necessary, now more than ever, for it to obtain financing commensurate with the challenges and with the expectations of the people and governments. It is important for our Organization which is undergoing reform to be able to achieve its institutional objectives without being destabilized by worries about financing. My wish is that the world would do more to finance WHO more adequately.

I wish the Sixty-fourth Session of the WHO Regional Committee for Africa every success in its deliberations.

I thank you for your kind attention.

ANNEX 8

ADDRESS BY DR MARGARET CHAN, WHO DIRECTOR-GENERAL, AT THE OPENING CEREMONY OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Excellencies,
- Honourable ministers,
- Distinguished delegates,
- Representatives of the African Union,
- Dr Sambo,
- Ladies and gentlemen,

Many external experts and analysts believe that Africa is at crossroads.

As I speak to you, Africa shows the world two prominent public faces that are strikingly different.

One face shows Africa rising, undergoing an economic and social transformation that is unparalleled in any other region of the world, at any time in recent history.

This is the face that showcases Africa's abundant natural resources, its increasingly educated, peaceful, and healthy populations, and the Region's resilience, creativity, and boundless energy.

This is the face of beginnings: of prosperity, well-being, and a healthy future.

But this bright future depends on whether governments make equity in the distribution of benefits an explicit policy goal.

As the latest Progress Panel and Report on Africa, headed by Kofi Annan, notes:

“The ultimate measure of progress in Africa is not to be found in GDP numbers and growth rates, but in the well-being of people, and in prospects for enabling people to improve their lives”.

As you all know, much of Africa's growth has been concentrated in sectors such as mining and petroleum that favour the elite but do little to improve living conditions and health status in the rural areas where most of the poor and sick reside.

All nations benefit from an Africa that is prosperous, stable, and fair.

This view was underscored in September during an emergency session of the UN Security Council, which considered the Ebola outbreaks in West Africa as a threat to international security.

In Guinea, Liberia, and Sierra Leone, Ebola has set back hard-won political stability and economic recovery, and is reversing some striking recent gains in health outcomes.

Let me give you just one statistic to think about.

In 2012, WHO estimated that 21 000 people, 95% of them children, died in the three West African countries combined.

This figure was a marked improvement over the 34 000 deaths estimated in 2000.

This is just one of many positive trends that is now under threat.

Ladies and gentlemen,

The Ebola outbreak that is ravaging parts of West Africa is the most severe acute public health emergency seen in modern times.

It has many unprecedented dimensions, including its heavy toll on frontline domestic medical staff.

I extend my deepest sympathy to the people of West Africa who have seen so many of their fellow countrymen fall ill and die.

I extend my deepest sympathy to the families, the loved ones, the neighbours, and entire villages and communities.

I can tell you one thing: every one of these West Africans who died from Ebola was beloved.

All of us must respect the compassion and courage of so many health workers who selflessly risked their lives, and lost them.

The three countries have lost some of their greatest humanitarian heroes.

In the midst of these alarming trends, two WHO arguments that have fallen on deaf ears for decades are now out there with consequences that all the world can see, every day, on prime-time TV news.

The first argument concerns the urgent need to strengthen long-neglected health systems, an argument long-championed by your Regional Director.

When Heads of State in non-affected countries talk about Ebola, they rightly attribute the outbreak's unprecedented severity to the "failure to put basic public health infrastructures in place."

Without fundamental public health infrastructures in place, no country is stable. No society is secure.

No resilience exists to withstand the shocks that our 21st century societies are delivering with ever-greater frequency and force, whether from a changing climate or a runaway killer virus.

The second argument is this: Ebola emerged nearly four decades ago. Why are clinicians still empty-handed, with no vaccines and no cure?

The reason is because Ebola has historically been confined to poor African nations.

The Research and Development incentive is virtually non-existent. A profit-driven industry does not invest in products for markets that cannot pay.

WHO has been trying to make this issue visible for ages. Now people can see for themselves.

- Ladies and gentlemen,

I will leave it to an African medical correspondent to comment on the two faces of today's Africa.

He has written eloquently about how outbreaks of diseases which, like Ebola, make Africa's neglected health systems and impoverished populations highly visible.

He cites the importance of the recent economic transformation of Africa's international reputation as a continent of hope.

But he is quick to ask the related question. "What good does it do," he asks, "to cover the ceiling of your house with golden paint when the walls and foundation have cracks?"

I will end my Ebola comments here.

You have a heavy agenda to get through. You need to approve a regional strategic plan for immunization, with highly ambitious targets.

Like the rest of the world, you will be transitioning from the Millennium Development Goals to a post-2015 development agenda.

Africa needs to seize this new agenda on its own terms. Frankly, this region has, in the past, suffered from some bad development advice. Future solutions to Africa's problems must be uniquely African solutions.

In the past, Africa has followed in line with the priorities and strategies defined by global health initiatives, and not always as defined by your own governments and perceived health needs.

Now Africa needs to lead.

In April, African Ministers of Health, at their gathering in Luanda, endorsed universal health coverage as a means to achieve and sustain the health MDGs and recognized it as an essential part of the post-2015 development agenda.

This is what I mean by leadership.

Among the items on your agenda is the nomination of your next regional director.

I thank Dr Luis Sambo for his years of dedication to WHO and to the health of the African people.

Thank you.

ANNEX 9

REMARKS BY THE SECRETARY-GENERAL OF THE UNITED NATIONS AT THE OPENING OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Your Excellency Mr Thomas Yayi Boni, President of Benin,
- Honourable Ministers,
- Distinguished Delegates,
- Ladies and Gentlemen,

I am pleased to address this important gathering. Let me begin by expressing my solidarity with the people of Africa — especially Guinea, Liberia and Sierra Leone. The world faces an unprecedented Ebola crisis that demands a massive global response. Effective regional partnerships are also vital. That is why I recently met in Addis Ababa with the Chairperson of the African Union Commission — Dr Nkosana Dlamini Zuma. I was joined at that meeting by the President of the World Bank — Dr Jim Kim. We discussed how our three organizations can help.

The United Nations continues to mobilize. I have established a first-of-its-kind emergency health operation — the United Nations Mission for Ebola emergency Response, commonly called UNMEER. I thank Ghana for hosting its headquarters.

As the international community strengthens its response, I look to you, Honourable Ministers, for your leadership. You need to ensure that preparedness plans are in place and funds are available to implement them. We will work to make sure that you have the tools and guidance you need.

Ebola is not only killing people. It is also destroying families and communities. It is eroding hard-won progress achieved through the Millennium Development Goals. As we formulate the post-2015 development agenda, we must strengthen African health systems. This is the only way to prevent future outbreaks and build vibrant, health societies.

I thank you for coming together to meet these vital goals. Please accept my best wishes for a successful meeting.

Once again, thank you.

ANNEX 10

STATEMENT BY H.E. DR THOMAS BONI YAYI, PRESIDENT OF THE REPUBLIC OF BENIN, ON THE OCCASION OF THE OFFICIAL OPENING OF THE SIXTY-FOURTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Director-General of the World Health Organization, Dr Margaret Chan;
- Heads of Institutions of the Republic,
- Ministers of Health and Heads of Delegation,
- Members of Government,
- WHO Regional Director for Africa,
- Chairman of the Sixty-third session of the Regional Committee for Africa,
- Excellencies the Heads of Diplomatic and Consular Missions and Representatives of International Organizations accredited to Benin,
- Technical and Financial Partners,
- Distinguished Delegates and Members of the Organizing Committee of the Sixty-fourth session of the WHO Regional Committee for Africa,
- Distinguished Guests,
- Ladies and Gentlemen,

My country, Benin, is honoured to host the Sixty-fourth session of the WHO Regional Committee for Africa in the spirit of African hospitality.

On this occasion, on behalf of the Government and People of Benin, and on my own behalf, I have the pleasure to warmly welcome our distinguished guests.

Your presence here in Cotonou is in our view an evidence of your esteem for our country and your commitment to WHO, our common Organization, so that it can continue to address health challenges in accordance with the objectives set for it since its establishment in 1948.

- Madam Director-General of WHO,

I am particularly delighted about your physical presence in our midst. It attests to your determination and your unquestionable leadership to promote the well-being of the people of the world in general and of Africa in particular. You do your work with remarkable synergy and that has enhanced effectiveness in the definition of national health policies.

I also hail the presence at this gathering of Dr Luis Gomes Sambo, WHO Regional Director for Africa who, during his tenure of office which is about to end, worked so tirelessly to address the health issues facing our dear continent.

- WHO, Director-General,
- The Regional Director,
- Distinguished Delegates,
- Ladies and Gentlemen,

You would appreciate, as I do and as does the whole international community, the importance of this session of the WHO Regional Committee that opens against the backdrop of the ongoing Ebola virus disease epidemic and is wreaking so much havoc on our continent from the health, economic and social standpoints.

In fact, this terrible and unpredictable disease called Ebola has claimed over 5000 lives only a few months after it emerged in our subregion.

The Cotonou meeting therefore provides an ideal opportunity for a thorough discussion on this cruel disease as clearly set forth in this meeting's agenda.

There is urgent need to find the most effective means to eradicate the disease as quickly as possible. That is why we are already so delighted about the calibre of participants gathered here at this meeting which, under your enlightened leadership, Madam Director-General, should be able to pass appropriate resolutions to give back hope to the affected people and health care providers.

May I use this occasion to express, on behalf of the People of Benin, my deepest sympathy to the sister-countries affected by this terrible viral disease, and to the families of health care providers who lost their lives while saving those of Ebola patients.

- Madam Director-General,

The World Health Organization, our global organization, has won many battles including the most unlikely ones. The legitimate hope of the entire world, particularly Africa, is that we will defeat this new common enemy, its occurrence and its tragedies so that, hopefully, it will soon fade away to the distant memory.

My country and indeed the entire African continent are aware of the commendable initiative that the WHO has been taking without relent since the onset of the epidemic in our subregion.

Therefore, on behalf of my peers in Africa and on my own behalf, I would like to publicly pay a well-deserved tribute to you in your fight to eradicate, in collaboration with the international community, the terrible virus that is causing so much panic among humankind.

- Madam Director-General,

On behalf of my dear colleagues in Africa and of the people of Benin, I would once again like to welcome you to Cotonou and I commend the leadership role you are playing at the helm of WHO to meet the global health challenges of the 21st century.

Without intending to abuse your high sense of modesty, I would still be failing in my duties if I did not testify that the fundamental reforms you have initiated at the helm of the Organization and have so skilfully spearheaded will forever be engraved in bold letters in the annals of humankind's struggle to improve the well-being of the peoples of all continents.

- Madam Director-General,
- Mr Regional Director,
- Distinguished Delegates,
- Ladies and Gentlemen,

The role WHO plays to ensure the vitality of our health systems is now well-known. Notwithstanding the considerable efforts and resources expended in this role, it should be acknowledged that our dear continent still has to meet immense health challenges.

The challenges include issues relating to human resources for health, health infrastructure, organization and financing of health care, etc.

We will still and ever need to rely on our common organization to continue to fight all forms of diseases.

We have no other choice if we consider the past record with proven results that have helped to at least halt, if not eradicate completely, major endemic diseases like tuberculosis, malaria, HIV/AIDS and neglected tropical diseases including Buruli ulcer.

The successes recorded in health in Africa in these past decades were achieved with the invaluable support of the Regional Office under the able leadership of Dr Luis Gomes SAMBO as well as members of his team.

- Mr Regional Director,
- My dear brother and friend,

On behalf of the Heads of State and Government of Africa, I would like to express to you our profound gratitude and that of the people whom you have served with so much devotion during your tenure of office.

You have made quality contribution towards improving Africa's health indicators. The many projects you initiated, in collaboration with the WHO headquarters in Geneva, give Africa renewed and increasing hope for universal health coverage, which has so far remained only a dream.

- Honourable Ministers of Health,
- Heads of Delegation,

I would now like to address you and commend you for the initiatives and actions that you have embarked upon in your respective countries to improve the health status of your peoples.

Although our different States signed up to the Millennium Development Goals and have developed and implemented policies and strategies to achieve them, life expectancy remains low in most of our countries and maternal and child mortality is still a major challenge.

The tragic effects of the Ebola virus disease outbreak have shown that we need to further strengthen our various health systems that are still weak.

We should, therefore, seriously review our health systems in order to make them more effective in providing appropriate responses to the epidemics that are wreaking such havoc on our continent.

The dwindling of both internal and external resources as a result of the economic, monetary and financial crises should further remind us of our obligation to uphold good governance, reporting and accountability.

It is, therefore, important that I, once again, draw attention to the need for south-south cooperation in health, as is already being done in many of the countries represented here; in fact it should be intensified so that, with the support of our international partners, we can effectively address our health challenges.

Furthermore, our countries should endeavour to create the necessary conditions for developing a rationalized traditional medicine to complement modern medicine in improving the well-being of our populations.

Likewise, public-private partnership that is becoming increasingly dynamic on our continent should, more than ever, play a key role in resolving the health problems of our hard-working populations.

Finally, I would like to entreat you to bear in mind the continuing changes in our world, notably climate change and its attendant emerging diseases as well as some noncommunicable diseases that are no longer the preserve of developed countries.

- Madam Director-General,
- Distinguished Delegates,
- Ladies and Gentlemen,

It is no secret that health is the bedrock of development. Among the major challenges facing our countries, maternal and child health must be a central theme in our discussions.

In that regard, I would like to commend here the initiatives taken by our partners on this subject notably the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and many others, because they hold encouraging prospects for Africa.

As we strive to liberate our people from extreme poverty we obviously need to adopt the systemic approach to health management with a view to improving management of the health of our people.

- Madam Director-General,
- Mr Regional Director,
- Distinguished Delegates,
- Ladies and Gentlemen,

Thirty years ago, our late compatriot, Dr Alfred Comlan Quenum, passed away. During his tenure of office as WHO Regional Director for Africa, this great son of Benin gave the best of himself for the health development of African countries. Permit me to evoke his memory at this gathering and to pay him a befitting tribute.

Again, I would be failing in my duties if I did not mention the specificity of this Cotonou meeting at which, among other things, a new Director will be elected to head the WHO African Region. I would like to wish all the candidates the best of luck and to encourage the candidate who will be elected to succeed my dear friend, Luis Gomes Sambo, to endeavour, just like Dr Sambo and all his predecessors did, to consolidate the precious achievements and, with determination and creativity, strive to meet the expectations of the African peoples.

I wish you every success in your deliberations and on this note of great hope and expectation, I declare open, today, Monday, 3 November 2014, the Sixty-fourth session of the WHO Regional Committee for Africa.

Long Live the World Health Organization!

Long Live International Cooperation!

Long Live African Integration at the Service of Health Development!

May GOD bless your deliberations!

I thank you.

ANNEX 11

LIST OF DOCUMENTS

AFR/RC64/1	Agenda
AFR/RC64/2	The Work of WHO in the African Region 2012-2013: Biennial Report of the Regional Director
AFR/RC64/3	Statement of the Chairman of the Programme Subcommittee
AFR/RC64/4	Progress towards the achievement of the health-related Millennium Development Goals in the African Region
AFR/RC64/5	Regional Strategic Plan for Immunization 2014–2020
AFR/RC64/6	Viral Hepatitis: situation analysis and perspectives in the African Region
AFR/RC64/7	African Public Health Emergency Fund: accelerating the progress of implementation
AFR/RC64/8	Implementation of the WHO Programme Budget 2014-2015 in the African Region
AFR/RC64/9	Ebola virus disease outbreak in West Africa: update and lessons learnt

WHO Reform

AFR/RC64/10	Draft Proposed Programme Budget 2016-2017
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Strategic budget space allocation

AFR/RC64/11A	Strategic budget space allocation
AFR/RC64/11B	Operational Segments

Framework of engagement with non-State actors

AFR/RC64/12A	Report by the Secretariat to the regional committees
AFR/RC64/12B	Report by the Secretariat
AFR/RC64/13	Draft provisional agenda and dates of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session of the Regional Committee
AFR/RC64/14	Report of the Sixty-fourth session of the Regional Committee for Africa

Information Documents

- AFR/RC64/INF.DOC/1 Report on WHO staff in the African Region
- AFR/RC64/INF.DOC/2 Regional matters arising from reports of the WHO internal and external audits
- AFR/RC64/INF.DOC/3 Poliomyelitis in the African Region: progress report
- AFR/RC64/INF.DOC/4 The Pan African programme for public health adaptation to climate change: current status and perspectives
- AFR/RC64/ INF.DOC/5 Nomination of the Regional Director
- AFR/RC64/INF/01 Information Bulletin on the Republic of Benin