

SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

N'Djamena, Republic of Chad, 23–27 November 2015



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OF THE
WHO REGIONAL COMMITTEE FOR
AFRICA**

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FINAL REPORT

WORLD HEALTH ORGANIZATION
Regional Office for Africa
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ABBREVIATIONS

AMA	African Medicines Agency
APHEF	African Public Health Emergency Fund
APOC	African Programme on Onchocerciasis
AUC	African Union Commission
CCS	Country Cooperation Strategy
CNs	Concept Notes
DFC	Direct Financial Cooperation
EOCs	Emergency Operations Centres
ESPEN	Expanded Special Project for Elimination of NTDs
EVD	Ebola Virus Disease
GF	Global Fund
IHR	International Health Regulations
MDG	Millennium Development Goal
MDSR	Maternal Death Surveillance and Response
NCDs	Noncommunicable diseases
NHPSPs	National Health Policies, Strategies and Plans
NHRS	National Health Research Systems
NTDs	Neglected Tropical Diseases
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PSC	Programme Subcommittee
SDGs	Sustainable Development Goals
SSFFC	Substandard, spurious, falsely-labelled, falsified and counterfeit
STEPS	Stepwise approach to surveillance of NCD risk factors
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
WHA	World Health Assembly
WHO FCTC	WHO Framework Convention on Tobacco Control
WHO	World Health Organization



Front view of the Palais du 15 Janvier



Group photograph taken shortly after the opening ceremony

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

In accordance with resolution AFR/RC23/R1, the Regional Committee appointed a Subcommittee on Nominations consisting of the representatives of the following 12 Member States: Algeria, Angola, Benin, Botswana, Burundi, Cabo Verde, Equatorial Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar and Uganda.

The following members of the Subcommittee on Nominations met on 23 November 2015: Algeria, Angola, Benin, Botswana, Burundi, Cabo Verde, Equatorial Guinea, Guinea-Bissau, Kenya, Madagascar and Uganda.

The Subcommittee elected Honourable Dr Cadi Seidi, Minister of Public Health of the Republic of Guinea-Bissau as its Chairperson.

First meeting, 23 November 2015

Decision 2: Election of the Chairman, the Vice-Chairmen and the Rapporteurs of the Sixty-fifth session of the Regional Committee

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

Chairman:	Mr Assane Ngueadoum Minister-Secretary of State for Health, Republic of Chad
First Vice-Chairman:	Dr Pascal Dossou Togbe Minister of Health, Republic of Benin
Second Vice-Chairman:	Dr Chitalu Chilufya Deputy Minister of Health, Republic of Zambia
Rapporteurs:	Dr Josiane Nijimbere (F) Minister of Health, Republic of Burundi

Dr Foday Sawi Lahai (E)
Deputy Minister
Ministry of Health and Sanitation,
Republic of Sierra Leone

Dr Mouzinho Saide (P)
Vice-Minister of Health,
Republic of Mozambique

Second meeting, 23 November 2015

Decision 3: Composition of the Subcommittee on Credentials

In accordance with Rule 3 (c), the Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following Member States: Côte d'Ivoire, Guinea, Malawi, Seychelles, South Sudan, Swaziland and United Republic of Tanzania.

The Subcommittee on Credentials met on 23 November 2015 and elected Dr Charles Mwansambo, Head of Delegation for Malawi, as its Chairman.

Second meeting, 23 November 2015

Decision 4: Credentials

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tomé & Príncipe, Senegal, Sierra Leone, South Africa, Swaziland, 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. Tanzania, Seychelles, Sao Tomé & Príncipe and South Sudan were not represented at this session of the Regional Committee.

Third meeting, 24 November 2015

Decision 5: 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) and proposed the following new members to the Monitoring Committee of the Fund (MCF):

- (a) Ministers of Health – Cabo Verde, Chad and Zimbabwe
- (b) Ministers of Finance – Benin, Congo and Swaziland

The Regional Committee approved this proposal.

Decision 6: Provisional agenda, dates and place of the Sixty-sixth session and place of the Sixty-seventh session of the Regional Committee

The Regional Committee, in accordance with the Rules of Procedure, decided to hold its Sixty-sixth session from 27 to 31 August 2016 in Addis Ababa, Federal Republic of Ethiopia. The Committee approved with amendments the draft provisional agenda of the Sixty-sixth session of the Regional Committee. (Annexed to document AFR/RC65/13)

The Republic of Zimbabwe reiterated its offer, made at the Sixty-fourth session, to host the Sixty-seventh session of the Regional Committee. The Republic of Madagascar, during the current session, also offered to host the Sixty-seventh session of the Regional Committee. The Committee requested the Regional Director to make further consultations and present a proposal on dates and place for the Sixty-seventh session of the Regional Committee, at its Sixty-sixth session.

Seventh Meeting, 26 November 2015

Decision 7: 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-fifth session of the Regional Committee: Benin, Botswana, Burkina Faso, Cabo Verde, Comoros, Congo, Côte d'Ivoire, Gambia, Lesotho, Madagascar, Malawi and Rwanda.

The following countries will replace them: Guinea-Bissau, Kenya, Liberia, Mali, Namibia, Niger, Seychelles, Sierra Leone, Swaziland, South Sudan, Tanzania and Uganda.

These countries will thus join: Ghana, Guinea, Equatorial Guinea, Mauritius, Mozambique, and the Democratic Republic of Congo whose term of office ends in 2016.

Seventh Meeting, 26 November 2015

Decision 8: Designation of Member States of the African Region to serve on the Executive Board

- (1) The Regional Committee designated Algeria and Burundi to replace Namibia and South Africa respectively in serving on the Executive Board starting with the one-hundred-and-thirty-ninth session in May 2016, immediately after the Sixty-ninth World Health Assembly.
- (2) The term of office for Namibia and South Africa on the Executive Board will end with the closing of the Sixty-ninth World Health Assembly.
- (3) 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, 27 November 2015

Decision 9: Method of work and duration of the Sixty-ninth World Health Assembly

Vice-President of the World Health Assembly

- (1) The Chairman of the Sixty-fifth session of the Regional Committee for Africa will be designated as Vice-President of the Sixty-ninth World Health Assembly to be held in May 2016.

Main committees of the World Health Assembly

- (2) The Director-General, in consultation with the Regional Director, will consider before the Sixty-ninth World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:
 - (a) Chairman or Vice-Chairman of Main Committees A or B as required;
 - (b) Rapporteurs of the Main Committees.
- (3) Based on the English alphabetical order and subregional geographic grouping the following Member States have been designated to serve on the General Committee: Benin, Cameroon, Central African Republic, Côte d'Ivoire and the Republic of Tanzania.
- (4) On the same basis, the following Member States have been designated to serve on the Credentials Committee: Kenya, Liberia and Madagascar.

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

- (5) 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 21 May 2016, at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-fifth session and make briefings on agenda items of the Sixty-ninth World Health Assembly of specific interest to the African Region.
- (6) During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 8.15 a.m. to 9 a.m. at the Palais des Nations.

Eighth Meeting, 27 November, 2015

Decision 10: 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 Malawi on the HRP's Policy and Coordination Committee (PCC) under Category 2- Countries elected by the WHO Regional Committees, will come to an end on 31 December 2015. Malawi will be replaced by Mauritius for a period of three (3) years with effect from 1 January 2016. Mauritius will thus join Madagascar, Mali and Mauritania on the PCC.

Eighth Meeting, 27 November, 2015

RESOLUTIONS

AFR/RC65/R1: The African Public Health Emergency Fund: Stocktaking

The Regional Committee,

Having examined Document AFR/RC65/9 entitled "The African Public Health Emergency Fund: Stocktaking";

Recalling Regional Committee Resolution AFR/RC64/R6 urging Member States to honour their commitments to the African Public Health Emergency Fund (APHEF) as well as previous related resolutions;

Further recalling Resolution AFR/RC61/R3 on APHEF Membership and Document AFR/RC62/4 reassigning the Republic of South Sudan to the African Region;

Noting with apprehension the sharp increase in declared public health emergencies in the Region and the need for immediate and timely response;

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

Taking into account the provision of the APHEF Operations Manual on the Fund Governance Structure, and on the creation and membership of the APHEF Monitoring Committee;

1. APPROVES the proposal by the WHO Secretariat to renew the membership of the Monitoring Committee of the Fund as follows:

- (a) Ministers of Health: Cabo Verde, Chad and Zimbabwe;
- (b) Ministers of Finance: Benin, Congo and Swaziland.

2. WELCOMES South Sudan as a new Member State of APHEF.

3. REQUESTS the Regional Director to:

- (a) Establish a multidisciplinary expert group to:
 - (i) review the current format of APHEF and propose alternatives;
 - (ii) review the criteria for determining each Member State's contribution; and
 - (iii) reconsider eligibility criteria.
- (b) Cancel the contributions arrears owed by Member States.
- (c) Carry out an assessment to understand the underlying factors that impede Member States contribution.
- (d) Intensify high-level advocacy and facilitate consultations between Ministers of Health, Ministers of Finance and other relevant ministers.

[AFR/RC65/R2: Research for health: a strategy for the African Region, 2016-2025](#)

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

Having considered Document AFR/RC65/6 on "Research for health: a strategy for the African Region 2016-2025";

Recalling Resolution AFR/RC48/R4 on Strategic Health Research Plan (1999-2003) that emphasizes the need to build national research capacities and create enabling environment for researchers to function effectively;

Recalling further Document AFR/RC59/5 on Algiers Declaration that called for the strengthening of national health research systems;

Recalling Resolution WHA62.16 which adopted the Global strategy and plan of action on public health, innovation and intellectual property, urging Member States to implement the specific actions recommended, including prioritization of research and development needs; promotion of research and development; development and improvement of innovative capacity; transfer of technology; application and management of intellectual property to contribute to innovation with a view to promoting public health; improving delivery and access; promoting sustainable financing mechanisms; and establishing monitoring and reporting systems.

Recalling Resolution WHA63.28 on the Establishment of a consultative expert working group on research and development: financing and coordination, which examined current financing and coordination of research and development, made recommendations for new and innovative sources of financing to stimulate 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.

Reaffirming resolution WHA63.21 that commits Member States to adapt The WHO strategy on research for health, which emphasizes that policies and practices in support of health should be grounded in the best scientific knowledge;

Noting with concern that Africa's contribution to global health research published in international journals is currently only 1.3%;

Acknowledging the weaknesses of national health research systems in the Region, and hence, the low capacity to produce, disseminate and utilize research results;

Concerned that many countries in the Region are facing significant challenges in training and retaining health researchers;

Recognizing the need to strategically position research in the African Region to inform strategies for strengthening national health systems to scale up coverage of high-impact cost-effective public health interventions aimed at achieving national and internationally agreed health development goals such as the Millennium Development Goals and post-2015 Sustainable Development Goals:

1. ENDORSES Document AFR/RC65/6 entitled Research for health: a strategy for the African Region 2016-2025.
2. URGES Member States:
 - (a) to strengthen health research governance including reinforcing ethics capacities to create an enabling environment for health research;
 - (b) to create and strengthen the health research infrastructure;
 - (c) to put in place measures to build and sustain human resource capacity for health research;
 - (d) to establish/strengthen knowledge translation platforms, such as Evidence Informed Policy Networks (EVIPNET), in order to optimize research production and utilization of results for evidence-based decisions to improve the health of the population;
 - (e) to build strong, domestic, South-South and South-North collaboration to facilitate technology transfer and implementation of the national health research agenda;
 - (f) to ensure adequate funding of health research through implementation of agreed innovative mechanisms;
 - (g) to develop a mechanism for collaboration and coordination between ministries of health and other relevant ministries, universities and other research institutions; and
 - (h) to monitor all health research activities including investing in research.
3. REQUESTS the Regional Director:
 - (a) to continue advocating for the national authorities and health development partners to give priority to health research as a key component of strategies for protecting and promoting the health of the population;
 - (b) to create/strengthen regional and subregional coordination and collaboration mechanisms to improve research and development;
 - (c) to explore set up of a Research and Development financing mechanism;
 - (d) to develop tools for use by countries in tracking research investments in public and private sectors for effective coordination and prioritization;
 - (e) to support South-South and South-North collaboration with public health associations and health research centres of excellence in order to facilitate technology transfer;

- (f) to conduct, every two years, a mapping of the status of national health research systems in the African Region;
- (g) to support the establishment of an African Forum for Health Research as a platform for sharing research findings and innovation;
- (h) to develop monitoring, evaluation and accountability mechanisms for the implementation of the Research for health: a strategy for the African Region 2016-2025;
- (i) to report to the Regional Committee, beginning in 2018 and thereafter every two years, on the progress made, outstanding challenges and updated actions towards the achievement of set objectives and targets.

AFR/RC65/R3: Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Chad to ensure the success of the Sixty-fifth session of the WHO Regional Committee for Africa, held in N'Djamena, from 23 to 27 November 2015;

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

1. THANKS the President of the Republic of Chad, His Excellency, Mr Idriss Déby Itno, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement delivered on his behalf by the Prime Minister at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and people of the Republic of Chad for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to President of the Republic of Chad, His Excellency, Mr Idriss Déby Itno.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-fifth session of the WHO Regional Committee for Africa was officially opened on behalf of the President of the Republic of Chad, His Excellency Idriss Déby Itno, by the Prime Minister of the Republic of Chad, Mr Kalzeube Payimi Deubet, at the Palais du 15 Janvier, N'Djamena, Republic of Chad, on Monday, 23 November 2015. The officials in attendance at the opening ceremony included The Minister of Employment, Social Welfare and Vocational Training of Côte d'Ivoire, Mr Dossou Moussa, representing His Excellency Alassane Ouattara, President of the Republic of Côte d'Ivoire; Mr Paul Biyoghe Mba, First Vice-Prime Minister/Minister of Health of Gabon, representing His Excellency Ali Bongo Ondimba, President of the Republic of Gabon; the Speaker of the parliament, cabinet ministers and other high-level national authorities of the Government of the Republic of Chad; ministers of health and heads of delegation from Member States of the WHO African Region; the WHO Director-General, Dr Margaret Chan; the WHO Regional Director for Africa, Dr Matshidiso Moeti; members of the diplomatic corps; representatives of United Nations agencies, other partners and nongovernmental organizations; and a representative of the African Union Commission (see Annex 1 for the list of participants).



2. The Mayor of N'Djamena, Mr Ali Haroun, welcomed delegates of the Sixty-fifth session of the Regional Committee to N'Djamena, noting that the meeting was of great significance to Member States of the WHO African Region. In his remarks, he highlighted the central role played by His Excellency Idriss Déby Itno, President of the Republic of Chad, in improving service delivery and further implored the delegates to focus on issues that have the potential to improve the health of the people in the African Region.

3. The Minister-Secretary of State for Health of Chad, Mr Assane Nguéadoum, appreciated the honour conferred on the Republic of Chad which was designated to host the Sixty-fifth session of the Regional Committee (RC) as well as the support received from the WHO Director-General, the Regional Director and the WHO team to organize the meeting. He emphasized the need to address the main health challenges in the Region, including neglected tropical diseases (NTDs), noncommunicable diseases, weak health systems, human resource gaps, emergencies and malnutrition. He further noted the progress made towards attainment of Millennium Development Goals (MDGs) targets and emphasized the need to intensify efforts as the Region embraces the Sustainable Development Goals (SDGs) agenda.

4. The Minister of Health and Social Affairs of the Republic of Senegal and Chairperson of the Sixty-fourth session of the Regional Committee, Professor Awa Marie

Coll-Seck, thanked the Government of Chad for accepting to organize the Regional Committee and appreciated their warm hospitality. She recognized the leadership role of the President of Chad in improving the health of the people of Chad and in the fight against terrorism. Professor Coll-Seck congratulated Dr Moeti on her election as the Regional Director and called upon ministers of health to support her in realizing her vision of building a results-oriented, responsive and efficient Secretariat. She highlighted the outstanding health challenges of the continent, which include addressing social determinants of health, reducing maternal and child mortality, combating communicable and noncommunicable diseases and addressing health systems weaknesses, emphasizing the need to address these challenges in the post-2015 agenda. She recognized the tremendous efforts made by the governments of Guinea, Liberia and Sierra Leone and partners in containing the Ebola virus disease (EVD) outbreak.



5. The Regional Director, Dr Moeti, stated that she was honoured to address the Regional Committee for the first time in her capacity as the Regional Director and thanked the Government of Chad for hosting the meeting. She recognized the commitment of the President of Chad and the progress made in health development in the country.

6. Recalling her commitment to end EVD transmission within the shortest time possible, she summarized the progress made so far, as well as lessons learnt. Dr Moeti further noted the tremendous progress made towards eradicating polio in the Region and made specific mention of Nigeria which is no longer on the list of endemic countries. She called upon all countries to sustain the gains made as the Region moves towards eradication, and to retain and use the developed capacity to address other health challenges. She also invited the delegates to participate in the upcoming joint AU-WHO ministerial meeting on immunization scheduled for February 2016 in Addis Ababa, which will focus on mobilizing financial support and country commitment.



7. While recognizing the progress made in countries towards attainment of MDG targets, the Regional Director noted that this was an unfinished agenda which would be pursued further as part of the Sustainable Development Goals (SDGs). She made specific mention of SDG 3 on health and stressed the focus on equity and the need to address the social determinants of health. She reminded delegates that realizing these aspirations calls for broader partnerships and urged Member States and partners to work together in meeting SDG targets.

8. Dr Moeti informed the meeting that the African Programme on Onchocerciasis Control (APOC) will end in December 2015 and commended the contribution of Member States and all stakeholders to the success of the programme. She also informed delegates that a new entity, namely the Expanded Special Project for the Elimination of NTDs (ESPEN), would continue to provide technical support to national programmes.

9. Finally, the Regional Director reiterated her commitment to enhance the performance of the Regional Office and presented an update on the implementation of the Transformation Agenda. She stressed the commitment of the new management to address the remaining numerous health challenges in the Region.

10. The Director-General, Dr Margaret Chan, expressed appreciation to the President of Chad for his leadership and commitment to health, noting that his personal interest in bringing stakeholders together is a good framework for achieving multisectoral collaboration for health. Highlighting major achievements in the Region, she also noted that Nigeria was no longer a polio-endemic country and emphasized the role of governance and accountability in realizing this achievement. She emphasized the importance of leadership, commitment and strong health systems in the management of disease outbreaks like the EVD epidemic in West Africa. In that regard, she reminded delegates that health system strengthening is part of the health security agenda and commitments made by some donors provide opportunities to address identified weaknesses.



11. Dr Chan further noted that health challenges and the development landscape are more complex than before, and while SDGs provide opportunities to address this situation, domestic resources are also expected to play an increasing role. She reminded delegates that SDGs recognize universal health coverage as a pro-poor pillar of sustainable development which also provides a platform for coherent integrated services delivery, countering fragmentation caused by single-disease initiatives.

12. The Minister of Employment, Social Welfare and Vocational Training of Côte d'Ivoire, Mr Dossou Moussa, representing His Excellency Alassane Ouattara, the President of Côte d'Ivoire, thanked the Government of Chad for the warm hospitality. He recognized the role of WHO and partners in the fight against EVD, and congratulated the governments of Guinea, Liberia and Sierra Leone for the progress made towards the halting of EVD transmission. The Minister further reiterated the commitment of the Government of Côte d'Ivoire to support health initiatives in the Region.

13. Mr Paul Biyoghe Mba, First Vice-Prime Minister/Minister of Health of Gabon, representing His Excellency Ali Bongo Ondimba, President of the Republic of Gabon, thanked the Government of Chad for hosting the meeting. He noted that health was taking its place among development priorities, and remarked that joint effort would enable the Region to achieve the desired results. He expressed confidence that, given the calibre of experts participating in the deliberations, the meeting would formulate relevant recommendations to address major health issues in the Region.

14. The Prime Minister of Chad, Mr Kalzeube Payimi Deubet, on behalf of His Excellency the President, welcomed delegates to the meeting and to Chad. He appreciated the remarks of previous speakers, who recognized the President's leadership and commitment to health.

15. Noting the financial crisis affecting WHO, the Prime Minister called upon Member States to honour their commitments and further expressed the willingness of his Government to honour all financial commitments to special funds and pay the assessed contribution. He pledged his Government's commitment to improve health in Chad through better resourcing, health system strengthening and partnerships.

16. He called upon the delegates to critically examine all documents and participate in discussions in order to come up with relevant recommendations that would improve the health of the people in the Region. He finally declared the Sixty-fifth session of the Regional Committee officially open.

ORGANIZATION OF WORK

Composition of the Subcommittee on Nominations

17. The Regional Committee appointed a Subcommittee on Nominations consisting of representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burundi, Cabo Verde, Equatorial Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar and Uganda. The Subcommittee met on Monday, 23 November 2015 and elected Dr Cadi Seidi, Minister of Public Health of the Republic of Guinea-Bissau, as its Chairperson.

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

18. 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:	Mr Assane Ngueadoum Minister-Secretary of State for Health Republic of Chad
First Vice-Chairman:	Dr Pascal Dossou Togbe Minister of Health Benin
Second Vice-Chairman	Dr Chitalu Chilufya Deputy Minister of Health Zambia
Rapporteurs:	Hon. Foday Sawai Lahai Deputy Minister of Health Sierra Leone (English)
	Dr Josiane Nijimbere Minister of Health Burundi (French)
	Dr Mouzinho Saide Vice-Minister of Health Mozambique (Portuguese)

Adoption of the Agenda and Programme of Work

19. The Chairman of the Sixty-fifth session of the Regional Committee, Minister – Secretary of State for Health, Republic of Chad, tabled the provisional agenda (Document AFR/RC65/1) and the draft programme of work (see Annexes 2 and 3 respectively). They were adopted without amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:00 and 15:00 to 18:30, 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

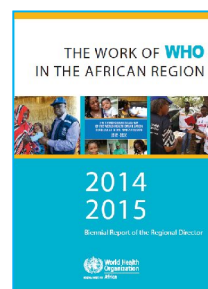
20. The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following Member States: Côte d'Ivoire, Guinea, Malawi, Seychelles, South Sudan, Swaziland, and United Republic of Tanzania.

21. The Subcommittee on Credentials met on 23 November 2015 and elected Dr Charles Mwansambo, Head of the Delegation of Malawi, as its Chairman.

22. The Regional Committee, acting on the proposal of the Subcommittee on Credentials recognized the validity of the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Togo, Uganda, Zambia and Zimbabwe; and found them to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. The United Republic of Tanzania, Sao Tomé & Príncipe, Seychelles, and South Sudan were not represented at this session of the Regional Committee.

THE WORK OF WHO IN THE AFRICAN REGION 2014–2015: BIENNIAL REPORT OF THE REGIONAL DIRECTOR (Document AFR/RC65/2)

23. The document entitled “The Work of WHO in the African Region 2014-2015: Biennial Report of the Regional Director” was presented by the Regional Director for Africa, Dr Matshidiso Moeti. She indicated that the report reflects activities carried out from January 2014 to August 2015 under the first biennium of the Twelfth WHO General Programme of Work (12th GPW, 2014-2019). It is the first report of the current Regional Director who was appointed in January 2015 for a five-year term (February 2015-January 2020). The report comprises seven sections: Introduction; Context; Implementation of the Programme Budget 2014-2015; Significant achievements by category; Progress made in the implementation of Regional Committee resolutions; Challenges and constraints; and Conclusion.



24. The report outlines the significant achievements made under the six categories of work of the 12th General Programme of Work and reflects contributions from WHO country offices, the three Intercountry Support Teams and the Regional Office. This period of the report coincides with the outbreak of the Ebola virus disease (EVD) epidemic in West Africa. On account of the magnitude of the outbreak, Member States recommended that the Sixty-fourth session of the Regional Committee for Africa and the election of a new Regional Director be postponed from September to November 2014.

25. Investment in health by Member States remained low. By the end of 2014, only 22 countries (47%) in the Region were spending more than US\$ 60 on health per person per year. Further evidence of low domestic investment in health was reflected in the limited number of countries that have met the 2001 Abuja Declaration target of allocating at least 15% of national budgets to the health sector. Out-of-pocket expenditure on health, as a percentage of total health expenditure, was more than 20% in 36 countries, implying that people in these countries are exposed to a high risk of catastrophic health expenditure and impoverishment.

26. The Regional Director reported that the initial funding allocated to the African Region by the Sixty-sixth World Health Assembly for the 2014-2015 biennium was US\$ 1 120 000 000 (28% of the global budget), which was subsequently increased by 60% to US\$ 1 798 519 000 as a result of the EVD outbreak. By end-August 2015, 95% of the funds allocated had been received, of which 73% was utilized. Polio eradication and outbreak and crisis response received the greatest share (40%) of the regional budget.

27. Under Category 1 that addresses communicable diseases, she reported that the support provided by WHO enabled Member States to implement a number of activities and achieved the following results: endorsement of the Regional Immunization Strategic Plan; introduction into more countries of new vaccines such as Pneumococcal Conjugate Vaccine (PCV), vaccines against rotavirus and human papillomavirus, and inactivated polio vaccines. Furthermore, there was a 56% reduction in the number of AIDS-related deaths between 2005 and 2014; TB incidence has remained on a downward trajectory, with most countries having attained MDG target 6C- to halt and begin to reverse the incidence of TB; the estimated number of malaria cases per 1000 persons at risk of malaria declined by 34% and malaria mortality rates also declined by 54% in the African Region between 2000 and 2013.

28. For the first time, WHO signed an agreement with the Global Fund (GF) that will let WHO access funds to provide technical assistance to countries in the development of Concept Notes (CNs) for the New Funding Model. WHO provided technical support to 37 countries for the submission of 45 CNs, 85% of which were approved by the GF on their first submission. This would help mobilize an additional US\$ 4.4 billion to support country programmes.

29. Owing to WHO support, significant improvement was made in tackling neglected tropical diseases (NTDs) in countries. Preventive chemotherapy and mass drug administration (MDA) for NTDs have been introduced in more Member States. Ghana was certified as free of guinea-worm disease transmission, bringing the total number of countries to 40. Given the impending closure of the African Programme on Onchocerciasis Control (APOC) in December 2015, a new NTD entity, named the

Expanded Special Project for Elimination of NTDs (ESPEN), has been formed with focus on providing technical support to endemic countries in their bid to control and eliminate NTDs.

30. Under Category 2 (Noncommunicable diseases), Dr Moeti reported that WHO provided technical support to Member States to develop national integrated multisectoral NCD action plans. Specifically, WHO led the UN Interagency Task Force on NCDs to assess Kenya's capacity to respond to the NCD epidemic, the first time this new model was implemented in the Region. The number of countries that are parties to, and effectively implement the WHO Framework Convention on Tobacco Control (WHO FCTC) in the African Region has increased to 43. Support was given to countries to develop and enforce policies on restricting the marketing of alcohol. WHO also strengthened country capacity on the application of WHO tools to evaluate needs in eye health professionals.

31. The capacity of Member States to monitor risk factors for NCDs and their trends continues to be strengthened. Six countries were supported to conduct STEPS surveys for NCD risk factors while 11 others were supported to strengthen their nutrition surveillance systems in order to track the implementation of nutrition programmes under the comprehensive implementation plan on maternal, infant and young child nutrition.

32. In reporting activities under Category 3 (Promoting health throughout the life-course), Dr Moeti indicated that an additional 17 countries were supported to strengthen their maternal death surveillance and response (MDSR), bringing to 32 the number of countries implementing MDSR. This would ensure timely notification of maternal deaths while taking action to prevent future deaths. It was noted that there has been a renewed focus on adolescent health, gender, equity and human rights which are increasingly being incorporated into national plans and policies of more countries as a result of the developed capacity and advocacy by WHO.

33. To tackle the high neonatal mortality rates in the Region, WHO supported a multi-country study which revealed that simplified antibiotic treatment of infection in infants under two months of age is as effective as standard treatment when referral is not feasible. As a result, a new WHO guideline has been developed to be used widely in the Region to further reduce neonatal deaths. Countries were also supported to undertake comprehensive national reviews of reproductive, maternal, newborn, child and adolescent health and nutrition programmes, and to develop and implement plans to improve the quality of their health care services. A desk review and a survey on ageing in eight countries were conducted and findings were used to guide the development of the Regional strategy on "Health and Ageing".

34. Regarding Category 4 (Health systems), Dr Moeti emphasized that improving health outcomes required building capacity to develop comprehensive and costed national health policies, strategies and plans (NHPSPs). In a bid to forestall catastrophes in the future and to strengthen health systems in the EVD-affected countries, WHO supported Guinea, Liberia and Sierra Leone to develop costed recovery plans to build resilient health systems. These plans have been well-received and attracted a total of US\$ 5.18 billion in pledges from donors. A second Atlas on Health Expenditure in the African Region was published to guide priority-setting and planning in all countries.

35. The African Health Observatory continued to act as the repository for country-level data on health status and trends, health systems, priority programmes and services, health determinants and monitoring progress towards the MDGs. A WHO survey identified weaknesses in national health research systems in the Region that require urgent intervention. Five Member States were also supported to develop eHealth strategies to facilitate the use of IT for health systems strengthening. All this would further improve access to evidence for policy development and decision-making.

36. Fifteen countries were supported to develop and implement multi-stakeholder work plans for vaccine safety and pharmacovigilance in order to improve on reporting of adverse events and ensure that all health products are monitored throughout their shelf life. The establishment of the African Medicines Agency (AMA) was endorsed by ministers of health in Luanda, Angola, in April 2014. The resulting Task Team has adopted its terms of reference and a four-year action plan (2015-2018) for the operationalization of AMA. WHO supported Ethiopia and the United Republic of Tanzania to develop pharmaceutical manufacturing plans. Implementation of these plans would enhance local production and lead to improved access to health products.

37. A regional plan of action (2014-2017) has been developed to minimize the spread of substandard, spurious, falsely-labelled, falsified and counterfeit (SSFFC) medical products. The Region is second only to the European Region in reporting SSFFC medical products to the WHO rapid alert system and taking steps to remove them from circulation. A tool entitled "Guidance for Establishing a National Health Laboratory System" was developed to help countries develop an integrated and coordinated laboratory component for national health policy and strategic plans.

38. Dr Moeti indicated that the work of WHO under Category 5 supported preparedness, surveillance and effective response to disease outbreaks, acute public health emergencies and health-related aspects of humanitarian disasters, thus contributing to global health security. Between January 2014 and August 2015, the African Region experienced a total of 133 public health events (PHEs) in 37 Member States. Much of the work during the reporting period focused on the response to the

EVD epidemic. The African Public Health Fund (APHEF) was critical in providing the initial seed money to mount the response to these public health events.

39. WHO supported countries to implement high quality interventions that contributed to interrupting the transmission and preventing the importation of wild poliovirus (WPV) in the Region. As of 28 August 2015 and for the first time in polio eradication history, there has been no confirmed case in the WHO African Region since 24 July 2014, the date on which the last wild poliovirus case was reported in Nigeria. As a result, Nigeria was removed from the list of polio-endemic countries in October 2015. However, it is important to note that the Region must demonstrate no circulation of the virus for another two years (in 2017) to be certified polio-free. An important aspect of the Polio Eradication Initiative (PEI) is planning on the use of polio resources and best practices to improve implementation of other public health interventions post-eradication.

40. Under Category 6 (Corporate services and enabling functions), Dr Moeti reported that she had undertaken several missions to strengthen and expand partnerships. In particular, WHO and the African Union Commission (AUC) agreed on a plan of action to accelerate establishment of the African Medicines Agency and the Africa Centre for Disease Control, and to address the emerging burden of noncommunicable diseases.

41. The capacity of the Organization to mobilize additional resources was enhanced through training of staff. Thirty-six countries reviewed, extended or renewed their Country Cooperation Strategies (CCS) with WHO, ensuring that changes in national health planning and priorities were incorporated into the documents. To further enhance transparency and accountability and improve risk management in all operations, key performance indicators across programmatic and administrative areas were jointly agreed upon between the Regional Office and country offices. Compliance reviews were conducted in IST/East and Southern Africa and some WHO country offices in procurement, travel and donor reporting.

42. The key challenges highlighted by Dr Moeti included: persistently low domestic investment in health by national governments; how to build capacities of Member States to fulfil their obligations under the International Health Regulations (2005); inadequate resources to build resilience in health systems and to scale up critical interventions; how to increase coverage of proven interventions for major communicable and noncommunicable diseases; and how to sustain effective partnerships.

43. Concluding her presentation, Dr Moeti stressed that despite the significant diversion of resources by the EVD outbreak, WHO continued to provide support to Member States that contributed to the growing improvement of the health outcomes, notably significant progress towards the MDGs, and the interruption of wild poliovirus

transmission. She stressed that WHO would continue to contribute to: ending the EVD epidemic; rebuilding national health systems in the three severely affected countries in West Africa; increasing IHR core capacities and resource allocation to health security and emergencies; supporting countries in implementing the health-related Sustainable Development Goals (SDGs); and transforming the WHO Secretariat into a more responsive, result-focused, efficient and accountable organization.

44. During the discussions, Member States highlighted the inadequacy of current financing of health to support the implementation of UHC and the SDGs. They also underscored that instability, disease outbreaks, emergencies and climate change had negative effects on the economies of the affected countries.

45. The following recommendations were made to Member States:

- (a) increase domestic resources for health;
- (b) focus on post-polio eradication surveillance;
- (c) improve coordination for response to outbreaks and emergencies; and
- (d) support the Regional Director in the implementation of the Transformation Agenda.

46. The following recommendations were made to WHO:

- (a) support countries to plan for preparedness for emergencies, including those in the meningitis belt;
- (b) organize discussions on how to increase funding for health, including assessed contributions and flexible funds; and
- (c) support countries to develop innovative funding mechanisms.

47. The Regional Committee adopted with amendments Document AFR/RC65/2: The Work of WHO in the African Region 2014-2015: Biennial Report of the Regional Director.

STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE TO THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC65/3)

48. The Chairman of the Programme Subcommittee (PSC) made a statement to the Sixty-fifth Regional Committee, indicating that the Subcommittee met in Brazzaville, Republic of Congo, from 16 to 19 June 2015. The PSC reviewed the Regional Committee working documents and draft resolutions to ensure that they met the public health needs of the people of the WHO African Region. The amended versions of eight

working documents and two draft resolutions were recommended to the Regional Committee for consideration and adoption.

PROGRESS ON HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS AND THE POST-2015 HEALTH DEVELOPMENT AGENDA (Document AFR/RC65/4)

49. This document was introduced by the Director of the Health Systems and Services Cluster. The document summarizes current progress towards attainment of the MDGs and consolidates the regional position on the post-2015 development agenda. It notes that of the 47 countries, 10 achieved target 4, four achieved target 5A, and no country has achieved target 5B. Thirty-seven countries achieved target 6A, but no country has achieved or is on track for target 6B. For target 6C, 12 countries have halted and begun to reverse the incidence of malaria, while 29 countries have halted and begun to reverse the incidence of tuberculosis. The main reasons for not achieving the MDGs include: inadequate national resources and unpredictable and unsustainable external resources; weak health systems, particularly insufficient access to and poor quality of health services; limited human and institutional capacity; inequities in access to proven interventions; low priority accorded to health in national economic and development policies; and weak multisectoral response.

50. At the same time, the world has reached a consensus on the post-2015 agenda that includes 17 Sustainable Development Goals and 169 associated targets. Health is covered under SDG-3: “ensure healthy lives and promote well-being for all at all ages”. Nine targets have been proposed for this goal: three relate to the unfinished business of the health-related MDGs, three to noncommunicable diseases and injuries, one to universal access to sexual and reproductive health care services, one to universal health coverage, and one to environmental pollution and contamination. There are concerns over the large number and choice of key SDG indicators, as well as how to finance the achievement at both global and national levels. The actions proposed to countries include planning to adapt and implement the post-2015 agenda, improving health sector financing, strengthening the health systems including information systems, ensuring that the SDG indicators take into consideration the unfinished MDGs business, and adopting a multisectoral approach.

51. During the discussions, Member States noted that significant achievements have been made on the health-related MDGs despite the challenges described in the document. They recognized the importance of “health in all policies” and strengthening health systems, including human resources capacity and health information systems, as countries embark on the SDGs. They also reiterated the need to find innovative ways to raise more resources, strengthen multisectoral collaboration and address social determinants of health (SDH).

52. The following recommendations were made to Member States:
- (a) increase domestic investment to meet the required allocation per capita;
 - (b) improve governance, accountability and more efficient use of resources; and
 - (c) promote PHC approach including community-based services for UHC.
53. The following recommendations were made to WHO:
- (a) support countries in the transition from MDGs to SDGs;
 - (b) advocate for more national commitment to the SDGs;
 - (c) support countries to strengthen health information systems, including improving analytical and research capacity;
 - (d) improve the alignment of partners around national priorities; and
 - (e) review and improve estimation and measurement capacity.
54. The Regional Committee adopted with amendments Document AFR/RC65/4: Progress towards the achievement of the health-related Millennium Development Goals and the Post-2015 Health Development Agenda.

GLOBAL STRATEGY ON PEOPLE-CENTRED INTEGRATED SERVICE DELIVERY: CONTRIBUTION OF THE AFRICAN REGION (Document AFR/RC65/5)

55. This document was introduced by the Director of the Health Systems and Services Cluster. The document recalled that since the 1978 Alma Ata Declaration on primary health care (PHC), various initiatives and reforms implemented to address the different challenges had failed to yield the optimum level of health. The recent drive towards universal health coverage (UHC) would guarantee access to high quality promotive, preventive, curative, rehabilitative and palliative health services for all, while ensuring that these services remained affordable to users. This UHC target would be met through improvements that focused the provision of services on people and their needs and not merely on diseases.

56. The African Region had already made inputs to this global strategy. The paper sought to: inform the Regional Committee of the development of the strategy; present an overview of the main issues, challenges, and actions proposed in the global strategy; and identify any areas relevant to the African Region that Member States should address in further consultations on the strategy. The main issues and challenges were considered according to four domains derived from the different country contexts, namely: fragile and conflict-affected states, low and lower middle-income economies, emerging economies, advanced economies, small island states and large federal states.

57. The document further highlighted issues and challenges pertinent to the African Region and which needed to be given greater emphasis in the global strategy. These included the growing burden of communicable diseases, particularly the frequent occurrence of epidemics and their devastating impact on the health systems and socioeconomic fabric of countries; inadequate investment in basic inputs for service delivery; and the importance of emphasizing health promotion as well as risk prevention and management as one way of reducing the disease burden and easing the pressure on understaffed health systems.

58. After presentation of the document and consideration of the relevant issues and comments, agreement was reached on the need to:

- (a) consider horizontal and holistic approaches as well as appropriate intersectoral and multidisciplinary strategies to avoid duplication of roles and to factor social determinants into the implementation of PHC;
- (b) empower and involve individuals, families and communities in the implementation of the strategy and in their own health care and strengthen health awareness through the use of local languages;
- (c) reorganize services to improve patient experience through the creation of multidisciplinary teams;
- (d) strengthen overall governance and coordination and reinforce the management of services by promoting transparency and accountability in health system management, in a bid to ensure “value for money” in the drive towards universal health coverage; and also address disproportionate funding between curative services and public health interventions;
- (e) consider the role of telemedicine and new technology, as well as training, research and media involvement in the implementation of PHC;
- (f) define the package of essential health services and identify factors that would facilitate scale-up, including the monitoring and evaluation framework needed to implement the strategy at different levels of the health system;
- (g) share best practices from countries for adaptation by Member States; and
- (h) agree on the process for submitting RC65 contribution to the draft strategy to the African Region representatives on the Executive Board, before the January 2016 session of the Board.

59. In addition to the actions proposed by the Global Strategy, the Secretariat requested Member States of the African Region to:

- (a) participate in consultations on the draft strategy development, and propose the inclusion of the issues and challenges that they consider important for the African Region;
- (b) emphasize the important role of communities in service delivery as proposed in the primary health care approach, and recently demonstrated in the management of the Ebola epidemic;
- (c) emphasize, in the actions proposed, investments for the provision of basic services to communities, including remote and marginalized communities;
- (d) understand the possible implications of the strategy for their respective health systems and the attendant investments needed for its implementation; and
- (e) reinforce the health district as the operational unit for the implementation of people-centred and integrated health services based on the primary health care approach.

60. The Regional Committee adopted with amendments Document AFR/RC65/5: Global strategy on people-centred integrated service delivery: contribution of the African Region.

RESEARCH FOR HEALTH: A STRATEGY FOR THE AFRICAN REGION, 2016–2025 (Document AFR/RC65/6)

61. This document was introduced by the Director of Health Systems and Services Cluster. The document recalled that research for health was critical in providing evidence-based solutions to address the high double burden of communicable and noncommunicable diseases and make progress in universal health coverage (UHC). It highlighted relevant developments focusing on health research strengthening that have taken place since the last health research strategic plan for the African Region 1999–2003. These included the Global Ministerial Summit on Health Research held in 2004 and 2008, and for the African Region in 2008, and the adoption of the first global research strategy in 2010. It noted that despite these initiatives the national health research systems (NHRS) in the Region that are required to facilitate the conduct and use of research were weak. This accounted for the Region's low contribution to global research output, and the limited tools and products against diseases that disproportionately affect the Region.

62. Research for health: A Strategy for the African Region is intended to close the identified gaps by providing policy and programmatic guidance to Member States. The aim of this strategy is to foster the development of a functional NHRS that generates scientific knowledge for developing technologies, as well as systems and services needed to achieve universal health coverage. The key approaches include creating

an enabling environment through strengthened research governance, sustainable financing, resource creation and sustainability, capacity-building, knowledge translation, and effective coordination and management for the much-needed improvement in health and development.

63. During the plenary discussion the following issues and observations were raised by the delegates: they noted with concern that many countries do not have policies and strategic plans on health research, laws on research, as well as functional ethics review committees and that the region contributes only 1.3% to global research publications; and recognized that research and knowledge management are crucial in monitoring and evaluating the improvement of health in Member States.

64. The following recommendations were made to Member States:

- (a) provide strong leadership and take up ownership for health research including putting in place national research management boards;
- (b) increase financial resources for health research and develop intersectoral collaboration mechanisms for strengthening NHRS; and
- (c) encourage sharing of best practices and South-South collaboration, e.g. sharing the experiences from the recent Ebola virus disease epidemic in the Region.

65. The following recommendations were made to WHO:

- (a) build capacities of individuals and institutions for health research;
- (b) support countries to elaborate appropriate protocols and conduct research;
- (c) advocate for additional and innovative funding for research; and
- (d) set up a platform for research and development to facilitate sharing of results.

66. The Regional Committee adopted with amendments Document AFR/RC65/6: Research for health: A strategy for the African Region 2016–2025, and its related Resolution AFR/RC65/R2.

GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: PERSPECTIVES FROM THE AFRICAN REGION (Document AFR/RC65/7)

67. This document was introduced by the Director of the Health Systems and Services Cluster. The document recalled that the availability, accessibility, acceptability and quality of human resources for health (HRH) are crucial to the delivery of essential health services, including emergency preparedness and response. A resilient health system that is capable of responding to emerging health challenges should be

underpinned by sustained strategic investment in HRH, backed by political will and commitment. It noted that the Regional Committee had adopted resolutions in 1998 and 2007 which called for a holistic approach to the development of HRH and, in 2012, endorsed a roadmap for scaling up HRH for improved health service delivery in the African Region. The Sixty-seventh World Health Assembly in May 2014 requested the WHO Director-General to develop and submit a new Global Strategy for HRH for consideration at the Sixty-ninth World Health Assembly in 2016. Accordingly, this strategy has been proposed in that regard and is expected to represent a critical component of the WHO strategy towards universal health coverage (UHC) and its monitoring framework.

68. The global strategy is currently being developed through a process that involves consultations with Member States and stakeholders. It aims to support Member States and partners to address the HRH implications of moving towards UHC and to respond to current and subsequent needs. The document proposes key actions that Member States, WHO and other partners should consider in the global strategy in order to address existing HRH gaps in the African Region.

69. In the ensuing discussion, increased migration, poor working conditions and disproportionate distribution of the health workforce were highlighted as major challenges in the Region. Other challenges include low investment in health personnel training and inadequate support to human resource development plans.

70. The following recommendations were made to Member States:

- (a) apply the WHO Global Code of Practice on International Recruitment of Health Personnel and report accordingly;
- (b) introduce professional ethics into the HRH training curriculum, in collaboration with academia and civil society organizations such as professional health associations;
- (c) ensure that the competent authorities are regulating the qualification and accreditation of health workers to provide quality service;
- (d) facilitate collaboration and work within and across countries, particularly to encourage South-South collaboration;
- (e) enhance education and training resources, including promotion of the use of new technologies to train a greater number of skilled health workers; and
- (f) establish and support observatories for monitoring health workforce trends.

71. The following recommendations were made to WHO:

- (a) facilitate the sharing of best practices and promote South-South and North-South collaboration; and
- (b) support countries to develop national HRH observatories.

72. The Regional Committee adopted with amendments Document AFR/RC65/7: Global strategy on human resources for health: perspectives from the African Region. Zimbabwe undertook to co-sponsor and introduce this resolution to the World Health Assembly.

PROGRESS REPORT ON THE ESTABLISHMENT OF THE AFRICA CENTRE FOR DISEASE CONTROL (Document AFR/RC65/8)

73. This document was introduced by the Director of the Health Security and Emergencies Cluster. The document referred to the call made by African Heads of State and Government in 2013 to establish an Africa Centre for Disease Control (Africa CDC). The mandate of the Africa CDC is to address priority public health concerns in Africa through prevention and, where needed, detection and response to outbreaks. The establishment of the Africa CDC requires collaboration between the African Union Commission (AUC), WHO and other stakeholders as recommended by the Heads of State and Government at the 22nd Ordinary Session of the AUC Summit held in Addis Ababa in January 2014.

74. The progress made includes the development by AUC and WHO of the concept note on the establishment of the Africa CDC; and the establishment in June 2014 of the multinational taskforce to define the modalities and roadmap for the establishment of the Africa CDC. The taskforce assessed the existing institutions that are centres of excellence in Africa, and undertook a study visit to the USA CDC and the China CDC. The Heads of State and Government in January 2015 formally endorsed the establishment of the Africa CDC; approved that the Africa CDC coordination office be initially set up in the AU headquarters in Addis Ababa and work closely with already existing centres of excellence in Africa; requested AUC to mobilize human and financial resources from Member States and other partners, and the AU legal organs to develop and submit an Africa CDC statute to the AU Summit of June 2015. A WHO-AUC bilateral meeting was held in July 2015 during which a draft framework for collaboration between WHO and the AUC on the establishment and operationalization of the Africa CDC was developed.

75. The document highlighted the need for clear definition of roles and responsibilities for WHO and the Africa CDC. These include: the future roles of WHO in the Africa CDC; consensus on which African countries and institutions would be selected as Africa CDC

Regional collaborating centres; funding to accelerate its establishment; and mobilization of the necessary human resources. It provided further steps to facilitate the launch of the Africa CDC by the agreed deadline of end-2015, which included mobilization of required financial and human resources; WHO, AUC and the future Africa CDC to implement the collaborative framework to ensure synergies and prevent unnecessary duplication of functions currently performed by WHO as lead agency of health matters; WHO to provide additional technical support to the Africa CDC in keeping with its mandate of providing leadership on global health matters such as the implementation of Integrated Disease Surveillance and Response (IDSR) and International Health Regulations (IHR).

76. During the discussions, the delegates underscored the importance of the Africa CDC, especially within the context of the ongoing Ebola virus disease epidemic and the double burden of communicable and noncommunicable diseases in the Region. They commended the work done by the WHO AFRO Secretariat in support of the process of establishing the Africa CDC. They underscored the need to: clarify the roles and responsibilities of WHO, AUC and the Africa CDC, in order to promote synergy and complementarity to avoid duplication and wastage of resources; finalize the statute of the Africa CDC; involve the ministers of health in the discussion on the content of the framework for collaboration between WHO and AUC for the establishment and operationalization of the Africa CDC; ensure appropriate coordination between the several initiatives on this matter at regional, sub-regional and country levels; have a role for WHO collaborating centres, subregional and national reference Public Health institutions in the operationalization of the Africa CDC; and factor the Health development context of the African Region into the design of the Africa CDC.

77. The delegates appealed to WHO to fully play its technical leadership role in the establishment and operationalization of the Africa CDC, as defined in the WHO Constitution. They also called upon countries to ensure leadership, ownership and mobilize the required resources to support this initiative.

78. The following recommendations were made to Member States:

- (a) support the implementation of the Africa CDC, taking into account the proposed framework for collaboration between WHO and AUC;
- (b) mobilize the required resources to support Africa CDC implementation and functions; and
- (c) review and endorse the statute of the Africa CDC proposed by AUC.

79. The following recommendations were made to WHO and AUC:
- (a) finalize the framework for collaboration between WHO and AUC, which should clearly define the roles and responsibilities of WHO, AUC, and the Africa CDC;
 - (b) present the framework for collaboration between WHO and AUC to the ministers of health for information and inputs before endorsement; and
 - (c) submit the statute of the Africa CDC to the Ministries of Justice for their inputs and endorsement.
80. The Regional Committee adopted with amendments Document AFR/RC65/8: Progress report on the establishment of the Africa Centre for Disease Control.

THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF): STOCKTAKING (Document AFR/RC65/9)

81. This document was introduced by the Director of the Health Security and Emergencies Cluster. The document recalled that the African Public Health Emergency Fund (APHEF) was established by the Regional Committee in 2012 as a solidarity mechanism of Member States of the WHO African Region to improve their response to public health emergencies. From the date of establishment of APHEF to July 2015, 13 of the 47 Member States had contributed a total of US\$ 3 619 438, and US\$ 196 380 562 was still pending. Since the inception of its operations, APHEF has supported response to acute emergencies in 11 countries, disbursing a total of US\$ 2 300 676.

82. The optimal functioning of APHEF is undermined by significant challenges, especially persistently low levels of contributions by Member States. The proposed actions to mitigate the challenges are to: identify factors that impede regular payment of contributions by Member States to the Fund; re-assess the current mode of contribution and financial mechanism of APHEF and propose alternatives; review the criteria for determining the contribution of each Member State and propose changes if required; establish correlations between APHEF, the Global Emergency Fund and national emergency funds where they exist; and make recommendations on what needs to be done about the unpaid balance.

83. During the discussions, the delegates reiterated the importance of APHEF. Beneficiary countries attested to the critical importance of fast and effective disbursement of APHEF funds for immediate response. Member States acknowledged that the low level of contributions may discourage those already committed. They noted the unbalanced structure of the expected contributions. The Member States indicated that they face multiple financial obligations, such as APHEF, for which specific

budget lines do not exist. In addition, national treasuries/ministries of finance are not involved in discussions on the fund. South Africa announced a US\$ 1 million contribution and other countries pledged to fulfil their obligations.

84. The following recommendations were made to Member States:

- (a) honour their obligations to APHEF; and
- (b) provide inputs to the revision of the APHEF framework.

85. The following recommendations were made to WHO:

- (a) establish a multidisciplinary expert group to review the current APHEF framework, including the formula for contribution and eligibility criteria;
- (b) cancel the contributions arrears owed by Member States;
- (c) undertake an assessment to understand the reasons why countries are not paying their contributions; and
- (d) facilitate consultations between ministers of health and of finance and other relevant sectors.

86. The Regional Committee adopted with amendments Document AFR/RC65/9: The African Public Health Emergency Fund (APHEF): Stocktaking.

THE 2014 EBOLA VIRUS DISEASE OUTBREAK: LESSONS LEARNT AND WAY FORWARD (Document AFR/RC65/10)

87. This document was introduced by the Director of the Health Security and Emergencies Cluster. The document indicated that the 2014 Ebola virus disease epidemic produced 28 476 cases and 11 298 deaths, including 1045 cases and 535 deaths among health workers, as of 18 October 2015. It has been the most severe and widespread outbreak compared with the 20 previous outbreaks. The rapid spread of the outbreak was attributed to late detection, its introduction in densely-populated urban areas, weak health systems, delay in the implementation of cross-border measures, unsafe cultural and burial practices, and lack of relevant experience of health workers in affected countries (Guinea, Liberia and Sierra Leone). Fortunately, preparedness and sensitization which led to early detection of the disease, resulted in successful control of the EVD epidemic in subsequently affected countries, namely Mali, Nigeria and Senegal and the Democratic Republic of Congo where the outbreak was unrelated to the West African epidemic.

88. More than 3800 experts, including 1250 from the WHO African Region and those from other WHO regions and HQ as well as the African Union, were deployed to provide technical support to the epidemic response. WHO played a key leadership role in

coordinating the epidemic response, mobilizing international response as well as developing and supporting the implementation of relevant health response strategies required to control the epidemic.

89. The issues and challenges so far encountered include low community ownership and leadership, negative impact of cultural beliefs and practices, inappropriate and conflicting messages from the various mass media, as well as weak and inadequate health systems. Other issues include poor implementation of the Integrated Disease Surveillance and Response (IDSR) and the International Health Regulations (IHR), the absence of emergency operations centres (EOCs), limited resources, international commitment and engagement, and insufficient compliance with prevention measures.

90. The actions proposed for Member States include strengthening community ownership and leadership, efforts towards achievement of zero cases; accelerating health systems strengthening and recovery; and building resilient health systems and services. Further actions include reinforcement of preparedness systems and the implementation of IDSR and IHR, improvement of compliance with prevention measures, and efforts to reduce case fatality rates. The document also proposed that WHO should enhance coordination, scale up resource mobilization, and reform the emergency and outbreak response teams.

91. During the discussions, Member States raised issues related to lack of preparedness, inadequate resources for the response, cross-border surveillance; the social, political and economic impact of the EVD outbreak; shortage of skilled workforce; and political leadership. Furthermore, they underscored the need to strengthen partnership and multisectoral collaboration, involve communities, decentralize the response, and meet the requirements for effective IHR implementation.

92. The following recommendations were made to Member States:

- (a) sustain the political leadership at a high level, and coordinate multisectoral collaboration for IHR (2005) implementation;
- (b) build the national health workforce to respond to epidemics;
- (c) maintain solidarity among countries;
- (d) strengthen the capacity of laboratories;
- (e) allocate a reserve fund for emergencies and epidemic response at country level; and
- (f) be fully engaged in the ongoing global emergencies reform.

93. The following recommendations were made to WHO:
- (a) promote EVD research including source of transmission and pathogenesis;
 - (b) support countries during the post-epidemic period; and
 - (c) support countries in IHR implementation.

94. The Regional Committee adopted with amendments Document AFR/RC65/10: The 2014 Ebola Virus Disease Outbreak: Lessons Learnt and Way Forward.

REGIONAL ORIENTATION ON THE IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2016-2017 (Document AFR/RC65/11)

95. This document was introduced by the Director of Programme Management. The document noted that the WHO Programme Budget for the 2016-2017 biennium was the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work, 2014–2019. It was developed based on a bottom-up approach for the definition of priority programmes in the broader context of WHO reform aimed at building in the African Region an organization that is more effective, efficient, responsive, accountable and transparent. The overall WHO Programme Budget for the 2016-2017 adopted by the World Health Assembly is US\$ 4 384.9 million. The African Region has been allocated a share of US\$ 1 162.3 million (26.5%), which represents an increase of US\$ 42.3 million (3.8%) compared with that for the 2014-2015 biennium.

96. The Programme Budget 2016-2017 focuses on the implementation of key interventions aligned with the defined strategic priorities. These include: (i) supporting the Ebola-affected countries in their efforts to reach zero cases and to rebuild their health systems; (ii) advocating for additional investment and strengthening the readiness of the African Region to deal with health threats, within the framework of the International Health Regulations (2005); (iii) supporting Member States to increase domestic investments in health and develop sound national health strategies to strengthen their health systems in driving progress towards equity and universal health coverage; (iv) ensuring that the MDGs are concluded while pursuing the post-2015 development agenda, and tackling the growing burden of NCDs; (v) supporting Member States to improve their ability to tackle the social determinants of health and work successfully with other sectors in promoting health; (vi) building the Organization to be more effective, efficient, responsive, accountable and transparent; and (vii) reinforcing WHO accountability for both programmatic results and management of the resources entrusted to the Organization.

97. The bottom-up approach for the priority-setting process led to some shifts in budget allocations across programmes in many countries. Despite increases noted in

some programmes, the distribution of the budget across priorities still shows an unbalanced budget due to a significant concentration on emergencies and polio programmes. The challenge for Member States and the WHO Secretariat is to intensify efforts to mobilize resources to fully fund the Programme Budget 2016-2017.

98. The delegates appreciated the increase in the budget for the African Region and the share between the Regional Office and country offices. They also congratulated the Secretariat for the establishment of the Compliance and Accountability Unit in the Regional Office and for the use of the bottom-up approach during the preparation of the Programme Budget. They particularly encouraged the Secretariat to continue and strengthen the bottom-up approach, and to make funds available at the beginning of the year. However, they requested clarification on the criteria used for distribution of budget allocations to countries and programmes. They also raised concerns about the small share of budget allocations relative to the high burden of NCDs in countries; as well as allocations to Ebola-affected countries that did not take into account the investments made during the outbreak, and future prospects in terms of rebuilding the health systems.

99. The following recommendations were made to Member States:

- (a) participate in the financial dialogue in order to influence the mobilization of resources for health priorities in the Region;
- (b) get actively involved in the bottom-up approach to planning;
- (c) pay the assessed contribution; and
- (d) ensure timely implementation of Programme Budget 2016-2017.

100. The following recommendations were made to WHO:

- (a) present to the next RC the criteria for budget distribution to countries; and
- (b) continue and strengthen the bottom-up approach to planning.

101. The Regional Committee adopted with amendments Document AFR/RC65/11: Regional orientation on the implementation of the WHO Programme Budget 2016–2017.

THE TRANSFORMATION AGENDA OF THE WHO SECRETARIAT IN THE AFRICAN REGION 2015–2020 (Document AFR/RC65/12)

102. The Regional Director, Dr Moeti, presented the document entitled “The Transformation Agenda of the WHO Secretariat in the African Region: 2015–2020”, (hereinafter referred to as ‘The Transformation Agenda’). She informed the delegates that the Transformation Agenda was a strategy to accelerate implementation of the global WHO reform in the African Region. She reminded the delegates that this was in

fulfilment of the pledge she had made on assuming office to improve the efficiency of the AFRO Secretariat, as well as provide more responsive support to countries. She highlighted the fact that a consultative process had been used in developing the Transformation Agenda.

103. The Regional Director informed delegates that the areas of focus of the Transformation Agenda were pro-results values, smart technical focus, responsive strategic operations and effective communication and partnerships. Pro-results values refers to fostering the emergence of an organizational culture defined by excellence, team work, accountability, integrity, equity, innovation and openness, in line with the WHO managerial reform. She emphasized the need to build a results-driven culture as well as create an enabling environment for professional excellence. The Regional Director further noted that smart technical focus was part of the WHO programmatic reform aimed at ensuring that the technical work of the WHO Secretariat focused primarily on priorities that reflect the major health problems affecting the Region.

104. In the area of responsive strategic operations, Dr Moeti noted that emphasis would be laid on improving effectiveness, timeliness, efficiency and accountability of WHO AFRO operations in support to Member States. Issues to be addressed included improving human resource management, financing and managerial accountability. She stressed the need to strengthen country mechanisms to monitor and report on the use of funds. In reference to effective communication and partnerships, the Regional Director noted that this aimed at improving communication within and across the three levels of the Organization, strengthening strategic partnerships to enhance synergy in the work of WHO and more effective communication of the Organization's contribution to health development. To this end, she mentioned the regional communication strategy that was being finalized and indicated that a regular regional health forum bringing together all health stakeholders would be organized.

105. The Regional Director noted that although the agenda looked ambitious, it was inspiring. She further highlighted the need for continued dialogue with, and guidance from Member States as the implementation of the Transformation Agenda evolves. She made mention of the need for guidance on diversification of staff profiles, and for improving partnerships and resource mobilization.

106. The WHO Director-General appreciated the Regional Director's and the Secretariat's effort to accelerate the implementation of the WHO reform agenda. She expressed concern about the slow utilization of resources and delayed reporting. Dr Chan further mentioned that the biggest internal risk facing the Organization was delayed reporting on direct financial contributions (DFC) and called upon the ministers of health to address this problem, as improved accountability would facilitate resource mobilization.

107. Member States expressed appreciation of the Transformation Agenda, congratulated the Regional Director on the progress made so far and further pledged their commitment to fully support its implementation. Delegates emphasized the need to involve ministers of health and stakeholders in implementing the Transformation Agenda and to ensure alignment with the WHA resolution on global reform. It was suggested that accountability issues be included as substantive agenda items to be discussed during the Regional Committee. Other issues raised included building on existing mechanisms such as the Harmonization for Health in Africa (HHA); the need for the WHO to assert itself as a technical lead in health; the need to strengthen WHO country offices to improve results at country level; developing a results framework to monitor implementation of the Transformation Agenda and institutionalizing mutual accountability mechanisms between WHO and Member States. Delegates requested WHO to guide countries in establishing centres of excellence to avoid duplication, and to improve coordination of partners at the subregional level to enhance effectiveness and reduce duplications.

108. In her response, Dr Moeti appreciated the constructive comments and recommendations, and the commitment of Member States to support the Transformation Agenda. She emphasized that transparency and fairness were central values in implementing the Transformation Agenda.

109. The following recommendations were made to Member States:

- (a) support implementation of the Transformation Agenda;
- (b) improve direct financial contribution (DFC) reporting through strengthening mechanisms to monitor and report on the use of funds;
- (c) provide guidance to the WHO Secretariat on diversification of staff profiles, and improving partnerships and resource mobilization.

110. The following recommendations were made to WHO:

- (a) report regularly to the Regional Committee on progress made in the implementation of the Transformation Agenda;
- (b) develop a results framework to monitor implementation of the Transformation Agenda;
- (c) support Member States to strengthen mechanisms used to monitor and report on the utilization of funds.

INFORMATION DOCUMENTS

111. The Regional Committee discussed and took note of the following information documents: (a) Report on WHO staff in the African Region: (Document AFR/RC65/INF.DOC/1); (b) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC65/ INF.DOC/2); (c) Poliomyelitis in the African Region: progress report (Document AFR/RC65/ INF.DOC/3); (d) Progress report on the implementation of the Health Promotion Strategy for the African Region (Document AFR/RC65/ INF.DOC/4); (e) Progress report on Strategy for Addressing Key Determinants of Health in the African Region (Document AFR/RC65/ INF.DOC/5); (f) Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region (Document AFR/RC65/ INF.DOC/6); (g) Progress report on the establishment of the African Medicines Agency (Document AFR/RC65/INF.DOC/7); and (h) Briefing on the new Neglected Tropical Diseases entity (Document AFR/RC65/INF.DOC/8).

DRAFT PROVISIONAL AGENDA AND DATES OF THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE AND VENUE OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC65/13)

112. The Regional Committee decided to hold its Sixty-sixth session from 27 to 31 August 2016 in Addis Ababa, Federal Republic of Ethiopia and approved the draft provisional agenda of the Sixty-sixth session of the Regional Committee. (Annexed to Document AFR/RC65/13).

113. The Republic of Zimbabwe reiterated its offer, made at the Sixty-fourth session, to host the Sixty-seventh session of the Regional Committee. Another offer to host the same Sixty-seventh session of the Regional Committee was made by the Republic of Madagascar during this Sixty-fifth session. The Committee requested the Regional Director to make further consultations and present a proposal on dates and venue for the Sixty-seventh session of the Regional Committee, at its Sixty-sixth session.

ADOPTION OF THE REPORT OF THE SIXTY-FIFTH REGIONAL COMMITTEE (Document AFR/RC65/14)

114. The report of the Sixty-fifth session of the Regional Committee (Document AFR/RC65/14) was adopted with amendments.

CLOSURE OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

115. On behalf of the delegates, the Minister of Health of Guinea-Bissau, Dr Cadi Seidi, presented a vote of thanks to the President, the Government and the people of the Republic of Chad for successfully hosting the Sixty-fifth session of the Regional Committee.

Closing remarks by the Regional Director

116. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her closing remarks, thanked the President of the Republic of Chad, His Excellency Idriss Déby Itno and his Government for hosting the Regional Committee and for the warm hospitality and excellent arrangements that facilitated the work of the Secretariat. She extended special thanks to the Prime Minister of the Republic of Chad, Mr Kalzeube Payimi Deubet, for officially opening this Regional Committee and subsequently monitoring its proceedings regularly. She also expressed her sincere gratitude to the Honourable Ministers of Health and Heads of Delegation of Member States for finding the time to attend this Regional Committee session despite its postponement from September to November 2015. Dr Moeti went on to thank the Chairperson for the efficiency with which he conducted the session, and the distinguished delegates for their active participation.

117. Dr Moeti recounted the important decisions that had been taken during the Sixty-fifth session of the Regional Committee. In particular, she indicated that she was encouraged by the Regional Committee's endorsement of the Transformation Agenda and the overwhelming support shown by Member States for its implementation. She reiterated that although the Transformation Agenda was ambitious, she was emboldened by the support pledged by Member States, and convinced that its implementation will certainly lead to progress in both the organization and in countries.

118. The Regional Director concluded her closing remarks by thanking members of the WHO Secretariat, consultants, interpreters, translators, security forces, the media and all who contributed to the successful conduct of the Sixty-fifth session of the Regional Committee. She wished all health professionals success in their endeavours to improve the health of the people in the African Region, and a safe trip back to their respective destinations.

Closing remarks by the Chairman of the Regional Committee

119. The Chairman of the Sixty-fifth Regional Committee, Mr Assane Ngueadoum, the Minister-Secretary of State for Health of Chad, in his closing remarks, thanked the Regional Committee for allowing Chad to host the Sixty-fifth session. He recounted the important decisions taken and emphasized the need for Member States to strengthen measures required to tackle the increasing challenges in the African Region.

120. The Chairman then officially declared the Sixty-fifth session of the Regional Committee officially closed.

PART III
ANNEXES

LIST OF PARTICIPANTS

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*Unable to attend

Sr^a Maria Matsinhe
Sub-Directora da Saúde Pública

Sr^a Carla Mosse Lazaro
Directora da Saúde

Sr. Casimiro Adolfo Nhaquila
Funcionário do Ministério da Saúde

NAMIBIA

Mr Axel Tibinyane
Director
Ministry of Health and social services
Head of Delegation

Ms Bertha Katjivena
Director
Ministry of Health and Social Services

NIGER

Mr Mano Aghali
Ministre de la Santé
Chef de la Délégation

Dr Abaché Ranaou
Directeur des Études et de la
Programmation

Dr Yaroh Asma Gali
Directrice générale de la Santé
publique

Dr Assan Abdoul Nasser
Directeur régional de la Santé publique

NIGERIA

Dr Amina M. B. Shamaki
Permanent Secretary for Health
Head of Delegation

Dr Ngozi. Rosemary Azodoh
Director Health Planning, Research and
Statistics

Mrs Didi Esther Walson Jack
Director, Office of the Permanent
Secretary

Dr Mohammed Jibril Aboullahi
National Primary Healthcare

Mr Sampson Babatunde Adebayo
Director of Planning, Research and
Statistics

Dr Andrew Eranmi Etsano
Chief Medical Officer, National Primary
Health Care Development Agency

Mr Olajide Oyebode Oshundun
Federal Ministry of Health

M. Ahmed Isa Ibrahim
Federal Ministry of Health

Dr Jonathan Ndubuisi Eke
Acting General Manager

Mr Okon James Umanah
Federal Ministry of Health

M. Nuhu Nasir Ajodi
Assistant General Manager

Mrs Olufunmilola Janet Alaka
Health Planning Officer

RWANDA

Dr C. Patrick Ndimubanzi
Minister of State in charge of Public
Health and Primary Healthcare
Ministry of Health
Head of delegation

Dr Théophile Dushime
Director General of Clinical and Public
Health Services
Ministry of Health

SAO TOME AND PRINCIPLE*

SENEGAL

Prof. Awa Marie Coll-Seck
Ministre de la Santé et de l'Action
sociale
Chef de Délégation

M. Aimé Assine
Président Commission Santé de
l'Assemblée Nationale du Sénégal

Dr Mandiaye Loume
Conseiller technique n°1
Dr Papa Amadou Diack
Directeur général de la Santé

Mme Sockhna Ramatoulaye Mbow
Diba
Assistante Administrative

SEYCHELLES*

SIERRA LEONE

Hon. Foday Sawi Lahai
First Deputy Minister
Ministry of Health and Sanitation
Head of delegation

SOUTH SUDAN*

SWAZILAND

Hon. Sibongile Ndlela Simelane
Minister of Health
Head of Delegation

Ms Mbali Nkambule Makhado
Private Secretary
Ministry of Health

Dr Samuel Vusi Magagula
Director of Health Services

M. Nhlanhla M. Nhlabatsi
Epidemiologist

*Unable to attend

SOUTH AFRICA

Ms Precious M. Matsoso
Director-General of Health
Chief of Delegation

Ms Lebogang Florence Lebeso
Cluster Manager, International Health
Development

Ms Tsakani G. Mnisi
Director, South-South Relations

Dr Lindiwe Elizabeth Makubalo
Designated Representative, Geneva

TANZANIA*

TOGO

Prof. Mijiyawa Moustafa
Ministre de la Santé et de la Protection
Sociale
Chef de Délégation

Dr Koku Sika Dogbe
Conseiller technique

Prof. Gado Agarassi Napo-Koura
Secrétaire général

UGANDA

Hon. Dr Sarah Opendi Achieng
Minister of State for Health
Head of Delegation

Dr Issa Makumbi
Head of Public Health Emergency
Operations Centre (PHEOC)

Dr Alex Achol Opio
Commissioner Health Services

Dr Timothy Musila
Principal Health Planner

*Unable to attend

ZAMBIA

Hon. Dr Chitalu Chilufya
Deputy Minister
Head of Delegation

Dr Maximillian Bweupe
Deputy Director for Disease Surveillance
Control and Research

Ms Effie Mpande
Media Specialist

Mr Henry Kansembe
Technical Support Specialist

ZIMBABWE

Hon. Aldrin Musiwa
Deputy Minister of Health and Child
Care
Head of Delegation

Dr Mananganzira Portia
Director of Epidemiology and Disease
Control

Dr Mudyiradima Robert
Principal Director Policy Planning
Monitoring and Evaluation

Dr Chimhamhiwa Vonai Teveredzi
Director

Mrs Mahlangu Gugu Nolwandle
Director General of Medicines Control
and Authority of Zimbabwe

Dr Takaenzana Sharon Paidamoyo
Counselor
Zimbabwe Mission in Geneva

World Health Organization/HQ
Switzerland

Dr Winnie Mpanju Shumbusho
Assistant Director General
WHO HIV/AIDS, Tuberculosis, Malaria
and Neglected Tropical Diseases

Mr Kees De Joncheere
Director Essential Medicines and Health
Products

2. INTERGOVERNAMENTAL ORGANIZATIONS REPRESENTATIVES

Organization for Coordination of the
Control of Endemic Diseases in Central
Africa (OCEAC)

Dr Constant Roger Ayenengoye
Secrétaire Exécutif
Head of Delegation
Dr Alexandre De La Volpilière
Conseiller du Secrétaire Exécutif

The Partnership for Maternal, Newborn
and Child Health (PMNCH)

Ms Robin Gorna
Executive Director

Union Economique et Monétaire Ouest-
Africaine (UEMOA)

Dr Corneille Traore
Directeur de la Santé, Protection sociale
et Mutualité

African Union Commission (AU)

Mrs Ndayisaba Marie Goreliti Harakeye
Head of Division – HIV, TB, Malaria and
other Infections diseases

Roll Back Malaria (RBM)

Dr Kaput Victor Makwenge
Président du Conseil d'Administration
OMS/Genève

GAVI

Dr Komi Mokpokio Ahawo
Senior Country Manager
Geneva

African Leaders Malaria Alliance
(ALMA)

Joy Phumaphi
Executive Secretary

Joyce Kafanabo
Senior Coordinator and Country Liaison

Melanie Renshaw
Chief Technical Advisor

3. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

Rotary International

Dr Roland Rizet
Vice-President African Region Polio-plus
Committee

African Medical and Research
Foundation (AMREF)

Dr Sylla Thiam
Regional Director, West Africa
AMREF Health Africa

African Federation of Public Health
Associations (AFPHA)

M. Dominique Kondji Kondji
Executive Committee Member

Pontifical Council for Pastoral Assistance
to Health Care Workers

Mgr Mate Musivi Jean-Marie
Mupendawatu
Secrétaire du Conseil pontifical pour la
pastorale des services de Santé

Economic Commission for Africa (ECA)

Dr Jack Jones Zulu
Social Affairs Officer

Embassy of France/Ministry of Foreign Affairs, France

S.E. Evelyne Decorps
Ambassadrice de France au Tchad

Dr Philippe Douste-Blazy
Ancien Ministre de la Santé
Ancien Ministre des Affaires Étrangères

Mme Christele Amigues
Attaché à la Coopération
Ambassade de France au Tchad

Dr Comiti Caroline
Conseiller régional Santé, Cameroun
Tchad, RCA

Agency of Preventive Medicine (AMP)

Dr Alfred Joseph Francisco Da Silva
Executive Director

International Federation of Medical Student's Association

Mr Edward Appiah-Kubi
Regional Director for Africa

International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

Mrs Adèle Fondeux
Sanofi Pasteur
Central Africa Project Manager

South African Department of International relations and Cooperation

Ms Monita Carolissen
Assistant Director

International Atomic Energy Agency (IAEA)

Dr Igor Velykoviký
Programme officer
Health System Strengthening

World Organisation of Family Doctors (WOMCA)

Dr Ehimatie Matthew Obazee
Observer

US Department of Health and Human Services

Dr Samuel Adeniyi-Jones
Director Africa Region

Dr Elana Clarke
Sr Int'l Health Analyst, Africa

US Embassy Pretoria

Mr Steven T. Smith
Attached Health and Regional Representative for Southern Africa

ANNEX 2

AGENDA OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda (Document AFR/RC65/1)
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region 2014-2015: Biennial Report of the Regional Director (Document AFR/RC65/2)
7. Statement of the Chairman of the Programme Subcommittee to the Sixty-fifth session of the Regional Committee (Document AFR/RC65/3)
8. Progress on health-related Millennium Development Goals and the post-2015 health development agenda (Document AFR/RC65/4)
9. Global Strategy on people-centred integrated service delivery: contribution of the African Region (Document AFR/RC65/5)
10. Research for health: a strategy for the African Region, 2016–2025 (Document AFR/RC65/6)
11. Global strategy on human resources for health: perspectives from the African Region (Document AFR/RC65/7)
12. Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC65/8)
13. The African Public Health Emergency Fund: Stocktaking (Document AFR/RC65/9)
14. The 2014 Ebola Virus Disease outbreak: lessons learnt and way forward (Document AFR/RC65/10)
15. Regional orientation on the implementation of the WHO Programme Budget 2016-2017 (Document AFR/RC65/11)
16. The Transformation Agenda of the WHO Secretariat in the African Region 2015–2020 (Document AFR/RC65/12)

17. Information
 - 17.1 Report on WHO staff in the African Region (Document AFR/RC65/INF.DOC/1)
 - 17.2 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC65/INF.DOC/2)
 - 17.3 Poliomyelitis in the African Region: progress report (Document AFR/RC65/INF.DOC/3)
 - 17.4 Progress report on the implementation of the Health Promotion Strategy for the African Region (Document AFR/RC65/INF.DOC/4)
 - 17.5 Progress report on Strategy for Addressing Key Determinants of Health in the African Region (Document AFR/RC65/INF.DOC/5)
 - 17.6 Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region (Document AFR/RC65/INF.DOC/6)
 - 17.7 Progress report on the establishment of the African Medicines Agency (Document AFR/RC65/INF.DOC/7)
 - 17.8 Briefing on the new Neglected Tropical Diseases entity (Document AFR/RC65/INF.DOC/8)
18. Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and venue of the Sixty-seventh session of the Regional Committee (Document AFR/RC65/13)
19. Adoption of the report of the Regional Committee (Document AFR/RC65/14)
20. Closure of the Sixty-fifth session of the Regional Committee

ANNEX 3

PROGRAMME OF WORK

DAY 1: Monday, 23 November 2015

08:30–11:00	Agenda item 1	Opening Ceremony
11:00–11:45	Group photo followed by tea break	
11:45–12:00	Agenda item 2	Constitution of the Subcommittee on Nominations
12:00–15:00	Lunch break (Meeting of Subcommittee on Nominations)	
15:00–15:30	Agenda item 3	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
	Agenda item 4	Adoption of the Agenda and the Programme of Work (Document AFR/RC65/1)
	Agenda item 5	Appointment of members of the Subcommittee on Credentials
15:30–16:30	Agenda item 6	The Work of WHO in the African Region 2014-2015: Biennial Report of the Regional Director (Document AFR/RC65/2)
16:30–17:00	(Meeting of the Subcommittee on Credentials)	
17:00	End of the day's session	
18:00	Reception hosted by the Regional Director	

DAY 2: Tuesday, 24 November 2015

07:45 – 08:45	Side Event	GAVI/AFRO Francophone constituency meeting (Hosted by Honourable Minister of Health for Senegal)
09:00–09:15	Agenda item 5 (cont'd)	Report of the Subcommittee on Credentials
09:15–09:30	Agenda item 7	Statement of the Chairman of the Programme Subcommittee (Document AFR/RC65/3)

09:30–11:00	Agenda item 9	Global Strategy on people-centred integrated service delivery: contribution of the African Region (Document AFR/RC65/5)
11:00–11:30	Tea break	
11:30–13:00	Agenda item 16	The Transformation Agenda of the WHO Secretariat in the African Region 2015 - 2020 (Document AFR/RC65/12)
13:00–15:00	Lunch break	
14:00–15:00	Side Event	Scorecard for RMNCH as an Accountability and Action Tool (hosted by the Honourable Minister of Health for Ethiopia)
15:00–16:30	Agenda item 14	The 2014 Ebola Virus Disease outbreak: lessons learnt and way forward (Document AFR/RC65/10)
16:30–17:00	Tea break	
17:00–18:30	Agenda item 11	Global Strategy on human resources for health: perspectives from the African Region (Document AFR/RC65/7)
18:30	End of the day's session	

DAY 3: Wednesday, 25 November 2015

09:00–10:30	Agenda item 12	Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC65/8)
10:30–11:00	Tea break	
11:00–12:00	Agenda item 13	The African Public Health Emergency Fund: stocktaking (Document AFR/RC65/9)
12:00–14:00	Lunch break	
13:00–14:00	Side Event	Update on GAVI - The Vaccine Alliance (hosted by GAVI)
14:00–15:30	Agenda item 10	Research for health: a strategy for the African Region (Document AFR/RC65/6)

15:30–16:00	Tea break	
16:00–17:30	Agenda item 15	Regional orientation on the implementation of the WHO Programme Budget 2016-2017 (Document AFR/RC65/11)
17:30–18:30	Side Event	Polio Legacy – Transition Plans (Meeting hosted by Secretariat)
18:30	End of the day's session	

DAY 4: Thursday, 26 November 2015

09:00–10:30	Agenda item 8	Progress on health-related Millennium Development Goals and the post 2015 health development agenda (Document AFR/RC65/4)
10:30–11:00	Tea break	
11:00–12:30	Agenda item 17	Information
	Agenda item 17.1	Report on WHO staff in the African Region (Document AFR/RC65/INF.DOC/1)
	Agenda item 17.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC65/INF.DOC/2)
	Agenda item 17.3	Poliomyelitis in the African Region: progress report (Document AFR/RC65/INF.DOC/3)
	Agenda item 17.4	Progress report on the implementation of the Health Promotion Strategy for the African Region (Document AFR/RC65/INF.DOC/4)
	Agenda item 17.5	Progress report on the Strategy for Addressing Key Determinants of Health in the African Region (Document AFR/RC65/INF.DOC/5)
	Agenda item 17.6	Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region (Document AFR/RC65/INF.DOC/6)
	Agenda item 17.7	Progress report on the establishment of the African Medicines Agency (Document AFR/RC65/INF.DOC/7)

	Agenda item 17.8	Briefing on the new Neglected Tropical Diseases entity (Document AFR/RC65/INF.DOC/8)
12:30–13:00	Agenda item 18	Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and place of the Sixty-seventh session of the Regional Committee (Document AFR/RC65/13)
13:00–15:00	Lunch break	
15:00–16:30	Plenary Session	Health Security and International Health Regulations (hosted by WHO)
16:30–17:00	Tea break	
17:00–18:00	Side Event	The Africa Malaria Strategy: Accelerating towards malaria elimination in Africa (Hosted by the Honourable Minister of Health for Ethiopia)
19:00	Dinner hosted by the Government of the Republic of Chad at the Hotel Kempinski	

DAY 5: Friday, 27 November 2015

10:00–11:00	Agenda item 19	Adoption of the report of the Regional Committee (Document AFR/RC65/14)
11:00–12:30	Agenda item 20	Closure of the Sixty-fifth session of the Regional Committee

ANNEX 4

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

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region
7. Statement of the Chairman of the Programme Subcommittee
8. [Matters of global concern related to World Health Assembly decisions and resolutions]
9. Integrated prevention and control of oral diseases:
A Strategy for the African Region (2016–2021)
10. Regional strategy for Health security and emergencies
11. Healthy ageing: a strategy for the African Region (2016–2020)
12. African Regional Strategy for Women's, Children's and Adolescents' Health (2016–2030)
13. The Regional End TB Strategy 2016–2020
14. HIV/AIDS: Framework for action in the WHO African Region 2016–2021
15. Prevention, Care and Treatment of Viral Hepatitis: Strategy for the African Region, 2016–2021
16. Prevention and Control of Sexually Transmitted Infections:
strategy for the African Region, 2016–2021
17. Regional strategy on regulation of medical products in the African Region
18. Rules of procedure of the Regional Committee meetings in Africa
19. Implementing the Africa Malaria Strategy 2016–2030: Accelerating towards malaria elimination in Africa
20. Information
 - 20.1 Report on WHO staff in the African Region
 - 20.2 Regional matters arising from reports of the WHO internal and external audits
 - 20.3 Progress report on the implementation of the Health and Human Rights resolution

- 20.4 Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management
- 20.5 Progress report on utilizing eHealth solutions to improve national health systems in the African Region
- 20.6 Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region
- 20.7 Progress report on the implementation of the regional strategy on enhancing the role of traditional medicine in health systems
- 20.8 Progress report on implementation of the regional road map on human resources
- 20.9 Progress report on implementation of the Regional HIV Strategy 2011–2015
21. Draft provisional agenda and dates of the Sixty-seventh session of the Regional Committee and place of the Sixty-eight session of the Regional Committee
22. Adoption of the report of the Regional Committee
23. Closure of the Sixty-sixth session of the Regional Committee

ANNEX 5

WELCOME ADDRESS BY THE MAYOR OF THE CITY OF N'DJAMENA AT THE OPENING CEREMONY OF THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

The Prime Minister, Representing the Head of State,
The WHO Director General,
The WHO Regional Director for Africa,
The Prime Minister and Head of Government,
The Speaker of the National Assembly,
Heads of Supreme Institutions of the Republic,
Members of Government,
The Ministers of Health from WHO African Region Member States,
Heads of Diplomatic Missions and International Organizations,
Honourable Members of Parliament,
Members of the Offices of the President and Prime Minister,
Heads of Foreign Delegations,
Distinguished Guests,
Ladies and Gentlemen.

It is an honour for me to address this august gathering at the opening ceremony of the Sixty-fifth session of the WHO Regional Committee for Africa.

First of all, I would like to welcome you to Ndjamen, our capital city.

I would also like to extend my deep gratitude to you for choosing our city to host this session.

Your all-important deliberations will lead to the approval of WHO health policies, budget and programme of work for Africa.

The entire population of Africa, and particularly the inhabitants of N'Djamena, who are ravaged by various diseases, hold high expectations of this meeting of eminent health sector experts of international renown.

I am certain that a comprehensive strategy for improving the health status of our people will emerge from your meeting.

Distinguished Guests,
Ladies and Gentlemen,

Permit me to commend the efforts made by the country's authorities to provide Ndjamen with quality health infrastructure.

The city, which is undergoing major changes, has seen numerous achievements in the area of health, particularly the renovation of the National General Referral Hospital, the construction of the mother and child hospital, the construction of a modern hospital and the refurbishment of several hospitals and health centres.

All these achievements were initiated by His Excellency Idriss Déby Itno, President of the Republic, Head of State, who has made health a top priority, as evident from the monthly health meetings he has personally made it a duty to chair.

Distinguished Guests,
Ladies and Gentlemen,

May I conclude by urging you to take advantage of any free time you may get from your deliberations to visit the city and discover its wonders.

I wish you an enjoyable stay in the city of Ndjamená.

Thank you for your attention.

ANNEX 6

ADDRESS BY PROFESSOR AWA MARIE COLL-SECK, MINISTER OF HEALTH AND SOCIAL ACTION OF SENEGAL, CHAIRPERSON OF THE SIXTY-FOURTH SESSION, AT THE OPENING OF THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Your Excellency the Prime Minister of the Republic of Chad,
Heads of institutions of the Republic,
The WHO Director-General,
Honourable Ministers of Health and Heads of Delegation,
The WHO Regional Director for Africa,
Honourable Members of Parliament,
The Lord Mayor of N'Djamena,
Representatives of international organizations,
Distinguished guests,
Ladies and gentlemen,

We thank you, Mr Prime Minister, for accepting to host the Sixty-fifth session of the WHO Regional Committee for Africa on Chadian soil and for the warm and fraternal welcome accorded us.

Since our arrival, the authorities and people of Chad have unstintingly treated us to their warm and legendary African hospitality.

Accordingly, I wish to particularly acknowledge our colleagues and brothers, the Minister of Health, Dr Hissène Massar and the Minister-Secretary of State for Health, Mr Assane Ngueadoum.

Mr Prime Minister,

Kindly extend to His Excellency the President of the Republic our sincere congratulations for his leadership and commitment to combating terrorism and ensuring the peace and integrity of African States.

Recent events in the world over the last few weeks are proving him right and we must discharge our duty of solidarity towards the people of Chad.

We must not forget that we share a common fate on this planet.

The world is rocked by ethnic and/or religious conflicts, climate change, an uncontrollable global economy, the proliferation of weapons and terrorism, to name but a few.

Solidarity must be our creed and we are proud to be in N'Djamena today.

Thank you, Madam Margaret Chan, the Director-General of WHO, for coming all the way to attend our deliberations. Your presence among us confers on this meeting the quality label that is required by our Organization. This gesture, which attests to your commitment and interest in the health of the African people, touches us deeply.

I thank you, Honourable Ministers of Health, dear colleagues, for choosing me to chair the Sixty-fourth session of the WHO Regional Committee for Africa that took place from 3 to 7 November 2014 in Cotonou.

Thank you for this token of trust.

Ladies and Gentlemen,

One of the highlights of the Sixty-fourth session of the WHO Regional Committee was the election of a new WHO Regional Director for Africa in the person of Dr Matshidiso Moeti, whom I would like to congratulate once again.

Dr Moeti, who is a woman of conviction and wide experience, has assumed leadership of our regional organization at a particularly difficult moment. She has done so selflessly and with an open mind.

Dr Moeti has pledged to transform the Secretariat of the WHO African Region into a more results-focused and proactive entity that responds to country needs. She has already initiated indispensable reforms and we must support her in this quest for better governance and improved health for our people.

In fact, despite the significant progress made, we all agree that most of the Millennium Development Goals will not be achieved at the end of 2015 in the WHO African Region. Many challenges remain outstanding, including addressing the socioeconomic determinants of health, maternal and child health, the double burden of communicable and noncommunicable diseases, weak health systems, inadequate financial and human resources as well as poor health governance.

The international community, meeting in New York in September 2015, reached a consensus on the post-2015 Development Agenda proposed by the Secretary General of the United Nations in his report entitled "The Road to Dignity by 2030" and adopted the Sustainable Development Goals.

Health is one of the 17 goals with nine targets. Three of these targets relate to MDGs, another three relate to noncommunicable diseases and injuries and the remaining three are cross-cutting issues, which include universal health coverage. The challenges are enormous, but our determination to act is unequivocal.

Another highlight of the Regional Committee held in Benin was the Ebola virus disease epidemic which broke out in the West African region with more than 27 000 cases and

over 11 000 deaths. It affected six countries, namely Guinea, Liberia and Sierra Leone, which were hard-hit as well as Mali, Nigeria and Senegal, which reported a few cases. The Democratic Republic of Congo, in Central Africa, and some countries in the Northern hemisphere were not spared.

We take this opportunity to congratulate in particular Guinea, Liberia and Sierra Leone, which, with support from the international community, made significant efforts to successfully combat this dreadful disease, whose health and socioeconomic impact will be felt for a long time.

We hope that the Republic of Guinea will also be declared Ebola-free soon after the WHO observation period.

We also commend the foresight of the WHO Director-General, Dr Margaret Chan, for proposing in May 2015 in Geneva, that the theme of the general debate of the Sixty-eighth World Health Assembly be “Building Resilient Health Systems”. This choice, which was motivated by the Ebola virus disease epidemic, underscored the vulnerability of health systems both in West Africa and the rest of the world.

Ladies and Gentlemen,

The Sixty-fourth session of the WHO Regional Committee for Africa took 13 decisions and adopted eight resolutions. The report that will be presented will inform us on the progress made in the implementation of these decisions and resolutions.

During our term of office, we coordinated the participation of the African Region Group at the Sixty-eighth World Health Assembly in Geneva and contributed to the discussion on the establishment of the Africa CDC under the auspices of the African Union. I take this opportunity to thank my two vice-chairpersons whose support was decisive in the accomplishment of this task. They are my dear brothers David Parirenyatwa and André Mama Fouda, respectively Ministers of Health for Zimbabwe and Cameroon. During this period, we appreciated the determination of the WHO Regional Director for Africa to successfully accomplish her mission.

The creation of a task force and the inclusion of item 16 on the agenda of this session entitled “The transformation Agenda of the WHO Secretariat in the African Region 2015–2020” attests to her firm commitment to implement the reform agenda of our organization.

We will soon give the floor to the Honourable Secretary of State for Health of the Republic Chad, to whom we express our heartfelt congratulations and best wishes of success.

ANNEX 7

ADDRESS BY DR MATSHIDISO MOETI, WHO REGIONAL DIRECTOR FOR AFRICA, AT THE OPENING CEREMONY OF THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Your Excellency Kalzeube Payimi Deubet, Prime Minister and Representative of the President of the Republic, Head of State,

Professor Marie Awa Coll-Seck, Minister of Health and Social Action of the Republic of Senegal and Chairperson of the Sixty-fourth session of the Regional Committee,

Honourable Members of Government and Heads of institutions of the Republic of Chad,

Honourable Ministers of Health and Heads of Delegation of Member States,

Dr Margaret Chan, WHO Director-General,

Ambassadors and Heads of diplomatic missions accredited to the Republic of Chad,

Colleagues from agencies of the United Nations system,

Distinguished Guests,

Dear Delegates,

Ladies and Gentlemen,

I am pleased to address this distinguished gathering on the occasion of the Opening Ceremony of the Sixty-fifth session of the WHO Regional Committee for Africa. It is a great honour for me as I do this for the first time in my capacity as the WHO Regional Director for Africa. I still recall with joy the 5th of November 2014 in Cotonou, Benin, when you Honourable Ministers expressed your confidence and elected me as the Regional Director to succeed Dr Luis Sambo. I also recall the 26th of January this year when the WHO Executive Board confirmed my appointment.

Honourable delegates, like last year's Regional Committee, this Sixty-fifth session had to be postponed due to some security concerns which the Government of Chad has so ably addressed. I thank Member States for their patience and understanding during the consultations to agree on suitable dates and a venue for the Sixty-fifth session of the Regional Committee.

May I at this stage express our gratitude to His Excellency General Idriss Déby Itno, the Government and people of Chad, for their warm hospitality and the excellent arrangements made for the smooth conduct of the work of the Regional Committee. May I also express our solidarity with the President and the people of Chad for the terrorist attacks in recent times, and with the Governments of all Member States for similar attacks and conflicts which invariably negatively impact on the delivery of health services in the countries.

I have had the chance to hold talks with the Prime Minister and with the national authorities since I arrived in N'Djamena five days ago. I have been inspired by the personal commitment of President Idriss Déby Itno and the progress made in health development in the Republic of Chad.

I extend a special and warm welcome to all the Ministers of Health and Regional Committee delegates from Member States, and to our health partners who have travelled to Chad to be part of this meeting.

Ladies and gentlemen,

We are almost at the end of the Ebola virus disease epidemic that struck West Africa at the end of 2013. I promised the Regional Committee last year in November that I would do whatever possible to help the affected countries get to zero cases in the shortest possible time. Liberia and Sierra Leone were declared Ebola-free in September and November respectively; Guinea is on the countdown to 42 days without a case. The countries continue to be challenged by the occasional, isolated case, and we are seeing unknown manifestations of the epidemic. What is important is that the detection and control systems in the three countries are now strong enough to contain these new cases and stop significant spread of the virus.

We have learnt several key lessons in our response to the EBV epidemic. Strong and functional health systems are required for timely detection and notification of any outbreak and for a quick and effective response to prevent further spread and progression to a major public health event. Community leadership, ownership and engagement are critical for the control of outbreaks. When local leaders and the people became effectively engaged, the epidemic was quickly brought under control. We have also learnt that an improved global mechanism for rapid response to major epidemics through effective global coordination is critical for any public health event of international concern.

A reform of WHO's work on outbreaks and epidemics is currently being discussed and a report will be submitted to the Executive Board in January 2016. We will be discussing the Ebola virus disease as a full agenda item on Tuesday afternoon as Agenda Item 14. One success that we can also celebrate together is the declaration of Nigeria as being polio-free. On 25 September 2015, the WHO Director-General announced the removal of Nigeria, the then only remaining endemic country in the African Region, from the list of polio-endemic countries. And on the 26th of October, I was honoured to formally inform His Excellency the President of Nigeria that the country is off the list of polio-endemic countries. May I take this opportunity to congratulate all those who have worked over the years to achieve this major milestone, including Member States, development partners and donors, and WHO staff members.

As we go forward, the entire region needs to ensure that no case of wild poliovirus occurs, by intensifying Acute Flaccid Paralysis surveillance and ensuring the highest level of polio vaccination coverage for the next two years. The importance of planning for how to optimize the polio legacy – the experts, infrastructure and equipment – in the future and transitioning cannot be over-emphasized. Polio capacity supports other

public health areas such as routine immunization and epidemic surveillance. We would like to work with Member States to ensure that we do not lose it. We will need to interest other partners in investing in keeping this capacity. We will be having a side event on polio legacy planning and a discussion on the Progress Report on Polio during the week.

I am pleased to inform you that WHO and the African Union Commission will organize a Ministerial Conference on Immunization in Addis Ababa, Ethiopia from 24 to 25 February 2016. The aim of the conference is to further strengthen country ownership and foster sustainable funding so that each country achieves the goals of the Global Vaccine Action Plan. We have sent out invitations to all Ministers of Health in Africa. I would encourage Honourable Ministers and partners to participate in this conference. We also seek your support to promote the participation of those Ministers of Finance and Parliamentarians, from some countries who have been invited.

We are holding this session of the Regional Committee a few weeks after the adoption of the Sustainable Development Goals at the 70th United Nations General Assembly. Building on the Millennium Development Goals (MDGs), the 17 SDGs cover a broad range of economic, social and environmental objectives, as well as the promise of more peaceful and inclusive societies and countries. Health is covered under SDG-3: "Ensure healthy lives and promote well-being for all, at all ages". The health goal covers the unfinished agenda of the Millennium Development Goals, and emerging threats such as noncommunicable diseases and health security. There is a strong equity focus – "leaving no one behind" – and therefore a demand that work on health addresses the social and environmental determinants, as well explicitly focusing on equity.

This will require broad mobilization and work with other development sectors, as well as collaboration among different actors in countries – government, civil society, international development partners, the private sector and philanthropy. Domestic and even private sector financing are set to play a more important role in development, in addition to international aid. This means more attention will need to be paid to their mobilization.

The SDGs will also require more innovation and learning, including South-South collaboration.

These goals offer a huge opportunity for our work on health. We look forward to collaborating with Member States and partners to meet the SDG targets, especially to using universal health coverage as a vehicle and strategy to reach most of the other targets. We will have the opportunity to discuss this on Tuesday morning as Agenda Item 8.

As you are aware, the African Programme for Onchocerciasis Control (APOC) is expected to close in December 2015, as was planned and in accordance with the confirmation by its Governing Body, the Joint Action Forum. APOC, established in 1995 in response to the devastating impact of river blindness in the African region, has been one of the most successful public private partnerships involving countries, pharmaceutical companies, nongovernmental development organizations and

donors. It has largely accomplished its mission. I wish to commend the contributions made by past and present APOC staff, governments, communities and the other stakeholders. They have inspired the higher ambitions of NTD elimination.

After three years of intensive and sometimes challenging discussions and negotiations with partners, we are in the final stages of establishing a new NTD entity. The Expanded Special Project for the Elimination of NTDs (ESPEN) will be hosted at the Regional Office and become operational in January 2016. ESPEN is going to be lean and will focus on technical support while national programmes, working with partners, are expected to assume more responsibility for implementation. We will have the opportunity to discuss this on Thursday morning.

Honourable Ministers, when I took office I committed myself to enhancing the performance of the WHO Secretariat in the African Region as part of the WHO Reform. We have, since May, embarked on an ambitious agenda to transform the WHO Secretariat in the African Region into an effective, responsive, accountable and results-driven Organization. We are calling this the Transformation Agenda. There are several components to this agenda linked to WHO's governance, programmatic and management reform. We are currently revisiting our human resources with the view of ensuring that we have the best experts in the right positions to carry out the required functions effectively. We will be discussing the Transformation Agenda on Tuesday morning.

I would like to end my speech by thanking you again for giving me the opportunity to serve you as Regional Director. I have already been on some visits to Member States since I assumed office. I thank the Ministers and national authorities for the cordial interactions and very concrete discussions and decisions taken to improve the people's health. I would also like to thank the WHO Director-General, Dr Margaret Chan, for her invaluable support. Margaret, I know that I can continue to count on you. The modest achievements made so far would not have been possible without the support and cooperation of you, Honourable Ministers, development partners and donors and members of the WHO Secretariat. I say a big thank you to you all.

Despite the progress made so far, the challenges in the field of health remain numerous and diverse in our Region. I am very confident that the vision and strategies of the new management team of the Regional Office are clearly established to address these challenges. Let me once again thank His Excellency the President and the Government and people of Chad for their hospitality.

I look forward to the opportunity to interact with you all during this Sixty-fifth session of the Regional Committee. I am certain that we will have very productive deliberations with very concrete outputs.

I thank you very much for your attention.

ANNEX 8

ADDRESS BY DR MARGARET CHAN, WHO DIRECTOR-GENERAL

Excellencies,
Honourable ministers,
Distinguished delegates,
Representatives of the African Union,
Dr Moeti,
Ladies and Gentlemen,

I thank the government of the Republic of Chad for hosting this session. I thank the President of this country for his role in mobilizing the military logistics that helped stop polio in the very challenging geography of Lake Chad.

In 1996, when Nelson Mandela launched the Kick polio out of Africa campaign, the disease was paralyzing around 75 000 children in this region every year. On 25 September, Nigeria, polio's last sanctuary in sub-Saharan Africa, was removed from the list of polio-endemic countries. This is a stunning achievement. As recently as 2012, Nigeria was the global epicenter for polio transmission, accounting for more than half of all cases worldwide. For well over a year, not a single child in this region has been paralyzed by wild poliovirus. This is a gift of hope for all of Africa.

As we know, this was not an easy victory. Given the obstacles that had to be overcome, it offers proof of the power of commitment by leadership at political, religious, and community levels. This is what Africa's collective will and determination can achieve. In Nigeria, the establishment of a national polio emergency operations centre was decisive. But the true game changer was the enforcement of an accountability framework by government at all levels, including partner agencies.

We must acknowledge the courage of more than 200 000 volunteers across the country who repeatedly immunized more than 45 million children, often at great personal risk. As we all know, this triumph over a dreaded disease is not yet secure. African leaders are fully aware of the need to maintain high immunization coverage and intense surveillance. If no further cases are detected, the African Region can be certified polio-free as early as 2017. Polio, which can paralyze a child within hours after infection, is a disease that cannot be controlled. It must be eradicated.

Ladies and Gentlemen,

The outbreak of Ebola virus disease in West Africa is not yet over, but we are close. For the past two months, we have been in a phase of tracking and breaking every last chain of transmission. Sierra Leone has interrupted transmission. Guinea's last known

case has recovered and the countdown in that country has begun. Last week, new cases were confirmed in Liberia, clearly signaling the need for continued vigilance. The cases were detected quickly, and the government's response to this flare-up has been vigorous.

In this year of transition, as we move to a new development agenda, as we watch the last few cases of Ebola, as the world considers what may be its last chance to save the planet, I have one piece of advice for you. State your needs, whether for affordable medicines or the energy to power your economies, but also showcase your successes.

Ebola in Africa is two stories. One of a devastating humanitarian crisis. A second of remarkable success. Like the countries of West Africa, the Democratic Republic of Congo is poor and has inadequate health system, especially in remote rural areas. But the country was prepared when its 7th Ebola outbreak began in 2014. The government could immediately activate well-tested emergency response plans. The outbreak lasted less than two months, causing 66 cases and 49 deaths.

Lagos, Nigeria likely provides the best proof that a large outbreak can be prevented, even in a teeming city with a population of more than 20 million people. An immediate response, combined with world-class epidemiological detective work, held the number of cases in Lagos to just 15. After their first imported cases, Senegal and Mali likewise prevented onward transmission or held it to just a handful of cases.

Ebola put the spotlight on some of the worst things that can happen when health systems and infrastructures are weak or broken. Nearly all of the panels, committees, and conferences looking at lessons from Ebola recognize that strengthening health systems must be part of the global health security agenda. Another overarching conclusion is this. Outbreaks of new and re-emerging diseases cannot be reliably predicted, but large, severe, and sustained outbreaks can be prevented through preparedness, quick detection, and a forceful response. Again, doing so depends on a well-functioning health system.

As a consequence of the outbreak, this Region is receiving significant technical and financial support, mainly from China and the US, to establish an Africa Centre for Disease Control. Again, the emphasis is on capacity-building for early detection and response. No one wants any country in Africa to experience a calamity like Ebola, ever again. At the September UN Sustainable Development Summit, China announced the establishment of a fund, with an initial contribution of US\$2 billion, to support South-South cooperation, especially with least developed countries. The US has announced major funding to develop IHR capacities in several developing countries, mainly in Africa. Other countries and initiatives have recently announced programmes to improve surveillance, train African scientists in outbreak response, and strengthen laboratory services.

Ladies and Gentlemen,

You will need this support. The agenda for sustainable development is supremely ambitious. The world is far more complex, and far more dangerous, than it was 15 years

ago. The health challenges are far more complex, and far more numerous. The number of goals has increased from 8 to 17. The number of targets grew eight-fold, from 21 to 169. The political and financial contexts are less promising than they were 15 years ago. In many wealthy countries, economic insecurity, domestic cuts in public services, and growing inequality reduce political interest in international development and increase public hostility to foreign aid. Consensus is growing that the SDGs will not be primarily financed from aid budgets. Moving forward, countries are expected to make their tax systems more efficient and introduce measures to combat tax evasion and illicit tax flows. This marks a fundamental change in patterns of health financing, where the burden is placed on domestic budgets.

At the same time, we need to remember that, during the MDG era, which saw large increases in financing for health, the average low-income country still financed 75% of its total health expenditure from domestic resources. In the new agenda, business as usual will not work. The emphasis is firmly placed on implementation within countries, in line with the setting of realistic national targets. The culture of measurement and accountability, introduced during the MDG era, is now an established expectation for any health initiative. Fortunately, progress towards the 13 targets under the health goal can be measured with a great deal of precision. Health system reforms that reduce waste and inefficiency help ensure the most effective use of domestic resources.

Your report on people-centred integrated service delivery moves in the right direction, as does the report on human resources for health. As I hear over and over, broad collaboration with non-health sectors, civil society organizations, and the private sector is the only way to approach such ambitious targets and goals. Health benefits greatly from the agenda's broad and integrated approach that addresses multiple economic, environmental, and social determinants of Health. This gives ministries of health a framework for promoting policy coherence and integrated action.

Above all, the SDGs recognize universal health coverage as a pro-poor pillar of sustainable development. UHC is the health target that underpins all others and is key to their implementation. It transforms lives, and it transforms livelihoods. In health care, UHC is the ultimate expression of fairness. It means ensuring that everyone can obtain essential health services of high quality without suffering financial hardship. The evidence is now overwhelming. Providing quality health services free at the point of delivery helps end poverty, boosts economic growth, and saves lives. UHC provides the platform for coherent integrated service delivery. It counters the fragmentation caused by single-disease initiatives during the previous development era. Again this is a fundamental change that should boost health progress in Africa.

Thank you.

ANNEX 9

ADDRESS BY THE RIGHT HONOURABLE KALZEUBE PAYIMI DEUBET, PRIME MINISTER AND HEAD OF GOVERNMENT REPRESENTING HIS EXCELLENCY THE PRESIDENT OF THE REPUBLIC, HEAD OF STATE

The Right Honourable Speaker of the National Assembly,
Heads of the Supreme Institutions of the Republic,
Honourable Members of Government,
The Director General of the World Health Organization,
Ministers of Health of Member States of the WHO African Region,
The WHO Regional Director for Africa,
Members of the Diplomatic Corps and Representatives of International Organizations,
Honourable Delegates from Member States,
Distinguished Guests,
Ladies and Gentlemen,

Due to last minute constraints, His Excellency Idriss Déby Itno, President of the Republic has bestowed on me the great honour of chairing the opening ceremony of the Sixty-fifth session of the WHO Regional Committee for Africa which our country has the honour of hosting.

May I take this opportunity to express our satisfaction and extend hearty thanks all our guests for honouring our invitation. I also extend sincere thanks to all the delegations present here in Ndjamená, our capital, to attend this meeting of our common organization.

May I also acknowledge the presence of imminent personalities in our midst including Dr Margaret Chan, WHO Director General, who have come to witness this important event.

On behalf of His Excellency Idriss Déby Itno, President of the Republic, the Government and our people, I would like to express our sincere gratitude for this honour conferred on our country. Our wish is that you leave our country with fond memories of this meeting.

Your Excellencies,
Ladies and Gentlemen,

Like most international organizations, the World Health Organization is hard-hit by the global financial crisis. This difficult financial situation, which could compel donors to be

even more parsimonious with their resources, should trigger the resolve of all Member countries in the Region to honour their commitments to our common organization and jointly address the numerous health challenges facing our countries.

Through me, the Republic of Chad, solemnly reaffirms its determination to honour all its commitments, particularly its contributions to the special funds, and regularly pay its assessed contributions.

Our commitments also include the need to maintain an acceptable level of operation for our health system. In this regard, the constant improvement of the health status of our compatriots has always featured prominently among our national concerns.

Strengthening health care delivery by building adequate health infrastructure, providing training and incentives to health personnel and improving universal access to health care and to medicines is equally important.

Accordingly, the construction of modern health infrastructure and the enhancement of hospital technical facilities in N'Djamena and in the hinterland attest to our desire to endow our country with a health protection system that meets the expectations of its people.

Convinced of the need to fully realize his public health vision as outlined in his social agenda which has earned the support of our people, the President of the Republic initiated the monthly meetings with the relevant ministries and health sector technical and financial partners to monitor the implementation status of his recommendations as well as the epidemiological situation of the country.

These meetings have created effective synergy and highly beneficial complementarity between the activities of our partners and the Government's efforts. Such pooling of efforts and unity of action have boosted the national response to the most common diseases in our country.

Special mention should also be made of the special role entrusted to nongovernmental organizations in disease control. Thus, all immunization campaigns are regularly conducted with the support of civil society organizations.

However, it is the responsibility of the Government, social partners and the population to consolidate the foundation of our partnership on a daily basis and adapt our work methods to emerging constraints. This has to be done through exemplary collaboration based on consultation and dialogue between the various health sector stakeholders in the country.

Furthermore, we are striving to institute health for all, for the benefit all communities without exception, be they stakeholders, beneficiaries, sedentary communities or nomads.

Simply put, the Government has taken steps to provide the population with the benefits of a health system that essentially promotes health as a fundamental human right.

Your Excellencies,

Ladies and Gentlemen,

The virtual similarity of our countries' health concerns requires us to embark on joint action to promote minimum and basic health guarantees throughout our continent. The encompassing and holistic nature of health requires our countries to increasingly work towards achieving health for all.

More than ever before and given the current challenges facing our governments, the need for cohesion among African countries has become greater as we seek sustainable solutions to health systems organization and financing problems in our respective countries.

May I remind you that the people of Africa are listening and expecting tangible outcomes of your deliberations. Your meeting should constitute a milestone in the history of our Organization, particularly of the Regional Office for Africa.

I am certain that your session will provide the opportunity to effectively address the concerns of our health systems. Your agenda items must be relevant to current challenges in order to meet expectations and guarantee the success of our health projects.

I therefore call on all the delegates to show greater objectivity, rigour and relevance when considering the issues brought to your attention, such that the expected resolutions and recommendations effectively benefit our countries.

May the proceedings of this session of the WHO Regional Committee for Africa enhance and inform our perceptions and debate on the values, practices and choices that prevail in the health sector in Africa.

On this note, I declare open the Sixty-fifth session of the WHO Regional Committee for Africa.

Thank you!

ANNEX 10

ADDRESS BY HONOURABLE DOSSO MOUSSA, MINISTER OF STATE, MINISTER OF EMPLOYMENT, SOCIAL AFFAIRS AND VOCATIONAL TRAINING OF THE REPUBLIC OF CÔTE D'IVOIRE

Your Excellencies Heads of State and of Government,

Your Excellency Idris Déby Itno, President of the Republic of Chad, host of the Sixty-fifth session of the WHO Regional Committee for Africa,

Ladies and gentlemen,

Permit me to start by presenting the apologies of your brother, President Alassane Ouattara, who would very much have loved to attend this important gathering but cannot, due to scheduling constraints.

He has, however, requested me to convey to you the following message:

Your Excellencies Heads of State and Government,

Distinguished Ambassadors and heads of diplomatic missions,

Representatives of international organizations, partners of the African and the international community,

On behalf of the Government and people of Côte d'Ivoire, and on my personal behalf, I wish to extend our sincere thanks to the President, the Government and the people of Chad for the cordial and fraternal welcome and the special attention lavished on my delegation and me since we arrived in this beautiful and attractive city of N'Djamena.

Your Excellencies Heads of State and Government,

I welcome your distinguished presence at this high-level meeting, which comes after the Malabo Summit of 20 July 2015 on the financing of Ebola virus disease control by African States. May I seize this opportunity to acknowledge the interest you have shown in the eradication of this disease that has caused untold suffering to our people, and rallied together the entire African and the international communities as well as the Governments of our affected sister Republics in West Africa.

Permit me to recall that on 8 August 2014, at the very peak of the health crisis in West Africa, WHO declared the Ebola virus disease epidemic a public health event of international concern. This declaration was backed up by grim statistics, notably 28 000 confirmed, possible and suspected cases in the three affected countries, including more than 11 000 deaths.

Our local communities, leaders, and the African and the international communities, including multilateral and bilateral partners, did not remain indifferent to this

unprecedented disaster. They all rallied together halt the spread of the disease and save lives through financial, material and human support.

Ladies and Gentlemen,

Permit me to recall that in this context, the African Union, in line with its innovative principle of seeking African solutions to Africa's problems, initiated high-level advocacy to mobilize financial resources and ensure the deployment of medical and non-medical personnel to the affected countries.

Moreover, as part of its mandate pertaining to humanitarian actions and disaster management, the Peace and Security Council of the African Union immediately deployed a multidisciplinary military, civilian and humanitarian mission to Guinea, Liberia and Sierra Leone. A total of 835 African health workers and volunteers were deployed.

Since September 2014, Côte d'Ivoire has been prompted by a spirit of solidarity to disburse a contribution of US\$ 1 million to the ECOWAS Ebola control fund, and the Government has abolished measures that restricted the movement of goods and persons, and lifted the ban on flights to its territory.

Furthermore, Côte d'Ivoire participated in the ECOWAS contingent of volunteers, as part of our subregional mobilization drive.

Given the magnitude of the epidemic, Côte d'Ivoire established an essentially proactive preventive mechanism that brought together stakeholders from the various sectors, under the leadership of the Head of State and the Prime Minister.

May I seize this opportunity to reiterate the sincere thanks and profound gratitude of President Alassane Ouattara, the Government and the people of Côte d'Ivoire to the international community, including all multilateral and bilateral partners who unstintingly supported the efforts made by Côte d'Ivoire and Africa to contain the disease.

Your Excellencies Heads of State and Government,

My delegation is satisfied with the progress achieved through our joint effort to eradicate this deadly and disabling virus from among our courageous peoples. Such progress is evident in the significant decline of the disease, and especially the end of the outbreak in Liberia and Sierra Leone, as declared by WHO.

Naturally, we wish to seize this opportunity to extend sincere congratulations to Her Excellency Johnson Sirleaf and His Excellency Ernest Koroma for this outstanding result which stems from their determination to combat the Ebola virus disease. That determination has remained unflinching in the containment of the new EVD cases declared recently. We also acknowledge the commitment and relentless efforts of President Alpha Condé, and hope that the "zero Ebola infection" target will be met very soon.

At this juncture, we wish to reaffirm our solidarity with the Government of Guinea and call for the pooling of our national efforts and resources to defeat the Ebola virus disease.

Côte d'Ivoire will continue to support all initiatives geared towards eradicating the disease, while consolidating the current achievements. Accordingly, it aligns itself with all new initiatives emerging from this highly important international conference, and calls for the implementation of its resolutions.

Accordingly, my delegation renews its congratulations to the World Health Organization for this laudable initiative and the smooth organization of this meeting that is holding within the context of continuous stakeholder mobilization. We appreciate the opportunity given to us to hold consultations with international institutions, and with public and private partners, in order to identify appropriate strategies for reviving and rebuilding the economies and, particularly, the health systems of the affected countries, in order to restore hope to their respective peoples.

Your Excellencies Heads of State and Government,

More than ever before, the time has come for us to pool our efforts, and share our respective experiences and skills in order to eradicate the Ebola virus disease, and shift our focus to the sustainable development and emergence of our respective countries.

ANNEX 11

LIST OF DOCUMENTS

AFR/RC65/1	Agenda
AFR/RC65/2	The Work of WHO in the African Region 2014-2015: Biennial Report of the Regional Director
AFR/RC65/3	Statement of the Chairman of the Programme Subcommittee to the Sixty-fifth session of the Regional Committee
AFR/RC65/4	Progress on health-related Millennium Development Goals and the post-2015 health development agenda
AFR/RC65/5	Global Strategy on people-centred integrated service delivery: contribution of the African Region
AFR/RC65/6	Research for health: a strategy for the African Region, 2016–2025
AFR/RC65/7	Global strategy on human resources for health: perspectives from the African Region
AFR/RC65/8	Progress report on the establishment of the Africa Centre for Disease Control
AFR/RC65/9	The African Public Health Emergency Fund: stocktaking
AFR/RC65/10	The 2014 Ebola Virus Disease outbreak: lessons learnt and way forward
AFR/RC65/11	Regional orientation on the implementation of the WHO Programme Budget 2016-2017
AFR/RC65/12	The Transformation Agenda of the WHO Secretariat in the African Region 2015–2020
AFR/RC65/13	Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and venue of the Sixty-seventh session of the Regional Committee
AFR/RC65/14	Report of the Sixty-fifth session of the Regional Committee
Information	
AFR/RC65/INF.DOC/1	Report on WHO staff in the African Region
AFR/RC65/INF.DOC/2	Regional matters arising from reports of the WHO internal and external audits
AFR/RC65/INF.DOC/3	Poliomyelitis in the African Region: progress report
AFR/RC65/INF.DOC/4	Progress report on the implementation of the Health Promotion Strategy for the African Region

AFR/RC65/INF.DOC/5	Progress report on Strategy for Addressing Key Determinants of Health in the African Region
AFR/RC65/INF.DOC/6	Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region
AFR/RC65/INF.DOC/7	Progress report on the establishment of the African Medicines Agency
AFR/RC65/INF.DOC/8	Briefing on the new Neglected Tropical Diseases entity
AFR/RC65/INF/01	Information Bulletin on Republic of Chad