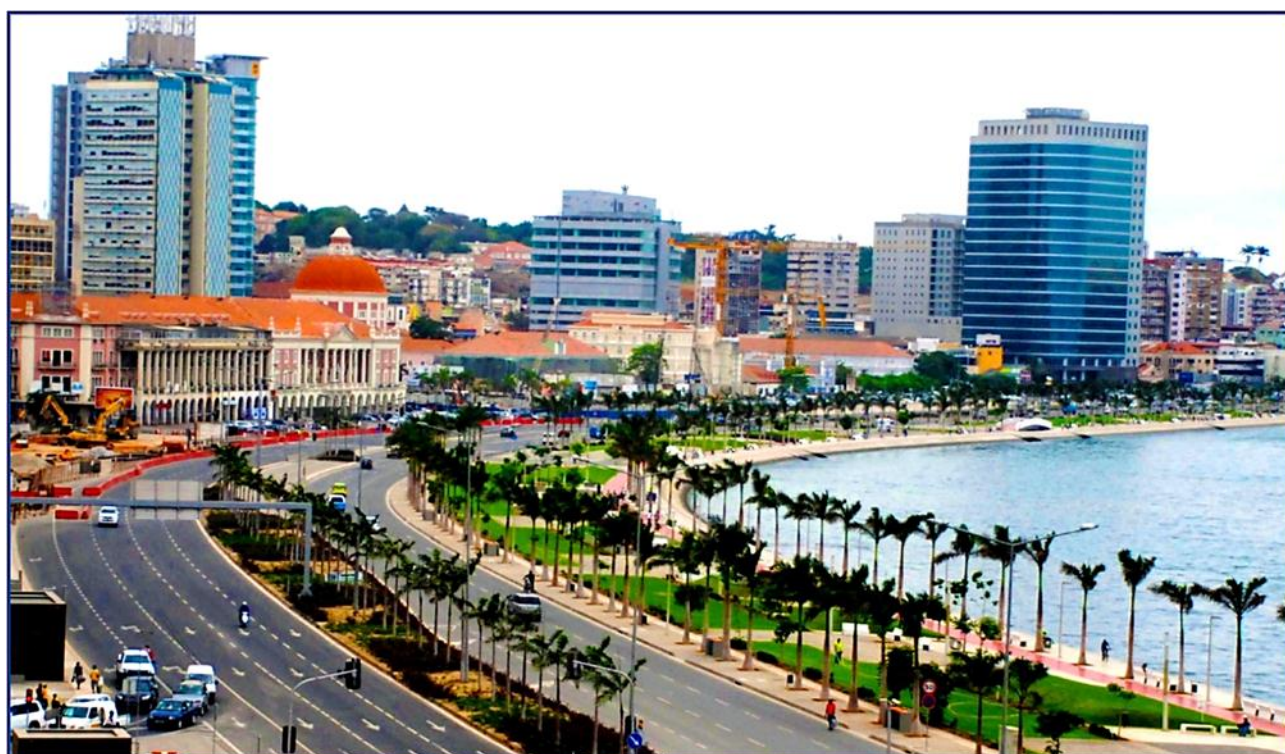


# SIXTY-SECOND SESSION

*of the*

## WHO REGIONAL COMMITTEE FOR AFRICA

Luanda, Republic of Angola, 19–23 November 2012



SIXTY-SECOND SESSION  
*of the*  
WHO REGIONAL COMMITTEE FOR AFRICA

Luanda, Republic of Angola, 19–23 November 2012

**FINAL REPORT**

WORLD HEALTH ORGANIZATION  
Regional Office for Africa  
Brazzaville • 2012

**AFR/RC62/21**

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# CONTENTS

	<b>Page</b>
<b>ABBREVIATIONS</b> .....	<b>viii</b>

## PART I

### PROCEDURAL DECISIONS AND RESOLUTIONS

#### PROCEDURAL DECISIONS

Decision 1:	Composition of the Subcommittee on Nominations .....	1
Decision 2:	Establishment of Subcommittees A and B of the Sixty-second session of the WHO Regional Committee for Africa .....	1
Decision 3:	Election of the Chairman, the Vice-Chairmen and the Rapporteurs of the plenary session; and designation of the Chairmen and Rapporteurs of Subcommittees A and B .....	1
Decision 4:	Reassignment of Member States to the African Region .....	2
Decision 5:	Appointment of members of the Subcommittee on Credentials.....	2
Decision 6:	Credentials .....	3
Decision 7:	Establishment of the African Public Health Emergency Fund .....	3
Decision 8:	Provisional agenda, dates and place of the Sixty-third session and dates and place of the Sixty-fourth session of the Regional Committee .....	4
Decision 9:	Replacement of members of the Programme Subcommittee .....	4
Decision 10:	Designation of Member States of the African Region to serve on the Executive Board .....	4
Decision 11:	Method of work and duration of the Sixty-sixth World Health Assembly..	5
Decision 12:	Nomination of representatives to the Special Programme of Research Development and Research Training in Human Reproduction (HRP) Membership, Category 2 of the Policy and Coordination Committee (PCC).....	6

#### RESOLUTIONS

AFR/RC62/R1:	Disaster risk management: a strategy for the health sector in the African Region .....	7
AFR/RC62/R2:	HIV/AIDS: strategy for the African Region .....	8

AFR/RC62/R3: Road map for scaling up human resources for health for improved health service delivery in the African Region 2012–2025 .....	10
AFR/RC62/R4: Health promotion: strategy for the African Region .....	12
AFR/RC62/R5 The African Health Observatory: opportunity for strengthening health information systems through national health observatories .....	15
AFR/RC62/R6: Health and human rights: current situation and way forward in the African Region .....	17
AFR/RC62/R7: Consideration and endorsement of the Brazzaville Declaration on noncommunicable Diseases .....	18
AFR/RC62/R8: Implementation of the International Health Regulations (2005) in the WHO African Region.....	21
AFR/RC62/R9: The Work of WHO in the African Region 2010–2011 Biennial Report of the Regional Director .....	23
AFR/RC62/10: Vote of thanks .....	24

## PART II

### Paragraphs

<b>OPENING OF THE MEETING</b> .....	<b>1–7</b>
<b>ORGANIZATION OF WORK</b> .....	<b>8–16</b>
<b>THE WORK OF WHO IN THE AFRICAN REGION 2010–2011: BIENNIAL REPORT OF THE REGIONAL DIRECTOR</b> (Document AFR/RC62/2) .....	<b>17–36</b>
<b>REASSIGNMENT OF MEMBER STATES TO THE AFRICAN REGION</b> (Document AFR/RC62/4).....	<b>37–39</b>
<b>STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE</b> (Document AFR/RC62/5).....	<b>40</b>
<b>DISASTER RISK MANAGEMENT: A STRATEGY FOR THE HEALTH SECTOR IN THE AFRICAN REGION</b> (Document AFR/RC62/6) .....	<b>41–46</b>
<b>ROAD MAP FOR SCALING UP HUMAN RESOURCES FOR HEALTH FOR IMPROVED HEALTH SERVICE DELIVERY IN THE AFRICAN REGION 2012–2025</b> (Document AFR/RC62/7).....	<b>47–52</b>
<b>CONSIDERATION AND ENDORSEMENT OF THE BRAZZAVILLE DECLARATION ON NONCOMMUNICABLE DISEASES</b> (Document AFR/RC62/8) .....	<b>53–57</b>
<b>HEALTH PROMOTION: STRATEGY FOR THE AFRICAN REGION</b> (Document AFR/RC62/9).....	<b>58–62</b>

<b>HIV/AIDS: STRATEGY FOR THE AFRICAN REGION</b> (Document AFR/RC62/10) .....	<b>63–68</b>
<b>HEALTH AND HUMAN RIGHTS: CURRENT SITUATION AND WAY FORWARD IN THE AFRICAN REGION</b> (Document AFR/RC62/11) .....	<b>69–74</b>
<b>IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE AFRICAN REGION</b> (Document AFR/RC62/12) .....	<b>75–80</b>
<b>THE AFRICAN HEALTH OBSERVATORY: OPPORTUNITY FOR STRENGTHENING HEALTH INFORMATION SYSTEMS THROUGH NATIONAL HEALTH OBSERVATORIES</b> (Document AFR/RC62/13).....	<b>81–86</b>
<b>FOLLOW-UP OF THE REPORT OF THE CONSULTATIVE EXPERT WORKING GROUP ON RESEARCH AND DEVELOPMENT: FINANCING AND COORDINATION</b> (Document AFR/RC62/14).....	<b>87–92</b>
<b>OPTIMIZING GLOBAL HEALTH INITIATIVES TO STRENGTHEN NATIONAL HEALTH SYSTEMS</b> (Document AFR/RC62/15) .....	<b>93–98</b>
<b>IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2012–2013 IN THE AFRICAN REGION</b> (Document AFR/RC62/16) .....	<b>99–104</b>
<b>DRAFT 12TH GENERAL PROGRAMME OF WORK</b> (Document AFR/RC62/17) .....	<b>105–110</b>
<b>PROPOSED PROGRAMME BUDGET 2014–2015</b> (Document AFR/RC62/18) .....	<b>111–113</b>
<b>ESTABLISHMENT OF THE AFRICAN PUBLIC HEALTH EMERGENCY FUND – REPORT OF THE REGIONAL DIRECTOR</b> (Document AFR/RC62/19) .....	<b>114–119</b>
<b>INFORMATION</b> .....	<b>120–121</b>
<b>PROVISIONAL AGENDA, DATES AND PLACE OF THE SIXTY-THIRD SESSION, AND DATES AND PLACE OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE</b> (Document AFR/RC62/20) .....	<b>122–124</b>
<b>PANEL DISCUSSION – TRADITIONAL MEDICINE: PRACTICES, PRACTITIONERS AND PRODUCTS IN THE AFRICAN REGION</b> (Document AFR/RC62/PD).....	<b>125–127</b>
<b>ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE</b> (Document AFR/RC62/21).....	<b>128</b>
<b>CLOSURE OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE</b> .....	<b>129–135</b>

## PART III

### ANNEXES

	<b>Page</b>
1. List of participants.....	59
2. Agenda of the Sixty-second session of the Regional Committee.....	69
3. Programme of work .....	71
4. Opening address by His Excellency Vice-President of the Republic of Angola, Eng. Manuel Domingos Vicente .....	75
5. Speech by Dr Luis Gomes Sambo, WHO Regional Director for Africa .....	80
6. Provisional agenda of the Sixty-third session of the Regional Committee .....	86
7. List of documents .....	88



*Front view of the Talatona Convention Centre, Luanda, Angola*



*Group photograph taken shortly after the opening ceremony*



# ABBREVIATIONS

AC	Assessed contribution
AfDB	African Development Bank
AFR	African Region
AFRO	WHO Regional Office for Africa
AHO	African Health Observatory
AIDS	Acquired Immunodeficiency Syndrome
ALMA	African Leaders Malaria Alliance
APHEF	African Public Health Emergency Fund
BMGF	Bill and Melinda Gates Foundation
CEWG	Consultative Expert Working Group
EXD RBM	Executive Director, Roll Back Malaria
GHIs	Global Health Initiatives
GPW	General Programme of Work
GSPA-PHI	Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property Rights
HHA	Harmonization for Health in Africa
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HRO	Human Resources Observatory
IHRs	International Health Regulations
MDGs	Millennium Development Goals
MOHs	Ministries of Health
NCDs	Noncommunicable Diseases
NHOs	National Health Observatories
PSC	Programme Subcommittee
RC62	Sixty-second session of the Regional Committee
SADC	Southern Africa Development Community
SO	Strategic Objective
TB	Tuberculosis
UNDAF	United Nations Development Assistance Framework
VC	Voluntary contribution
WHO	World Health Organization

**PART I**  
**PROCEDURAL DECISIONS**  
**AND**  
**RESOLUTIONS**

# PROCEDURAL DECISIONS

## **Decision 1: Composition of the Subcommittee on Nominations**

The Regional Committee appointed a Subcommittee on Nominations consisting of the representatives of the following 12 Member States: Benin, Chad, Côte d'Ivoire, Eritrea, Ethiopia, Lesotho, Mozambique, Rwanda, Sierra Leone, Tanzania, Togo and Zimbabwe.

The following members of the Subcommittee on Nominations met on 19 November 2012: Benin, Chad, Eritrea, Ethiopia, Lesotho, Tanzania and Zimbabwe. The Subcommittee elected the Honourable Prof. Dorothee Kinde Gazard, Minister of Health of Benin, as its Chairperson.

*First meeting, 19 November 2012*

## **Decision 2: Establishment of Subcommittees A and B of the Sixty-second session of the WHO Regional Committee for Africa**

The Regional Committee, acting on the proposal of the Regional Director, established Subcommittees A and B in order to facilitate a thorough and timely consideration of an exceptionally large number of agenda items.

*Second meeting, 19 November 2012*

## **Decision 3: Election of the Chairman, the Vice-Chairmen and the Rapporteurs of the plenary meetings; and designation of the Chairmen and Rapporteurs of Subcommittees A and B**

*Second meeting, 19 November 2012*

(a) The Regional Committee, after considering the report of the Subcommittee on Nominations, and in accordance with Rules 10 and 15 of its Rules of Procedure and Resolution AFR/RC23/R1, unanimously elected the following officers for its plenary meeting:

<i>Chairman:</i>	Dr José Vieira Van-Dúnem, Minister of Health, Angola
<i>First Vice-Chairman:</i>	Hon. Mr Housseynou Hamady Ba Minister of Health, Mauritania
<i>Second Vice-Chairman:</i>	Dr Walter T Gwenigale Minister of Health and Social Welfare, Liberia

*Rapporteurs:* Ms Mahlet Kifle Habtemariam (English)  
Ministry of Health,  
Ethiopia

Honourable Prof. Dorothee Kinde Gazard (French)  
Minister of Public Health,  
Benin

Dr Elisabete Lopes Lima (Portuguese)  
Ministry of Health,  
Cape Verde

(b) The Regional Committee further elected the following officers for its Subcommittee meetings:

*Chairman — Subcommittee A:* Hon. Mr Housseynou Hamady Ba  
Minister of Health,  
Mauritania

*Chairman — Subcommittee B:* Dr Walter T Gwenigale  
Minister of Health and Social Welfare,  
Liberia

*Rapporteur- Subcommittee A:* Ms Mahlet Kifle Habtemariam  
Ministry of Health,  
Ethiopia

*Rapporteur-Subcommittee B:* Honourable Prof. Dorothee Kinde Gazard  
Minister of Public Health,  
Benin

*Second meeting, 19 November 2012*

#### **Decision 4: Reassignment of Member States to the African Region**

The Regional Committee examined and accepted the request from South Sudan to be reassigned from the Eastern Mediterranean Region to the African Region of WHO. It requested the Regional Director to convey these views to the Sixty-sixth World Health Assembly.

*Third meeting, 19 November 2012*

#### **Decision 5: Appointment of members of the Subcommittee on Credentials**

The Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following 12 Member States: Botswana, Burundi, Central African

Republic, Comoros, Gambia, Ghana, Mali, Mauritius, Mozambique, Nigeria, Uganda and Zambia.

The following members of the Subcommittee on Credentials met on 20 November 2012: Botswana, Comoros, Gambia, Mali, Mauritius, Mozambique and Zambia.

The Subcommittee elected Dr Patrick Chikusu, Deputy Minister of Health of Zambia, as its Chairperson.

*Fourth meeting, 20 November 2012*

### **Decision 6: Credentials**

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

*Fifth meeting, 21 November 2012*

### **Decision 7: Establishment of the African Public Health Emergency Fund**

The Regional Director reported to the Regional Committee on progress made towards the establishment of the African Public Health Emergency Fund (APHEF). In order to ensure the full operation of APHEF the Regional Committee appointed the Ministers of Health of Gabon, Namibia and Nigeria; the Ministers of Finance of Algeria, Cameroon and South Africa; as members of the Monitoring Committee of the Fund (MCF) for the period of two (2) years and the current Chairperson of the Programme Subcommittee as ex-officio member.

The Regional Committee decided to designate WHO for the task of mobilizing, managing and disbursing the contributions to the APHEF using its financial management and accounting system; and reiterated the mandate given to the WHO Regional Director to continue negotiations with the African Development Bank to take up the proposed role of Trustee for the APHEF.

*Sixth meeting, 21 November 2012*

**Decision 8: Provisional agenda, dates and place of the Sixty-third session and dates and place of the Sixty-fourth session of the Regional Committee**

The Regional Committee, in accordance with its Rules of Procedure, decided, at its Sixty-second session, to hold its Sixty-third session from 2 to 6 September 2013 in the Republic of Congo and its Sixty-fourth session in the Republic of Benin.

The Regional committee approved the draft provisional agenda of the Sixty-third session of the Regional Committee (annexed to Document AFR/RC62/20).

*Seventh meeting, 22 November 2012*

**Decision 9: Replacement of members of the Programme Subcommittee**

The term of office on the Programme Subcommittee of the following countries will expire with the closure of the Sixty-second session of the Regional Committee: Mali, Mauritania, Niger, Kenya, Seychelles and South Africa.

The following countries will replace them: Algeria, Angola, Central African Republic, Chad, Togo and Zimbabwe. These countries will thus join Burundi, Cameroon, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda and Zambia whose term of office ends in 2013.

*Eighth meeting, 23 November 2012*

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

- (a) In accordance with Decision 8 (3) of the Sixty-first session of the Regional Committee, Namibia and South Africa each designated a representative to serve on the Executive Board in replacement of Mozambique and Seychelles, starting with the one-hundred-and-thirty-third session in May 2013, immediately after the Sixty-sixth World Health Assembly.
- (b) The term of office of Mozambique and Seychelles on the Executive Board will end with the closing of the Sixty-sixth World Health Assembly.
- (c) The Fifty-first World Health Assembly decided by resolution WHA51.26 that persons designated to serve on the Executive Board, should be government representatives technically qualified in the field of health.

*Eighth meeting, 23 November 2012*

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

### *Vice-President of the World Health Assembly*

- (a) The Chairman of the Sixty-second session of the Regional Committee for Africa will be designated as Vice-President of the Sixty-sixth World Health Assembly to be held in May 2013.

### *Main committees of the world Health Assembly*

- (b) The Director-General, in consultation with the Regional Director, will consider before the Sixty-sixth World Health Assembly, the delegates of the Member States of the African Region who might serve effectively as:

- Chairman or Vice-Chairman of Main Committees **A** or **B** as required;
- Rapporteurs of the Main Committees.

- (c) Based on the English alphabetical order and subregional geographic grouping the following Member States have been designated to serve on the General Committee: Namibia, South Africa, Rwanda, and Sao Tome and Principe.

- (d) On the same basis, the following Members States have been designated to serve on the Credentials Committee: Malawi, Mali and Uganda.

### *Meetings of the Delegations of Members States of the African Region in Geneva*

- (e) The Regional Director will also convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 18 May 2013, at 09:30 at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-second session and discuss agenda items of the Sixty-sixth World Health Assembly of specific interest to the African Region.

- (f) During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*.

*Eighth meeting, 22 November 2012*

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

The term of office of Guinea-Bissau on the HRP's Policy and Coordination Committee (PCC) under Category 2 will come to an end on 31 December 2012. Guinea-Bissau will be replaced by Malawi for a period of three (3) years with effect from 1 January 2013. Malawi will thus join Kenya, Lesotho and Liberia on the PCC.

*Eighth meeting, 22 November, 2012*



# RESOLUTIONS

## **AFR/RC62/R1: Disaster risk management: a strategy for the health sector in the African Region**

The Regional Committee,

Having examined the document entitled “Disaster Risk Management: a Health Sector Strategy for the African Region”;

Recalling World Health Assembly resolutions WHA58.1 on health action in relation to crises and disasters, WHA59.22 on emergency preparedness and response, WHA64.10 on strengthening national health emergency and disaster management capacities and resilience of health systems, and Resolution AFR/RC61/R3 on the Framework document for the African Public Health Emergency Fund (APHEF);

Cognizant of the report of the Regional Director on “Emergency Preparedness and Response in the African Region: Current Situation and Way Forward” presented at the Sixtieth session of the WHO Regional Committee for Africa;

Concerned by the increasing frequency and magnitude of emergencies and disasters in the African Region, with direct and indirect impact on the disease burden, health care delivery and mortality, thus negatively affecting economic growth and the attainment of most national development goals;

Mindful of the need for countries to protect the health of their people, and ensure that their health systems are resilient and self-reliant, which is critical for minimizing health hazards and vulnerabilities, and for delivering effective response and recovery in emergencies and disasters;

Conscious of the need to focus not only on responding to emergencies and disasters, and the mitigation of their consequences, but also on preventing them through strengthening risk management;

Noting that Member States need to formulate policies and legislation, and develop capacities in order to institutionalize disaster risk management in the health sector;

1. **ADOPTS** the Regional Strategy on Disaster Risk Management for the Health Sector, as proposed in Document AFR/RC62/6;
2. **URGES** Member States:
  - (a) to provide leadership and mobilize partners and resources (technical, financial and logistical) for the development of national road maps for the

implementation of the interventions in the regional strategy in order to institutionalize disaster risk management (DRM) in the health sector, focusing on preparedness for, and response to, emergencies and post-emergency recovery;

- (b) to mobilize and allocate the necessary human, material and financial resources in the ministries of health to coordinate all health actions before, during and after emergencies and disasters in accordance with the decisions and actions of the national multisectoral committee on disaster risk management;
- (c) to institutionalize the participation of, and the responsibilities assigned to, the various sectors and levels of government as well as the criteria for decision making;
- (d) to establish mechanisms for networking and cross-border collaboration, under the aegis of regional and subregional bodies;
- (e) to adapt existing national guidelines or develop new ones to assist in the implementation of the interventions, including monitoring and evaluation;
- (f) to support and contribute to the African Public Health Emergency Fund (APHEF).

3. **REQUESTS** the Regional Director:

- (a) to provide the necessary technical guidance and support, including tools, to Member States and partners for the implementation of the DRM Strategy;
- (b) to support national capacity building for DRM including strengthening the evidence base;
- (c) provide leadership in the creation of regional networks on DRM;
- (d) to communicate to Member States on early warning alerts and on best practices on DRM implementation in the Region;
- (e) to advocate for resource allocation to DRM in the African Region, especially for contribution to the APHEF;
- (f) to report on progress to the Regional Committee in 2014, 2017 and 2022.

### **AFR/RC62/R2: HIV/AIDS: strategy for the African Region**

The Regional Committee,

Recalling Resolution AFR/RC56/R3 on HIV Prevention in the African Region: A Strategy for Renewal and Acceleration, the 2006 Abuja Call for accelerated action towards Universal Access (UA) to HIV/AIDS, tuberculosis and malaria services and the Decision of the 2010 Kampala African Union Assembly to extend the target year for UA to 2015;

Recognizing that considerable progress has been made in the fight against HIV/AIDS in the WHO African Region including a decline in the number of new HIV infections and an increase in access to antiretroviral therapy and in the proportion of pregnant women living with HIV who receive medicines for preventing mother-to-child transmission (PMTCT);

Concerned that although there has been a decline in the number of new infections, the regional HIV prevalence remains high and the associated disease burden is a major cause of the excessive maternal mortality and under-five mortality in the African Region and continues to have a profound sociodemographic and economic impact;

Aware that the key challenges that National AIDS Programmes are facing include fragmentation of interventions, inadequate linkages between health sector actions and the wider multisectoral response, weak health systems, and over-dependence on international funding;

Mindful of the critical role of international solidarity and the importance of political commitment at the regional and national levels including the engagement of African Heads of State and Government as well as the increasing allocation of domestic resources to the fight against HIV/AIDS in the African Region;

Recalling the new WHO Global Health Sector Strategy (GHSS) on HIV/AIDS adopted by the World Health Assembly in May 2011;

Mindful of the need to provide directions for implementing the GHSS in the WHO African Region, while taking into account regional specificities and the need for a multisectoral response.

1. **APPROVES** the document entitled "HIV/AIDS: strategy for the African Region";
2. **URGES** Member States:
  - (a) to scale up and broaden HIV interventions to include health promotion, behaviour change counselling, quality-assured HIV testing and counselling, use of male and female condoms, safe voluntary medical male circumcision, initiation of antiretroviral therapy, and safe blood transfusion in the context of the broader national multisectoral response in accordance with WHO guidelines;
  - (b) to accelerate efforts to eliminate mother-to-child transmission and improve maternal and child survival by implementing appropriate strategies and interventions including integrating these into maternal, newborn and child health, sexual and reproductive health services;
  - (c) to expand access to HIV testing and counselling services including ensuring that HIV testing is confidential and accompanied by appropriate counselling, the time interval between testing and provision of test results is short, and referral to care and treatment programmes is efficient;

- (d) to expand HIV treatment and care for children, adolescents and adults while ensuring that co-infections, including with TB, and co-morbidities are managed and that nutritional care and support are provided to enhance treatment effectiveness, adherence, retention in care and quality of life;
- (e) to provide comprehensive care and support for people living with HIV including strengthening community care systems such as the capacity of community-based and home-based carers and associations of PLWHA;
- (f) to provide a comprehensive package of HIV/AIDS interventions to meet the needs of key populations and ensure that the needs of young people, orphans, women and men are explicitly addressed in the national HIV response;
- (g) to strengthen the capacity of health systems to deliver HIV/AIDS interventions and services through improving the stewardship and leadership role of government, strengthening human resources for health, improving procurement and supply chain management systems, improving laboratory capacity and strategic information systems;
- (h) to include gender and human rights considerations in the design of health services, and implement and monitor policies and practices aimed at eliminating stigmatization, discrimination and other human rights abuses in health service delivery.

3. **REQUESTS** the Regional Director:

- (a) to continue to provide technical leadership and normative guidance for developing policies and plans of action and implementing programmes, monitoring and evaluation;
- (b) to work with other partners, including UNAIDS and other UN agencies, PEPFAR, the Global Fund, Private Foundations such as the Bill and Melinda Gates Foundation, and bilateral and multilateral donors to provide harmonized support to countries in resource mobilization and programme implementation;
- (c) to monitor progress in the implementation of the strategy and report to the Regional Committee every other year.

**AFR/RC62/R3: Road map for scaling up human resources for health for improved health service delivery in the African Region 2012–2025**

The Regional Committee,

Having examined Document AFR/RC62/7 entitled “Road Map for scaling up the human resources for health for improved health service delivery in the African Region 2012–2025”;

Concerned that existing weaknesses in health systems including shortages of skilled human resources in most countries are a major impediment to delivery of essential interventions and progress towards achieving health objectives in the African Region;

Noting that of the 46 countries in the Region, 36 have critical shortage of HRH, lower than the minimum acceptable density threshold;

Recognizing that the health workforce challenges facing the countries in the African Region pose a strategic threat to national and regional health systems development;

Aware that the major and pressing HRH challenges are weak HRH leadership and governance capacity; limited production capacity; inadequate utilization, retention and performance of the available health workforce; insufficient information; uncoordinated partnerships and weak policy dialogue;

Noting the progress made by Member States in developing evidence-based national HRH policies and strategies;

Recalling that several initiatives and resolutions on HRH adopted by the Regional Committee for Africa (AFR/RC48/10, 1998; AFR/RC52/13, 2002; AFR/RC57/9, 2007; AFR/RC59/4, 2009) and the World Health Assembly (WHA59.23 in 2006) address the current health workforce challenges;

Recalling the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, which identifies health workforce strengthening as one of the main priority areas;

1. **ENDORSES** Document AFR/RC62/7 entitled "Road map for scaling up human resources for health for improved health service delivery in the African Region 2012–2025";

2. **URGES** Member States:

- (a) to strengthen HRH governance, leadership and management capacity in order to improve policy and social dialogue and establish clear coordination mechanisms between ministries of health, finance, public service, education, the private sector and other stakeholders;
- (b) to establish or strengthen national mechanisms for regulation of health workers in their production and practice;
- (c) to invest in HRH production to scale up education and training of health workers, through joint efforts of countries, subregions and development partners;
- (d) to evaluate the training capacities in countries including in the private sector;

- (e) to improve the deployment, retention and performance of available health workers in order to ensure equitable geographic and organizational distribution and develop strategies for attracting and retaining skilled health workers especially in rural areas;
- (f) to improve information and evidence regarding the health workforce, including accelerating the establishment of national HRH observatories as a component of a broader national health observatory and build health workforce research capacity;
- (g) to provide adequate funds, and increase the predictability and sustainability of funding for HRH development plans and their implementation;
- (h) to institutionalize, strengthen and sustain mechanisms for dialogue and collaboration with key stakeholders and partners;
- (i) to develop national road maps consistent with national HRH strategic plans;
- (j) to increase domestic (public and private) resources as well as mobilize donor funding for HRH development.

3. **REQUESTS** the Regional Director:

- (a) to advocate for the implementation of the Road map in collaboration with other partners;
- (b) to provide technical support to Member States for the implementation and monitoring of the Road map;
- (c) to guide and facilitate the harmonization of curricula of training schools, taking into account efforts made by regional economic communities;
- (d) to facilitate South-South cooperation in response to the needs of training institutions and the exchange of best practice;
- (e) to convene regular regional consultations among stakeholders;
- (f) to develop a framework for the creation of the African Initiative for Learning and Teaching resources for Health Worker Education (AFRITEX) and present it to the Sixty-third session of the Regional Committee for its consideration;
- (g) to finalize guidance on staffing norms and standards for effective use by the Member States;
- (h) to report to the Sixty-third session of the Regional Committee, and thereafter every two years, on the progress being made.

### **AFR/RC62/R4: Health promotion: strategy for the African Region**

The Sixty-second session of the Regional Committee,

Having examined the document entitled "Health Promotion: Strategy for the African Region";

Recalling World Health Assembly resolutions WHA51.12 on health promotion; WHA57.16 on health promotion and healthy lifestyles; the outcomes of the international conferences on health promotion organized by WHO including the 7th Global Conference held in Nairobi, Kenya in 2009; Resolutions AFR/RC51/R4 on the health promotion strategy for the African Region and AFR/RC60/R1 on a strategy for addressing key determinants of health in the African Region and the WHO Progress Report AFR/RC61/PR/4 presented in Yamoussoukro, Côte d'Ivoire in 2011, on the implementation of the regional health promotion strategy;

Noting with satisfaction the active participation of Member States in the UN-High Level Meeting on Noncommunicable Diseases held in New York, in September 2011; the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil, in October 2011; the Regional Ministerial consultation on noncommunicable diseases held in Brazzaville, Congo, in April, 2011; the Interministerial meeting on health and environment held in Luanda, Angola, in November, 2010;

Recognizing that the burden of disease leading to premature death and disability is due to communicable and noncommunicable diseases, maternal and child ill-health, new and re-emerging threats to health including the effects of climate change on health, natural and man-made disasters, all of which are preventable through health promotion interventions;

Noting with concern that the majority of countries in the Region are not making adequate progress toward the achievement of internationally agreed targets such as the Millennium Development Goals;

Acknowledging that the health risk factors and the determinants of most public health conditions that contribute to the disproportionate disease burden in the Region are driven by social, political, environmental and economic factors and would therefore require a multisectoral and multidisciplinary approach to intervene;

Confirming the utility of health promotion interventions as a cost-effective approach and socially justifiable investment for addressing the health risk factors for priority public health conditions and their key determinants among the populations of the Region;

1. **ENDORSES** Health Promotion: strategy for the African Region as contained in Document AFR/RC62/9 and expresses its appreciation for the work done by the WHO Secretariat;
2. **URGES** all Member States:
  - (a) to elevate the existing health promotion units to sustainable and functional structures or reinforce already established directorates and to provide adequate resources in order for them to effectively coordinate and manage intrasectoral and intersectoral activities;

- (b) to develop and implement health promotion policies, strategies, programmes and action plans and establish sustainable structures at national and subnational levels for health promotion implementation;
- (c) to establish, as appropriate, multisectoral and interministerial mechanisms for promoting health through health in all policies, good governance for health, community participation, social dialogue, partnership and leadership/stewardship roles;
- (d) to establish/strengthen partnership, networks and alliances in order to harness additional technical and financial resources for health promotion;
- (e) to strengthen information, education and communication (IEC) in order to improve health awareness, social mobilization and advocacy in priority public health conditions across population groups;
- (f) to build the capacity of health and non-health professionals to plan, implement, monitor, evaluate and document health promotion interventions across public health conditions and population groups;
- (g) to increase investment in health promotion from national budgets and consider innovative financing options including legislating the use of earmarked dedicated levies from tobacco, alcohol and other sources;
- (h) to monitor progress in the implementation of health promotion priority interventions including documentation and dissemination of lessons learnt through case studies, surveys and research.

3. **REQUESTS** the Regional Director:

- (a) to support Member States in reinforcing the stewardship role of government in strengthening health in all policies, community participation, social dialogue and partnership;
- (b) to support Member States to strengthen the capacity of health and non-health professionals to develop and implement policies, strategies, programmes and action plans on health promotion at national and subnational levels;
- (c) to support Member States in adopting innovative communication approaches specifically the use of social media to reach the youth;
- (d) to facilitate the establishment of partnership, networks and alliances in order to harness additional technical and financial resources for health promotion;
- (e) to develop monitoring tools including indicators to measure progress in the implementation of the proposed priority interventions and to facilitate research on health promotion;
- (f) to report to the Sixty-fifth session of the Regional Committee on the progress made in the implementation of this resolution and every three years thereafter.



## AFR/RC62/R5 The African Health Observatory: opportunity for strengthening health information systems through national health observatories

The Regional Committee,

Having considered Document AFR/RC62/13 entitled: "The African Health Observatory: Opportunity for Strengthening Health Information Systems through National Health Observatories";

Aware of the importance of evidence in shaping policy and decision-making and the role of improved health information and research in strengthening national health systems in order to accelerate progress towards the achievement of the MDGs and the improvement of health outcomes in the Region;

Noting that health observatories can improve the availability, quality and use of information and evidence for policy- and decision-making by strengthening health information systems, including public health surveillance;

Noting also the establishment of the African Health Observatory, and its role as the core of a reinforced regional health information system, interacting with national health observatories (NHOs), to contribute to data collection and analysis, monitoring and evaluation at national level;

Recognizing that national health observatories, as information technology platforms designed to facilitate multistakeholder collaboration and partnership in accessing and using information for strengthening national health information systems, serve as repositories of the best available information and provide tools to strengthen the monitoring of health status and trends;

Recalling Regional Committee decisions and resolutions on strengthening national health information systems (AFR/RC54/R3: 2004), knowledge management (AFR/RC56/R8: 2006), and eHealth (AFR/RC60/R3: 2010); the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium (AFR/RC59/4: 2009); and the Algiers Declaration on Research for Health (AFR/RC58/12: 2008 and AFR/RC59/5: 2009);

Stressing that developing and using NHOs for multistakeholder participation and for strengthening capabilities to generate, acquire, share and apply information would strengthen national health systems;

1. **ENDORSES** Document AFR/RC62/13 entitled "The African Health Observatory: opportunity for strengthening health information systems through national health observatories";

2. **URGES** Member States:

- (a) to continue to support and strengthen their national health information systems for better evidence for policy and action;
- (b) to establish NHOs by constituting a country-wide, multisectoral and multidisciplinary group involving all key stakeholders to coordinate their efforts; and a secretariat with sufficient capacity preferably located within the health information unit of the ministry of health;
- (c) to conduct a national review and mapping of stakeholders, including national and subnational institutions dealing with health information as part of the process of developing NHOs;
- (d) to provide adequate funding, support the necessary actions to raise the awareness of relevant stakeholders, and promote the establishment and strengthening of NHOs;
- (e) to identify appropriate technologies to be used by NHOs, bearing in mind the current state of information technology infrastructure in their countries;
- (f) to ensure that these technologies follow common data and communication standards and are interoperable with those of both the African Health Observatory and other NHOs in the Region;
- (g) to support NHOs in continuing education by developing and providing appropriate resources for collaborative learning, eLearning or traditional forms of learning;
- (h) to monitor NHOs and document and share best practices.

3. **URGES** International partners to fund and actively participate in strengthening NHO capabilities to generate, acquire, share and apply information in alignment with country efforts;

4. **REQUESTS** the Regional Director:

- (a) to advocate for and facilitate the coordination of partners' action for adequate resource mobilization and efficient technical cooperation;
- (b) to provide technical support for the establishment and strengthening of NHOs;
- (c) to support Member States in monitoring NHOs and documenting and sharing best practices;
- (d) to report to the Sixty-third session of the Regional Committee and, thereafter, every other year, on the progress being made.

## **AFR/RC62/R6: Health and human rights: current situation and way forward in the African Region**

The Sixty-second session of the Regional Committee for Africa,

Having considered the report on “Health and human rights: current situation and way forward in the African Region” (Document AFR/RC62/11);

Bearing in mind that the 1946 Constitution of the World Health Organization asserts that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recalling the principles of the 1978 Alma Ata Declaration on Primary Health Care, the 1998 Health-for-All Policy for the African Region in the Twenty-first Century, and the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, all of which reaffirm health as a fundamental human right;

Recalling further that the African Charter on Human and Peoples Rights states that “every individual shall have the right to enjoy the best attainable state of physical and mental health” and that States “shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick”;

Aware that the Strategic Directions for WHO in the African Region (2010-2015) commit WHO to supporting countries to develop health policies and strategies that enhance equity and are responsive to gender and based on human rights;

Recognizing that international and regional human rights treaties as well as national constitutions make it incumbent upon State Parties to protect, fulfil and promote the right to health;

Recognizing the principle of progressive realization that requires Member States to take steps using maximum available resources towards progressively achieving the full realization of their citizens' right to health;

1. **ENDORSES** Document AFR/RC62/11 entitled “Health and human rights: current situation and way forward in the African Region”;
2. **URGES** Member States:
  - (a) to uphold the right to health in legal frameworks including national constitutions and put in place mechanisms for their implementation, monitoring and reporting;

- (b) to protect the right to health care of marginalized and vulnerable groups of people without any discrimination within the context of national legal frameworks; and conduct research on health and human rights;
- (c) to ensure universal health coverage through equitable and efficient health financing strategies, in order to define the minimum essential elements of the right to health to include equitable access to health facilities, goods and services; access to health-related education and information;
- (d) to adopt an overarching policy and/or law on the regulation of health research and establish adequately resourced national and institutional ethics committees to review and approve research involving human participants;
- (e) to strengthen the technical capacities of the ministries of health, health-related sectors and other stakeholders to work with human rights bodies and the Regional Office to monitor, evaluate and uphold the right to health;
- (f) to strengthen the competencies of health workers with regard to knowledge of human rights treaties, conventions, standards and norms and their application in health care and health research.

3. **REQUESTS** the Regional Director:

- (a) to promote the human rights approach in health development in the light of the African Charter on Human and Peoples' Rights and UN Human Rights mechanisms;
- (b) to support Member States in designing health policies and strategies based on human rights standards and norms of relevance to their health systems' needs;
- (c) to support Member States in strengthening capacities and expertise in human rights- based approach to health development;
- (d) to develop monitoring tools in order to evaluate progress;
- (e) to develop guidelines, grounded on basic human rights tenets, for health research;
- (f) to report on the implementation of this resolution to the Sixty-fifth session of the Regional Committee and thereafter.

**AFR/RC62/R7: Consideration and endorsement of the Brazzaville Declaration on noncommunicable diseases**

The Regional Committee,

Recalling the adoption of the Brazzaville Declaration on Noncommunicable Diseases (NCDs) Prevention and Control in the WHO African Region by the Ministers of Health and Heads of Delegation of the WHO African Region, convened at a Regional

Ministerial Consultation on NCDs Prevention and Control in Brazzaville, Congo, from 4 to 6 April 2011;

Cognizant of the ever-increasing double burden of communicable and noncommunicable diseases in the WHO African Region and the associated disabilities and premature deaths from NCDs;

Aware that NCDs were responsible for more than 3 million deaths in 2010, representing 40% of all deaths in the WHO African Region, and that if current trends continue, NCDs are projected to outstrip communicable, maternal, perinatal, and nutritional diseases as the most common cause of death in Africa by 2025;

Realizing that the major NCDs are linked to common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and in some cases infections and that these risk factors, combined with political, social, behavioural, environmental and economic determinants of health , underscore the need for a multisectoral response to combat NCDs;

Reaffirming that health is a fundamental human right and that the commitment to strengthening national health systems is the basis for a comprehensive approach to improved and equitable health outcomes;

Recognizing the financial gap, the critical shortage of skilled human resources for health, and the need for scaling up essential health interventions;

Recognizing the importance of the involvement and empowerment of communities in health development;

Cognizant of industry actions that may negatively influence the achievement of NCD targets;

Recalling recent commitments including: Noncommunicable diseases: A Strategy for the African Region (2000); Resolution WHA61.14 on Prevention and control of NCDs; the WHO Framework Convention on Tobacco Control (FCTC-2003); the report of the WHO Commission on Social Determinants of Health (2008); the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008); the Nairobi Call to Action for Health Promotion (2009); and the Mauritius Call for Action on Diabetes, Cardiovascular Diseases and NCDs (2009);

Noting that both the United Nations General Assembly Political Declaration on NCDs (September 2011) and the preparatory Moscow Declaration (April 2011) strongly concurred with the Brazzaville Declaration;

Recalling Resolution WHA65.8 adopting a global target of 25% reduction of premature mortality from NCDs by 2025;

1. **ENDORSES** the Brazzaville Declaration on Noncommunicable Diseases Prevention and Control in the WHO African Region;

2. **URGES** Member States:

- (a) to take appropriate action to update their health policies and national health strategic plans in line with the Brazzaville Declaration on NCDs Prevention and Control;
- (b) to build institutional capacity for implementing the Brazzaville Declaration by reorienting health systems and policies in other sectors towards the promotion and support of healthy lifestyles by individuals, families and communities within the primary health care context, with emphasis on the full implementation of existing WHO strategies on tobacco control, diet and physical activity for health and harmful use of alcohol;
- (c) to increase national resources both public and private, identify and take necessary actions to implement national policies and strategies for NCDs prevention and control and reduction of associated disabilities;
- (d) to strengthen health systems, especially: health financing; training; retention and expansion of the health workforce; procurement and distribution of medicines, vaccines, medical supplies and equipment; improvement of infrastructure; evidence-based and cost-effective service delivery for NCDs;
- (e) to institute, as a matter of priority, a monitoring and surveillance system for NCDs to generate reliable data and use evidence to raise awareness and strengthen political commitment for effective national actions for the prevention and control of NCDs using the life course approach.

3. **REQUESTS** the Regional Director:

- (a) to continue to advocate for increased resources for NCDs Prevention and Control in the African Region;
- (b) to provide technical guidance and support to Member States for the implementation of the Brazzaville Declaration and existing WHO strategies on NCDs and to document and share best practices;
- (c) to support countries to strengthen NCDs surveillance, monitoring and evaluation mechanisms;
- (d) to report to the Regional Committee in 2014 and thereafter every other year, on the progress made in the implementation of the Brazzaville Declaration on NCDs.

## **AFR/RC62/R8: Implementation of International Health Regulations (2005) in the WHO African Region**

The Regional Committee,

Having examined the technical paper on Implementation of International Health Regulations (2005) in the African Region;

Aware of the risk of public health events of international concern and the associated negative social and economic consequences in the African Region;

Deeply concerned about the inability of all Member States in the African Region to attain the required minimum IHR (2005) core capacities by the set date of 15 June 2012;

Noting that a significant number of Member States have limited capacity to effectively and comprehensively prepare for, investigate and respond to public health emergencies of international concern due to chemical, biological and radionuclear events;

Recalling Resolutions AFR/RC48/R2 on Integrated disease surveillance, AFR/RC58/R2 on Strengthening public health laboratories, AFR/RC59/R4 on Policy orientation on the establishment of centres of excellence for disease surveillance, public health laboratories and food and drug regulations, WHA58.3 on Revision of the international health regulations and WHA 65.23 on Implementation of the international health regulations (2005);

Appreciating the commitment and efforts made so far by Member States and partners in implementing the international health regulations through the Integrated Disease Surveillance and Response strategy (IDSR);

Convinced that the full implementation of the International Health Regulations (2005) by Member States will help safeguard international public health security;

1. **APPROVES** the proposed actions aimed at accelerating the implementation of the International Health Regulations (2005) by Member States and WHO in the African Region;
2. **URGES** Member States:
  - (a) to implement all the provisions of resolution WHA65.23 of the World Health Assembly and Resolutions AFR/RC48/R2, AFR/RC58/R2 and AFR/RC59/R4 of the WHO Regional Committee for Africa;

- (b) to conduct country-wide assessment of the status of implementation of international health regulations minimum core capacities in order to identify gaps hindering smooth implementation of the Regulations;
- (c) to revise their National IHR (2005) implementation plans to focus on the identified priorities as well as establish and/or strengthen institutional and human resource capacities, national health legislation and monitoring and evaluation systems that will allow countries to adhere to and fully implement the new IHR (2005) target set for 2014;
- (d) to mobilize the financial and human resources necessary to fully implement and sustain the minimum IHR core capacities;
- (e) to strengthen coordination and collaboration in IHR-related matters among Member States and between relevant sectors and partners in order to develop, establish and maintain the core public health capacities, taking into account the concept of "One Health";
- (f) to integrate interventions related to the International Health Regulations, Integrated Disease Surveillance and Response and disaster risk management;
- (g) to promote cross-border collaboration in public health issues and risks of common concern as well as fully implement and monitor national and international health regulations;
- (h) to work with WHO in ensuring correct interpretation and application of international travel and trade requirements as they relate to yellow fever and other diseases that may pose global public health risks;
- (i) to report regularly to WHO on the progress made in IHR implementation.

3. **REQUESTS** the Regional Director:

- (a) to continue to provide technical support to Member States for the revision of the national IHR implementation plans and monitoring and evaluation tools in order to ensure the attainment of IHR minimum core capacities by 2014;
- (b) to continue to provide guidance and technical support to Member States in their efforts to develop the necessary capacities required by the International Health Regulations (2005);
- (c) to promote the engagement of regional economic communities and other relevant international organizations and stakeholders to ensure their contribution towards effective implementation of the International Health Regulations (2005);
- (d) to organize cross-border ministerial meetings on issues related to the implementation of the International Health Regulations (2005);



- (e) to consider identifying a site for prepositioning of essential supplies for rapid response to public-health emergencies in small island States;
- (f) to continue to promote the establishment of centres of excellence in the areas of public health surveillance, laboratories, food and drugs regulation, research and training that would support the implementation of national and international health regulations;
- (g) to monitor the progress of IHR implementation in each Member State and produce reports for follow-up at regional and global levels;
- (h) to report to the Regional Committee every year, thereafter, on the progress made in the implementation of IHR (2005) in the African Region.

### **AFR/RC62/R9: The Work of WHO in the African Region 2010–2011 Biennial Report of the Regional Director**

The Regional Committee,

Having reviewed and discussed the report of the Regional Director which highlights the implementation of the Programme Budget 2010-2011 by Country Offices and the Regional Office in support to Member States towards improving the health of people in the WHO African Region (Document AFR/RC62/2);

Recognizing the challenges faced by the African Region in mitigating the impact of the severe financial crisis affecting priority programmes such as health systems; HIV/AIDS, tuberculosis and malaria; maternal, newborn and child health; health promotion and primary prevention including for noncommunicable diseases;

Concerned by the insufficient coverage of essential interventions and services required to make progress towards achieving regional and national health goals;

Concerned also by the persistent weakness of health systems such as insufficient human resources, weak procurement and supply management systems, inadequate data collection and information systems, ineffective accountability mechanisms and the inadequate engagement of communities in promoting their own health and influencing the quality of services delivered;

Recognizing the efforts made by Member States in scaling up interventions and services and achievements such as reducing the malaria burden, declines in HIV incidence, and increases in Antiretroviral Therapy (ART) coverage;

1. **THANKS** the Regional Director and the entire Secretariat for a clear and concise report;
2. **ADOPTS** the report on "The Work of WHO in the African Region 2010-2011: Biennial report of the Regional Director";

3. **CALLS UPON** Member States:

- (a) to strengthen the capacity of health training institutions to increase the production of health workers, strengthen regulatory frameworks and promote the retention of health workers;
- (b) to strengthen integrated health financial management information systems in order to improve health financing;
- (c) to strengthen national health insurance schemes to reduce inequities in health and ensure universal access;
- (d) to strengthen the collection, management and use of data in vital registration systems for planning purposes.

4. **REQUESTS** the Regional Director:

- (a) to document and share the experiences of the eight countries which have reduced maternal, child and infant mortality;
- (b) to support the harmonization of the regulatory frameworks for production of health workers across countries in the Region.

**AFR/RC62/10: Vote of thanks**

The Regional Committee,

Considering the immense efforts made by the Head of State, the Government and the people of the Republic of Angola to ensure the success of the Sixty-second session of the WHO Regional Committee for Africa, held in Luanda from 19 to 23 November 2012;

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

- 1. **THANKS** His Excellency, Mr José Eduardo dos Santos, President of the Republic of Angola, for the excellent facilities the country provided to the delegates;
- 2. **EXPRESSES** its sincere gratitude to the Government and people of the Republic of Angola for their outstanding hospitality;
- 3. **REQUESTS** the Regional Director to convey this vote of thanks to His Excellency, Mr José Eduardo dos Santos, President of the Republic of Angola.

**PART II**  
**REPORT OF THE**  
**REGIONAL COMMITTEE**

## OPENING OF THE MEETING

1. The Sixty-second session of the WHO Regional Committee for Africa was officially opened on behalf of the President of the Republic of Angola by the Vice-President, Mr Manuel Domingos Vicente, at the Talatona Convention Centre, Luanda, Angola, on Monday, 19 November 2012. Among those present at the opening ceremony were cabinet ministers of the Government of Angola; the Deputy Governor of the Province of Luanda, ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; members of the diplomatic corps; and representatives of United Nations agencies and nongovernmental organizations.

2. The Minister of Health, Angola, Dr José Vieira Van-Dúnem, welcomed the Ministers of Health and their respective delegations to the Sixty-second session of the Regional Committee. He noted that the able leadership of His Excellency the President of the Republic of Angola in bringing peace to the country and the ongoing political and economic development in Angola have enabled the country to host the Regional Committee. He thanked the President for the efforts made by the country to improve the health of the people. The Minister highlighted the key achievements of the health sector in Angola, including the cessation of the transmission of wild poliovirus, as the last reported case dated back to July 2011; reduction in HIV prevalence; improved access to essential medicines; and decentralization of health services. He observed that while much progress had been made, several challenges remained and would require redoubling of efforts. The Minister then wished the delegates fruitful deliberations.



3. In his address, the WHO Regional Director for Africa, Dr Luis Gomes Sambo commended the Government and the people of Angola for having accepted to host the Sixty-second session of the Regional Committee within the context of the prevailing peace after the long conflict. On behalf of the Director-General of WHO, Dr Margaret Chan, Dr Sambo welcomed the ministers of health, the delegations, development partners and participants to the Regional Committee. He expressed his profound gratitude to the President, the Government and the people of Angola for hosting the Regional Committee and for the support given to the work of WHO in the African Region.



4. The Regional Director recalled that the Republic of Angola first hosted the Regional Committee in 1956 during its Sixth session. He noted that at that time the health priorities included maternal and child health, yellow fever, onchocerciasis, leprosy, smallpox, etc. Since then much progress had been made, including the control

and eradication of some communicable diseases. In spite of this progress, major challenges remained in the Region. The adoption of the MDGs provided a new opportunity by putting health at the centre of human development.

5. Dr Sambo gave an overview of the progress made in the Region towards achievement of international health goals. He urged the Member States to adopt health policies that could address the inequities in health as well as address social determinants of health in order to reduce population exposure to disease risk factors, in line with the Primary Health Care approach. He stressed that improving health financing, ensuring adequate human resources for health and improving access to appropriate health technologies and medicines are key to ensuring universal health coverage.

6 The Regional Director noted that the current economic growth in the Region provided an opportunity to implement successful health sector reforms and that the reforms should focus on the weak health system components such as health financing, human resources for health, information and data management, surveillance, health technologies, research and innovation. He reiterated the need to take into account the views and expectations of the communities in the decision making process. He said that intersectoral dialogue for health should be strengthened through the leadership of the ministry of health, with a view to addressing the social determinants of health and creating better conditions for the reduction of health inequities, towards the attainment of universal access to health in Africa.

7. In his opening address, the Vice-President of Angola, Mr Manuel Domingos Vicente, thanked the Regional Committee for the opportunity to host the Sixty-second session of the Regional Committee. He noted that health was a fundamental pillar for socioeconomic development and was one of the top priorities of the Government of Angola. He informed the delegates that the achievements made by the country include rehabilitation and building of health facilities, increasing funding for health and providing human resources for health at all levels. The Vice-President stressed that although Angola had made progress in health development, there was need to improve quality of services and equity in access to health care towards the attainment of the MDGs. He expressed his gratitude to all the stakeholders and development partners for their support. He wished delegates successful deliberations and declared the meeting officially opened.



## ORGANIZATION OF WORK

### Opening remarks by the Chairman of the Sixty-first session of the Regional Committee

8. The Chairman, the First Vice-Chairman and the Second Vice-Chairman of the Sixty-first session of the Regional Committee were unable to attend the session. As a result, in line with a proposal by the Regional Director, the Regional Committee appointed the Minister of Health of Liberia, Dr. Walter T. Gwenigale, to chair the session until a substantive Chairman for the Sixty-second session of the Regional Committee was appointed. The Minister of Health of Liberia thanked the Regional Committee for his appointment.

### Constitution of the Subcommittee on Nominations

9. The Regional Committee appointed the Subcommittee on Nominations consisting of the following Member States: Benin, Chad, Côte d'Ivoire, Eritrea, Ethiopia, Lesotho, Rwanda, Sao Tome and Principe, Sierra Leone, Tanzania, Togo and Zimbabwe. The Subcommittee met on Monday, 19 November 2012. Present at the meeting were Benin, Chad, Eritrea, Ethiopia, Lesotho, Tanzania and Zimbabwe. The Subcommittee elected the Minister of Health of Benin, Professor Dorothée Kinde Gazard, as its Chairman.

### Establishment of Subcommittees A and B of the Sixty-second Session of the WHO Regional Committee for Africa (Document AFR/RC62/3)

10. The Regional Committee deemed it very difficult to address all the proposed 27 agenda items in plenary meetings during five working days. Therefore, pursuant to Rule 16 of its Rules of Procedure, specifically Section VII (on Subcommittees of the Committee) that provide as follows: "*The Committee may establish such Subcommittees as it may deem necessary to study, and report on any item on its agenda. The Committee shall, from time to time, but at least once a year, reassess the need to maintain any Subcommittees established under its authority*", the Regional Committee established Subcommittee A to deal with agenda items 10, 12, 14, and 16 and Subcommittee B to deal with agenda items 11, 13, 15 and 17. The Regional Committee decided that the remaining agenda items would be discussed in plenary meetings. It was decided that the Chairman of the Regional Committee would chair the plenary meetings that would endorse the deliberations and the resolutions proposed by the plenary and the Subcommittees.

## **Election of the Chairman, the Vice-Chairmen and the Rapporteurs of Plenary Meeting; Designation of Chairmen and Rapporteurs of Subcommittees A and B**

11. After considering the report of the Subcommittee on Nominations, and in accordance with Rule 10 of the Rules of Procedure and Resolution AFR/RC40/R1, the Regional Committee unanimously elected the following officers:

Chairman:	Dr José Vieira Van-Dúnem Minister of Health, Angola
First Vice-Chairman:	Mr Housseynou Hamady Ba Minister of Health, Mauritania
Second Vice-Chairman:	Dr Walter T. Gwenigale Minister of Health, Liberia
Rapporteurs:	Dr Mahlet Kifle Habtemariam Ministry of Health, Ethiopia (English)
	Professor Dorothee Kinde Gazard Minister of Health, Benin (French)
	Dr Elisabete Lopes Lima Ministry of Health, Cape Verde (Portuguese)

12. In accordance with Rule 16 of its Rules of Procedure, specifically Section VII (on Subcommittees of the Committee), the Regional Committee unanimously elected the following officers for the Subcommittees:

### **Subcommittee A:**

Chairman:	Mr Housseynou Hamady Ba Minister of Health, Mauritania
Rapporteur:	Dr Mahlet Kifle Habtemariam Ministry of Health, Ethiopia

## **Subcommittee B:**

Chairman:	Dr Walter T. Gwenigale Minister of Health, Liberia
Rapporteur:	Professor Dorothée Kinde Gazard Minister of Health, Benin

## **Adoption of the Agenda and Programme of Work**

13. The Chairman of the Sixty-second session of the Regional Committee, Dr José Vieira Van-Dúnem, Minister of Health of Angola, tabled the provisional agenda (Document AFR/RC62/1) and the provisional programme of work (see Annexes 2 and 3 respectively). They were adopted with no amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:30 and 14:00 to 17:30, including 30 minutes of break in the morning and in the afternoon, with some variation on specific days.

## **Appointment of the Subcommittee on Credentials and subsequent meetings**

14. The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following Member States: Botswana, Burundi, Central African Republic, Comoros, Gambia, Ghana, Mali, Mauritius, Mozambique, Nigeria, Uganda and Zambia.

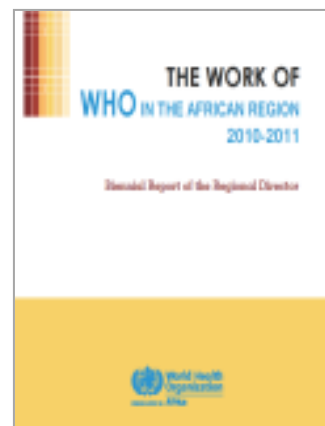
15. The Subcommittee on Credentials met on 20 November 2012 and elected Honourable Dr Patrick Chikuso, the Deputy Minister of Health of Zambia, as its Chairman.

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



## THE WORK OF WHO IN THE AFRICAN REGION 2010-2011: BIENNIAL REPORT OF THE REGIONAL DIRECTOR (Document AFR/RC62/2)

17. The document entitled “The Work of WHO in the African Region 2010-2011: Biennial Report of the Regional Director”, was presented by the Regional Director for Africa, Dr Luis Gomes Sambo. He indicated that the report highlights the implementation of the Programme Budget 2010-2011 by Country Offices and the Regional Office in support to Member States towards improving the health of their people. The report comprises an executive summary and seven chapters: introduction; context; implementation of the Programme Budget 2010-2011; significant achievements by Strategic Objective (SO); progress made in the implementation of Regional Committee resolutions; challenges, constraints and lessons learnt; and conclusion.



18. It was reported that during the period under review, WHO's work was guided by the four key strategic documents: The 11th General Programme of Work (GPW); The Medium-Term Strategic Plan (MTSP) 2008-2013; The WHO Strategic Directions in the African Region 2010-2015; and the Country Cooperation Strategies (CCS). The Programme Budget 2010-2011 was implemented in a context of a high burden of communicable and noncommunicable diseases, the global financial crisis and decreased development aid; the ongoing reforms of health systems and the WHO reform process.

19. Under SO1 which addresses communicable diseases, it was reported that routine immunization coverage was sustained at 82% and four new vaccines were introduced. The First African Vaccination Week was commemorated and 75 million people were vaccinated against polio. No confirmed case of meningitis A was reported among the 58.5 million individuals who received MenAfriVac. The incidence of measles was reduced from 17.2 cases per 100 000 in 2010 to 4.2 cases in 2011. Significant advocacy was made in mobilizing partners to fight against neglected tropical diseases.

20. Under SO2 (AIDS, TB and Malaria), Dr Sambo noted that significant progress was made in increasing antiretroviral therapy (ART) coverage, reducing the number of new HIV infections and improving the coverage of the use of ARVs for the prevention of mother-to-child transmission — seven priority countries exceeded the 80% coverage, thus achieving the Universal Access target. Concerning tuberculosis, 15 countries reached the 70% case-detection rate target and 20 countries achieved the 85% treatment success rate target. Twelve countries achieved over 50% reduction in malaria cases and mortality between 2000 and 2010.

21. The Regional Director highlighted the importance of the Brazzaville Declaration on noncommunicable diseases (NCD) adopted in April 2011 under SO3. He reported that 32 countries had developed and were implementing integrated NCD action plans. In

relation to SO4, 13 countries were reported to be on track to achieve MDG4: reducing under-five deaths by 2/3. A total of 25 countries reported more than 40% decrease in maternal mortality ratio between 1990 and 2010.

22. With regard to emergencies, disasters, crises and conflicts, SO5, the main achievements included development of all-hazard health emergency contingency plans and operationalization of the Strategic Health Operation Centre (SHOC) which led to improvements in the health response to emergencies and outbreaks. Progress was made in the establishment of the African Public Health Emergency Fund (APHEF). Thirty-seven countries developed National IHR implementation plans.

23. In relation to SO6 and SO7, the overall capacity of Member States to adopt multisectoral approaches to health risk factors and health determinants was strengthened. WHO supported 41 Member States to ratify the Framework Convention on Tobacco Control. Seven countries were reported to have enacted comprehensive legislation banning smoking in public places and five countries developed policy documents on harmful use of alcohol. Seven countries obtained data on key health risk factors for NCDs by conducting STEPwise surveys using the WHO surveillance tool for NCD risk factors.

24. With regard to SO8: Healthier environment, the Regional Director recalled that the Luanda Commitment on Health and Environment and the Joint Ministerial Statement on Climate Change and Health were adopted in 2010 while the Framework for public health adaptation to climate change was endorsed at the Sixty-first session of the Regional Committee.

25. The Regional Director reported that under SO9, 22 countries were able to capture national surveillance data on major forms of malnutrition through the Integrated Disease Surveillance and Response system. Twenty countries were supported to implement the new WHO guidelines on HIV and infant feeding. Several activities were conducted to improve food safety, including strengthening the capacity for foodborne disease surveillance in 33 countries.

26. Under SO10, the Regional Director reported that the capacity of district health systems was strengthened in 21 countries through training, peer review, decentralization of resources and monitoring. National health policies and national health strategic plans were revised in 15 and 18 countries respectively. The African Health Observatory was launched and its web site can be accessed at [www.aho.afro.who.int](http://www.aho.afro.who.int). The 2011 Atlas of Health Statistics was published.

27. With regard to SO11, it was reported that profiles on the pharmaceutical sector were developed for 37 countries. National Medicines Regulatory Authorities in 19 countries were trained in the conduct of clinical trials as part of the African Vaccine Regulatory Forum. Laboratory managers and technicians were trained in laboratory biosafety and quality management in all countries in order to create awareness of the risk of contamination.

28. In addressing SO12, the Regional Director reported that he undertook high level missions to 19 countries in the Region and abroad, advocating for increased investments in health. The membership of the Harmonization for Health in Africa (HHA) was expanded and joint advocacy and actions on health financing were consolidated. Partnerships with Bill and Melinda Gates Foundation, United States Agency for International Development, Centers for Disease Control and Prevention, World Bank, NTD Global Network and African Union Commission were strengthened. At country level, WHO's engagement in the UNDAF processes and its leadership of the joint UN work on health continued in 40 countries. The Regional Office and country offices were restructured to facilitate work under the new Strategic Directions 2010–2015. Forty-five countries completed the development of their second generation Country Cooperation Strategies.

29. Under SO13, the Global Management System (GSM) was fully implemented in all the 46 country offices, IST offices and the Regional Office resulting in greater visibility of real-time programme and financial information as well as improved programme management. An evaluation of the ISTs during the reporting period showed that ISTs support to countries was greatly welcomed and appreciated, with 90% of requests being adequately responded to. Strengthening of the AFRO Compliance Team resulted in the closing of most of the existing audit queries and an improvement in the management of financial and human resources.

30. The Regional Director reported that total funding for the biennium amounted to 92% of the initial allocation as approved by the World Health Assembly but with an imbalance in funding across Strategic Objectives. Overall, SO1 was well funded because of earmarked funds for Polio eradication while SO4, SO9 and SO10 received less than half of their allocated budget.

31. The Regional Director highlighted the key challenges. These included maintaining an optimal level of support in priority programmes, supporting countries to invest more in, manage better and scale up key interventions towards the achievement of Universal Health Coverage, and sustaining the key achievements in a context of multiple, competing health priorities; leveraging health funding to address persistent health systems weaknesses; and adjusting health policy and programmes to be more responsive to the views and expectations of communities.

32. In concluding his presentation, Dr Sambo stressed the need to focus more on the reduction of the burden of malaria, HIV/AIDS, TB, child and maternal mortality; to maintain a high level of preparedness for the frequent emergencies and disasters in the Region; and to make timely contributions to the APHEF. He further stressed that due to the significant domestic and international funding gaps in some priority programmes, efficiency measures had to be adopted.

33. Issues raised during the discussions included inadequate funding for some priority SOs, the shift from socialized health care within the public sector to outsourcing health care to the private sector; active lobbying by the tobacco and alcohol industries which undermines publications towards tobacco control and reducing the harmful use of alcohol; weak health systems, including inadequate human resources for health; and

the need to provide more evidence and promote larviciding within the context of integrated malaria vector management.

34. The following recommendations were made to Member States:

- (a) to strengthen the capacity of health training institutions to increase the production of health workers; to strengthen regulatory frameworks and promote the retention of health workers;
- (b) to strengthen integrated health financial management information systems in order to improve health financing;
- (c) to accelerate the process of introduction of prepayment schemes (national health insurance, taxation or community financing) to prevent inequities in health;
- (d) to strengthen the collection, management and use of vital registration systems for planning purposes.

35. The following recommendations were made to WHO and other partners:

- (a) to document and share the experiences of the eight countries that have reduced maternal, child and infant mortality;
- (b) to support the harmonization of the regulatory frameworks for production of health workers across countries in the Region.

36. The Regional Committee adopted the report as contained in "The Work of WHO in the African Region 2010–2011: Biennial Report of the Regional Director" (Document AFR/RC62/2) and its related Resolution AFR/RC62/R9.

## **REASSIGNMENT OF MEMBER STATES TO THE AFRICAN REGION**

(Document AFR/RC62/4)

37. The document recalls that following the adoption of resolution A/Res/65/308 by the United Nations General Assembly, South Sudan was admitted as a Member State of the United Nations on 14 July 2011. South Sudan became a Member State of WHO on 27 September 2011 and fell within the geographical scope of the WHO Eastern Mediterranean Region. The Republic of South Sudan had requested to be reassigned from the Eastern Mediterranean Region to the African Region of WHO.

38. In accordance with World Health Assembly resolution WHA49.6, the Sixty-second session of the Regional Committee examined the request of the Republic of South Sudan and expressed the view that South Sudan be reassigned to the WHO African Region. The Regional Committee congratulated and welcomed South Sudan and requested the Regional Director to convey its view, through the Director-General of WHO, to the Sixty-sixth World Health Assembly for consideration.

39. Following this, the Head of Delegation of South Sudan, who attended the Regional Committee as observer, thanked the members of the Regional Committee for

supporting the request from his Government for his country to be reassigned to the WHO African Region and expressed the hope that the health status of the people of South Sudan would improve with the collaboration of the WHO Regional Office and cooperation with other Member States of the African Region.

## **STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE** (Document AFR/RC62/5)

40. In her statement, the Chairman of the Programme Subcommittee (PSC), Dr L. Makubalo, reported that the Committee met in Brazzaville, Republic of Congo, from 9 to 13 July 2012 and in Luanda, Republic of Angola, from 18 to 19 October 2012. The PSC had reviewed the Regional Committee working documents and draft resolutions to ensure that they met the public health needs of the people of the WHO African Region. In all, the PSC recommended the amended versions of 13 working documents and 8 draft resolutions to the Regional Committee for discussion and adoption.

## **DISASTER RISK MANAGEMENT: A STRATEGY FOR THE HEALTH SECTOR IN THE AFRICAN REGION** (Document AFR/RC62/6)

41. The document recalls that the WHO African Region continues to be challenged by frequent natural and man-made emergencies, causing injury, death, population displacements, destruction of health facilities and disruption of services. Emergencies often lead to disasters. Recent developments have created a paradigm shift towards disaster risk management which focuses not only on response to emergencies and disasters, and mitigation of their consequences, but also on preventing them through strengthening risk management. This involves considering all potential hazards and all contributing factors that may affect health. Thus, the aim of the strategy is to contribute to human security and development through improving the health sector's management of disaster risks, including providing a comprehensive health response to emergencies and disasters.

42. The regional strategy proposes that Member States strengthen disaster risk management by developing appropriate laws and policies; building adequate capacities in the ministries of health (MOH); assessing and mapping the risks from a health sector perspective; assessing the level of safety of, and applying standards to, hospitals and other health facilities; building community resilience; strengthening preparedness; developing national standards for response; and strengthening evidence and knowledge management. This would ensure that the health system is prepared and able to provide an adequate health sector response to emergencies and reduce their likelihood of becoming disasters.

43. Issues raised during the discussions included taking cognizance of the role of climate change; involving the private sector; strengthening the leadership role of MoH, including guidance on how MoHs can advocate with industries to reduce harmful practices that increase the risks of disasters; ensuring effective intersectoral and multisectoral approaches, including high-level engagement of decision-makers. Other issues included the need to emphasize the prevention of, and preparedness for,

emergencies and to rapidly mobilize resources to mitigate the effects of disasters. It was observed that Small Island States and small countries needed special attention as a result of their greater vulnerability to the effects of climate change. The need for involvement of communities and strengthening of cross-border collaboration in disaster risk management was underscored.

44. The following recommendations were made to Member States:

- (a) to develop, implement, monitor and evaluate national disaster risk management policies, strategies and plans;
- (b) to ensure the availability of national funds for disaster risk management including resources mobilized from the private sector;
- (c) to establish mechanisms for sharing information on disaster risk management among countries.

45. The following recommendations were made to WHO and other partners:

- (a) to operationalize the African Public Health Emergency Fund as soon as possible;
- (b) to facilitate data collection and dissemination of information on disaster risks and transmission of early warning alerts to countries;
- (c) to provide technical support to Member States to develop, implement, monitor and evaluate disaster risk management policies, strategies and plans, and to facilitate the establishment of a disaster risk management task force in Member States to oversee the above.

46. The Regional Committee adopted, with amendments, Document AFR/RC62/6: Disaster Risk Management: a Strategy for the Health Sector in the African Region and its related Resolution AFR/RC62/R1.

## **ROAD MAP FOR SCALING UP HUMAN RESOURCES FOR HEALTH FOR IMPROVED HEALTH SERVICE DELIVERY IN THE AFRICAN REGION 2012–2025** (Document AFR/RC62/7)

47. The document notes that Human Resources for Health (HRH) have been a priority on the regional and global health development agenda, as a critical component of functional health systems that can ensure universal access to quality health care. The WHO Regional Office for Africa convened a regional consultation in October 2011, on scaling up the health workforce for improved access to health services. The consultation came up with a regional Road map which is the result of a thorough analysis of the health workforce challenges hindering the achievement of universal coverage for health care in the African Region and proposes strategic areas with priority actions to overcome these challenges. The Road map is expected to guide countries in designing their national road maps and undertaking actions to scale up

relevant interventions and speed up progress in producing and appropriately managing health professionals.

48. The Road map stresses actions related to the following strategic areas: strengthening the capacity of countries in HRH governance and leadership; establishing or strengthening national regulatory mechanisms for the health workforce; improving coordination and harmonization mechanisms; increasing investments for HRH production, taking into account the need for an appropriate skill mix; improving the deployment, retention and performance of available health workers; improving information and evidence regarding the health workforce, including the establishment of national HRH observatories; increasing the predictability and sustainability of funding for HRH development plans; and institutionalizing, strengthening and sustaining mechanisms for dialogue and collaboration with key stakeholders and partners.

49. The delegates underscored the critical role of human resources in health systems strengthening in general and in health services delivery in particular. The need for increased recruitment; appropriate distribution between the public and private sectors and also between rural and urban areas; retention/motivation through appropriate working and living conditions for health workers was highlighted. Concerns were raised about the cost of production and retention of health care workers including the training of specialists, the negative effects of the brain drain, and the limited role of ministries of health in the production, recruitment and remuneration of all health workers.

50. The following recommendations were made to Member States:

- (a) to strengthen the role of ministries of health in planning and optimizing the production, recruitment and retention of health workers;
- (b) to ensure availability of appropriate infrastructure and equipment to improve the conditions of training institutions, and the working and living conditions of health workers;
- (c) to harmonize norms and standards, and facilitate the exchange of health workers between and among countries;
- (d) to strengthen South-South cooperation in scaling up HRH;
- (e) to monitor and evaluate the capacity and performance of private and public training institutions.

51. The following recommendations were made to WHO and other partners:

- (a) to continue supporting the development and implementation of national human resource policies, strategic plans and road maps, including monitoring and evaluating the status of implementation every two years;
- (b) to facilitate the harmonization of HRH norms and standards in collaboration with existing regional economic communities.

52. The Regional Committee adopted, with amendments, Document AFR/RC62/7: Road Map for scaling up human resources for health for improved health service delivery in the African Region and its related Resolution AFR/RC62/R3.

## **CONSIDERATION AND ENDORSEMENT OF THE BRAZZAVILLE DECLARATION ON NONCOMMUNICABLE DISEASES** (Document AFR/RC62/8)

53. The document recalls that in preparation for the United Nations High-level Summit of Heads of State and Government on Noncommunicable Diseases (NCDs) in New York in September 2011 and the First Global Ministerial Conference on NCDs and Healthy Lifestyles jointly organized by the Russian Federation and the World Health Organization in Moscow in April 2011, the WHO Regional Office for Africa organized a Regional Ministerial Consultation on NCDs in Brazzaville, Congo, in April 2011. The Regional Consultation adopted the Brazzaville Declaration on "NCD Prevention and Control in the WHO African Region". The Declaration recognizes NCDs such as cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, haemoglobinopathies (in particular sickle-cell disease), mental disorders, violence and injuries, as a significant development challenge in the WHO African Region. It also underscores the need to strengthen national health systems and institutional capacity for NCD prevention and control.

54. In its discussions on the document, the Regional Committee commended WHO for convening a regional consultation on NCDs. The Regional Committee acknowledged that NCDs were an emerging and important challenge that cannot be addressed by the health sector alone and called for the adoption of a multisectoral approach and community participation. The importance of primary prevention of NCD risk factors (tobacco, harmful use of alcohol, physical inactivity and unhealthy diets) in preventing and reducing the burden of NCDs was highlighted. Unacceptable interference of industry in the development and implementation of country plans as well as aggressive advertising of tobacco and alcohol were underscored. The delegates agreed that attention should also be paid to those NCDs and conditions that were relatively more specific to the African Region such as sickle-cell disease, mental health and injuries and to surveillance of NCDs in order to provide better evidence of their burden for decision making.

55. The following recommendations were made to Member States:

- (a) to strengthen early diagnosis and treatment of NCDs;
- (b) to strengthen surveillance systems to include NCDs;
- (c) to strike a balance between prevention (health promotion and addressing key risk-factors) and care interventions for NCDs.

56. The following recommendations were made to WHO and other partners:

- (a) to provide technical assistance to countries in the implementation of the Brazzaville Declaration on NCDs;



- (b) to support advocacy for NCD prevention and control;
- (c) to advocate for and/or provide additional resources for addressing NCDs.

57. The Regional Committee adopted, with amendments, Document AFR/RC62/8: Consideration and Endorsement of the Brazzaville Declaration on Noncommunicable Diseases and its related Resolution AFR/RC62/R7.

## **HEALTH PROMOTION: STRATEGY FOR THE AFRICAN REGION** (Document AFR/RC62/9)

58. The document recalls the Ottawa Charter for Health Promotion (1986) which defines health promotion as a process of enabling people to increase control over, and improve, their health. Health promotion seeks to promote healthy behaviours and empower individuals, families, households and communities to take appropriate action to that end. It reinforces the desired social and structural changes through policies, legislation and regulation. The document notes that significant gaps and challenges still exist in health promotion with regard to stewardship, delivery of interventions, community participation and empowerment, evidence generation and sustainable financing. It is also acknowledges that poverty, gender inequities, natural disasters, conflicts, climate change and weak health systems limit the impact of health promotion initiatives in the Region.

59. The strategy aims to build on and scale up existing multisectoral health promotion interventions in order to contribute to reducing the leading causes of preventable deaths, disabilities, major illnesses and conditions, and new and re-emerging threats to health in the African Region. The actions proposed include strengthening the stewardship role of the ministry of health; strengthening national technical capacity for health promotion; sustaining institutional capacity for health promotion at national, regional and local levels; using various communication channels and processes to increase awareness, interest and positive behaviour change; gathering and disseminating evidence on best practice and effective health promotion approaches; establishing sustainable mechanisms for innovative financing of health promotion to ensure adequate funding of interventions across programmes; strengthening functional partnership, alliances and networks; and strengthening community capacity for health promotion.

60. The Regional Committee underscored the important role played by individuals, families and communities as co-producers of health outcomes. The issue of mainstreaming health promotion across programmes was emphasized, including the need to focus on young people. The delegates took note of the importance of innovative approaches, specifically information and communication technology (ICT) and the social media, to reach a larger segment of the population including the youth. The delegates noted with interest the suggestion to elevate health promotion units to directorates within ministries of health but observed that what was important was the establishment of sustainable and functional structures.

61. The Regional Committee recommended that Member States scale up the implementation of the 2009 Nairobi “Call to Action on Health Promotion and Development”. It also recommended that WHO and other partners explore innovative approaches to strengthening health promotion, including the use of the social media to reach out to the youth, and promote health in Member States.

62. The Regional Committee adopted, with amendments, Document AFR/RC62/9: Health Promotion: Strategy for the African Region and its related Resolution AFR/RC62/R4.

### **HIV/AIDS: STRATEGY FOR THE AFRICAN REGION (Document AFR/RC62/10)**

63. The document notes that more than thirty years into the pandemic, HIV/AIDS remains a long-term development challenge in the WHO African Region which bears 69% of the global burden and accounts for more than 70% of the world's AIDS-related deaths. While there has been a decline in the number of new HIV infections, prevalence in the Region remains unacceptably high, estimated at 4.8% on average in 2011 but much higher in Southern Africa. The document provides directions for implementing the Global Health Sector Strategy on HIV/AIDS 2011–2015 in the African Region. It aims to accelerate national HIV responses, advance progress in achieving country targets for universal access to HIV prevention, treatment, care and support and contribute to achieving Millennium Development Goal 6 and other health-related goals.

64. The interventions proposed include scaling up HIV prevention; eliminating mother-to-child-transmission; expanding access to HIV testing and counselling services; expanding and optimizing HIV treatment and care for children, adolescents and adults; reducing co-infections and co-morbidities among people living with HIV; strengthening TB and HIV collaborative activities; providing comprehensive care and support for people living with HIV; and providing a comprehensive HIV/AIDS package of interventions to meet the needs of key populations. Proposed actions to strengthen the capacity of health systems to deliver HIV/AIDS interventions and services include strengthening the stewardship and leadership role of government; strengthening human resources for health; reinforcing the procurement and supply management systems and strengthening laboratory capacity; strengthening strategic information systems; and including gender and human rights issues in the design, delivery and monitoring of health services.

65. The Regional Committee reiterated the importance of integration, decentralization and health systems strengthening as key pillars for success in implementing HIV/AIDS interventions. The delegates expressed the need to pay more attention to some population groups such as women, children and adolescents, men, and other key populations such as men who have sex with men and injecting drug users. Special efforts need to be made to reach and attract men to HIV prevention and care services. The participants also highlighted the need to ensure effective maintenance of the different types of equipment used in the fight against HIV/AIDS while ensuring that the relevant personnel are trained, including biomedical engineers. The

Regional Committee expressed the need to ensure access to services as a human right, and for action to be taken to align the strategy with Document AFR/RC62/11 as it relates to access to medical products and technologies and the Trade-Related Aspects of Intellectual Property Rights (TRIPS). Actions should be taken to request an extension of the TRIPS agreement and to lower the prices of HIV medicines.

66. The following recommendations were made to Member States:

- (a) to strengthen the linkage of HIV/AIDS services with Sexual and Reproductive Health Services, including adolescent health;
- (b) to implement interventions addressing high-risk populations such as men who have sex with men, intravenous drug users and sex workers, including creating an enabling environment;
- (c) to continue to explore ways in which domestic funding can progressively complement donor funding to enhance sustainability.

67. The following recommendations were made to WHO and other partners:

- (a) to advise countries on the approaches to be used in the implementation of "Treatment as Prevention", taking into account the African context;
- (b) to support SADC countries in the preparation of the forthcoming meeting on TB/HIV co-infection;
- (c) to advocate with the African Union for the extension of the TRIPS agreement beyond the year 2016.

68. The Regional Committee adopted, with amendments, Document AFR/RC62/10: HIV/AIDS: Strategy for the African Region and its related Resolution AFR/RC62/R2.

## **HEALTH AND HUMAN RIGHTS: CURRENT SITUATION AND WAY FORWARD IN THE AFRICAN REGION** (Document AFR/RC62/11)

69. The document specifies that human rights are universal legal guarantees that protect individuals against actions and omissions that interfere with fundamental freedoms, entitlements and human dignity, and that the right to health is one of the fundamental human rights, recognized in Article 25 of the 1948 Universal Declaration of Human Rights as part of an adequate standard of living. It recalls that the earliest articulation of the right to health was in the 1946 Constitution of the World Health Organization which asserts that the enjoyment of the highest attainable standard of health is "...one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". While the right to health has been recognized and enshrined in the national constitutions of some countries, there are still large and growing inequities in the provision of and access to health care within countries.

70. Actions proposed to ensure the full realization of the right to health include the establishment by countries of institutional mechanisms for the implementation and

enforcement of human rights; enhancing universal access to primary care services; improving access to medical products and technologies; ensuring ethics in biomedical research; reducing gender-related inequities, including systematically integrating a gender-based approach to the development of health sector strategies and other national policies aimed at prevention; addressing marginalization, stigma, and discrimination; and improving awareness and understanding of human rights and health through a multisectoral approach, including encouraging national human rights institutions, civil society and the general public to play an active role in monitoring and upholding this right in the course of its implementation.

71. The delegates highlighted the following as issues requiring particular attention: (a) female genital mutilation should be recognized as a violation of the rights of women and girls and as a hindrance to the full attainment of the right to health; (b) guidance is needed by countries on how to implement the right to health by defining indicators, targets and timeframe; (c) there is the need to sensitize health care workers at the point of care particularly in institutions run by religious organizations. There was an extensive discussion around the inclusion of homosexuals as a group requiring special mention in the document. In the end the Regional Committee decided not to list any specific groups and emphasized that health care should be provided for all without discrimination.

72. The following recommendations were made to Member States:

- (a) to strive to meet the Abuja target of allocating at least 15% of the national budget to the health sector as the minimum investment towards ensuring universal health coverage;
- (b) to improve the implementation of laws and policies on human rights as they relate to access to care;
- (c) to consider innovative mechanisms for accessing and financing health at the point of care, including the use of smart cards.

73. The following recommendations were made to WHO and other partners:

- (a) to offer guidance for research on health and human rights and guidelines on health research;
- (b) to support countries in implementing the resolution on health and human rights.

74. The Regional Committee adopted, with amendments, Document AFR/RC62/11: Health and human rights: current situation and way forward in the African Region and its related Resolution AFR/RC62/R6.

## **IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE AFRICAN REGION** (Document AFR/RC62/12)

75. The document recalls that the International Health Regulations (2005) "IHR" are a legally binding international instrument for preventing and controlling international spread of diseases while avoiding unnecessary interference with international travel and trade. Under the IHR, Member States have agreed to comply with the rules therein and are required to develop, strengthen and maintain minimum national public health core capacities to detect, assess, notify and report events, and respond promptly and effectively to public health risks and emergencies of international concern. The document notes with concern that all Member States in the WHO African Region missed the set deadline of 15 June 2012 for the attainment of the minimum core capacities required under IHR.

76. Actions proposed include extending the period for full implementation of IHR core capacities to 2014; conducting a needs assessment, mapping unmet needs and using the identified gaps to mobilize resources; clearly defining the roles and responsibilities of each sector and partners and setting up coordination and multisectoral collaboration mechanisms; providing national IHR Focal Points with adequate means of communication and establishing mechanisms of retaining members of the IHR National Focal Points; assessing and revising, where necessary, national legislation to comply with IHR requirements; updating the lists of areas where the risk of yellow fever transmission is present; implementing Article 2 on the purpose and scope of IHR; enhancing national surveillance systems and notifying WHO, within 24 hours, of any public health event of national and international concern; strengthening public health laboratory capacities; and equipping designated points of entry.

77. In the ensuing discussions, the Regional Committee expressed concern about the slow pace of IHR implementation in the Region, the limited multisectoral coordination and communication at country level, the limited human resource capacity to implement IHR, the inconsistencies in the interpretation of IHR as they pertain to international travel and trade as well as the functions of the National Focal Point, and difficulties with mobilizing resources for IHR implementation. They expressed the need for subregional laboratory networks and reference laboratories as well as improved capacity to deal with chemical and radio-nuclear hazards. The challenges of implementing IHR requirements especially during mass gatherings such as the World Cup and international conferences, as well as the weakness of district and community-based surveillance systems were noted.

78. The following recommendations were made to Member States:

- (a) to ensure that they apply officially for the two-year IHR extension in order for WHO and partners to support their IHR implementation plans;
- (b) to use the opportunity provided by the "One Health" approach to strengthen IHR implementation as pertains to intersectoral collaboration;

- (c) to integrate IHR, Integrated Disease Surveillance and Response (IDSR) and Disaster Risk Management (DRM) frameworks to ensure synergies.

79. The following recommendations were made to WHO and other partners:

- (a) to support countries to strengthen their early warning systems for public health events;
- (b) to support countries to simplify the monitoring and evaluation tools, strengthen capacity for data collection, interpretation and use for rapid response to public health events;
- (c) to continue to support countries to build IHR core capacities including convening cross-border meetings to discuss issues related to IHR;
- (d) to consider establishing a site for prepositioning emergency supplies for Small Island States of the Indian ocean to facilitate rapid response to public health events.

80. The Regional Committee adopted with amendments Document AFR/RC62/12: Implementation of the International Health Regulations (2005) in the African Region and its related Resolution AFR/RC62/R8.

### **THE AFRICAN HEALTH OBSERVATORY: OPPORTUNITY FOR STRENGTHENING HEALTH INFORMATION SYSTEMS THROUGH NATIONAL HEALTH OBSERVATORIES** (Document AFR/RC62/13)

81. The document notes that health information systems represent a key component of national health systems and that the capabilities for leveraging information for improved health are limited and unevenly distributed in the African Region. To help address this, the African Health Observatory (AHO) serves as a tool to monitor health status and trends, including progress towards the Millennium Development Goals, and promote health financing and health sector reforms. AHO is the core of a reinforced regional health information system, interacting with National Health Observatories (NHOs) in the Member States to contribute to monitoring and evaluation, and data collection and analysis at national level. NHOs provide an innovative approach to addressing the fragmentation of initiatives in health information. As repositories of evidence, they address limitations in timely access to relevant information, and weak capabilities for sharing, translation or application of available information for policy and decision-making.

82. Proposed actions to facilitate the creation of NHOs include constituting country-wide, multisectoral and multidisciplinary groups involving all key stakeholders to coordinate efforts; establishing a secretariat with sufficient capacity within the department of health information; conducting a national review and mapping of stakeholders dealing with health information; providing funding for NHOs; selecting appropriate technologies and solutions to be used by NHOs; and facilitating the role of NHOs in continuing education by developing and providing appropriate training

materials for collaborative learning, eLearning or traditional forms of learning for on-going professional development.

83. The Regional Committee underscored the importance of NHOs in supporting efforts to strengthen national health information systems. It highlighted the need to broaden data sources to include data generated at community level and in private sector institutions. The delegates recognized the challenges related to data harmonization, standardization and security as well as integration of national and subnational information systems. The issue of integrating the national health observatory and the national human resources observatory (HRO) was also discussed and it was noted that HROs are part of the NHOs. There was concern that the establishment of the NHOs could be an additional burden to the already overloaded systems due to a number of existing initiatives. It was noted that NHOs could facilitate the public health sectors' efforts to integrate fragmented initiatives.

84. The following recommendations were made to Member States:

- (a) to establish NHOs by constituting a country-wide multisectoral and multidisciplinary group to coordinate their efforts;
- (b) to provide adequate resources to sustain the functions of the NHOs.

85. The following recommendations were made to WHO and other partners:

- (a) to provide technical support for the establishment and strengthening of NHOs;
- (b) to support countries in ensuring the harmonization, standardization and security of data;
- (c) to support countries in monitoring NHOs and in documenting and sharing best practices.

86. The Regional Committee adopted with amendments Document AFR/RC62/13: The African Health Observatory: opportunity for strengthening health information systems through national health observatories and its related Resolution AFR/RC62/R5.

### **FOLLOW-UP OF THE REPORT OF THE CONSULTATIVE EXPERT WORKING GROUP ON RESEARCH AND DEVELOPMENT: FINANCING AND COORDINATION (Document AFR/RC62/14)**

87. The document refers to resolution WHA65.22 which requests the Director-General to hold an open-ended Member States meeting to analyze thoroughly the report and the feasibility of the recommendations proposed by the Consultative Expert Working Group (CEWG), taking into account, as appropriate, related studies. It also takes into account the results of national consultations and develops proposals or options relating to: (a) research coordination; (b) financing; (c) monitoring of Research and Development (R&D) expenditures, to be presented under a substantive item dedicated

to the follow-up of the CEWG report at the Sixty-sixth World Health Assembly, through the Executive Board at its one-hundred and thirty-second session.

88. Resolution WHA65.22 also requests Member States, the private sector, academic institutions and nongovernmental organizations to increase their investments in health research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases. The Regional Committee discussed the report in the light of the results of the national consultations and the regional consultation organized at the Regional Office under the following three headings: research coordination; financing and monitoring of research; development expenditures.

89. Delegates expressed concern about the feasibility of a legally binding treaty for Research and Development financing. This may lead to lengthy consultations which could delay the implementation of the recommendations of the CEWG report.

90. The following recommendations were made to Member States:

- (a) to start implementing some of the other recommendations contained in the CEWG report such as research coordination, national financing for research and the monitoring of research and development expenditures;
- (b) to speed up implementation of the actions contained in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property Rights (GSPA-PHI) prepared by the Intergovernmental Working Group;
- (c) to consider requesting the regional economic groupings to discuss the recommendations made by the CEWG and assist Member States in implementing them;
- (d) to strengthen their capacity for Research and Development in medicines regulation, ethics, and technology transfer including the strengthening of pharmaceutical production facilities in countries within the context of the GSPA-PHI;
- (e) to include resources in the national budget to fund Research and Development including funding for licensing of products by national pharmaceutical companies and to contribute to a pharmacopeia for Africa in line with the Algiers Declaration;
- (f) to strengthen national regulatory capacity for medicines, vaccines biologicals, foods and devices along the lines of the African Medicines Agency.

91. The following recommendations were made to WHO and other partners:

- (a) to identify actions in the CEWG report needing immediate implementation and assist Member States in this exercise;



- (b) to support timely implementation of the actions proposed in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;
- (c) to assist countries in strengthening national regulatory capacities.

92. The Regional Committee adopted without amendment Document AFR/RC62/14: Follow-up of the report of the Consultative Expert Working Group on research and development: financing and coordination.

### **OPTIMIZING GLOBAL HEALTH INITIATIVES TO STRENGTHEN NATIONAL HEALTH SYSTEMS** (Document AFR/RC62/15)

93. The document indicates that Global Health Initiatives (GHIs) are typically programmes targeted at specific diseases that are intended to bring additional resources to the health efforts of countries. Since 2000 the number of GHIs has grown exponentially. The ability of GHIs to raise and disburse additional funds to support disease control and strengthen health systems provides a unique opportunity for countries to fill critical funding gaps in addressing their health development priorities. However, progress towards the health MDGs has been slow in many countries in the African Region, largely due to weaknesses within national health systems. Optimizing GHI resources to strengthen national health systems in the Region is expected to improve the infrastructure capacity to deliver integrated health care and accelerate coverage of priority health interventions including those related to GHIs.

94. Actions proposed include strengthening government stewardship, management capacity and advocacy for estimation of all the resources required for implementation of interventions to cover all priority programmes using a holistic approach to addressing operational bottlenecks during proposal development; pooling revenues collected from different sources into an integrated health financing mechanism; maximizing the use of the existing health system funding opportunities; promoting dialogue and communication among GHIs and other key players; and working collaboratively to improve efficiency, and harmonization and alignment to country priorities. WHO is requested to facilitate the discussion of the proposed actions among GHIs and remain an active player in the process of harmonization through the already established Harmonization for Health in Africa (HHA) regional and country mechanisms and International Health Partnership plus (IHP+) at global level.

95. Delegates noted the importance and value of the contributions made by the GHIs towards achievement of the health MDGs in the African Region. They underscored the need to ensure flexibility by reducing conditionalities and restrictions. The delegates noted with concern the little progress made towards sustainable and predictable funding of the national health strategic plans leading to creation of parallel mechanisms and misalignment with national priorities. They were of the view that fairness of the current criteria for selection of eligible countries for GHI support was not enough and might accentuate inequalities among countries. The Regional Committee delegates also noted that abrupt cessation of GHI-supported projects would lead to challenges in terms of the capacity of countries to take over and sustain them.

96. The following recommendations were made to Member States:
- (a) to strengthen the stewardship role of government to achieve better alignment with national health development plans and coordination of GHIs;
  - (b) to improve accountability, including monitoring and evaluation of projects supported by GHIs at country level;
  - (c) to plan and forecast with GHIs the exit strategies of supported projects;
  - (d) to advocate, through the representatives of the boards of the GHIs, for flexibility and predictability of the GHI financial support, as well as improvement of the eligibility criteria for selection.
97. The following recommendations were made to WHO and other partners:
- (a) to sustain and increase advocacy for improved alignment of GHIs with government priorities and health strategic plans;
  - (b) to provide technical support to countries for enhancing their stewardship and coordination role;
  - (c) to advocate for fair eligibility criteria for selection of countries to be supported by the GHIs.
98. The Regional Committee adopted without amendment Document AFR/RC62/15: Optimizing Global Health Initiatives to strengthen national health systems.

### **IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2012–2013 IN THE AFRICAN REGION (Document AFR/RC62/16)**

99. The document recalls that the implementation of the Programme Budget 2012-2013 is guided by the Medium-Term Strategic Plan (MTSP) 2008–2013 through which WHO has defined its contribution to the global health agenda as stated in the WHO Eleventh General Programme of Work (GPW). The overall WHO Programme Budget for the biennium 2012-2013 adopted by the World Health Assembly is US\$ 3 958 979 000; the African Region was allocated a share of US\$ 1 093 066 000 (28%). This budget is funded through assessed contributions (19%) and voluntary contributions (81%). The document provides a progress report on the implementation of the Programme Budget 2012-2013. It outlines the principles guiding its implementation as well as the existing and anticipated constraints and opportunities during the biennium.

100. The income available as at the end of September 2012 is US\$ 755.12 million, which represents 69% of the budget approved by the World Health Assembly. The AC component of the available funding is US\$ 203.28 million (27%) and the VC is US\$ 551.84 million (73%). While the AC approved budget has been fully disbursed, the trend of the mobilization of the VC component of the budget is slow - only 62% of the approved VC budget of US\$ 883 466 000 has so far been funded. Four SOs - medical products and technologies; HIV/AIDS, tuberculosis and malaria; Social and economic determinants of

health; and Health systems strengthening - have received less than 50% of their respective approved VC budgets. Income projection shows that only 90% of the 2012-2013 budget approved by the World Health Assembly is likely to be funded. The WHO Secretariat and Member States are called upon to intensify advocacy to mobilize more resources in accordance with Article 50 of the WHO Constitution.

101. Delegates at the Sixty-second session of the Regional Committee were concerned about the decrease of the overall budget by 13.4% since 2010-2011 at a time when needs for support have increased. They also noted that the current global financial crisis would continue. The 2012-2013 budget showed discrepancies in fund availability among Strategic Objectives, with those for HIV/AIDS, TB and Malaria, Health Strengthening Systems, Maternal and Child Health, and Nutrition and Food Safety being worst off. There were concerns raised about Assessed Contributions which remained proportionally low (19%).

102. The following recommendations were made to Member States:

- (a) to adapt to the current situation by being more efficient and effective;
- (b) to put in place mechanisms to ensure the best use of the limited available resources;
- (c) to explore innovative mechanisms for increased local resources to fund programme implementation, such as engaging well-resourced Africans.

103. The following recommendations were made to WHO and other partners:

- (a) to continue advocating for increased and flexible voluntary contributions from Member States;
- (b) to prioritize stringently and suggest in which areas to spend the limited resources to ensure high impact;
- (c) to strengthen collaboration with the African Union, regional economic communities and other partners for additional resources with a view to accelerating the achievement of the health-related MDGs;
- (d) to explore innovative resource mobilization mechanisms.

104. The Regional Committee adopted without amendment Document AFR/RC62/16: Implementation of the WHO Programme Budget 2012–2013 in the African Region.

### **DRAFT 12TH GENERAL PROGRAMME OF WORK (Document AFR/RC62/17)**

105. The document presents the first draft of the 12th General Programme of Work for the period 2014–2019 as work in progress and takes into consideration the ongoing WHO reforms regarding programmes and priorities. The document is being developed in wide consultation with Member States through different governing bodies including the Regional Committees.

106. Chapter 1 provides a short review of the changing global context in which WHO is working. Chapter 2 looks at some of the broad implications of this context, particularly their influence on the direction of reform. Chapter 3 covers the programme and priority-setting aspects of reform. It discusses the scope of each category; describes how cross-cutting issues will be handled; and reviews each of the agreed priorities in turn. Chapter 4 deals with corporate services and enabling functions – the sixth category. Chapter 5 then sets out the logic underpinning the results chain and a first draft of results at impact and outcome levels. In a subsequent draft of this document, Chapter 6 will address the issue of resources after concluding the consultations with Member States on the priorities and the results chain.

107. The Regional Committee concurred with comments from the Programme Subcommittee on the need to: reflect health promotion as a strategy applicable across all the categories and not limited to category 3; reduce the number of priorities and outcomes; be explicit on the role of WHO as a leader and coordinator of global health; reflect an analysis of the implementation of the 11th GPW including progress made towards the achievement of the health MDGs; and project the transition of the global health agenda beyond 2015. Due to the importance of strengthening health systems to achieve disease control outcomes, it was suggested to revisit the prioritization of categories by giving prominence to the health system category.

108. It was recommended that the Member States should advocate during the forthcoming Governing Bodies meetings for adequate funding for WHO to maintain its leadership and coordination role in the global health agenda in the context of WHO's constitutional core functions.

109. The following recommendations were made to WHO's Governing Bodies:

- (a) to ensure that the inputs made by the Sixty-second session of the Regional Committee are taken into consideration when finalizing and adopting the 12th GPW;
- (b) to ensure a fair allocation of resources to the WHO African Region in view of its challenging health priorities.

110. The Regional Committee adopted with amendment Document AFR/RC62/17: Draft 12th General Programme of Work.

### **PROPOSED PROGRAMME BUDGET 2014–2015 (Document AFR/RC62/18)**

111. The document notes that the programme budget for the period 2014–2015 will be the first of three biennial budget cycles under the six-year General Programme of Work for 2014–2019. The General Programme of Work establishes the vision and mission of the Organization; the criteria for priority setting and priority results; and the high-level section of the results framework, including impact targets and outcomes. The proposed programme budget for 2014–2015 presents a detailed analysis of what needs to be done to realize the health vision of the draft General Programme of Work. It is the primary instrument to express the full scope of work of the Organization and to identify

the roles, responsibilities and budget allocations of the three levels of WHO (country offices, regional offices and headquarters). The five categories (plus corporate services) that provide the main structure for the programme budget are: communicable diseases; noncommunicable diseases; promoting health through the life-course; health systems; preparedness, surveillance and response; and corporate services/enabling functions.

112. The proposed Programme Budget 2014-2015 was discussed together with the 12th General Programme of Work 2014–2019. Although there were no specific issues raised, the comments and recommendations on the 12th GPW would also apply to the proposed Programme Budget 2014-2015.

113. The Regional Committee adopted without amendment Document AFR/RC62/18: Proposed Programme Budget 2014–2015.

### **ESTABLISHMENT OF THE AFRICAN PUBLIC HEALTH EMERGENCY FUND – Report of the Regional Director (Document AFR/RC62/19)**

114. The document recalls that in recognition of the frequent occurrence of public health emergencies in the African Region and the lack of adequate resources to effectively respond to them, the Regional Committee had adopted several resolutions to promote the setting up of an African Public Health Emergency Fund (APHEF), in line with Article 50 (f) of the WHO Constitution. Progress made in the establishment of the APHEF includes the drafting of an operations manual for the APHEF; the setting up of the Technical Review Group (TRG); confirmation in writing by the African Development Bank (AfDB) of its intention to act as the Trustee for the APHEF; receipt of the 2012 contributions of Angola and Rwanda to the APHEF in a WHO bank account; and continued advocacy with Heads of State, the African Union and regional economic communities by the Regional Director, resulting in the endorsement of the APHEF-related Regional Committee resolutions by Heads of State and Government at the 19th Ordinary Assembly of the African Union in July 2012.

115. The document notes that one year after confirmation by the African Development Bank of its intention to act as the Trustee for the APHEF, the Trust Fund account to receive Member States' contributions has yet to be created. Actions proposed to ensure the full operations of the APHEF include appointment of the members of the Monitoring Committee of the Fund (MCF); deciding on whether to designate WHO to mobilize, manage and disburse the APHEF contributions or to reiterate the Regional Director's mandate to continue negotiations with the AfDB to take up its proposed role of trusteeship of the Fund; payment by Member States of their outstanding 2012 contributions to the APHEF and inclusion of a budget line in national budgets for subsequent yearly contributions to the APHEF; convening the first meeting of the Monitoring Committee of the Fund; and the Regional Director's continued advocacy with Heads of State and Government, the African Union and regional economic communities to ensure regular contributions to the APHEF.

116. The delegates congratulated the Regional Director for the efforts made to establish the Fund but expressed concern about the delays in its full implementation, including the non-creation of the Trust Fund account by the AfDB. The Regional Committee approved the proposed nominations for the membership of the Monitoring Committee of the Fund.

117. The following recommendations were made to Member States:

- (a) Ministers of Health should engage with their respective Ministers of Finance to obtain support for the creation of the Trust Funds account by AfDB;
- (b) Member States should ensure the inclusion of a budget line in their national budgets for subsequent yearly contributions and remit their outstanding 2012 contributions to the APHEF.

118. The following recommendations were made to WHO and other partners:

- (a) WHO should continue to mobilize, manage and disburse the contributions of the Member States to the APHEF using its financial management and accounting system as an interim measure while continuing negotiations with the AfDB to take up the proposed role of Trustee for the APHEF;
- (b) The WHO Regional Director should continue advocacy with Heads of State and Government, the African Union and regional economic communities to ensure sustained contributions to the APHEF.

119. The Regional Committee adopted with amendments Document AFR/RC62/19: Establishment of the African Public Health Emergency Fund – Report of the Regional Director.

## **INFORMATION**

120. The Regional Committee discussed and took note of the following information documents: (i) Report on WHO staff in the African Region: (Document AFR/RC62/INF.DOC/1); (ii) AFRO's compliance programme and status of WHO internal and external audit reports (Document AFR/RC62/INF.DOC/2).

121. The Regional Committee endorsed the information documents.

## **PROVISIONAL AGENDA, DATES AND PLACE OF THE SIXTY-THIRD SESSION, AND DATES AND PLACE OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC62/20)**

122. The document was introduced by the WHO Deputy Regional Director for Africa, Dr Matshidiso Moeti.

123. The Regional Committee adopted the Provisional Agenda of the Sixty-third session of the Regional Committee and confirmed that the Session would be held in Brazzaville, the Republic of Congo, from 2 to 6 September 2013.

124. The Regional Committee decided that its Sixty-fourth session would be held in the Republic of Benin.

### **PANEL DISCUSSION — TRADITIONAL MEDICINE: PRACTICES, PRACTITIONERS AND PRODUCTS IN THE AFRICAN REGION** (Document AFR/RC62/PD)

125. A panel discussion on traditional medicine in the African Region was held during the Sixty-second session of the WHO Regional Committee for Africa. The objectives were to discuss mechanisms to strengthen the regulation of traditional medicine practices, practitioners and products; and to propose components for incorporation in updating the traditional medicine strategy.

126. The Chairman of the panel discussion was Dr José Van-Dúnem, Minister of Health of Angola and the Co-Chair was the Head of Delegation of Burkina Faso, Dr Bocar A. Kouyate. Presentations were made by Professor Abayomi Sofowora, Former Chairman, WHO Regional Expert Committee on Traditional Medicine; Mr Emmanuel Sackey, an expert from the African Regional Intellectual Property Organization (ARIPO); Prof. Ange Abena from the *Université Marien Ngouabi*, Republic of Congo; Prof. Drissa Diallo, Director of the Department of Traditional Medicine at the National Public Health Research Institute and member of the WHO Regional Expert Committee on Traditional Medicine; Mrs Julie Quincy Ayodele, Traditional Medicine Practitioner from Nigeria; and Dr Felisbela Gaspar, Director, Traditional Medicine Institute, Mozambique.

127. Delegates shared experiences on ongoing work at country level including development of policies and regulatory frameworks for traditional health practitioners and the availability of traditional medicine coordination structures. Concerns were expressed about the lack of transparency on the part of some practitioners and inadequate investments in traditional medicine development. The importance of improving access to health care at primary care level through the use of traditional medicine was stressed. The complexity of traditional medicine as well as the need to have an integrated and holistic approach to traditional medicine practice was emphasized. The need for traditional healing systems to comply with the required norms and standards, good manufacturing practices and good hygiene practices for the production of these medicines was highlighted. The delegates underscored the importance of strengthening collaboration and complementarity between traditional medicine practitioners and conventional health practitioners.

### **ADOPTION OF THE REPORT OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE** (Document AFR/RC62/21)

128. The report of the Sixty-second session of the Regional Committee (Document AFR/RC62/21) was adopted with minor amendments. The Regional Committee

decided that its Chairman would present a summary of the report to the WHO Executive Board session scheduled for January 2013.

## **CLOSURE OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE**

### **Vote of thanks**

129. The “Vote of Thanks” was presented by the Minister of Health of Swaziland, Honourable Benedict Xaba. He thanked the President, the Government and the people of the Republic of Angola for hosting the Sixty-second session of the Regional Committee.

### **Address by the Regional Director**

130. The WHO Regional Director for Africa, Dr Luis Gomes Sambo, in his remarks, thanked His Excellency the President, the Vice-President, the Government and the people of the Republic of Angola for making it possible to have a very successful Sixty-second session of the Regional Committee in Luanda, Angola. He also expressed his gratitude to the Chairman of the Sixty-second Regional Committee, the Minister of Health of Angola, Dr José Vieira Van-Dúnem, for the able manner in which he steered the deliberations of the Regional Committee. He went on to thank the Vice-Chairmen of the Subcommittees, the Honourable Ministers, the Heads of Delegations and the delegates for their active participation in the Regional Committee.

131. Dr Sambo recalled that the Sixty-second Regional Committee had discussed several important issues including disaster risk management, HIV/AIDS, noncommunicable diseases, health systems (human resources for health and the use of Information and Communication Technology to strengthen national health information systems), the International Health Regulations and the African Public Health Emergency Fund. He called on all to make every effort to consolidate and make fully operational the African Public Health Emergency Fund. He further called on Member States to develop and strengthen their minimum national public health core capacities to implement the International Health Regulations (2005). He also called on all Member States and partners to mobilize themselves to implement the strategies adopted and the commitments made during the Regional Committee.

132. In concluding his address, Dr Sambo thanked the WHO Secretariat and all those who contributed in diverse ways, including the interpreters, the translators, the drivers, the staff of the Talatona Convention Centre, the hotel staff and others, in making the Sixty-second session of the Regional Committee a success. He also thanked the media and called on them to be more efficient agents in promoting health in the African Region.

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

133. The Chairman of the Sixty-second session of the Regional Committee, the Minister of Health of Angola, Dr José Vieira Van-Dúnem, in his closing remarks, thanked the



President of Angola for making it possible for Angola to host the Regional Committee and the Vice-President for opening the Regional Committee on behalf of the President. He also thanked the Honourable Ministers, the Heads of Delegations and the delegates for their active participation in the Regional Committee. He expressed concern about the low level of investments in health systems in the WHO African Region, given the high disease burden, and called on Member States and partners to commit more resources to health in order to improve the health indicators in the Region. He also called on all stakeholders to remain committed to the eradication of poliomyelitis in the African Region.

134. The Chairman congratulated the various sector ministries and departments of the Republic of Angola, the WHO Regional Director and the Secretariat for their contributions towards the successful organization of the Sixty-second session of the Regional Committee.

135. The Chairman then declared the Sixty-second session of the Regional Committee closed.

**PART III**  
**ANNEXES**

## LIST OF PARTICIPANTS

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## **DEMOCRATIC REPUBLIC OF CONGO**

Dr Marcel Mukengeshayi Kupa  
Directeur de la Direction de  
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Public  
Chef de Délégation

Dr Marie Louise Mbo Osomba K.  
Directrice du Programme National de la  
Santé de la Reproduction (PNRS)

Dr Micheline Kingombe Abiba  
Directeur du Programme National de  
Promotion de la Médecine Traditionnelle  
et Plantes Médicinales

M. Banze Wa Ngala Alquin  
Chargé des Missions

M. Mande Wa Mande Mike  
Secrétaire Particulier du Ministre

## **EQUATORIAL GUINEA**

Dr Diosdado Nsue Milang  
Ministro-Delegado de Sanidad y  
Bienestar Social

Dr Camilo Ela Ela Obono  
Director General de Salud Pública y  
Planificación Sanitaria

Dr<sup>a</sup>. Maria Clara Eyegue Narcise  
Directora general de Coordinación  
Multisectorial de lucha contra el  
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Senor Alberto Essimi  
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## **ERITREA**

Amina Nur Hussien Abdulkader  
Minister of Health  
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Bernane Gherretinsae  
Director-General of Health Services

## **ETHIOPIA**

Mrs Roman Tesfay Mebrahtu  
Director-General of the Policy, Planning  
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Head of Delegation

Dr Amha Kebede  
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Dr Lydia Tesfaye Muche  
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Dr Mahlet Kifle Habtemariam  
HIV/NCD Focal Person

### **GABON**

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Ministre Délégué à la Santé  
Chef de Délégation

Dr Médard Toung Mve  
Conseiller chargé des Programmes de  
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Délégué

### **GAMBIA**

Ms Fatim Badjie  
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### **GHANA**

Mr Peter Arhin  
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### **GUINEA**

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### **GUINEA-BISSAU\***

### **KENYA**

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Dr Solomon Mpoke  
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Dr James Henri GESAMI  
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### **LESOTHO**

Dr Pinkie Rosemary Manamolela  
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Dr Mpolai M. Moteetee  
Director-General of Health Services

### **LIBERIA**

Honourable Dr Walter Gwenigale  
Minister of Health  
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Dr Fred Amegashie  
Country Health Officer

Dr Bernice Dahn  
Deputy Minister/CMO-RL

\_\_\_\_\_  
\*Unable to attend

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Human Resource Officer

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### **MADAGASCAR**

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### **MALAWI**

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Dr Storn Kabuluzi  
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### **MALI**

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Prof. Drissa Diallo  
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### **MAURITANIA**

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Dr Jiddou Abderrahmane  
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### **MAURITIUS**

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M. Ousmane Oumarou  
Directeur des Études et de la  
Programmation

M. Adakal Aboubacar  
Directeur des Statistiques

Dr Harakoye Aissata Ly  
Directrice de la Santé de la Mère et de  
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Senior Health Research Officer

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Deputy Director (Multilateral)

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Guest Observer

Prof. Abdulsalam Nasidi  
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Nigeria Centre for Disease Control

Dr Aboje Sunday  
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Chief Health Correspondent

Mr Nwomeh Daniel  
SA Media HMH

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National Coordinator, HIV/AIDS

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Manager, Plans and Budget, NHIS

Mr Atoyebi Abdullateef Adebayo  
Manager, NHIS

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Chief Health Planning Officer, HRH

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Managing Director, Quincy Herbal  
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Herbal Medicine Practitioner (TMA)

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Mr S. Mohamed  
FMOH Cameraman

Mr Godwin Adodo-Odemijie  
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#### **RWANDA\***

#### **SAO TOME AND PRINCIPE**

Sr. Carlos Alberto Pires Gomes  
Ministro da Saúde e dos Assuntos Sociais  
Chefe da delegação

#### **SENEGAL**

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#### **SIERRA LEONE**

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#### **SOUTH SUDAN (Observer)**

Dr Yatta Lori Lugor  
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Dr Luc Riek  
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Coordination

#### **SWAZILAND**

Honourable Benedict Xaba  
Minister of Health  
Head of Delegation

Dr Steven V. Shongwe  
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Thembisile Khumalo  
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Dr Velephi Okello  
National HIV Coordinator

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Dr Thamizhanban Pillay  
Acting Deputy Director-General: Health,  
Planning and Systems Enablement

Dr Elizabeth Lindiwe Makubalo  
Health Attaché, WHO/UN  
South Africa Mission to United Nations

Dr Yogan Pilay  
DDG: HIV/TB, MCH

Ms Tsakani Mnisi  
Director, International Relations

Ms Nthari Matsau  
Head, International Relations

Mr Marthinus van Schalkwyk  
Director, Social Development,  
Department of International Relations  
and Cooperation

#### **TANZANIA**

Dr Helen Semu  
Head, Nutrition Services

Dr Georgina Msemo  
Head of Newborn and Child Health  
Services  
Ministry of Social Welfare

Dr Seif S. Rashid  
Deputy Minister of Health and Social  
Welfare

Mr Martin Edward Elias  
Personal Assistant to Deputy Minister for  
Health and Social Welfare

Dr M. Josiah  
Deputy Programme Manager  
National Director of Health and Social  
Welfare

#### **TOGO**

Dr Dogbe Koku Silea  
Directeur Général de la Santé

#### **UGANDA**

Mr George Baguma  
Ministry of Health

Mr Samuel Acuti Opio  
Ministry of Health

#### **ZAMBIA**

Dr Patrick Chikuso  
Honourable Deputy Minister  
Head of Delegation

Clement Chela  
National AIDS Council

Dr Chilengwe Welani  
Alternate Delegation Leader

Dr Nzala Selestine  
University of Zambia School of Medicine  
Ministry of Health

Dr Mary Nambao  
Reproductive Health Specialist

Mr Henry Kansembe  
Deputy Director – Technical Support

Dr Mary Zulu  
Executive Director  
Health Professionals Council

Mrs Grace Tembo Mumba  
HIV/Statistics Officer

#### **ZIMBABWE**

Dr Douglas Tendai Mombeshora  
Deputy Minister of Health and  
Child Welfare  
Head of Delegation

Dr Christopher Tapfumaneyi  
Principal Director, Curative Services

Dr Mukungunugwa Solomon Huruva  
Acting Provincial Medical Director

Mr Somane Daniel  
Deputy Director of Human Resources

Dr Manangazira Portia  
Director, Epidemiology and Disease  
Control

Mr Mangwadu Goldberg Tendai  
Director, Environmental Health Services

## **2. REPRESENTATIVES OF UNITED NATIONS AGENCIES AND SPECIALIZED INSTITUTIONS**

### **World Bank**

Rose Laura  
Sector Leader, Human Development  
Observer

## **3. REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS**

### **Roll Back Malaria (RBM)**

Dr Fatoumata Nafu-Traore  
Executive Director

Mrs Caroline A. Ndiaye  
Officer-in-charge of Governance

## **4. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS**

### **AMREF**

Dr Teguest Guerma  
Director-General

### **African Leaders Malaria Alliance (ALMA)**

Ms Saleemah Abdul Ghapur  
Director

Halima Abdullah  
Senior Director of Liaison

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

Mr Machedmedze Rangarirai  
Representative

### **African Federation of Obstetrics and Gynecology (AFOG)**

Dr Yirgu Gebrehiwof  
President, AFOG  
Observer

### **African Regional Intellectual Property Organization (ARIPO)**

Emmanuel Sackey  
Chief Examiner

### **African Centre for Global Health and Social Transformation (ACHEST)**

Dr Peter Eriki  
Observer

# ANNEX 2

## AGENDA OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Establishment of Subcommittees A and B of the Sixty-second session of the WHO Regional Committee for Africa (Document AFR/RC62/3)
4. Election of the Chairman, the Vice-Chairmen and the Rapporteurs of the plenary session; designation of Chairmen and Rapporteurs of Subcommittees A and B
5. Adoption of the agenda and the Programme of Work (Document AFR/RC62/1)
6. Appointment of members of the Subcommittee on Credentials
7. The Work of WHO in the African Region 2010-2011: Biennial report of the Regional Director (Document AFR/RC62/2)
8. Reassignment of Member States to the African Region (Document AFR/RC62/4)
9. Statement of the Chairman of the Programme Subcommittee (Document AFR/RC62/5)
10. Disaster risk management: a strategy for the health sector in the African Region (Document AFR/RC62/6)
11. Road map for scaling up human resources for health for improved health service delivery in the African Region 2012–2025 (Document AFR/RC62/7)
12. Consideration and endorsement of the Brazzaville Declaration on noncommunicable diseases (Document AFR/RC62/8)
13. Health promotion: strategy for the African Region (Document AFR/RC62/9)
14. HIV/AIDS: strategy for the African Region (Document AFR/RC62/10)
15. Health and human rights: current situation and way forward in the African Region (Document AFR/RC62/11)
16. Implementation of International Health Regulations (2005) in the WHO African Region (Document AFR/RC62/12)

17. The African Health Observatory: opportunity for strengthening health information systems through national health observatories (Document AFR/RC62/13)
18. Follow-up of the Report of the Consultative Expert Working Group on Research and Development: financing and coordination (Document AFR/RC62/14)
19. Optimizing Global Health Initiatives to strengthen national health systems (Document AFR/RC62/15)
20. Implementation of the WHO Programme Budget 2012-2013 in the African Region (Document AFR/RC62/16)
21. Draft 12th General Programme of Work (Document AFR/RC62/17)
22. Establishment of the African Public Health Emergency Fund (APHEF) — Report of the Regional Director (Document AFR/RC62/19)
23. Proposed Programme Budget 2014-2015 (Document AFR/RC62/18)
24. Information
  - 24.1 Report on WHO staff in the African Region (Document AFR/RC62/INF.DOC/1)
  - 24.2 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC62/INF.DOC/2)
25. Provisional agenda, dates and place of the Sixty-third session; and dates and place of the Sixty-fourth session of the Regional Committee (Document AFR/RC62/20)
26. Panel Discussion: Traditional Medicine: practices, practitioners and products in the African Region (Document AFR/RC62/PD)
27. Adoption of the report of the Regional Committee (Document AFR/RC62/21)
28. Closure of the Sixty-second session of the Regional Committee

## PROGRAMME OF WORK

### DAY 1: Monday, 19 November 2012 (Plenary Session)

09:30–12:00	<b>Agenda item 1</b>	Opening of the meeting
<b>12:00–12:30</b>	<b>Group Photo followed by refreshments</b>	
12:30–13:00	<b>Plenary meeting</b>	Opening remarks by the Minister of Health of Liberia, Dr Walter T. Gwenigale
	<b>Agenda item 2</b>	Constitution of the Subcommittee on Nominations
13:00–14:30	<i>Lunch break</i>	<i>(Meeting of the Subcommittee on Nominations during lunch break)</i>
14:30–15:00	<b>Side Event</b>	<b>Launch of WHO Publications</b>
15:00–15:30	<b>Agenda item 3</b>	Establishment of Subcommittees A and B of the Sixty-second session of the WHO Regional Committee for Africa (Document AFR/RC62/3)
	<b>Agenda item 4</b>	Election of the Chairman, the Vice-Chairmen and the Rapporteurs of plenary meetings; designation of Chairmen and Rapporteurs of Subcommittees A and B
	<b>Agenda item 5</b>	Adoption of the Agenda and the Programme of Work (Document AFR/RC62/1)
	<b>Agenda item 6</b>	Appointment of members of the Subcommittee on Credentials
15:30–16:30	<b>Agenda item 7</b>	The Work of WHO in the African Region 2010-2011: Biennial report of the Regional Director (Document AFR/RC62/2)
16:30–17:00		Statement of Guest-speakers: <ul style="list-style-type: none"> <li>- Dr Fatoumata Nafo Traoré, EXD RBM</li> <li>- Mrs Joy Phumaphi, Executive Secretary, ALMA</li> <li>- Dr Christopher Elias, President of the Global Development Programme, BMGF</li> </ul>
17:00–17:30	<i>Tea break</i>	

- 17:30–18:00 **Agenda item 8** Reassignment of Member States to the African Region (Document AFR/RC62/4)
- 18:00–18:30 **Agenda item 9** Statement of the Chairman of the Programme Subcommittee (Document AFR/RC62/5)
- 18:30 **End of the day's session**
- 17:30–18:45 *Meeting of the Subcommittee on Credentials*
- 19:30 **Reception offered by the Government of Angola**

**DAY 2: Tuesday, 20 November 2012 (Subcommittee meetings)**

- 09:00–10:30 **Agenda item 10** Disaster risk management: a strategy for the health sector in the Africa Region (Document AFR/RC62/6) — **Subcommittee A**
- Agenda item 11** Road map for scaling up human resources for health for improved health services delivery in the African Region 2012–2025 (Document AFR/RC62/7) — **Subcommittee B**
- 10:30–11:00 *Tea break*
- 11:00–12:30 **Agenda item 12** Consideration and endorsement of the Brazzaville Declaration on Noncommunicable Diseases (Document AFR/RC62/8) — **Subcommittee A**
- Agenda item 13** Health Promotion: strategy for the African Region (Document AFR/RC62/9) — **Subcommittee B**
- 12:30–14:00 *Lunch break*
- 14:00–15:30 **Agenda item 14** HIV/AIDS: strategy for the African Region (Document AFR/RC62/10) — **Subcommittee A**
- Agenda item 15** Health and human rights: current situation and way forward in the African Region (Document AFR/RC62/11) — **Subcommittee B**
- 15:30–16:00 *Tea break*
- 16:00–18:00 **Side Event** **Decade of Vaccines and GAVI Alliance Update** (Presided over by the Chairman of RC62)
- Introductory remarks by the WHO Regional Director for Africa



- Statement of the Chief Executive Officer of the Global Alliance for Vaccine and Immunization (GAVI)
- Discussions

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

**DAY 3: Wednesday, 21 November 2012**

09:00–10:30	<b>Agenda item 16</b>	Implementation of International Health Regulations (2005) in the WHO African Region (Document AFR/RC62/12) — <b>Subcommittee A</b>
	<b>Agenda item 17</b>	The African Health Observatory: opportunity for strengthening health information systems through national health observatories (Document AFR/RC62/13) — <b>Subcommittee B</b>
10:30–11:00	<i>Tea break</i>	
11:00–11:10	<b>Agenda item 6 (cont'd)</b>	Report of the Subcommittee on Credentials — Plenary meeting
11:10–12:30	<b>Agenda item 18</b>	Follow-up of the Report of the Consultative Expert Working Group on Research and Development: financing and coordination (Document AFR/RC62/14)
12:30–14:00	<i>Lunch break</i>	Ministers' Lunch hosted by Roll Back Malaria
14:00–15:00	<b>Agenda item 19</b>	Optimizing Global Health Initiatives to strengthen national health systems (Document AFR/RC62/15) — Plenary meeting
	<b>Agenda item 22</b>	Establishment of the African Public Health Emergency Fund (APHEF) — Report of the Regional Director (Document AFR/RC62/19)
15:00–15:30	<i>Tea Break</i>	
15:30–17:30	<b>Agenda item 20</b>	Implementation of the WHO Programme Budget 2012-2013 in the African Region (Document AFR/RC62/16)
17:30	<b>End of the day's session</b>	
19:00	<b>Reception offered by WHO</b>	

#### **DAY 4: Thursday, 22 November 2012 (Plenary meeting)**

08:30–10:00	<b>Agenda item 21</b>	Draft 12th General Programme of Work (Document AFR/RC62/17)
10:00–10:30	<i>Tea break</i>	
10:30–12:00	<b>Agenda item 23</b>	Proposed Programme Budget 2014-2015 (Document AFR/RC62/18)
12:00–13:00	<b>Agenda item 24</b>	Information
	<b>Agenda item 24.1</b>	Report on WHO staff in the African Region (Document AFR/RC62/INF.DOC/1)
	<b>Agenda item 24.2</b>	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC62/INF.DOC/2)
13:00–14:30	<i>Lunch break</i>	
	<b>Side Event</b>	Global Fund Joint Africa Constituency briefing – Organized by the Honorable Ministers of Health for Ghana and Comoros
14:30–15:00	<b>Agenda item 25</b>	Provisional agenda, dates and place of the Sixty-third session, and dates and place of the Sixty-fourth session of the Regional Committee (Document AFR/RC62/20)
15:00–17:00	<b>Agenda item 26</b>	<b>Panel Discussion</b> — Traditional Medicine: practices, practitioners and products in the African Region (Document AFR/RC62/PD)
17:00	<b>End of the day's session</b>	

#### **DAY 5: Friday, 23 November 2012**

10:00–11:30	<b>Agenda item 27</b>	Adoption of the report of the Regional Committee (Document AFR/RC62/21)
11:30–12:00	<b>Agenda item 28</b>	Closure of the Sixty-second session of the Regional Committee.

## OPENING ADDRESS BY HIS EXCELLENCY VICE-PRESIDENT OF THE REPUBLIC OF ANGOLA, ENG. MANUEL DOMINGOS VICENTE

- Excellencies,
- Honoured guests,
- Distinguished delegates,
- Ladies and gentlemen,

Angola is very pleased to be hosting the Sixty-second session of the WHO Regional Committee for Africa.

This meeting provides another opportunity for a profitable exchange of ideas and experiences to plan new strategies to control the major endemic diseases that still afflict our continent, and to contribute to the adoption of policies that will enable us to provide better medical and pharmaceutical care to people in our respective countries.

We are therefore especially pleased that you have accepted our offer to hold this significant event in Luanda. The items on the agenda before us are of central importance, requiring solutions that necessitate cooperation between the governments of our respective countries.

We are holding this session in the knowledge that the health of the citizens of our countries is a core component of economic and social development.

Indeed, the consolidation of an effective health system is a precondition for the establishment of a democratic, inclusive and progressive society that guarantees well-being and social justice for all.

Therefore, the right to health needs to be constitutionally enshrined in our countries; going forward, it should be implemented in conditions of peace and social and political stability, which are the essential prerequisites for its embodiment in fact.

It is no surprise that health looms large as a central concern of governments, which are dedicating their efforts and resources to pursuing programmes and strategies to achieve successful outcomes in the area of public health and environmental sanitation.

We thus continue to be bound by the commitments to health undertaken in the framework of the United Nations, the African Union, the Southern African Development Community (SADC) and the Community of Portuguese-speaking Countries (CPLP).

However, we must acknowledge that our progress to date has not been sufficient to achieve the Millennium Development Goals (MDGs) by 2015.

We need to persevere in order to enhance, with quality and equality, universal access to integrated health services, for all citizens without exception, throughout the life cycle.

We need more robust health systems that are geared to promotion, prevention, diagnosis and treatment, that take a holistic approach and that satisfy the expectations and requirements of our respective populations.

The accelerated reduction in maternal and infant mortality, the prevention and control of communicable and noncommunicable diseases, neglected diseases and rapid response to disasters and epidemics are closely connected with health system strengthening, as is intersectoral action to ensure the provision of drinking water, electricity, sanitation, food security and education.

We can never tire of repeating that the sustainable development of our continent is contingent upon addressing the principal health problems that face our populations, through the adoption of structured and consistent people-centred approaches.

We have the responsibility before our respective peoples to use this meeting to reaffirm our commitment to a future that we ardently desire, i.e. a commitment to their life and well-being.

- Excellencies,
- Honoured guests,
- Ladies and gentlemen,

Angola advocates universal access to curative and preventive health care as an embodiment of the civil right that subsequently translates into reduction of poverty and inequalities.

Among the measures taken by the Angolan Government, I would like to single out the progress we have made in renovating and constructing our infrastructure and other social amenities that will enable us to expand our peripheral health network and specialized services and thereby considerably benefit our health sector.

At the same time, resources have been made available for primary care at community level with a view to improving the supply of quality health services and preventing and treating the diseases that most affect the population, in the context of decentralizing our health services.

The Angolan Government has thus placed the highest priority on primary health care and public health with a view to gearing our national health service to disease prevention and responding appropriately to the specific needs of our people.

These initiatives have been accompanied by very specific interventions in the field of human resources training and management, which we consider to be an essential component of the health system, including policies to ensure better conditions for retaining professional health workers at local level and encouraging access to postgraduate and specialist studies and career development.

Since independence, Angola has invested in the construction of five new medical schools and a technical school in every one of the 18 provinces in the country.

The ratio of physicians to patients is now approximately 2 per 10 000 of population, with an average of one physician per municipality, with is clearly not enough. Accordingly, we have resorted to hiring medical specialists from overseas to help ensure adequate public-health coverage.

And for the same reason, we aim to implement an ambitious national health workforce training plan for the period 2013-2020, which will enable us to make up this shortage.

- Excellencies,
- Honoured guests,
- Ladies and gentlemen,

Results achieved to date show that some progress has been made on life expectancy, reduction of maternal and infant mortality, prevention of HIV/AIDS and control of poliomyelitis.

The reduction of maternal and infant mortality is a national priority for the Angolan Government, and the most recent studies and estimates indicate that both these rates have been cut.

In this area, we have embarked on initiatives to improve access to family planning, antenatal care, deliveries attended by medically qualified personnel and care for newborns.

In municipalities throughout the country we are investing heavily in obstetric, neonatal and infant care, in line with the United Nations Global Strategy for Women's and Children's Health.

Also in this field, the campaign for accelerated reduction of maternal mortality in Africa was launched in 2010, thus taking up the challenge thrown down by the African Union and mobilizing all Angolans in an effort to prevent maternal deaths in childbirth.

Angola has also established a National Children's Council to coordinate initiatives in favour of children's health; this body comprises 16 ministerial departments, United Nations agencies, development partners and civil society.

Given the results we have achieved, so far, in our fight to eradicate poliomyelitis, we can now conclude that, with determination, we will be able to achieve total eradication of this disease in Angola and throughout Africa; indeed, no cases of poliomyelitis have been recorded for more than 14 months.

Let me take this opportunity to express our sincere thanks to all those who have contributed to poliomyelitis eradication, and urge them to maintain their vigilance and dedication to ensure that this scourge does not re-emerge.

We have also seen encouraging results in the control and prevention of HIV/AIDS. Our prevalence rate of 1.9% - the lowest in the Southern African region - has remained stable since 2005.

In its health programme, the Angolan Government has prioritized the control and prevention of communicable, vaccine-preventable and neglected diseases, i.e. the ones that affect our population most of all, and has achieved positive results in this field.

It is now time to pay more attention to noncommunicable diseases, violence and injury, both in terms of their incidence and the negative impact they have on people's lives, and more generally on society as a whole and the national economy.

Our incapacity to respond rapidly to emergencies is very much a matter of concern to us, because it causes loss of life and can potentially jeopardize the socioeconomic development of the Region.

Accordingly, we have contributed financial resources to the African Public Health Emergency Fund established by the WHO Regional Office for Africa.

We recognize and accept that we still have a long way to go to ensure universal coverage of basic health services, bearing in mind the growth in demand that is essentially fuelled by the increase in population.

The general guidelines for the health sector have been laid down in accordance with national priorities and included in the Health Development Plan for the period 2012-2025.

This Plan follows up on strategies to reduce the inequalities and imbalances that characterize access to and quality of services and sets forth ambitious objectives in all areas of the National Health System, including the strengthening of efforts to control those diseases that have been accorded priority, i.e. communicable and noncommunicable diseases, in addition to maternal and child health, child survival, health services targeted at infants and the elderly, and community-centred care.

In this context, individual citizens and public- and private-sector institutions alike have been mobilized to promote new lifestyles and habits with a view to changing the social and economic determinants of the health of Angolans.

Health, it seems to us, is an investment that generates benefits for the whole of society, because it reduces inequality and irons out social imbalances.

I should like on this occasion to reiterate the profound gratitude of all Angolans for the more-than-generous level of support that our development partners have given to technical and financial plans, with particular thanks due to WHO and other United Nations agencies.

Let me also take this opportunity to reiterate Angola's desire to strengthen and broaden its partnerships, and to guarantee that we shall continue to honour our commitments and make our modest contribution to improving health on our continent.

I wish this meeting every success in its work and I hope that it represents an important step towards the achievement of our goals.

With this, I declare open the Sixty-second session of the WHO Regional Committee for Africa.

Thank you very much.

# ANNEX 5

## SPEECH BY DR LUIS GOMES SAMBO, WHO REGIONAL DIRECTOR FOR AFRICA

- Your Excellency Mr Vice-President of the Republic of Angola, Eng. Manuel Domingos Vicente,
- Honourable Minister of Health of the Republic of Angola,
- Your Excellency the Secretary of State for Foreign Affairs,
- Your Excellency the Vice-Governor of the Luanda Province,
- Honourable Members of the Parliament of Angola,
- Members of Government of the Republic of Angola,
- Honourable Ministers of Health of Member States of the WHO African Region,
- Your Excellencies Ambassadors, Heads of Diplomatic Missions, and Multilateral and Bilateral Agencies accredited to the Republic of Angola,
- Dear Esteemed Friend and Mentor, Mr Agostinho André Mendes de Carvalho "Uanhenga Xitu", ex-Minister of Health,
- Distinguished Guests,
- Dear Colleagues and Friends,
- Social Communication Members,
- Ladies and Gentlemen,

It is with deep emotion and an immense feeling of pride that I address this august assembly on this occasion of the opening of the Sixty-second session of the WHO Regional Committee for Africa, here in Luanda, Republic of Angola. I have this feeling of pride because Angola, after recently emerging from a situation of war with tragic consequences, has risen up to the challenge of organizing the present session of the Regional Committee and has mobilized substantial resources to that end. The hospitality shown to the delegates of Member States and the representatives of the many partners that have honoured us with their presence is a clear demonstration of our mutual fraternity and respect.

I am having this **emotion** because Angolans have restored peace and as a result the entire country has now become a real development project, with tangible results to show from the economic, social and cultural standpoints.

- Your Excellency Mr Vice-President of the Republic of Angola,
- Honourable Ministers,
- Ladies and Gentlemen,

On behalf of the WHO Director-General, Dr Margaret Chan, I would like to pay compliments to the ministers of health and heads of delegations of Member States of



WHO. I extend greetings to the representatives of the various health development partners in Africa and to the Resident Coordinator and Heads of Agencies of the United Nations System in Angola and, of course, to my colleagues, WHO staff. I welcome you all to this event.

May I be permitted to express, from this podium, my profound gratitude to the President of the Republic of Angola, His Excellency Eng. José Eduardo dos Santos, and to the Government and the people of Angola for the conditions they have put in place for the holding of the Sixty-second session of the Regional Committee and for the excellent support provided to WHO for its work in the African Region.

The agenda of the Sixty-second session of the Regional Committee includes public health matters of priority to the African Region. Notable among the various topics for discussion is firstly the issue of health systems strengthening, under which we shall analyse how Global Health Initiatives can contribute to improving integrated health care delivery to the populations; the opportunities that the new information and communications technologies provide for improving health information systems; research and development financing and coordination for health innovation; and the road map for scaling up human resources for health to accelerate progress towards achieving national and international health goals.

This Regional Committee should also address matters related to disease control, specifically updating of the strategies for control of HIV/AIDS, chronic diseases and for health promotion.

Furthermore, the meeting will address WHO corporate matters namely the ongoing reforms, implementation of the WHO Programme Budget 2012-2013, the Proposed Programme Budget 2014-2015 and the priorities of the WHO 12<sup>th</sup> General Programme of Work 2014–2019.

Your Excellencies Ministers, Heads of Delegation, you will also have an opportunity to take part in a working session with major partners on important topics such as the decade of immunization and the control of malaria. This year traditional medicine will be the subject of a panel discussion to be facilitated by experts invited specifically for that purpose.

- Your Excellency Mr Vice-President of the Republic of Angola,
- Honourable Ministers,
- Distinguished Guests,

This is the second time that Angola is hosting the WHO Regional Committee for Africa. The first time was in 1956 prior to Angola's Independence.

When I referred to the records of the Sixth session of the WHO Regional Committee for Africa, held in Luanda in 1956, I noted that emphasis was put on maternal and child health, health and environment, control of schistosomiasis, onchocerciasis, leprosy, yellow fever, smallpox and malaria. For the majority of these health issues, there have

been favourable developments since then and some of the diseases have been controlled or even eradicated. I would like to cite for example the eradication of smallpox, the control of yellow fever and onchocerciasis and the improvement of maternal and child health.

The health system reforms that followed the independence of African countries provided better opportunities for health sector development and the countries of the African Region have no doubt made progress in health in recent decades.

The progress has resulted from the implementation of more equitable health policies based on what used to be called Primary Health Care, now called Basic Health Care. The primary health care approach at the 1978 Alma Ata Conference was an actual revolution in public health. The approach allowed increased community participation in health care organization, and in training and posting of health professionals as well as enhanced access to health technologies including the provision of essential medicines and vaccines.

Despite the progress, tuberculosis, malaria, some recurrent epidemics, and maternal and child mortality will continue to be a concern. Meanwhile in the early 1980s the HIV/AIDS epidemic emerged.

The United Nations Millennium Declaration of 2000 has provided a new opportunity and defined a frame of reference that puts health at the core of our human development ideas and objectives.

If we should compare the main health indicators worldwide, we can appreciate the extent of disparity from country to country, within countries and among populations subgroups, e.g. between the rich and the poor, between urban areas and rural areas.

According to the latest WHO statistics, life expectancy at birth worldwide is 68 years, varying between 54 years in the African Region and 76 years in the Region of the Americas for example. The African Region, with around 12% of the global population, accounted for 18.6% of deaths that occurred in 2008.

As regards disease control in Africa, I should start by saying that communicable diseases accounted for 63% of total deaths in the African Region. HIV/AIDS, diarrhoeal diseases, malaria, tuberculosis and child diseases cause 88% of these deaths. HIV/AIDS alone accounts for 15.6% of the total of deaths in the African Region. Despite these realities, the Region has made progress in HIV/AIDS prevention and control. Coverage of interventions to reduce vertical transmission has increased. Coverage of antiretroviral treatment has also increased from 100 000 people in 2003 to 6.2 million people in 2011.

Even so, the annual incidence of HIV infections remains high, estimated at 1.7 million new cases in 2011. Concerning malaria, 12 countries of the African Region have recorded about 50% reduction of related morbidity and mortality. There are good prospects and opportunities for malaria control in Africa in coming years.

The African Region continues to face up to numerous health emergencies including diseases of epidemic potential that have a devastating impact on the economic and social fabric of countries. The majority of these events are of infectious origin and cholera, meningitis and viral haemorrhagic fevers are among the most frequent. Cholera has claimed 1231 lives in the Region in the past 12 months.

As regards the global poliomyelitis eradication initiative, the African Region recorded 66% reduction of wild poliovirus cases. Angola has been polio-free for the past 16 months and the Democratic Republic of the Congo for at least the past 10 months. Poliovirus transmission in Chad has declined considerably in the past 12 months. Unfortunately, the number of polio cases has doubled in Nigeria which is the only polio-endemic country in our Region. That has prompted polio international partners to strengthen their support to the Government of Nigeria.

Meningitis epidemics to which nearly 500 million people in countries of the Sahel were exposed annually is now being battled with a powerful control weapon, i.e. the new conjugate vaccine against meningococcal meningitis type A. Last week we launched in the Republic of Benin the immunization campaign that brought together 100 million people immunized in Africa.

Concerning the Millennium Development Goal 4, i.e. reduce under-five mortality, it is important to note that under-five mortality has continued to decrease in the African Region from 159 per 1000 live births in 2000 to 109 per 1000 in 2010. Even so, current statistics show that nearly 40% of deaths among children aged below five years occur in the first month of life, which suggests that there is inadequate attention to newborn care.

With regard to Millennium Development Goal 5, i.e. reduce maternal mortality by three quarters, maternal mortality decreased on average from 720 deaths per 100 000 live births in 2000 to 480 deaths per 100 000 live births in 2010. The African Region has made progress in improving maternal health but the progress is not sufficient to enable achievement of MDG 5.

As regards other public health problems, chronic diseases including mental disorders and injuries represent nearly 60% of the current burden of diseases at the global level. Worldwide, nearly 37 million deaths are attributed to noncommunicable diseases. The burden of chronic diseases which is increasing rapidly also affects poor and needy populations. The majority of chronic diseases are associated with risk factors such as smoking, unhealthy diet, lack of exercise and alcohol abuse. There is no gainsaying the need to strengthen health promotion in order to reduce the exposure of individuals and populations to this risk factor.

The major public health challenges are associated with health determinants that change unpredictably and are unevenly distributed. In this regard, I would like to quote a passage from the 2008 Final Report of the Commission on Social Determinants of Health: *"the lack of health care is not the main reason for the high burden of disease in the world. For example, water borne diseases are not caused by lack of*

*antibiotics but by human consumption of unclean water. Likewise, heart diseases are not caused by lack of services specialized in coronary diseases but by the lifestyles of people”.*

Health system reforms should therefore be carried out within a broader context that also improves the living conditions and the quality of life of people. We should therefore be prepared to grapple with a broader and increasingly complex public health agenda with new intertwined problems that will emerge as time goes on.

Health financing continues to be a concern since the improvement of the health status of the populations largely depends on it.

The commitment by Heads of State and Government in Abuja to allocate at least 15% of their national budgets to the health sector has been achieved by five countries. Twenty-four African countries have been able to reach the target of US\$ 44 health expenditure per capita per annum as recommended by the Task Force on Innovative International Financing. The average health spending per capita increased from US\$ 35 to US\$ 82 over the last 10 years. The first-ever conference of ministers of health and ministers of finance that was held in Tunis this year strengthened the commitment to a strategic alliance between ministries of health and ministries of finance and called for more efficient management of human resources, an increase in health sector investment including innovative financing mechanisms with emphasis on the need for greater transparency and accountability.

We are currently witnessing a trend towards the hospital approach to health services, commercialization of health care and fragmentation of national health systems. It is necessary that countries strengthen the implementation of their policies based on primary health care and pay attention to health determinants. Effective implementation of primary health care will contribute to attainment of universal health care coverage. However, aspects of funding should be treated with attention according to the economic and social context of each country.

WHO has been emphasizing the need for development of national health accounts, more efficient management of the resources available to health and the adoption of prepayment schemes (health taxes or health insurance) to help prevent impoverishment due to catastrophic health expenditure.

The human resources for health crisis will persist and is, no doubt, one of the factors that weaken health systems. The African Region accounts for about 26% of the global burden of disease but has only 3% of health professionals (2% of the total of 10 million doctors and 4% of the total of 20 million nurses/midwives). Thirty-two countries of the Region are facing an acute crisis of human resources for health. On average, the African Region will need to increase the health workforce by 140% to close the gap. We commend the countries that have decided to increase their capacity to train doctors and other health professionals and we are drawing attention to the need to guarantee the quality of training in accordance with internationally established standards.

As regards health technologies, I would like to mention that although access to routine vaccines has improved considerably, there is still need to accelerate the introduction of new vaccines. The access of the populations to quality medicines remains problematic. Some countries have initiated their local production of medicines or strengthened their capacity to do so; the African Union recently drew up a plan to strengthen the pharmaceutical industry in Africa. All these initiatives require more active drug regulation to enable us to prevent the circulation and intake of falsified medicines. It is against this background that we are suggesting the establishment of the African Medicines Agency.

- Your Excellency, Mr Vice-President of the Republic of Angola,
- Honourable ministers,
- Distinguished guests,

If I should sum up all that I have said under-five points, I would say that:

1. The health status of the African populations has improved in recent years and the trend will continue.
2. Economic growth in Africa provides new opportunities for successful reforms but health systems should benefit therefrom.
3. Reforms should impact on the least-performing components of health systems, e.g. financing, human resources, health information systems and epidemiological surveillance, health technologies, research and innovation.
4. In the decision-making process there is need to take account of the opinions and expectations of communities and grassroots organizations in health matters.
5. Intersectoral dialogue for health should be strengthened through the leadership of ministers of health with a view to promoting social determinants of health and establishing objective conditions for reducing health inequalities and achieving universal coverage of health care in Africa.

- Your Excellency Mr Vice-President,
- Excellencies,
- Distinguished participants and guests,

I would like to end my address by expressing gratitude especially to the Minister of Health and the Secretary of State for Health of Angola and to the Government's interministerial team that worked so tirelessly to make the holding of this event possible. May I also re-iterate my gratitude to His Excellency the Vice-President, Eng. Manuel Domingos Vicente, for his presence at this gathering, which has made us feel so honoured.

For its part, the WHO Secretariat stands ready to make its technical and scientific contribution towards the success of the Sixty-second session of the Regional Committee.

I thank you for your attention.

# ANNEX 6

## PROVISONAL AGENDA OF THE SIXTY-THIRD SESSION OF THE REGIONAL COMMITTEE, BRAZZAVILLE, REPUBLIC OF CONGO, 2-6 SEPTEMBER 2013

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region 2012: annual report of the Regional Director
7. Statement of the Chairman of the Programme Subcommittee
8. Healthy Ageing: Situation analysis and way forward
9. Promoting the role of traditional medicine in health systems: A Strategy for the African Region
10. Monitoring the implementation of the health Millennium Development Goals
11. Health research agenda for the African Region
12. Strengthening regulatory capacity for medicines and other health products in the African Region
13. Proposed Changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee in light of the reforms of WHO Governance
14. Progress report on the implementation of the regional immunization strategic plan
15. Utilizing eHealth solutions to improve national health systems in the African Region
16. Panel Discussion 1: Towards universal health coverage: strategies for health financing in the African Region

17. Programme Budget 2014-2015: orientations for implementation in the African Region
18. [Matters of regional concern related to World Health Assembly decisions and resolutions]
19. Information
  - 19.1 Report on WHO staff in the African Region
  - 19.2 Regional matters arising from reports of the WHO internal and external audits
20. Provisional agenda, dates and place of the Sixty-fourth session; and dates and place of the Sixty-fifth session of the Regional Committee
21. Adoption of the report of the Regional Committee
22. Closure of the Sixty-third session of the Regional Committee

# ANNEX 7

## LIST OF DOCUMENTS

AFR/RC62/1	Adoption of the agenda and the Programme of Work
AFR/RC62/2	The Work of WHO in the African Region 2010-2011: Biennial report of the Regional Director
AFR/RC62/3	Establishment of Subcommittees A and B of the Sixty-second session of the WHO Regional Committee for Africa
AFR/RC62/4	Reassignment of Member States to the African Region
AFR/RC62/5	Statement of the Chairman of the Programme Subcommittee
AFR/RC62/6	Disaster risk management: a strategy for the health sector in the African Region
AFR/RC62/7	Road map for scaling up human resources for health for improved health services delivery in the African Region 2012–2025
AFR/RC62/8	Consideration and endorsement of the Brazzaville Declaration on Noncommunicable Diseases
AFR/RC62/9	Health promotion: strategy for the African Region
AFR/RC62/10	HIV/AIDS: strategy for the African Region
AFR/RC62/11	Health and human rights: current situation and way forward in the African Region
AFR/RC62/12	Implementation of International Health Regulations (2005) in the WHO African Region
AFR/RC62/13	The African Health Observatory: opportunity for strengthening health information systems through national health observatories
AFR/RC62/14	Follow-up of the Report of the Consultative Expert Working Group on Research and Development: financing and coordination
AFR/RC62/15	Optimizing Global Health Initiatives to strengthen national health systems
AFR/RC62/16	Implementation of the WHO Programme Budget 2012-2013 in the African Region
AFR/RC62/17	Draft 12th General Programme of Work
AFR/RC62/18	Proposed Programme Budget 2014-2015



AFR/RC62/19	Establishment of the African Public Health Emergency Fund (APHEF) — Report of the Regional Director
AFR/RC62/20	Draft agenda, dates and place of the Sixty-third session; and dates and place of the Sixty-fourth session of the Regional Committee
AFR/RC62/21	Adoption of the Report of the Regional Committee
AFR/RC62/INF.DOC/1	Report on WHO staff in the African Region
AFR/RC62/INF.DOC/2	Regional matters arising from reports of the WHO internal and external audits
AFR/RC62/PD	<b>Panel Discussion:</b> Traditional Medicine: practices, practitioners and products in the African Region
AFR/RC62/CONF.DOC/1	Opening address by His Excellency Vice-President of the Republic of Angola, Eng. Manuel Domingos Vicente, on the occasion of the Sixty-second session of the WHO Regional Committee for Africa
AFR/RC62/CONF.DOC/2	Speech of the WHO Regional Director for Africa, Dr Luis G. Sambo, at the opening of the Sixty-second session of the WHO Regional Committee for Africa
AFR/RC62/CONF.DOC/3	Address by the Minister of Health of Angola at the opening of the Sixty-second session of the Regional Committee
AFR/RC62/INF/01	Information Bulletin on Angola