

**Seventy-third session of the WHO  
Regional Committee for Africa,  
Gaborone, Botswana,  
28 August–1 September 2023**

**Final report**



**World Health  
Organization**

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**African Region**

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Regional Committee for Africa,  
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**Final report**

**World Health Organization  
Regional Office for Africa  
Brazzaville • 2023**

## Report of the seventy-third Session of the WHO Regional Committee for Africa

AFR/RC73/14

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## ABBREVIATIONS

AMR	antimicrobial resistance
DEI	diversity, equity and inclusion
EPHFs	Essential public health functions
ESPEN Laboratory	Laboratory of the Expanded Special Project for Elimination of Neglected Tropical Diseases (Ouagadougou)
GER	gender, equity and human rights
GDP	gross domestic product
GLASS	WHO Global AMR/Use Surveillance System
GTS	geospatial tracking system
HAIs	health care-associated infections
HEPR	Health emergency preparedness and response
HPV	human papillomavirus
ICU	intensive care unit
INGOs	International nongovernmental organizations
NCDs	noncommunicable diseases
NPAFP	non-polio acute flaccid paralysis
PHC	primary health care
SAFE strategy for trachoma elimination	surgery for trichiasis, antibiotics to clear infection, and facial cleanliness and environmental improvement to reduce transmission
SDGs	Sustainable Development Goals
STEPS surveys	WHO STEPwise approach to NCD risk factor surveillance
UHC	universal health coverage
UHPR	Universal Health and Preparedness Reviews
WASH-FIT	Water and Sanitation for Health Facility Improvement Tool

# PART I

## PROCEDURAL DECISIONS AND RESOLUTIONS



## PROCEDURAL DECISIONS

### Decision 1 Special Procedures to regulate the conduct of the hybrid session of the Regional Committee

The Regional Committee for Africa,

1. ADOPTED the special procedures to regulate the conduct of the hybrid session of the Regional Committee for Africa as set out in Annex 1 to this decision; and
2. DECIDED that the said special procedures should apply to the Seventy-third session of the Regional Committee for Africa held from 28 August to 1 September 2023.

### Decision 2 Election of the Chairperson, the Vice-Chairpersons, and the Rapporteurs

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and paragraph 7 of the Special procedures to regulate the conduct of the hybrid session of the Regional Committee, the Regional Committee for Africa elected the following officers by acclamation.

**Chairperson:** Dr Edwin Dikoloti,  
Minister for Health  
Botswana

**First Vice-Chairperson:** Dr Austin Demby  
Minister of Health and Sanitation  
Sierra Leone

**Second Vice-Chairperson:** Dr Pierre Somse  
Minister of Health and Population  
Central African Republic

**Rapporteurs:** Dr Lizzie Nkosi  
Minister of Health and Social Welfare of Eswatini  
for English

Dr Édith Clarisse Kouassy  
Deputy Director-General, Ministry of Health, Côte d'Ivoire  
for French

Dr Filomena Gonçalves  
Minister of Public Health of Cabo Verde  
for Portuguese

### Decision 3 Appointment and meetings of the Committee on Credentials

1. The Regional Committee appointed the Committee on Credentials consisting of the representatives of the following Member States: Comoros, Republic of Congo, Gambia, Ghana, Eritrea, Madagascar and Rwanda.
2. The Committee on Credentials met on 28 August 2023 and elected Dr Eric Nsiah-Boateng, from the delegation of Ghana, as its Chairperson.

### Decision 4 Report of the Committee on Credentials

The Regional Committee, acting on the report of the Committee on Credentials, recognized the credentials submitted by the following 45 Member States to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa and paragraph 9 of the Special Procedures adopted to regulate the conduct of this hybrid session: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe, and decided to defer a decision on the question of the representation of Niger, pending guidance from the United Nations General Assembly.

### Decision 5 Replacement of Members of the Programme Subcommittee

#### REPLACEMENT OF MEMBERS OF THE PROGRAMME SUBCOMMITTEE

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

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

## Decision 6 Proposals for Member States of the African Region to serve on the Executive Board and in posts of the Executive Board

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

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

- (a) **Zimbabwe to replace Rwanda** in serving on the Executive Board, starting with the 155th session in May 2024, immediately after the Seventy-seventh World Health Assembly. The Executive Board will therefore be composed of some Member States of the African Region as indicated in the table below:

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

- (b) **Cameroon for election** to serve as **Vice-Chair of the Executive Board**, as from the 155th session of the Executive Board.
- (c) **Comoros to replace Ethiopia** on the Programme Budget and Administration Committee (PBAC) as from the 155th session of the Executive Board. The PBAC will therefore be composed of Comoros and Senegal from the African Region.
- (d) **Togo to replace Rwanda** on the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) as from the 155th session of the Executive Board. The SCHEPPR will therefore be composed of Togo and Lesotho from the African Region.

## Decision 7 Proposal for officers of the Seventy-seventh World Health Assembly

The Regional Committee for Africa decided to propose that the Chairperson of the Seventy-third session of the Regional Committee for Africa be designated as President of the Seventy-seventh World Health Assembly.

Furthermore, based on the English alphabetical order and subregional geographic groupings, the Regional Committee for Africa decided to propose the following with regard to the Seventy-seventh World Health Assembly:

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

### **Decision 8 Membership of the Nelson Mandela award for health promotion selection panel**

According to the statutes of the Nelson Mandela Award for Health Promotion, the Award Selection Panel shall consist of the Chairperson and the first Vice-Chairperson of the Executive Board, and of a member elected by the Executive Board from among its members from the African Region for a period not exceeding his or her term of office on the Executive Board.

In that regard, the term of office of Rwanda on the Selection Panel of the Nelson Mandela Award for Health Promotion will end with the closing of the Seventy-seventh World Health Assembly in May 2024. Consequently, it is proposed that Rwanda be replaced by Zimbabwe on the Award Selection Panel, with effect from the closing of the Seventy-seventh World Health Assembly in May 2024, for the duration of Zimbabwe's term of office on the Executive Board.

### **Decision 9 Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)**

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

### **Decision 10 Draft provisional agenda, place and dates of the Seventy-fourth Session of the Regional Committee (Document AFR/RC73/13)**

The Regional Committee for Africa decided to hold its Seventy-fourth session in Brazzaville, Republic of the Congo, from 26 to 30 August 2024. The Committee reviewed and adopted the provisional agenda of the Seventy-fourth session.



### **Decision 11 Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa**

The Regional Committee for Africa,

Having considered and noted the report of the Secretariat on the accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa, as set out in Annex 1 of document AFR/RC73/2,

Decided:

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

### **Decision 12 WHO reform: status of resolutions and decisions adopted by the WHO Regional Committee for Africa and recommendations for sunset reporting requirements**

The Regional Committee for Africa,

Having examined and noted the report of the Secretariat titled “WHO reform: status of resolutions and decisions adopted by the WHO Regional Committee for Africa and recommendations for sunset reporting requirements”, as set out in Annex 2 of document AFR/RC73/2 (hereinafter, the Report),

Decided:

- (a) to sunset reporting on resolutions and decisions relating to strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee, as contained in Sub-annex 1 of the Report, on the understanding that the related mandates have been completed or superseded by a new mandate on the same subject matter;

- (b) to maintain reporting on strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee, as contained in Sub-annex 2 of the Report;
- (c) to sunset reporting on resolutions and decisions relating to strategies, frameworks and technical documents adopted between the Sixty-second session and the Seventy-second session of the Regional Committee as contained in Sub-annex 3 of the Report, on the understanding that the subject matter will be systematically subsumed into future reports on a related subject matter;
- (d) to set end dates for reporting on the strategies, frameworks and technical documents listed in Sub-annex 4 of the Report; and
- (e) to set reporting deadlines for the strategies, frameworks and technical documents listed in Sub-annex 5 of the Report.

## RESOLUTIONS

### **Resolution 1 Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region**

The Regional Committee,

Having considered document AFR/RC73/6 entitled “Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region”;

Recognizing the increasing emergence and spread of antimicrobial-resistant organisms that reverse the benefits of antimicrobials and further complicate the management of many infectious and non-infectious diseases;

Noting that despite the considerable improvement in global health, millions of people still lack access to quality services including access to effective antimicrobial medicines;

Recalling World Health Assembly resolutions WHA68.7 on the Global action plan on antimicrobial resistance; WHA72.5 on antimicrobial resistance; WHA71.1 on the Thirteenth General Programme of Work, 2019–2023 and the triple billion targets, the International Health Regulations (2005); and document AFR/RC67/10 on the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region;

Recognizing the need to address antimicrobial resistance to contribute to the agenda of the Declaration of Astana on primary health care<sup>1</sup> for achieving universal coverage and the Sustainable Development Goals and ensuring global health security;

Recognizing that the three pillars of primary health care (community engagement, front-line health services, and multisectoral actions on wider health determinates) are central to an effective response to antimicrobial resistance;

Considering that 1.27 million deaths<sup>2</sup> are directly attributable to bacterial resistance in sub-Saharan Africa, which is of deep concern;

Noting the uncontrolled antimicrobial overuse and misuse in humans, plants and animals across the Region and the risks posed by substandard and falsified medicines;

Acknowledging the threat posed by resistant pathogens to the continuing effectiveness of antimicrobials in the fight against disease and ensuring food security, which makes it a development issue as it jeopardizes the functioning of human, animal and plant health systems and economies;

Cognizant that Member States face challenges in ensuring that national action plans on antimicrobial resistance are endorsed, funded, implemented, and monitored,

1. ADOPTS the “Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region”;
2. URGES Member States:
  - (a) to commit political will and provide leadership for the dissemination and implementation of this strategy in collaboration with various stakeholders;
  - (b) to ensure sufficient resources for the implementation of national action plans as an integral part of the national health strategy and plan;
  - (c) to conduct advocacy for the recognition of antimicrobial resistance as a national priority with domestic funding for national action plans;
  - (d) to promote the use of existing platforms and tools to build technical capacity and implement the national action plans;
  - (e) to enforce regulations and laws for appropriate use and disposal of antimicrobials;

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<sup>1</sup> World Health Organization. (2019). Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018. World Health Organization. License: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/handle/10665/328123>, accessed 3 February 2023)

<sup>2</sup> Antimicrobial Resistance Collaborators (2022). Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet* (London, England), 399(10325), 629–655. ([https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0), accessed 3 February 2023)

3. URGES WHO and partners:

- (a) to support Member States to prioritize, finalize, cost, implement and monitor national action plans on antimicrobial resistance;
- (b) to mobilize partners to support the implementation of the strategy in accordance with the principles of sustainability;
- (c) to support the development of an adequate workforce and multidisciplinary rosters of experts on antimicrobial resistance;
- (d) to collaborate with research institutions to produce, disseminate and support effective use of evidence on antimicrobial resistance;
- (e) to support the development, establishment and functionality of technical and professional networks and related health systems and services to curb antimicrobial resistance.

## **Resolution 2 Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region**

The Regional Committee,

Having considered document AFR/RC73/7 entitled “Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the African Region”;

Recognizing the need to strengthen diagnostic and laboratory services and make them more available and accessible in order to achieve universal health coverage through the primary health care strategy and contribute to global health security;

Recalling Regional Committee resolution AFR/RC58/R2<sup>3</sup> on strengthening public health laboratories; the Maputo Declaration<sup>4</sup> on strengthening of laboratory systems and resolution WHA76.5 (2023) on strengthening diagnostics capacity;<sup>5</sup>

Deeply concerned that more than half of the global population and probably a greater proportion in the African Region does not have access to diagnostics;<sup>6</sup>

Noting that fairly poor consideration is given to medical imaging services, clinical and public health laboratories, and diagnostics at the peripheral level of health systems, with poor availability, accessibility and quality;

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<sup>3</sup> Strengthening Public Health Laboratories. WHO Regional Office for Africa: A Critical Need For Disease Control. <https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC58-6.pdf>, accessed 4 January 2023.

<sup>4</sup> <https://www.who.int/publications/m/item/the-maputo-declaration-on-strengthening-of-laboratory-systems>

<sup>5</sup> [apps.who.int/gb/ebwha/pdf\\_files/WHA76/A76\\_R5-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R5-en.pdf)

<sup>6</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)00673-5.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)00673-5.pdf)

Acknowledging the need for efficient diagnostic and laboratory systems as part of health systems;

Cognizant that Member States face challenges in structuring and operationalizing diagnostic systems and guaranteeing the resources necessary for their functioning and sustainability,

2. ADOPTS the Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the African Region;

2. URGES Member States:

- (a) to increase political commitment and leadership to promote the strategy, including by enacting legislation and establishing regulatory frameworks to enable strengthened laboratory and diagnostic services in the Region;
- (b) to mobilize domestic and external resources and ensure sustainable financing to support the implementation of the strategy as an integral part of the national health plan;
- (c) to review and adapt the existing structures, systems, policies and strategic plans for quality diagnostic and laboratory services networks and systems at national and subnational levels;
- (d) to expand laboratory and imaging services to subnational levels and ensure minimal laboratory tests at first-level and remote health facilities utilizing existing and new technologies;
- (e) to commit resources and develop an appropriate and adequately skilled health workforce to operationalize essential diagnostic services at all levels of the health system;
- (f) to invest and ensure logistics and maintenance of equipment by trained technical personnel;
- (g) to engage private sector laboratories and their networks in all aspects relating to diagnostic and laboratory services;
- (h) to establish a monitoring and evaluation mechanism to collect and capture data annually on the existing diagnostic and laboratory services using and adapting the existing tools in line with the information management system structure;
- (i) to promote implementation of the regional and global laboratory and diagnostic frameworks and resolutions;

3. URGES WHO and partners:

- (f) to disseminate policy guidance, technical guidelines, and review resolutions and recommendations to support implementation of the strategy;
- (g) to provide support to Member States to develop evidence-based policies and operational plans that are regularly monitored and evaluated;

- (h) to support Member States with technical advice on equipment maintenance training opportunities for improving health diagnostic services;
- (i) to promote synergy and alignment with International Health Regulations (2005) core capacity building and primary health care implementation with and between partners;
- (j) to promote collaboration between key regional and international partners for increased financing, greater capacity strengthening, and concurrence on initiatives to achieve maximal impact.

### **Resolution 3 Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region**

The Regional Committee,

Having examined the document entitled “Strengthening community protection and resilience: Regional strategy for community engagement, 2023–2032 in the WHO African Region”;

Recalling the Declaration of Astana on primary health care, the UHC framework for action and Regional strategy for health security and emergencies 2023–2030 (AFR/RC72/8);

Deeply concerned about the threat of pandemics, humanitarian crises, and other public events on people’s health and well-being and on social, economic, and political stability and their impact on primary health care and universal health coverage;

Reflecting on lessons from past community engagement efforts and recent disease outbreaks, and with a view to addressing gaps and improving future prevention, preparedness, response, and recovery interventions;

Reaffirming the important role of community and civil society engagement in ongoing efforts to develop more responsive, equitable and effective health policies to accelerate progress towards universal health coverage and health security goals;

Recognizing the need for people-centred, whole-of-society and whole-of-government approaches to primary health care, health promotion and health and social service delivery, and the central role of communities in reducing personal and community vulnerabilities and managing the effects of public health events,

1. ADOPTS “Strengthening Community Protection and Resilience: Regional Strategy for Community Engagement, 2023-2030 in the WHO African Region”;
2. URGES Member States:
  - (a) to provide leadership in adapting priority actions and interventions into local contexts and implementing activities;

- (b) to provide leadership and governance in establishing partnerships, including with community engagement structures;
- (c) to conduct high-level advocacy and leadership at all levels for integrating community engagement within primary health care and other sectors;
- (d) to encourage cross-border cooperation and international stakeholder dialogues;

3. REQUESTS the Regional Director:

- (a) to build awareness and advocate for community engagement by developing an evidence-based narrative and fostering a common understanding and shared vision for the scope and function of community engagement across all government services within Member States and WHO, with health leading the way;
- (b) to promote harmonization of primary health care, health and social services, and hazard-specific technical guidelines and tools and raise awareness among stakeholders on their use, to support implementation of the strategy;
- (c) to develop, based on experiences of country-level implementation of the strategy, a set of generic indicators of community engagement to be proposed for inclusion in routine health service data collection, such as intra- and after-action reviews and possibly joint external evaluation and the risk analysis tool;
- (d) to provide technical support to Member States for the adaptation and assessment of the regional strategy and the implementation of priority interventions, including cross-border actions;
- (e) to mobilize partners and donors to support the implementation of the strategy and advocate for an investment case for community engagement in primary health care, health promotion and disease prevention;
- (f) to promote and support multisectoral and multistakeholder collaboration and ensure accountability to local populations.

**Resolution 4 Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region**

The Regional Committee,

Having examined the document entitled “Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region”;

Recalling, inter alia, resolution AFR/RC50/R1 on the health-for-all policy for the 21<sup>st</sup> century in the African Region: Agenda 2020; resolution WHA57.16 on health promotion and healthy lifestyles; resolution AFR/RC62/R4 on health promotion: strategy for the African Region; resolution AFR/RC60/R1 on the strategy for addressing key determinants of health in the African Region; the 2008 report of the WHO Commission on Social Determinants of Health; the 2006 Nairobi Call to Action for Health Promotion; resolution WHA71.1 on the Thirteenth General



Programme of Work, 2019–2023 and its triple billion goal (one billion more people benefiting from universal health coverage, one billion more people protected from health emergencies and one billion more people enjoying better health and well-being); and resolution WHA75.19 on well-being and health promotion and the draft global framework, implementing and monitoring plan for integrating well-being into public health using the health promotion approach;

Deeply concerned about growing inequities linked to social, economic, and environmental determinants of health and their effects on the health and well-being of African populations;

Noting that physical, mental, and social health and well-being are impacted by livelihoods, housing, environment, water, sanitation and hygiene, education, occupational safety, food security, safe and healthy diets, early childhood development, social inclusion, prevention of injuries, and access to essential services;

Reaffirming the commitments of the Alma-Ata Declaration and the Declaration of Astana on primary health care; the Ottawa Charter for Health Promotion; the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa; the Libreville Declaration on Health and Environment in Africa; the Helsinki Statement on Health in All Policies; and SDG 3;

Recognizing that people-centred, whole-of-government, whole-of-society and multidisciplinary approaches are required to comprehensively address determinants of health and well-being;

Acknowledging that existing multisectoral initiatives suffer from siloed planning, budgeting, implementation, monitoring and evaluation, poor accountability, and lack of strategic capacities,

4. ADOPTS the Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region;

5. URGES Member States:

- (a) to mobilize high-level political support for the institutionalization of mandatory impact assessments of sector policies on health and well-being;
- (b) to advocate for prioritizing the promotion of well-being in policies across sectors;
- (c) to commit or mobilize the financial and human resources required to plan, implement, and monitor multisectoral initiatives;
- (d) to establish mechanisms for data collection with defined indicators and targets to support M&E;
- (e) to build the health sector's capacity to engage other sectors and key stakeholders more effectively for multisectoral and intersectoral action to promote well-being;
- (f) to establish mechanisms to break down communication barriers between health and other sectors to promote understanding of shared goals;
- (g) to engage local research institutions in data generation and knowledge translation to inform the development and implementation of policies, strategies, and plans;

(h) to strengthen cooperation with national and international partners to facilitate collaboration across sectors;

6. REQUESTS the Regional Director:

- (a) to increase support for effective design and implementation of multisectoral policies;
- (b) to establish platforms for sustained strategic communication to facilitate sharing of information, including what did not work, best practices, and innovations among Member States;
- (c) to build capacity for translating evidence into policy action;
- (d) to support Member States in the development and monitoring of well-being indicators;
- (e) to establish partnerships, networks, and alliances to support countries' efforts in multisectoral action through resource mobilization and technical support;
- (f) support regional initiatives on research to inform multisectoral action in countries.

### **Resolution 5 Vote of thanks**

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Botswana to ensure the success of the Seventy-third session of the WHO Regional Committee for Africa held in Gaborone, Botswana, from 28 August to 1 September 2023;

APPRECIATING the particularly warm welcome that the Government and people of the Republic of Botswana extended to the delegates,

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

# PART II

## REPORT OF THE REGIONAL COMMITTEE



## OPENING OF THE MEETING

1. The Seventy-third session of the World Health Organization (WHO) Regional Committee for Africa was officially opened on Monday, 28 August 2023 by His Excellency Dr Mokgweetsi Eric Keabetswe Masisi, President of the Republic of Botswana. In attendance were ministers of health and heads of delegation of 45 Member States of the WHO African Region; the WHO Director-General, Dr Tedros Adhanom Ghebreyesus; the WHO Regional Director for Africa, Dr Matshidiso Moeti; representatives of the African Union; members of the diplomatic corps; representatives of United Nations agencies and other international and nongovernmental organizations; and other guests.
2. Honourable Dr Edwin Dikoloti, Minister of Health of the Republic of Botswana, welcomed Member State delegations and other participants. He recalled the commitment of Botswana and its Government to achieving health for all and improving health service delivery and health indicators. He also recalled the important role played by Botswana in global debates on the equitable allocation of resources for better access to health, and the need to make progress on all of the health pillars through a coordinated and multisectoral approach.
3. Dr Jean Kaseya, Director General of Africa CDC, noted the remarkable health progress made by Botswana, highlighting the country's success in achieving over 70% coverage for COVID-19 vaccination, making health care accessible to its citizens, contributing 2–3% of its GDP to health and building capacity to develop vaccines for zoonotic diseases. Furthermore, he expressed the hope that regional production of vaccines would be expanded, and the requisite resources mobilized. He advocated for the Region to be better prepared for the next pandemic.
4. Her Excellency, Ambassador Minata Samaté Cessouma, through a recorded statement, appreciated the leadership of WHO in the African Region in promoting quality health care for all. She applauded the strengthened collaboration between WHO and the African Union (AU), which is fundamental to achieving the Sustainable Development Goals (SDGs) and the vision of the AU's Agenda 2063. She also recognized the collaboration of partners in operationalizing the African Medicines Agency (AMA) and organizing the recent WHO World Summit on Traditional Medicine which demonstrated the interest in holistic health and well-being for all. In addition, she expressed the wish that the upcoming summits on health financing and HIV eradication in Africa, and the peace, climate and health nexus would be the next steps in building the Africa we want.
5. In her opening statement, the WHO Regional Director for Africa, Dr Matshidiso Moeti, expressed her gratitude to the President of Botswana, the Minister of Health of Botswana, and the Government and people of Botswana for hosting the Regional Committee. She commended the President of Botswana for leading an exemplary response to COVID-19, especially in advancing research on genomic sequencing. The Regional Director also noted the impressive health sector reform project, which has facilitated significant progress towards eliminating HIV/AIDS, including mother-to-child transmission.

6. Dr Moeti thanked the Chairperson of the Seventy-second session of the Regional Committee for Africa, the Honourable Minister of Health and Public Hygiene and Universal Access to Health Care of Togo, Professor Moustafa Mijiyawa, and the Vice-Chairpersons of that session, the Ministers of Health of Uganda and Malawi, for their leadership, which greatly facilitated the preparation of governing body discussions and events throughout the past year.

7. The Regional Director recalled the challenges faced by the Region during the COVID-19 pandemic, including the struggle to secure the necessary supplies during the response. She called for all to celebrate the relatively lower COVID-19 death toll on the continent and commended the leadership of African Heads of State, the robust continental platforms of the AU, and the collaborative efforts with the African CDC for bolstering national response capabilities, including the expansion of genomic sequencing capacity and progress toward establishing the African Medicines Agency.

8. Speaking on the impact of the pandemic on the Region, Dr Moeti noted the significant impact of COVID-19 on health, education, and economies across Africa. She remarked that low routine immunization had reduced vaccination rates and increased outbreaks of vaccine-preventable diseases. She highlighted efforts to enhance pandemic preparedness at the community level, with the roll-out of flagship programmes to strengthen response capacity across the continent. Furthermore, she encouraged Member States to continue preparing for the next pandemic, including by contributing to the development of the pandemic treaty and the revision of the International Health Regulations (2005).

9. Dr Moeti also emphasized the urgent need to address the health impacts of climate-related challenges such as droughts and cyclones, and for efforts to support affected communities, as well as initiatives to tackle the impacts of climate change on health and well-being. She highlighted other regional challenges, including low government health spending, significant out-of-pocket payments for health care, high maternal mortality rates, and the burden of noncommunicable diseases. She acknowledged advancements in cervical cancer prevention and control tools and the commitment to achieving the SDGs through primary health care and strengthened partnerships.

10. The Regional Director cited examples of achievements by Member States in the areas of emergency preparedness, malaria prevention and control, introduction of HPV and typhoid conjugate vaccines, and the uptake of technical tools by the younger population in Africa. Dr Moeti expressed optimism about the future despite the challenges and encouraged participation in upcoming meetings at the UN General Assembly, including the high-level meetings on universal health coverage, pandemic preparedness and response, and tuberculosis, and the adoption of technology by Africa's young population to promote and protect health.

11. In his address, WHO Director-General, Dr Tedros Adhanom Ghebreyesus, expressed gratitude to President Masisi and the people of Botswana for hosting the meeting. He acknowledged Botswana's accomplishments in health, particularly its response to HIV, the introduction of the HPV vaccine for cervical cancer prevention, and the detection of the Omicron



variant of SARS-CoV-2. In addition, he highlighted that COVID-19 and Mpox were no longer public health emergencies of international concern but remained health threats. Furthermore, he noted growing evidence of increasing hospitalizations, ICU admissions, and deaths from COVID-19, thus emphasizing the need for continued surveillance, sequencing, and risk assessment.

12. Addressing the significant transformation of WHO over the past six years, the Director-General outlined five priorities – the "Five Ps" – that will constitute the foundation of the Fourteenth General Programme of Work (GPW 14). The first "P" deals with promoting health through addressing root causes of ill health, such as tobacco and alcohol use, making diets healthier, and tackling climate change. He acknowledged successful regional strategies, including tobacco and alcohol control, road safety strategies and a partnership to strengthen primary health care and integrated services, including sexual and reproductive health.

13. On the second priority of providing health, the Director-General highlighted the need to reorient health systems towards primary care and universal health coverage. He highlighted significant progress made with the malaria vaccine and improvements in the health workforce, while recognizing persistent challenges in reducing maternal mortality and increasing immunization rates, including the need to strengthen health systems.

14. On the third priority of protecting health through preparedness and response to health emergencies, the Director-General informed the audience that the global architecture for health emergency response is being developed with equity at its core. He highlighted collaborative initiatives such as the pandemic accord, the WHO Hub for Pandemic and Epidemic Intelligence, and the need to address the gaps in the International Health Regulations using the lessons learnt from the COVID-19 pandemic.

15. The Director-General concluded by urging Member States to act on the five priorities and support WHO to implement GPW 14. He cited Botswana as a model to demonstrate that anything is possible. He thanked President Masisi, Dr Moeti, WHO representatives, colleagues, and Member States for their dedication.

16. In his opening address to the Seventy-third session of the Regional Committee, His Excellency Dr Mokgweetsi Eric Keabetswe Masisi, President of the Republic of Botswana, welcomed all participants on behalf of the people of Botswana and appreciated the fact that Botswana was hosting the Seventy-third session. The President expressed gratitude for the ongoing collaboration with WHO, stressing the importance of fostering solidarity and cooperation among African countries to address health challenges effectively.

17. Drawing on various experiences, the President underscored the need to redefine the trajectory toward achieving the vision of health for all by 2030. He noted the progress made in life expectancy and advocated for equity and inclusion in addressing health issues. His address underlined the persisting inequalities in access to COVID-19 supplies, labelling the issue as one of the major failures of the pandemic response. To bolster health care resilience, the President stressed the importance of self-sufficiency, pointing to the need for resources for the African

Medicines Agency (AMA), adequate quantities of medicines and vaccines, knowledge transfer, and democratization of intellectual property.

18. Addressing health care financing, the President advocated for increased allocation of financial resources to the health sector. The current level of spending of US\$ 189 per person highlighted a notable gap, signalling a failure to meet the commitments of the Abuja Declaration.

19. He emphasized the potential of the digital era, highlighting the opportunities presented by digital tools in health care. Africa's position at the forefront of the digital revolution was recognized, with the potential for improved treatment outcomes, clinical trials, self-management, and health care capacity-building. The President highlighted the role of governments in health care financing, showcasing Botswana's commitment, where 80% of health expenditure is government-funded, with a significant 17.1% budget allocation to health. Notably, only 4% of health care costs are borne by individuals in Botswana, and an impressive 97% of individuals living with HIV are in good health.

20. His Excellency Mokgweetsi Eric Keabetswe Masisi, President of the Republic of Botswana, concluded by spotlighting the remarkable progress made in the WHO E-2025 programme for malaria eradication, citing a dramatic reduction in the incidence rate to below 1 in 1000 population.

21. At the conclusion of the opening session, the Presidential Order of Meritorious Service (PMS) was awarded to Dr Matshidiso Moeti by President Masisi in recognition of her devotion to duty.

## **ORGANIZATION OF WORK**

### **Adoption of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-third Regional Committee for Africa and election of the Chairperson, the Vice-Chairpersons and the Rapporteurs (Document [AFR/RC73/Decision 1](#))**

22. The Regional Committee adopted a Decision on the Special procedures to regulate the conduct of the hybrid session of the Seventy-third Regional Committee, which were briefly presented by the Legal Counsel.

### **Election of the Chairperson, the Vice-Chairpersons, and the Rapporteurs (Document [AFR/RC73/Decision 2](#))**

23. In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and paragraph 7 of the Special procedures to regulate the conduct of the hybrid session of the Regional Committee, the Regional Committee for Africa elected its officers by acclamation. The details of the election are provided in Decision 2 above.



## **Adoption of the provisional agenda and provisional programme of work (Document [AFR/RC73/1](#) and Document [AFR/RC73/1 Add.1](#))**

24. The Chairperson of the Seventy-third session of the Regional Committee, Dr Edwin Gorataone Dikoloti, Minister for Health of Botswana, tabled the provisional agenda ([AFR/RC73/1](#)) and the draft programme of work ([AFR/RC73/1 Add.1](#)) (see Annexes 3 and 4 respectively). They were adopted without amendments.

## **Appointment and meetings of the Committee on credentials**

25. The Regional Committee appointed the Committee on Credentials consisting of the representatives of the following Member States: Comoros, Republic of Congo, The Gambia, Ghana, Eritrea, Madagascar and Rwanda.

26. The Committee on Credentials met on 28 August 2023 and elected Dr Eric Nsiah-Boateng, from the delegation of Ghana, as its Chairperson

## **REPORT OF THE COMMITTEE ON CREDENTIALS**

27. The Regional Committee, acting on the report of the Committee on Credentials, recognized the credentials submitted by the following 45 Member States to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa and paragraph 9 of the Special Procedures adopted to regulate the conduct of this hybrid session: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe, and decided to defer a decision on the question of the representation of Niger, pending guidance from the United Nations General Assembly.

## **Statement of the chairperson of the Programme Subcommittee (Document [AFR/RC73/2](#))**

28. In her statement to the Seventy-third session of the Regional Committee, Ms Petronella Masabane, Executive Director of the Department of Health and Social Welfare Policy of the Republic of Namibia, provided an overview of the recent meeting of the Programme Subcommittee (PSC) that convened in Brazzaville, Congo, from 20 to 22 June 2023. The PSC reviewed 11 documents on public health matters of regional concern and recommended them for consideration and adoption by the Seventy-third session of the Regional Committee. The Regional Committee lauded the PSC and the Secretariat for the work accomplished and adopted the statement of the Chairperson of the PSC.

29. The Regional Committee also considered and adopted the proposals for the designation of Member States on councils and committees that require representation from the African Region and the accreditation of eight non-State actors not in official relations with WHO to participate in sessions of the Regional Committee. The eight entities accredited were: African Forum for Primary Health Care (AfroPHC), African Tobacco Control Alliance (ATCA), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Federation of African Medical Students' Associations (FAMSA), International Federation for Spina Bifida and Hydrocephalus (IF), Médecins d'Afrique (MDA), Université Numérique Francophone Mondiale (UNFM), and West African Institute of Public Health (WAIPH). Furthermore, the Regional Committee considered and adopted the decision on sunsetting reporting on resolutions and decisions relating to strategies, frameworks and technical documents adopted before the Sixty-second session of the Regional Committee.

### Annual report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC73/3](#))

30. The Secretariat continued to support Member States' efforts to effectively respond to the COVID-19 pandemic, reinforce the delivery of essential health services, respond to other public health emergencies, and develop national strategies. These efforts resulted in a decline in COVID-19 deaths and hospitalizations. At least 90% of countries in the Region can now conduct genetic sequencing for SARS-CoV-2; and COVID-19 vaccination coverage increased from 20% in 2022 to 30% in June 2023. Results from WHO COVID-19 seroprevalence surveys and vaccine effectiveness studies in 31 countries provided evidence for policymakers in countries.

31. As part of efforts to recover from pandemic-induced losses, efforts were intensified to support Member States to strengthen their national health systems. A comprehensive approach to health governance was adopted at the country levels, including the development of robust sector strategies that incorporated invaluable lessons from the COVID-19 pandemic to bolster system and community resilience. Collaborative efforts with the Inter-Parliamentary Union and the International Labour Organization are ongoing to shape legal frameworks for universal health coverage (UHC). Additionally, public-private partnerships, which are vital during pandemic response, were strengthened in seven countries to advance the UHC agenda.

32. In addition to its support to Member States' COVID-19 responses, the Secretariat's Transformation Agenda continued to produce results towards strengthening the health leadership role of WHO and ensuring a fit-for-purpose organization that responds optimally to the needs of its Member States. The focus over the review period was on strengthening WHO's engagement at country level, strengthening partnerships, harnessing young talent and fostering a productive work environment through improved team performance. Prevention of sexual exploitation, abuse and harassment remained high on the WHO agenda. This was enhanced through training and awareness-building among staff, community members and implementing partners.

33. Working closely with partners, the WHO Secretariat supported health programmes across its 47 Member States, assisting Member States' progress towards UHC and health security through strengthening health systems. The Region witnessed an improvement in health and well-being over the years, despite disruptions caused by the COVID-19 pandemic.

34. Improving staff well-being and creating a respectful work environment continued to be a priority of the WHO African Regional Office (AFRO) leadership. A flexible working arrangements policy was effectively rolled out on 1 May 2023, while the drive towards a respectful workplace was promoted through enhanced communication among managers, staff association representatives and the full-time Ombudsman. The automation of administrative systems significantly shortened turnaround times, while the implementation of innovative procurement measures yielded cost savings of US\$ 1.1 million.

35. To further strengthen diversity, equity and inclusivity, a women's speaker series bolstered the leadership skills of women within the Organization, while the Africa Women Health Champions initiative proved highly successful in attracting more young professionals, hence contributing to improvements in the ratio of women in the overall staffing structures. The focus on youth also gained notable momentum, with 428 young interpreters from 19 Member States participating in the AFRO online conference interpretation internship programme. WHO and the United Nations Volunteers programme successfully deployed 120 Health Champions, representing 36 nationalities and covering over 25 professional areas, to 34 countries.

36. Progress has also been made to quell polio resurgence and stamp out the disease through strengthening human and institutional capacity and providing funding to Member States to support routine and supplementary immunization activities. Over 122 million children were vaccinated in 23 countries and functional surveillance systems were sustained in all 47 Member States.

37. To enhance access to quality essential health services, the Secretariat championed evidence-based planning, quality-improvement initiatives and technological innovation. Tools, financial resources and technical support were provided to several countries for HIV, tuberculosis (TB) and malaria programme reviews, while the data gathered formed the basis for strategic planning and resource allocation. Quality of care saw marked improvements, with six countries receiving specialized guidance on HIV pre-exposure prophylaxis (PrEP) and 30 nations revising their multidrug-resistant TB treatment protocols. Remarkably, 17 countries have developed and are actively implementing comprehensive national quality strategies and plans, up from just eight in 2021.

38. Furthermore, efforts were made to ensure sustainable access to quality essential medicines by building the capacities of national regulatory agencies. WHO AFRO supported both formal and self-assessments, with identified weaknesses informing the development of institutional development plans which are currently being implemented. Strengthened regulatory capacity will also support local manufacturing and promote research, including clinical trials. WHO continued to provide strategic support for the African Medicines Agency (AMA).

39. Paying out-of-pocket at the point of seeking health services is a barrier to access in the African Region, where two-thirds of the world's poorest people live. Efforts have been made to address this issue, including the endorsement of a report on financial risk protection towards UHC in the WHO African Region. To counter significant health worker shortages in the Region, the Secretariat generated evidence to guide regional- and country-level dialogue to renew the commitment to address the challenges. This initiative informed regional dialogue and the development of an Africa Health Workforce Investment Charter to guide collective action. Three countries are developing human resource investment plans.

40. To address the consistently low coverage of noncommunicable disease interventions despite the rising burden of these diseases in the Region, countries were supported to integrate the WHO Package of Essential Noncommunicable (WHO PEN) disease interventions into primary health services.

41. In Ethiopia, Ghana and Zimbabwe, among other countries, mental health is being rolled out through WHO's Mental Health Gap Action Programme (mhGAP) training for primary health care workers. In Zimbabwe, the training increased availability of mental health and psychosocial support services to 131 000 people, and was achieved through the training of close to 3000 health care workers or persons working in community mental health organizations as part of the COVID-19 response.

42. Significant progress was registered in the control and elimination of neglected tropical diseases (NTDs), with seven countries eliminating at least one NTD as a public health problem. The Democratic Republic of the Congo was certified free of local transmission of guinea-worm disease, while Benin, Malawi and Togo eliminated trachoma, and Ghana, human African trypanosomiasis. Burkina Faso, Mali, Niger and Senegal reduced the prevalence of soil-transmitted helminthiases to less than 2%. Efforts to reverse the huge increase in unvaccinated and under vaccinated children in the Region are underway through the implementation of the multi-partner-supported "Big Catch-up" campaign.

43. Several countries were also supported to add new vaccines to their routine immunization schedules. The human papillomavirus (HPV) vaccine was introduced in three countries, the typhoid conjugate vaccine in two countries and the *Neisseria meningitidis* A conjugate vaccine (MenAfriVac®) in Guinea-Bissau. The first malaria vaccine (RTS,S) recommended by WHO to prevent malaria in children was introduced in Ghana, Kenya and Malawi, where nearly 4.5 million children were vaccinated through a WHO-coordinated pilot programme.

44. The national and regional dialogues facilitated by WHO and sister UN agencies led to the endorsement of a ministerial commitment for educated, healthy and thriving adolescents and young people in 25 countries in West and Central Africa. To improve the delivery of child health interventions, the WHO-led review of the Integrated Management of Childhood Illness strategy guided 18 countries to explore innovative ways of strengthening its implementation and build implementation capacity.

45. In terms of protecting people from health emergencies, WHO AFRO's operationalization of three dedicated flagship programmes – Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS) and Strengthening and Utilizing Response Groups for Emergencies (SURGE) – continued to build the requisite physical and organizational infrastructure to monitor, contain and eliminate disease risks across the continent. Operationalization of the TASS flagship programme improved the integrated disease surveillance and response (IDSR) capabilities of Member States.

46. The operationalization of a subregional emergency hub in Nairobi resulted in substantially reduced response lead times in the deployment of essential supplies to graded emergencies—from 25 days in July 2022 to 2 days in January 2023.

47. Widespread cholera outbreaks necessitated a swift and decisive response, and WHO AFRO helped deploy more than 16 million doses of oral cholera vaccine during campaigns in Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Malawi and Mozambique. Intensified support to countries helped to contain acute outbreaks of Ebola in the Democratic Republic of the Congo and Uganda, Marburg in Equatorial Guinea and the United Republic of Tanzania and yellow fever outbreaks in 12 countries.

48. Twenty-nine countries developed health promotion strategies and policies, with eight implementing multisectoral and multidisciplinary strategies to address risk factors and the social determinants of health. Notable water, sanitation and hygiene advances were recorded in 26 countries during the reporting period.

49. In terms of integrated action for better health in the face of the growing antimicrobial resistance threat, WHO AFRO and partners deployed efforts to fight microbes that are becoming resistant to the drugs traditionally used to treat them. Seven countries developed and validated their antimicrobial resistance (AMR) strategies, bringing the total to 45 (96%). Coordinated support to 42 Member States to track AMR through the Country Self-Assessment Survey (TrACSS) provided updated individual country profiles on progress made and key gaps in the implementation of national action plans; the findings now guide remedial action.

50. WHO AFRO developed and promoted electronic systems for data collection to ensure rapid, accurate, reliable and efficient collection and reporting of health data to bolster health information systems. The number of countries using the District Health Information Software 2 (DHIS2) platform increased from 32 (68%) in 2019 to 43 (91%) in 2022, resulting in improved availability, quality and access to routine health data. Four countries developed national digital health strategies, while 17 others developed road maps to strengthen the use of telemedicine.

51. The Organization will continue to be guided by the aspirations of Member States, its Transformation Agenda, the Thirteenth General Programme of Work, 2019–2025 (GPW 13) and the Sustainable Development Goals (SDGs) to support countries towards the attainment of UHC

and enhanced health security. The Secretariat will work with partners to support and advocate for fast-tracking the development and implementation of COVID-19 recovery plans.

52. WHO in the African Region will strive to sustain efforts towards ending polio and galvanize political commitment to developing and implementing the requisite policies and regulations to control risk factors for NCDs. Supporting countries to operationalize PHC as an approach to building health systems and community resilience will be a core component of our work.

53. During discussion, Member States congratulated the Regional Director on receiving the Presidential Order for Meritorious Service Award from the President of Botswana and thanked the Secretariat for the quality of the report. Member States reaffirmed their commitment to effectively participate in the ongoing negotiations of the pandemic accord and amendments of the International Health Regulations, emphasizing the need for equity and benefit-sharing. Member States further observed that the Region had fewer COVID-19 deaths than expected and thanked WHO for the intensive and normative guidance support. The PROSE, TASS and SURGE initiatives were lauded for their prospects of enhancing resilience, while the Universal Health and Preparedness Review was commended as crucial for strengthening emergency capacity, given that it called on WHO to support countries to use the Member State-led process to promote resilience to foster UHC and health security.

54. Member States expressed concern over the decline in the UHC index in 2021 due to the impact of COVID-19 and called for accelerated efforts, noting a need to re-examine the health system and prioritize multisectoral action to address the key challenges, notably insufficient budget allocation and fragmented investments. It was noted with concern that in The Gambia, an incident of acute kidney injury caused by the consumption of counterfeit medicines resulted in loss of lives. WHO was asked to step up efforts to help Member States in quality assurance. Meanwhile, Chad made an appeal for support from WHO and the international community to help cope with over 400 000 refugees from Sudan due to the humanitarian situation.

55. The Regional Committee called on the Secretariat to support all Member States to strengthen their primary health care by incorporating lessons from the COVID-19 pandemic.

56. The Regional Committee noted the ***“Annual Report of the Regional Director on the work of WHO in the African Region 2022–2023”*** as contained in Document AFR/RC73/3.

## PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

### Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region (Document [AFR/RC73/4](#))

57. The Secretariat presented the “*Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region*”, which sets out to address the shortage of health workers, including nurses and midwives. It articulates the following four strategic directions: (1) harmonizing and expanding nursing and midwifery education and training in line with population health needs; (2) stimulating and sustaining investments in decent employment for nurses and midwives; (3) promoting nursing and midwifery clinical and public health leadership and strengthening nursing and midwifery regulation; and (4) optimizing nursing and midwifery practice, innovation and research.

58. The Regional Committee observed that the document covers a very significant health workforce issue in the context of various challenges, including inadequate numbers and unequal distribution of the health workforce in Africa, especially nurses and midwives. Members acknowledged the work of, and role played by nurses and midwives, especially during the COVID-19 pandemic. The Regional Committee acknowledged the multifaceted challenges, such as the scarcity of simulation equipment for training, pronounced emigration of skilled health professionals (brain drain) – especially nurses and midwives –, insufficient budget allocations, and a shortage of qualified trainers. Members advocated for the expansion of training and mentorship of nurses and midwives, and advancing curricula to the specialist level of training. They also called for the development of tools and guidelines to ensure quality, while implementing retention strategies through appropriate recognition, promotion of leadership and organization culture, and compensation packages. They further emphasized the need for strategies to mitigate the brain drain of nurses and midwives from rural areas to the cities, from public institutions to the private sector, and from the Region to other parts of the world.

59. The Regional Committee recommended that the Secretariat and Member States undertake health workforce analyses to help shape forecasting and future decisions. Members also recommended that research be encouraged among nurses and midwives to enhance knowledge and evidence-based services. They further recommended the establishment of professional bodies to regulate and support standardization and quality. The Regional Committee encouraged Member States to set up centres of excellence, engage in cross-border collaboration, upgrade specialized training, and ensure recruitment after training to enhance the retention of health workers and quality in the workforce. Member States were also advised to consider bilateral agreements with countries seeking to recruit nurses and midwives from the Region, so as to safeguard national interests and those of the nurses and midwives.



60. The Regional Committee adopted without amendments Document AFR/RC73/4: Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region, and endorsed the framework for implementation in the Region.

**Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region (Document [AFR/RC73/5](#))**

61. The “**Framework for sustaining resilient health systems to achieve universal health coverage and promote health security 2023–2030**” was presented to the Regional Committee for consideration. The framework highlights the heavy toll of health emergencies on African health systems and economies, as reflected in stalled progress towards the SDG targets and threats to hard-earned gains in ensuring health security. It draws from WHO’s position paper on health system resilience, builds on other resilience frameworks and incorporates the outcomes of a special event on “Building back better” that was held at the Seventy-second session of the Regional Committee. The framework demonstrates the urgent need for Member States to invest in transformed, resilient health systems that are equitable and efficient and built around primary health care. It also proposes priority actions towards building resilient health systems that can cope with disruptive shocks or stress from all hazards, and proposes seven priority interventions, including 20 actions.

62. The Regional Committee noted the timely efforts being made to ensure resilient health systems in the Region. Members noted the tremendous progress made by Member States and their firm commitment to achieving UHC. They stressed the need for continued integration of disease programmes, including neglected tropical diseases, cross-border coordination, enhanced public-private partnerships, corporate social responsibility, multi-agency response plans, a multidisciplinary PHC workforce, an all-of-society approach and collaboration among Member States in the spirit of solidarity. Noting the negative impact of COVID-19 and the need to make full use of the lessons learnt to build more resilient and responsive health systems, the Regional Committee reiterated the need to safeguard health from all hazards, protect livelihoods, and promote well-being as a right for all citizens. Members restated the importance of a ‘One Health’ approach to health systems strengthening – an integrated, unifying approach to balance and optimize the health of people, animals, and the environment. They pressed for capacity strengthening for all health care workers to prevent, detect and respond to health threats. They also stressed the need to build the technical capacities of the health workforce and mobilize sustainable health financing with a gradual increase in domestic allocations for better management of health emergencies.

63. The Regional Committee highlighted the need for more investment for existing systems, good governance, and increased health budgets, to ensure resilient health systems that can prevent, detect, and respond to future catastrophes. On the issues of medicines and health products, the Regional Committee members indicated the need for enhancing the availability of health commodities through accelerating investments in local manufacturing and promoting

regional pooled procurement initiatives. They recommended minor revisions to the document and suggested a stronger articulation of the role of communities in the implementation of the framework by empowering them as co-owners and supporting vulnerable populations with health insurance subsidies to enhance equity and social accountability. Delegates also underscored the need to carry out universal health and preparedness reviews (UHPR) in all Member States. They also advocated for strong evidence-based implementation of the framework and called for strong resolve on health research and funding. Lastly, members called for integrated emergency response and strengthening of advocacy, and urged Member States to implement the strategy.

64. The Regional Committee adopted with amendments Document AFR/RC73/5: Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region, and endorsed the proposed actions and recommendations.

**Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region (Document [AFR/RC73/6](#) and Document [AFR/RC73/WP1](#))**

65. The Secretariat presented the “***Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region***”. The document notes that antimicrobial resistance is one of the top 10 global public health threats facing humanity and accounts for a high proportion of morbidity and mortality in the African Region. It stresses that 10 million people worldwide, including 4.1 million in the Region, are projected to die from antimicrobial-resistant organisms by 2050, which could also cost countries across Africa up to 5% of their gross domestic product. The regional strategy will guide the efforts of Member States to curb antimicrobial resistance and reduce morbidity, mortality, disability, and socioeconomic disruptions due to antimicrobial resistance.

66. The Regional Committee highlighted the underlying causes and drivers of antimicrobial resistance, including the use of substandard and falsified medicines, misuse and abuse of broad-spectrum and other antibiotics, self-medication, inadequate laboratory facilities, insufficient human resources and technical capacities, limited financial resources, and weak multisectoral coordination mechanisms. Delegates underscored the need to address these factors through the interventions captured in the strategy, including by fostering health system resilience and bolstering research.

67. Member States highlighted the various efforts they were making to combat antimicrobial resistance, including by developing national action plans in the context of the One Health approach, strengthening regulatory mechanisms and reinforcing infection prevention and control, improving collaboration with authorities of the agricultural, animal health and environment sectors, as well as intensifying public education, among others. The Regional Committee further urged all Member States that have not yet done so to develop national action

plans and establish strong national coordination mechanisms on antimicrobial resistance, join the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) and keep updated databases on antimicrobial resistance to support the generation of evidence at health care level.

68. The Regional Committee adopted without amendments Document AFR/RC73/6: Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region, with its associated resolution: AFR/RC73/R1.

### Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region (Document [AFR/RC73/7](#) and Document [AFR/RC73/WP2](#))

69. The Secretariat presented the document entitled “**Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region**”. The document provides a comprehensive analysis of the challenges related to the availability and accessibility of diagnostic and laboratory services, which are essential for patient care, disease prevention, and medical research. Weak diagnostic systems, inadequate leadership and governance, inadequate infrastructure and equipment, suboptimal regulation and national standards, and insufficient funding are particularly highlighted. The document notes that only 55% of Member States in the African Region have established laboratory services directorates or units within their ministries of health. Thus, many countries in the Region lack adequate national coordination mechanisms for diagnostic and laboratory services and systems, making it harder to attain universal health coverage objectives. The regional strategy therefore proposes expanding the availability and accessibility of quality-assured diagnostic and laboratory services to all health system levels in the WHO African Region in a coordinated manner. It also proposes establishing leadership and governance mechanisms, promoting quality-assured services, and providing improvement recommendations.

70. The Regional Committee underscored the importance of strengthening diagnostic and laboratory capacities as an essential and important component of health systems to achieve universal health coverage and bolster health security, noting the criticality of early diagnosis for improved health outcomes. Member States emphasized the issues of equity in the distribution of laboratories in countries and access to diagnostic services, noting that both were interconnected. They expressed concern that only 50% of health facilities possess the necessary laboratory and diagnostic capabilities, with the shortfall more acute at the subnational level. Additionally, Member States highlighted key challenges that constrain adequate progress in expanding access to, and improving the quality of laboratories and diagnostic services, including diagnostic and laboratory workforce deficiencies, inadequate financing for acquisition and maintenance of equipment, and inadequate supplies. Furthermore, operational and logistical challenges such as prompt transportation of samples and laboratory products and waste management were highlighted, as well as the need to build on lessons learnt.

71. Member States requested WHO and its partners to offer technical and material support for the implementation of the strategy, strengthen and upgrade laboratories, and expand training

programmes on laboratory leadership, including quality control. They also recommended the strengthening of resource mobilization and regional collaboration to address problems specific to the Region. Member States made an urgent appeal to WHO to facilitate technology transfer and training in biotechnology and diagnostics to empower them to be at the forefront of medical research and innovation. The Secretariat was further requested to support pooled procurement mechanisms as appropriate, to reduce the cost of laboratory and diagnostic equipment, reagents, and consumables.

72. The Regional Committee adopted without amendments Document AFR/RC73/7: Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region, with its accompanying resolution: AFR/RC73/R2.

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING**

#### **Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region (Document [AFR/RC73/8](#))**

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

74. Member States noted that harmful and illicit use of alcohol is an issue of grave concern, noting that it contributes to a high burden of road accidents in the short term but also leads to long-term health issues such as liver disease and cardiovascular disorders. They remarked that one of the most notable challenges is the interference by the alcohol industry, which undermines national efforts to control and ensure the safe use of alcohol. Particularly concerning is the industry's aggressive marketing tactics targeting the youth, enabled by promotional activities, price reductions, and sponsorships in sports events. They also lamented the unregulated and illicit production, sales, and consumption of local brews. The Member States emphasized that the inappropriate utilization of social media platforms to promote and sell alcohol has made it increasingly difficult to monitor and regulate, thereby putting the youth at substantial risk.

75. Member States also shared experiences on their NCD multisectoral plans and actions to address the challenges, including establishment of Multisectoral NCD and or Alcohol and Drug Reduction Committees, taxes on alcohol to reduce the affordability and attractiveness of alcohol

consumption. Legislative measures include prohibition of the sale of alcohol to individuals below a certain age and, in some instances, banning the sale of alcohol in small portable containers and sachets, among others.

76. The Member States requested the WHO Secretariat to intensify support towards development of policies and plans that will enable multifaceted action in addressing the challenges posed by the harmful and illicit use of alcohol. They also requested Secretariat to support the generation of evidence to address the illicit production and trade of alcohol.

77. The Regional Committee adopted without amendments Document AFR/RC73/8: Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region.

**Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region (Document [AFR/RC73/9](#) and Document [AFR/RC73/WP3](#))**

78. The Secretariat presented the document titled “***Strengthening community protection and resilience: regional strategy for community engagement, 2023-2030 in the WHO African Region***”. The document notes that despite the critical role of communities in primary health care, less than 50% of the population of the African Region have access to quality essential health services close to where they live. It identifies some of the challenges to include the ad hoc nature of community engagement in health systems, lack of resources, mistrust, unaligned priorities, fragmented and suboptimal community health worker programmes, among others. The strategy aims to map and leverage existing community assets and structures that could serve as building blocks for engaging communities and institutionalizing community engagement and participation in the Region.

79. The Regional Committee noted that community engagement is one of the oldest interventions that is absolutely necessary for achieving UHC and ensuring health equity, but which remains poorly developed and underfunded. Members acknowledged the vital role played by CHWs in engaging communities and preventing and managing diseases and outbreaks, especially as witnessed during the COVID-19 pandemic. They noted that effective community engagement can help in early detection of disease outbreaks and other public health events. They further noted that engaging communities in early warning systems enhances system efficiency where human and financial resources are limited, and that community engagement would contribute to strengthening health systems and building community resilience.

80. The Regional Committee requested the Secretariat to carefully consider a communication strategy that effectively engages communities with specific actions for urban areas to strengthen urban health. Members called for improved access for marginalized communities through enhanced digitization and inclusion of rehabilitation services; involvement of the private sector and mobilization of resources for the efficient implementation of the strategy. The Regional

Committee also encouraged Member States to ensure the full integration of community engagement into their health system structure and to establish clear roles, compensation, and career development paths for community health workers to ensure their retention. Member States were further urged to recruit more community health workers into the health system to support implementation of the new strategy; mobilize and involve religious and community leaders to support these workers in their work; strengthen health and community systems to ensure ownership and accountability; bring services closer to the people; and support emergency response efforts.

81. The Regional Committee adopted without amendments Document AFR/RC73/9: Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region and its accompanying resolution: AFR/RC73/R3.

### Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region (Document [AFR/RC73/10](#) and Document [AFR/RC73/WP4](#))

82. The Regional Committee deliberated on the document entitled "**Regional Multisectoral Strategy to Promote Health and Well-being, 2023–2030 in the WHO African Region**". The document highlights the fact that creating health and well-being requires contributions from stakeholders beyond the health sector and must be based on a multisectoral approach. It notes that existing multisectoral actions in the Region are often disease-specific strategies characterized by poorly defined mandates, siloed implementation modalities, and weak monitoring and accountability systems. The proposed eight-year strategy aims to reframe health and well-being from their perception as cost drivers, to enablers of social and economic development. The strategy will enable Member States to adapt and contextualize global commitments, leveraging existing structures, finances, and capacities within sectors to meet the defined objectives and targets.

83. During the deliberations, Member States acknowledged that health and well-being constitute a multidisciplinary endeavour requiring collaboration across sectors such as health, education, food and nutrition and the environment, particularly in the post-COVID-19 context and against the backdrop of ongoing threats such as climate change, epidemics, and zoonotic diseases. Member States observed that the Region was going through an epidemiological transition that required a paradigm shift from traditional health approaches. Consequently, they underscored the fact that the strategy was both timely and aligned with the shared commitment of Member States to invest in health promotion. Member States shared experiences in fostering a multisectoral approach, including by strengthening primary health care structures, adopting behavioural change communication strategies, and promoting healthy lifestyles through public health campaigns. Efforts to address issues such as tobacco use through multisectoral approaches have been developed and successfully implemented by some countries.

84. Delegates expressed gratitude to WHO for developing the first-ever Regional multisectoral strategy to promote health and well-being in the WHO African Region. They lauded the excellent



quality of the strategy and urged Member States to adopt a "One Health" approach in its implementation for multisectoral and improved collaboration. The Committee also called for unified action and stakeholder engagement at both national and international levels, emphasizing that success hinges on political will and resource availability. WHO and its partners were requested to support the strengthening of institutional capacities and provide technical guidance for the implementation of the transformative actions proposed in the strategy.

85. The Regional Committee adopted without amendments Document AFR/RC73/10: Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region and its accompanying resolution.

#### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

##### **Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region (Document [AFR/RC73/11](#))**

86. The Secretariat presented the eighth progress report on the Transformation Agenda (July 2022–June 2023), which details the status of implementation and results achieved over the past year and covers achievements, challenges and the next steps across its four focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective partnerships and communication. In the report, the Secretariat identifies and consolidates the best practices to institutionalize and sustain change, especially in the prevention and response to sexual exploitation, abuse and harassment (PRSEAH), with 253 training sessions organized for staff and 1021 with communities since 2021. Other initiatives include three regional leadership and mentorship programmes that have promoted the involvement of women in leadership.

87. Under the smart technical focus pillar, the report documents the scale-up of technical support to Member States of the Region through 11 multicounty assignment teams (MCATs), and the establishment of three emergency response flagship programmes, namely Promoting Resilience of Systems for Emergencies (PROSE), Transforming Africa's Surveillance System (TASS), and Strengthening and Utilizing Response Groups for Emergencies (SURGE). Best practices under responsive strategic operations include fostering stakeholder feedback on WHO values, effectiveness, quality, cost consciousness, agility and change management, collaboration, promoting mental health and fostering a healthy work environment, and enhancing internal accountability by introducing the mid-term review tool and defining clear performance metrics.

88. The report also cites the efforts of the Secretariat to foster effective partnerships and communication especially with donor partners, by sharing donor-focused communication products across various external platforms, recruiting eight external relations officers, providing regular reporting and feedback mechanisms, and organizing over 60 partner briefings, with US\$ 422 million raised in terms of new funding at the country level. The Secretariat has partnered with academic institutions such as Ashesi University in Ghana and the University of Pretoria in



South Africa to expand its impact in leadership development in the Region, and increased collaboration with non-State actors, resulting in the signing of 112 agreements worth over US\$ 60 million for efficient strategy implementation. The report concludes that despite the challenges posed by COVID-19, the Secretariat has achieved significant improvement of its online presence and brand image and increased its social media presence and engagement. The next steps include maintaining, expanding, and institutionalizing efforts to optimize the transformation gains.

89. The Regional Committee noted that the Transformation Agenda has improved transparency, accountability, efficiency, and responsiveness in the Region. Members appreciated the lessons learnt over the eight years of implementation of the Agenda, especially in terms of continued improvement in innovative resource mobilization and support to Member States through the flagship leadership development programmes. They further lauded the Secretariat for upholding the highest ethical standards through PRSEAH. They also welcomed the impact of the Transformation Agenda on teamwork, communication, coaching and enhanced healthy workspaces. The Regional Committee recommended that the Secretariat maximize the achievements and accelerate the proposed actions to achieve UHC. Delegates urged Member States to make use of the opportunities presented by the Secretariat through the Transformation Agenda .

90. The Regional Committee adopted without amendments Document AFR/RC73/11: Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region, and endorsed the proposed next steps.

**Programme budget 2024–2025: from adoption to implementation, an update (Document [AFR/RC73/12](#)), and Fourteenth General Programme of Work, 2025–2028 (Document [AFR/RC73/15](#)) and (Document [AFR/RC73/16](#))**

91. The Director of Programme Management (DPM), Dr Joseph Waogodo Cabore, introduced the Programme budget (PB) document and the Fourteenth General Programme of Work, 2025–2028 (GPW 14). Dr Cabore highlighted the objectives of the session, which were anchored on identifying actions required to deliver results by the end of the programme budget cycle and recommendations for the development of GPW 14.

92. The Director of Planning, Resource Coordination, and Performance Monitoring at headquarters, Mr Imre Hollo, presented the Programme budget 2024–2025 document, focusing on setting priorities and strengthening capacity at country-level, sustainable financing, and the core predictable country presence (CPCP) model. Mr Hollo’s presentation addressed the issues of resources required to achieve priorities, updates on the establishment of an investment round, and ongoing efforts by the Secretariat to ensure equitable resource allocation across the three levels of the Organization.

93. During the plenary discussion, Member States expressed their appreciation for the updates provided on the programme budget and recognized the strengthened process that underpinned

its development, with the involvement of Member States at every stage and planning based on data and evidence. Member States supported the PB 2024–2025 objectives on strengthening country capacity and enhancement of accountability and transparency based on recommendations from the Agile Member States Task Group (AMSTG).

94. On implementing the PB 2024–2025, Member States urged the Secretariat to consider the following points:

- resource allocation should be based on the prioritization results and the programme budget should be fully financed to facilitate the achievement of GPW 13 results;
- there should be improved allocation of assessed contribution resources to countries to strengthen country capacities to handle emerging and re-emerging public health emergencies and skills transfers;
- allocation of flexible and predictable funds to countries should be equitable and transparent, based on country specifics such as burden of noncommunicable and neglected tropical diseases, infectious diseases (HIV, tuberculosis, measles), infant and maternal mortality;
- resource mobilization efforts should be intensified through continuous donor engagement to ensure provision of predictable and flexible funds and support towards achieving the SDGs;
- there is need to harmonize indicators for better monitoring;
- pockets of poverty, chronically underfunded areas (such as pillar 3) should be addressed, with a focus on unfinished GPW 13 areas and health related-SDGs in line with the principles of equity and greening the heat map; and,
- resources should be invested in areas that maximize impact to facilitate achievement of the triple billion targets.

95. In concluding the PB 2024–2025 session, the Secretariat took note of Member States' interventions on equitable funds allocation; greater resource allocation to countries, ongoing efforts to ensure equitable resource allocation (greening the heat map), commitments to report on increases in assessed contributions, the role of the investment round in improving the predictability of resources, and sustainable financing.

96. The Assistant Director-General for Universal Health Coverage, Life Course (ULC) at headquarters, Dr Bruce Aylward elaborated on the GPW 14 document. His presentation covered the GPW 14 development process, timeline, overarching goal, strategic objectives, theory of change, results framework development, and financing.

97. Member States appreciated the fact that the GPW 14 presentation facilitated a better understanding of its development process and expressed expectations for further consultations.

They further urged the Secretariat to consider the following factors in the development of GPW 14:

- Aligning the GPW 14 implementation timeline with the Sustainable Development Goals (SDGs) to reflect WHO's commitment to broader global development goals and highlight WHO's contributions to the SDGs;
- Establishment of realistic timelines and targets (the four-year period is too short) aligned with WHO's capacity to deliver results;
- Use of evidence to inform GPW 14 development, including lessons learnt from GPW 13, COVID-19 experiences, health-related evaluations, and GPW 13 evaluation;
- Provision of clarification on the proposed "3Ps" (promote, provide, and protect) and the triple billion targets, explanation of how countries shall benefit from GPW 14 and a deep dive into each "P" (promote, provide, protect) through an iterative consultation starting at the country office level;
- Consider regional specificities, as facilitated through in-depth Member State consultations on the emergence of NCDs, NTDs, issues such as health security, pockets of poverty, effects of climate change, unfair and inequitable access to international financing opportunities, the needs of Small Island Developing States, health determinants, health workforce, and catastrophic health expenditures;
- Country-focused approach centred on strengthening country capacity, optimal support to the implementation of national health plans, improving access to essential medicines, and capacity building at the community level;
- Greater allocation of resources to countries anchored on the 60:20:20 formula and aligning resource allocation with the GDP of Member States;
- Refinement of the results framework with clear baselines, a simplified and robust monitoring and evaluation framework, and use of easy-to-understand indicators; and,
- Consider the recommendations of the AMSTG, integration of programmes, inclusive approaches and establishment of a monitoring and accountability mechanism for the entire process.

98. The Secretariat took note of the interventions of Member States on SDG alignment, ongoing efforts to enhance the quality of interventions, equitable resource allocation, addressing context specificities, a country-focused approach, implementation of AMSTG recommendations, development of a robust monitoring and evaluation framework accompanied by indicators and integration of Member State priorities. In concluding, the Secretariat highlighted its intention to make available the second version of the GPW 14 consultation paper by the end of September 2023 with: (i) a high-level results framework; (ii) cross-cutting WHO functional and management objectives; and (iii) key actions for each strategic objective.

## Draft provisional agenda, place and dates of the Seventy-fourth session of the Regional Committee (Document AFR/RC73/13)

99. The Chairperson of the Seventy-third session of the Regional Committee stated that 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,’ it was proposed that the Seventy-fourth session of the Regional Committee be held at the WHO Regional Office in Brazzaville, Republic of Congo, from 26 to 30 August 2024. The Chairperson also noted that the Seventy-fourth Regional Committee will nominate the next Regional Director for the African Region.

100. Furthermore, the Regional Committee adopted the provisional agenda of the Seventy-fourth session of the Regional Committee. It affirmed that the session will be held in Brazzaville, Republic of Congo, from 26 to 30 August 2024.

## INFORMATION DOCUMENTS

### PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

#### Progress report on Research for health: a strategy for the African Region (Document [AFR/RC73/INF.DOC/1](#))

101. The second progress report on “Research for health: a strategy for the African Region, 2016–2025”, covers the period 2019–2022. The strategy was adopted by Member States at the Sixty-fifth session of the Regional Committee. It seeks to foster the development of functional national health research systems that generate scientific knowledge to guide the provision and delivery of health services by all Member States, and calls for regular progress monitoring.

102. Overall, national health research system performance across the Region showed improvements in all the indicators compared to 2014 and 2018, including an increase in the regional average barometer score for governance of research for health, from 62% in 2014 to 72% and 73% in 2018 and 2022 respectively. The regional score for improving resources for health research increased from 40% and 61% in 2014 and 2018 respectively, to 65% in 2022. However, the proportion of Member States with research and development coordination mechanisms dropped from 85% in 2018 to 69% in 2022, and the proportion of those with a dedicated budget line for research for health stagnated at 62% in 2022. Domestic research funding was low relative to the overall gross domestic product of Member States. These drops in performance could be attributed to the COVID-19 pandemic.

103. The Regional Committee congratulated the Secretariat on the well prepared report and the commendable monitoring. The Committee urged the Secretariat to continue and scale up the provision of documentation on innovation and digital transformation to ensure lessons and gaps are not missed. Delegates also encouraged the Secretariat to provide technical support towards

leveraging technology from the fast-growing artificial intelligence sector, weighing benefits against risks and following closely the global conversations for opportunities. Member States were urged to establish, sustain and use knowledge translation platforms, increase domestic funding for research and strengthen research capacity using lessons learnt from COVID-19.

104. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/1: Progress report on research for health: a strategy for the African Region, and endorsed the proposed actions and recommendations.

### **Progress report on the implementation of the Strategy for scaling up health innovations in the WHO African Region (Document [AFR/RC73/INF.DOC/2](#))**

105. The progress report on the “Strategy for scaling up health innovations in the WHO African Region” was the first since the adoption of the strategy by the Seventieth session of the WHO Regional Committee in 2020. The strategy aims to foster Member States' commitment to accelerate health improvements by harnessing and scaling up innovations as key determinants for achieving universal health coverage (UHC) and the health-related SDGs.

106. The Regional Committee noted that only 68% of Member States undertook some form of health system needs assessments, falling short of the 80% target for 2023. Up to 75% of Member States were considered to have developed incentive frameworks, while 13% had developed analytical tools to assess the economic and social impact of innovations, and 26% had developed innovation platforms. Progress was hampered by the COVID-19 pandemic and other factors such as the fragmented character of innovation activities, minimal incentives for innovators, lack of concise analytical tools to measure the impact and risk of innovations; and lack of capacity in Member States.

107. The Regional Committee urged Member States to continue providing leadership, management, and advocacy for scaling up innovations. The Committee also recommended that the Secretariat continue to provide technical support to Member States by enhancing the usability of the innovation ecosystem measuring tool for conducting assessments; scaling up the development and implementation of health innovation management platforms in adopting emerging technologies including artificial intelligence and open science; and supporting local innovators while involving young people in the implementation of the strategy.

108. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/2: Progress report on the implementation of the Strategy for scaling up health innovations in the WHO African Region, and endorsed the proposed next steps and recommendations.

## **Progress report on Utilizing eHealth solutions to improve national health systems in the African Region (Document [AFR/RC73/INF.DOC/3](#))**

109. The progress report on “Utilizing eHealth solutions to improve national health systems in the African Region” was the fourth and final one since the adoption of the strategy by the Regional Committee in 2013. The report summarizes the progress made, describes constraints to implementation, and proposes the next steps.

110. The Regional Committee noted that 33 Member States (70%) had developed an eHealth strategy based on the WHO-International Telecommunication Union (ITU) National eHealth Strategy Toolkit, and that all Member States (100%) implemented digital health tools during the COVID-19 pandemic, and 77% of Member States had implemented at least one telemedicine service. Commendable progress had also been made in developing legislation to protect personal data (72%). The Committee also noted that 56% of Member States use artificial intelligence tools in the private or public sectors. Delegates also noted persisting significant constraints, including the proliferation of siloed eHealth systems, inadequate funding, limited information and communications technology (ICT) infrastructure, and low digital health skills among the health workforce.

111. The Regional committee thanked the Secretariat for the report and commended it on the continued implementation of the WHO Digital Health Atlas to strengthen the digital health inventory and the visibility of eHealth implementation at Member State level. The Committee also appreciated the organization of the capacity building workshops on telemedicine and artificial intelligence and urged the Secretariat to sustain its technical support and resource mobilization for eHealth.

112. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/3: Progress report on Utilizing eHealth solutions to improve national health systems in the African Region, and endorsed the proposed actions and recommendations.

## **Final report on the implementation of the health promotion strategy for the African Region (Document [AFR/RC73/INF.DOC/4](#))**

113. The final report on the health promotion strategy for the African Region (resolution AFR/RC62/R4) was presented to the Regional Committee for consideration. The strategy aimed to facilitate multisectoral actions and innovative financing to promote and protect health in the African Region. It set targets for all Member States by 2018 to have: (a) developed or revised their health promotion policies or plans; (b) established national associations of health promotion practitioners; (c) established innovative financing through multisectoral dialogue; and (d) incorporated health promotion in training curricula.

114. The Regional Committee noted the achievements against the 2013 targets, which include 29 (61.7%) Member States having developed or revised their national health promotion policies and strategic plans, and 26 Member States (58%) reporting having established a health promotion directorate in their ministry of health. In addition, 25 (56%) Member States reported having multisectoral coordination mechanisms. However, only 18 (40%) Member States reported having undertaken health promotion-related research, and nearly all the studies were on COVID-19. The Regional Committee further noted challenges faced by Member States, including limited implementation of the health literacy approach at the country level, lack of an evaluation framework to document progress against priority health promotion interventions, and the absence of a central mechanism for knowledge management and sharing of good practices on health promotion policy, research, and practice. In addition, inadequate financial and human resources, incomplete transformation of health promotion departments to provide policy-level leadership and lack of monitoring and evaluation frameworks further negatively impacted achievement of the targets.

115. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/4: Final report on the implementation of the health promotion strategy for the African Region and endorsed the proposed next steps.

**Final report on addressing the challenge of women’s health in Africa: report of the Commission on Women’s Health in the African Region (Document [AFR/RC73/INF.DOC/5](#))**

116. The third and final progress report on the Commission on Women’s Health in the African Region, established in 2009 pursuant to resolution AFR/RC58/R1, was presented for consideration by the Regional Committee. The multidisciplinary commission sourced evidence on the diverse factors influencing women’s health and recommended appropriate multisectoral actions to achieve rapid and sustainable improvement in women’s health and well-being, placing specific emphasis on reducing maternal mortality. The Commission’s 2012 report: “Addressing the Challenges of Women’s Health in Africa”, was endorsed by Member States in resolution AFR/RC63/R4.

117. The Regional Committee noted that political commitment to women’s health and rights has increased in the Region since the 2018 progress report, with 32 Member States having legal quotas to promote women’s political participation in parliaments, and four additional countries having enacted legislation to promote women’s political representation. The average representation of women in national parliaments rose from 24% in 2018 to 26.5% in 2022. The Regional committee further noted that the regional maternal mortality ratio dropped by 33.1% between 2000 and 2020, and that the proportion of women of reproductive age accessing and satisfied with family planning methods increased from 52.8% in 2015 to 56% in 2020, even though it remains the lowest rate globally. The Regional Committee was further pleased to note the decline in child marriage and female genital mutilation, and the commitment of Member States to enact legislation, policies, or strategies to protect the right of pregnant students and adolescent mothers to education.



118. The Regional Committee noted that women continue to face significant challenges especially following the COVID-19 pandemic and urged the Secretariat to ensure women's health issues remain high on the agenda to sustain gains and make further progress.

119. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/5): Final report on addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region, and endorsed the proposed next steps.

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING**

#### **Progress report on the Framework for the implementation of the Global action plan on physical activity, 2018–2030 in the WHO African Region** (Document [AFR/RC73/INF.DOC/6](#))

120. The progress report was the first since the adoption of the Framework in 2020. One of the targets of the Framework is to reduce by 15% the prevalence of insufficient physical activity in adults and adolescents by 2030. Milestones towards that target include 80% of Member States developing a national action plan on physical activity and the same proportion conducting communication campaigns to raise awareness on physical activity by 2022.

121. Overall, only modest progress has been made, given the challenges of the COVID-19 pandemic. To date, 38 (80%) Member States have an integrated NCD action plan that includes physical activity. Among that number, eight (17%) Member States have gone further to develop a stand-alone national plan for the promotion of physical activity. The report documented slower progress with communication campaigns, mainly due to the COVID-19 pandemic. Only 11 (23%) Member States conducted communication campaigns to promote physical activity in the community over the reporting period. The report underscored that the Regional Office for Africa had developed an advocacy brief for promoting physical activity, which was available in the three languages of the Region for use by policy-makers, health workers and organizations working to promote healthier lifestyles.

122. The Regional Committee congratulated the Secretariat on the well-presented report and commendable monitoring. Members noted the next steps and encouraged the Secretariat to continue monitoring the achievement of the set targets.

123. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/6: Progress report on the Framework for the implementation of the Global action plan for physical activity, 2018–2030 in the WHO African Region, and endorsed the proposed actions and recommendations.

## **Progress report on the implementation of the Decade of action for road safety in the African Region (Document [AFR/RC73/INF.DOC/7](#))**

124. The progress report was the second on the implementation of the Decade of Action (2011–2020) in the Region. The available statistics are from the 2018 Global status report on road safety.

125. The 2020 target of halving road fatalities by 50% was not achieved across the African Region, reflecting persisting weaknesses in all five pillars necessary to ensure road safety. According to the 2018 report, 41 (93%) Member States had a lead national agency dedicated to road safety and 28 (64%) countries had a national strategy for road safety. However, funding and implementation of the strategies were inadequate, as were intersectoral collaboration and coordination mechanisms. Some steps were suggested to improve on performance for the next reporting period.

126. The Regional Committee congratulated the Secretariat on the well-drafted report and commendable monitoring. Members noted the next steps and encouraged the Secretariat to continue monitoring progress towards the achievement of the set targets.

127. The Regional Committee noted with appreciation Document [AFR/RC73/INF.DOC/7](#): Progress report on the implementation of the Decade of action for road safety in the African Region, and endorsed the proposed actions and recommendations.

## **Progress report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document [AFR/RC73/INF.DOC/8](#))**

128. The strategy sets nine targets, some directly aligned with the global nutrition targets for 2025. It further proposes 14 priority interventions covering policy; legislation and regulation; partnerships and multisectoral action; service delivery; data innovation and research. The progress report was the first since the adoption of the Strategy in 2019.

129. The report documented slow progress in the area of policies to promote safe and healthy diets. It further noted that the Secretariat had developed a nutrient profile model to support Member States in regulating the marketing of unhealthy foods, which had been adopted by Uganda, Kenya, and United Republic of Tanzania to regulate marketing restrictions and front-of-pack labelling to help consumers make health-conscious food choices. Over the reporting period, 24 Member States had adopted at least one of seven priority policy actions to deliver sustainable, healthy and safe diets, against the target of 47 by 2025. However, recent analyses indicated worsening trends in child wasting, exclusive breastfeeding rate and child overweight.

130. The Regional Committee congratulated the Secretariat on the well-presented report and its commendable monitoring. They noted the next steps for ensuring progress over the next reporting period.

131. The Regional Committee noted with appreciation Document AFR/RC73/INF.DOC/8: Progress report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025), and endorsed the proposed next steps and recommendations.

#### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

##### **Report on WHO staff in the African Region (Document [AFR/RC73/INF.DOC/9](#))**

132. The Report on WHO staff in the African Region was presented to the Regional Committee in keeping with the practice every year. The report provides information pertaining to the WHO workforce in the African Region as of 1 April 2023. It details overall staffing composition by appointment type, category, grade, gender, geographical representation, nationality, and duty station. Considering that one of the key components of the Transformation Agenda is the efficient management of the Organization’s workforce in line with its aim of transforming WHO into a “people-centred” organization, the Regional Committee noted the Secretariat’s commitment to streamlining the workforce in accordance with the needs and priorities of budget centres, to enhance support to Member States.

##### **Regional matters arising from reports of the WHO internal and external audits (Document [AFR/RC73/INF.DOC/10](#))**

133. The Regional Committee noted the Secretariat’s monthly monitoring of the performance of budget centres against the 17 established managerial key performance indicators covering the enabling functions. Monthly performance results as well as quarterly reports are produced to assist in monitoring performance, using a corporate risk management tool. Delegates further noted that in the 2022 financial year, the quality assurance team routinely carried out upfront quality checks, while three internal audit reports were issued for the planned audit of WHO in Sierra Leone, Cameroon, and Burkina Faso, and no external audits were conducted in the same year. Seven out of 16 internal audits were closed as of 31 March 2023. The Regional Committee equally noted that 76% (429 out of 567) of internal audit recommendations were successfully closed during the reporting period, while progress was also achieved in other areas, including increased timely performance by budget centres, actions by the Regional Risk Management Committee, and implementation of digital payment systems.

##### **Adoption of the report of the Regional Committee (Document [AFR/RC73/14](#))**

134. In accordance with paragraph 13 of the Special procedures to regulate the conduct of the hybrid session of the Seventy-second session of the Regional Committee for Africa, the Committee adopted the report through a written procedure.

## CLOSURE OF THE SEVENTY-THIRD SESSION OF THE REGIONAL COMMITTEE

### Vote of thanks

135. The vote of thanks was delivered by the Honourable Minister of Public Health of Cabo Verde, Dr Filomena Gonçalves. She started by thanking the Government and people of Botswana, in particular the President of Botswana, His Excellency Dr Mokgweetsi Eric Masisi for the warm and gracious hospitality extended to the delegates, as well as his commitment to the success of the meeting. She noted that his dedication to the health of Africa was truly inspiring. She also recognized the Honourable Minister of Health for Botswana, Dr Edwin Dikoloti, for his untiring commitment to the successful organization of the meeting. Finally, she commended the Regional Director, Dr Matshidiso Moeti for her leadership.

### Closing remarks by the Regional Director

136. The WHO Regional Director for Africa, in her closing remarks, thanked President Mokgweetsi Masisi of Botswana for presiding over the opening ceremony and for participating in WHO's 75th Anniversary event, despite his very busy schedule. She expressed the appreciation of WHO to President Masisi for accompanying Her Excellency Neo Jane Masisi, the First Lady of Botswana, who led the Walk the Talk event at the start of the Seventy-third session of the Regional Committee. She also thanked Honourable Edwin Dikoloti, the Minister of Health of Botswana, for ably chairing the Seventy-third session of the Regional Committee for Africa, and through him, thanked the National Organizing Committee that put together the excellent arrangements for the meeting.

137. Dr Moeti expressed her sincere gratitude to the honourable ministers of health and heads of delegation for their valuable contributions and especially the Chairperson and Vice-Chairpersons for skilfully chairing the deliberations of the Seventy-third session of the Regional Committee. Furthermore, she acknowledged the delegates who attended the event virtually, for having stayed throughout the meeting.

138. She noted the attention paid to all issues, particularly the ongoing discussions and negotiations on the pandemic treaty and the International Health Regulations. She thanked delegates for their interest in this important issue and expressed her intention to convene a further briefing session for ministers very soon. She called on the honourable ministers to brief their respective Heads of State on the matter. She remarked that there were still issues in both processes that needed careful consideration, and the inputs of the ministers at the upcoming ministerial briefing would allow for the adoption of a common and harmonized African position.

139. Dr Moeti stressed that the Secretariat had taken keen note of the very important decisions of the Seventy-third session of the Regional Committee, which address a range of issues, from noncommunicable diseases to climate change and communicable diseases.

140. In concluding her remarks, Dr Moeti thanked the WHO Secretariat and all those who worked in the background to ensure the smooth and successful conduct of the main sessions and side events.

### **Closing remarks by the Chairperson of the Regional Committee**

141. In his closing remarks, the Chairperson of the Seventy-third Regional Committee, Honourable Edwin Dikoloti, Minister of Health of Botswana, commended the leadership of the Government of Botswana for the support provided. He noted that it had been a fulfilling week spent in seeking ways of preserving the health of the people of Africa. He recounted a number of decisions that were reached and expressed satisfaction at the level of commitment and participation of delegates as well as the high quality of the presentations at the side events. Finally, he expressed his appreciation for the record attendance at the Seventy-third session of the Regional Committee for Africa.

142. The Chairperson ended by thanking all participants and declared the Seventy-third session of the Regional Committee closed.

# PART III

## SPECIAL AND SIDE EVENTS DURING THE REGIONAL COMMITTEE





## SPECIAL EVENTS

### Strengthen multisectoral actions to address the nutrition and food insecurity crisis in the African Region

#### Introduction

143. Despite efforts made by governments and development partners to attain the global nutrition targets, malnutrition remains a persistent challenge in the African Region, affecting millions of lives and hindering growth and development. Poor food systems, climate change and conflicts are the main causes of the crisis. The event was organized to draw attention to the worsening food security and nutrition situation in the African Region and raise awareness of available interventions across different sectors, as well as the need to strengthen multisectoral collaboration and actions.

144. The event was moderated by the Minister of Health of Cabo Verde, Dr Filomena Gonçalves. High-level participants selected to discuss these issues included Dr Ader Macar Aciek, Undersecretary in the Ministry of Health of South Sudan, Dr Ilesh Jani, Vice Minister of Health of Mozambique, Dr Soltie Aminata, Deputy Director-General in the Ministry of Health of Côte d'Ivoire, and representatives from international partners, including UNICEF, FAO, WFP, UNHCR, and the Sun Movement.

#### Highlight of key issues discussed

145. Based on country-specific examples, the panel discussed the current situation of nutrition and food insecurity, the ongoing response, challenges and opportunities, and how different government departments work together at the national level to address the situation. The international partners shared effective strategies and solutions and available support for Member States to address malnutrition and food insecurity.

146. Several Member States took the floor to share their experiences, including Angola, Burkina Faso, Gambia, Kenya, Namibia, Nigeria and Uganda. Expertise and insights shared by speakers on addressing malnutrition and food insecurity in their countries included:

- Creation of national nutrition councils controlled either by the presidency or the prime minister's office, making it obligatory for nutrition and food security issues to be addressed.
- Collaboration with partners: They highlighted successful initiatives where governments, non-profit organizations, businesses, and academic institutions worked together to implement sustainable solutions. These collaborations involved sharing knowledge, resources, and expertise to address the complex challenges associated with food insecurity.
- Climate change: Recognizing the impact of climate change on food production and availability, speakers discussed the importance of sustainable agriculture practices, such as agroforestry, crop diversification, and water management techniques. Adaptation



strategies, including resilient crop varieties and climate-smart technologies, were also highlighted as crucial in ensuring food security in the face of changing climatic conditions.

- Food fortification: There is need for food fortification to address micronutrient deficiencies and improve overall nutrition.
- Agri-food systems: The importance of sustainable agri-food systems that promote food security, economic growth, and environmental sustainability was highlighted.
- Home gardening. Home gardening was seen as an effective means of enhancing food self-sufficiency, especially in urban areas.
- Targeted households: Speakers underscored the need to prioritize and target vulnerable households, including children, pregnant women, and older persons, in food security interventions.
- Social protection: The importance of safety nets, cash transfers, and social assistance programmes to support vulnerable populations was also discussed. Emphasis was also placed on the need for comprehensive approaches that address not only immediate food needs but also long-term solutions to break the cycle of poverty and food insecurity.
- The need to define a national budget line for nutrition interventions.

## Recommendations

147. Adopt a holistic approach and accelerate efforts: Addressing malnutrition and food insecurity requires a holistic approach through a whole-of-government approach to increase coherence, efficiency and impact through (1) sustainable, resilient food systems for healthy diets; (2) aligned health systems providing universal coverage of essential nutrition actions; (3) social protection and nutrition education; (4) trade and investment for improved nutrition; (5) safe and supportive environments for nutrition at all ages; and (6) strengthened governance and accountability for nutrition.

148. Enhance food accessibility using nutrition-sensitive interventions such as cash transfers, vouchers, and school feeding programmes, including procuring and supplying healthy diets in schools.

149. Elevate maternal, infant, and young child nutrition including breastfeeding in the health system, and on national priority agendas and strategies.

150. Governments and partners should invest and implement food system transformation policies and regulations to improve equitable access to safe and sustainable healthy diets, including at community level and among refugees and displaced populations.

151. Develop robust routine information systems using data and evidence to prioritize resource allocation.

## Next steps

152. Create and/or maintain the intersection between involved partners/sectors including health, agriculture, social protection, and education to develop comprehensive and collaborative results frameworks to fight all forms of malnutrition.

## WHO 75th anniversary celebration

153. This year, WHO is celebrating its 75 anniversary since its founding. Several activities to mark this milestone have already been held at global level as well as in countries. During the Seventy-third session of the WHO Regional Committee for Africa, an event was held to mark the event. It was an opportunity to bring together long-standing key stakeholders involved in the work of WHO in the African Region. It also provided an opportunity to reflect on the work of WHO in the African Region, review key achievements and lessons learnt, and contemplate priority actions for the next 75 years in the context of ongoing discussions on reform of the global health architecture and challenges associated with conflict, climate change as well as economic crises.

154. The event aimed to:

- Review WHO's achievements in the African Region over the last 75 years;
- Discuss important lessons learnt and how they can guide WHO's priorities in the African Region, in the context of WHO reform as well as the wider global health architecture reform discussions;
- Highlight future public health actions on which the Region should focus to accelerate collective efforts towards national and regional health goals and targets.

155. The event was graced by H.E. President Mokgweetsi Masisi of Botswana as well as H.E. former President Festus Mogae, ministers of health, national authorities from all the 45 Member States, donors and the WHO family, including a former WHO Regional Director for Africa. During the event 14 eminent individuals and institutions were recognized and received awards for their outstanding contribution to the health and well-being of the people of the Region.

## Recommendations

- Collaboration should be more extensive and start early to ensure smooth and effective coordination with national counterparts on events involving State dignitaries at the highest level.
- A dedicated team should be established with diverse experiences to support the preparation and oversee the successful execution of high-level events of such magnitude.
- With the WHO 75 celebrations running throughout the year, key lessons learnt from this event, including organization, coordination and execution of various tasks should be monitored closely and any potential gaps, especially the practical details of running the event should be identified, anticipated and solutions found to ensure nothing is left to chance.

## Interrupting the transmission of all polioviruses in the African Region

### Introduction

156. The eradication of polio is recognized as one of the greatest collective global health undertakings in history. While the African Region had triumphed against indigenous wild poliovirus, in February 2022, Malawi and Mozambique confirmed imported wild poliovirus type 1 (WPV1) cases and quickly contained the outbreak. As of August 2023, a total of 187 confirmed cases of circulating variant poliovirus types 1 and 2 were reported in 21 countries in the African Region. WHO, in collaboration with the Global Polio Eradication Initiative (GPEI), committed to permanently interrupt the transmission of all polioviruses, as stated in the Polio Eradication Strategy 2022–2026.

157. The event aimed to strengthen advocacy efforts to prioritize polio eradication and respond to the outbreaks in the Region efficiently; assess and review the progress made in polio eradication efforts; and address the long-term sustainability of polio eradication efforts. Some of the participants included the First Vice-Chairperson of the Seventy-third session of the Regional Committee, Dr Austin Demby, Minister of Health and Sanitation, Sierra Leone; Dr Matshidiso Moeti, WHO Regional Director for Africa; Dr Chris Elias, Chair of the GPEI Polio Oversight Board; and Dr Jamal Ahmed, Coordinator of the Polio Eradication Programme in the African Region, among others.

### Highlight of key issues discussed, including challenges and opportunities

158. The biggest challenge in the African Region is circulating variant polioviruses (cVDPV) types 1 and 2. The decline in supplementary immunization activities and preventive bivalent oral polio vaccine (bOPV), due to disruptions associated with COVID-19, has increased the risk of circulating variant poliovirus type 1 in the Region. This variant virus is now the primary poliovirus type 1 in Africa, surpassing WPV1. In the last 12 months, five countries have reported cases of cVDPV1. Twenty-one countries in the African Region have reported cases of variant poliovirus type 2 (cVDPV2).

159. Following the outbreak of WPV1 in 2022, multiple immunization campaigns were conducted by Malawi, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe over the course of 18 months, with some conducting joint campaigns, vaccinating 45 million children. No new wild polio case has been reported in the Region since August 2022. Countries with cVDPV2 outbreaks have already started responding, using the novel OPV2 vaccine.

160. Member States highlighted two major challenges to a timely and high-quality response:
- The continued use of “vaccine-derived polioviruses” to describe the ongoing outbreaks that have emerged following the sustained circulation of OPV-derived strains among unimmunized and under-immunized populations poses a challenge both technically and for public health communication.
  - The extended timelines between specimen collection and final sequencing results owing to limited country-based laboratory sequencing capacity for polioviruses was flagged by multiple Member States and the Vice-Chairperson as an issue that requires the collective attention of WHO and other GPEI partners.

### Recommendations

- The Secretariat should holistically address the nomenclature challenge within the Region, using “variant” instead of “vaccine-derived” poliovirus, building on the experience of nomenclature adjustment for viruses like COVID-19 and Mpox, etc.
- Countries should improve population immunity, focusing on reaching zero-dose, under-immunized children, and hard-to-reach and/or security-affected areas.
- Countries should advocate for a budget line to support surveillance activities in an integrated manner and contribute financially to vaccination campaigns, giving priority to high-risk areas.
- Countries should prioritize the acceleration of acute flaccid paralysis and environmental surveillance, while strengthening laboratory networks.
- Countries should strengthen cross-border coordination, communication, and collaboration of polio activities from planning to implementation, monitoring and evaluation.
- Countries should prioritize polio transition to strengthen national public health systems.

### Next steps

- Reinforcing political commitment to support country-specific strategies to strengthen routine immunization, vaccine-preventable disease surveillance, including polio surveillance, and supplementary immunization activities.
- Strengthening stewardship by Member States to stop all types of poliovirus transmission and circulation to close outbreaks in all countries in the Region.
- Enhancing coordination and collaboration of polio eradication efforts between Member States and stakeholders.

## SIDE EVENTS

### Intergovernmental Negotiating Body (INB) for pandemic treaty and working group on amendments to the International Health Regulations (WGIHR) processes

#### Introduction

161. This high-level side event co-convened by the Governments of Kenya and South Africa, and WHO AFRO, provided updates on the Intergovernmental Negotiating Body (INB) for a Pandemic Treaty and the Working Group on amendments to the IHR (WGIHR), and encouraged increased engagements by Member States in these global processes. The side event was opened by the Honourable Cabinet Secretary/Minister of Health of Kenya, Dr Nakhumicha S, Wafula, and the Honourable Minister of Health of South Africa, Dr Mathume Joseph Phaahla. The panel included Dr Tedros Ghebreyesus, WHO Director-General; Dr Matshidiso Moeti, WHO Regional Director for Africa, Ms Precious Matsoso, INB Co-Chair; and Dr Sultani Matendecehro, Vice-Chair of the WGIHR. Presentations and contributions were also provided by Dr Fifa Rahman, Principal Consultant, Matahari Global Solutions, and Ministers of Health for Namibia and the Democratic Republic of the Congo. Ministerial discussions were moderated by the Minister of Health, Angola and the Director of Health Security at WHO headquarters, Dr Stella Chungong. Additional contributions were made by the Ministers of Health of Sierra Leone and the Central African Republic, and by the Director General of Africa CDC, Dr Jean Kaseya, before the event was officially closed by Dr Mathume Phaahla, Minister of Health of South Africa.

#### Key highlights

- African Member States were urged to actively participate in the INB and WGIHR discussions, and advocate for a common position to adequately protect provisions and priorities that are beneficial to Africa, as highlighted by Honourable Wafula, Dr Moeti, and Dr Tedros.
- Dr Moeti further recalled that outbreaks do not have borders, hence careful considerations are needed on the nature of the proposed IHR amendments, while she also noted a rise of misinformation and urged Member States to be focused on sharing their unique perspectives.
- Ms Matsoso highlighted the progress made on the INB negotiations, specifically articles and issues that are contentious and need a harmonized African position. She reiterated Member States' demand for a legally binding instrument, with equity as a central tenet. However, she expressed concern about the limited nine-month time frame remaining before a new pandemic instrument is delivered to the Seventy-seventh World Health Assembly for adoption.
- Dr Sultani Matendechero presented on progress made in the WGIHR process, which includes more than 300 proposed amendments. The priorities centre on equity in access to countermeasures, making provisions obligatory, benefit sharing, establishing a clear financing framework, and ensuring implementation and compliance. He underscored the

need for a high-level approval of the common African position and the use of continental expertise to actively contribute to negotiations.

- Dr Tedros remarked on the vitality of a global multilateral response to future outbreaks, with the aim of achieving equity, solidarity, and international cooperation.
- Dr Fifa outlined a comparative analysis of the pandemic accord and the ongoing process of IHR amendments. The study investigates nine key areas including *common but differentiated responsibilities*, research and development, pathogen access and benefit sharing, and the One Health approach. The study also evaluates the distinctions between treaties and regulations, and between conventional treaties and framework conventions.
- Dr Salam Gueye, WHO/AFRO Regional Emergency Director, shared WHO AFRO's road map for supporting Member States towards harmonized positions on both INB and WGIHR, notably the engagement of African experts and a planned high-level African parliamentary conference in Accra, Ghana.
- Several ministers shared their countries' experiences, including the Minister of Health of the Democratic Republic of the Congo, who highlighted multiple emergencies and barriers to accessing vaccines and other medical supplies, while the Deputy Minister of Health of Namibia detailed the significance of access and benefit sharing for an effective and equitable global health response. The Minister of Health of Angola highlighted the role of resilience and the establishment of health security as critical objectives, underpinned by a regional approach to addressing challenges.
- The ministers affirmed their readiness to engage actively in discussions at the political level, with a view to shaping a more equitable and prepared global health landscape that prioritizes the needs of the African Region. The Minister of Health of the Central African Republic suggested a structured road map for dissemination among countries, underscoring the need for engagement from the AU CDC in these deliberations. Sierra Leone's Health Minister stressed the necessity of ongoing negotiations around the IHR and INB to establish sustainable systems beyond crisis periods. He proposed using the Universal Health Preparedness Review as a model that links emergency preparedness and primary health care before crises.

### Recommendations

- Enhance political and diplomatic engagements to influence the African position and participation in the INB and WGIHR processes
- Further involve capital, especially IHR national focal points (NFPs), in these processes
- Monitor and engage the media in addressing misinformation.

### Next steps

- Convene a follow-up ministerial meeting on INB/WGIHR using AU platforms.

## Botswana as a model of excellence on primary health care

162. At the side event, Botswana's exemplary progress in primary health care (PHC) took centre stage, with speakers shedding light on the country's steady strides toward accessible and effective health care delivery. Botswana, categorized as an upper-middle-income country, has harnessed its resources to extend universal health care access to most of its 2.3 million residents, resulting in remarkable reductions in infant and maternal mortality rates.

163. Botswana's PHC framework is built upon an extensive network of health care facilities, with a decentralized approach. The Government operates an impressive 98% of medical facilities in the country, with an intricate web of hospitals, clinics, health posts, and mobile units spanning its 27 health districts. The first level of contact of individuals with the health care system is as close as where they live. This integrated approach ensures the delivery of preventive, promotive, rehabilitative, and curative services, facilitating the treatment and care of common health issues.

164. Slumber Tsogwane, Botswana's Vice-President, emphasized that PHC forms the bedrock of the country's health care system. He highlighted its definition as affordable methods offered to communities at their doorstep, essential for effective health care governance. By sharing its success story, Botswana aims to foster peer-to-peer learning and reinforce good health governance. He also added that PHC requires considerable investment, and value for money is crucial.

165. However, access to health care is not without challenges, as it shares hurdles common to many sub-Saharan African nations. The Vice-President underscored the importance of staying close to communities, aligning with the World Health Organization's emphasis on community-centred health care. Primary health care, with its emphasis on community engagement, availability, and accessibility, serves as a crucial anchor point for health care investments.

166. Despite the commendable progress, Dr Gaboelwe Rammekwa, Chief Health Officer at Botswana's Department of Public Health, acknowledged ongoing challenges. He explained that successful PHC must be acceptable, accessible, available, community-based, and affordable. Over the years, Botswana has meticulously expanded its PHC network, reinforcing community ties and embracing traditional healers' contributions to health service delivery.

167. Dr Billy Tsimba, Acting Dean of Research at the University of Botswana, noted the evolving health care landscape. He pointed out that as technology advances, the risk of departing from community-oriented health care grows. He then stressed the importance of community participation, research, and evidence-based practices to ensure that PHC remains locally relevant.

168. Honourable Dr Edwin Dikoloti, Botswana's Minister of Health, proposed a vision to rejuvenate PHC. He underscored the importance of prevention in tackling noncommunicable diseases and stressed the need for a well-trained health care workforce. The Minister emphasized the need to strengthen partnerships, integrate health services, and provide digital



resources to enhance health care provision further with efficiency and equity. The Minister of Health also discussed the challenges raised by the audience on health workforce migration, cultural barriers to the uptake of health services, and the importance of multisectoral support towards health outcomes.

169. Dr Matshidiso Moeti, WHO Regional Director for Africa, drew on her experience as a community health worker. She hailed the importance of community engagement and the role of health care personnel in bridging gaps in care. Despite the challenges posed by the COVID-19 pandemic, she stressed the significance of maintaining proximity to communities and fostering citizen empowerment. The Minister of Health emphasized the importance of maximizing gains in the utilization of resources by doing more with less.

170. In conclusion, Botswana's journey toward excellence in primary health care is characterized by accessible infrastructure, community engagement, and innovative partnerships. The nation's commitment to continuously adapting its approach while keeping communities at the forefront is a recipe for success that other nations can learn from. As discussions continue, Botswana's example is an inspiring model for shaping effective and community-centred health care systems worldwide.

## Unlocking financing for neglected tropical diseases in Africa

### Introduction

171. The lack of long-term predictable and sustainable financing, compounded by the COVID-19 pandemic and regional conflicts, has been a significant barrier to the control, elimination, and eradication of neglected tropical diseases (NTDs), hindering countries' efforts to eliminate these diseases and contribute to the SDG target of a 90% reduction in the number of people requiring an intervention against NTDs by 2030. This NTD funding crisis threatens the numerous NTD gains made over several decades, leaving over a billion of the poorest people at risk of abject poverty, morbidity and even death. As we pass the midway point to the 2030 Sustainable Development Goals, there is an urgent need to accelerate progress towards achieving the ambitious targets agreed by world leaders. The event aimed to assess the progress made in implementing NTD control and elimination programmes in the Region, and identify challenges and gaps, with a special focus on resource mobilization. Participants explored multilateral, bilateral and innovative financing mechanisms and opportunities, with the most potential to finance sustainable national NTD programmes, and shared experiences on accessing funding.

172. Participants at this event included ministers of health of many Member States, senior government officials, key non-State actors and donors. The welcome remarks were made by the Honourable Minister for Health, Solidarity Social Protection and Gender Promotion of the Union of the Comoros, Dr Loub Yakout Zaidou, while the Keynote address was delivered by Dr Matshidiso Moeti, WHO Regional Director for Africa, focusing on the importance of raising additional funds to accelerate the elimination of NTDs in the WHO Africa Region. The keynote

address was followed by a panel discussion that involved interventions from the senior management of the Pandemic Action Network, the Global Fund, the Global Financing Facility of the World Bank and the Potomac Group. Other key speakers included Dr Soce Fall, Director of the Global NTD Programme and Ms Thoko Elphick-Pooley of Uniting to Combat NTDs.

### Key highlights

173. The event highlighted the unacceptable morbidities caused by NTDs and the urgent need to unlock funding to alleviate the suffering of the bottom billion. Such funding would need to be catalytic, additive, sustainable, and support the mechanisms provided by WHO in the NTD Road map 2021–2030, and leverage the support provided by ESPEN in coordinating technical support to Member States. Approximately US\$ 484 million is needed annually, and this requires new sources of funding and increased private sector and domestic funding.

174. Polls conducted during the event showed that very few countries had a dedicated budget line for NTDs, and that the proportion of NTD budgets in domestic funding was very low, mostly less than 50% of the needed budget. However, many countries remained optimistic that there is potential for growing domestic funding. Challenges highlighted included competing priorities at country levels and a failure to make strong cases for NTD budgets. Further it was noted that key donors tend to cluster around specific health issues. The panelists highlighted opportunities for NTD funding in their funding mechanisms either through direct NTD support or health systems strengthening interventions.

### Recommendations

175. Ministers of Health are encouraged to invest in NTD programs, mobilize more domestic resources for NTDs, leverage existing resources to implement NTD interventions and ensure country ownership of NTD control and elimination.

### Next steps

176. Participants to attend the Reaching the Last Mile Forum at COP28, scheduled to take place on 3 December Health Day, and utilize the opportunity to reaffirm their political commitment to end NTDs and announce financial commitments towards the WHO NTD Road map. Secondly, it was proposed to establish a Health Ministers' Task Force focused on leading coordinated NTD elimination efforts and resource mobilization in the WHO African Region.

## SIDS Ministers Meeting

### Meeting of SIDS health ministers on pooled procurement

#### Introduction

177. The meeting of health ministers of Small Island Developing States (SIDS) in the African Region on pooled procurement took place as a follow-up to their last meeting in August 2022 during the Seventy-second session of the Regional Committee in Lomé, Togo. During the meeting, significant progress and decisions were made towards the implementation of a pooled procurement programme for essential medicines and related products among the SIDS. The objectives of the meeting were to update the ministers on programme implementation progress, decide on the country that will host the SIDS pooled procurement programme secretariat, and discuss various aspects of the programme's future. High-level participants included health ministers and officials from SIDS.

#### Highlights of key issues discussed including challenges and opportunities

178. During the meeting, several key issues were highlighted, including the following:

#### Progress update on SIDS pooled procurement:

- The first pooled procurement tender was published on the United Nations Global Marketplace (UNGM) platform in July 2022 using WHO procedures, with WHO AFRO support.
- The tender marked the first implementation of pooled procurement in the Region, with strong commitment from the SIDS, AFRO management, and WHO Representatives.
- The initiative demonstrated potential in improving the availability of affordable, quality medicines and enhancing health outcomes.
- The idea of extending support to other groups of countries, such as SADC, ECOWAS, and EAC, was considered and discussed.
- The possibility of collaborating with partners like UNECA for continental pooled procurement initiatives was explored.

#### First tender results and procurement updates:

- The first tender aimed to establish long-term agreements with successful bidders for a duration of two years, renewable.
- It covered four categories, 47 denominations, and 67 formulations.
- The process followed WHO rules, regulations, and procedures.
- Six manufacturers and wholesalers from five different countries were retained, with a total transaction amount of US\$ 13.16 million.
- Mauritius and Madagascar accounted for US\$ 10.2 million, representing 79% of the total transaction amount.

- The results included significant cost savings for historically purchased formulations.

#### Evaluation of candidates for hosting the secretariat:

- WHO temporarily hosted the SIDS pooled procurement programme secretariat, but it was emphasized that the programme should be fully owned by its Member States.
- Two candidate countries; Cabo Verde and Mauritius, were evaluated based on criteria such as office space, telecommunication facilities, health care infrastructure, and others.
- Both candidates scored comparably well, with minor variations in certain criteria, such as telecommunications infrastructure.
- The evaluation team found that both candidates were capable of hosting the secretariat.

#### Recommendations

179. Member States expressed satisfaction with the outcome of the tender and the programme's progress. However, no decision was made on the choice of the host country for the secretariat. It was proposed that discussions on the matter be pursued at the next SIDS meeting in November 2023. It was recommended that Member States continue negotiations until the next meeting.

#### Next steps

180. The next steps involve pursuing negotiations and discussions, particularly regarding the host country for the SIDS pooled procurement programme secretariat. The discussions will continue during the next SIDS meeting scheduled for November 2023.

181. Countries may need specific support to establish long-term agreements that will be used for supply contracts.

182. In conclusion, the meeting of SIDS health ministers on pooled procurement reviewed progress, discussed future directions, and evaluated candidates for hosting the programme's secretariat. The meeting reflected the commitment of the SIDS to improving access to, and affordability of health care through collaborative efforts in procurement.

## Closed-door session with ministers of health on variant polio outbreaks

### Introduction

183. On the sidelines of the Seventy-third session of the Regional Committee, Dr Matshidiso Moeti, WHO Regional Director for Africa and Dr Chris Elias, Chair of the Polio Oversight Board of the Global Polio Eradication Initiative (GPEI), convened a meeting of Ministers of Health of five countries experiencing variant poliovirus (cVDPV) outbreaks, namely Algeria, Benin, Central African Republic, Democratic Republic of the Congo and Chad. The interventions from the Ministers focused on the challenges they have experienced as well as sharing lessons learnt from repeated response rounds.

### Highlight of key issues discussed including challenges and opportunities

184. Despite significant efforts made by countries and partners, GPEI is off track on the goal of interrupting variant polioviruses in 2023. Ten key themes emerged through the course of the discussion. First, vaccine demand depends on clear and compelling communication, especially following any adverse events. The term “vaccine-derived” is often associated with, or mistranslated to “vaccine-caused.” For the second Regional Committee in a row, ministers requested a better term and agreed to systematically apply “variant poliovirus” or “polio” in public communication instead of cVDPV. Learning from COVID-19 and other recent global health emergencies, they requested a review of terminology. Second, the disinformation associated with the COVID-19 vaccine, especially on social media, set back all vaccination programmes, including polio. The Democratic Republic of the Congo has the least COVID-19-vaccinated population as a result. Third, the issue of international insecurity raised serious concern, in respect of bordering countries where insecurity and conflict have impacted health systems. These areas pose a risk for exportation of the virus to their neighbours, as well as polio transmission without detection.

185. The fourth theme related to internal insecurity. Areas experiencing conflict present a unique challenge for delivery of vaccines and detection of viruses. A multisectoral approach that takes account of the needs of the population should be employed. Without a holistic package, there is a risk of losing community support in hard-to-reach areas. The fifth theme dwelt on mobile populations, whose movements are explained by myriad factors, including seasonal economic opportunities (such as fishing, farming, and harvesting) as well as insecurity. Enhanced efforts should be made to reach populations both from the areas of departure and destination, not necessarily where cases are reported. In the DRC, children should be reached in seasonal fishing camps and in Chad, zero-dose children from South Sudan should be vaccinated on arrival. The sixth theme focused on community relays. To ensure well-functioning primary health care systems, some countries have deployed a community health relay strategy. In some countries relays are employed by the government and in others they are volunteers. Employment was seen as a more effective approach. The seventh theme was routine immunization, with universal acknowledgment that the routine immunization system is weak, with high-risk and hard-to-reach areas chronically missed. All participants considered improving routine immunization a priority, including integrating it into primary health care networks.

186. The eighth and often repeated theme was integration, with the Central African Republic passionately advocating for it. Vertical programmes were perceived to be donor-driven rather than beneficiary-driven, and calls were made for greater engagement with ministries and communities on the strategy. The next theme dwelt on scaling up action. Strengthening the routine immunization system was a priority, but depending on it alone would not stop outbreaks. It was agreed that it was not an either-or scenario, and that countries should continue to mount quick, high-quality responses, while also strengthening routine immunization as the foundation for eradication. Lastly, the event dwelt on the need to achieve results, as success begets success. Stopping outbreaks allows the GPEI to advocate for additional resources to achieve the collective goal of eradication.

### Recommendations/next steps

187. Systematically use “variant” polioviruses in public communications when referring to cVDPVs.

188. Further review the nomenclature of cVDPVs to take into account feedback from the Ministers and delegates.

189. Host a follow-up meeting to reflect on integration, considering significant domestic and international resource implications.

## Strengthening Africa’s regulatory capacity for the “Africa We Want” through the establishment and operationalization of the African Medicines Agency

### Introduction

190. The main objective of the event was to showcase the progress made towards operationalizing the African Medicines Agency (AMA), and the critical importance for all partners to support the African Union (AU) to complete the process. The event was also an advocacy platform to solicit further commitment from AU Member States in terms of signing and ratifying the AMA Treaty to ensure that as many Member States as possible on the continent benefit therefrom.

191. The event brought together participants from WHO – the Regional Director for Africa –, the AUC Commissioner, the AUDA-NEPAD representative, along with the Ministers of Health of Rwanda, Ghana and Egypt. The Executive Director of the European Medicines Agency was also invited as a panellist. An experienced and passionate moderator guided the discussions, picking up on critical statements from the interventions to expand further and emphasize the relevant issues.

### Highlight of key issues discussed

192. AMA requires strong political and technical support at the national level, to allow it to function with the mandate that will be conferred on it. Strong and functional leadership structures are required to clearly guide the work of AMA and enable Member State representatives to channel national challenges into continental approaches. Capacity building will remain a cornerstone of AMA as it begins its operations, through human resources, but also the operational protocols which will need to be put into place as it starts to demonstrate its credibility. Capacity building will also be required for mobilizing financial resources to conduct and expand its operations in the early years and beyond.

193. Strengthening national regulatory authorities is important in building a common understanding and approach at the continental level through AMA. To cite an example, the European Medicines Agency (EMA) works closely with all its national regulatory authorities. Their capacities and strengths translate into EMA's own ability, and it is thus critical in the African context to build and strengthen these national regulatory authorities, which in turn will bolster the decision-making capacity of AMA. It is also important to create sustainable and respectful partnerships on the continent and beyond. AMA needs to expand the current medicines regulatory harmonization initiatives in Africa, and build concrete, sustainable and mutually respectful partnerships with other AU specialized agencies and international technical agencies. This will require a clear strategy to enable AMA to make the most of each engagement and expand its own capacities.

### Recommendations

- Fully operationalize the governing structures of AMA, with all State Parties represented and actively taking part in discussions to shape AMA's initial actions.
- Continue to advocate with countries to expedite the signing and ratification of AMA, to further strengthen its decision-making base and expand its engagement with national regulatory authorities in Africa.
- Partners should work together to support AMA, based on the decisions made by its governing structures.

### Next steps

194. Advocacy will continue with the remaining AU Member States who have not yet signed or ratified the AMA Treaty, while WHO and partners will continue to support the African Union to get AMA up and running, and expand the technical support needed to do so.



## Celebrating one year of actioning Africa's commitment to health security

### Introduction

195. At the Seventy-second session of the Regional Committee, Member States endorsed the Regional strategy for health security 2022–2030. In just one year, Africa has shown extraordinary progress in operationalizing this strategy. Three flagship programmes that focus on better preparedness, improved detection, and faster response, are being rolled out in the Region. A regional warehouse has been operationalized in Nairobi, which has improved response effectiveness. An elite cadre of first responders is being recruited/trained to manage disease outbreaks in record time. Together, all these efforts showcase the united commitment of Member States and partners to collectively ensure that Africa can respond to the threats of tomorrow. On the sidelines of the Seventy-third session of the Regional Committee, WHO organized a ministerial dinner to commemorate the first anniversary of this important milestone. The event aimed to highlight early successes, country experiences, and plans to achieve targets in the coming years. The ministerial dinner, while celebratory in mood, was used as a platform to encourage Member States to continue prioritizing resources towards emergency preparedness and response.

### Highlight of key issues discussed including challenges and opportunities

196. The African Region deals with over 100 disease outbreaks every year. Over half of the Region's public health crises in the last two decades are directly linked to climate change. Moreover, conflict on the continent has meant that a third of the world's displaced populations are based in Africa, which calls for a rethink of the way we deliver universal health coverage.

197. As climate disasters, conflict and the rapid spread of disease threaten Africa's health security, the importance of unity and collaboration cannot be overstated. Africa has traditionally been the last region to have access to health commodities, diagnostics, therapeutics, or vaccines. Insufficient investments in health over the years have left African countries dependent and with inequitable access to health commodities and services. As the world builds back from COVID-19, Africa must set itself up to become self-reliant and shape its own unique health future. One path forward is to foster regional cooperation, consolidate the 'buying' power of the continent, and effectively leverage emergency response systems across borders on the continent. If African countries come together and commit to a unified approach, we can overturn the fragmented efforts that have long stood in the way of holistic progress on the continent as well as globally.

198. Health, climate disasters and geopolitical conflict transcend borders and create ripple effects across the Region. Now more than ever, Africa's porous borders mandate that our interconnectedness be rooted in unity, collaboration and strength. With a growing global population residing in conflict and disaster zones, reaching universal health coverage means enhancing emergency preparedness and response within health care systems.

## Recommendations

199. The 7-1-7 strategy was recommended as a target for outbreak detection, notification and early response, whereby every suspected outbreak is detected within seven days of emergence and reported to public health authorities within one day of detection, and early response actions are completed within seven days. This 7-1-7 strategy creates transparency, facilitates advocacy and promotes accountability. It also promotes rapid improvement in early outbreak detection and response, as many of the bottlenecks surfaced to date by 7-1-7 have turned out to be easy and inexpensive to fix. Bigger problems get addressed faster with clear data to inform how activities and funds should be prioritized.

## Next steps

200. Continue to roll out the three emergency preparedness and response flagship programmes in unison with Africa CDC and partners and monitor the effective implementation of the 7-1-7 target in each country.

## Closed-door session with ministers of health on wild poliovirus type 1

### Introduction

201. On the margins of the Seventy-third session of the Regional Committee, Dr Matshidiso Moeti, WHO Regional Director for Africa and Dr Chris Elias, Chair of the Polio Oversight Board of the Global Polio Eradication Initiative (GPEI), convened a meeting of Ministers of Health of countries in the WHO African Region that are responding to wild poliovirus type 1 (WPV1) outbreaks: United Republic of Tanzania, Malawi, Mozambique, Zambia, and Zimbabwe. The meeting was a moment to celebrate 12 months without a WPV1 case, acknowledge the significant efforts made to reach that milestone, and share a reminder that the risk of WPV1 and variant poliovirus remained present, and we must sustain these gains for polio eradication and wider disease control.

### Highlight of key issues discussed including challenges and opportunities

202. All five countries expressed high-level political commitment for the WPV1 response and noted the improvements made in the last 12 months on response quality and speed. Ten key themes emerged through the course of the discussion. The first theme dwelt on closing immunity gaps. Many communities live and work in multiple countries and cross borders regularly, which complicates vaccination efforts. While enhanced cross border collaboration in terms of synchronized campaigns and data sharing was beneficial, more needed to be done, as there was still a gap and populations could be missed by supplementary immunization activities and routine immunization. The second theme addressed the issue of expanding surveillance coverage. Border areas also prove a challenge for surveillance as cases can be identified far from where they may have acquired the infection. Additional efforts to reach children in hard-to-reach areas and extend surveillance to silent districts was discussed as an area for improvement. The third theme related to building on polio assets. The polio outbreak has been prioritized by countries in the

context of a very difficult 18 months of emergencies, including Cyclone Freddie, cholera, measles and others. Using polio response and surveillance assets for concurrent outbreaks was seen as a bright spot. More needs to be done to use these assets to strengthen immunization, primary health care and health systems.

203. Responding to importation was the fourth theme. Many of the countries affected by WPV1 had not seen a case in 30 years. While the quality of early supplementary immunization activities was modest, a marked improvement had been observed to the point where the subregion had become a model for responding to an outbreak after a long period without polio. The fifth theme focused on engaging communities. Several countries reflected on the benefits of engaging traditional and faith-based leaders. A concern was raised about vaccine fatigue and the need to educate the community to strengthen routine immunization and build a healthy demand for vaccines outside of response rounds. The sixth theme dwelt on closing outbreaks, and it was disclosed that an Outbreak Risk Assessment (OBRA) mission was planned for November 2023. Countries expressed openness to receiving this mission and the potential closure of the wild polio outbreak in the subregion. They reiterated the ongoing need to maintain high-quality surveillance and enhance the response to variant polioviruses (cVDPV).

204. The seventh theme considered the issue of demographic trends. The window to interrupt transmission is now, especially considering the well-established migration routes from wild poliovirus endemic countries (such as Pakistan) and the projected rapid population growth, for example, 1 million people per year population growth projected for Mozambique. The eighth theme considered improving routine immunization. There was broad consensus that outbreak response was necessary, but not sufficient to achieve lasting population immunity. Routine immunization must be strengthened, and low coverage districts may need focused interventions for both supplementary immunization activities and routine immunization. The ninth theme focused on detecting the virus, with a request to reduce the turnaround time and expand genetic sequencing. The final theme focused on commitment and coordination. All the Ministers committed to providing rapid and high-quality responses, and work towards strengthening surveillance and improving routine immunization. They also agreed to increase high-level engagements between countries through intercountry conferences and calls.

### **Recommendations/next steps**

205. Organize a follow-up subregional meeting to discuss variant polioviruses, considering that they are now the primary challenge;

206. Document lessons learnt from the concurrent polio and cholera responses, and the integrated campaigns conducted by multiple countries;

207. Call on the global community to reduce the turnaround time for detection and build country-level laboratory capacity (including by expanding sequencing and direct detection);

208. Continue to engage the countries that are exporting viruses to the subregion (such as the Democratic Republic of the Congo).

## Strategic priorities for Africa's engagement with Global Health Initiatives (GHIs)

### Introduction

209. The event was co-hosted by the Minister of Health of Eswatini, the African Constituency Bureau (ACB), the Global Fund, and WHO AFRO. Some of the participants included the WHO Regional Director for Africa, Dr Matshidiso Moeti; the Minister of Health of Malawi and other ministers of health; the State Secretary for international development of Norway, Ms Bjorg Sandkjaer; the Chairperson of the African Constituency Bureau (ACB), Dr Jean-Jacques Mbungani and other members of the Board; Members of the Steering Committee of Future of Global Health Initiatives; Ms Linda Mafu, Head of the Political and Civil Society Advocacy Department at the Global Fund; and Dr Richard Mihigo, Director, COVID-19 Vaccine Delivery, Coordination, and Integration at Gavi, the Vaccine Alliance.

210. The overarching objective of the side event was to catalyse collective action among African ministers and stakeholders, effectively leveraging Global Fund and other GHI investments to hasten UHC progress in Africa. Specifically, the platform aimed to establish a forum for knowledge exchange and shared experiences among ministers of health and other stakeholders, with a focus on capitalizing on Global Fund and GHI investments for health system strengthening; and identifying and addressing key policy issues within the Global Fund and GHIs, which expedite or limit progress toward UHC in Africa.

### Highlight of key issues discussed including challenges and opportunities

211. Member States recognized the important value of investments by GHIs in country programmes, especially HIV, tuberculosis, malaria, vaccine-preventable diseases and health systems strengthening, as well as the impact of these investments in improving health outcomes. The Global Fund and Gavi especially underscored the principles of country ownership and leadership which constitute part of their business model, and highlighted the importance of a spirit of collaboration with African countries and leadership. Meanwhile, the need for flexibility and adaptability by GHIs in response to the changing priorities at country level was also highlighted.

212. To optimize the investments of GHIs within the Region, Africa's voice needs to be heard more in shaping GHI priorities. Major challenges that still need to be addressed include inadequate understanding of Africa's priorities, weak capacities of primary health care systems, the impact of government instability and insecurity in many countries and associated difficulties in addressing health priorities under such conditions, weak health systems and health infrastructure gaps including laboratories and supply chain management systems, poor domestic financing for health and the impact of climate change.

213. Compared to urban locations, rural locations in countries across the Region continue to have poorer health outcomes. Intensified actions are required to ensure that no one is left behind. The importance of strong data management systems and digitization of data systems to strengthen evidence-based decision-making was emphasized. Challenges such as fragmentation arising from the work of GHIs, the need to improve efficiencies, build on national-level priorities, address weak national health leadership and ownership and enhance the technical and financial management capacity required at country-level to enable the transfer of GHI grant management from international NGOs to countries were also identified. GHI investments present an immense opportunity for Member States to achieve universal health coverage and SDG 3. Building on existing mechanisms like the ACB based on their experience with the Global Fund, Africa's voice can be heard more strongly on the boards of GHIs.

### Recommendations

To maximize GHI investments:

- GHIs should increase flexibility, innovate, learn, and adapt based on what is working well;
- Unified country plans and priorities should inform country-level investments by GHIs;
- Domestic resource mobilization is also needed;
- Countries should be supported to set up a single national coordination unit to manage GHI funds to better leverage economies of scale;
- Better coordination and alignment of GHI investments in countries is needed;
- Annual Regional Committee sessions can provide the platform for raising a common position and setting the agenda; and,
- More dialogue is required between GHIs and governments to address challenges. In this regard, a whole day should be devoted to discussing the outcome of the event.

### Next steps

Based on the set of actionable priorities agreed upon, the following next steps will be undertaken:

- WHO AFRO will continue to provide technical assistance to countries to review programmes and submissions to GHIs as well as their implementation;
- In collaboration with the ACB and the Global Fund, WHO AFRO will convene a dialogue with ministers of health and GHIs to agree on a framework for action to improve alignment of GHI investments; and
- The Regional Committee session will be the platform for setting the agenda, adopting a common African position as well as periodically reviewing progress.

## Building a foundation of Africa free of cervical cancer: reaffirming commitments to eliminate cervical cancer as a public health problem in the African Region

### Introduction

214. The side event was organized in the form of a panel discussion. Its aim was to flag the disproportionate burden of cervical cancer in the Region and the inequity in access to prevention, treatment and care for young girls and women. Five years into the WHO Director-General's call for action to eliminate cervical cancer as a public health problem, and with seven years to the end of the 2030 time frame, there is need for urgency and concerted action by all stakeholders.

215. The event brought together a cross section of Member States; multilateral institutions and UN agencies, including Gavi, the Vaccine Alliance, the World Bank, UNITAID and UNICEF; donors, namely the Bill and Melinda Gates Foundation; and civil society organizations, notably the Graça Machel Trust and Tealsisters Zambia, representing the regional group of cervical cancer survivors, Uniting for Cervical Cancer Elimination and focused on cervical cancer elimination across all three pillars of the strategy. The event highlighted the immediate need to address gaps in immunization against the human papillomavirus (HPV). Participants equally raised the need for integrated, person-centred service delivery approaches based on PHC infrastructures, and the urgency of improving investments pertaining to cervical cancer elimination and HPV vaccination across the ecosystem of funders operating in the African Region.

### Highlight of key issues discussed including challenges and opportunities

216. Participants reaffirmed their commitment to the Global strategy to accelerate the elimination of cervical cancer as a public health problem. It was underscored that the Region is not on track to achieve the 90-70-90 targets by 2030 or even those of the regional framework adopted in 2021, thereby highlighting the need for all stakeholders to come together to accelerate progress in the African Region. Cervical cancer, a preventable disease, reflects inequities in global health: the African Region accounts for 21% of the global cervical cancer mortality and has 19 out of the 20 countries with the highest burden of cervical cancer. Meanwhile, over 50% of cases in the African Region occur among women living with HIV. The need to accelerate HPV vaccination coverage emerged as a central element in advancing the agenda and despite challenges, there is renewed hope driven by several recent developments including WHO's endorsement of a one-dose vaccine schedule, support from donors like Gavi, the Vaccine Alliance, which aims to reach 86 million adolescent girls in low- and middle-income countries by 2025, and the easing of supply constraints through new, lower-cost vaccine suppliers that will be instrumental in accelerating the introduction and accessibility of the HPV vaccine, signifying a step forward in the fight against cervical cancer in the Region.

217. Member States shared their experiences, achievements and challenges including barriers and facilitators as they seek to expand the three pillars of the Global strategy, namely vaccination, screening services and treatment, including palliative care, while also developing and implementing their national cancer control and strategic plans. They noted that the magnitude of the problem requires a regional and concerted preventive response.

218. Multilateral institutions and donors recommitted to the Global strategy, expressed their determination to support Member States, underscored the fact that knowledge and the appropriate tools already exist, and that some of those tools have been successfully used to prevent and control cervical cancer. They further stressed that replicating such success stories was an achievable goal. While acknowledging that resources may not be sufficient, they urged that they should be used more creatively and synergistically through enhanced partnerships, multisectoral collaboration as well as with increased transparency.

219. Finally, participants recognized cervical cancer survivors, who for a long time have not had a political voice, including girls and women across the Region who struggle to access the health services they need, as well as the need to remove the stigma and to frame cervical cancer as a human rights issue that needs urgent attention.

### Recommendations

220. Cervical cancer elimination manifests a complex intersectionality (women's health, adolescent health, HIV, sexual and reproductive health, education, gender, social protection, among other areas) that calls for an equally comprehensive response involving strengthened collaboration and partnerships and a multisectoral approach.

221. Donors were urged to address the issue of cervical cancer differently through a comprehensive approach, and as an urgent issue that requires prioritization and not as a secondary aspect of other agendas/programmes, such as HIV.

222. An integrative approach from all the parts of the health system is required. HPV vaccination programmes should be accelerated and scaled up, while the switch to a one-dose schedule should be promoted. Gaps in screening and treatment services including palliative care should be prioritized.

223. Donors and implementing partners should develop the knowledge agenda, making sure that all partners are able to access and share the information on available resources.

### Next steps

224. To accelerate progress in the African Region and beyond, partners were encouraged to create a collaborative space where stakeholders from donor agencies, multilateral and regional institutions, Member States and implementing partners could network and dive deeper into the lessons learnt from country implementation of the regional framework, and continue the conversation after the event.



## Health Development Partnership for Africa and the Caribbean (HeDPAC)

### Introduction

225. With the support of WHO, the Governments of Rwanda, Barbados and Guyana established a South-South cooperation mechanism called the Health Development Partnership for Africa and the Caribbean (HeDPAC). The partnership aims to leverage the historical, cultural, and developmental similarities between the two Regions to jointly address their public health development challenges, including human resources for health, health impacts of climate change, prevention and control of noncommunicable diseases, antimicrobial resistance, and sexual and reproductive health. Other areas include manufacturing of essential medicines, medical products, vaccines, and reproductive health commodities. The side event was organized to familiarize Member States with the partnership and seek their input and support.

### Highlights of key issues discussed including challenges and opportunities

226. In his opening remarks, the Minister for Health of Rwanda, Dr Nsanzimana, said that the partnership aligns with existing regional and national development plans and structures in Africa and the Caribbean to respond to the health development challenges common to both Regions. He expressed the hope that the partnership could be leveraged to build resilient and equitable health systems to achieve universal health coverage (UHC). The Minister for Health of Barbados, Dr Walcott, thanked all participants at the event and explained that the shared experiences of both Regions during the COVID-19 pandemic catalysed the establishment of the partnership. He reiterated that the partnership would build on opportunities and existing institutional structures between the two Regions and reviewed the progress made so far, particularly the bilateral agreements on creating a new pharmaceutical industry to promote local manufacturing of essential medicines and medical products.

227. In her remarks, the WHO Regional Director for Africa, Dr Moeti, commended the Governments of Rwanda, Barbados, and Guyana for their efforts to establish the partnership, which she said would benefit both Regions. She highlighted ongoing initiatives on the African continent, such as the partnership between Ghana and Barbados to exchange health workers, and the pooled procurement of essential medicines and medical products by the Small Island Developing States (SIDS) of Africa, from which HeDPAC could learn. She proposed key areas, which could be included in the partnership, namely the pooling of health care workers, standardization of training curricula, reciprocal recognition of the qualifications of health workers, pooled and strategic procurement of medical products, pharmacovigilance, strengthening of medical product regulatory capacity, and curbing antimicrobial resistance. She concluded by calling on the participating countries to explore the possibility of expanding the partnership in terms of its scope and geographic coverage and urged them to use the partnership as an opportunity to harmonize their positions on important global issues such as climate change and pandemic prevention, preparedness, and response so that they could speak with one voice. She assured all present of the support of WHO in the African Region in terms of planning, implementing, supervising, monitoring, evaluating, and reporting on partnership interventions.

228. While presenting the details of the partnership, its Coordinator, Dr Haileyesus Getahun, who is also the WHO Global Director for Antimicrobial Resistance, emphasized that the partnership will focus on human resources for health, resilient health systems and local manufacturing of essential medicines and medical products. He elaborated on HeDPAC guiding principles, which include alignment with existing national and regional structures and plans, cross-regional synergy and coherence, placing health at the centre of economic development, and using public-private and public-civil society partnership models.

229. Participants at the event called for more exchanges in medical education between the two Regions, the inclusion of research and public health information exchange and the involvement of health labour unions from both Regions in drafting any bilateral health workforce agreements in the partnership. They also shared experiences from similar initiatives, such as the South-South collaboration between the Government of Brazil and the African Union and called for the involvement of such initiatives in HeDPAC deliberations. In his response, Dr Getahun thanked the participants for their suggestions and assured them that their views would be considered in the finalization of the partnership. He reiterated that the partnership would not duplicate but build upon existing efforts and initiatives.

### Recommendations and next steps

The HeDPAC Secretariat should:

- Review and incorporate the comments from the side event into the HeDPAC concept note and share it with AFRO and Member States of the African Region.
- Organize a HeDPAC briefing session for the AFRO executive management team.

### Financing for malaria – Bridging the funding gap to achieve zero malaria

230. **Introduction:** The event, "Financing for malaria – Bridging the funding gap to achieve zero malaria," was organized with the primary aim of revitalizing Member States' commitment to innovative resource mobilization for eliminating malaria in the WHO African Region. High-level participants, including representatives of intergovernmental organizations, UN agencies, multilateral organizations, ministers of health, senior government officials, and donors, convened to address the pressing challenges of securing adequate funding to combat malaria. The objective was to share updates on malaria control progress, review funding gaps, and explore opportunities for enhanced domestic and donor resourcing for malaria elimination.

231. **Highlight of key issues, challenges, and opportunities:** The event addressed crucial issues concerning malaria control and elimination in Africa. Despite achievements, progress has been significantly off-track, with the world being 48% off the targets set by the Global technical strategy for malaria. The challenges include insecticide and antimalarial drug resistance, invasive vectors, and funding shortfalls. Only around half of the required annual US\$ 7.3 billion was

invested in 2021. This underfunding occurred amidst challenges such as the COVID-19 pandemic, humanitarian crises, and global inflation.

232. However, opportunities emerged to bridge this funding gap. The End Malaria Funds demonstrated their efficacy in driving advocacy and accountability, resulting in higher political commitment and increased health budget allocations. Notable examples include Zambia, where allocation increased from 8% to 12% within five years. Moreover, strategic budget prioritization, as exemplified by Botswana, led to increased funding for malaria. The World Bank's financial support strengthened human capital development, poverty reduction, and efficient resource utilization. The Gates Foundation's contributions were instrumental in developing transformative tools for vector control, diagnosis, treatment, and data management, all of which accelerated malaria elimination efforts.

233. Recommendations: Stakeholders emerged with key recommendations for future actions. Partnerships must be re-energized to facilitate innovative and comprehensive malaria responses at both regional and national levels. Collaboration between ministries of finance and the private and health sectors is essential to adopt transformative tools, predict transmission patterns, and ensure optimal resource utilization. Furthermore, coordination between malaria programmes and other sectors such as child survival, pandemic preparedness, and climate change should be prioritized to leverage resources and scale up interventions. These collaborative approaches can enhance the effectiveness of malaria control efforts.

234. Next steps: The event concluded with the outlining of crucial next steps for Member States and stakeholders. The establishment of End Malaria Councils/Funds was highlighted as a vital initiative to mobilize resources effectively. Continued engagement with various sectors and communities is crucial to ensure sustained commitment and resource mobilization for malaria elimination. By striving toward a malaria-free Africa, the continent can prioritize developmental pursuits, leveraging the potential for overall growth and prosperity.

235. In conclusion, the event "Financing for malaria – Bridging the funding gap to achieve zero malaria" served as a platform for high-level participants to address the critical challenge of securing adequate funding for malaria elimination. The discussions emphasized the need for innovative strategies, collaborative efforts, and efficient resource allocation to overcome challenges and accelerate progress towards a malaria-free African Region. Through renewed commitments, partnerships, and targeted actions, stakeholders aim to transform the fight against malaria and pave the way for improved health outcomes and sustainable development.

# PART IV

## ANNEXES



## ANNEX 1

### Special procedures to regulate the conduct of the hybrid session of the Seventy-third session of the Regional Committee for Africa

#### Rules of procedure

1. The Rules of Procedure of the Regional Committee for Africa shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Regional Committee's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary in accordance with Rule 53 of the Rules of Procedure of the Regional Committee for Africa.<sup>7</sup>

#### Attendance and quorum

2. Attendance by Member States, Associate Members, Committees of the United Nations and its specialized agencies, and other regional international organizations and economic communities having interests in common with the World Health Organization as well as nongovernmental organizations may be in person or through a secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely.

3. For the avoidance of doubt, both in-person and virtual attendance of representatives of Member States and Associate Members shall be counted in determining the presence of a quorum.

#### Addressing the Regional Committee

4. Member States, Associate Members, Committees of the United Nations and its specialized agencies, and other regional international organizations and economic communities having interests in common with the World Health Organization as well as, at the invitation of the Chairperson, non-governmental organizations shall be provided with the opportunity to take the floor. Statements will be limited to three minutes for Member States and Associate Members; to two minutes for committees of the United Nations and its specialized agencies and other regional international organizations and economic communities; and to one minute for non-

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<sup>7</sup> This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for Africa:

- Rule 3 (Credentials);
- Rule 20 (Final Report);
- Rules 45, 48 through 51 (voting by show of hands and secret ballot);
- Rule 54 (amendments of and addition to the Rules of Procedure) insofar as these Special Procedures may be regarded as amendments of or addition to the Rules of Procedure and to the extent that Rule 54 requires receipt and consideration of a report thereon by an appropriate subcommittee.



governmental organizations. Any representative wishing to take the floor shall signal their wish to speak by raising their nameplate, if attending in person, or through the tools made available by the online platform, if attending virtually.

5. Heads of Member State and Associate Member delegations shall also have the opportunity, if they so wish, to submit pre-recorded video statements of no more than three minutes in duration in advance of the opening of the session, if possible, by Monday, 21 August 2023. Those video statements will be broadcast at the hybrid meeting in lieu of a live intervention. Member States and Associate Members, Committees of the United Nations and its specialized agencies, and other regional international organizations and economic communities having interests in common with the World Health Organization and nongovernmental organizations are invited to also provide, if they so wish, in advance of the opening of the Regional Committee, written statements of no more than 600 words in one of the official languages of the African Region, which will be posted on the Regional Office website.

6. Written and video statements, in the language of submission, shall remain posted on the Regional Office website until the adoption of the final report of the Regional Committee, which will reflect the debate in accordance with the usual practice.

### **Registration and credentials**

7. Online registration is required for all participants, whether attending in person or virtually.

8. Consistent with Rule 3, credentials of representatives, including all alternates, advisers and secretaries, shall be communicated electronically to the Regional Director, if possible, by 13 August 2023; credentials shall be issued by Heads of State, Ministers of Foreign Affairs, Ministers of Health or any other appropriate authority. All credentials and lists of representatives, including all alternates, advisers and secretaries, should be submitted electronically. One member of each Member State delegation is invited to upload a copy of the credentials in the registration platform.

9. In accordance with Rule 3(c), a Committee on Credentials consisting of representatives physically present of seven Member States shall be appointed at the beginning of the session by the Regional Committee on the proposal of the Chairperson. Given the hybrid nature of the session, credentials submitted electronically shall be considered as formal credentials.

### **Meetings**

10. All meetings of the Regional Committee shall be held in public. The hybrid session shall be broadcast on the Regional Office website.

### **Decision-making**

11. All decisions of the Regional Committees taken in the hybrid meeting should, as far as possible, be by consensus. In any event, no decision shall be taken by a show of hands vote or by secret ballot.

### **Languages**

12. For the avoidance of doubt, Rule 23 continues to apply, whereby speeches made in an official language shall be interpreted into the other official languages.

### **Final report**

13. Following the closure of the session, the Secretariat shall prepare and share electronically a draft final report for consideration of and comments from the representatives of Member States and Associate Members. Comments shall be sent electronically to the Secretariat at the following email address [GoverningBodiesAfro@who.int](mailto:GoverningBodiesAfro@who.int) not later than fourteen days from the date of dispatch of the draft final report. The Secretariat, following consultations with the Rapporteurs and the Chairperson of the Regional Committee, shall finalize the final report and publish it on the Regional Office website.



## ANNEX 2

### LIST OF PARTICIPANTS

#### 1. REPRESENTATIVES OF MEMBER STATES

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Ministério da Saúde  
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Ministério da Saúde

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Exteriores  
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Ministério da Saúde

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Chefe de Protocolo  
Ministério da Saúde

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Ministère de la Santé  
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Deputy Director  
Ministry of Foreign Affairs

### **UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND**

Ms Katie Whitehouse  
Global Health Security Adviser  
Foreign, Commonwealth and Development  
Office

Mr Robert Stansfield  
African Human Development Group Head  
Foreign, Commonwealth and Development  
Office

### **UNITED STATES OF AMERICA**

Mr Howard Van Vranken  
Ambassador  
United States Embassy in Botswana  
Head of Delegation

Ms Anne Purfield  
Associate Director for Laboratory Science  
US Center for Disease Control and  
Prevention

Ms Mbagwu-Mahlik  
Senior Public Health Analyst  
U.S. Department of Health and Human  
Services

Ms Mai Hijaxi  
Director-Office of Health Systems  
USAID

Mr Ratanang Ngwako Balisi  
Project Development Specialist  
USAID

Ms Lisa Esapa  
Deputy Director  
HHS/CDC

Ms Abimbola Kola-Jebutu  
Health Systems and Finance Advisor  
USAID

Dr Elana Clarke  
Director Africa and the Middle East  
United States Department of Health and  
Human Services

Ms Sophia Siddiqui  
Health Attache  
US Mission in South Africa

Dr Stacie Greby  
Associate Director for Science  
U.S. Centers for Disease Control and  
Prevention

### **3. UNITED NATIONS AND OTHER INTERGOVERNMENTAL ORGANIZATIONS**

#### **AFRICA CDC**

Mr Jean Kaseya  
Director-General

Dr Ngashi Ngongo  
Chief of Staff

Mr Noah Tegene  
Principal Policy and Health Diplomacy  
Officer

#### **AFRICAN CONSTITUENCY BUREAU FOR THE GLOBAL FUND**

Mr Fassika Alemayehu Daniel  
Advocacy and partnership lead

Mr Charles Mwasambi  
Global Fund Alternate Board Member- East  
and Southern Africa

Ms Susan Nyamoita Mochahce  
Global Fund Board Member -ESA

Mr Josephat Kakoma  
Chair of ACB and Global Fund

Mr Pascal Niamba  
Board Member

Mr Aaron Mulaki  
Head of Strategic Partnerships and  
Engagement

#### **AFRICAN LEADERS MALARIA ALLIANCE**

Ms Joy Phumaphi  
Executive Secretary

Ms Monique Murindahabi  
Senior Malaria Program Officer

Ms Thandile Nxumalo  
End Malaria Fund Chairperson

Ms Sheila Tlou  
Special Ambassador

Ms Melanie Renshaw  
Chief Technical Advisor

Mr Katikiti  
Senior Programme Officer

Mr Stephen Rooke  
End Malaria& NTD Council Advisor

#### **EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY**

Prof. Y.M Dambisya  
Director General

**ECONOMIC COMMUNITY OF WEST AFRICA STATES**

Ms Mariama Allahoury  
Health Economist

Mr Mamadu Serifo Jaquite  
Commissaire de Departement du  
Development Humain

**EUROPEAN AND DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP (EDCTP)**

Mr Thomas Nyirenda  
Strategic Partnerships and Capacity  
Development Manager

**Gavi, THE VACCINE ALLIANCE**

Dr Richard Mihigo  
Director

Ms Chioma Nwachukwu  
Head, Public Policy Engagement, Regional &  
Countries

**INTERNATIONAL ATOMIC ENERGY AGENCY**

Ms Geraldine Arias de Goebel  
Head of the Cancer Control Review and  
Planning Section  
IAEA

**INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES**

Dr Luca Saraceno  
Public Health in Emergency Coordinator

Dr Danielle Domersant  
Health Delegate

Ms Hanna Tiezazu  
Immunization/community health  
coordinator

Ms Naledi Mokgethi  
Project Coordinator  
Botswana Red Cross Society

**ROLL BACK MALARIA PARTNERSHIP (RBM)**

Mr Michael Charles  
RBM Partnership CEO

Rayana Nehme  
CRSPC Senior Officer

**SOUTHERN AFRICA DEVELOPMENT COMMUNITY (SADC)**

Mr Elias M Magosi  
Executive Secretariat

Mr John Chimumbwa  
Executive Director

Mr Duduzile Simelane  
Director Social and Human Development –  
SADC Secretariat

Mr Willy Amisi  
Senior Programme Officer Health

Ms Kelejang Moichubedi  
Executive Assistant  
Southern African Development Community  
(SADC)

Mr Innocent Mbvundula  
Communication and Relations Officer

**THE GLOBAL FUND TO FIGHT AIDS, TB AND  
MALARIA**

Ms Linda Mafu  
Head of Department  
Geneva

Ms Khumo Modisaeman  
Director  
Gaborone

**UNAIDS**

Mr Mpho Mmelesi  
Strategic Information Advisor

**UNDP**

Mr Balazs Horvath  
Resident Representative

**UNDSS**

Mr Thabo Medupe  
FSA  
Department of Safety and Security  
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**UNFPA**

Mr Tlangelani Shilubane-Pietersen  
Head of Office  
UNFPA Botswana

Dr Asmani Chilanga  
Family Planning Programme and Policy  
Advisor,

Dr Nseluke Hambayi Mutinta  
Chief and Head of Nutrition Sensitive Unit

**UNHCR**

Mr Lakruwan Dassanayake  
Senior Regional Public Health Officer

Dr Divulla Dassanayakalage Manoj  
Senior Regional Public Health Officer

**UNICEF**

Ms Joan Matji  
Country Representative

Mr Resego Mzwinila  
Senior Executive Associate

Mr Landry Dongmo Tsague  
Senior Health Adviser

Mr Thato Masire  
Communications Officer

Ms Christiane Rudert  
Nutrition Advisor

**UNRCO**

Mr Zia Choudhury  
Resident Coordinator  
Botswana

Ms Helen Andreasson  
Head of UNRCO Office

**WORLD BANK GROUP**

Mr Ernest Massiah  
Practice Manager Health East Africa

Ms Tshepho Babatshi Gasha  
Economist Economist  
Gaborone

## **WORLD FOOD PROGRAMME (WFP)**

Ms Roselie Asis  
Programme Policy Officer-Nutrition

## **WEST AFRICAN HEALTH ORGANISATION**

M.A.J.C Aissi  
Director General  
Head of Delegation

Mr Virgil Lokoussou  
Executive Director

Mr Sani Ali  
Director Planning and Health Information

Mr Namoudou Keita  
Director, Department of Healthcare  
Services

Mr Issiaka Sombie  
Acting Director Department of Public Health  
and Research

Mr Aruna Fallah  
Acting Director for Administration and  
Finance

## **4. NON-STATE ACTORS IN OFFICIAL RELATIONS WITH WHO AND ACCREDITED TO PARTICIPATE IN THE REGIONAL COMMITTEE FOR AFRICA**

### **AFRICAN COMPREHENSIVE HIV/AIDS PARTNERSHIPS (ACHAP)**

Dr Khumo Seipone  
Chief Executive Officer  
ACHAp

Ms Thato Pelaelo  
Director Operations  
Gaborone

## **ALZHEIMER'S DISEASE INTERNATIONAL**

Mr Lewis Arthurton  
Policy and Communications Manager

## **ASSOCIATION AFRICAINE DES CENTRALES D'ACHATS DE MEDICAMENTS ESSENTIELS**

Mr Jean Claude Deka Lundu  
Chairman

Mr Aser Minoungou  
Executive Director

Ms Anne Maryse K'habore  
Head of Board

## **AFRICA FORUM FOR PRIMARY HEALTH CARE**

Dr Mercy Wanjala  
Executive Coordinator

## **AFRICAN INSTITUTE FOR HEALTH AND DEVELOPMENT**

Ms Mary K. Amuynzu Nyamongo  
Founder and Director

## **AMREF Health Africa**

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Joleen Rispah Walumbe  
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**BILL & MELINDA GATES FOUNDATION**

Mr Christopher Elias  
President- Global Development  
Head of Delegation

Mr Andrew Stein  
Deputy Director

Sandra Fried  
Senior Program Officer

**DRUGS FOR NEGLECTED DISEASES INITIATIVE**

Dr Monique Wasunna  
DNDi Africa Ambassador

Ms Judy Ogunyemi  
Advocacy and Outreach Consultant

**FEDERATION OF AFRICAN MEDICAL STUDENTS' ASSOCIATIONS**

Mr Banturaki Davis  
President

Mr Abdulhammed Babatunde  
Vice President

Ms Monicah Kitonga  
Member

Mr Theo Sowa  
Interim CEO

**INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS**

Mr Ellos Lodzeni  
Vice-Chairman

**INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS**

Ms Laura Maisvoreva  
Delegate

Mr Samuel Nathan  
Member

Mr Korteh Yayha  
Regional Director for Africa

**INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION**

Mr Mfoafo Yaw Asamoah  
Chairperson of the 11th African  
Pharmaceutical Symposium

Mr David Do Ceu Fiagan  
Chairperson of the African Regional Office

**INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS**

Mr Karim Bendhaou  
Head of Africa Bureau

Ms Cynthia Genolet  
Associate Director, Africa Engagement

Mr Greg Perry  
Assistant Director General

**INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE**



**MÉDECINS SANS FRONTIÈRES  
INTERNATIONAL**

Ms Candice Sehoma  
Advocacy Advisor

**MEDICINES FOR MALARIA VENTURE**

Dr Abena Poku-Awuku  
Associate Director, Advocacy

**MOVENDI INTERNATIONAL**

Mr Labram Massawudu Musah  
International Board Member

Ms Juliet Namukasa  
Board Member

Mr Dunnbier Maik  
Director of Strategy and Advocacy

**NCD Alliance**

Mr Henry Ndhlovu  
Secretariat Member

Mr George Msengi  
Medical Doctor

Ms Linda Senk Markova  
Senior Capacity Development Officer

**NUTRITION INTERNATIONAL**

Dr NDIAYE Banda  
Director of Strategy and Advocacy

**PANDEMIC ACTION NETWORK**

Mr Aggrey Aluso  
Director -African Region

**PUBLIC SERVICES INTERNATIONAL (PSI)**

Mr Babatunde Adebola Aiyelabola  
Health and Social Services Policy Officer

Mr Perpetual Ofori-Ampofo  
President of Ghana Registered Nurses and  
Midwives Association (GRNMA)

Ms Ritta Msibi  
Vice President

**ROTARY INTERNATIONAL**

Ms Gisela Bettencourt  
Polio Chair

Dr Pandak Carol  
PolioPlus Director

**SOUTHERN AFRICA ALCOHOL POLICY  
ALLIANCE (SAAPA)**

Ms Prisca Mokgadi  
Chairperson SAAPA

Ms Aadielah Maker-Diedericks  
Secretary General

**THE END FUND**

Ms Caroline Karutu  
Vice President Programs

**THE ROYAL COMMONWEALTH SOCIETY  
FOR THE BLIND (Sightsavers)**

Dr Nazaradden Ibrahim  
Global Technical Lead-Eye Health (West  
Africa)  
Nigeria

Ms Lawless Fiona  
Policy Advisor

Ms Sarah Collinson  
Policy Advisor

#### **THE WELL-BEING FOUNDATION AFRICA**

Ms Zelia Bukhari  
Global Health Advocate

H.E. Toyin Ojora Saraki  
Founder-President

#### **UNITED NATIONS FOUNDATION**

Ms Lori Sloate  
Sr Director, Global Health

#### **UNION FOR INTERNATIONAL CANCER CONTROL (UICC)**

Ms Brenda Chitindi  
Member

Mr Ferdinand Sonyuy  
President/CEO

Ms Elize Joubert  
CANCA CEO

#### **UNITING TO COMBAT NEGLECTED TROPICAL DISEASES**

Ms Opeyemi Alabi Hundeyin  
Partnerships Officer

Ms Thoko Elphick-Pooley  
Executive Director

Ms Louisa Tribe  
Director of Communications

#### **WEST AFRICAN ALCOHOL POLICY ALLIANCE**

Mr. Issah Ali  
Head of Secretariat

Mr Habib Taigore Kamara  
Chairman  
Head of delegation

Dr Franklin Umenze  
Chair

#### **WORLD COUNCIL OF CHURCHES**

Mr Mwai Makoka  
Program Executive for Health and Healing

#### **WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE**

Mr Babe Gaolebale  
Board Member

#### **WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS**

Dr Mavoungou Philippe  
WESA Council Member

#### **WORLD HEART FEDERATION**

Dr Lilian Mbau  
Advocacy Committee Member

#### **WORLD OBESITY FEDERATION**

Ms Grace Safoa Arthur  
Research and Science team member

Mr Bright Agyei Amoama  
Communication team member

Mr Samuel Kwame Kodua  
Research and Science team member

**WORLD ORGANIZATION OF FAMILY  
DOCTORS (WONCA)**

Dr Dania Abubakar Momodu  
President Africa Region

Mr Innocent Besigye  
Observer

**5. GUESTS**

His Excellency Festus Mogae  
Former President of Botswana

Dr Luis Gomes Sambo  
Former Regional Director of WHO for Africa

Dr Asamoah-Bah  
WHO Deputy Director-General Emeritus

Professeure Francine Ntoumi  
Researcher  
Congo

Dr Euvaldo Ndong  
Retired WHO Staff

Soeur Blanche Kambire  
Congregation nurse of Saint Camilus

Mr Elias M Magosi

Dr David Parirenyatwa  
President AIDS Society in Africa

Dr Edward Maganu  
Retired WHO Staff (WR)

Dr Bah Keita  
Représentant de l’OMS retraité (WR)

Dr Marie-Andree Romish Diouf  
Independent Advisory Committee of the  
WHO Regional Director for Africa

Dr Francis Omaswa  
Independent Advisory Committee of the  
WHO Regional Director for Africa

Dr Richard Nchabi Kamwi  
Independent Advisory Committee of the  
WHO Regional Director for Africa

Mr César Touloum  
Retraité de l’OMS

Dr Kalula Kalambay  
Retraité de l’OMS (WR)

**CHILDREN’S INVESTMENT FUND  
FOUNDATION**

Dr Kedebe Deribe Kassaye  
Director – Neglected Tropical Diseases  
Africa

Ms Rhobhi Matinyi  
Director  
South Africa

## ANNEX 3

### AGENDA

1. Opening of the meeting
2. Adoption of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-third Regional Committee for Africa and election of the Chairperson, the Vice-Chairpersons and the Rapporteurs (Document [AFR/RC73/Decision 1](#))
3. Adoption of the provisional agenda and provisional programme of work (Document [AFR/RC73/1](#) and Document [AFR/RC73/1 Add.1](#))
4. Appointment of the Committee on credentials
5. Statement of the Chairperson of the Programme Subcommittee (Document [AFR/RC73/2](#))
6. Annual report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC73/3](#))
7. Fourteenth General Programme of Work, 2025–2028 (Document [AFR/RC73/15](#) and Document [AFR/RC73/16](#))

#### **Pillar 1: One billion more people benefitting from universal health coverage**

8. Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region (Document [AFR/RC73/4](#))
9. Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region (Document [AFR/RC73/5](#))
10. Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region (Document [AFR/RC73/6](#) and Document [AFR/RC73/WP1](#))
11. Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region (Document [AFR/RC73/7](#) and Document [AFR/RC73/WP2](#))

#### **Pillar 3: One billion more people enjoying better health and well-being**

12. Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region (Document [AFR/RC73/8](#))
13. Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region (Document [AFR/RC73/9](#) and Document [AFR/RC73/WP3](#))
14. Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region (Document [AFR/RC73/10](#) and Document [AFR/RC73/WP4](#))

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

15. Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region (Document [AFR/RC73/11](#))
16. Programme budget 2024–2025: from adoption to implementation, an update (Document [AFR/RC73/12](#))
17. Draft provisional agenda, place and dates of the Seventy-fourth session of the Regional Committee (Document [AFR/RC73/13](#))
18. **Information documents**

#### **Pillar 1: One billion more people benefitting from universal health coverage**

- 18.1 Progress report on Research for health: a strategy for the African Region (Document [AFR/RC73/INF.DOC/1](#))
- 18.2 Progress report on the implementation of the Strategy for scaling up health innovations in the WHO African Region (Document [AFR/RC73/INF.DOC/2](#))
- 18.3 Progress report on Utilizing eHealth solutions to improve national health systems in the African Region (Document [AFR/RC73/INF.DOC/3](#))
- 18.4 Final report on the implementation of the Health promotion strategy for the African Region (Document [AFR/RC73/INF.DOC/4](#))
- 18.5 Final report on addressing the challenge of women’s health in Africa: report of the Commission on Women’s Health in the African Region (Document [AFR/RC73/INF.DOC/5](#))

#### **Pillar 3: One billion more people enjoying better health and well-being**

- 18.6 Progress report on the Framework for the implementation of the Global action plan on physical activity, 2018–2030 in the WHO African Region (Document [AFR/RC73/INF.DOC/6](#))
- 18.7 Progress report on the implementation of the Decade of action for road safety in the African Region (Document [AFR/RC73/INF.DOC/7](#))
- 18.8 Progress report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document [AFR/RC73/INF.DOC/8](#))

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

- 18.9 Report on WHO staff in the African Region (Document [AFR/RC73/INF.DOC/9](#))
- 18.10 Regional matters arising from reports of the WHO internal and external audits (Document [AFR/RC73/INF.DOC/10](#))
19. Adoption of the report of the Regional Committee (Document [AFR/RC73/14](#))
20. Closure of the Seventy-third session of the Regional Committee

## ANNEX 4

### PROGRAMME OF WORK

(Time: GMT/UTC+2)

**Sunday, 27 August 2023**

**07:30–10:00** *Walk the Talk*

**DAY 1: Monday, 28 August 2023**

08:30–11:00	<b>Agenda item 1</b>	Opening of the meeting
12:00–14:00	<i>Lunch break</i>	
12:30–13:45	<b>Side event 1</b>	<i>Intergovernmental Negotiating Body (INB) for pandemic treaty and IHR amendment (WGIHR) processes</i>
14:00–14:30	<b>Agenda item 2</b>	Adoption of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-third Regional Committee for Africa and election of the Chairperson, the Vice-Chairpersons, and the Rapporteurs (Document AFR/RC73/Decision 1)
	<b>Agenda item 3</b>	Adoption of the Provisional Agenda and Programme of Work (Document AFR/RC73/1 and Document AFR/RC73/1 Add.1)
	<b>Agenda item 4</b>	Appointment of Members of the Committee on Credentials
14:30–15:00	<b>Agenda item 5</b>	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC73/2)
15:00–16:30	<b>Agenda item 6</b>	Annual report of the Regional Director on the work of WHO in the African Region (Document AFR/RC73/3)
16:30–17:00	<b>Health break</b>	<b>(Meeting of the Committee on Credentials)</b>

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

17:00–18:15 **Agenda item 15** Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region (Document AFR/RC73/11)

18:15 **End of the day's session**

18:45 ***Reception hosted by the Government of Botswana and the WHO Regional Director for Africa***

#### **DAY 2: Tuesday, 29 August 2023**

07:15–08:30 ***Breakfast meeting*** *Financing for malaria*

08:45–09:00 **Agenda item 4 (contd)** Report of the Committee on Credentials

#### **Pillar 1: One billion more people benefitting from universal health coverage**

09:00–10:30 **Agenda item 10** Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region (Document AFR/RC73/6 and Document AFR/RC73/WP1)

10:30–11:00 ***Health break***

11:00–12:15 **Agenda item 8** Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region (Document AFR/RC73/4)

12:15–14:30 ***Lunch break***

12:45–14:15 ***Side event 2*** *Botswana as a model of excellence on primary health care*

14:30–16:00 **Special event** Strengthen multisectoral actions to address the nutrition and food insecurity crisis in the African Region

16:00–16:30 ***Health break***



16:30–18:30	<b>Special event</b>	WHO@75
18:30	<b>End of the day’s session</b>	
18:45–20:45	<b>Side event 3</b>	<i>Unlocking financing for neglected tropical diseases in Africa</i>
18:45–20:45	<b>Side event 4</b>	<i>SIDS Ministers Meeting</i>

### **DAY 3: Wednesday, 30 August 2023**

7:45 – 8:45	<b>Ad-hoc side event</b>	<i>Closed door session with Ministers of Health on cVDPV outbreaks</i>
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#### **Pillar 1: One billion more people benefitting from universal health coverage**

09:00–10:30	<b>Agenda item 11</b>	Regional strategy on diagnostic and laboratory services and systems, 2023–2032 for the WHO African Region (Document AFR/RC73/7 and Document AFR/RC73/WP2)
10:30–11:00	<b>Health break</b>	
11:00–12:15	<b>Agenda item 9</b>	Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023–2030 in the WHO African Region (Document AFR/RC73/5)
12:15–14:15	<b>Lunch break</b>	
12:45–14:00	<b>Side event 5</b>	<i>Strengthening Africa’s regulatory capacity for the “Africa We Want” through the establishment and operationalization of the African Medicines Agency</i>

#### **Pillar 3: One billion more people enjoying better health and well-being**

14:15–15:30	<b>Agenda item 12</b>	Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region (Document AFR/RC73/8)
15:30–16:00	<b>Health break</b>	

16:00–18:00 **Special event** Interrupting the transmission of all polioviruses in the African Region

18:00 **End of the day's session**

18:30–20:30 **Side event 6** *Celebrating one year of actioning Africa's commitment to health security*

#### **DAY 4: Thursday, 31 August 2023**

7:45–8:45 **Ad-hoc side event** *Closed door session with Ministers of Health on WPV1*

#### **Pillar 3: One billion more people enjoying better health and well-being**

09:00–10:30 **Agenda item 14** Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region (Document AFR/RC73/10 and Document AFR/RC73/WP4)

10:30–11:00 **Health break**

11:00–12:30 **Agenda item 13** Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region (Document AFR/RC73/9 and Document AFR/RC73/WP3)

12:30–14:30 **Lunch Break**

13:00–14:15 **Side event 7** *Strategic priorities for Africa's engagement with GHIs*

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

14:30–15:30 **Agenda item 16** Programme budget (Document AFR/RC73/12)

15:30–16:00 **Health break**

16:00–17:15 **Agenda item 7** Fourteenth General Programme of Work, 2025–2028 (Document AFR/RC73/15 and Document AFR/RC73/16)

17:15–18:00 **Agenda item 15** Eighth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region (Document AFR/RC73/11)

18:00–18:30 **Agenda item 8 (contd)** Framework for implementing the Global strategic directions for nursing and midwifery, 2021–2025 in the WHO African Region (Document AFR/RC73/4)

18:30 **End of the day's session**

18:45–20:45 **Side event 8** *Building a foundation of Africa free of cervical cancer: reaffirming commitments to eliminate cervical cancer as a public health problem in the African Region*

## **DAY 5: Friday, 1 September 2023**

09:00 – 09:30 **Agenda Item 18** **Information documents**

### **Pillar 1: One billion more people benefitting from universal health coverage**

**Agenda item 18.1** Progress report on Research for health: a strategy for the African Region (Document AFR/RC73/INF.DOC/1)

**Agenda item 18.2** Progress report on the implementation of the Strategy for scaling up health innovations in the WHO African Region (Document AFR/RC73/INF.DOC/2)

**Agenda item 18.3** Progress report on Utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC73/INF.DOC/3)

**Agenda Item 18.4** Final report on the implementation of the health promotion strategy for the African Region (Document AFR/RC73/INF.DOC/4)

**Agenda item 18.5** Final report on addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region (Document AFR/RC73/INF.DOC/5)

09:30 – 10:00 **Agenda Item 18 (contd)** **Information documents**

### Pillar 3: One billion more people enjoying better health and well-being

- Agenda item 18.6** Progress report on the Framework for the implementation of the Global action plan for physical activity, 2018–2030 in the WHO African Region (Document AFR/RC73/INF.DOC/6)
- Agenda item 18.7** Progress report on the implementation of the Decade of action for road safety in the African Region (Document AFR/RC73/INF.DOC/7)
- Agenda item 18.8** Progress report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document AFR/RC73/INF.DOC/8)

### Pillar 4: More effective and efficient WHO providing better support to countries

- Agenda item 18.9** Report on WHO staff in the African Region (Document AFR/RC73/INF.DOC/9)
- Agenda item 18.10** Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC73/INF.DOC/10)
- 10:00 – 10:30 **Agenda item 17** Draft provisional agenda, place, and dates of the Seventy-fourth session of the Regional Committee (Document AFR/RC73/13)
- 10:30–11:00 **Agenda item 20** **Closure of the Seventy-third session of the Regional Committee**
- 11:00–11:30 **Health break**
- 11:30–12:30 **Side event 9** *Health Development Partnership for Africa and the Caribbean (HeDPAC)*
- 12:30–14:00 **Lunch break**
- 14:00 ***The Botswana experience.***