



AFR/RC67/18

SIXTY-SEVENTH SESSION OF THE

WHO REGIONAL COMMITTEE FOR AFRICA

VICTORIA FALLS, REPUBLIC OF ZIMBABWE

28 AUGUST – 1 SEPTEMBER 2017



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WHO REGIONAL COMMITTEE FOR AFRICA
VICTORIA FALLS, REPUBLIC OF ZIMBABWE
28 AUGUST–1 SEPTEMBER 2017

FINAL REPORT

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
BRAZZAVILLE • 2017

AFR/RC67/18

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ABBREVIATIONS

ADI	Addis Declaration on Immunization
AMR	antimicrobial resistance
AMRH	African Medicines Regulatory Harmonization
ART	antiretroviral therapy
AVAREF	African Vaccine Regulatory Forum
CHW	community health workers
ECOWAS	Economic Community of West African States
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EVD	Ebola virus disease
GPW	General Programme of Work
HHA	Harmonization for Health in Africa
HiAP	Health in All Policies
HSS	Health systems strengthening
HPV	human papillomavirus
HRH	Human resources for health
IHR	International Health Regulations
JEE	Joint External Evaluation
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
NBTS	National Blood Transfusion Service
NCDs	noncommunicable diseases
NRA	National Regulatory Authorities
NTDs	neglected tropical diseases
PC-NTDs	NTDs amenable to preventive chemotherapy
RACe	Rapid Access Expansion
REDISSE	Regional Disease Surveillance Systems Enhancement
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
TA	Transformation Agenda
TB	Tuberculosis
UHC	universal health coverage
WAHO	West African Health Organisation
WHE	WHO Health Emergencies Programme
WHO FCTC	WHO Framework Convention on Tobacco Control
WPV	wild poliovirus



Tent where the meeting took place



Group photograph taken shortly after the opening ceremony

PART I
PROCEDURAL DECISIONS
AND
RESOLUTION

PROCEDURAL DECISIONS

Decision 1: Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs of the Regional Committee

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa, the Sixty-seventh session of the Regional Committee unanimously elected the following officers to serve on the Bureau of the Sixty-sixth session of the Regional Committee:

Chairperson: Dr Pagwesese David Parirenyatwa
Minister of Health and Child Care
Zimbabwe

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

Second Vice-Chairperson: Dr Raymonde Goudou Coffie
Minister of Health and Public Hygiene
Cote d'Ivoire

Rapporteurs: Dr E. Osagie Ehanire (English)
Minister of State for Health
Nigeria

Professor Andriamanarivo Mamy Lalatiana (French)
Minister of Public Health
Madagascar

Dr Maria Tome Palmer (Portuguese)
Head of Delegation
Sao Tome and Principe

28 August 2017

Decision 2: Composition of the Committee on Credentials

In accordance with Rule 3 (c) of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Benin, Botswana, Kenya, Mali, South Africa, Togo and Uganda.

28 August 2017

Decision 3: Report of the Committee on Credentials

1. The Regional Committee appointed representatives of the following seven countries as members of the Committee on Credentials: Benin, Botswana, Kenya, Mali, South Africa, Togo and Uganda.
2. The Committee on Credentials met on 28 August 2017 and elected Mrs Shenaz El-Halabi, Permanent Secretary of the Ministry of Health and Wellness of Botswana as its Chairperson. The Committee reviewed the credentials submitted by Member States and mandated its Chairperson to examine and approve, on its behalf, the credentials submitted after the meeting of the Committee on Credentials.
3. As reported to the Regional Committee by the Chairperson of the Committee on Credentials, the credentials of the following Member States were accepted: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.
4. The 42 Member States participating in the Sixty-seventh Session of the Regional Committee have therefore submitted credentials which were found to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa.
5. The following Member States did not take part in the Sixty-seventh session of the Regional Committee: Central African Republic, Guinea-Bissau, Mauritania, Rwanda and South Sudan.

31 August 2017

Decision 4: Draft Provisional Agenda, place and dates of the Sixty-eighth session of the Regional Committee and place of the sixty-ninth session of the Regional Committee:

In accordance with Decision No.4 of the Sixty-sixth session of the Regional Committee, the Committee decided to hold its Sixty-eighth session in Dakar, Republic of Senegal, from 27 to 31 August 2018. The Committee reviewed and commented on the draft provisional agenda of the Sixty-eighth session. The Committee requested the Secretariat to finalize the agenda, taking into account the suggestions made by Member States.

In accordance with resolution AFR/RC35/R10, which resolved that "the Regional Committee shall meet at least once every two years at the Regional Office", the

Regional Committee proposed to hold its Sixty-ninth session at the WHO Regional Office for Africa in Brazzaville, Republic of Congo.

31 August 2017

Decision 5: Membership of the Programme Subcommittee

Having considered the need for membership of the Programme Subcommittee to be compliant with the new Terms of Reference adopted at the Sixty-sixth session of the Regional Committee for Africa, the Regional Committee decided that the Programme Subcommittee should be composed of the following Member States as from the Sixty-seventh session of the Regional Committee for Africa.

Subregion 1

1. Liberia (2015–18)
2. Sierra Leone (2015-18)
3. Mauritania (2016-19)
4. Nigeria (2016-19)
5. **Senegal (2017-20)**
6. **Togo (2017-20)**

Subregion 2

7. Kenya (2015-18)
8. Uganda (2015-18)
9. Ethiopia (2016-19)
10. Sao Tome and Principe (2016-19)
11. **Rwanda (2017-20)**
12. **Cameroon (2017 – 20)**

Subregion 3

13. Namibia (2015-18)
14. Seychelles(2015-18)
15. South Africa(2016-19)
16. **Botswana (2017-19)**
17. **Zimbabwe(2017-20)**
18. **Angola (2017-20)**

31 August 2017

Decision 6: 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 Mali and Mauritania on the HRP's Policy and Coordination Committee (PCC), under Category 2, will come to an end on 31 December 2017. Mali and Mauritania will be replaced by Namibia and Mozambique for a period of three (3) years, with effect from 1 January 2018 to 31 December 2020. Namibia and Mozambique will thus join Mauritius on the PCC.

31 August 2017

Decision 7: Designation of Member States of the African Region to serve on the Executive Board

1. The Regional Committee designated Gabon to replace the Republic of Congo on the Executive Board with effect from the one-hundred-and-forty-third session in May 2018, immediately after the Seventy-first World Health Assembly. Gabon will thus join Algeria, Benin, Burundi, Swaziland, United Republic of Tanzania and Zambia.
2. The term of office of the Republic of Congo on the Executive Board will end with the closing of the Seventy-first World Health Assembly.
3. The Regional Committee further designated Swaziland to be proposed for election as Vice-Chair of the Executive Board as from the one-hundred-and-forty-third session of the Executive Board.
4. 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.

31 August 2017

Decision 8: Method of work and duration of the Seventy-first World Health Assembly

President of the World Health Assembly

1. The Chairperson of the Sixty-seventh session of the Regional Committee for Africa will be proposed for election as President of the Seventy-first World Health Assembly to be held from 21 to 26 May 2018.

Committees of the Assembly

2. The following Member States will be proposed to serve on the Committees of the Assembly as follows:
 - (a) Burkina Faso as Vice-Chair of Committee B.
 - (b) Cameroon as the Rapporteur of Committee A.
 - (c) Based on the English alphabetical order and subregional geographic grouping, the following Member States as members of the General Committee: Botswana, Gabon, Madagascar, Mauritania and Nigeria.
 - (d) On the same basis, the following Member States as members of the Committee on Credentials: Lesotho, Niger and Sao Tome and Principe.

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

3. The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 19 May 2018, at 09:30 at the WHO Headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-seventh session, and discuss agenda items of the Seventy-first World Health Assembly of specific interest to the African Region.
4. 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 08:50 at the *Palais des Nations*.

31 August 2017

RESOLUTION

AFR/RC66/R1: Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Zimbabwe to ensure the success of the Sixty-seventh session of the WHO Regional Committee for Africa, held in the idyllic setting of Victoria Falls, from 28 August to 1 September 2017;

APPRECIATING the particularly warm welcome that the Government and people of the Republic of Zimbabwe extended to the delegates;

1. **THANKS** the President of the Republic of Zimbabwe, **His Excellency Robert Gabriel Mugabe**, for the excellent facilities provided to the delegates and for the inspiring and insightful statement he delivered at the official Opening Ceremony;
2. **EXPRESSES** its sincere gratitude to the Government and people of the Republic of Zimbabwe for their outstanding hospitality;
3. **REQUESTS** the Regional Director to convey this Vote of Thanks to the President of the Republic of Zimbabwe, **His Excellency Robert Gabriel Mugabe**.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-seventh session of the WHO Regional Committee for Africa was held at the Elephant Hills Hotel, Victoria Falls, the Republic of Zimbabwe. Present at the opening ceremony on Monday, 28 August 2017 were: His Excellency President Robert Gabriel Mugabe, of the Republic of Zimbabwe, the Minister of Health and Child Care of Zimbabwe, Dr David Pagwesese Parirenyatwa; the outgoing Chair, Dr A. Nascimento do Rosário, Minister of Health of Cabo Verde; the Minister of Provincial Affairs, Mr Cain Mathema; other cabinet ministers and members of the Government of the Republic of Zimbabwe; ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Tedros Adhanom Ghebreyesus; the WHO Regional Director for Africa, Dr Matshidiso Moeti; the African Union Commissioner for Social Affairs, Her Excellency Amira Elfadil; and representatives of other United Nations agencies, nongovernmental organizations and partners (see Annex 1 for the list of participants).

2. Dr Parirenyatwa, the Minister of Health and Child Care of the Republic of Zimbabwe, and Chair of the Sixty-seventh session of the WHO Regional Committee, welcomed the delegates and congratulated the outgoing acting Chair, Honourable Dr A. Nascimento do Rosário. The Minister expressed his delight at the selection of the Republic of Zimbabwe to host the meeting, especially as it was the first Regional Committee to be attended by the first WHO Director-General from Africa, Dr Tedros Adhanom Ghebreyesus. He congratulated the Director-General on his election and assured him of the full support of all African countries in his global assignment. He then recalled the long list of agenda items, which reflect the health challenges still facing the Region despite the significant progress made in some areas. He noted that addressing these challenges would require a collective approach and wished the delegates successful deliberations.



3. Honourable Dr A. Nascimento do Rosário, Minister of Health of Cabo Verde and outgoing acting Chair of the Regional Committee, welcomed Dr Tedros Adhanom Ghebreyesus, and congratulated him on his election as the first WHO Director-General from Africa. He expressed his conviction that the deliberations on agenda items covering a wide range of health matters in the Sixty-seventh session would help to promote the health of the people in the Region.



4. In her address, Her Excellency Amira Elfadil, the African Union Commissioner for Social Affairs, thanked WHO for the strong and growing partnership between the two organizations. She joined previous speakers in congratulating the Director-General of WHO on his election. The Commissioner emphasized that strengthening partnerships is crucial to transforming the health aspirations of the continent into a reality.



5. Dr Moeti, WHO Regional Director for Africa, thanked the President and people of the Republic of Zimbabwe for hosting the meeting, for their warm hospitality and the excellent arrangements made for the Regional Committee session. She congratulated and welcomed Dr Tedros Adhanom Ghebreyesus to the first Regional Committee meeting he was attending since his election as WHO Director-General. The Regional Director also extended a very warm welcome to all the ministers of health and other delegates, especially those attending the Regional Committee for the first time.



6. Dr Moeti extended her condolences to the people of Sierra Leone following the tragic mudslide that occurred in that country. She assured them that WHO was working with the government to provide support in the health aspects of the response.

7. The Regional Director noted that there is a growing global interest in health issues, which is helping to restore health to its rightful place within the global development agenda. A case in point is the recent G20 Heads of State Summit held in Germany, where health security, health systems strengthening and antimicrobial resistance were discussed. She also drew attention to strengthened regional commitment to the International Health Regulations. In addition, she highlighted recent regional achievements, which included the endorsement this year of the Addis Declaration on Immunization (ADI) by African Heads of State.

8. Furthermore, Dr Moeti spoke on the growing convergence of views on the need to strengthen health security and health systems. Initiatives in this area include the approval by the World Health Assembly of the new WHO Health Emergencies Programme in May 2017; Member States' action in pursuing Joint External Evaluations of their IHR core capacities; the availability of new funding facilities, including the World Bank's Global Financing Facility to promote universal health coverage; the Regional Disease Surveillance Systems Enhancement (REDISSE) project to fund IHR capacity building in ECOWAS countries; the African Development Bank support for IHR capacities; and the establishment of the Africa Centre for Disease Control and Prevention by the African Union.

9. Dr Moeti noted that the reform of WHO's Health Emergencies Programme was leading to faster and more effective responses to outbreaks; improved dissemination of information through weekly bulletins to all partners; and greater transparency. This was evident in the rapid response to the recent Ebola outbreak in the Democratic Republic of the Congo in May 2017, which was brought to an end within just two months. Similarly, WHO played a central role in coordinating the process for the cross-border control of a Lassa fever outbreak in Togo, Benin and Burkina Faso.

10. The Regional Director declared that building stronger, resilient and responsive health systems is the best approach to stop outbreaks and bring equitable health care to all the people of Africa. Consequently, pursuing UHC is a top priority, and a key contributor to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and assuring progress in pursuing *Agenda 2063* as agreed by the African Union. Accordingly, WHO in collaboration with health ministries in Member States has developed a framework to guide action on advancing UHC and SDG 3 as well as a monitoring system to provide information on progress. She observed that financing is fundamental to improving health systems in the Region.

11. Dr Moeti indicated that efforts were being made to improve immunization coverage, combat antibiotic resistance and end TB by 2030. She mentioned that the growing burden of noncommunicable diseases was also a concern for the Region, noting that it was imperative to adopt measures against NCDs, including prevention, early detection and treatment. The growing importance of social and environmental determinants underlines the need for a multisectoral approach with the SDGs providing an excellent platform for such collaboration.

12. Dr Moeti reported on the significant progress made in implementing the Region's Transformation Agenda. She indicated that an independent mid-term evaluation by WHO's Global Evaluation Office in April 2017 had confirmed the progress made.

13. In his remarks, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, thanked His Excellency Robert Gabriel Mugabe, President of the Republic of Zimbabwe for his commitment to health. He also thanked the countries in the Region for their support, and acknowledged the outstanding work of Dr Moeti on behalf of Africa.



14. He outlined his plans, including a number of 'fast track initiatives' to boost effectiveness in emergencies, enhance governance, improve communication and resource mobilization, and pursue better value for money. Beyond these immediate priorities, the groundwork is being laid for widespread changes aimed at strengthening WHO's capacity to meet the health challenges of the 21st century. He indicated that he had started the process of shaping the next General Programme of Work (GPW) that will guide WHO's work between 2019 and 2023.

15. Dr Tedros said that it is logical for the next GPW to focus on the SDGs. While there is a single goal on health, he stressed the fact that it either contributes to, or benefits from, almost all the other goals. This implies that some of the biggest health gains will come from improvements outside the health sector. It is therefore essential that WHO engages with partners in all relevant sectors to drive progress. The next GPW proposes the following mission for WHO: **'to keep the world safe, improve health and serve the vulnerable'**.

16. To achieve this mission, the next GPW proposes five strategic priorities, namely: prevent, detect, and respond to epidemics, including polio elimination and combating antimicrobial resistance; provide health services in emergencies and help operate and restore health systems; support Member States to strengthen health systems to achieve UHC; drive progress towards specific SDG health targets; and provide the world's governance platform for health that will shape the complex global health architecture, a role in which WHO has authority and credibility.

17. He mentioned that managing and monitoring of WHO's work will focus on outcomes and impact. Thus, a scorecard with key indicators and measurable targets will be developed to monitor performance.

18. In his official opening address to the Sixty-seventh session of the WHO Regional Committee for Africa, His Excellency Robert Gabriel Mugabe, President of the Republic of Zimbabwe spoke extensively on health development in Zimbabwe and globally over the last 50 years. He noted the health challenges facing the Region such as the burden of communicable and noncommunicable diseases and maternal and child deaths that require concerted efforts to address. President Mugabe urged the Committee to seek explanations to the prevailing health challenges, and most importantly, to find ways and means of arresting and reversing them.



19. The president reiterated that a sound and prosperous life is predicated on the enjoyment of good health, adding that the interplay between health and development has become evident to all. Therefore there was a need for robust investment in health, using various health financing mechanisms, for example levies on mobile communications. He advocated for the strengthening of health systems, including the empowerment of communities to respond to the growing number and complexity of health issues. Furthermore, he called on African governments to prioritize health in their national development agenda. In conclusion, President Mugabe called for health to be given deserved prominence at the subregional, continental and global levels. He then declared open the Sixty-seventh session of the WHO Regional Committee for Africa.

ORGANIZATION OF WORK

20. The Regional Committee unanimously elected the following officers to serve on the Bureau of the Sixty-seventh session of the Regional Committee:

Chairperson: Dr Pagwesese David Parirenyatwa
Minister of Health and Child Care
Zimbabwe

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

Second Vice-Chairperson: Dr Raymonde Goudou Coffie
Minister of Health and Public Hygiene
Côte d'Ivoire

Rapporteurs: Dr E Osagie Ehanire (English)
Minister of State for Health
Nigeria

Professor Andriamanarivo Mamy Lalatiana (French)
Minister of Public Health
Madagascar

Dr Maria Tome Palmer (Portuguese)
Head of Delegation
Sao Tome and Principe

ADOPTION OF THE AGENDA AND PROGRAMME OF WORK (DOCUMENT AFR/RC67/1)

21. The Chairperson of the Sixty-seventh session of the Regional Committee, Dr David Pagwesese Parirenyatwa, tabled Document AFR/RC67/1: Provisional Agenda and Document AFR/RC67/1 Add.1: Provisional Programme of Work (see Annexes 2 and 3 respectively). Both documents were adopted without amendments.

Report of the Committee on Credentials

22. The Regional Committee appointed the Committee on Credentials comprising the representatives of the following Member States: Botswana, Benin, Kenya, Mali, South Africa, Togo and Uganda. The Committee on Credentials met on 28 August and elected the Permanent Secretary of the Ministry of Health, Botswana as its Chairperson.

23. The Committee examined the credentials submitted by the following 42 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

24. Forty-two Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the WHO Regional Committee for Africa. Five Member States did not participate in the meeting.

THE WORK OF WHO IN THE AFRICAN REGION 2016-2017: BIENNIAL REPORT OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC67/2)

25. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented *The Work of WHO in the African Region 2016–2017: Biennial Report of the Regional Director*. The report reflects activities of the WHO African Region from October 2016 to June 2017 and outlines significant achievements made under the six categories of the Twelfth WHO General Programme of Work (12th GPW). The report is organized in four sections, namely: Message from the Regional Director; Implementation of the Programme Budget: 2016-17; Significant achievements by category of work; Conclusion and way forward.

26. Dr Moeti highlighted the multifaceted context of the Region, including multiple disease outbreaks, the increasing burden of NCDs, climate change, the geopolitical situation and health systems challenges. She underscored existing opportunities such as the exponential increase in digital technology used in the Region, growing private sector engagement in health and the burgeoning youth population for health development in the Region. In addition, she mentioned that WHO AFRO's Transformation Agenda continues to be the driving force for delivering results, indicating that addressing Public Health Emergencies and UHC were priority programmes among others.

27. Within the Programme budget 2016-2017, the WHA-approved allocation to the African Region was initially US\$ 1 162 300 000, representing 27% of the global WHO budget. By 30 June 2017, the total allocated budget for the Region was revised upwards by 4.4% to US\$ 1 679 356 000. The increase was mainly for polio eradication and emergencies.

28. To date, 82% of the total allocated budget, amounting to US\$ 1 376 975 000, has been funded. Of this amount, 51% is allocated to the WHE, with the remaining balance being distributed among all other programmes. However, it was noted that

noncommunicable diseases and health systems strengthening remained relatively underfunded. The average implementation rate is currently at 76% of funds available, varying from 69% to 80% across the categories of work. In comparison to other WHO regions and Headquarters, the African Region has the highest average number of outputs per budget centre, underscoring the need for better prioritization and selectivity in planning.

29. Dr Moeti shared a number of mechanisms introduced to improve reporting on Programme Budget implementation, including the WHO Business Intelligence dashboards, the Mid-Term Reporting (MTR) tool, and the designation of country MTR focal persons. With regard to sources of financing, the budget in the Region is financed through a mix of Assessed Contribution funds (18%) and specified Voluntary Contributions (82%). The Secretariat nevertheless appreciated the approval by Member States of a 3% increase in Assessed Contributions at the World Health Assembly in May 2017 which demonstrates their support for more flexible and predictable funding.

30. Under category 1 (Communicable diseases), Dr Moeti reported that adoption of WHO's 'Treat All' policy had expanded ART coverage up to 13.8 million people (54% coverage), thereby impacting on morbidity and mortality. Also, multidrug-resistant tuberculosis (MDR-TB) treatment has been shortened from 24 to 9-12 months, following a WHO recommendation based on pilot studies in 11 African countries. She indicated that 11 Member States had introduced the Hepatitis B birth dose vaccine by the end of 2016, and coverage in the African Region currently stands at 77%. She was delighted to note the following: Togo is the first country in the Region to have eliminated lymphatic filariasis as a public health problem; and the announcement in November 2016 of the world's first malaria vaccine pilot project in sub-Saharan Africa with a vaccine that has been shown to provide partial protection against the malaria parasite, *Plasmodium falciparum*, in young children. Other developments were WHO AFRO's compilation of the first baseline endemicity atlas for the five preventive chemotherapy NTDs (PC-NTDs), and 8.5 million people being reached for mass drug administration for NTDs in 12 countries through WHO AFRO's ESPEN project.

31. For category 2 (Noncommunicable diseases), the Regional Director reported that WHO provided technical support to Member States in order to develop national integrated and multisectoral NCD policies, strategies or action plans aligned with the WHO Global NCD Action Plan 2013-2020. A number of countries had conducted STEPs surveys to assess the prevalence of risk factors for NCDs. Countries were also supported to carry out advocacy and implement activities to strengthen cancer prevention and control, including early detection.

32. Regarding category 3 (Promoting health through the life course), WHO supported 14 Member States to assess the quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in hospitals, and take action to address the

identified gaps. WHO support for the Rapid Access Expansion (RACE) project has led to policy change in countries for scaling up community-case management of malaria, diarrhoea and pneumonia in children. In addition, Dr Moeti reported that the Region has adopted adolescent health as a flagship programme. Furthermore, seven countries have nationwide coverage while 23 countries have started human papillomavirus (HPV) vaccine demonstration programmes. Over 6 400 000 girls have been vaccinated to date. However, the uptake of family planning services in the African Region was the lowest compared to other regions, a situation that needs to improve if we are to achieve the SDG target.

33. Under category 4, (Health Systems and Services), Dr Moeti stated that for the first time, the Secretariat had convened a regional forum on health systems strengthening for UHC and the SDGs. It was attended by senior Ministry of Health officials from all 47 Member States and other technical experts, partners and academics in Windhoek, Namibia in December 2016. The meeting focused on the requirements for building resilient and responsive health systems. Another achievement was a baseline study conducted in all 47 countries to provide data for developing a regional UHC monitoring framework. Also, the capacity to monitor financial risk protection, produce estimates of catastrophic health expenditure and monitor progress in reducing financial barriers in accessing health services had been strengthened in 11 countries. To date, 17 countries have set up national health workforce observatories which are used for Human Resources for Health (HRH) information analysis, to guide action.

34. On category 5 (Preparedness, disease surveillance and response), the Regional Director indicated that one of the main achievements was the rapid response that brought the Ebola outbreak under control in the Democratic Republic of the Congo (DRC) in May 2017 within two months. In addition, WHO supported the response to the yellow fever outbreak in Angola and the DRC, including the vaccination of 39 million people in the two countries. Eighteen countries were supported to undertake Joint External Evaluations (JEEs) of the IHR core capacities (to prevent, detect and respond to public health events). After almost two years without any reported case of wild poliovirus (WPV), four new cases were reported in security-compromised areas in northern Nigeria. However, this unfortunate polio outbreak was aggressively addressed. A weekly AFRO Bulletin on outbreaks and other emergencies was launched in March 2017 to provide real-time updates on these events in the Region for countries and partners.

35. For category 6 (Corporate services and enabling functions), the Regional Director reported that efforts are still being made to advocate with national and global leaders for attention to health and to strengthen partnerships. The outcomes of these efforts include joint action with the African Union Commission; the endorsement of the Addis Declaration on Immunization and the Declaration on Accelerating Implementation of the International Health Regulations in Africa by Heads of State at AU summits. In

addition, an agreement was reached on a framework for collaboration with the Africa CDC to ensure synergistic action on outbreak preparedness and response; a Cooperation Agreement was signed between the Regional Office and the West African Health Organisation (WAHO) in December 2016, on advocacy towards improving the health of women, adolescents and children, including eliminating HIV. WHO AFRO, UN and bilateral partners re-launched the Harmonization for Health in Africa (HHA) mechanism in March 2017, reaffirming their commitment to supporting countries to make progress towards UHC and the SDGs.

36. In June 2017, WHO held the first-ever Africa Health Forum in Kigali, Rwanda, with the theme “Putting People First: The Road to Universal Health Coverage in Africa”. The Forum provided a platform for a unique mix of stakeholders, including government ministers, young professionals, civil society, the private sector, UN and bilateral partners, to discuss public health challenges and opportunities in the Region, and explore ways of contributing to the attainment of the UHC and SDGs. The “Call to Action” adopted at the forum provides a framework for acting together to improve health in the Region.

37. The key challenges highlighted by the Regional Director included the geopolitical situation, the high burden of communicable and noncommunicable diseases, weak health systems, the development and rapid spread of antimicrobial resistance, low family planning coverage and the impact of climate change. These challenges are further compounded by insufficient funding, particularly for NCDs and HSS interventions.

38. In conclusion, Dr Moeti recalled the key achievements made during the reporting period: improved outbreak response; efforts made in strengthening health systems towards UHC; and ending priority diseases, including poliomyelitis. She noted that the SDGs constitute an opportunity to accelerate progress toward UHC and for collaboration with non-health sector partners. She further stressed that it is critical to address NCDs, and to continue the transformation of WHO in the African Region into an effective, results-oriented and transparent Organization.

39. During discussions, Member States pointed out the rising prevalence of NCDs and commended the Secretariat for the achievements under the TA, the threat of antimicrobial resistance (AMR) including MDR-TB that is not being adequately addressed in terms of funding and strong political commitment. They expressed concern about industry actions in opposition to the WHO Framework Convention on Tobacco Control (WHO FCTC) and unhealthy foods including sugary drinks. They were also concerned about the shortage of some vaccines (for example, the yellow fever vaccine) reliance on international funding for immunization and vaccines, and weakness of health systems. They emphasized the need to push the NCD agenda as a package focusing on prevention and cost-effective interventions, address mental health linked to NCDs, improve family planning rates and address environmental determinants of health.

40. The following recommendations were made to Member States:
- (a) set up surveillance systems for AMR;
 - (b) conduct survey on NCDs to better understand the burden of diseases, the role of risk factors and pollution of the environment;
 - (c) mobilize adequate domestic resources to address the emerging NCDs epidemic;
 - (d) mobilize sustainable domestic funding for vaccines and immunization services; and
 - (e) develop and implement national plans to address AMR including MDR-TB.
41. The following recommendations were made to WHO and partners:
- (a) gather more evidence on use of fractional doses of vaccines especially yellow fever;
 - (b) support countries to strengthen their capacities for local production of drugs and vaccines;
 - (c) support countries to build an investment case for NCDs;
 - (d) advocate for increased political commitment and sustainable funding for NCDs including at the AU level; and
 - (e) continue capacity building of countries in outbreak prevention, detection and response and IHR implementation.
42. The Regional Committee took note and adopted the report as contained in *The Work of WHO in the African Region 2016–2017: Biennial Report of the Regional Director* (Document AFR/RC67/2).

STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT AFR/RC67/3)

43. In his statement to the Sixty-seventh Regional Committee, Dr Thomas Samba, the Chairperson of the Programme Subcommittee (PSC) reported that the Subcommittee met in Brazzaville, Republic of the Congo, from 13 to 15 June 2017. The PSC was composed of Ethiopia, Guinea-Bissau, Kenya, Mauritania, Namibia, Niger, Sao Tome and Principe, Seychelles, South Africa, Sierra Leone, South Sudan, Swaziland, Uganda and the United Republic of Tanzania. The PSC session was also attended by the representatives of the WHO Executive Board from Algeria, Benin and Zambia, as well as the representatives of the African Group of health experts in Geneva-based missions. The participation of the two groups of representatives was aimed at facilitating effective linkages between the debates and policies proposed at regional and global levels. The PSC critically reviewed a total of 11 documents on public health matters of

regional concern and recommended them for discussion during the Sixty-seventh session of the Regional Committee.

INTERNATIONAL HEALTH REGULATIONS (2005): REVIEW OF THE DRAFT FIVE-YEAR GLOBAL STRATEGIC PLAN TO IMPROVE PUBLIC HEALTH PREPAREDNESS AND RESPONSE (DOCUMENT AFR/RC67/4)

44. The document was introduced by Dr Zabulon Yoti, on behalf of the Regional Emergencies Director. It was prepared for consultation with Member States at regional committees in 2017, to obtain contributions towards the finalization of the five-year global strategic plan to improve public health preparedness and response, as requested in decision WHA70(11) (2017). In addition to 12 guiding principles, the draft strategic plan outlines three pillars, namely: building and maintenance of the core capacities of States Parties as required by the IHR (2005); event management and compliance; and measurement of progress and accountability.

45. Member States acknowledged the usefulness of the IHR Joint External Evaluation (JEE) and urged all countries to embark on it in collaboration with non-health sectors. However, they underscored the need for technical and financial support for the implementation of national action plans. They also expressed concern about inadequate enforcement and compliance with IHR (2005) as regards health measures taken in response to public health events. Member States underscored the need for multisectoral collaboration in preparing and responding to outbreaks and emergencies. They also emphasized the importance of country ownership and leadership to ensure success and sustainability; linkage of the strategy with other existing related initiatives and networks within and outside the countries; and the need to address chemical and radio-nuclear risks.

46. Member States welcomed the draft document and appreciated their involvement in the ongoing consultative process. They endorsed the 12 guiding principles and three pillars outlined in the draft strategic plan.

IMPLEMENTATION OF THE TRANSFORMATION AGENDA (DOCUMENT AFR/RC67/5)

47 The implementation of the Transformation Agenda (TA) was presented by Dr Mwele Malecela, the Director of the Regional Director's Office. The TA is a vision of the Regional Director, whose objective is to accelerate the implementation of the WHO reform within the African Region, in order to ensure the emergence of "the WHO that the staff and stakeholders want". The document highlighted some of the progress made over the last two years on the four focus areas, namely pro-results values, smart technical focus, responsive strategic operations, and effective partnerships and communication.

48. On pro-results values, some of the achievements highlighted included ensuring improved staff access to key WHO documents and tools that promote transparency, accountability and ethical behaviours. One such achievement was reflected in a survey result that showed improved knowledge among 78% of staff members interviewed during the mid-term evaluation of the TA. On smart technical focus, achievements included continued strengthening of staff capacity for effective preparedness and response to disease outbreaks. This was demonstrated in the swift response to the yellow fever outbreak in Angola and the Democratic Republic of the Congo in 2016 as well as the establishment of an emergency hub in Nairobi. Others were reflected in the building of synergies and the promotion of intersectoral work, interconnectedness and the use of dialogue to address cross-cutting issues.

49. On responsive strategic operations, human resources have been realigned with regional health priorities to ensure that WHO is fit for purpose. There has been an improvement in accountability, transparency and compliance in financial management. On effective communication and partnerships, online communication platforms have been created to collate, monitor, assess and report on the activities of the TA. In June 2017, the Secretariat organized the first Africa Health Forum aimed at exploring ways for partners to contribute to the WHO reform agenda and the SDGs. The Forum culminated in a “Call to action” to which the stakeholders committed. A regional partnership strategy is also being developed to contribute to the expansion of partnerships.

50. Next steps include implementation of key performance indicators; institutionalization of the core principles of the TA; improved communication; engagement of Member States in the country-level reforms; and implementation of the recommendations contained in the mid-term evaluation report.

51. During the discussions, Member States noted with appreciation the efforts made by the Secretariat to implement the TA, which is ambitious. They acknowledged the improvement in WHO communication and engagement with countries and partners. This has led to the establishment of structures for effective response to natural disasters and outbreaks. They also noted improvements in accountability and financial management. Members noted that the diversity of the country needs should not be seen as a challenge but rather as an opportunity. They called upon the Secretariat to develop robust mechanisms to help countries prioritize and address their health needs.

52. The Regional Committee adopted Document AFR/RC67/5: *Implementation of the Transformation Agenda and endorsed the next steps.*

REGIONAL STRATEGY FOR THE MANAGEMENT OF ENVIRONMENTAL DETERMINANTS OF HUMAN HEALTH IN THE AFRICAN REGION 2017–2021 (DOCUMENT AFR/RC67/6)

53. The document was presented by Dr Magaran Bagayoko on behalf of the Director, Communicable Diseases Cluster. It revealed that 23% of premature deaths in the Region is attributable to unhealthy environments. The document builds on progress made in implementing the Libreville Declaration on Health and Environment in Africa (2008) and on recent developments, including the SDGs. It is intended to guide Member States to address health and environmental linkages, in order to reduce the burden of diseases attributable to environmental determinants by developing a sustainable and health-enhancing human environment. This strategy focuses on safe drinking-water, sanitation and hygiene, air pollution and clean energy, chemicals and waste management, climate change, vector control and health in the workplace.

54. In discussing the paper, Member States acknowledged its timeliness and relevance, highlighting the need to focus on the animal-human interface as it relates to the emergence of microbes. Accordingly, they called for the adoption of the “One Health” approach and emphasized the need to strengthen multisectoral collaboration, public-private partnerships, and community empowerment to guarantee a successful response. Furthermore, Member States raised awareness on the role of community leaders, stressing that such leaders and educational institutions will not only provide solutions but also prevent environmental hazards.

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

- (a) support countries to develop policies, laws, surveillance systems and tools on adequate environmental protection;
- (b) support countries to conduct environmental mapping of health risks and mainstream environmental health issues into all levels of the educational system;
- (c) raise sufficient funds for research to close existing knowledge gaps; and
- (d) build the capacity of local actors and institutionalize roadmaps to measure progress in countries.

56. The Regional Committee adopted with amendments Document AFR/RC67/6: *Regional strategy for the management of environmental determinants of human health in the African Region 2017–2021*.

GLOBAL HEALTH SECTOR STRATEGY ON SEXUALLY TRANSMITTED INFECTIONS, 2016–2021: IMPLEMENTATION FRAMEWORK FOR THE AFRICAN REGION (DOCUMENT AFR/RC67/7)

57. The implementation framework, presented by Dr Felicitas Zawaira the Director of Family and Reproductive Health Cluster, highlights the highly endemic nature of sexually transmitted infections (STIs). The African Region is particularly affected, with a high incidence of these infections, estimated at 63 million curable cases in 2012, representing 18% of global incidence. In order to adequately respond to this high burden of disease and in line with the 2030 Agenda for Sustainable Development, WHO has developed a global health sector strategy on STIs, 2016–2021, whose goal is to end STI epidemics. The framework is aimed at supporting Member States to implement the global strategy. The actions proposed include prioritizing STI prevention, expanding STI testing services and scaling up treatment.

58. Member States highlighted some potential challenges in the implementation of the framework, such as the inadequacy of data, insufficient funding and laboratory capacity to monitor antimicrobial resistance. They underlined the need to strengthen the integration of STI services into other programmes such as HIV, sexual and reproductive health as well as maternal and adolescent health. In addition, they expressed the need to reconsider and make the HPV vaccination target more ambitious. They highlighted that untreated STIs are a risk factor for infertility. However, the high cost of HPV vaccine for those countries that have transitioned or are transitioning out of GAVI support was mentioned as a barrier.

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

- (a) provide guidance on dual testing for HIV and syphilis, given the focus on dual elimination;
- (b) assist in making HPV vaccine available to countries;
- (c) support the building of the requisite capacity to accelerate the implementation of the framework, including strengthening laboratory and surveillance systems; and
- (d) sensitize populations on the contribution of untreated STIs to infertility.

60. The Regional Committee adopted with amendments Document AFR/RC67/7: *Global Health Sector Strategy on Sexually Transmitted Infections, 2016–2021: Implementation framework for the African Region*.

FRAMEWORK FOR IMPLEMENTING THE GLOBAL STRATEGY TO ELIMINATE YELLOW FEVER EPIDEMICS (EYE), 2017-2026 IN THE AFRICAN REGION (DOCUMENT AFR/RC67/8)

61. This document, introduced by Dr Zabulon Yoti on behalf of the Regional Emergencies Director, noted that despite the availability of a vaccine that confers lifelong immunity, the majority of countries in the WHO African Region are at risk of yellow fever epidemics. It recalled that the Region faces the multiple challenges of suboptimal routine yellow fever vaccination coverage, frequent vaccine stock-outs and inadequate implementation of the International Health Regulations (IHR 2005). Furthermore, other risk factors such as climate change and rapid urbanization were likely to lead to frequent yellow fever outbreaks.

62. In view of the foregoing, a global strategy to eliminate yellow fever epidemics (EYE) for the period 2017-2026 was developed in 2016. The Framework is aimed at supporting implementation of the global strategy. The document proposes three strategic objectives, namely: (i) to protect populations in all 35 countries at risk through routine vaccination; (ii) to prevent the international spread of yellow fever through vaccination and robust screening of travellers at major points of entry; and (iii) to detect, confirm and rapidly contain yellow fever outbreaks.

63. Following discussions, Member States expressed concern about the availability of the yellow fever vaccine and the level of compliance with the IHR (2005), as well as the existence of fake yellow fever vaccination certificates. The situation is compounded by the porous nature of boundaries and the poor border-post vaccination currently witnessed in many countries. Member States were also concerned about the weak capacity to diagnose and confirm suspected cases of yellow fever, which impacts negatively on the ability to respond promptly. They stressed that countries should take advantage of the existence of a vaccine that confers lifelong immunity to eliminate yellow fever epidemics. They also stressed the importance of integrated vector control, routine immunization, research, and the "One Health" approach.

64. The following recommendations were made to Member States:

- (a) adapt the best practices that helped with polio eradication for the elimination of yellow fever epidemics;
- (b) enforce the application of the International Health Regulations (2005);
- (c) optimize yellow fever vaccination coverage as a critical factor for successful elimination of yellow fever epidemics; and
- (d) enforce the use of certificates with security features to hinder the use of fake certificates.

65. The following recommendations were made to WHO and partners:
- (a) request vaccine producers to increase vaccine stockpiles;
 - (b) disseminate the global strategy and build the capacity of countries to implement it;
 - (c) support yellow fever endemic countries to ensure vaccination of all eligible people including screening and vaccination at border posts;
 - (d) support building and coordination of a laboratory network for early confirmation of suspected cases; and
 - (e) support research activities to speed up action against yellow fever epidemics, including the use of the fractional dose.
66. The Regional Committee adopted with amendments Document AFR/RC67/8: *Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017–2026 in the African Region*.

REDUCING HEALTH INEQUITIES THROUGH INTERSECTORAL ACTION ON THE SOCIAL DETERMINANTS OF HEALTH (DOCUMENT AFR/RC67/9)

67. The document was presented by Dr Joseph Cabore, the Director for Programme Management, who stressed the urgency to reduce health inequities in order to improve the health of the population in the African Region. He recalled that the health of the population and health inequalities are influenced by the conditions in which people are born, live, grow and age. They are also influenced by the broader determinants of health, which are predicated on policies, governance structure, political and economic factors, as well as the environmental and developmental issues in countries.

68. He pointed out that reducing health inequities requires the adoption of a multisectoral approach to addressing wider socioeconomic and structural factors and tackling the underlying causes of disease, inaccessibility of health-care services and the paucity of quality services. The 2030 Agenda for Sustainable Development and the SDGs constitute an opportunity for the health sector to address the determinants of health while promoting health in all the Goals. The document is intended to guide Member States and various stakeholders in the implementation of intersectoral actions that address the social determinants of health. The actions proposed in the document include the provision of policy, legislative and regulatory frameworks to strengthen intersectoral coordination and collaboration in addressing social determinants of health and inequities.

69. Member States stressed the need to reinforce political commitment at the highest leadership levels and for countries to engage with regional organizations in order to adapt global policies to local and regional contexts. They highlighted the rising burden

of NCDs attributable to the 'commercial' determinants of ill health and recommended a paradigm shift to strengthen health systems and prioritize health promotion, including community engagement. They also underscored the need to take account of the challenges of geographical differences and security issues and proposed that health services be brought closer to the people (by strengthening primary health care), particularly for the vulnerable, such as mothers and children. It was emphasized that addressing the social determinants would go beyond reducing inequities and benefit health outcomes directly.

70. The following recommendations were made to Member States:

- (a) provide policy, legislative and regulatory frameworks to strengthen intersectoral coordination and collaboration in addressing social determinants of health;
- (b) strengthen leadership in health development;
- (c) promote the generation and use of evidence, including research;
- (d) encourage international cooperation for knowledge and skills sharing;
- (e) address the changing landscape, focusing on areas like urbanization; demographic transition; and social and economic health developments; and
- (f) strengthen collaboration with the private sector to close existing gaps.

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

- (a) continue supporting countries to implement the 'Health in All Policies' and 'One Health' approaches; and
- (b) assist countries to develop tools for the collection and dissemination of reliable data.

72. The Regional Committee adopted with amendments the Document AFR/RC67/9 *Reducing health inequities through intersectoral action on the social determinants of health*.

FRAMEWORK FOR HEALTH SYSTEMS DEVELOPMENT TOWARDS UNIVERSAL HEALTH COVERAGE IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS IN THE AFRICAN REGION (DOCUMENT AFR/RC67/10)

73. The document was introduced by Dr Delanyo Dovlo, the Director, Health Systems and Services Cluster. He noted that health is embodied in SDG 3 of the 2030 Agenda for Sustainable Development, with UHC underpinning the achievement of the health and health-related SDG targets. A strong and responsive health system is essential for the attainment of UHC.

74. The document presents an approach that Member States need to consider in order to strengthen and realign their health systems, to ensure that they are able to achieve their health development goals. It proposes options for priority actions to guide comprehensive and integrated health system investments to expand availability and coverage of health services, scale up financial risk protection, improve client satisfaction and address health security challenges. It also proposes measures for monitoring health systems performance and results, including health system resilience, access to services, quality of care and effective demand and utilization of services.

75. During the discussions, Member States agreed that the proposed action framework was timely and comprehensive. They were of the view that its implementation would lead to the achievement of UHC and the health-related SDGs. They also emphasized the importance of primary health care, and ensuring equity in access to services as well as interventions to reach communities. In addition, they recognized the importance of multisectoral collaboration in addressing the determinants of health, as well as engagement with the private sector. It was considered that utilization of a proportion of the gross domestic product (GDP) spent on health would be a better indicator of health spending. Furthermore, they underlined the need for providing quality health services, including strengthening the required governance mechanisms. Finally, they identified the difficulty in some countries where the mandate for financial protection lies outside the health sector.

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

- (a) advocate through the action framework for the separation of functions related to policy-making, provision and regulation of services;
- (b) ensure that the monitoring framework has clear indicators for assessing the quality of services and financial protection; and
- (c) provide technical assistance to countries to adapt the framework to their context and develop a road map towards the achievement of UHC.

77. The Regional Committee adopted with amendments Document AFR/RC67/10: *Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region*.

THE AFRICAN REGIONAL FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: WORKFORCE 2030 (DOCUMENT AFR/RC67/11)

78. The document was introduced by the Director of the Health System and Services Cluster. He recalled the human resources for health (HRH) crisis faced by the Region and presented the key issues and challenges. These include persistent weak leadership

and governance of HRH, poor retention of health workers, inadequate and inefficient use of financial and human resources, inadequate HRH education and training capacity and the limited availability of health workforce information. These challenges should be addressed to strengthen the HRH that is crucial for achieving UHC.

79. The Framework aims to guide the efforts of Member States in making adequate investments to enable implementation of effective policies that ensure universal availability and accessibility and quality of the health workforce (HWF). Its objectives are to (a) optimize the performance, quality and impact of the HWF through evidence-informed policies and strategies, (b) align investment in HRH with the current and future needs of the population and health systems, (c) strengthen the capacity of institutions for effective public policy stewardship, leadership and governance on HRH, and (d) strengthen data on HWF for monitoring and accountability. It proposes specific priority interventions and actions to be implemented by Member States and includes regional targets for 2022 and 2030.

80. Member States agreed with the relevance of the issues and challenges as well as the interventions outlined in the document. They reaffirmed the critical role of community health workers (CHW) and the need to have a multisectoral response to the HRH crisis. Member States also indicated a need to institute mechanisms for health worker retention to mitigate brain drain, the use of task shifting to bridge the existing gaps and the regulation of traditional health practitioners. They suggested that the *two-million community health workers* initiative be considered. The WHO Regional Office for Africa will provide policy and technical support to the *two-million community health workers* initiative as an emergency measure within the context of addressing the Region's HRH crisis and strengthening health systems.

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

- (a) strengthen and harmonize the regulations for professional certification of HRH within and across countries;
- (b) provide guidance for monitoring systems for HRH deployment;
- (c) advocate for regional and subregional entities to also provide support for the implementation of the framework; and
- (d) intensify promotion and use of WHO tools on task shifting.

82. The Regional Committee adopted with amendments Document AFR/RC67/11: *The African regional framework for the implementation of the global strategy on human resources for health: workforce 2030*.

REGIONAL FRAMEWORK FOR INTEGRATING ESSENTIAL NCD SERVICES IN PRIMARY HEALTH CARE (DOCUMENT AFR/RC67/12)

83. This document, introduced by Dr Steven Shongwe, the acting Director of the Noncommunicable Diseases Cluster, revealed that noncommunicable diseases (NCDs) are the leading cause of deaths worldwide and, indeed, in the African Region. It further revealed that NCD deaths in the African Region have been on the increase over the years. Out of the 9.2 million deaths recorded in 2015, 3.1 million (33.7%) were caused by NCDs, compared to 2.7 million NCD deaths out of a total of 9.28 million (29.1%) in 2010, and 2.4 million NCD deaths out of a total of 9.8 million (27.6%) in 2005. It also emerged from the document that the four major NCDs, namely cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are largely preventable through control of their four common modifiable risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

84. In view of the foregoing, WHO has developed population-wide strategies and policies to address NCD risk factors as well as individual health-care strategies for preventing and managing NCDs. The WHO Package of Essential Noncommunicable Disease Interventions is a prioritized set of cost-effective interventions for integration of essential NCDs in PHC in low-resource settings. The Regional Framework is intended to guide Member States in the implementation of the WHO package of essential NCD services in order to scale up early detection, diagnosis and treatment of NCDs. Its implementation is guided by the principles of government leadership; universal health coverage; evidence-based approaches and cost-effective interventions; patient-centred and community-based approaches; simple tools; and collaboration between the public and private sectors.

85. In the ensuing discussions, Member States expressed great appreciation for the document, noting that most countries in the Region suffer a double burden of both communicable and noncommunicable diseases. They supported the shift from a curative to a preventive approach and indicated that the integration of essential NCD services into primary health care was the way forward. They highlighted the importance of sickle cell disease in the Region and recommended its inclusion among NCD priorities.

86. The following recommendations were made to Member States:

- (a) enhance training and improve on the equipment of health facilities to support the prevention of NCDs;
- (b) intensify research on NCDs;
- (c) promote a healthy lifestyle, particularly in infants and adolescents, to prevent risk factors;

- (d) prevent and control NCDs through careful implementation of the global action plan;
- (e) undertake the STEPs surveys and share best practices;
- (f) adopt legislation against risky behaviour and harmful ingredients in food and drinks; and
- (g) adopt an integrated approach for both communicable and noncommunicable diseases.

87. The Regional Committee adopted with amendments Document AFR/RC67/12: *Regional framework for integrating essential NCD services in primary health care*.

STATUS REPORT ON THE IMPLEMENTATION OF THE DECADE OF ACTION FOR ROAD SAFETY IN THE AFRICAN REGION (DOCUMENT AFR/RC67/13)

88. This document, presented by the acting Director of the Noncommunicable Diseases Cluster, noted that road traffic-specific death rates in the African Region are persistently higher than global averages, and indeed steadily on the rise. Road traffic-related deaths in the Region rose from 188 000 in 2001 to 247 000 in 2013, representing an increase of 32%. Five of the 10 countries with the highest road traffic deaths worldwide are in the Region.

89. The United Nations General Assembly proclaimed 2011-2020 the Decade of Action for Road Safety, with targets that are spelt out in SDG 3 and SDG 11. The document identifies key issues and challenges, and proposes priority actions to be undertaken by Member States in order to meet the targets of these global commitments.

90. In the ensuing discussions, Member States expressed concern about the magnitude of road traffic accidents in the Region. They considered it unacceptable, given that these accidents are preventable if the different relevant initiatives are implemented conscientiously. They also noted that the risk factors are mainly behavioural, such as non-compliance with road traffic regulations and harmful use of alcohol, among others. In addition they raised the issue of the significant burden of managing injuries and disability on health systems.

91. The following recommendations were made to Member States:

- (a) develop and implement health promotion activities on prevention of road traffic accidents;
- (b) legislate and enforce laws against risk factors of road traffic accidents, especially harmful use of alcohol;
- (c) strengthen driver's licensing mechanisms;

- (d) improve road users' education to reduce incidence of non-compliance; and
- (e) integrate preventive actions with the ministry of education and introduce road safety education in schools.

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

- (a) increase coordination among the various stakeholders and promote multisectoral collaboration;
- (b) mobilize resources to increase awareness of road accident prevention in the Region; and
- (c) support collection of data on the burden of disability due to road traffic accidents.

93. The Regional Committee adopted with amendments Document AFR/RC67/13: *Status report on the implementation of the decade of action for road safety in the African Region*.

STATUS OF REVIEWS, AUTHORIZATIONS AND OVERSIGHT FOR CLINICAL TRIALS IN THE WHO AFRICAN REGION (DOCUMENT AFR/RC67/14)

94. The document, introduced by the Director of the Family and Reproductive Health Cluster, indicated that clinical trials constitute an important component of product development, insofar as they help in evaluating the safety and efficacy of new medicines and vaccines prior to wider human utilization. National Regulatory Authorities (NRAs) and ethics committees (ECs) of Member States have been supported to review, authorize and provide oversight for clinical trials in the WHO African Region since 2006 through the African Vaccine Regulatory Forum (AVAREF). The document reviews the status of clinical trials, identifies the challenges and proposes actions that can be taken by Member States and partners to improve timelines for authorization and enhance oversight for clinical trials through a restructured AVAREF platform.

95. Member States commented that as ethical reviews are based on specific populations and societies, they take into consideration cultures and traditions in establishing the risks and benefits of clinical trials. In view of the reluctance of traditional practitioners to go through systematic clinical trials, as illustrated in the document, they suggested that specific guidelines be developed for testing their products. Member States reiterated the need to reinforce legislation regarding intellectual property rights and data ownership during and after clinical trials.

96. The following recommendations were made to Member States:
- (a) accelerate innovation in processes and use of IT platforms for submission and review of clinical trials; and
 - (b) make use of the AVAREF model to accelerate review processes.
97. The following recommendations were made to WHO and partners:
- (a) harmonize procedures and processes through AVAREF and AMRH and agree on fixed timelines for reviews and approvals;
 - (b) ensure consistency and coordination of all trial oversight; and
 - (c) support Member States to strengthen ethical committees and regulatory authorities.
98. The Regional Committee adopted with amendments Document AFR/RC67/14: *Status of reviews, authorizations and oversight for clinical trials in the WHO African Region*.

REGIONAL ORIENTATION ON THE IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2018-2019 (DOCUMENT AFR/RC67/15)

99. The document was presented by the Director for Programme Management, who recalled that in May 2017, the World Health Assembly approved the Programme budget (PB) 2018-2019 through resolution WHA70.5. This resolution allows WHO offices at all levels to formulate workplans on the basis of country needs and regional priorities. This document outlines the budget distribution to countries and to the Regional Office, in alignment with the five strategic priorities of the Transformation Agenda. It also outlines the progress made towards operationalizing the programme budget as well as the steps required for its implementation during the biennium 2018-2019 in the African Region.

100. The PB 2018-2019 was developed through a robust bottom-up planning process that focused on country needs and priorities. It also builds on lessons learned and best practices from the PB 2016-2017. It stresses the need to improve advocacy and resource mobilization activities to attract more flexible funds.

101. Member States noted that the allocation for noncommunicable diseases (NCDs) appears to be low, relative to the increasing NCD burden in the Region and to the new initiatives being planned to address this burden. They appreciated the 3% increase in assessed contributions, and advocated for increased efforts to mobilize more domestic and other resources, which might be more flexible. Members States queried the proportion of the budget allocated to country offices as compared to the allocation of the Regional Office. It was explained that since some programmes are underfunded, it

is more cost-effective to pool the resources allocated to such programmes at Regional Office level, and then distribute the funds according to projects and priorities rather than allocating small amounts to each country. They requested a reflection of the amount of resources earmarked for research on tropical diseases and human reproduction (RHR).

102. The Regional Committee adopted with amendments Document AFR/RC67/15: *Regional Orientation for the implementation of the Programme budget 2018-2019*.

INFORMATION DOCUMENTS

103. The Regional Committee discussed and took note of the following information documents: (1) Progress report on implementation of the regional strategic plan on immunization (Document AFR/RC67/INF.DOC/1); (2) Progress report on the implementation of the regional programme for public health adaptation to climate change (Document AFR/RC67/INF.DOC/2); (3) Progress report on the implementation of the resolution on neglected tropical diseases (Document AFR/RC67/INF.DOC/3); (4) Progress towards measles elimination in the African Region by 2020 (Document AFR/RC67/INF.DOC/4); (5) Progress report on polio eradication status and endgame strategy in the African Region (Document AFR/RC67/INF.DOC/5); (6) Progress report on the implementation of the reform of WHO's work on emergencies in the African Region (Document AFR/RC67/INF.DOC/6); (7) Progress report on the African Public Health Emergency Fund (Document AFR/RC67/INF.DOC/7); (8) Report on WHO staff in the African Region (Document AFR/RC67/INF.DOC/8); and (9) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC67/INF.DOC/9). During the discussions, Member States raised issues and challenges relating to the large number of refugees hosted by several countries in the Region. Member States also discussed the issue of contributions to APHEF and requested WHO to write to their governments, attaching invoices on their contribution to enable adequate time for follow up. Member States expressed concern about the increased number of WHO staff with temporary appointment in the Region and requested WHO to further provide information on staff from the African Region working in other regions in order to track the effectiveness of WHO's mobility policy.

DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE AND PLACE OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC67/16)

104. In accordance with Decision 4 taken during the Sixty-sixth session, the Regional Committee decided to hold its Sixty-eighth session from 27 to 31 August 2018 in Dakar, Republic of Senegal. In accordance with resolution AFR/RC35/R10, which resolved that 'the Regional Committee shall meet at least once every two years at the Regional Office', the Regional Director recommended that the Sixty-ninth Regional Committee

be held at the Regional Office in Brazzaville, Republic of the Congo and looked forward to hosting Member States in the newly renovated conference facility of the Regional Office. Member States endorsed the decision on the hosting of the Sixty-ninth session of the Regional Committee in Brazzaville, Republic of the Congo.

105. The Committee reviewed and approved with amendments the draft provisional agenda for its Sixty-eighth session (Annexed to Document AFR/RC67/16).

DRAFT CONCEPT NOTE ON THE THIRTEENTH GENERAL PROGRAMME OF WORK (DOCUMENT AFR/RC67/17)

106. The document was presented by Dr Jean-Marie Okwo-Bele, Director, Immunization, Vaccines and Biologicals, WHO/HQ, with the aim of initiating dialogue on its contents and obtaining the Regional Committee's views on the proposed approach to the process of developing the 13th General Programme of Work (13th GPW). The draft concept note is the result of an extensive consultation of WHO staff and some partners. As a constitutional requirement, the GPW should embody the high-level strategic vision agreed upon by Member States and provide overall direction for the technical work of WHO. The GPW also serves as the main instrument for accountability and transparency and for financing and resource mobilization.

107. The 13th GPW, covering the 2019–2023 period, will be shaped by the SDGs, ongoing global and regional commitments, and the vision and priorities of the new Director-General. Mindful of the Organization's vision pertaining to "attainment by all peoples of the highest possible level of health", the mission of WHO is threefold: keep the world safe; improve health; and serve the vulnerable. Five strategic priorities are proposed: prevent, detect, and respond to epidemics; provide health services in emergencies and also help operate and restore health systems; help countries strengthen health systems to achieve UHC; drive progress towards the health-related SDGs; and provide a global platform for collective decision-making in health.

108. In order to finalize the first draft of the 13th GPW, discussion of the draft concept note by the regional committees will be complemented by an informal Web-based consultation with Member States and other stakeholders from 20 August to 13 October 2017. A special session of the Executive Board has been proposed to discuss the draft from 22 to 23 November 2017 so that the World Health Assembly could consider the draft of the 13th GPW for endorsement by May 2018.

109. During the discussions, Member States suggested the need to strike a better balance between epidemics and health emergencies on the one hand and other proposed strategic priorities on the other, considering the multiple functions of the Organization. They suggested that WHO reinforce its role in advocating for resources for health in national, regional and international forums and serve as a bridge linking

multiple sectors. Furthermore, Member States recommended that more substantive consideration be given in the 13th GPW to the following key concerns: impact of climate change, human activity on the habitat of other organisms, antimicrobial resistance, economic determinants of health in the African Region, noncommunicable diseases, and linkages between the strategic priorities and the key ongoing initiatives of WHO.

110. Member States indicated that the 13th GPW should emphasize the need to build robust and resilient health systems that guarantee the achievement of UHC. Their recent experience, which includes the Ebola outbreak in West Africa, underscores the need to lend greater prominence to health infrastructure as well as the procurement and supply chain systems. They stressed the need for a skilled health workforce reinforced through adequate training and staff retention policies and complemented by an “army” of community health workers. Other concrete actions suggested included task-shifting and the establishment of regional centres of excellence for training of the health workforce. Member States suggested the inclusion of strategies to enhance domestic investments in health and stressed the central role of health financing in controlling epidemics and achieving UHC.

111. Member States endorsed the draft concept note and agreed on the proposed timeline and next steps for developing the 13th GPW. They agreed with the proposed threefold mission of WHO, the emphasis on results while putting countries at the centre of WHO actions, and the transformation of WHO into a more operational entity in fragile, conflict or post-conflict situations. Member States pledged to continue contributing their input towards the development of the 13th GPW in keeping with the proposed timelines. They also proposed that their Geneva-based missions to UN agencies be involved in the consultations.

112. The Secretariat took note of the comments and suggestions of the Member States. The Director-General acknowledged the feedback from the Member States and encouraged them to send additional feedback by email or other means.

SIDE EVENTS AT THE SIXTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

113. The Regional Director, Dr Matshidiso Moeti, scheduled a total of five side events on specific health issues of great interest to the Region. The outcome of the side events are summarized below.

Roll Back Malaria Partnership update

114. The Roll Back Malaria (RBM) Partnership was established in 1998 by WHO, UNICEF, UNDP and the World Bank to coordinate, convene and facilitate partners and

stakeholders for global action against malaria. The objectives of the side event were to discuss the new governance structure of the RBM and update delegates on the efforts at malaria elimination in the Sahel. The Chair of the RBM highlighted the need for sustained efforts and financing to maintain the gains achieved in the last decade. The WHO-AFRO presentation on malaria elimination during this side event emphasized the impetus for cross-border collaboration and the important role of regional economic communities and subregional cooperation.

115. The following is a summary of the discussions:

- (a) Member States welcomed the RBM restructuring and strategic priorities.
- (b) Member States considered malaria elimination to be a feasible target, and highlighted the need to maintain efforts at reducing the morbidity and mortality resulting from malaria.
- (c) Member States committed to continue supporting the revitalized RBM Partnership.
- (d) Member States agreed on the need to unlock higher levels of domestic funding for malaria control/elimination initiatives.

Launch of report on the Status of Blood Transfusion Access in the Region

116. The aim of this side event was to (i) update participants on the current status of blood safety and availability in the Region as contained in the 2016 Report on blood safety and availability in the WHO African Region; (ii) raise awareness among ministers of health and other stakeholders on the organizational, managerial and technical requirements for ensuring blood safety and availability in the Region; and (iii) advocate for sustainable funding for blood safety in the Region. In her opening remarks, Dr Mwele Malecela, representing the Regional Director, emphasized that the availability of safe blood and blood products is a key strategy for saving lives when required. She noted however, that millions of patients requiring transfusion do not have timely access to safe blood, and there is a major imbalance between developed and developing countries in access to safe blood. She stated that the issue was a Regional priority and stressed the urgent need to mitigate the challenges identified.

117. Dr Delanyo Dovlo, the Director of Health Systems and Services Cluster, presented the key findings of the 2016 Blood Safety Report. He indicated that countries in the Region have made commendable progress in ensuring availability and accessibility of safe and quality blood products in the last three years. The number of countries with relevant policies and significant implementation has increased, but the legislation remains a matter of concern in most of the countries. The panel discussion highlighted a number of challenges including: (i) weak capacity of regional blood transfusion services in terms of infrastructure, equipment and human resources; and (ii) weak availability,

quality and accessibility of safe blood and blood components in remote areas within countries.

118. The discussions highlighted the following as some of the ways for all Member States to improve blood transfusion services:

- (a) ensure effective governance, leadership and management of the NBTS;
- (b) strengthen blood collection and supply, testing and processing and appropriate clinical use of blood and blood components;
- (c) strengthen the NBTS with modern technology through a public-private partnership;
- (d) develop the regulatory and legislative framework on blood, organ donations and tissue transplants; and
- (e) establish a fair and equitable cost recovery system that excludes direct payment by patients.

Launch of the Framework for Strengthening Health Systems for UHC and the SDGs

119. The aim of the meeting was to: (i) disseminate the HSS Framework for action, the investment and monitoring and evaluation approach for HSS for UHC and related evidence with Ministers of Health in Africa; (ii) discuss the implications of the framework for action at the country level; and (iii) achieve consensus on the guidance for domestication of UHC in Africa. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her opening remarks noted that health systems in the Region are still weak, hence the need for a framework for integrated and holistic action for strengthening health systems. Dr Delanyo Dovlo, Director of the Health systems and Services Cluster, presented the rationale for the Framework as well as its expected impact, outcome and related output and input. He also highlighted the serious negative impact of ill-health on African economies and stressed that strengthening health systems would contribute to its mitigation. He called for an integrated approach to investment and action for health system strengthening, and invited contributions from the panellists.

120. The discussions highlighted the following as some of the ways of strengthening health systems:

- (a) reduce financial barriers to service access through the abolition of user fees;
- (b) increase government health expenditure to ensure basic inputs for service delivery;
- (c) engage the private sector as a key contributor to health service provision, especially given its role in service provision through pharmacies, laboratories, physiotherapy, X-rays and ultrasound, among others;

- (d) establish good data systems as the foundation for evidence-based decision-making and monitoring for UHC to ensure that no one is left behind; and
- (e) establish strong district and community health systems as critical vehicles for service delivery for UHC.

Celebrating 30 years of the Mectizan Donation Program (MDP)

121. This meeting was jointly organized by ESPEN and the Mectizan Donation Program (MDP) to commemorate 30 years of Mectizan donation for river blindness and lymphatic filariasis (LF). In her remarks, Dr Moeti underscored that building on the successful control of onchocerciasis by APOC and OCP, AFRO created the Expanded Special Project for elimination of NTDs (ESPEN) to accelerate elimination of river blindness and other NTDs in Africa. She expressed gratitude to MDP for its renewed commitment to continue the donation of Mectizan until onchocerciasis and LF are eliminated in every endemic community. MDP took the opportunity to advocate to an audience of ministers of health for the control and elimination of NTDs in Africa and to recognize Togo for becoming the first country in Africa to achieve LF elimination. Participating Member States acknowledged the huge benefit derived from the MDP both in terms of cost savings and reduced morbidity, mortality and stigmatization from these NTDs. Furthermore, it was noted that based on the surveys conducted in Mali and Senegal, the interruption of transmission of onchocerciasis is now likely to be achieved using Ivermectin treatment. As a result, with the support of WHO and other partners, almost all endemic countries in the continent are putting in place their elimination committees. Member States requested a new resolution on the elimination of the transmission of onchocerciasis. They highlighted the fact that cross-border transmission remains a concern given the variation in the elimination programmes of countries.

Psoriasis

122. The WHO Regional Office for Africa (WHO/AFRO) in collaboration with the International Federation of Psoriasis Associations (IFPA) organized the meeting with the objective of raising awareness on the public health impact of psoriasis and the need for early diagnosis and appropriate treatment for people living with the disease. The WHO Regional Director for Africa, Dr Matshidiso Moeti, chaired the meeting. In her opening remarks, she underscored that psoriasis was a painful and disfiguring chronic non-communicable (NCD) skin disease which has no cure. She reminded participants of the World Health Assembly Resolution of May 2014 (WHA 67.9) which recognized psoriasis as a serious NCD and called for improved care and social inclusion of people living with the disease.

123. The presentations and discussions indicated that patients with psoriasis often have significant co-morbidities such as cardiovascular diseases, depression and arthritis,

among others. It was noted that the magnitude of the disease is underestimated due to inability of front line health workers to diagnose and treat it.

124. The summary of the discussions is as follows:

- (a) Member states to strengthen the collection of data on psoriasis to better assess its burden and plan prevention and care;
- (b) Member States to ensure effective training of frontline health workers to improve diagnosis and treatment of psoriasis;
- (c) integrate psoriasis services with other major NCDs in primary health care; and
- (d) disseminate the WHO Global report on psoriasis (2016) and Resolution on psoriasis (WHA 67.9) to Member States.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC67/18)

125. The report of the Sixty-seventh session of the Regional Committee (Document AFR/RC67/18) was adopted with amendments.

CLOSURE OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

126. The "Vote of thanks" was presented by Bernice T. Dahn, the Minister of Health, Liberia. She thanked the President, the Government and the people of the Republic of Zimbabwe for hosting the Sixty-seventh session of the Regional Committee. She noted the warm welcome and outstanding hospitality extended to delegates and Member States of the WHO African Region.

Closing remarks of the Regional Director

127. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her closing remarks, thanked the President of the Republic of Zimbabwe, His Excellency Robert Gabriel Mugabe and his Government for setting the stage for a successful Sixty-seventh Regional Committee. She appreciated the warm hospitality and the excellent enabling environment that facilitated the work of the Secretariat. She thanked the President specifically for personally gracing the occasion with his presence and for officially opening the session. She also thanked Dr Parirenyatwa, the Minister of Health and Child Care of the Republic of Zimbabwe, who also doubled as the Chairperson of the Sixty-seventh Regional Committee, for efficiently directing the affairs of the session. She expressed her sincere gratitude to the Honourable Ministers of Health and Heads of Delegation of Member States for finding the time to attend and for actively

participating in the deliberations of the Regional Committee. Dr Moeti also thanked the alternate Chairpersons for their contributions to the efficient conduct of the deliberations of the session.

128. Dr Moeti remarked that the Secretariat had taken keen note of the very important decisions of the Sixty-seventh session of the Regional Committee. Specifically, she noted that the Member States had asked the Secretariat to conduct advocacy to facilitate work in the Region. She noted the call for community involvement and mobilization of other local resources to support the work of WHO in the African Region. She remarked that during the session, a number of side events were held to discuss practical and innovative approaches to dealing with specific public health concerns in the Region. She noted, for instance, that the WHO Secretariat is set to work with the relevant authorities and people in the Region to secure the certification of the Region as polio-free.

129. In concluding her remarks, Dr Moeti thanked the WHO Secretariat and all those who contributed in various ways, including the rapporteurs, interpreters, translators, drivers, the media and members of the press and others, in making the Sixty-seventh session of the Regional Committee a success. She extended her thanks to Dr Tedros Adhanom Ghebreyesus, the Director-General of WHO, for his commitment and declared support for the work of WHO in the Region. She also extended her gratitude to Her Excellency Amira Elfadil, the African Union Commissioner for Social Affairs, for the collaboration between the two organizations. Finally she thanked Senegal for agreeing to host the Sixty-eighth session of the Regional Committee in 2018. She wished all the professionals, in the health field, success in their efforts to contribute in improving the health of the people of the African Region, and safe travel back to their various destinations.

Closing remarks by the Chairperson of the Regional Committee

130. In his closing remarks, the Chairperson of the Sixty-seventh session of the Regional Committee, Dr Parirenyatwa, the Minister of Health and Child Care of the Republic of Zimbabwe, thanked participants for the cooperation he received in directing the session. He also used the opportunity to appreciate the President of the Republic of Zimbabwe, His Excellency Robert Gabriel Mugabe for the support the organizers received in preparing for the session.

PART III
ANNEXES

ANNEX 1

LIST OF PARTICIPANTS

1. *REPRESENTATIVES OF MEMBER STATES

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Professor Mokhtar Hassebellaoui
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Chef de délégation

Professor Mohamed L'Hadj
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Chefe da delegação

Dr Augusto Rosa M. Neto
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Dr Moisés francisco
Director do Centro de Investigação em
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BENIN

Dr Codjo Didier Agossadou
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Chef de délégation

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* Rwanda and South Sudan were not represented at this session of the Regional Committee.

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Ms Lucia Michael Konwloh
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Ministry of Health and Quality of Life
Head of delegation

MOZAMBIQUE

HE Pedro de Azevedo Davane
Ambassador of Mozambique in
Zimbabwe
Head of delegation

Dra Lidia Chongo
Deputy National Director of Planning
and Cooperation

Dra Francelina Romao
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Dr O. Mugerungi
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Economic Community of West African States (ECOWAS)

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Fédération Africaine de Gynécologie et d'obstétrique (AFOG)

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Président

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International Federation of Red Cross and Red Crescent (IFRC)

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Office of the UN Secretary General's Special Envoy

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Dr Kaka Mudambo
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Eastern and Southern Africa Regional
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Dr Badara Samb
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Mrs Trina Haque
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Observer

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Dr Laurent Assogba
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4. NONGOVERNMENTAL ORGANIZATIONS AND OTHER INVITED PARTNERS

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Dr Francis Omaswa
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Dr Peter Eriki
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African Leaders Malaria Alliance (ALMA)

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Ms Joyce Kafanabo
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African Federation of Public Health Associations (AFPHA)

Dr Flavia Senkubuge
Vice-President

Bill and Melinda Gate Foundation (BMGF)

Dr Steve Landry
Director

Holy See (Vatican State)

Msgr Charles Namugera
Official Dicastery for Promoting of
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International Federation of Psoriasis Associations (IFPA)

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Dr Hoseah Waweru
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Mrs Joni Lawrence
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Mrs Theresa McCoy

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M. David A. Ross
President and Chief Executive Officer

Ms Phyllis Heydt
Vice President, Frontline Delivery

NCD Alliance

Professor Gerald Yonga

Speak Up Africa

Ms Yacine Djibo
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**World Organization of Family Doctors
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President

Dr Ehimatle Matthew Obazee
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World Heart Federation

M. Jeremiah Mwangi
Director of Policy & Advocacy

Professor Liesl Zuhlke
Associate Professor

ANNEX 2

AGENDA OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
3. Adoption of the provisional agenda and programme of work (Document AFR/RC67/1)
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region 2016-2017: Biennial Report of the Regional Director (Document AFR/RC67/2)
6. Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC67/3)
7. International Health Regulations (2005): Review of the draft five-year global strategic plan to improve public health preparedness and response (Document AFR/RC67/4)
8. Implementation of the Transformation Agenda (Document AFR/RC67/5)
9. Regional strategy for the management of environmental determinants of human health in the African Region 2017–2021 (Document AFR/RC67/6)
10. Global Health Sector Strategy on Sexually Transmitted Infections, 2016–2021: implementation framework for the African Region (Document AFR/RC67/7)
11. Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017–2026 in the African Region (Document AFR/RC67/8)
12. Reducing health inequities through intersectoral action on the social determinants of health (Document AFR/RC67/9)
13. Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (Document AFR/RC67/10)
14. The African Regional Framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 (Document AFR/RC67/11)
15. Regional framework for integrating essential NCD services in primary health care (Document AFR/RC67/12)
16. Status report on the implementation of the Decade of Action for Road Safety in the African Region (Document AFR/RC67/13)
17. Status of Reviews, Authorizations and Oversight for Clinical Trials in the WHO African Region (Document AFR/RC67/14)
18. Regional Orientation on the implementation of the WHO Programme budget 2018-2019 (Document AFR/RC67/15)

19. Information Documents

- 19.1. Progress report on implementation of the Regional Strategic Plan on Immunization (Document AFR/RC67/INF.DOC/1)
- 19.2. Progress report on the implementation of the regional programme for public health adaptation to climate change (Document AFR/RC67/INF.DOC/2)
- 19.3. Progress report on the implementation of the resolution on NTDs (Document AFR/RC67/INF.DOC/3)
- 19.4. Progress towards measles elimination by 2020 (Document AFR/RC67/INF.DOC/4)
- 19.5. Progress report on Polio Eradication Status and Endgame Strategy in the African Region (Document AFR/RC67/INF.DOC/5)
- 19.6. Progress report on the implementation of the reform of WHO's work on emergencies in the African Region (Document AFR/RC67/INF.DOC/6)
- 19.7. Progress report on the African Public Health Emergency Fund (Document AFR/RC67/INF.DOC/7)
- 19.8. Report on WHO staff in the African Region (Document AFR/RC67/INF.DOC/8)
- 19.9. Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC67/INF.DOC/9)
20. Draft provisional agenda, place and dates of the Sixty-eighth session of the Regional Committee and place of the Sixty-ninth session of the Regional Committee (Document AFR/RC67/16)
21. Draft concept note on the Thirteenth General Programme of Work (Document AFR/RC67/17)
22. Adoption of the report of the Regional Committee (Document AFR/RC67/18)
23. Closure of the Sixty-seventh session of the Regional Committee

ANNEX 3

PROGRAMME OF WORK

DAY 1: Monday, 28 August 2017

09:00–10:00	Agenda item 2	Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
	Agenda item 3	Adoption of the Provisional Agenda and Programme of Work (Document AFR/RC67/1)
	Agenda item 4	Appointment of Members of the Committee on Credentials
10:00–12:00	Agenda item 1	Opening of the meeting
12:00–12:30	Group photograph followed by lunch	
12:30–14:30		Lunch break (Meeting of the Committee on Credentials)
14:30–16:00	Agenda item 5	The Work of WHO in the African Region 2016-2017: Biennial Report of the Regional Director (Document AFR/RC67/2)
16:00–16:30	Tea break	
18:00	End of the day's session	
18:30	Reception hosted by the Minister of Health and Child Care of Zimbabwe and the WHO Regional Director	

DAY 2: Tuesday, 29 August 2017

08:45–09:00	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:00–10:30	Agenda item 8	Implementation of the Transformation Agenda (Document AFR/RC67/5)
10:30–11:00	Tea break	
11:00–11:30	Agenda item 6	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC67/3)

- 11:30–12:30 **Agenda item 9** Regional strategy for the management of environmental determinants of human health in the African Region 2017–2021 (Document AFR/RC67/6)
- 12:30–14:30 *Lunch break*
- 13:00–14:30 **Side Event** ***Celebrating 30 years of the Mectizan Donation Program (MDP)***
- 14:30–15:30 **Agenda item 10** Global Health Sector Strategy on Sexually Transmitted Infections, 2016–2021: Implementation Framework for the African Region (Document AFR/RC67/7)
- 15:30 Tea/End of the day's session
- 18:30–21:30 **Side meeting** ***AU Meeting of Ministers of Health as a Working Group of the Specialized Technical Committee on Health, Population and Drug Control***

DAY 3: Wednesday, 30 August 2017

- 07:30–08:45 **Breakfast meeting** Surveillance and certification of polio eradication in the African Region
- 08:45–09:00 **Agenda item 4 (cont'd)** Report of the Committee on Credentials
- 09:00–10:00 **Agenda item 21** Draft concept note on the Thirteenth General Programme of Work (Document AFR/RC67/17)
- Agenda item 16** Status report on the implementation of the Decade of Action for Road Safety in the African Region (Document AFR/RC67/13)
- 10:00–11:00 **Agenda item 7** International Health Regulations (2005): Review of the draft five-year global strategic plan to improve public health preparedness and response (Document AFR/RC67/4)
- Agenda item 17** Status of Reviews, Authorizations and Oversight for Clinical Trials in the WHO African Region (Document AFR/ RC67/14)

11:00–11:30	<i>Tea Break</i>	
11:30–12:30	Agenda item 11	Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017–2026 in the African Region (Document AFR/ RC67/8)
12:30–14:30	<i>Lunch break</i>	
13:00–14:30	Side Event	<i>Launch - The Framework for Strengthening Health Systems for UHC and the SDGs</i>
14:30–15:30	Agenda item 13	Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (Document AFR/RC67/10)
15:30–16:30	Agenda item 14	Framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 in the African Region (Document AFR/RC67/11)
16:30–17:00	<i>Tea break</i>	
17:00–18:00	Agenda item 15	Regional framework for integrating essential NCD services in primary health care (Document AFR/RC67/12)
20:00	End of the day's session	
20:00–21:00	Evening Side Event	<i>Roll Back Malaria Partnership update to Ministers</i>

DAY 4: Thursday, 31 August 2017

07:30–08:45	Breakfast meeting	<i>GAVI Constituency (by invitation)</i>
08:45–08:50	Agenda item 4 (cont'd)	Report of the Committee on Credentials
08:50–09:00	Agenda item 15(cont'd)	Regional framework for integrating essential NCD services in primary health care (Document AFR/RC67/12)
09:00–10:00	Agenda item 19	Information Documents

- Agenda item 19.1** Progress report on implementation of the Regional Strategic Plan on Immunization
(Document AFR/RC67/INF.DOC/1)
- Agenda Item 19.2** Progress report on the implementation of the regional programme for public health adaptation to climate change
(Document AFR/RC67/INF.DOC/2)
- Agenda Item 19.3** Progress report on the implementation of the resolution on NTDs
(Document AFR/RC67/INF.DOC/3)
- Agenda Item 19.4** Progress towards measles elimination by 2020
(Document AFR/RC67/INF.DOC/4)
- Agenda Item 19.5** Progress report on Polio Eradication Status and Endgame Strategy in the African Region
(Document AFR/RC67/INF.DOC/5)
- Agenda Item 19.6** Progress report on the implementation of the reform of WHO's work on emergencies in the African Region (Document AFR/RC67/INF.DOC/6)
- Agenda Item 19.7** Progress report on the African Public Health Emergency Fund (Document AFR/RC67/INF.DOC/7)
- Agenda Item 19.8** Report on WHO staff in the African Region
(Document AFR/RC67/INF.DOC/8)
- Agenda Item 19.9** Regional matters arising from reports of the WHO internal and external audits
(Document AFR/RC67/ INF.DOC/9)

11:00–11:30 *Tea Break*

11:30–12:15 **Agenda item 12** Reducing health inequities through intersectoral action on the social determinants of health
(Document AFR/RC67/9)

12:15–13:00 **Agenda item 18** Regional Orientation for the implementation of the Programme budget 2018-2019
(Document AFR/RC67/15)

Agenda item 20

Draft provisional agenda, dates and place of the Sixty-eighth session of the Regional Committee and place of the Sixty-ninth session of the Regional Committee (Document AFR/RC67/16)

12:30–14:30 Lunch Break

13:00–14:30 **Side Event**

Launch of report on the Status of Blood Transfusion Access in the Region

14:30–15:30 **Side event**

International Federation of Psoriasis Associations (IFPA): Side event on Psoriasis

15:30 **End of the day's session**

Visit to the Victoria Falls

Day 5: Friday, 1 September 2017

09:00–11:30 **Agenda item 22**

Adoption of the report of the Regional Committee (Document AFR/RC67/18)

11:30–12:00 **Agenda item 23**

Closure of the Sixty-seventh session of the Regional Committee

12:30–14:30 *Lunch*

ANNEX 4

DRAFT PROVISIONAL AGENDA OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the agenda
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region
6. Statement of the Chairperson of the Programme Subcommittee
7. [Matters of global concern related to World Health Assembly decisions and resolutions]
8. Regional framework for the implementation of the Global Strategic Plan to improve Public Health Preparedness and Response
9. Regional framework for the implementation of the WHO renewed Strategy for Cholera prevention and control
10. Regional strategy for Neglected Tropical Diseases targeted for elimination or eradication in the African Region
11. Quality of care for maternal, newborn and child health in the context of universal health coverage
12. Framework for certification of polio eradication in the African Region
13. Regional framework on Diet and Physical Activity in the African Region
14. Progress on the achievement of the four time-bound commitments on NCDs in the African Region
15. Regional Strategy for revitalizing and strengthening district/local health systems
16. Regional Strategy for strengthening hospital and clinical services
17. Regional Strategy for Sustainable financing for Health in Africa (2018–2030) OR Technical paper on Ensuring Sustainable financing for health in Africa in the midst of changing global and local economic factors
18. The antimicrobial resistance (AMR) journey so far: Status report on AMR in the African Region
19. Information Documents
 - 19.1 Progress report on the implementation of the Regional Strategy on Health Security and Emergencies
 - 19.2 Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products: Information document
20. Draft provisional agenda, place and dates of the Sixty-ninth session of the Regional Committee and place of the seventieth session of the Regional Committee
21. Adoption of the report of the Regional Committee
22. Closure of the Sixty-eighth session of the Regional Committee

ANNEX 5

STATEMENT BY THE HONOURABLE MINISTER OF HEALTH AND CHILD CARE, DR DAVID PARIRENYATWA DURING THE OFFICIAL OPENING OF RC67 IN VICTORIA FALLS, ZIMBABWE

Let me recognise the presence of His Excellency, the President of the Republic of Zimbabwe, Cde R.G. Mugabe, who is also the commander of the defence forces,

Let me also recognise the Minister of State for Provincial Affairs for Matebeleland North Province, Honourable Kenneth Mathema,

The Deputy Minister for Health and Child Care, Honourable Musiiwa; let me recognise all Honourable Ministers and Heads of Delegations that are here,

The Director-General of WHO, Dr Tedros, let me recognise you,

The Regional Director, Dr Moeti, let me recognise you,

Let me also recognise our Mayor, His Worship the Mayor of Victoria Falls Mr Mpofu,

The AU Commissioner for social services, Her Excellency Mrs Amira Elfadil, I recognise you,

The outgoing chairperson of RC66, Honourable Minister of Health of Cabo Verde, Dr Arlindo Nascimento do Rosario, I recognise you,

Let me recognise the WHO Representative for Zimbabwe, Dr David Okello and the Permanent Secretary in the Ministry of Health and Child Care, Brigadier Gerald Gwinji,

Let me also recognise the various dignitaries here, the various development partners, and members of the media here present, ladies and gentleman,

Let me take this opportunity to welcome you all to the WHO RC67 which is being held here in Victoria Falls, one of the seven wonders of the world; and we are delighted to have you all here.

This meeting is an annual event in the African Region of WHO and is held around the months of August and September each year. Zimbabwe hosts the meeting this year after a very competitive bidding process that happened two years ago, and we are delighted that WHO selected us to host the meeting. The hosting comes with a requirement for the hosting Member State to commit and avail resources for the meeting expenses around the venue, around support to the Secretariat, and other logistical requirements for the meeting. We are most grateful to His Excellency the President of Zimbabwe, Cde R.G. Mugabe and the Government of Zimbabwe for providing the resources to make this meeting possible.

The WHO Director-General, Dr Tedros, is here with a team of WHO staff from Geneva. We are aware that this is his inaugural RC meeting following his election as WHO Director-General. We wish to congratulate him for being elected to this very important post and for representing Africa so far, very ably. We welcome you Dr Tedros to this very important meeting.

The Regional Director for the African Region, Dr Moeti is here with us with her technical team and other members of the Secretariat from Brazzaville, Congo. Dr Moeti, you are welcome.

The meeting is also attended by a number of partners. Some have come for the main meeting, while others are here for the special side meetings that are organised around the main meeting. Among these, we have the AU Commissioner for Social Services, Her Excellency Mrs Amira Elfadil, supported by her team. I wish to welcome you, Your Excellency.

I wish to welcome our very important and very supportive Development Partners; we welcome you.

The items on the agenda cover pertinent areas around common health issues affecting African populations, with emphasis on communicable and non-communicable conditions relevant to our own setting in Africa, while recognising the other global events that drive the global health agenda. Some of the critical issues under consideration derive from high-level declarations and direction from Heads of State through the UN and AU platforms. Some of the agenda items are a follow up from resolutions made at WHA, as well as updates from the Regional Director on progress in various areas.

I would like once more to welcome you all to this very important meeting and I hope that you will enjoy this meeting and make it fruitful, and at the same time find time to enjoy the Victoria Falls. Some of you will not have another opportunity so we have made certain afternoons available so that you are able to go round the Victoria Falls and spend your money and spend it well in the Victoria Falls.

I welcome you,

Thank you very much,

Tatenda,

Siyabonga.

ANNEX 6

STATEMENT BY HONOURABLE DR ARLINDO NASCIMENTO DO ROSARIO THE CHAIRPERSON OF THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE AND MINISTER OF HEALTH AND SOCIAL SECURITY OF CABO VERDE

Your Excellency, President of the Republic of Zimbabwe,
The Director-General of WHO,
The WHO Regional Director for Africa,
Honourable Ministers of Health,
Heads of Delegations,
Representatives of WHO's partner organizations,
Distinguished Guests,
Ladies and Gentlemen.

I am greatly honoured to take the floor at this opening ceremony to welcome all the Delegations from our 47 Member States of the WHO African Region, as well as our distinguished guests.

Allow me at the outset, to recognize with joy and pride, the distinguished presence of Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. Mr Director-General, your presence at this major meeting of the African Region fills us all with pride. I would like to take this opportunity, once again, to congratulate the Member States of our Region on their consistent position during the electoral process at the World Health Assembly that led to your election. Dr Tedros, we welcome you and wish you every success in your new duties. Rest assured that the countries of our Region will spare no effort to ensure that health becomes an inalienable right of African peoples.

Honourable Ministers,
Dear Colleagues,

This Sixty-seventh session of the Regional Committee is meeting in clearly one of the most beautiful settings on our continent, namely the Victoria Falls which will inspire us over the coming days as we discuss the most significant public health issues and the well-being of our national populations. The agenda proposed for our proceedings is vast and full of challenges. It affords us the unique opportunity to define the best approaches to improving health on the continent. We will equally share our experiences at the various side events that we would be able to attend.

The presentation and review of the Biennial Report of the Regional Director 2016-2017, prepared under the stewardship of the Regional Director, Dr Moeti, will constitute another highlight of our session. We will have the opportunity to learn about the progress made and the challenges that lie ahead.

With regard to these major challenges, I would like to underscore the special position occupied by the Transformation Agenda, which guides the reform process of our regional organization in its relations with Member States. Such major challenges include the management of health risks and the prevention of outbreaks, notably yellow fever and sexually transmitted diseases including HIV/AIDS. It is absolutely necessary to implement and routinely evaluate the International Health Regulations (2005) to ensure that we have resilient national health systems.

On our list of priorities and challenges, I would like to highlight the Regional framework for the implementation of the Global Strategy on human resources for health, universal health coverage, and the indicators and targets towards the achievement of Sustainable Development Goal 3. Obviously, our countries will need to align their national policies with these global and regional agendas, while making the requisite adjustments as appropriate. It is only by focusing on such alignment with the global targets that the African Region can hope to achieve most of the goals of the 2030 Agenda before the deadline, and translate them into improved health and a better quality of life for our peoples.

Mr Chairman,
Honourable Ministers,
Director-General of WHO,
WHO Regional Director for Africa,
Distinguished Guests,
Ladies and Gentlemen,

I am convinced that if our countries have strong and efficient health systems, we will have a commensurately strong and efficient WHO/AFRO. However, it is up to us, as Member States, to develop policies and implement the actions needed to ensure the well-being of our communities. If WHO/AFRO and Member States play their respective roles, we will certainly have reason in the very near future to celebrate an Africa that is increasingly the pride of Africans and the entire world on account of its sound health indicators and quality of life. Yes, such an outcome is possible! We have some good examples on the continent and we can still increase the number of African countries considered to be success stories in the area of public health.

Honourable Ministers,
Dear Colleagues,

Before I conclude my statement, permit me to extend our collective gratitude to the Government of Zimbabwe for its hospitality and for hosting us in this beautiful country.

It was an honour for me to serve our Member States following its very busy schedule, from the Regional Committee that was held in Addis Ababa last year to the World Health Assembly this year. Indeed, I step down with a sense of having fulfilled my duty. On behalf of Cabo Verde and my Government, I heartily thank you all for the trust bestowed in me. During our tenure, the election of Dr Tedros, the first African to head our global Health Organization, will certainly endure in our collective memory.

Lastly, I would like to wish the newly elected Bureau every success as they guide the proceedings of this Regional Committee.

Long live WHO/AFRO,
Long live Africa!
Thank you all for your kind attention!

The Minister of Public Health and Social Security of Cabo Verde

Dr Arlindo do Rosário.

ANNEX 7

STATEMENT BY H.E. MRS. AMIRA ELFADIL, COMMISSIONER FOR SOCIAL AFFAIRS, AFRICAN UNION COMMISSION

Excellency, the President of the Republic of Zimbabwe, President Robert Gabriel Mugabe,
Excellency, Director-General of the World Health Organization,
Excellency, WHO Regional Director for Africa,
Excellency, Chairperson of the meeting, Excellency Minister of Health of Zimbabwe,
Honorable Ministers.

It is my deepest pleasure to be present and representing the African Union Commission. I bring you the greetings of our Chairperson H.E. Moussa Faki Mahamat. Permit me also to congratulate the WHO Regional Office for Africa on the hosting of its 67th Regional committee meeting, and to my sister Dr Moeti, thanks for the strong and growing partnership that we share since my assumption of office. This meeting is taking place at a time when the first African has been elected as the Director-General of WHO, a historic event which was underpinned by the unity and partnership between the African Union Commission, all of its member states who are also members of both the AFRO and EMRO regions of WHO.

Excellency Mr President,
Honorable Ministers of Health and delegations to this august meeting,

The continental responsibility for addressing the health needs of our people towards ensuring African people have a high standard of living, quality of life, sound health and wellbeing is expressed in the aspirations of Agenda 2063 which is in our hands.

Therefore our collective efforts for strong partnerships needs to be reinforced and strengthened between the Commission, all of our member states and the WHO regions of AFRO and EMRO that serve our beloved continent.

As Commissioner of Social Affairs responsible for Health and Nutrition at the continental level, I personally commit to working with you towards meeting the health needs of our people and by doing so, contribute to the achievement of the Health Aspirations of Agenda 2063 as well as the global SDGs on health.

Excellency Mr President,
Honorable Minister of Health and delegates,

The Specialized Technical Committee meetings on Health, Population and Drug Control provides the platform for us as a continent, all 55 member states, to speak with one voice, and to tackle health matters of urgent concern. Permit me therefore to recall some key decisions that were taken at the 2nd Specialized Committee Meeting on Health, Population and Drug Control that took place in March of this year in Addis Ababa, as follows:

- (a) Africa CDC-0.5% of the AU annual operational budget be allocated to the Africa CDC. All member States are to establish national public health institutes and those that have established them to strengthen and link them to the Africa CDC regional collaborating centers. Yesterday we had our 3rd governing board meeting here at Victoria Falls Hotel, and Dr Moeti was present at the meeting.
- (b) Human Resources for Health-AUC, UNAIDS and partners should provide further analysis of the two million Community Health Workers Initiative, including cost estimates of training and sustaining one million community health workers in Africa.
- (c) Domestic Financing for Health-In the context of a multi-sectoral approach, countries should consider increasing private sector involvement and facilitate public-private partnership.
- (d) Fund for Pharmaceutical Manufacturing-The Commission and NEPAD Agency to establish a technical working group to define the modalities, scope of work, legal and Institutional implications of a Fund for Africa's Pharmaceutical Development. Tomorrow evening we will convene our Ministers of Health as the working group of the STC-HPDC to endorse the draft treaty for the establishment of the African Medicine Agency (AMA).
- (e) Sustainable School Food and Nutrition Initiative-Member States to work with FAO and all relevant partners in the implementation of the Sustainable School Feeding and Nutrition Initiative to improve nutritional status and the elimination of child undernutrition in Africa.

Excellency Mr. President,
WHO Director General,
WHO Regional Director,
Honorable Ministers,

These are a few decisions from the 2nd STC on Health, Population and Drug Control for which we are collectively accountable. It is therefore my personal hope that by the 2019 STC on Health, Population and drug Control, we shall be reporting on the progress made in the implementation of these decisions. My department of Social Affairs would like to reach out to our member states and select lead countries that would in turn assist us in driving implementation of these decisions. We shall be counting on your support.

Excellency Mr. President, Honorable Ministers of Health, Ladies and Gentlemen, the 'Africa we Want' is within our reach and we as Africans need only to strengthen our partnerships and turn our Health Aspirations into a reality.

I thank you for your kind attention.

ANNEX 8

OPENING ADDRESS BY DR MATSHIDISO MOETI, WHO REGIONAL DIRECTOR FOR AFRICA

Your Excellency, Mr Robert Mugabe, President of the Republic of Zimbabwe,
Dr Pagwesese David Parirenyatwa, Minister of Health of the Republic of Zimbabwe, and
Chairperson of the Sixty-seventh session of the Regional Committee,
Dr Arlindo Nascimento do Rosario, Minister of Health of Cabo Verde and outgoing
Chairperson of the Regional Committee,
Honourable Ministers of Health and Heads of Delegation of Member States of the
African Region,
Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization,
Your Excellency, Mrs Amira Elfadil, AUC Commissioner for Social Affairs,
Ambassadors and heads of diplomatic missions,
Colleagues from UN agencies and our development partners,
Distinguished Guests, Ladies and Gentlemen.

It is a pleasure to address this distinguished gathering at the start of the Sixty-seventh session of the WHO Regional Committee for Africa. I thank His Excellency, President Mugabe, for having honoured the opening with his presence, and I extend our gratitude to the Government and people of Zimbabwe for their warm hospitality and excellent arrangements for hosting this Regional Committee.

It is a special honour to welcome Dr Tedros Ghebreyesus to his first Regional Committee as Director-General; he is the first Director-General from our Region, and we are all extremely proud of him. A very warm welcome to all the Ministers of Health and Regional Committee delegates from Member States, especially Ministers who are taking part for the first time. Thank you to our health partners participating in this meeting and welcome to Victoria Falls.

Honourable Ministers,

A key development since the last Regional Committee in Addis Ababa is the growing optimism in health on the African continent. Health is taking its rightful place on the global development agenda, as seen from the recent G20 Heads of State summit, including South Africa's Jacob Zuma, which discussed health security, health systems strengthening and antimicrobial resistance. For the first time, WHO was represented at the G20 by our Director-General, Dr Tedros, and there was strong support for the role of WHO as a leader in Global Public health and recognition that health is an integral part of building resilience in countries.

Regionally, in January this year, African Heads of State endorsed the Addis Declaration on Immunization, committing themselves to the International Health Regulations (IHR, 2005) to strengthen global health security, while the 6th Tokyo International Conference on African Development (TICAD) in August 2016 adopted the Nairobi Declaration, incorporating building resilient health-care systems, emphasizing prevention and preparedness, and mobilizing financial resources. This growing awareness of the need

to strengthen health security and health systems is being translated into action by the global community:

- (a) In May last year, the World Health Assembly approved WHO's new Health Emergencies Programme, enabling us to radically change our way of responding to outbreaks and emergencies, and helping to build preparedness to prevent, detect and respond to outbreaks.
- (b) Countries in the African Region have taken this on board too, by agreeing to carry out Joint External Evaluations of their core capacities to detect and respond to public health threats, leading to comprehensive, all-hazard plans to address gaps, equipping them to mobilize funding.
- (c) New funding facilities are available: The World Bank's Global Financing Facility is a key financing platform to promote UHC, while the African Development Bank is supporting IHR capacities, starting in West Africa post-Ebola, within health systems that provide access to quality services for all.
- (d) With support from global partners and the AUC, the Africa Centre for Disease Control and Prevention has been established to focus on disease surveillance, outbreak preparedness and response.
- (e) A final example is the Coalition for Epidemic Preparedness Innovations (CEPI), which is working with regulators of the African Region to ensure that at least one of the candidate vaccines currently in clinical trials is taken to licensure, to prevent future outbreaks of Ebola virus disease.
- (f) The Coalition is also supporting capacity building with the African Vaccine Regulatory Forum (AVAREF) for regulatory readiness to facilitate clinical trials for vaccines against other emerging pathogens under WHO's research and development blueprint.

This global momentum is driving progress. WHO's new, global, comprehensive Health Emergencies Programme promotes collective action across the three levels of the Organization. We are already seeing faster, more effective responses to outbreaks such as meningitis, cholera and yellow fever; improved dissemination of information through weekly bulletins to all partners; and greater transparency, as articulated in the Transformation Agenda:

- (a) For instance, a new Ebola outbreak in the DRC was brought to an end in just two months. In line with the IHR (2005) and the Regional Strategy for Health Security and Emergencies, the Government was quick to declare the outbreak, and WHO with Government and partners swiftly deployed experts to the remote area for a coordinated, effective response.
- (b) WHO played a central role in the cross-border control of a Lassa fever outbreak in Togo, Benin and Burkina Faso.
- (c) In Namibia, the early detection of Crimean-Congo Haemorrhagic fever (CCHF), immediate reporting to the authorities and the rapid, coordinated response which included high-level engagement of WHO, quickly brought this outbreak under control.

Honourable Ministers,

Building stronger, resilient and responsive health systems, which reach all localities, citizens and services, is the best way to stop outbreaks from becoming epidemics. It is the best way to bring equitable health care to all people in Africa. This is a moral imperative, and the primary reason for investing in Universal Health Coverage. It is unacceptable for people to suffer for reasons that could be managed at limited cost. Health is a human right in the constitutions of the majority of Member States. For us, pursuing UHC is a top priority: It is key to achieving stronger health systems, for attaining Sustainable Development Goal 3 to “Ensure healthy lives and promote well-being”; and for assuring this right.

UHC is also a wise investment: The Lancet Commission on Global Health projected that countries that achieve their UHC targets by 2035 would eliminate preventable maternal and child deaths – saving over 10 million women and children. In contrast, the World Bank estimates that failing to invest in strong health systems carries high costs: the lost economic output and direct costs of the Ebola virus outbreak for the three affected countries amounted to US\$ 1.6 billion in 2015 alone.

Ladies and Gentlemen,

Financing is fundamental to improving health systems in the Region. Currently, millions of households are reporting catastrophic health spending for health services through out-of-pocket payments which have increased in nearly every country in the Region. UHC allows for appropriate financing strategies such as prepayment mechanisms, pooling of funds and financial protection.

WHO/AFRO has developed a framework – in collaboration with senior health ministry officials from all 47 Member States and partners – to guide action on advancing UHC and SDG 3, and is creating a monitoring system to provide information on the progress.

Measurement matters: What gets measured gets managed and done. We are already seeing advances in collecting data to inform decisions and action. For instance, more countries are producing annual health expenditure data to inform fairer, more equitable financing strategies for health.

However, greater effort is needed. Less than half of the Member States have produced regular National Health Accounts to monitor resources allocated for UHC. Significant gaps in equity and coverage still exist in long-established programmes.

- (a) For instance, the Region's immunization coverage has stagnated for years, persistently falling short of the global target of 90% coverage, putting some children at serious risk of potentially fatal diseases such as measles.
- (b) Access to HIV services is uneven in the Region, with fewer People Living with HIV in West Africa being diagnosed and on treatment compared to those in Southern Africa.
- (c) Africa has a growing problem of drug-resistant TB, and only 70% of the 27 000 cases of DR-TB reported in 2015 accessed treatment.

Honourable Ministers,

WHO is striving to accelerate efforts by all Member States to take effective measures to end the global TB epidemic by 2030. I urge you all to attend the Global Ministerial Conference on TB taking place in Moscow in November this year. This is a pivotal opportunity to share experiences and ideas, and agree on key actions for breakthrough.

Ladies and Gentlemen,

Noncommunicable diseases are a growing problem in our Region, as countries struggle to address NCDs and their risk factors. Surveys from 33 countries show that most adults have at least one risk factor that increases their chances of developing a life-threatening NCD.

However, it is clear that NCDs are not sufficiently prioritized or resourced in national health agendas. Making the investment case and advocacy are critical, while pursuing prevention, early detection and treatment.

Social determinants, such as the urban-rural divide, influence health outcomes.

- (a) About 2.1 billion people worldwide lack access to safe drinking-water at home, and 4.5 billion lack safely managed sanitation, with consequences for their health.
- (b) Adolescent girls who are uneducated, poor and live in rural communities, are more likely to have unplanned pregnancies. The African Region has the highest birth rate among adolescent girls, and an unmet need for family planning of up to 62% across countries.

Environmental determinants such as climate change and extreme weather events have direct and indirect impacts on health, including outbreaks of malaria and yellow fever.

All this highlights the importance of working with other sectors. The SDGs provide a good framework for this collaboration. We in WHO/AFRO are expanding our intersectoral work, establishing new partnerships with key stakeholders. In June this year, we held the first ever Africa Health Forum, themed 'Putting People First: the Road to Universal Health Coverage in Africa' in Kigali, Rwanda. This meeting convened a unique mix of stakeholders, including government ministers, health activists, the private sector and youth, who vigorously debated public health challenges and opportunities in the Region. They agreed that UHC will bring a fairer deal for African people, reducing poverty through better health.

Universal health coverage is a political choice. I concur with our DG that it is possible for all countries to achieve UHC, tailored to their own specific needs. WHO is able to help you get there.

Ladies and Gentlemen,

An Ovambo proverb states that “the hard thing has the seed in it,” meaning that when people persevere, prosperity will follow. I constantly seek to “plant seeds” for improving our people’s health for Africa’s prosperity. At the Africa Health Forum, we heard how innovation, particularly information technology and eHealth solutions, can help us to leapfrog action for better health outcomes.

- (a) Countries in the African Region are increasingly using eHealth systems in regular health services provision to reduce equity gaps.
- (b) GIS technology (geographic information systems) has evolved dramatically, allowing us to see dynamic, real-time maps which enable immediate responses. This cost-effective technology is being used to identify possible polio cases in communities, and will improve immunization and disease control, even beyond polio. I encourage you to visit the exhibition here to see the tool in action.

We are also exploring the role and potential contribution of the private sector to UHC, and were inspired by the enthusiastic, constructive dialogue at the Africa Health Forum. Mutual trust is important for good collaboration with the private sector, although governments were urged to strengthen their regulatory and stewardship roles, and be alert to areas of contestation, as seen with South Africa’s private health-care pricing studies. However, the private sector can contribute to financing, skills and capacity, helping to advance health and UHC more quickly. As WHO, we want to better understand what the private sector can offer beyond research and development.

Ladies and Gentlemen,

Our drive to eliminate diseases is paying off. WHO’s new ‘Treat All’ recommendations for HIV-positive patients have expanded coverage of antiretroviral therapy – 13.8 million people in the Region now receive ART.

ESPEN, the Expanded Special Project for Elimination of Neglected Tropical Diseases set up last year to eliminate the five diseases amenable to preventive chemotherapy, has leveraged medicines donations for mass drug administration, reaching millions of people in the first year of operation. It is a new model and we are learning how this lean, but focused secretariat can support countries to deal with these debilitating diseases, working closely with partners.

Togo is the first country in the African Region to achieve WHO’s validation of elimination of lymphatic filariasis as a public health problem. I once again heartily congratulate you, Honourable Minister and the people of Togo, for this great achievement.

The four cases of wild poliovirus detected in insecure areas in Nigeria last year saw a strong subregional response in the Lake Chad basin, and strengthened the Region’s resolve to kick polio out of Africa for good through the largest ever polio campaign.

The Honourable Ministers are reminded that polio assets are being transitioned to support other public health programmes, and we ask for your leadership and action in mobilizing alternative resources to avoid losing these capacities to your health systems. We will hear a progress report on Polio Eradication in Agenda Item 19.5.

Ladies and Gentlemen,

I am pleased to report that significant progress has been made in implementing the Region's Transformation Agenda. I called for an independent evaluation by WHO's Evaluation Office in Geneva of the mid-term progress of this five-year reform process, in April 2017. The evaluation confirmed progress made in accountability, compliance and risk management. Staff realignment has been completed in the Regional Office and Intercountry Teams, and is now rolling out to countries, starting with Senegal, Sierra Leone, South Africa and Togo. The TA will be discussed in more detail in Agenda Item 8.

I would like to end by thanking you heartily for your warm and cordial support over the past year. I went on a number of official visits this year to Member States and other countries, where I was graciously received, and we had very fruitful discussions of benefit to our people's health.

To our key partners, thank you for your collaboration and support, especially at country level. I look forward to interacting with you all, and hearing lively and productive deliberations during this Sixty-seventh session of the Regional Committee.

Thank you very much for your attention.

ANNEX 9

STATEMENT BY DR TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR-GENERAL

Excellencies,
Distinguished Colleagues,
Ladies and Gentlemen.

It makes me very proud to stand before you as the first African Director-General of WHO. I thank you for the encouragement and support you gave me throughout my campaign.

I also want to acknowledge the outstanding work of my sister Dr Moeti on behalf of Africa.

Africa is a magnificent continent — and working all together we will make it even healthier. The campaign may be over, but our work together is just beginning, and I will continue to need your encouragement and support if we are to achieve meaningful and enduring change for the health of the world's people.

Let me start by describing what for me was the most compelling moment since I began as Director-General less than 60 days ago. I visited Yemen where I met a mother and her malnourished child. They had walked for hours to reach the health centre. The mother was begging the medical staff to take care of her child. But when I looked at the mother, I could see she was skin and bone. She could well die before her child. But she was focused only on her child, not herself.

It is this moment of human suffering that was my moment of truth. That moment defines what WHO does and why WHO exists. We must not rest until that child and that mother are saved – until there are no mothers and children in that circumstance. Let us all work together to that noble end.

Now I am sure many of you are wondering how WHO will change in the weeks and months ahead, so I would like to start by outlining how I view our work during this transition period. In times of transition it is vitally important that we continue our important ongoing work; what I call our day-to-day business. Every day, WHO staff around the world are working hard to improve health at the country level in thousands of ways, small and large. I am ensuring this work continues without interruption.

But I have also heard from you that there is a set of urgent priorities on which we can and must act immediately. So far, I have launched several “fast track initiatives” such as:

- (a) boosting our effectiveness in emergencies through daily briefings,
- (b) enhancing our governance by working with the Officers of the Executive Board (“the Bureau”) to examine the work of the Executive Board and the World Health Assembly,
- (c) making WHO an even better place to work,

- (d) strengthening WHO's image through better communications,
- (e) rethinking resource mobilization by learning from others,
- (f) pursuing greater value for money in our travel expenditure,
- (g) examining climate change in small-island nations; and
- (h) planning for the polio transition.

These are the immediate priorities. But we have also begun to lay the groundwork for the larger, transformative changes we need to make WHO an organization better able to meet the health challenges of the 21st century.

We started by listening to your ideas. I initiated an "Ideas for Change" programme within WHO to stimulate fresh thinking and innovative ideas at all levels of the organization. We have harvested hundreds of great suggestions that we are now organizing into a plan.

In that regard, we have started work on shaping our next General Programme of Work which will guide the strategy of WHO between 2019 and 2023.

You will be considering a draft concept note on the GPW tomorrow. I urge you to think of this as a first draft of the ideas that will go into the GPW.

We cannot proceed without your input. This is your WHO, and its priorities are ultimately determined by you, the Member States. Over the coming days, weeks and months, we will need your feedback and ideas to shape the GPW; to shape the WHO you want.

Let me take a few moments to sketch the GPW's contours for you.

Most importantly, the starting point for our General Programme of Work must be the Sustainable Development Goals. The SDGs are the lens through which we must see all our work. They are the priorities that you, the Member States, have agreed on, and must therefore be our priorities.

The SDGs feature one goal devoted explicitly to health, but the fact is that health either contributes to, or benefits from, almost all the other goals. And some of the biggest health gains will come from improvements outside the health sector. It is therefore essential that WHO engages with partners in all relevant sectors to drive progress.

Within the context of the SDGs, the concept note for the General Programme of Work proposes the following mission for WHO: to keep the world safe, improve health and serve the vulnerable. Let me repeat that: keep the world safe, improve health and serve the vulnerable. This is how I see the mission of WHO. To achieve that mission, we propose five strategic priorities.

First, the world expects WHO to be able to prevent, detect and respond to epidemics. I do not need to convince you of that. Ebola taught us a very painful lesson that we must never forget. And indeed, we are already learning. When Ebola struck the Democratic Republic of the Congo earlier this year, early and decisive action ensured that the outbreak was quickly contained. Our work on health emergencies must also include

finishing the job of wiping polio from the face of the earth, and fighting the spread of antimicrobial resistance. Both demand the same urgency as a sudden outbreak.

The second priority is linked closely to the first: to provide health services in emergencies and help to rebuild health systems in fragile, conflict and vulnerable States.

For example, in the aftermath of the tragic mudslide in Freetown this month, WHO was there, distributing cholera kits, training health workers and providing psychological first aid for survivors.

The third priority is helping countries strengthen health systems to progress towards universal health coverage. I have said all roads lead to Universal health coverage. Health systems are the glue that binds together all the priorities in the General Programme of Work. Access to health care is a human right. Universal health coverage is a political choice I urge countries to make.

The fourth priority is to drive progress towards the specific SDG health targets. I have already spoken about the SDGs as the frame within which we see all our work, but we also carry the responsibility of providing the practical tools and technical know-how to help countries advance towards the specific health targets.

We will focus our attention on four areas: improving the health of women, children and adolescents; ending the epidemics of HIV, tuberculosis, malaria, and other infectious diseases; preventing premature deaths from noncommunicable diseases; and protecting against the health impacts of climate change.

Finally, we provide the world's governance platform for health. This is one of WHO's key comparative advantages; only WHO has the authority and credibility to convene the numerous players in global health and to build consensus towards achieving shared goals. WHO can and must therefore play a vital role in orchestrating the increasingly complex global health architecture.

These are the five priorities that we are proposing will define the work of WHO in the coming years.

Now, we all know that strategies sometimes just sit on the shelf. So the draft concept note pays attention not only to what WHO will do but how it will do it (and also of course why). It lists a number of enablers, which I will not repeat here, but also several big shifts.

First, we will focus on outcomes and impact. It is one thing to write an action plan; it is another to put a plan into action. The end result of everything we do is not the publication of a report or a guideline, but the people whose health is protected or promoted by it. As the GPW takes shape, we will develop a scorecard with key indicators and measurable targets to ensure that we maintain our focus on projects and programmes that get results.

Second, we will set priorities. WHO cannot do everything; nor should we try. With your guidance, we will need to make tough decisions about where best to invest our finite resources to maximize impact. Again, the SDGs will be our guide.

Third, WHO will become more operational, especially in fragile, vulnerable and conflict States. At the same time, we will continue to play our normative, standard-setting role -- and indeed will strengthen those functions. But to do that, we need to better measure how our norms and standards are being used and implemented to improve health and save lives.

Fourth, we must put countries at the centre of WHO's work. This seems obvious, but it bears repeating. Results don't happen in Geneva or in regional offices; they happen in countries. Our role is to support you, our Member States, to strengthen your health systems, achieve universal health coverage for your people and protect against epidemics in your countries. To do that, you must be in the driver's seat.

Finally, WHO will provide political leadership by advocating for health with world leaders. I have already had first-hand experience of the importance of mobilizing political commitment for health. My first trip as DG was to Addis Ababa to the African Union Summit. A few days later, I had the honour of addressing the G20 Summit in Hamburg, to make the case for health security and universal health coverage to some of the most powerful men and women in the world.

Last week, I enjoyed a successful trip to China, which has generously agreed to increase its voluntary contribution to WHO by 50%. While there, I also held meetings with high-level officials from the U.S., the U.K., and France.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high.

Everywhere I go, I am heartened by the enthusiasm I see for health at the highest political level. I also see huge enthusiasm for WHO and the work that you all do. I know from my own personal experience that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve.

My friends, we are here because we care about the health of the world's people. They must be foremost in all our minds this week.

The challenges we face are great. So must be our ambitions.

Let me return to the image of that mother and child I met in Yemen. That is why I am here. I want you also to visualize the human suffering you have witnessed. Picture this in terms of the individuals you have met – and how you have helped them. Let this image be your guide. And let our collective images guide WHO.

Thank you for your hard work and dedication to our noble cause.

ANNEX 10

ADDRESS BY HIS EXCELLENCY THE PRESIDENT, COMRADE R.G. MUGABE, AT THE OFFICIAL OPENING OF THE SIXTY-SEVENTH SESSION OF THE WORLD HEALTH ORGANIZATION REGIONAL COMMITTEE FOR AFRICA

Honourable Minister of State for Provincial Affairs for Matabeleland North, Comrade Cain Mathema,

Honourable Minister of Health and Child Care Zimbabwe and Chairperson of the 67th WHO/AFRO Regional Committee Meeting, Dr David Parirenyatwa,

Honourable Minister of Health of Cabo Verde and Chairperson of the 66th WHO/AFRO Regional Committee Meeting, Dr Arlindo Nascimento do Rosario,

All Ministers here present,

The Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus,

The World Health Organization Regional Director for Africa, Dr Matshidiso Moeti,

Heads of UN Agencies and Development partners here present,

Distinguished Delegates,

Ladies and Gentlemen,

Comrades and Friends.

It is with great pleasure that I welcome you all, to the Victoria Falls, Zimbabwe, on the occasion of the 67th World Health Organization Regional Committee for Africa Meeting (RC67).

We are particularly honoured and excited that ours is the first ever Regional Meeting our new Director-General, Dr Tedros Adhanom Ghebreyesus, is attending, since his election into Office. This Conference grants us this unique opportunity to congratulate him and wish him great success in leading the World Health Organization.

It is good to host the Regional Committee here in Zimbabwe, having hosted the Regional Office in the past, nearly eight years before its relocation to Brazzaville, Congo. We value the coming together of Ministers of Health from the African Region to put their heads together and collectively interrogate the various health issues that affect our populations. Indeed, these issues are many and impact heavily on all aspects of our lives. The adage, "life is health" and "health is wealth", holds true and we have all witnessed the interplay between health and development.

Your agenda clearly and accurately defines the many health matters that are significant to our populations. As Africa, we now face a double burden of communicable and noncommunicable diseases. In most of these, Africa is disproportionately represented on the global burden. The evidence before us speaks to Africa experiencing the largest increase in morbidity and mortality from cardiovascular disease, cancer, respiratory disease and diabetes, alongside an even greater burden of infectious diseases, including HIV and AIDS. We must ask ourselves why this is so, and more importantly, what we can do to arrest and reverse these trends.

We know that historically, our formal health care systems were developed to respond to a few selected commonly occurring communicable diseases. But we have begun, and must continue to evolve these systems, to respond to the broader health issues. We also now understand that there are many determinants of health, many of which have to be addressed by taking the right supportive policies and interventions in non-health sectors.

Educating the girl child, designing better roads, planning better urban settlements, empowering communities and managing climate change, may all seem very peripheral to health. But evidence before us now says otherwise. We therefore must provide the solutions across these sectors for better health outcomes, and as leaders, it is our duty to foster this broader approach.

Let us therefore push health to take its deserved prominence on our agendas in our subregional groupings, at the African Union level and indeed on the global forum. Most importantly, however, the agenda on health must be most prominent at the local levels, in our various communities.

Our health systems need to be strengthened to better respond to today's challenges. We have all significantly invested into human resources for health production. A good thing indeed. But we also lose a large proportion of these, particularly the experienced ones, to the developed world. What can we do to better protect our investment and retain most of this capital?

Let us put our heads together and find solutions. Our Governments are committed to investing at least 15 per cent of their national budgets into health. Few have managed to consistently meet this commitment in the context of many competing priorities. Financing for health, thus, remains challenged. We need to further innovate around how we finance health, and how we efficiently and sustainably invest such financing.

As Zimbabwe, we are proud of having come up with a National Aids Trust Fund where we collect a 3 per cent levy of individual Pay As You Earn (PAYE) and corporate taxes to help finance our response to the HIV epidemic. This fund has also formed the nucleus for addressing the increasing cancer burden in the country. We have also, beginning this current financial year, set aside half of a 10% levy that we charge on mobile airtime and data usage for use on procuring critical pharmaceutical and other commodities for our hospitals, outside the main budget provision.

Direct investment into health in developing countries by partners is now severely constrained. This, at a time when we need to be even more focused, and make concerted efforts to address matters like the increased burden of HIV in adolescents and young women, avoidable maternal deaths, the re-emergence of neglected tropical diseases and the increasing burden of noncommunicable diseases in most parts of our Region. Carefully planned domestic investment into health is therefore paramount.

As you meet as Ministers responsible for health, supported by your technical teams and partners, let us relate every agenda item, every decision reached, every resolution passed to the child, to the expecting mother to the newly diagnosed diabetic, to the

ageing man, who have all woken up this morning in a remote village trusting their health is in good hands. Put a face to your work.

Finally, to our various partners who are here today to attend this meeting, we thank you and urge you to support the Africa health agenda. Remember to also find time to enjoy the Victoria Falls.

Let me now declare the Sixty-seventh session of the World Health Organization Regional Committee for Africa duly opened.

I thank you.

ANNEX 11

LIST OF DOCUMENTS

AFR/RC67/1	Agenda of the Sixty-seventh session
AFR/RC67/2	The Work of WHO in the African Region 2016-2017: Biennial Report of the Regional Director
AFR/RC67/3	Statement of the Chairperson of the Programme Subcommittee
AFR/RC67/4	International Health Regulations (2005): Review of the draft five-year global strategic plan to improve public health preparedness and response
AFR/RC67/5	Implementation of the Transformation Agenda
AFR/RC67/6	Regional strategy for the management of environmental determinants of human health in the African Region 2017–2021
AFR/RC67/7	Global Health Sector Strategy on Sexually Transmitted Infections, 2016–2021: implementation framework for the African Region
AFR/RC67/8	Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017-2026 in the African Region
AFR/RC67/9	Reducing health inequities through intersectoral action on the social determinants of health
AFR/RC67/10	Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region
AFR/RC67/11	The African Regional Framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030
AFR/RC67/12	Regional framework for integrating essential NCD services in primary health care
AFR/RC67/13	Status report on the implementation of the Decade of Action for Road Safety in the African Region
AFR/RC67/14	Status of Reviews, Authorizations and Oversight for Clinical Trials in the WHO African Region
AFR/RC67/15	Regional Orientation on the implementation of the WHO Programme Budget 2018-2019
AFR/RC67/16	Draft provisional agenda, place and dates of the Sixty-eighth session of the Regional Committee and place of the Sixty-ninth session of the Regional Committee
AFR/RC67/17	Draft concept note on the Thirteenth General Programme of Work
AFR/RC67/18	Report of the Sixty-seventh session of the WHO Regional Committee for Africa

INFORMATION

AFR/RC67/INF.DOC/1	Progress report on implementation of the Regional Strategic Plan on Immunization
AFR/RC67/INF.DOC/2	Progress report on the implementation of the regional programme for public health adaptation to climate change
AFR/RC67/INF.DOC/3	Progress report on the implementation of the resolution on NTDs
AFR/RC67/INF.DOC/4	Progress towards measles elimination by 2020
AFR/RC67/INF.DOC/5	Progress report on Polio Eradication Status and Endgame Strategy in the African Region
AFR/RC67/INF.DOC/6	Progress report on the implementation of the reform of WHO's work on emergencies in the African Region
AFR/RC67/INF.DOC/7	Progress report on the African Public Health Emergency Fund
AFR/RC67/INF.DOC/8	Report on WHO staff in the African Region
AFR/RC67/INF.DOC/9	Regional matters arising from reports of the WHO internal and external audits
AFR/RC67/CONF/DOC/1	Statement by the Honourable Minister of Health and Child Care, Dr David Parirenyatwa during the official opening of RC67 in Victoria Falls, Zimbabwe
AFR/RC67/CONF/DOC/2	Statement by Honourable Dr Arlindo Nascimento Do Rosario the Chairperson of the Sixty-Sixth session of the Regional Committee and Minister of Health and Social Security of Cabo Verde
AFR/RC67/CONF/DOC/3	Statement by H.E. Mrs Amira Elfadil Commissioner for Social Affairs African Union Commission
AFR/RC67/CONF/DOC/4	Opening address by Dr Matshidiso Moeti, WHO Regional Director for Africa
AFR/RC67/CONF/DOC/5	Statement by Dr Tedros Adhanom Ghebreyesus, WHO Director-General
AFR/RC67/INF/01	Information Bulletin on the Republic of Zimbabwe

DECISIONS

Decision 1	Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs of the Regional Committee
Decision 2	Composition of the Committee on Credentials
Decision 3	Report of the Committee on Credentials

Decision 4	Draft Provisional Agenda, place and dates of the Sixty-eighth session of the Regional Committee and place of the sixty-ninth session of the Regional Committee
Decision 5	Membership of the Programme Subcommittee
Decision 6	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)
Decision 7	Designation of Member States of the African Region to serve on the Executive Board
Decision 8:	Method of work and duration of the Seventy-first World Health Assembly
RESOLUTION	
AFR/RC67/R1	Vote of thanks