

SIXTY-THIRD SESSION

of the

WHO REGIONAL COMMITTEE FOR AFRICA

Brazzaville, Republic of Congo, 2–6 September 2013



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FINAL REPORT

WORLD HEALTH ORGANIZATION
Regional Office for Africa
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AFR/RC63/16

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ABBREVIATIONS

APHEF	African Public Health Emergency Fund
APOC	African Programme on Onchocerciasis Control
ART	antiretroviral therapy
ARVs	antiretrovirals
DPT3	diphtheria pertussis tetanus (three doses)
EID	early infant diagnosis
GAVI	Global Alliance for Vaccines and Immunization
GPEI	Global Polio Eradication Initiative
GVAP	Global Vaccine Action Plan
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HR	Human resources
ICT	Information and communications technology
IPV	Inactivated polio vaccine
MCV1	Measles-containing vaccine
MDGs	Millennium Development Goals
MenAfricVac	Meningitis conjugate vaccine
MTSP	Medium Term Strategic Plan
NCDs	Noncommunicable diseases
NHA	National Health Accounts
OPV2	Oral polio vaccine (second type)
PCC	Policy and Coordination Committee
PSC	Programme Subcommittee
SO	Strategic Objective
TB	Tuberculosis
TM	Traditional medicine
ToR	Terms of reference
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UHC	Universal Health Coverage
WHA	World Health Assembly
WHO	World Health Organization



Rear view, main building, WHO Regional Office for Africa



Group photograph taken shortly after the opening ceremony

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

The Regional Committee appointed a Subcommittee on Nominations consisting of the representatives of the following 12 Member States: Kenya, Liberia, Mauritania, Niger, Senegal, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Togo and Uganda.

The following members of the Subcommittee on Nominations met on 2 September 2013: Kenya, Mauritania, Niger, Senegal, Seychelles, South Africa, South Sudan, Tanzania and Togo.

The Subcommittee elected Honourable Mrs Mitcy Maryse Larue, Minister of Health of Seychelles as its Chairperson.

First meeting, 2 September 2013

Decision 2: Election of the Chairman, the Vice-Chairmen and the Rapporteurs of plenary session

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

Chairperson: Mr François Ibovi,
Minister of Health and Population,
Head of Delegation,
Republic of Congo

First Vice-Chairperson: Dr Elioda Tumwesigye
Minister of State for Health,
Head of Delegation,
Uganda

Second Vice-Chairperson: Mr Mano Aghali,
Minister of Public Health,
Head of Delegation,
Niger

Rapporteurs: Mr Berhane Ghebretinsae,
Director-General of Health,
Head of Delegation,
Eritrea (English)

Mr Ahmedou Ould Hademine Ould Jelvoune,
Minister of Health,
Head of Delegation,
Mauritania (French)

Dr Nazira Vali Abdula,
Deputy Minister of Health,
Head of Delegation,
Mozambique (Portuguese)

Second meeting, 2 September 2013

Decision 3: Appointment of members of the Subcommittee on Credentials

The Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following 12 Member States: Algeria, Angola, Burkina Faso, Cameroon, Cape Verde, Congo, Equatorial Guinea, Gabon, Guinea, Madagascar, Malawi and Namibia.

The following members of the Subcommittee on Credentials met on 2 September 2013: Algeria, Angola, Burkina-Faso, Cameroon, Cape Verde, Congo, Equatorial Guinea, Gabon, Guinea, Madagascar, Malawi and Namibia.

The Subcommittee elected Dr (Mrs) Johanita Ndahimananjara, Minister of Health of Madagascar, as its Chairperson.

Second meeting, 2 September 2013

Decision 4: Credentials

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

Third meeting, 3 September 2013

Decision 5: Date and place of the Sixty-fourth session of the Regional Committee and date and place of the Sixty-fifth session.

The Regional Committee, in accordance with the Rules of Procedure, decided, at its Sixty-third session, to hold its Sixty-fourth session from 1 to 5 September 2014 in the Republic of Benin and its Sixty-fifth session in the Republic of Chad.

Fourth meeting, 6 September 2013

Decision 6: Provisional agenda of the Sixty-fourth session of the Regional Committee

The Regional Committee approved the provisional agenda of its Sixty-fourth session (refer to Annex 4).

Fourth meeting, 6 September 2013

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-third session of the Regional Committee: Burundi, Cameroon, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda and Zambia. The following countries will replace them: Benin, Botswana, Burkina Faso, Cape Verde, Comoros, Congo, Côte d'Ivoire, Lesotho, Madagascar and Rwanda.

Furthermore, following the endorsement of the revised terms of reference of the Programme Subcommittee and the adoption of Resolution AFR/RC63/R2 by the Sixty-third session of the Regional Committee, thereby increasing the membership of the Programme Subcommittee, Gambia and Malawi will also join the next Programme Subcommittee.

These countries will thus join Algeria, Angola, Central African Republic, Chad, Togo and Zimbabwe whose term of office ends in 2014.

Fifth meeting, 6 September 2013

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

- (a) The term of office of Cameroon, Nigeria, Senegal and Sierra Leone, on the Executive Board will end with the closing of the Sixty-seventh World Health Assembly.
- (b) Democratic Republic of Congo, Eritrea, Gambia and Liberia, will each designate a representative to serve on the Executive Board in replacement of Cameroon, Nigeria, Senegal and Sierra Leone, starting with the one-hundred-and-thirty-fifth session in May 2014, immediately after the Sixty-seventh World Health Assembly.

They will join Chad, Namibia and South Africa on the Executive Board.

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

Fifth meeting, 6 September 2013

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

Vice-President of the World Health Assembly

- (a) The Chairman of the Sixty-third session of the Regional Committee for Africa will be designated as Vice-President of the Sixty-seventh World Health Assembly to be held in May 2014.

Main committees of the World Health Assembly

- (b) The Director-General, in consultation with the Regional Director, will consider before the Sixty-seventh World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:
- Chairman or Vice-Chairman of Main Committees **A** or **B** as required;
 - Rapporteurs of the Main Committees.
- (c) Based on the English alphabetical order and subregional geographical grouping the following Member States have been designated to serve on the General Committee: Angola, Benin, Equatorial Guinea and Uganda.
- (d) On the same basis, the following Member States have been designated to serve on the Credentials Committee: Ethiopia, Mozambique and Zambia.

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

- (e) The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 17 May 2014, at 09:30 at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-third session and discuss agenda items of the Sixty-seventh World Health Assembly of specific interest to the African Region.
- (f) During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*.

Fifth meeting, 6 September 2013

Decision 10: Nomination of representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Membership Category 2

The term of office of Kenya on the HRP's Policy and Coordination Committee (PCC) under Category 2 will come to an end on 31 December 2013. Kenya will be replaced by Madagascar for a period of three (3) years with effect from 1 January 2014. Madagascar will thus join Lesotho, Liberia and Malawi on the PCC.

Fifth meeting, 6 September 2013

RESOLUTIONS

AFR/RC63/R1: Healthy ageing in the African Region: situation analysis and way forward

The Regional Committee,

Recognizing that ageing is becoming a major challenge in Member States;

Recalling World Health Assembly resolutions WHA58.16 and WHA65.3 that urged countries to improve health care services for elderly persons within existing national primary health care systems, and Resolution AFR/RC62/R6 that reaffirmed the right to health for vulnerable and marginalized populations;

Having considered the technical document entitled 'Healthy ageing in the African Region: situation analysis and way forward', highlighting the urgent need to address the issues and challenges of the elderly in the Region;

Cognizant of the importance of the 2002 Madrid International Plan of Action on Ageing and the African Union Policy Framework and Plan of Action on Ageing that provide guidance to Member States in developing national policies and programmes;

Noting that a number of Member States have to make the issue of healthy ageing a priority in their national health and development agenda and to address ageing with a comprehensive multisectoral approach in order to respond adequately to the basic needs of an ageing population;

Concerned that health systems have not been prepared to respond to the needs of the rapidly ageing population including preventive, curative, palliative and specialized care, and that this is putting an additional strain on already overstretched health systems;

Considering that gender-based inequities affect mostly elderly women, leading to feminization of poverty, disempowerment, discrimination and violence against them;

Aware of the need to conduct research within the African context on specific issues arising from the inadequacy of social insurance protection, the dynamics of multigenerational households, and the relationship between ageing and urbanization;

Noting with deep concern the absence of economic support systems for most of the elderly people, the declining family support and the increasing tendency towards family nuclearization, leaving the elderly totally abandoned and unsupported;

Recognizing the pivotal role elderly people play in society as a source of wisdom and custodians of traditional knowledge, and their potential contribution to the development of countries;

1. URGES Member States:

- (a) to give greater priority in their national development frameworks to issues related to population ageing and develop or strengthen national health policies and programmes targeting the elderly through a holistic and intersectoral approach;
- (b) to undertake needs assessments on the health status of the elderly;
- (c) to strengthen appropriate service delivery for the elderly within existing national health systems to provide specialized health care that is affordable, and pay special attention to the training of health professionals and home-based aid nurses/family caregivers on care for the elderly;
- (d) to integrate palliative care within primary health care setting and define a minimum care package targeting different providers of care;
- (e) to encourage measures that improve gender-sensitive interventions in order to address the specific health problems related to the ageing of women and men, and provide effective social and legal protection for the elderly population;
- (f) to identify priority interventions to address the nutritional needs of poor elderly people in order to ensure their food security and improve their access to adequate nutrition;
- (g) to protect and assist elderly persons during emergency situations;
- (h) to conduct research tailored to the needs of elderly people and support the collection of gender- and age- specific data on health issues related to ageing for policy planning, monitoring and evaluation;
- (i) to continue to highlight the importance of the primary health care approach and promote healthy lifestyle early in and throughout life for the prevention and management of diseases;
- (j) to increase awareness of the need to improve family and community support for the elderly right from primary education, initiate intergenerational solidarity actions aimed at promoting positive attitudes among the youth towards elderly people and put in place supportive policies for family members caring for the elderly.

2. REQUESTS the Regional Director:

- (a) to further raise awareness of the challenges posed by the ageing of the population and propose innovative policies and strategies to promote active and healthy ageing;
- (b) to support a study on the impact of ageing on health systems and make recommendations to guide policies, strategies and resource mobilization;
- (c) to continue supporting countries to develop appropriate strategies and plans to promote healthy lifestyles at early age in order to reduce the burden of chronic diseases and address their risk factors;

- (d) to provide technical support to Member States for the development of policies and the prioritization of interventions targeted at the elderly;
- (e) to facilitate and support the sharing of information and experience on healthy ageing in the Region;
- (f) to align and harmonize reporting between World Health Assembly and Regional Committee resolutions on the elderly in order to avoid multiple reporting;
- (g) to propose a regional implementation framework for active and healthy ageing in countries;
- (h) to report on the progress made to the Regional Committee every two years.

AFR/RC63/R2: Proposed changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee

The Regional Committee,

Having considered the Report of the Regional Director on Proposed Changes to the Rules of Procedure of the Regional Committee and New Terms of Reference of the Programme Subcommittee (Document AFR/RC63/5);

Taking into account Decision WHA65 (9) by which the Sixty-fifth World Health Assembly called for harmonization of the rules and practices of the Regional Committees within the context of the WHO reform;

Noting that the proposed changes to the terms of reference of the Programme Subcommittee aim to strengthen its oversight functions in accordance with Article 50 of the WHO Constitution and in the spirit of the WHO reform;

1. APPROVES the proposed amendments to the Rules of Procedure of the Regional Committee;
2. ENDORSES the new terms of reference of the Programme Subcommittee;
3. DECIDES that the amended Rules of Procedure of the Regional Committee and the new Terms of Reference of the Programme Subcommittee shall enter into force at the end of the Sixty-third session of the Regional Committee.

AFR/RC63/R3: Enhancing the role of traditional medicine in health systems: a strategy for the African Region

The Regional Committee,

Having examined the document entitled "Enhancing the role of traditional medicine in health systems: A strategy for the African Region";

Recalling World Health Assembly resolutions WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA44.34, respectively on promotion and development of training and research in traditional medicine; medicinal plants; traditional medicine and medicinal plants; and traditional medicine and modern health care;

Underscoring the commitment of African Union Heads of State and Government to promote traditional medicine through the endorsement of the decision to commemorate every year the African Traditional Medicine Day and Declaration on the Second Decade of African Traditional Medicine (2011-2020);

Recognizing the need for a holistic approach of traditional medicine therapies and practices to the diagnosis, prevention or elimination of physical, mental and social illnesses;

Cognizant of the commitment of Member States to integrating positive practices of traditional medicine in national health systems, as reaffirmed in World Health Assembly resolution WHA62.13 and Regional Committee Resolution AFR/RC50/R3;

Noting with satisfaction the progress made by Member States in the implementation of Resolution AFR/RC50/R3 since its adoption in 2000, in enhancing acceptance of traditional medicine in national health systems and in establishing traditional medicine policy framework in countries;

Further noting the need to adapt the regional strategy to the current context and priorities as affirmed by Member States in adopting the Regional Director's "Progress report on the decade of traditional medicine in the African Region (Document AFR/RC61/PR/2)";

1. ADOPTS Document AFR/RC63/6 on "Enhancing the Role of Traditional Medicine in Health Systems: A Strategy for the African Region";
2. URGES Member States:
 - (a) to accelerate the implementation of national policies, strategies and plans and create budget lines to support the implementation of the adopted regional strategy for traditional medicine;
 - (b) to establish an appropriate structure in the ministries of health to promote, coordinate and monitor the implementation of multisectoral traditional medicine strategic plans;
 - (c) to take concrete steps to assess the funding needs for traditional medicine research and development, and allocate adequate financial resources from national budgets while considering innovative funding sources and mechanisms;
 - (d) to document and preserve traditional medicine knowledge and practices in their various forms and develop national legislation for the protection of intellectual property rights and access to biological resources;

- (e) to strengthen regulation of traditional medicine practitioners, practices and products, including advertising, and protect the public against quack practitioners and illicit products;
- (f) to strengthen the capacity of national medicines regulatory authorities to issue marketing authorization for traditional medicine products that meet national criteria and WHO norms and standards of quality, safety and efficacy and to undertake joint reviews of traditional medicine products registration files;
- (g) to invest in biomedical and operational research aimed at expanding the scope of accepted best practices of traditional medicine in national health systems;
- (h) to strengthen the capacity of training institutions to integrate traditional medicine modules in the curricula of health sciences students and health professionals;
- (i) to promote public-private partnerships aimed at fostering investment in large-scale cultivation and conservation of medicinal plants;
- (j) to strengthen the capacity of professional associations and traditional medicine practitioners' regulatory bodies to identify qualified traditional health practitioners for accreditation or licensing;
- (k) to conduct a mid-term assessment of the implementation of this updated regional strategy by the end of 2018 and a final assessment by the end of 2023.

3. REQUESTS the Regional Director:

- (a) to provide technical support to countries in implementing this updated regional strategy and undertake the necessary advocacy with national authorities and development partners;
- (b) to provide technical support to strengthen national medicines regulatory authorities with a view to enhancing cooperation in and harmonization of the regulation of traditional medicine practitioners, practices and products; and advocate for production of traditional medicine products;
- (c) to provide technical support for traditional medicine research and development in order to generate evidence and knowledge and promote innovation and local production of traditional medicine products for priority diseases;
- (d) to provide technical support to countries to improve the accuracy of data on the extent of use of traditional medicine;
- (e) to promote collaboration, exchange of experience, dissemination of best practices, and harmonization of the regulation of traditional medicine practice at the regional and subregional levels;
- (f) to monitor the implementation of the regional strategy and report on progress made to the Regional Committee in 2016, 2019 and 2023.

AFR/RC63/R4: Addressing the challenge of women's health in Africa: report of the Commission on women's health in the African Region

The Regional Committee,

Recognizing that women in Africa bear an unacceptably high burden of mortality, accounting for 44% of deaths among women worldwide, mainly due to communicable diseases, pregnancy and delivery related conditions and nutritional deficiencies;

Recalling Regional Committee Resolution AFR/RC58/R1 on Women's health in the WHO African Region and Resolution AFR/RC62/R6 reaffirming the right to health of vulnerable and marginalized populations;

Recalling Member States' commitment to the African Union Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and to the UN Secretary-General's Global Strategy for Women's and Children's Health;

Cognizant of the fact that women in Africa represent a little more than half of the continent's population and women's health, in addition to being a basic human right, has major implications for socioeconomic development;

Appreciating the fact that women's empowerment is essential to the achievement of better health outcomes not only among women themselves but also among families and children in particular;

Noting with concern the inadequate investment in health in general and in women's health in particular and the fact that most African countries do not yet allocate 15% of their annual budget to health as stipulated in the Abuja Declaration;

Bearing in mind that women's health is a complex issue requiring multisectoral and multidisciplinary approaches across the lifespan;

1. EXPRESSES its profound gratitude to Her Excellency Mrs Ellen Johnson Sirleaf, President of the Republic of Liberia, for her personal involvement in, and leadership of, the Commission on Women's Health in the African Region;
2. ENDORSES the report of the Commission on Women's Health in the African Region entitled "*Addressing the Challenge of Women's Health in Africa*", which focuses on health conditions that are prevalent in women throughout the life course and recommends appropriate actions to achieve rapid and sustainable improvements in women's physical, mental and social well-being;

3. URGES Member States:

- (a) to demonstrate strong political commitment by according greater priority to women's health in their political and development agendas, and ensure that these are supported by appropriate functional structures and adequate mobilization of resources;
- (b) to foster national policies and legislation on major aspects of women's health in order to improve health systems' response to women's health needs and enhance sociocultural and economic support;
- (c) to remove all restrictive policies and laws that limit women's access to financial resources, property and health care services and to overcome the negative impact of some traditional and cultural practices on women's health;
- (d) to promote, at national and local levels, social education programmes that involve key stakeholders, including men and religious and traditional leaders to increase awareness of the negative health impact of discrimination against girls and women;
- (e) to intensify high-impact interventions for reducing maternal mortality, including increasing access to family planning commodities, and medicines and equipment of vital importance to maternal, newborn and child health, eliminating violence against women, gender discrimination, sexual coercion, early marriage and harmful traditional practices such as female genital mutilation;
- (f) to empower women through education and professional training of girls, and promote women's participation in social, economic and political affairs;
- (g) to establish strong national mechanisms for multisectoral action on women's health, and adopt holistic, multidisciplinary and innovative approaches;
- (h) to encourage, support and fund research institutions to conduct qualitative and quantitative research in order to provide accurate and disaggregated data for the identification of women's health problems and for supporting policy-making;

4. REQUESTS international, regional and subregional organizations and development partners:

- (a) to support efforts by various organizations to harmonize and coordinate strategies on women's health and maximize synergy in addressing the health problems of women throughout their life course;
- (b) to support governments in repositioning and refocusing women's health and monitor policies designed to implement regional and international commitments such as the UN Secretary-General's Global Strategy for Women's and Children's Health;

5. REQUESTS the Regional Director:

- (a) to disseminate the report widely to all stakeholders including Member States, civil society and development partners;
- (b) to enhance advocacy for multisectoral actions and resources for implementation of proven and effective interventions aimed at reducing morbidity and mortality among women;
- (c) to propose a regional mechanism to monitor progress towards the implementation of the Commission's recommendations;
- (d) to continue aligning the work of WHO and the African Union on actions to improve women's health;
- (e) to report yearly to the Regional Committee until 2015 on progress made, and thereafter, every two years.

AFR/RC63/R5: Utilizing eHealth solutions to improve national health systems in the African Region

The Regional Committee,

Having examined the document entitled "Utilizing eHealth solutions to improve national health systems in the African Region";

Aware of the significant role that Information and Communication Technologies (ICT) can play in strengthening national health systems and services;

Noting that eHealth can improve the quality and equity of health service as well as reduce cost in addition to providing information and evidence for policy and decision making;

Further noting that the use of ICT can improve national health systems through the use of eHealth solutions such as National Health Observatories (NHOs) as web-based platforms; Enterprise Resource Planning (ERP) for better management and telemedicine and mobile health (mHealth). Other examples include electronic medical records (EMR); electronic referrals and prescriptions; and eLearning and electronic resources;

Recalling World Health Assembly resolution WHA58.28 on eHealth; Regional Committee Resolution AFR/RC56/R8 on Knowledge Management in the WHO African Region: Strategic Directions; the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium; and the Algiers Declaration on Narrowing the Knowledge Gap to Improve Africa's Health; Regional Committee Resolution AFR/RC60/5 on eHealth; the Recommendations of The UN Commission on Information and Accountability for Women's and Children's Health (CoIA); World Health Assembly resolution WHA66.24 on eHealth standardization and interoperability;

Aware that key challenges to wide-scale implementation of eHealth solutions include lack of ICT infrastructure on which to build the national health information infrastructure; attracting private sector investment; developing appropriate governance structures and mechanisms to ensure that accountability, transparency and effective leadership are in place; encouraging the development and use of high-priority eHealth solutions; developing the requisite human resources; and supporting secure electronic information exchange across a country's geographical and health-sector boundaries.

1. ENDORSES Document AFR/RC63/9 entitled "Utilizing eHealth solutions to improve national health systems in the African Region".

2. URGES Member States:

- (a) to engage with the health ICT sector and the broader health sector to increase available investment funds and encourage the development of high priority eHealth solutions;
- (b) to establish a national eHealth governing board or council coordinated by the ministry of health, responsible for setting overall national eHealth direction and priorities, for reviewing and approving national eHealth strategy and funding decisions, and for monitoring the progress of the strategy and evaluating its outcomes;
- (c) to establish targeted stakeholder reference and working groups that will be engaged and involved throughout the development of the country's eHealth strategy and plan;
- (d) to establish a national compliance authority responsible for testing eHealth solutions and certifying their compliance with national eHealth standards;
- (e) to identify a number of priority eHealth solutions that should be developed and deployed on a national scale, and develop high-level design and requirements for them;
- (f) to prioritize the reinforcement of IT infrastructure, supply of energy, and connectivity through intersectoral engagement;
- (g) to identify, evaluate and select partners able to undertake detailed design and implementation of eHealth solutions that adhere to high-level requirements and design;
- (h) to coordinate donors' efforts and align this effort with national health plans;
- (i) to identify the priority consumer, care provider and health-care manager stakeholders that should be targeted for eHealth adoption and assess their readiness to adopt specific eHealth solutions;
- (j) to guide the development of a competency framework and code of professional practice for health-care providers that would define their expectations and obligations to collect, store and share high-quality electronic health-care information in a timely, appropriate and secure manner;

- (k) to work with education institutions to include eHealth in their curricula, identify and establish specialized eHealth courses and qualifications and implement formalized training/education programmes;
- (l) to adopt secure messaging/communication standards to ensure that information exchanged through a national eHealth environment remains private and confidential, can be authenticated and is only delivered to the intended recipient;
- (m) to establish a national, internet-based information repository as part of a national health observatory to capture eHealth project accomplishments and enable knowledge sharing within the health sector.

3. REQUESTS the Regional Director:

- (a) to continue supporting countries to develop or revitalize their national eHealth strategies and the deployment of mobile health, telehealth and telemedicine services;
- (b) to continue supporting countries to implement and develop their NHOs including the evaluation of such strategies, systems and services;
- (c) to provide guidance on the quality of health information, privacy of health data and utilization of international standards for eHealth interoperability;
- (d) to support Member States in monitoring eHealth services and in documenting and sharing best practices;
- (e) to report to the Sixty-fifth Session of the Regional Committee, and thereafter every other year, on the progress being made.

AFR/RC63/R6: Regional strategy on neglected tropical diseases in the WHO African Region

The Regional Committee,

Having examined the document entitled "Regional Strategy on Neglected Tropical Diseases (NTD) in the WHO African Region" and the related Regional NTD strategic plan 2014-2020;

Recalling the commitment that ministers of health of Member States of the African Region made during the Fifty-ninth session of the Regional Committee, the sixth Conference of African Union Ministers of Health, as well as resolution WHA 66.12 on scaling up proven interventions against the major NTDs;

Cognizant that the African Region bears a very high burden of neglected tropical diseases (NTDs) which pose a threat especially to the poorest and most marginalized communities and hamper socioeconomic development;

Acknowledging the increasing regional and national momentum to control and eliminate NTDs, which was reinforced by the Accra Urgent Call to Action on NTDs and the Recommendations of the Brazzaville Regional Consultative Meeting on NTDs;

Mindful of the need to rapidly increase the pace of progress towards the expected targets and goals and to quickly mobilize the multisectoral and collective actions required to scale up NTD programme interventions;

1. ADOPTS the “Regional Strategy on Neglected Tropical Diseases in the WHO African Region”; and the “Regional Strategic Plan for NTDs in the African Region 2014-2020”, as a way of implementing the WHO global roadmap on NTDs and the World Health Assembly resolution WHA 66.12 on NTDs;

2. URGES Member States:

- (a) to provide leadership and ensure ownership in establishing and strengthening integrated national NTD programmes and national NTD coordination mechanisms, while forging multisectoral collaboration to address functional gaps that constrain programme interventions, and promoting linkages between NTDs and other health programmes;
- (b) to strengthen planning and increase national financial commitments to achieving NTD targets and goals by including national NTD multi-year budgets into the national health sector budget, and promote the inclusion of NTDs in the post-2015 national development agenda;
- (c) to rapidly scale up interventions and strengthen health systems to tackle NTDs at all levels and ensure regular monitoring and tracking of progress;
- (d) to expand investment in research and development of medical products and the strategies to tackle NTDs;

3. URGES partners:

- (a) to mobilize increased resources including medicines, funds and logistics and confirm long-term commitments to country NTD programmes, aligning their support with national priorities and NTD coordination mechanisms and structures;
- (b) to collaborate with WHO to strengthen regional NTD coordination mechanisms, capacity building for national NTD programmes, and in monitoring and accountability for results;

4. REQUESTS the Regional Director:

- (a) to promote intercountry cooperation, facilitate collaboration among the major stakeholders and strengthen regional coordination mechanisms and structures;

- (b) to undertake advocacy with international development partners, medicine donors, nongovernmental development organizations, and the private sector for increased support for national NTD programmes in the Region;
- (c) to provide technical support to Member States and promote intercountry exchanges of best practices;
- (d) to report to the Regional Committee in 2015 on the progress made in implementing the regional strategy and its related resolution, and every two years thereafter.

AFR/RC63/R7: The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection; recommendations for a public health approach—implications for the African Region

The Regional Committee,

Recalling Resolution AFR/RC56/R3 on HIV Prevention in the African Region: A Strategy for Renewal and Acceleration; the 2006 Abuja Call for accelerated action towards Universal Access to HIV/AIDS, tuberculosis and malaria services and Resolution AFR/RC62/R2 on HIV/AIDS: Strategy for the African Region;

Recognizing the progress made in the fight against HIV/AIDS, including the more than 7.5 million people in the African Region accessing HIV/AIDS treatment by the end of 2012, resulting in a decline in AIDS-related deaths especially in Eastern and Southern Africa;

Cognizant that the progress was due to intensification of the national HIV/AIDS response by governments and provision of financial and technical support by partners;

Recalling that in June 2013, WHO published new recommendations on the use of ARVs — *The Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV/AIDS Infection; Recommendations for a Public Health Approach, June 2013*, that promote, among other things, earlier initiation of ART and further simplification of ART regimens;

Aware that full implementation of the 2013 WHO antiretroviral treatment guidelines will lead to an additional number of people requiring ART, with health systems implications;

Concerned that only 28% of HIV-infected children eligible for ART are on treatment;

Concerned that more than half of the people living with HIV in the African Region do not know their HIV status and that many people start treatment when they are already significantly immunocompromised;

Mindful of the need to provide guidance for the implementation of the 2013 WHO consolidated guidelines on the use of ARVs in the African Region, while taking into account the regional specificities and implications;

1. ADOPTS Document AFR/RC63/12 entitled *The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection; recommendations for a public health approach — implications for the African Region*;

2. URGES Member States:

- (a) to adapt their national antiretroviral therapy (ART) guidelines and related service delivery tools to the new WHO consolidated guidelines on the use of ARVs according to the specific context of each country;
- (b) to increase investment in the HIV response by mobilizing adequate domestic resources including intensifying efforts to achieve the Abuja Declaration target of allocating 15% of national budgets to the health sector, and actively advocating for and seeking additional international funding from sources such as multilateral and bilateral agencies;
- (c) to address the human resource implications of implementing the new ART guidelines including organizing refresher training courses, mentoring and supervising health care providers, adopting task-sharing policies, and strengthening HIV/AIDS care and treatment in existing pre-service courses in line with country policies;
- (d) to improve procurement and supply of drugs and other commodities including updating their national essential medicines lists to include the newly recommended ARV regimens, diagnostics and commodities;
- (e) to scale up early infant diagnosis (EID) services and interventions in order to increase access and coverage of ART for children;
- (f) to integrate and link HIV services with sexual and reproductive health, child health, nutrition and TB services and other related services at different levels of the health system and to decentralize HIV services in order to increase opportunities for initiating ART;
- (g) to promote awareness and uptake of HIV testing in the general population, key population groups and among all care seekers and ensure that all HIV-positive individuals are identified and enrolled in early treatment and care;
- (h) to improve access to diagnostics and viral load testing through the use of point-of-care technologies;

3. REQUESTS the Regional Director:

- (a) to provide leadership in WHO normative guidance and technical support to Member States for the adoption and adaptation of the new WHO consolidated guidelines on ARVs;

- (b) to engage with Member States and partners and advocate for adequate funding for WHO technical assistance related to the roll-out of the new WHO consolidated guidelines on ARVs;
- (c) to advocate with partners and donors for the replenishment of the Global Fund;
- (d) to report to the Sixty-fifth session of the Regional Committee on the progress made in the implementation of this resolution.

AFR/RC63/R8: Vote of thanks

The Regional Committee,

Considering the immense efforts made by the Head of State, the Government and the people of the Republic of Congo to ensure the success of the Sixty-third session of the WHO Regional Committee for Africa, held in Brazzaville, from 2 to 6 September 2013;

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

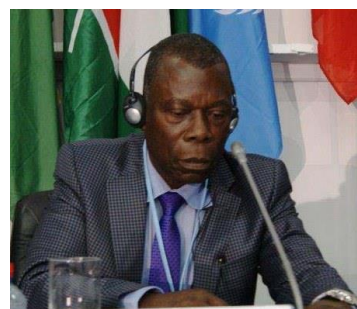
1. THANKS the President of the Republic of Congo, His Excellency Mr Denis Sassou N'Guesso, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement delivered, on his behalf, at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and the people of the Republic of Congo for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to the President of the Republic of Congo, His Excellency Mr Denis Sassou N'Guesso.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-third session of the WHO Regional Committee for Africa was officially opened on behalf of the President of the Republic of Congo, His Excellency Denis Sassou N'Guesso, by the Cabinet Minister for Labour and Social Security, Mr Florent Ntsiba, at the main conference room of the WHO Regional Office for Africa, Brazzaville, Republic of Congo, on Monday, 2 September 2013. Among those present at the opening ceremony were cabinet ministers and members of the Government of the Republic of Congo; ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Margaret Chan; the WHO Deputy Director-General, Dr Anarfi Asamoah-Baah; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; members of the diplomatic corps; and representatives of United Nations agencies and nongovernmental organizations (see Annex 1 for the list of participants).

2. The Minister of Health and Population of the Republic of Congo, Mr François Ibovi, welcomed the national authorities and the delegates to the Sixty-third session of the WHO Regional Committee. He noted with concern the health context in the Region, characterized by a high prevalence of communicable diseases and noncommunicable diseases, malnutrition, inadequate health infrastructure, inadequate human resources, poor sanitation and hygiene, and poor access to safe water, among others. Mr François Ibovi called



for collective actions by countries in the Region to improve the health of the people of Africa. These include the adoption of global policies that clearly establish links between health and the environment; addressing issues related to public health security and circulation of counterfeit medicines; strengthening health systems; and improving access to affordable quality drugs. He called on countries to strengthen cross-border collaboration and fully participate in the ongoing discussions on Universal Health Coverage. He also called on WHO to continue providing guidance and support to countries.

3. The Chairman of the Sixty-second session of the Regional Committee, Minister of Health of Angola, Dr José Vieira Dias Van-Dúnem, in his remarks, thanked the delegates for their support during his tenure as Chairman of the Regional Committee. He acknowledged the progress made in implementing the different resolutions adopted during the Sixty-second session of the Regional Committee held in Luanda, Angola. He went on to remind the delegates of four major meetings that had been held since the last Regional Committee and that would have an impact on the health agenda in future. These were the consultative meeting in Gaborone, Botswana, on the post-2015 health agenda; the World Summit on vaccines held in Abu Dhabi; the Abuja + 12 meeting on HIV/AIDS, TB and malaria within the context of achieving the MDGs; and the recent Sino-African Forum on Health Development. He called on the Regional Committee “to keep doing the right thing at the right time”.



4. In his statement, the WHO Regional Director for Africa, Dr Luis Gomes Sambo, commended the President, the Government and the people of the Republic of Congo, for the conducive environment provided for the work of the WHO Regional Office for Africa in order to improve the health situation in Africa. He also thanked the Director-General of WHO, Dr Margaret Chan, for her continued advocacy and support for the improvement of health in Africa. Dr Sambo welcomed the ministers of health, the delegations, development partners and participants to the Regional Committee and extended a special welcome to the delegation from South Sudan participating in the Regional Committee for the first time. He expressed his profound gratitude to the Minister of Health and Population of Congo and his team for the excellent support provided in organizing the Regional Committee.



5. Dr Sambo stated that the Region had achieved considerable success in the fight against some communicable diseases that, some years back, were the major causes of morbidity in the Region. These included the eradication of smallpox, a reduction in the burden of sleeping sickness, the control of onchocerciasis, the elimination of leprosy, considerable reduction in the number of reported polio cases, and the near eradication of guinea-worm disease. Progress has also been made in strengthening health systems, including the preparation by WHO of a Roadmap for strengthening human resources for health, the adoption of the Tunis Declaration by the Conference of African Ministers of Health and Ministers of Finance in 2012, and the establishment of the African Health Observatory to guide the preparation of National Health Observatories.

6. The Regional Director informed the delegates that under the leadership of the President of the Republic of Liberia, Her Excellency Ellen Johnson-Sirleaf, the Report of the Commission on Women's Health in the African Region — "*Addressing the Challenge of Women's Health in Africa*", — which calls on governments to intensify actions to reduce maternal and neonatal mortality, was launched in December 2012. He noted that countries had intensified their efforts in the fight against HIV/AIDS, TB and malaria. He stated that the implementation of the new WHO guidelines on the use of antiretroviral medicines for HIV treatment and prevention would have implications for Member States as this would lead to an increase in the number of people living with HIV who would be eligible to use antiretroviral medicines.

7. Dr Sambo recalled the endorsement of the Brazzaville Declaration on Noncommunicable Diseases during the Sixty-second session of the Regional Committee and informed the delegates that the consultation on risk factors for noncommunicable diseases organized in Johannesburg, South Africa, in 2012, recommended that each country organize a multisectoral dialogue to elicit political commitment and to adopt relevant policies and legislation that would promote public health. He informed the delegates that the African Public Health Emergency Fund was operational and that so far five countries had already contributed US\$ 1.7 million to the Fund.

8. Dr Sambo stated that public health in the African Region faced several challenges including slow progress towards the achievement of the MDGs, the double burden of communicable diseases and noncommunicable diseases, the recurrence of epidemics and other emergencies, poor health infrastructure, the circulation and use of counterfeit medicines, antimicrobial resistance, human resources for health crises in many countries, and under-funding of the health sector. He however noted that there were opportunities such as the new agreement signed between the African Union and WHO in 2012, the increase in economic growth in Africa, and the ongoing WHO reforms in the areas of programme priorities, governance and management that countries needed to take advantage of. He called on the ministers to actively involve themselves in the implementation of the WHO Twelfth General Programme of Work and the reforms in order to achieve Universal Health Coverage.

9. In concluding his statement, Dr Sambo proposed the following actions to Member States: acceleration of efforts towards the achievement of the health MDGs; intensification of actions towards reducing the burden of noncommunicable diseases and neglected tropical diseases; active participation in the discussions on the definition of priorities in the post-2015 health agenda; updating of the WHO Country Cooperation Strategies while taking into consideration national policies and the priorities defined in the WHO Twelfth General Programme of Work; increased implementation of the International Health Regulations; and implementation of strategies and interventions for achieving Universal Health Coverage.

10. The WHO Director-General, Dr Margaret Chan, in her statement, recalled how in May 2000 the Economist news magazine had run a cover story about Africa with the title "Hopeless Africa". She stated that the same magazine in March 2013 had featured a report on Africa with the title "Africa rising: the hopeful continent". That showed a remarkable turnaround in the assessment of Africa's prospects, with huge leaps ahead in human development, steep declines in HIV infections, malaria, and child mortality, and fastest growth rates of primary school completion compared with anywhere else in the world. Dr Chan emphasized that equitable access to health care was one of the best ways to ensure that the benefits of economic growth were evenly distributed, and that well-managed health systems, with fair access to services, promote social cohesion and stability. She called on the delegates to persuade their governments to introduce public spending policies that make equity an explicit objective, to ensure that solutions to Africa's health problems were made-in-Africa and to move national health systems towards universal coverage, with a dual focus on quality care and social protection for all.



11. In opening the Sixty-third session, the Cabinet Minister for Labour and Social Security of the Republic of Congo, Mr Florent Ntsiba, warmly welcomed the delegates to Brazzaville, Congo. He pointed out that the global financial crisis was impacting the work of WHO in assisting national governments to improve health in the Region and called for innovative approaches to strengthen the capacity of WHO to continue providing guidance and technical support to Member States. He commended the Regional Director for restructuring the Regional Office in response to the financial crisis

and reminded delegates that “a living dog was worth more than a dead lion”. Mr Ntsiba went on to commend the President of the Republic of Congo for the efforts made to improve the health of the people of Congo, including equipping health facilities; providing training and motivation for health workers; improving access to medicines; construction of modern health infrastructure; and the ongoing preparatory work to introduce a universal health insurance scheme. He reiterated that health is a right for all citizens and called upon the delegates to strengthen collaboration and solidarity in order to collectively address the current and future health challenges. He then declared the meeting open.

ORGANIZATION OF WORK

Constitution of the Subcommittee on Nominations

12. The Regional Committee appointed the Subcommittee on Nominations consisting of the following Member States: Kenya, Liberia, Mauritania, Niger, Senegal, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Togo and Uganda. The Subcommittee met on Monday, 2 September 2013, and elected Dr (Mrs) Mitcy Maryse Larue, Minister of Health of Seychelles, as its Chairperson.

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

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

Chairman:	Mr François Ibovi, Minister of Health and Population, Republic of Congo
First Vice-Chairman:	Dr Elioda Tumwesigye, Minister of State for Health, Uganda
Second Vice-Chairman:	Dr Mano Aghali, Minister of Public Health, Niger
Rapporteurs:	Mr Berhane Ghebretinsae, Director-General of Health Services, Eritrea (English)
	Mr Ahmedou Ould Hademine Ould Jelvoune Minister of Health, Mauritania (French)

Dr Nazira Vali Abdula,
Deputy Minister of Health,
Mozambique (Portuguese)

Adoption of the agenda and programme of work

14. The Chairman of the Sixty-third session of the Regional Committee, Mr François Ibovi, Minister of Health of the Republic of Congo, tabled the provisional agenda (Document AFR/RC63/1) and the provisional programme of work (see Annexes 2 and 3 respectively). They were adopted without amendment. The Regional Committee adopted the following hours of work: 08:30 to 12:30 and 14:00 to 18:00, including 30 minutes of break in the morning and in the afternoon, with some variation on specific days.

Appointment and meetings of the Subcommittee on Credentials

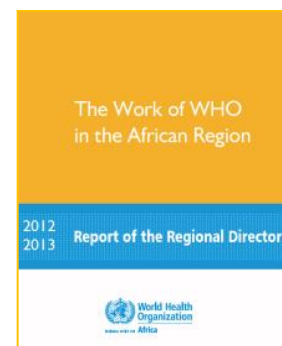
15. The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following Member States: Algeria, Angola, Burkina Faso, Cameroon, Cape Verde, Congo, Equatorial Guinea, Gabon, Guinea, Madagascar, Malawi and Namibia.

16. The Subcommittee on Credentials met on 2 September 2013 and elected Dr (Mrs) Johanita Ndahimananjara, Minister of Health of Madagascar, as its Chairman.

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

THE WORK OF WHO IN THE AFRICAN REGION: REPORT OF THE REGIONAL DIRECTOR 2012-2013 (Document AFR/RC63/2)

18. The document "The Work of WHO in the African Region: Report of the Regional Director 2012–2013" was presented by the Regional Director for Africa, Dr Luis Gomes Sambo. He indicated that the report covers the work of WHO in the African Region for the period from January 2012 to August 2013 of the 2012-2013 Biennium. It reflects the work carried out by country offices, the technical support provided by the three Intercountry Support Teams (ISTs) and the policy and strategic support provided by the Regional Office. The report is organized into seven sections: Introduction; Context; Implementation of the Programme Budget 2012-2013; Significant



achievements by Strategic Objective (SO); Progress made in the implementation of Regional Committee resolutions; Challenges, constraints and lessons learnt; and Conclusion.

19. The Regional Director reported that the work of WHO in the biennium was guided by four key strategic documents: the 11th General Programme of Work; the Medium Term Strategic Plan (MTSP) 2008-2013; the WHO Strategic Directions in the African Region 2010-2015; and Country Cooperation Strategies. The work was delivered through the six WHO core functions and across the 13 Strategic Objectives. The Programme Budget 2012-2013 was delivered in a context of a global financial and economic crisis, 5-6% economic growth in Africa, and reduction in infant mortality and in the burden of malaria and HIV.

20. Under SO1, which addresses Communicable diseases, it was reported that routine immunization coverage with DPT3 was 72% and the pneumococcal conjugate vaccine was introduced in 23 countries. About 103 million people received the meningococcal A meningitis conjugate vaccine (MenAfricVac), resulting in no reported cases of meningitis A in the vaccinated population. About 43 million people were vaccinated during measles supplementary immunization activities. In 2012, the total number of wild poliovirus cases declined to 128 and the cases were reported in Chad, Nigeria and Niger. Thirty-six countries developed national multi-year master plans for NTDs while only four countries remained endemic for guinea-worm disease.

21. With regard to SO2 on HIV/AIDS, Tuberculosis and Malaria, the Regional Director reported that by the end of 2012 more than 7.5 million people living with HIV had received antiretroviral therapy (ART), raising the coverage from 49% in 2010 to 64% in 2012. AIDS-related deaths reduced from 1.3 million in 2009 to 1.2 million in 2011. The overall incidence of malaria fell by 33% from 2000 to 2010. Twelve countries were on track to reduce malaria incidence by 50-75% by 2015.

22. Under SO3, addressing Noncommunicable diseases (NCD), Dr Sambo reported that the Brazzaville Declaration was endorsed during the Sixty-second session of the Regional Committee. Thirty-three countries were addressing NCD prevention and control while 20 countries had created structures in their ministries of health to manage NCD programmes.

23. With regard to SO4 on Child, adolescent and maternal health and ageing, 13 countries were reported to be on track to achieve MDGs 4 and 5. HIV infections in children had decreased by 50% in seven countries. The report of the Commission on Women's Health in the African Region was launched in 2012 and 29 countries had developed Roadmaps on Accountability and information on women and children's health.

24. Under SO5 on Emergencies and disasters, it was reported that WHO had provided health humanitarian support to 13 countries, comprising technical, logistic and financial assistance, with over US\$ 67 million mobilized. To date, five countries had contributed to the African Public Health Emergency Fund.

25. Under SO6 and SO7, which deal with Risk factors and determinants of health, it was reported that 34 countries had generated data on risk factors for NCDs to guide action. Regarding tobacco control, four countries had signed the protocol to eliminate illicit trade in tobacco products. WHO supported five countries to increase taxation on tobacco products as a means of reducing demand.

26. With regard to S010 that deals with Health services, the Regional Director reported that six countries were supported to revise their National Health Plans (NHPs) and strategic plans; and 26 countries were supported to strengthen their capacity to conduct National Health Accounts (NHA). A Regional roadmap to scale up the health workforce was produced and 26 national human resources observatories were established. The Atlas of African Health Statistics for 2012 and 2013 and 22 country health profiles were produced for the African Health Observatory.

27. Under SO12, which addresses Leadership, governance and partnership, the Regional Director advocated for increased investment in national health systems within the Harmonization for Health in Africa partnership. WHO ensured that the joint United Nations Development Assistance Framework (UNDAF) responds to national health priorities. Furthermore, an evaluation of the work of the WHO Intercountry Support Teams (ISTs) carried out in 2012 confirmed their added value.

28. Under S013 on an Efficient and effective WHO, it was reported that management was enhanced through increased use of the Global Management System; most of the audit queries were closed; and compliant financial statements for 2012 were produced according to the International Public Sector Accounting Standards. Office infrastructure maintenance works were carried out in all locations. The Regional Director reported a decrease in the number of staff members of the WHO African Region from 2483 in 2011 to 2263 in 2013. A total of US\$ 1 093 million was allocated to the African Region for 2012-2013 compared with US\$ 1 262 million for 2010-2011, representing an implementation rate of 72% in the period under consideration.

29. In concluding his presentation, Dr Sambo stressed that the implementation rate for the Programme Budget 2012/2013 was good despite the financial challenges. He also noted that significant progress was made in providing normative and policy support; generating evidence and data; and providing technical support towards the scaling up of effective interventions. Dr Sambo recommended that countries adopt evidence-based health financing strategies to implement equitable health policies towards achieving universal health coverage. He appreciated the fundamental role of governments and the significant contributions of international and national health partners working in the Region. The Regional Director highlighted the expectation that the WHO reform would create new opportunities to enhance international health partnership coordination in support of national health sector reforms in order to achieve people-centered and sustainable health development.

30. Issues raised during the discussions included the low level of attainment of the MDGs in the Region; the resource constraints in implementing health programmes, the low implementation rate of the Nutrition component of SO9; the challenges of

providing Universal Health Coverage; and the discrepancies noted in data reported by the Atlas of African Health Statistics compared with data available in some countries.

31. The following recommendations were made to Member States:

- (a) To strengthen the management and use of vital registration systems and to use the data generated.
- (b) To build robust health information systems in order to use the data generated for reporting on progress.
- (c) To accelerate progress towards the attainment of the MDGs.
- (d) To strengthen national efforts to mobilize additional resources for advancing towards Universal Health Coverage.

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

- (a) To continue to provide support to countries, including in the area of resource mobilization and allocation.
- (b) To work closely with countries to improve Health Information Systems and to establish dialogue with countries where discrepancies exist between UN estimates and country data.

33. The Regional Committee adopted the report as contained in "The Work of WHO in the African Region: Report of the Regional Director 2012–2013" (Document AFR/RC63/2).

STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC63/3)

34. In his statement to the Sixty-third Regional Committee, the Chairman of the Programme Subcommittee (PSC) reported that the Committee met in Brazzaville, Republic of Congo, from 17 to 20 June 2013. The PSC reviewed the Regional Committee working documents and draft resolutions to ensure that they met the public health needs of the people of the WHO African Region. In all, the amended versions of nine working documents and four draft resolutions were recommended to the Regional Committee for consideration and adoption.

HEALTHY AGEING IN THE AFRICAN REGION: SITUATION ANALYSIS AND WAY FORWARD (Document AFR/RC63/4)

35. The document notes that due to the significant gain in life expectancy in the African Region, the growing number of elderly people face increased risk of chronic diseases, disabilities and premature death. The challenges and issues related to healthy ageing include: limited political will and commitment to respond adequately to the observed demographic change and ensure adequate access to appropriate health services for elderly people; gender-based inequities; compromised nutritional status of

elderly people; increased vulnerability of elderly people during emergency situations and dwindling family support.

36. The interventions proposed to guide Member States in implementing programmes on healthy ageing and care of the elderly include increasing political will and commitment; promoting partnerships for a holistic and multisectoral approach; strengthening appropriate service delivery for the elderly with targeted preventive, palliative and specialized care; improving gender-sensitive interventions by integrating a gender perspective into all policies, programmes and legislation towards the development of an enabling and supportive environment for the elderly; and increasing awareness on the need to improve family and community support for the elderly.

37. During the discussions Member States underscored the physical, mental and social vulnerability of the elderly and the importance of identifying and addressing their needs, including those related to NCDs. The paucity of data on the health status of the elderly, including data on NCDs, was noted with concern. The fact that the number of the elderly is increasing would have economic and financial implications. The need for addressing the lack of capacity to provide specialized health care for the elderly, including the lack of appropriately trained human resources for the elderly, and the need for adjusting the health systems to address the needs of the changing demography were underscored.

38. The following recommendations were made to Member States:

- (a) To undertake a needs assessment on the health of the elderly.
- (b) To define and implement a minimum package of interventions, including at PHC level, targeting the elderly.
- (c) To improve the capacity of health workers to provide care for the elderly.
- (d) To promote a healthy lifestyle at an early age and throughout life.
- (e) To protect and assist elderly persons during emergencies.
- (f) To enact legislation to protect the elderly, including assuring their financial, social and food security.

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

- (a) To work with Member States to raise the profile of ageing in the Region.
- (b) To provide technical support to Member States for the development of policies and the prioritization of interventions targeted at the elderly.
- (c) To support the establishment of a commission to study the impact of ageing on health systems and to make recommendations to guide policies, strategies and resource mobilization.
- (d) To align and harmonize reporting on World Health Assembly and Regional Committee resolutions on the elderly in order to avoid multiple reporting.

40. The Regional Committee adopted with amendments Document AFR/RC63/4: Healthy ageing: situation analysis and way forward and its related Resolution AFR/RC63/R1.

PROPOSED CHANGES TO THE RULES OF PROCEDURE OF THE REGIONAL COMMITTEE AND NEW TERMS OF REFERENCE OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC63/5)

41. The document was introduced by the Regional Director. The document recalls that the main objectives for internal WHO governance reforms were identified by the 130th session of the Executive Board as, "to foster a more strategic and disciplined approach to priority setting, to enhance the oversight of the programmatic and financial aspects of the Organization, and to improve the efficiency and inclusivity of intergovernmental consensus building by strengthening the methods of work of the governing bodies." In order to enhance oversight by and alignment of the governing bodies, as well as harmonize governance practices, the Rules of Procedure of the Regional Committee for Africa and the terms of reference (ToR) of the Programme Subcommittee (PSC) had been revised. In accordance with Rule 54 of the Rules of Procedure of the Regional Committee for Africa, the proposed amendments had been considered by two meetings of the Programme Subcommittee held in November 2012 and June 2013 respectively.

42. The proposed changes to the Rules of Procedure of the Regional Committee related to the following:

- (a) amendment to Rule 2 in order to broaden the participation of observers in the Regional Committee to include representatives of the UN and its specialized agencies, regional international organizations and economic communities having interests in common with the World Health Organization, States that are not members of the Regional Committee and nongovernmental organizations;
- (b) amendment to Rule 3 on credentials, formally establishes a seven-member credentials committee of the Regional Committee with a mandate to examine the credentials of delegates of Member States and representatives of Associate Members;
- (c) amendment to Rule 52 on the process of nomination of persons to the post of Regional Director, and a selection and voting procedure;
- (d) other amendments included Rule 5 on instances when the Chairperson can convene ad hoc sessions; Rule 26 on what constitutes a quorum; and Rule 38 on the voting procedure when two or more proposals are moved.

43. With regard to the PSC, the document recalls that in their supporting arguments indicating the need for a subcommittee, Member States present at the Forty-seventh session of the Regional Committee held in 1997 intended that the subcommittee would have a role similar to that of the Executive Board by dealing with technical and managerial matters. The document notes that the PSC has now become a *de facto*

permanent organ of the Regional Committee and proposes that the scope of the ToR of the PSC, which until now had primarily focused on preparatory work (budgetary and programmatic review only) towards Regional Committee meetings, be revised and expanded to include oversight functions over the work of the Secretariat, in conformity with the implementation of the reform proposals and as provided in Article 50 of the WHO Constitution. The proposed terms of reference would strengthen the supervisory role of the Regional Committee over the activities of the Secretariat and were expected to enhance transparency and accountability.

44. The delegates welcomed the efforts made to enhance oversight by and alignment of the governing bodies of WHO, as well as harmonizing governance practices. On the whole Member States were in agreement with the revised terms of reference of the PSC.

45. The following recommendations were made with respect to the Rules of Procedure of the Regional Committee:

- (a) Rule 2: to adopt the same principles of engagement between WHO and non-state parties and NGOs as those to be adopted by the World Health Assembly.
- (b) Rule 5: to restrict the right to request an ad hoc session of the Regional Committee to Members only, and to exclude Associate Members.
- (c) Rule 52: Paragraph 2 – (a) candidates for the post of Regional Director should be nominated by their own countries; (b) each Member State can nominate only one candidate; Paragraph 3 – a Regional Director in his/her first term is eligible for reappointment for a second 5-year term only, in line with Rule 48 of the Rules of Procedure of the WHO Executive Board; Paragraph 8 – the Regional Director should be elected by a simple majority.

46. The Regional Committee adopted with amendments Document AFR/RC63/5: Proposed changes to the Rules of Procedure of the Regional Committee and new terms of reference of the Programme Subcommittee and its related Resolution AFR/RC63/R2.

ENHANCING THE ROLE OF TRADITIONAL MEDICINE IN HEALTH SYSTEMS: A STRATEGY FOR THE AFRICAN REGION (Document AFR/RC63/6)

47. The document recalls that in line with Resolution AFR/RC50/R3, Member States took steps between 2001 and 2012 to promote traditional medicine (TM). By 2012, 40 countries had national TM policies, 19 had national TM strategic plans and 28 national research institutes had conducted research on TM products used for treatment of malaria, HIV/AIDS, sickle-cell disease, diabetes and hypertension. Despite the progress made, countries continue to face challenges in implementing the resolution including limited stewardship and governance; inadequate regulation and law enforcement; and insufficient human and financial resources for research and production of traditional medicine products. In addition, weak partnerships between the private and

public sectors and research institutions have hampered large-scale production of TM products.

48. The updated Regional TM strategy aims to contribute to better health outcomes by optimizing and consolidating the role of traditional medicine in national health systems. It proposes key interventions to address the above challenges and builds on the successful promotion of the positive aspects of TM in national health systems. These include the strengthening of stewardship and governance; development and use of tools; cultivation of medicinal plants and conservation of biological diversity; research and development; local production; protection of Intellectual Property Rights and TM knowledge; intersectoral coordination; and capacity building.

49. The Regional Committee reiterated the importance of national regulatory frameworks for traditional medicine, products and practices; national legislation to protect the public against illicit products and charlatans; establishing an appropriate structure in the ministry of health responsible for traditional medicine practice; and cooperation and collaboration among countries. The delegates emphasized the role of the academia and health research institutions in research and development, training of practitioners and implementation of national traditional medicine policies. They also underscored the need to minimize the dangers to public health of false advertising by traditional health practitioners. They highlighted the need to address the issues related to the accuracy of data on the use of traditional medicine and related research in Africa. Delegates further noted that the criteria used for evaluating western medicines before their registration cannot be strictly applied to traditional medicines. However, the selection of registered traditional medicine products for inclusion in national essential medicines lists needs to be evidence-based, taking into account country priorities, availability and affordability.

50. The following recommendations were made to Member States:

- (a) To implement national frameworks for regulating traditional health practitioners, practices and traditional medicine products.
- (b) To pay attention to emerging issues and threats, such as movement of traditional health practitioners across borders and false advertising.
- (c) To establish appropriate structures in the ministry of health to coordinate and monitor the implementation of the regional TM strategy.
- (d) To establish a mechanism for continuing education of traditional medicine practitioners, and introduce traditional medicine knowledge and practice in the curricula of health science students.
- (e) To undertake joint review of registration files of traditional medicine products.

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

- (a) To provide guidance on developing national traditional medicine regulations and legislation, building research capacity, and identifying and disseminating best practices.
- (b) To advocate for additional resources for Member States to implement the strategy and resolution on enhancing the role of traditional medicine in health systems.
- (c) To provide technical support to countries to strengthen research capacity.

52. The Regional Committee adopted with amendment Document AFR/RC63/6: Enhancing the role of traditional medicine in health systems: a strategy for the African Region and its related Resolution AFR/RC63/R3.

STRENGTHENING THE CAPACITY FOR REGULATION OF MEDICAL PRODUCTS IN THE AFRICAN REGION (Document AFR/RC63/7)

53. The document recalls that in response to World Health Assembly resolution WHA52.19 urging Member States to develop and enforce medicines legislation and build regulatory capacity, the Regional Committee adopted a technical document (Document AFR/RC56/11) on *Medicines Regulatory Authorities: Current Status and the way forward*. Subsequently the Sixtieth session of the Regional Committee recommended the creation of an African Medicines Regulatory Agency. In addition, the Eighteenth Ordinary Session of the African Union Summit in 2012 endorsed the Roadmap on AIDS, TB and Malaria and recommended the establishment of a single African Medicines Regulatory Agency. Despite the progress made, on the whole, the capacity of countries to regulate medical products remains weak.

54. The actions proposed to strengthen the capacity to regulate medical products include prioritizing the development of regulations on medical products; strengthening the coherence and performance of the medicines regulatory system; adapting and using guidelines in line with WHO recommendations; enhancing the status of National Medicines Regulatory Authorities (NMRAs); establishing autonomous regulatory authorities with governing bodies; instituting sustainable mechanisms to effectively manage conflicts of interest; strengthening intersectoral collaboration between relevant stakeholders; ensuring availability of qualified human resources for regulation of medical products; ensuring adequate and sustainable financing of the medicines regulatory system; and improving collaboration, coordination and harmonization of the regulation of medical products.

55. The Regional Committee acknowledged the importance of strengthening the capacity of countries to regulate medical products in the African Region, including aspects related to multisectoral, intersectoral and cross-border collaboration, quality control and pharmacovigilance systems. They stressed the need for funding mechanisms that were without conflict of interest to reinforce the capacity of national authorities and for effective implementation of regulatory functions. The delegates

expressed the need to adopt strategies to address the circulation of substandard/spurious/falsely-labelled/falsified/counterfeit products, including in the formal, informal and emerging internet markets.

56. The following recommendations were made to Member States:

- (a) To promote local production of medicines including vaccines.
- (b) To reinforce cooperation and collaboration among countries including cross-border partnership.
- (c) To harmonize policies and procedures for medicines regulation at subregional level.
- (d) To pool resources for research and development for medicines and vaccine production.
- (e) To prioritize and put in place a stepwise approach to the establishment of the African Medicines Agency, with the involvement of Regional Economic Communities and the African Union Commission.

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

- (a) To support Member States in strengthening capacity for implementation of the proposed actions and for monitoring progress and reporting to the Regional Committee.
- (b) To develop a Roadmap for the operationalization of the African Medicines Agency.
- (c) To document best practices including experiences in management of autonomous national medicines regulatory authorities and disseminate them among countries.
- (d) To support countries in strengthening intelligence gathering, networking and sharing of information.
- (e) To support capacity building for the evaluation of the quality, safety and efficacy of products, and for inspection and pharmacovigilance.

58. The Regional Committee adopted with amendment Document AFR/RC63/7: Strengthening the capacity for regulation of medical products in the African Region.

ADDRESSING THE CHALLENGE OF WOMEN'S HEALTH IN AFRICA: REPORT OF THE COMMISSION ON WOMEN'S HEALTH IN THE AFRICAN REGION

(Document AFR/RC63/8)

59. The document recalls that following the adoption of Resolution AFR/RC58/R1 on Women's Health in the WHO African Region by the Fifty-eighth session of the WHO Regional Committee, the Regional Director established the Commission on Women's Health in the African Region. The Commission launched its report entitled "*Addressing the Challenge of Women's Health in Africa*", in December 2012, under the leadership of

H.E. Mrs Ellen Johnson-Sirleaf, President of the Republic of Liberia, honorary President of the Commission. The report, which shows that women's health needs to go beyond sexual and reproductive health concerns, identifies interventions to improve the social status of women, promote gender equity and enable women to contribute fully to social and economic development at all levels.

60. The recommendations made by the Commission include promoting good governance and leadership to improve, promote, support and invest in women's health; implementing policy and legislative initiatives to translate good governance and leadership into concrete action; implementing multisectoral interventions to improve women's health; empowering girls and women to be effective agents in pursuing their own interest; improving the responsiveness of health care systems in addressing the health needs of women; and collecting data for monitoring the progress made towards achieving the targets for girls' and women's health.

61. During the discussions, the delegates recognized that there were many global and regional initiatives addressing maternal health and stressed the need for alignment, synergy and accountability. They called for enhanced advocacy for multisectoral approaches in addressing women's health issues as well as increased male involvement. Concerned by the slow progress being made towards the attainment of MDGs 4 and 5, the delegates recommended that action be taken to ensure the incorporation of these MDGs in the post-2015 development agenda. They also expressed concern about the inconsistencies observed in some maternal health statistics in different UN reports and highlighted the need for regular harmonization of these and other data.

62. The following recommendations were made to Member States:

- (a) To enhance advocacy for multisectoral approaches in addressing women's health issues.
- (b) To advocate for MDGs 4 and 5 to be part of the post-2015 development agenda.
- (c) To institutionalize Maternal Death Surveillance and Response, using the frameworks existing in countries, such as the Integrated Disease Surveillance and Response strategy.
- (d) To ensure that men are actively involved in interventions to promote and protect women's health.

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

- (a) To ensure continuous alignment of the work of WHO and the African Union to improve women and children's health.
- (b) To report to the Regional Committee on the progress made in implementing the Commission's recommendations annually until 2015 and, thereafter, every two years.

64. The Regional Committee adopted with amendment Document AFR/RC63/8: Addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region, and its related Resolution AFR/RC63/R4.

UTILIZING EHEALTH SOLUTIONS TO IMPROVE NATIONAL HEALTH SYSTEMS IN THE AFRICAN REGION (Document AFR/RC63/9)

65. The document recalls that the Sixtieth session of the Regional Committee discussed the seven components of eHealth, namely: leadership and governance; strategy and investment; legislation, policy and compliance; human resources; standards and interoperability; infrastructure; and solutions or applications and services. The current document focuses on one of the seven components — eHealth solutions. The challenges countries face in utilizing eHealth solutions to strengthen health systems include developing appropriate governance structures and mechanisms to ensure accountability, transparency and effective leadership; encouraging the development and use of high-priority eHealth solutions; developing the requisite human resources; establishing incentives to attract private sector investment; and supporting secure electronic information exchange across national geographic and health-sector boundaries.

66. Actions proposed include establishing national eHealth governing boards or councils coordinated by ministries of health; establishing targeted stakeholder reference and working groups; establishing a national compliance authority responsible for testing eHealth solutions; developing high-level design and requirements for a number of priority eHealth solutions; identifying and assessing the readiness of the priority consumers, care providers and health-care managers to be targeted; guiding the development of a competency framework and code of professional practice for health-care providers; identifying changes required in existing education and training courses to ensure the development of eHealth workforce capabilities; engaging with the health ICT industry and the broader health sector to increase investment in priority eHealth solutions; defining clear criteria and targets for the improvement of eHealth solutions; and regularly monitoring progress in reaching set targets in order to measure eHealth adoption among consumers.

67. The Regional Committee pointed out that the implementation of the eHealth strategy was hampered by limited access to electricity, low internet connectivity, and the fact that numerous pilot projects were developed without standardization, thereby limiting their interoperability. It also noted with concern the lack of financial support and sustainability of eHealth solutions, as well as the attrition of human resources trained in eHealth.

68. The following recommendations were made to Member States:

- (a) To strengthen national eHealth infrastructure and equipment.
- (b) To use the African Health Observatory as a platform for sharing country experiences and best practices in eHealth.

(c) To develop and implement National Health Observatories.

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

- (a) To establish coordination and governance mechanisms for eHealth in the Region.
- (b) To provide guidance on the monitoring and evaluation of the implementation of national eHealth strategies.

70. The Regional Committee adopted without amendment Document AFR/RC63/9: Utilizing eHealth solutions to improve national health systems in the African Region, and its related Resolution AFR/RC63/R5.

IMMUNIZATION IN THE AFRICAN REGION: PROGRESS REPORT ON THE AFRICAN REGIONAL IMMUNIZATION STRATEGIC PLAN 2009–2013, GLOBAL VACCINE ACTION PLAN AND POLIO ENDGAME (Document AFR/RC63/14)

71. The document summarizes the progress made in the implementation of the African Regional Immunization Strategic Plan 2009–2013 and the Global Vaccine Action Plan, and provides global perspectives on the Polio Eradication and Endgame Strategic Plan. Coverage with three doses of Diphtheria-Pertussis-Tetanus containing vaccine (DPT3) and with the first dose of measles-containing vaccine (MCV1) for the Region was maintained around 70%. All countries in the Region except Equatorial Guinea and South Sudan have introduced Hepatitis B and *Haemophilus influenzae* type b vaccines, while Pneumococcal conjugate vaccines have been introduced in 23 countries. In addition, 23 of the 31 countries at risk of yellow fever have introduced the vaccine in their immunization programmes; the elimination of maternal and neonatal tetanus has been validated in 30 countries; and wild poliovirus cases (WPV) reported in the African Region decreased by 81%, from 691 cases in 2009 to 128 cases in 2012. As of June 2013, Nigeria was the only polio-endemic country in the Region. Furthermore, no case had been reported from the three countries of re-established transmission in the Region for a period between 12 and 23 months.

72. With regard to the Polio Endgame, the document recalls that in May 2013, the Sixty-sixth World Health Assembly endorsed the *Polio Eradication and Endgame Strategic Plan 2013–2018* that aims at eliminating all paralytic poliomyelitis due to both wild and vaccine-related polioviruses. With the planned completion in 2018 and subsequent programme closure, there are three potential scenarios for the programme's legacy.

- (a) *Scenario 1*: the knowledge generated and lessons learned through the polio eradication initiative should be well documented and disseminated to benefit other health priorities, but the programme should plan to sunset its other assets and resources at the time of programme closure or shortly thereafter.

- (b) *Scenario 2*: following GPEI closure, there should be a transition of the lessons, assets and resources of the programme to benefit other existing and relevant national, regional and/or global public health programmes (e.g. global disease surveillance and response capacity, routine immunization strengthening and new vaccine introduction).
- (c) *Scenario 3*: following GPEI closure a new global initiative or programme with an equity focus may be established to utilize the assets, lessons learned and resources of the GPEI primarily to sustain access to chronically missed and underserved populations for priority health interventions.

73. During the discussions, the delegates stressed the importance of immunization in preventing and controlling vaccine-preventable diseases in their countries. They acknowledged the significant progress made in improving immunization services over the past years. They also acknowledged that despite the progress made, there were still significant challenges regarding access to new vaccines, particularly in countries that were not GAVI-eligible, due to their high costs. The delegates reiterated the need to constantly ensure the quality of vaccines. They expressed a need for local production of vaccines and suggested that it should be given consideration. With regard to the planned completion of GPEI in 2018 and the subsequent programme closure, the Regional Committee indicated that the preferred option was Scenario 2 in order to preserve and benefit from the programme's legacy.

74. The following recommendations were made to Member States:

- (a) To build on the achievements and use the lessons learned in improving the performance of national immunization programmes in order to further increase coverage and attain targets as laid out in the GVAP.
- (b) To consider local production of vaccines.
- (c) To enhance cross-border collaboration on public health issues, including immunization.
- (d) To develop a plan to strengthen routine immunization, and accelerate the withdrawal of OPV 2 and the introduction of IPV.

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

- (a) To continue advocating for affordable prices of vaccines.
- (b) To support studies on the cost-effectiveness of the integration of immunization activities.
- (c) To focus reporting on surveillance, taking into consideration elements specific to countries.

76. The Regional Committee adopted with amendment Document AFR/RC63/14: Immunization in the African Region: progress report on the African Regional Immunization Strategic Plan 2009-2013, Global Vaccine Action Plan and polio endgame.

REGIONAL STRATEGY AND STRATEGIC PLAN FOR NEGLECTED TROPICAL DISEASES IN THE AFRICAN REGION 2014–2020 (Document AFR/RC63/10)

77. The document notes that the African Region bears a disproportionately high burden of neglected tropical diseases (NTDs) and that all countries in the Region are endemic for at least one NTD. While some progress has been made in NTD control including the elimination of leprosy as a public health problem, the near eradication of guinea-worm disease and the reduction of the burden of onchocerciasis, countries still face challenges. These include limited effective coverage of NTD interventions, weak coordination and linkages to other sectors and inadequate resources at all levels. With the increasing political commitment, funding and medicine donations and the adoption by the Sixty-sixth World Health Assembly of a resolution on NTDs, the momentum in tackling NTDs in the African Region is growing.

78. The Regional Strategy and the Regional Strategic Plan for NTDs 2014–2020 aim to accelerate the control, elimination and eradication of the priority NTDs in the WHO African Region. The main thrust is to reduce the huge burden of NTDs and contribute to poverty alleviation, increased productivity and improved quality of life of the affected people. The main strategic approaches proposed focus on the rapid scale-up of access to interventions, enhanced planning for results, resource mobilization and financial sustainability, strengthening of advocacy, coordination and national ownership, and improved monitoring, evaluation, surveillance and research to tackle NTDs.

79. During the discussions, the delegates observed that although most of the countries had developed NTD Master Plans, a significant number of countries had not established integrated NTD programmes. They reiterated the need to mobilize additional resources and increase the allocation of funds by governments and partners to NTD interventions. It was noted that achieving the NTD goals by 2020 required a multisectoral approach involving collaboration with other sectors such as water, sanitation, environmental management, education and social welfare, as well as a cross-border approach. The delegates indicated that linking NTDs with the implementation of national poverty alleviation strategies was crucial to achieving the control and elimination of NTDs. Member States called on the African Programme on Onchocerciasis Control (APOC) to consider putting more emphasis on vector management as part of the interventions to eliminate onchocerciasis. The Regional Committee agreed on the need to expand the mandate of APOC to cover lymphatic filariasis and to contribute to other preventive chemotherapy NTDs during the period 2016–2020.

80. The following recommendations were made to Member States:

- (a) To mobilize and allocate additional resources for national NTD programmes.
- (b) To link the NTD programmes with country poverty reduction strategies.
- (c) To enhance subregional and cross-border surveillance and other interventions for tackling NTDs.

- (d) To expand investment in medical products research and development and in strategies addressing the disproportionately high burden of NTDs.

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

- (a) To support countries in mapping and assessing the burden of NTDs.
- (b) To facilitate efforts in research for NTDs, including research on the links with other disease conditions such as HIV and malaria, and identify the causes of the Nodding disease.
- (c) To strengthen regional mechanisms for NTDs coordination and financing.

82. The Regional Committee adopted with amendments Document AFR/RC63/10: Regional strategy and Strategic plan for Neglected Tropical Diseases in the African Region 2014–2020 and its related Resolution AFR/RC63/R6.

PANEL DISCUSSION – TOWARDS UNIVERSAL HEALTH COVERAGE IN THE AFRICAN REGION (Document AFR/RC63/PD)

83. A panel discussion was held on Universal Health Coverage (UHC) in the African Region. The objectives were to: enhance understanding of the core concepts of UHC; identify ways and means of addressing the challenges hindering progress towards UHC in the African Region; identify strategies for strengthening the countries' health systems performance capacities including innovative health financing mechanisms for achieving UHC; and to make recommendations for accelerating the implementation of appropriate policies and actions towards UHC.

84. The Chairman of the panel discussion was Mr Gaotlhaetse U. Sankoloba Matlhabaphiri, Assistant Minister of Health of Botswana. A technical presentation was made by Mr Joseph Kutzin, Coordinator, Health Financing Policy, WHO headquarters. It was followed by interventions by four panelists: Prof. Dorothee Kinde-Gazard, Minister of Health, Benin; Dr Gwen Ramokgopa, Deputy Minister of Health of South Africa; Dr Ebenezer Appia-Denkyira, Director-General, Ghana Health Services; and Prof. Alexis E. Dokekias, Director-General, Ministry of Health, Congo.

85. The presentation on “*Universal health coverage: from concepts to practices*” noted that the three goals embedded in the definition of UHC are equity in service use, quality and financial protection. To make the concept operational, it was necessary to understand how the existing health system is organized, and the specific ways by which performance problems arise with respect to these three goals. Health system reforms aimed at achieving these goals are part of efforts to move towards UHC. Furthermore, the three dimensions of coverage, namely population, service and cost, enable policy-makers to think through potential pathways for expansion and to address the trade-offs and the need for prioritization.

86. Subsequent statements by the four panelists highlighted the consistency of UHC with national constitutions, the diversity of approaches to strengthening health systems

in order to achieve UHC, the variety of schemes used by countries and the need for countries to share knowledge and experiences.

87. In the ensuing discussions, the delegates noted that the achievement of UHC goes beyond the health sector. They therefore, stressed the need for multisectoral collaboration. They emphasized that the principles and objectives of UHC were consistent with the primary health care approach. It was indicated that, in making efforts to achieve UHC, attention must be paid to good governance, sustainable health financing mechanisms, the use of modern technologies such as IT equipment, application of eHealth solutions, and improved management of information. The delegates stressed the need for decentralization of the UHC model to peripheral levels in order to expand coverage and ensure improved access by the poorest population segments. The Regional Committee agreed that advancing towards UHC would entail implementing multiple activities that should be prioritized, synergized, and well-coordinated and managed. They called for a subregional approach to UHC in order to improve access across borders.

88. The following recommendations were made to Member States:

- (a) To invest in health systems strengthening, including ensuring adequate health infrastructure and delivery of quality interventions that meet the health needs of the populations.
- (b) To increase domestic resources allocated to health and make increased use of innovative health financing mechanisms.
- (c) To explore the possibility of establishing a cross-border mechanism to address the needs of people moving from one country to another.
- (d) To strengthen partnerships between the public sector and the private sector in order to increase investments in health.

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

- (a) To build the capacity of countries to develop, implement, monitor and evaluate policies, strategies and operational plans to ensure the attainment of UHC.
- (b) To develop tools to help Member States in designing and implementing interventions towards the achievement of UHC.
- (c) To support the sharing of experiences and best practices among countries.

WHO PROGRAMME BUDGET 2014-2015: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION AND INFORMATION ON THE FINANCING DIALOGUE (Document AFR/RC63/11)

90. The document notes that the WHO Programme Budget for the Biennium 2014–2015 is the first in the Twelfth General Programme of Work 2014–2019. It is also the first Programme Budget that is implementing the programmatic aspects of the WHO reforms. It outlines priorities and budget distribution and presents guiding principles for implementing the Programme Budget 2014–2015 in the African Region. The budget has been distributed per category, programme area and level, i.e. by country offices and the Regional Office. Out of the global WHO budget of US\$ 3 977 000 000, the African Region has been allocated US\$ 1 120 000 000 i.e. a 28% share which represents an increase of 2.5% over the initial budget for the 2012–2013 Biennium. However, distribution of the budget across priority programmes shows an imbalance due to a large concentration on emergencies and polio eradication and a lower allocation to some key regional priorities and some programmes related to the Millennium Development Goals. Thus, Member States and the Secretariat need to intensify resource mobilization to better fund all priorities and compensate for limitations in the budget.

91. The document also provides information on the Launch of WHO's Financing Dialogue convened by the WHO Director-General on 24 June 2013 in response to World Health Assembly Decision WHA66(8). The financing dialogue seeks to facilitate a dialogue both with and among Member States and other funders. Two hundred and fifty-six participants from 87 Member States, six other United Nations agencies and 14 non-State partner organizations participated in the meeting in person or via webcast. The decision to embark upon the Financing Dialogue was strongly supported by the participants some of whom noted that it would facilitate their future funding decisions. The participants re-emphasized the unique role of WHO in advancing the global health agenda and the need for the Organization to have the necessary capacity, skills, competencies and financial resources to pursue its workplan as articulated in the Programme Budget 2014-2015. The meeting resulted in specific commitments on the following: alignment to the priorities set by the World Health Assembly, increasing the predictability and flexibility of funding; broadening the contributors base; and increasing transparency and accountability around WHO financing.

92. Member States raised concerns about the imbalance in resource allocation across and within components of the budget. An example is Category 3: *Promoting health throughout the life course*, that has areas like reproductive, maternal, newborn, child and adolescent health and needs increased funding to respond to needs in countries. They commended the shift from Strategic Objectives to Categories as it had provided opportunities to give more visibility to some programmes such as Violence and injuries, disabilities and rehabilitation. Taking into account the limitation of the budget to cover priority programmes, Member States stressed the need to provide office premises for WHO country offices as a means of cost containment.

93. The following recommendations were made to Member States:

- (a) To intensify resource mobilization including enhancing intersectoral collaboration for the implementation of the programme budget.
- (b) To consider allocating premises to WHO country offices.
- (c) To remit their financial contribution to the African Public Health Emergency Fund (APHEF).

94. It was recommended that WHO and partners continue efforts for resource mobilization in the context of the Financing Dialogue.

95. The Regional Committee adopted without amendment Document AFR/RC63/11: Programme Budget 2014-2015: orientations for implementation in the African Region and information on the financing dialogue.

THE WHO CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTIONS; RECOMMENDATIONS FOR A PUBLIC HEALTH APPROACH - IMPLICATIONS FOR THE AFRICAN REGION (Document AFR/RC63/12)

96. The document recalls that in response to the increasing scientific evidence of the benefits of early antiretroviral therapy (ART) and other developments, WHO published new recommendations on the use of ARVs in June 2013. The new recommendations promote, among others, earlier initiation of ART and further simplification of ART regimens. Based on the status of the epidemic as at the end of 2012, it is estimated that with the new guidelines the total number of individuals eligible for ART in the African Region would increase from 12.4 million to 19 million. Thus, implementing the WHO 2013 consolidated guidelines will have health systems implications as more medicines will be required, laboratory capacity for viral load testing will have to be strengthened and innovative use of human resources including gender and human rights considerations will have to be intensified to mitigate the existing shortage. There will also be a need to mobilize a further US\$ 1 billion annually in addition to the US\$ 10-12 billion currently required to cover the comprehensive response to HIV in the African Region.

97. Actions proposed to address the implications of implementing the new guidelines include adapting national ART guidelines and related service delivery tools according to the specific context of each country; increasing investments in the HIV response by mobilizing adequate domestic resources and seeking additional funding from other sources; addressing the human resource implications; promoting uptake of HIV testing and counselling; decentralizing and integrating HIV treatment and care services; ensuring adherence and retention of people on ART; improving procurement and supply of drugs and other commodities; strengthening laboratory capacity; improving strategic information systems; and increasing financial resources for ART scale-up.

98. The Regional Committee welcomed the WHO 2013 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections and expressed commitment to support their implementation. The Committee expressed concern about the fact that many people in the African Region did not know their HIV status, that there were weak linkages between HIV testing and counselling and care, and that only 28% of HIV-infected children eligible for ART were on treatment. The delegates reiterated the need to address the health system implications of implementing the guidelines, including ensuring the availability of the recommended ART regimens. They also called on Member States to endeavour to meet the Abuja Declaration target of allocating 15% of the national budget to the health sector.

99. The following recommendations were made to Member States:

- (a) To adapt the WHO consolidated guidelines (2013) on the use of antiretroviral drugs for treating and preventing HIV infections to their national context.
- (b) To strive to meet the Abuja Declaration target of allocating 15% of the national budget to the health sector, including identifying locally available innovative financing options.
- (c) To intensify HIV testing and counselling using community- and home-based approaches in addition to facility-based testing.
- (d) To scale up early infant diagnosis (EID) services and interventions in order to increase access to antiretroviral therapy for children.
- (e) To continue exploring opportunities for local production of essential medicines including ARVs.

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

- (a) To continue advocating for additional resources from international and national institutions in order to facilitate implementation of the consolidated guidelines (2013).
- (b) To continue negotiating for lower prices of HIV medicines and commodities for children and adults.
- (c) To support Member States to adapt and implement the WHO 2013 consolidated guidelines, including providing updates on new evidence and practice in HIV response.

101. The Regional Committee adopted with amendment Document AFR/RC63/12: The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections; recommendations for a public health approach — Implications for the African Region and its related Resolution AFR/RC63/R7.

WHO REFORM: PROCESS FOR DEVELOPING THE PROPOSED PROGRAMME BUDGET 2016-2017 (Document AFR/RC63/13)

102. The document provides an update on interim measures taken to improve the areas of weakness identified during the operational planning of the Programme Budget 2014–2015. These include: initiation of a coordinated operational planning process to ensure that all the three levels of the Organization are aligned to produce the results and deliverables outlined in the Programme Budget 2014–2015; identification of country priorities during operational planning; and consolidation of the priorities through discussions by the global category and programme networks. It is expected that, following an Organization-wide review, the draft workplans and resource requirements would be summarized and presented at the November 2013 meeting of the financing dialogue.

103. The document also gives an outline of issues requiring further attention in the preparation of the Proposed Programme Budget 2016–2017. For example, the consultations with countries to identify a focused set of priority areas for WHO technical cooperation need to take place at the beginning of the process rather than towards the end as is currently the case. This will require that a number of steps be taken before the regional committees in 2014: (a) organization of country consultations to identify priority areas of technical cooperation, including specific results and deliverables; (b) review of country technical cooperation priorities together with the identification of regional and global results and deliverables; and (c) completion of budget development, based on a standardized approach to costing outputs and deliverables. It is expected that the result of this process would be the draft Proposed Programme Budget 2016–2017 that would be presented at the regional committees in 2014.

104. In the ensuing discussions, delegates emphasized that the development of the Programme Budget 2016-2017 should provide an opportunity to correct the imbalances noted in allocations in the Programme Budget 2014-2015 and to ensure better alignment with country priorities. It also reflected the new bottom-up approach to the development of the programme budget in line with the WHO reforms. The Regional Committee requested the Secretariat to regularly inform Member States of the progress made in implementing the WHO reforms.

105. The Regional Committee adopted without amendment Document AFR/RC63/13: WHO reform process for developing the proposed Programme Budget 2016-2017.

INFORMATION DOCUMENTS

106. The Regional Committee discussed and took note of the following information documents: (a) Report on WHO staff in the African Region: (Document AFR/RC63/INF.DOC/1); (b) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC63/INF.DOC/2); (c) The African Public Health Emergency Fund (APHEF) — Progress Report of the Regional Director (Document

AFR/RC63/INF.DOC/3); (d) Implementation of the WHO Framework Convention on Tobacco Control in the African Region (Document AFR/RC63/INF.DOC/4); and (e) Health in the post-2015 UN development agenda (Document AFR/RC63/INF.DOC/5).

107. With regard to the APHEF, the Regional Committee noted the availability of the operations manual and recommended immediate implementation of the Fund. Many countries were facing difficulties in contributing to the Fund. The Regional Committee urged all Member States to include a budget line in their national budgets for subsequent yearly contributions and to settle their outstanding 2012 and 2013 contributions to the APHEF. The Regional Committee went on to request the Regional Director to continue advocacy with Heads of State and Government, the African Union and Regional Economic Communities to ensure sustained contribution to the APHEF and to accelerate negotiations with the African Development Bank for its involvement in the management of APHEF. The Regional Committee also requested the Regional Director to include APHEF as a substantive agenda item in the Sixty-fifth Session of the Regional Committee.

108. With regard to the post-2015 UN development agenda, the Regional Committee noted that the process of framing a new set of global development goals had reached the end of its first phase culminating in a Special Event at the 68th UN General Assembly in September 2013. The Regional Committee further noted that subsequent discussions to decide on the framework and goals to be adopted would be conducted mainly by ministries of foreign affairs and permanent missions to the UN in New York. The Regional Committee therefore recommended that ministries of health should keep their national representatives informed and well-briefed with a coherent narrative on the role and importance of health in the goals, including efforts to achieve Universal Health Coverage. It also recommended that the African Union Commission should lead the process of ensuring that Africa's interests were reflected in the goals.

DRAFT AGENDA, DATES AND PLACE OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE; AND DATES AND PLACE OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC63/15)

109. The Regional Committee adopted the provisional agenda of the Sixty-fourth session of the Regional Committee and confirmed that the session would be held in Cotonou, the Republic of Benin, from 1–5 September 2014.

110. The Regional Committee also decided that its Sixty-fifth session would be held in the Republic of Chad.

ADOPTION OF THE REPORT OF THE SIXTY-THIRD REGIONAL COMMITTEE (Document AFR/RC63/16)

111. The report of the Sixty-third session of the Regional Committee (Document AFR/RC63/16) was adopted with amendments. Following the adoption, the Head of Delegation of Ethiopia informed the Regional Committee of Ethiopia's interest in hosting the Sixty-sixth session of the Regional Committee.

CLOSURE OF THE SIXTY-THIRD SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

112. On behalf of the delegates, the Deputy Minister of Health of Liberia, Dr Bernice Dahn, presented a "Vote of thanks" to the Republic of Congo, thanking the President, the Government and the people of the Republic of Congo for hosting the Sixty-third session of the Regional Committee.

Closing remarks by the Regional Director

113. Dr Luis Gomes Sambo, WHO Regional Director for Africa, in his closing remarks, thanked the President of the Republic of Congo, His Excellency Mr Denis Sassou N'Guesso, the Government and the people of the Republic of Congo for their immense contribution to the success of the Sixty-third session of the Regional Committee in Brazzaville, Republic of Congo. He also expressed his gratitude to the Chairman of the Sixty-third Regional Committee, the Minister of Health of Congo, for the able manner in which he steered the deliberations of the Regional Committee. In addition, he thanked the Vice-Chairmen of the Regional Committee, the rapporteurs, the honourable ministers, the heads of delegations and the delegates for their active participation in the deliberations of the Regional Committee.

114. The Regional Director recalled that the Sixty-third Regional Committee had discussed and shared country experiences on many important issues including healthy ageing; the challenge of women's health in Africa; the Regional strategy and strategic plan for neglected tropical diseases; cancer; immunization; Universal Health Coverage; and the WHO recommendations on the use of antiretroviral medicines for treating and preventing HIV infections, among others. He called on the delegates to disseminate the recommendations and the report of the Regional Committee to the health partners and health professionals in their countries. He informed the delegates that the Chairman of the Regional Committee would present a report on the outcomes of the Sixty-third session of the Regional Committee to the next meeting of the WHO Executive Board.

115. In concluding his address, Dr Sambo asked the Minister of Health and Population of the Republic of Congo to convey his deep appreciation to the President of the Republic of Congo for his support for the work of WHO. Dr Sambo also thanked the WHO Director-General, Dr Margaret Chan, for her support, and the WHO Secretariat and all those who contributed in diverse ways, including the interpreters and translators, for making the Sixty-third session of the Regional Committee a success.

Closing remarks by the Chairman of the Regional Committee

116. The Chairman of the Sixty-third session of the Regional Committee, Minister of Health of the Republic of Congo, Mr Francois Ibovi, in his closing remarks, reminded the delegates that only nine hundred days remained for achieving the MDGs and called upon countries to redouble their efforts in that regard. On behalf of the President of the

Republic of Congo, His Excellency Mr Denis Sassou N'Guesso, Mr Ibovi thanked the delegates for the high quality of the sessions and called for a shared and joint determination and solidarity to improve health systems in the Region.

117. Mr Ibovi called on Member States to translate into action the various resolutions adopted during the session. He congratulated the Chairman of the Sixty-second session of the Regional Committee, Dr José Vieira Van-Dúnem, Minister of Health of Angola, for the excellent work done, with the support of the Regional Director and the Secretariat, during his tenure of office. He called on Member States to provide the same level of support and cooperation during his tenure of office as Chairman of the Regional Committee. He also congratulated and welcomed South Sudan for joining the WHO African Region and for attending, for the first time ever, a session of the Regional Committee for Africa.

118. The Chairman then officially declared the Sixty-third session of the Regional Committee closed.

PART III
ANNEXES

ANNEX 1

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Mr Camille Loumouamou
Director of Meteorology
WMO Permanent Representative, Congo
Observer

United Nations Population Fund (UNFPA)

Mme Stoelle Patricia Keba
United Nations Population Fund (UNFPA)
Gabon
Observer

UNICEF BRAOC

Dr Guido Borgmese

World Bank

Dr Ramana Gandham
Lead Health Specialist
The World Bank
Kenya

Mr Luc Laviolette
Sector Leader, Human Development
Republic Democratic of Congo

Dr Donald Bundy
Lead Health Specialist
Observer

3. REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS

European Union

Ms Flora Bertizzolo
Attaché de Coopération Secteurs Sociaux

UICC

Mr David Makumi Kinyanjui
Kenya

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

Dr Constant Roger Ayenengoye
Secrétaire Exécutif OCEAC

Commission de la Communauté Economique et Monétaire d'Afrique Centrale (CEMAC)

Mr Pierre Moussa
Président de la Commission de la CEMAC
Head of Mission

Mr Placide Alfred Iloki
CEMAC Representative in Congo

Economic Community of Central African States (ECCAS)

Mrs Isabelle Boukinda Nzaou
Director, Gender and Women's Promotion

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

Mr Ernest T. Manyawu
Director of Operations and ID
Observer

Roll Back Malaria (RBM)

Dr Fatoumata Nafou-Traore
Executive Director

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

Mr Ronald Tran Ba Huy
Chef d'Équipe Régional

4. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

Rotary International

Dr Roland Rizet

United States of America Department of Health and Human Services (DHHS)

Mr Steven Smith
Health Attaché
Observer

International Federation of Medical Students Association (IFMSA)

Mrs Waruguru Wanjau
Regional Coordinator for Africa
Head of Delegation

Mr Christian Kraef

Mr Thomas Oduor Adongo

International Diabetes Federation

Dr Evariste Bouenizabila
Chair, IDF Africa

CERMES

Dr Odile Ouwe Missi Oukem
Directrice Générale du CERMES
Niger

RINSP/CPLP FIOCRUZ

Dr Félix Rosenberg
Executive Secretary,
Brazil

International Alliance of Patients' Organizations (IAPO)

Ms Marian Regina K. Namata
Board Member

Mr Christian Locka
Member

WHO Headquarters

Dr Najeeb Al-Shorbaji
Director, Knowledge Management
Department

Dr Andrew Ball
Senior Advisor Policy, Strategy and Equity
Department of HIV

Partnership for Maternal, Newborn and Child Health (PMNCH)

Ms Kadidiatou Touré
Technical Officer

Mr Michael Wong
Programme Officer

GAVI ALLIANCE

Mrs Anne Marie Mbengue-Seye
Special Adviser of Board Member
Senegal

Dr Sebisubi Fred Musoke
Special Advisor to Anglophone Africa
Board Member

SABIN VACCINE INSTITUTE

Ambassador Michael Marine
Chief Executive Officer

Institute of Hygiene and Tropical Medicine (IHMT)

Mr Henrique Silveira
Deputy Director IHMT

Framework Convention Alliance (FCA)

Mr Tih A. Ntiabang
Regional Coordinator (Africa)
Cameroon

Mr Lutgard K. Kagaruki
Board member
Tanzania

Mr Bontle Mbongwe
Member
Botswana

Mr Issa Ali
Member
Ghana

Mr Patrick Musavuli
Member
Democratic Republic of Congo

The Independent Expert Review Group on Women's and Children's Health of the UN Secretary-General (IERG)

Prof. Miriam Khamadi Were
Member of IERG
Observer

**Medical Women's International
Association of Nigeria (MWIAN)**

Dr Princess Christina Campbell
Associate Professor
National President of Medical Women's
International Association of Nigeria

France

Dr Jean Pierre Lamarque
Ministère des Affaires Etrangères
Conseiller Régional Santé, Afrique Central
Observer

ANNEX 2

AGENDA OF THE SIXTY-THIRD 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/RC63/1)
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region: report of the Regional Director 2012-2013 (Document AFR/RC63/2)
7. Statement of the Chairman of the Programme Subcommittee to the Sixty-third session of the Regional Committee (Document AFR/RC63/3)
8. Healthy ageing in the African Region: situation analysis and way forward (Document AFR/RC63/4)
9. Proposed Changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee (Document AFR/RC63/5)
10. Enhancing the role of traditional medicine in health systems: a strategy for the African Region (Document AFR/RC63/6)
11. Strengthening the capacity for regulation of medical products in the African Region (Document AFR/RC63/7)
12. Addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region (Document AFR/RC63/8)
13. Utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC63/9)
14. Immunization in the African Region: progress report on the African Regional Immunization Strategic Plan 2009–2013, Global Vaccine Action Plan and polio endgame (Document AFR/RC63/14)
15. Regional strategy and Strategic plan for Neglected Tropical Diseases in the African Region 2014–2020 (Document AFR/RC63/10)

16. **Panel Discussion:** Towards universal health coverage in the African Region (Document AFR/RC63/PD)
17. WHO Programme Budget 2014-2015: orientations for implementation in the African Region and information on the financing dialogue (Document AFR/RC63/11)
18. The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections; recommendations for a public health approach – Implications for the African Region (Document AFR/RC63/12)
19. WHO reform: process for developing the proposed Programme Budget 2016-2017 (Document AFR/RC63/13)
20. **Information documents**
 - 20.1 Report on WHO staff in the African Region (Document AFR/RC63/INF.DOC/1)
 - 20.2 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC63/INF.DOC/2)
 - 20.3 The African Public Health Emergency Fund (APHEF) – Progress Report of the Regional Director (Document AFR/RC63/INF.DOC/3)
 - 20.4 Implementation of the WHO Framework Convention on Tobacco Control in the African Region (Document AFR/RC63/INF.DOC/4)
 - 20.5 Health in the post-2015 UN development agenda (Document AFR/RC63/INF.DOC/5)
21. Draft agenda, dates and place of the Sixty-fourth session of the Regional Committee; and dates and place of the Sixty-fifth session of the Regional Committee (Document AFR/RC63/15)
22. Adoption of the report of the Regional Committee (Document AFR/RC63/16)
23. Closure of the Sixty-third session of the Regional Committee

ANNEX 3

PROGRAMME OF WORK

DAY 1: Monday, 2 September 2013

09:00–11:00	Agenda item 1	Opening of the meeting
11:00–11:45	Group photo followed by tea break	
11:45–12:00	Agenda item 2	Constitution of the Subcommittee on Nominations
12:00–14:00	<i>Lunch break</i>	<i>(Meeting of the Subcommittee on nominations)</i>
14:00–14:30	Agenda item 3	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
	Agenda item 4	Adoption of the Agenda and the Programme of Work (Document AFR/RC63/1)
	Agenda item 5	Appointment of members of the Subcommittee on Credentials
14:30–15:30	Agenda item 6	The Work of WHO in the African Region: report of the Regional Director 2012-2013 (Document AFR/RC63/2)
15:30–16:00	<i>Tea break</i>	
16:00–16:15	Agenda item 7	Statement of the Chairman of the Programme Subcommittee to the Sixty-third session of the Regional Committee (Document AFR/RC63/3)
16:15–17:30	Agenda item 8	Healthy ageing: situation analysis and way forward (Document AFR/RC63/4)
17:30–18:00	<i>(Meeting of the Subcommittee on Credentials)</i>	
17:30	End of the day's session	
18:00	Reception hosted by the World Health Organization	

DAY 2: Tuesday, 3 September 2013

08:30–09:00	Agenda item 5 (cont'd)	Report of the Subcommittee on Credentials
09:00–10:30	Agenda item 9	Proposed Changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee (Document AFR/RC63/5)
10:30–11:00	<i>Tea break</i>	
11:00–12:30	Agenda item 10	Enhancing the role of traditional medicine in health systems: a strategy for the African Region (Document AFR/RC63/6)
12:30–14:00	<i>Lunch break</i>	<i>(Meeting of Ministers of Anglophone countries eligible for GAVI funding–hosted by GAVI Alliance)</i>
14:00–15:30	Agenda item 11	Strengthening the capacity for regulation of medical products in the African Region (Document AFR/RC63/7)
15:30–16:00	<i>Tea break</i>	
16:00–18:00	Side event 1	Networking of public health research institutions in the African Region (Document AFR/RC63/SE/1)
	Side event 2	Strengthening the capacity for the management of cancers in the African Region (Document AFR/RC63/SE/2)
18:00	End of the day's session	
19:30	Dinner hosted by the Government of the Republic of Congo	

DAY 3: Wednesday, 4 September 2013

08:30–10:00	Agenda item 12	Addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region (Document AFR/RC63/8)
10:00–10:30	<i>Tea break</i>	
10:30–12:00	Agenda item 13	Utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC63/9)
12:00–14:00	<i>Lunch break</i>	

14:00–15:30	Agenda item 14	Immunization in the African Region: progress report on the African Regional Immunization Strategic Plan 2009–2013, Global Vaccine Action Plan and polio endgame (Document AFR/RC63/14)
15:30–16:00	<i>Tea break</i>	
16:00–18:00	Side event 3	Update on Global Alliance for Vaccines and Immunization (GAVI Alliance) (Document AFR/RC63/SE/3)
18:00	End of the day's session	

*** (Dinner hosted by Roll Back Malaria for Board of Directors)**

DAY 4: Thursday, 5 September 2013

08:30–9:00	Agenda item 9 (cont'd)	Proposed Changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee (Document AFR/RC63/5)
09:00–10:30	Agenda item 15	Regional strategy and Strategic plan for Neglected Tropical Diseases in the African Region 2014–2020 (Document AFR/RC63/10)
10:30–11:00	<i>Tea break</i>	
11:00–13:00	Agenda item 16	Panel Discussion: Towards universal health coverage in the African Region (Document AFR/RC63/PD)
13:00–14:30	<i>Lunch break</i>	
14:30–16:00	Agenda item 17	WHO Programme Budget 2014-2015: orientations for implementation in the African Region and information on financing dialogue (Document AFR/RC63/11)
16:00–16:30	<i>Tea break</i>	
16:30–18:00	Agenda item 19	WHO reform: process for developing the proposed Programme Budget 2016-2017 (Document AFR/RC63/13)
18:00	End of the day's session	

DAY 5: Friday, 6 September 2013

08:30–10:00	Agenda item 18	The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections; recommendations for a public health approach – Implications for the African Region (Document AFR/RC63/12)
10:00–10:30	<i>Tea break</i>	
10:30–12:00	Agenda item 20	Information
	Agenda item 20.1	Report on WHO staff in the African Region (Document AFR/RC63/INF.DOC/1)
	Agenda item 20.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC63/INF.DOC/2)
	Agenda item 20.3	The African Public Health Emergency Fund (APHEF) – Progress Report of the Regional Director (Document AFR/RC63/INF.DOC/3)
	Agenda item 20.4	Implementation of the WHO Framework Convention on Tobacco Control in the African Region (Document AFR/RC63/INF.DOC/4)
	Agenda item 20.5	Health in the post-2015 UN development agenda (Document AFR/RC63/INF.DOC/5)
	Agenda item 21	Draft agenda, dates and place of the Sixty-fourth session of the Regional Committee; and dates and place of the Sixty-fifth session of the Regional Committee (Document AFR/RC63/15)
12:30–15:30	<i>Lunch break</i>	
15:30–16:30	Agenda item 22	Adoption of the report of the Regional Committee (Document AFR/RC63/16)
16:30–17:00	Agenda item 23	Closure of the Sixty-third session of the Regional Committee.

ANNEX 4

PROVISIONAL AGENDA OF THE SIXTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region: report of the Regional Director 2014
7. Statement of the Chairman of the Programme Subcommittee
8. Election of the Regional Director
9. WHO reform: finance and strategic resource allocation
10. Monitoring the achievements of the health-related Millennium Development Goals in the African Region
11. Regional vaccine action plan 2014–2020
12. Hepatitis: situation analysis and perspectives in the African Region
13. Programme Budget 2016-2017
14. **[Matters of regional concern related to World Health Assembly decisions and resolutions]**
15. **Information documents**
 - 15.1 Report on WHO staff in the African Region
 - 15.2 Regional matters arising from reports of the WHO internal and external audits
 - 15.3 Poliomyelitis in the African Region: progress report
 - 15.4 The Pan African programme for public health adaptation to climate change: current status and perspectives
16. Provisional agenda, dates and place of the Sixty-fifth session of the Regional Committee
17. Adoption of the report of the Regional Committee
18. Closure of the Sixty-fourth session of the Regional Committee

ANNEX 5

ADDRESS BY THE MINISTER OF HEALTH AND POPULATION OF THE REPUBLIC OF THE CONGO, MR FRANÇOIS IBOVI, AT THE OPENING OF THE SIXTY-THIRD SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- The Cabinet Minister for Labour and Social Security, representing the President of the Republic of Congo, His Excellency Denis Sassou N'Guesso,
- The Minister of Foreign Affairs and Cooperation,
- Members of Government,
- Honourable Ministers of Health of Member States of the WHO African Region,
- Dr Margaret Chan, the Director-General of WHO,
- Dr Luis Gomes Sambo, the WHO Regional Director for Africa,
- Distinguished delegates,
- Distinguished guests,
- Ladies and gentlemen,

As Brazzaville hosts the Sixty-third session of the WHO Regional Committee for Africa, the majority of countries in the continent are characterized by a high prevalence of communicable diseases and noncommunicable diseases, acute shortage of qualified health workforce, unequal access to health care delivery, malnutrition, low life expectancy, underfunding and under-equipment of health services.

- Ladies and Gentlemen,

Brain drain in the medical sector persists in the majority of countries in the African continent. The shortage of qualified human resources in the health sector is a preoccupying issue. Poor sanitation and hygiene systems are the main factors for the spread of diseases. Health indicators hardly give any cause for optimism. Health systems remain weak, despite the various statements and efforts aimed at improving health care delivery. The development of quality human resources, as well as the construction and equipment of appropriate infrastructure fail to match the ever-growing legitimate needs of the population.

- Ladies and Gentlemen,

Although the African Region has made remarkable progress in the control of malaria, tuberculosis and HIV/AIDS, substantial efforts will still need to be made, owing to the weakness of our health systems.

For instance, the HIV/AIDS pandemic seems to be feminized with attendant risk of transmission of the disease from mother to child, against a backdrop of violence that contributes to weakening the very persons who give life. In addition to these risks, women continue to be the victims of birth-related deaths.

In half of the countries of the African continent over 80% of malaria cases continue to be treated without prior tests.

This generally gloomy picture increasingly requires that Member States of the WHO African Region pool their efforts in order to achieve the same goal. In that regard, the WHO African Region is expected to play a very important role. As we are all aware, interdependence in the health sector is henceforth an undeniable reality. A poorly managed epidemic in one State poses a danger to other States.

The need for all the Member countries of the WHO African Region to come together to make a radical change to ensure that health services meet the population's needs in terms of access to better quality medicines and health services in an effective and sustainable manner remains a requirement for Africa to develop and become an emerging continent.

Greater efforts are required to make health a true engine of economic growth.

As Dr Luis Gomes Sambo, the WHO Regional Director for Africa says, "the challenge for African governments and their partners consists in better coordinating health care delivery and ensuring that health resources are used responsibly for the benefit of Africans".

To that end, Member countries of the WHO African Region must pool their resources and efforts to address at least four major challenges.

The first challenge consists in implementing comprehensive policies that would help promote a conducive environment for health, in particular a healthier environment that would help avoid millions of deaths every year in Africa, including deaths of many children. These tragic figures clearly illustrate the existence of a direct link between health and the environment.

The second challenge relates to health security. In this context, biomedical research institutions should be established at the national, subregional and regional levels with a view to improving sentinel surveillance of some diseases of epidemic potential.

The circulation of falsely-labelled, counterfeit or expired medicines, call for the strengthening of cross-border actions and the establishment of quality control laboratories to support the importation and local production of generic medicines.

The third challenge concerns health systems strengthening within States in order to resolve the human resource shortage in hospitals in Member countries of the WHO African Region and expand universal health coverage throughout the Region.

Universal health coverage in this sense would strengthen health systems and guarantee universal access to comprehensive and quality health care.

The fourth challenge is that of ensuring access to quality medicines at least cost. It has been firmly established that access to medicines is one of the areas where assistance alone is no longer sufficient.

This challenge would pose many problems if the achievements made through the support of WHO and other partners were undermined under the disputable pretext that the GDP of some countries has increased or support to WHO country offices is reduced.

- Cabinet Minister representing the President,
- Ladies and gentlemen,

The WHO, whose mission is the attainment by all peoples of the highest possible level of health, cannot achieve this lofty objective without actual awareness on the part of the States that benefit from WHO's work.

That is why our deliberations, which I hope will be frank, sincere and constructive, will take place in a fraternal manner and enable us to provide response to the health needs of African peoples through more efficient and bold policies.

In less than 900 days, we will be assessing our performances and failures in the process leading to the attainment of health MDGs, some of which are intertwined and dependent upon other non-health goals such as access to water, energy, sanitation, etc.

However, in addition, our reflections should be geared towards development post-2015 that should not overshadow the goals pursued until 2015. We need to consider the priority actions to be carried out in order to ensure universal access to quality health care and improve the life expectancy of our populations, both of which are requirements for sustainable development.

As I welcome you to Brazzaville, I am inclined to believe that this session will serve to deepen reflection on the health situation in our continent.

I wish you every success in your deliberations and thank you very much for your kind attention.

ANNEX 6

STATEMENT BY DR JOSÉ VIEIRA DIAS VAN-DÚNEM, CHAIRMAN OF THE SIXTY-SECOND SESSION OF THE WHO REGIONAL COMMITTEE AND MINISTER OF HEALTH OF THE REPUBLIC OF ANGOLA, AT THE OPENING OF THE SIXTY-THIRD SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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

It is a great honour and an immense pleasure for me to welcome the guests, honourable ministers, heads of delegation and the delegates to the Sixty-third session of the WHO Regional Committee for Africa.

The annual meeting of our Regional Committee gives us an opportunity not only to strengthen the positioning of health at the centre of the development agenda of the African Region but also to continue to discuss the increasingly complex challenges, for the well-being of our populations.

This is why Member States have once again gathered in this beautiful city of Brazzaville where the Regional Office of WHO, our Organization, is located.

Through the report of the Regional Director and through your interventions, we will, no doubt, know the progress that has been made in implementing the resolutions we approved at the Sixty-second session in Luanda and, even at previous sessions.

I am convinced that the issues and resolutions we are about to discuss at this session will be of great relevance to our Region especially as regards disease prevention, disease control and health systems strengthening.

Acknowledging the essential role that health plays in human development and WHO's huge responsibility in global health leadership, I would like to invite all Member States of the Region to continue to support the WHO-led process of reform and pursue efforts to achieve the Millennium Development Goals and gradually universal access to preventive and curative health services.

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

I have now reached the end of my tenure as Chairman of the Regional Committee for Africa and would like, firstly, to thank WHO and Member States of the Region for the opportunity given to me to chair the Regional Committee over this period.

I hope I have met your expectations in carrying out the mandate given to me. I hope also that I have contributed to strengthening dialogue and friendship among WHO Member States of the Region for the benefit of the health of our people in line with resolutions of the World Health Assembly pertaining to the African Region.

I would like to affirm without hesitation that the Regional Committee has been, for me, a very rich and gratifying experience particularly the deliberations of the last Regional Committee and the Sixty-sixth World Health Assembly.

The process of preparation, brainstorming and consultation involved in holding the Sixty-second session of the Regional Committee last year in Luanda, coupled with the preparation of Africa's contributions and position on topics and resolutions that were discussed and approved at the Sixty-sixth World Health Assembly, called for a participatory approach that has, in my view, enhanced the ownership and dynamism of Member States in resolving the health problems of our Region.

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

Various regional, interregional and global meetings organized over the past ten months have contributed to accelerating progress in health development and strengthening unity of purpose of countries of our Region and other countries of the world.

Permit me to mention in particular four events in which I had the pleasure and honour of participating and that we will surely have the opportunity to address thoroughly during this current session, namely:

- (a) the consultation meeting in Gaborone, Botswana, which discussed the Millennium Development Goals post-2015 including universal access to health care in an equitable and integrated manner;
- (b) the April 2013 Global Vaccine Summit in Abu Dhabi during which we, once again, learned of the potential health gains for the African Region of expanding access to a package of more than 10 available vaccines, through optimizing the Global Vaccine Action Plan;
- (c) the recent Abuja+12 meeting organized by the African Union during which we had the opportunity not only to assess the progress made since the first summit on HIV/AIDS, malaria and tuberculosis, but also to renew our commitment to programmes through national ownership, and to strengthen the mechanisms of accountability, and technical and financial sustainability that are likely to help us achieve the Millennium Development Goals;
- (d) the recent Sino-African Forum on health development that has become a new forum for dialogue and cooperation with China and a highly important mechanism for our Region's health development and for strengthening South-South cooperation; almost all African countries participated in that Forum.

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

At present, there are concerns about disaster risk management, the decision to establish the African Public Health Emergency Fund and the Roadmap for Strengthening Human Resources for Health.

In this regard, I would like to echo the following words of the WHO Director-General, Dr Margaret Chan: "We need to keep doing the right thing, on the right track. The world's people depend on this Organization for so much."

May I end my statement by expressing my gratitude to the WHO Regional Director, Dr Luis Gomes Sambo, and his team for the excellent support provided to me during my stewardship as Chairman of the Regional Committee.

I would like to use this opportunity to wish every success to our deliberations and to the work of the incoming Chairman of the Regional Committee.

I thank you very much.

ANNEX 7

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

- Your Excellency Mr Florent Ntsiba, Cabinet Minister for Labour and Social Security, representing His Excellency the President of the Republic of Congo,
- Distinguished Members of Government and Dignitaries of the Republic of Congo,
- Mr Mayor of Brazzaville,
- Your Excellency, Minister of Health of Angola, Chairman of the Sixty-second session of the WHO Regional Committee for Africa,
- Honourable Ministers and Heads of Delegation,
- Director-General of WHO, Dr Margaret Chan,
- Deputy Director-General of WHO,
- Distinguished Ambassadors, Heads of Diplomatic and Consular Mission,
- Heads of United Nations Agencies,
- Distinguished Delegates,
- Distinguished Guests,
- Dear Colleagues,
- Ladies and Gentlemen,

It is an honour and a pleasant duty for me to address this august assembly this morning at the opening ceremony of the Sixty-third session of the Regional Committee.

I would like to take this opportunity to especially express my profound gratitude to His Excellency Mr Denis Sassou N'Guesso, President of the Republic of Congo, the Government and the people of Congo for their great concern for the WHO Regional Office and its staff. The diverse forms of support provided to us by the Government of the Republic of Congo enables us to work in serenity and thus contribute to improving health in Africa; I am convinced that the WHO Regional Office will continue to benefit from the kind support of the Congolese authorities.

I would like here and now to express my gratitude to Dr Margaret Chan, WHO Director-General, for her advocacy in favour of Africa, her support and her informed advice. Dr Chan, I would like to assure you of the African Region's commitment to implementing the WHO reform, under your enlightened leadership.

I hail your presence, Honourable Ministers of Health, and would like to tell you how much I appreciate the excellent ties of cooperation that you maintain with the WHO Regional Office and country offices. Allow me to extend a special word of welcome to the Republic of South Sudan that has joined the WHO African Region and is participating as member of the Regional Committee for the first time ever. I wish the delegation of South Sudan a warm welcome to the WHO African Region.

Ladies and Gentlemen, I would like to thank you in your various capacities for honouring our invitation and for your constant support for our common cause which consists in supporting the African populations to attain the best health status possible.

- Honourable Cabinet Minister representing the Congolese Head of State,
- Excellencies,
- Ladies and Gentlemen,

Since independence, our Region has scored significant successes in the fight against major endemic diseases that were in the past the main causes of morbidity, disability and mortality. Smallpox is now eradicated. Sleeping sickness has been reduced to some isolated pockets. Onchocerciasis is currently under control. Leprosy has been eliminated. The number of reported cases of poliomyelitis has dropped sharply. We are on the verge of eradicating guinea-worm disease. This progress is the fruit of health service reorientation in Africa by prioritizing basic health care.

I would also like to point out that over the past two years progress has been made in the Region: the strengthening of health systems is a prerequisite for quality health care delivery and the achievement of universal health coverage. To address the human resources crisis, WHO worked with experts from countries of the Region to prepare the Regional Roadmap which should guide the countries in increasing the health workforce. In a bid to step up investments and optimize the use of financial resources in the health sector, in 2012, WHO, together with Harmonization for Health in Africa (HHA) agencies, organized the Conference of African Ministers of Health and Finance hosted by the African Development Bank (ADB). The conference issued the Tunis Declaration that advocates the intensification of dialogue and collaboration between the health sector and the finance sector. To promote the strengthening of national health information systems, the Regional Office established the African Health Observatory and developed a framework to guide the establishment of National Health Observatories.

Concerning maternal, newborn, child and reproductive health programmes, I am pleased to mention that, under the leadership of Her Excellency Ellen Johnson Sirleaf, President of the Republic of Liberia, the Commission on Women's Health in the African Region presented its report entitled *Addressing the Challenge of Women's Health in Africa*. The report calls on governments to intensify their actions aimed at accelerating the reduction of maternal and neonatal mortality. The Sixty-sixth World Health Assembly adopted, in turn, a resolution on "Recommendations of the United Nations Commission on Commodities of Vital Importance for Women and Children". To date, 11 countries of the Region have received support from WHO to prepare projects relating thereto. Regarding MDG4, 13 countries are on track to achieve it and 24 are making progress. As concerns MDG5, two countries are on track to attain it and 17 have reduced their mortality ratio by more than 50%.

As regards communicable disease control, the countries of the Region are continuing to intensify their efforts to reduce the burden of morbidity and mortality associated with HIV/AIDS, malaria and tuberculosis. A milestone in this area was the preparation of the new "WHO Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection". The implementation of these new guidelines, which recommend an increase

in the number of people eligible for treatment, will have a very significant impact on national health services. Another milestone was the publication in 2012 by WHO of the document entitled “*Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation*” that was used to prepare the proposed Regional Strategic Plan submitted to this session of the Regional Committee. In addition, following the adoption by the World Health Assembly of the Global Vaccine Action Plan, we have included in the agenda of this Regional Committee meeting a topic on “Immunization in the African Region”. This should help us to obtain guidance from Member States for the preparation of the Regional Immunization Strategy 2014–2020.

Concerning noncommunicable diseases, I am pleased to underscore, firstly, that the Brazzaville Declaration was endorsed by all ministers of health during the Sixty-second session of the Regional Committee in Luanda. Secondly, an important intersectoral and multidisciplinary consultation on risk factors was organized in 2012 in Johannesburg, South Africa. Participants expressed concern about the increase in risks associated with noncommunicable diseases, notably harmful use of alcohol, tobacco use, lack of physical activity and unhealthy dietary habits. The consultation recommended that each country should hold a multisectoral dialogue to help identify policy elements and develop regulatory frameworks for enhancing public health promotion.

Regarding epidemic and public health emergency preparedness and response, the countries of the Region were supported to intensify integrated disease surveillance and public health risk management. I take pleasure in announcing that the African Public Health Emergency Fund is now operational; to date, five countries of the Region have already contributed US\$ 1.7 million.

- Honourable Cabinet Minister,
- Excellencies,
- Ladies and Gentlemen,

At this moment when the Regional Committee is being held, public health in Africa is facing challenges and opportunities. The challenges include: slow progress towards achieving the Millennium Development Goals; the double burden of communicable and noncommunicable diseases; recurrent epidemics and other public health emergencies; poor health infrastructure. I would like here to emphasize the circulation and consumption of counterfeit drugs; resistance to antibiotics; human resources for health crisis; and under-financing of the health sector.

There are many opportunities though. Allow me to mention a few of them: the new agreement between the African Union and WHO signed in 2012 will give top priority to disease control, maternal and child health, and access to quality drugs; the nearly 5% average economic growth rate in Africa should foster investments in the health sector; the ongoing WHO reform focused on three thrusts, namely programmes and priorities, governance and management. The reform, which is a strategic response to a rapidly changing global environment, will enable WHO to be more efficient in order to better respond to country demands. The adopted programmes and priorities set out in the Twelfth WHO General Programme of Work are in line with the health priorities of the

African Region. I therefore encourage ministers of health to become actively involved in its implementation; I also urge the commitment of most countries of the Region to the sectoral reform process in order to achieve universal health coverage.

In light of the current challenges and opportunities, I would like to propose a few lines of action for the future, notably: scaling up efforts to achieve the health-rated MDGs; intensification of actions aimed at reducing the magnitude of noncommunicable diseases and neglected tropical diseases; active participation of countries in discussions on the setting of priorities of the post-2015 health agenda; updating of strategies for cooperation between WHO and countries (CCS) based on national health policies and priorities set out in the Twelfth WHO General Programme of Work; greater involvement of countries in the implementation of the International Health Regulations; and implementation of strategies and interventions for eventual universal health coverage.

- Honourable Cabinet Minister,
- Excellencies,
- Ladies and Gentlemen,

The agenda of the Sixty-third session of the Regional Committee will address important issues including, I would like to underscore: the challenges of women's health; the role of traditional medicine; regulation of medical products; utilizing ehealth solutions; immunization status; HIV/AIDS prevention and treatment; and managerial issues.

I would like to address Mr François Ibovi, Minister of Health and Population of the Republic of Congo, and his task force to extend to them, on behalf of WHO, my profound gratitude for the excellent support given to us for the organization of this session of the Regional Committee.

- Honourable Ministers,

I have visited most countries of the Region. I know how much you believe in what you are doing for the health of the people. I encourage you to further mobilize the other sectors to promote health determinants for the implementation of national health policies, in line with the new public health vision. I will continue to emphasize the fact that good living conditions for the population and the adoption of health-promoting behaviours are essential for achieving the much desired highest possible level of health. As leaders of the health sector, I urge you, Honourable Ministers, to pursue efforts to decentralize and strengthen the capacity of health services in collaboration with local administrative and political authorities. This should help to fill the gaps still existing between health services and communities. It is by so doing that we can scale up efficient and proven health interventions.

I am convinced beforehand that the decisions and resolutions that will stem from our proceedings will meet our expectations.

I wish our proceedings all the success.

Thank you for your kind attention!

ANNEX 8

SPEECH BY DR MARGARET CHAN, WHO DIRECTOR-GENERAL, AT THE OPENING OF THE SIXTY-THIRD SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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

In May 2000, the Economist news magazine ran a cover story about Africa. The title was blunt: "Hopeless Africa".

This was a story about refugees, warlords, famines, floods, and failed governments, about AIDS, malaria, and intractable poverty.

The discussions during that year's Regional Committee did little to change this hopeless outlook.

AIDS was rampant. Many governments had declared the disease a national disaster.

Antiretroviral medicines were prices beyond the reach of every country in the Region.

The malaria situation was devastating, and getting worse. Maternal mortality averaged 940 deaths per 100 000 live births, compared with fewer than 30 deaths in wealthy countries.

The catalogue of underlying woes was long: failed economies, collapsing social institutions, non-functioning public utilities, broken health systems, civil strife, war, and never-ending poverty.

Fortunately, neither of these hopeless views holds true anymore.

This past March, the Economist featured another special report on Africa. The title and subtitle were dramatically different: "Africa rising: the hopeful continent."

This was a story about peace and democracy taking root, about steady economic growth, booming markets, and a burgeoning, well-educated middle class.

As the report noted, things were still exceedingly bleak in much of the Region, but several countries were getting economic development right, and foreign investments and cross-border commerce were soaring.

Huge leaps ahead in human development were reported including steep declines in HIV infections, malaria, and child mortality, and the fastest growing rates of primary school completion anywhere in the world.

The report had an upbeat conclusion. For the first time in a very long time, most Africans can hope to see a better future for their children.

This is a remarkable turnaround in the assessment of Africa's prospects, over a remarkably short time.

The assessment is widely shared. The latest reports from the World Bank, the OECD, and the African Development Bank are equally optimistic, also for longer-term prospects.

The fact that robust economic growth coincides with strong moves towards democracy augurs well for the future.

Citizens, activist groups, and the media expect more from politicians, and hold governments accountable for their performance.

Africa is changing. Africa is rising. Africa is at a unique juncture in its history.

Some critical political choices need to be made.

Rapid economic growth carries a classic risk. Unless the right policies are in place, the rich get richer while the misery and sickness of the poor endure.

The world does not need any more rich countries full of poor people.

The latest report of the Africa Progress Panel, chaired by Kofi Annan, puts the focus where it needs to be. What does this growing wealth mean for the people of Africa?

Will it lift millions out of poverty and ill health through equitable public spending?

Or will it make the gaps between the rich and the poor even wider?

As the banks and the economists warn, policies must be in place to reduce poverty, create jobs, and ensure fair access to social services, including health.

As they also note, equitable access to health care is one of the best ways to ensure that the benefits of economic growth are evenly distributed.

Well-managed health systems, with fair access to services, promote social cohesion and stability. As Kofi Annan has stated, the whole world benefits from an Africa that is prosperous, stable, and fair.

This brings me to the three main messages I want to convey.

First, persuade your governments to introduce public spending that make equity an explicit objective. Fair distribution of benefits never happens all by itself.

Economic assumptions that wealth will somehow automatically trickle down from the privileged few to benefit the masses have been soundly refuted.

Africa's decade of remarkable economic growth has not been matched by equally remarkable gains in health.

Growth in GDP is not the real measure of progress.

What matters most is the rate at which new wealth is converted into less poverty, more opportunities, and better health.

Africa has a good foundation to build on. Health has long been regarded as a nation-building strategy.

As the African Development Bank tells us, health and the provision of quality health services for all are vital to the growth and prosperity of Africa.

Health promotes wealth, and wealth promotes health, but only if it is evenly distributed.

Second, make sure that solutions to health problems are made-in-Africa. You have earned the right to do so.

Even as Africa's prospects brighten, even as more countries reach middle-income status, others will continue to need external financial support for their health programmes for some years to come.

Countries absorb development assistance through a large-scale mobilization of their own, usually very limited health resources.

They deserve the first say when decisions are made about health priorities and strategies.

Recent studies show that countries have moved faster and further to improve aid effectiveness than have their development partners.

This discrepancy has put the focus on behaviours that need to change. For example, funding is still not being channelled in ways that strengthen, rather than overburden, existing country capacities.

African health officials have been especially articulate about the causes of ineffective aid and the problems it creates.

Fragmented aid means a proliferation of reporting requirements and indicators. It means the procurement of an array of medicines and equipment types. It means missed opportunities for economies of scale.

My third piece of advice is this. Move your health systems towards universal coverage, with its dual focus on quality care and social protection for all. Universal coverage makes equity an explicit policy objective.

Investment in social protection is one of the most powerful ways for African governments to extend the benefits of resource wealth to their citizens.

Well-designed social safety nets can build resilience among vulnerable populations, support growth, and reduce social inequalities.

They are also a safety net that protects against trends that make the rich richer and keep the rest trapped in poverty.

- Ladies and gentlemen,

No one can deny that conditions are exceedingly bleak for many millions of Africans.

In the poorest parts of Africa, WHO estimates that around half the population lacks access to essential medicines.

Nearly all reports before this Committee point to the same barriers to better health: inadequate financial and human resources, weak institutional and regulatory capacity, overburdened health systems, and too little political commitment.

Few health systems are prepared to cope with an onslaught of chronic noncommunicable diseases or with the Region's growing population of the elderly.

Too little has been done to stop the feminization of poverty.

Yet Africa now has countries that have addressed these and other barriers and made progress despite the odds.

This is one reason why I am personally optimistic about the future of health in Africa.

Progress is being made. Old problems are being solved. And new opportunities are opening.

Seize these opportunities.

Thank you.

ANNEX 9

STATEMENT BY MR FLORENT NTSIBA, CABINET MINISTER FOR LABOUR AND SOCIAL SECURITY, REPRESENTING THE PRESIDENT OF THE REPUBLIC OF THE CONGO, HEAD OF STATE AT THE OPENING CEREMONY OF THE WHO REGIONAL COMMITTEE FOR AFRICA

- Honourable Minister of Health and Population,
- Members of Government,
- Ministers of Health of Member States,
- The Director-General of WHO,
- Excellencies, Heads of Diplomatic Missions and Representatives of International Organizations,
- The WHO Regional Director for Africa,
- The Senior Divisional Officer (*Préfet*) of Brazzaville,
- The Mayor of Brazzaville,
- Distinguished Delegates from Member States,
- Distinguished Guests,
- Ladies and Gentlemen,

The Sixty-third session of the WHO Regional Committee for Africa is opening today, here at the WHO Regional Office, situated close to the magnificent banks of River Congo.

True to its tradition of warm reception and hospitality, its pan-Africanist leaning and its commitment to regional integration, Congo is proud to host your meeting.

The Republic of Congo is so honoured to host the current meeting as it has brought together brothers and sisters from Africa, some of whom are visiting Brazzaville, the capital city of our country, for the first time ever.

Other participants who are accustomed to Brazzaville, the “green city”, are simply re-uniting with well-known and very familiar places.

We are particularly delighted that Dr Margaret Chan, Director-General of the World Health Organization, is here with us today, and her presence remarkably increases the symbolic significance of the opening ceremony.

On behalf of the President of the Republic of Congo, His Excellency Mr Denis Sassou N'Guesso, we warmly welcome all of you, who have come from far or near, and wish you a pleasant stay in Brazzaville.

The highly symbolic significance of the opening of this session, coupled with the consolidation of peace and stability in our country, will indeed provide all participants the tranquillity needed for discussing the very crucial health concerns of the African Region.

Like most international organizations grappling with the persistent global economic crisis, the World Health Organization presents an outlook that requires sustained attention and active mobilization of all Member States.

The financial and economic difficulties facing donor countries are impacting and drastically reducing the operational capacities of WHO. They are challenging the international community to show greater solidarity in order to overcome the present storms and to plan, in unity, mindful of the issues at stake, for better prospects and more reassuring future in disease control.

As our backs are pinned against the wall, we need to take the most credible initiatives, and constantly look for solutions that will give us lasting protection against the present storms.

“MELIOR CANIS VIVUS LEONE MORTO”

(A living dog is worth more than a dead lion)

I am happy to sincerely congratulate Dr Luis Gomes Sambo, WHO Regional Director for Africa for his untiring efforts in this regard, and to urge him to pursue the laudable restructuring already initiated at the Regional Office.

The various adjustment measures being implemented are part of our shared will to maintain an operational level that is viable for the health systems of our States.

“We should not relent in our efforts just for fear of the monster of crisis”

By quoting this phrase of SENEQUE, I am suggesting that we adopt a responsible approach in our respective commitments to the health sector that is so strategic.

In its unrelenting quest for appropriate proposals and solutions, Congo is making a sustained contribution to the setting up of the UNITAID funds.

The UNITAID funds, obtained from taxes levied on air tickets, enable WHO to provide support for the control of some diseases like HIV/AIDS, tuberculosis or malaria.

For its part, Congo hereby reaffirms its firm will to honour all its commitments, including particularly its contribution to the special funds created at the Regional Committee meeting held in Yamoussoukro, Côte d'Ivoire, as well as regular payment of its statutory contributions.

The President of the Republic of Congo, an advocate of regional integration, always concerned about the enjoyment of a good health status by his compatriots and by the populations of Africa, regularly shares with WHO his experience, his attachment and his sensitivity to health concerns that are always top priorities in his vision for Congo and for Africa.

In his vision of society called “Roadmap to the Future”, the President of the Republic of Congo sought to improve health delivery through, among other things, the provision of

adequate health infrastructure in the country, training and motivation of the health workforce, and improvement of universal access to health care and medicines.

In his recent State of the Nation address on 12 August 2013 the President made a report outlining the targets and the magnitude of the giant efforts already made by the Government in the health sector.

In that regard, the construction of modern health infrastructure as well as the improvement of technical facilities of hospitals in Brazzaville and in the interior of the country, reflect the President's will to provide Congo with a health care system that meets the expectations of the user population.

In meeting the present and future targets that give so much hope and hold so much promise, the immense work being done in the health development of our country is in keeping with the process of laying an effective operational foundation for health delivery, as recommended by WHO.

Likewise, the ongoing preparatory work for establishing a universal health insurance system in Congo reflects the President's strong commitment to improving health care delivery and increasing the capacity to meet demand.

Furthermore, actions by partners to complement the efforts of the Government have enhanced national response to the most common health conditions in our country.

The campaigns regularly conducted with the support of Civil Society organizations illustrate the important role played by nongovernmental organizations in disease control.

It is incumbent upon the Government, social partners and the populations to continually improve the foundations of our partnership and adapt our working methods in the light of the constraints and through exemplary collaboration involving consultation and dialogue between the different components of the national structure in charge of health matters.

We are working hard towards the establishment of health for all, whereby no one, neither actor nor user, will be left aside in our country.

The Government is mobilized to provide for the population the benefits of a health system that truly incorporates and perceives health as a basic right of the individual.

- Honourable Ministers of Health of Member States,
- The Director-General of WHO,
- The WHO Regional Director for Africa,
- Distinguished Delegates from Member States,
- Distinguished Guests,
- Ladies and Gentlemen,

In addition to this encouraging outlook for Congo, the fact that our States share the same concerns requires that we further mobilize for effective joint action that can increasingly raise the standards of minimal and basic guarantees for health in Africa.

The global nature of health is a reliable factor that renews, beyond our borders, the desire, the availability and the requirement for States to strive for the establishment of health for all.

In this highly difficult period, the need for cohesion among African countries assumes a much higher importance in finding sustainable solutions to the reduction of funds allocated to health systems in our respective countries.

We should meet the challenge by the year 2015, which is the deadline for achieving the Millennium Development Goals (MDGs).

The peoples of Africa are listening and they expect clear results by the end of your deliberations.

Your meeting is a landmark in the history of our Organization and especially of the Regional Office for Africa.

May the deliberations of the WHO Regional Committee for Africa be enriched and adequately reflect the dynamic differences in our visions in regard to the values, practices and choices in the health sector in Africa.

I am convinced that your meeting will provide for you the opportunity to effectively address the concerns of our health systems.

“Yield not to misfortune; on the contrary, move forward, with greater determination”

With this remark by which SYBILLE de CUMES encourages ENÉE, I am urging you to examine most stringently the various documents submitted to you for consideration, so that the resolutions and recommendations you adopt at the end of your deliberations will really benefit our countries.

Long Live the WHO Regional Committee for Africa! Long live regional integration!

On behalf of the President of the Republic of Congo, Head of State, His Excellency Mr Denis Sassou N’Guesso, I declare open the Sixty-third session of the WHO Regional Committee for Africa.

I thank you for your kind attention.

ANNEX 10

CLOSING REMARKS BY THE WHO REGIONAL DIRECTOR FOR AFRICA, DR LUIS GOMES SAMBO, AT THE SIXTY-THIRD SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

- Excellency Mr Chairman and elected officers of the Sixty-second session of the Regional Committee,
- Honourable Ministers,
- Distinguished Guests,
- Representatives of Bilateral and Multilateral Cooperation Agencies,
- Esteemed Colleagues of WHO,
- Members of the Social Media,

Permit me, on this occasion, to express my great satisfaction for the manner in which the Sixty-third session of the WHO Regional Committee for Africa has unfolded.

We have discussed matters of extreme importance and of great interest to the health of the people of the African Region:

- We have decided on measures for promoting healthy ageing of the population.
- We have endorsed the recommendations of the Commission on Women's health in the African Region for promoting the socioeconomic status of women and for providing better health service response to women's health needs.
- We have defined the orientations for the African Regional Immunization Strategic Plan 2009–2013.
- We have approved the plan for prevention and control of Neglected Tropical Diseases 2014–2020.
- We have held a side event at which the issue of cancer control in Africa was addressed.
- We have made recommendations for implementing the new WHO guidelines on the use of antiretroviral drugs for treating and preventing HIV infections.

Regarding health systems strengthening, we have had an enriching panel discussion on the theoretical and practical aspects of **universal health coverage**, considered as a process that should lead us to meet the health needs of individuals, families and communities.

The sharing of experiences among countries showed that each country has its specificity and that the viability of health policies depends on the political, economic, financial and sociocultural context.

- Excellencies,
- Honourable ministers,
- Distinguished delegates,
- Dear colleagues,

The agenda of this session features other equally important items that I will not be able to enumerate here for lack of time.

May I recall, however, that in line with the new arrangements made as part of the reform of the WHO governing bodies, the Chairman of the Sixty-third Regional Committee will be reporting on the outcomes of this session to the WHO Executive Board.

I am hopeful that the innovative ideas and resolutions that have come out of this Regional Committee meeting will not sink into oblivion after the closing of this meeting.

I am therefore inviting you to disseminate these important outcomes of our meeting among partners of the health sector; and to share the recommendations with health professionals at all levels of your services so that we can make a practical impact in terms of positive change to help dissipate, once and for all, the ideas of Afropessimism about the health sector.

Before I end my remarks, I would like to reiterate my sincere gratitude to all the ministers and heads of delegation of Member States and all the observers for their active participation and for the quality of the deliberations of this Regional Committee.

May I also congratulate His Excellency Mr Francois Ibovi, Minister of Health of the Republic of Congo, elected Chairman of this Regional Committee, for the elegant and diligent manner in which he has chaired this session. On behalf of the World Health Organization, I reiterate my thankfulness to him for the frank and friendly cooperation that he has maintained with the World Health Organization.

Honourable Minister of Health of the Congo, may I request that you act as our mouthpiece and convey to His Excellency President Denis Sassou Nguesso our appreciation of the immense contribution of the Congolese State to the success of our deliberations.

I should also say a word of gratitude to the experts from African countries and international health research institutions for their participation and their scientific contribution. That has enabled us to increase the quality of the deliberations and the relevance of our recommendations. I also thank the translators, interpreters and members of the social media for their invaluable contributions in diverse ways.

I wish to express here my satisfaction to my esteemed colleagues of the World Health Organization, especially the WHO Director-General, Directors of the Regional Office clusters, Coordinators of Intercountry Support Teams, WHO country representatives, Regional Advisors and the support staff for the quality of their work, their performance and the discipline they have demonstrated during the preparation and conduct of the deliberations.

I would like to wish you all safe journey back to your respective countries of origin, hoping that we shall meet again in Cotonou, Republic of Benin, for the next Regional Committee in 2014.

I thank you for your attention.

ANNEX 11

LIST OF DOCUMENTS

AFR/RC63/1	Adoption of the agenda
AFR/RC63/2	The Work of WHO in the African Region: report of the Regional Director 2012-2013
AFR/RC63/3	Statement of the Chairman of the Programme Subcommittee to the Sixty-third session of the Regional Committee
AFR/RC63/4	Healthy ageing in the African Region: situation analysis and way forward
AFR/RC63/5	Proposed Changes to the Rules of Procedure of the Regional Committee and new Terms of Reference of the Programme Subcommittee
AFR/RC63/6	Enhancing the role of traditional medicine in health systems: a strategy for the African Region
AFR/RC63/7	Strengthening the capacity for regulation of medical products in the African Region
AFR/RC63/8	Addressing the challenge of women's health in Africa: report of the Commission on Women's Health in the African Region
AFR/RC63/9	Utilizing eHealth solutions to improve national health systems in the African Region
AFR/RC63/10	Regional strategy and Strategic plan for Neglected Tropical Diseases in the African Region 2014–2020
AFR/RC63/11	WHO Programme Budget 2014-2015: orientations for implementation in the African Region and information on the financing dialogue
AFR/RC63/12	The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections; recommendations for a public health approach – Implications for the African Region
AFR/RC63/13	WHO reform: process for developing the proposed Programme Budget 2016-2017
AFR/RC63/14	Immunization in the African Region: progress report on the African Regional Immunization Strategic Plan 2009–2013, Global Vaccine Action Plan and polio endgame
AFR/RC63/15	Draft agenda, dates and place of the Sixty-fourth session of the Regional Committee; and dates and place of the Sixty-fifth session of the Regional Committee

AFR/RC63/16	Final report of the Sixty-third session of the WHO Regional Committee for Africa
AFR/RC63/PD	Panel Discussion: Towards universal health coverage in the African Region
AFR/RC63/INF.DOC/1	Report on WHO staff in the African Region
AFR/RC63/INF.DOC/2	Regional matters arising from reports of the WHO internal and external audits
AFR/RC63/INF.DOC/3	The African Public Health Emergency Fund (APHEF) – Progress Report of the Regional Director
AFR/RC63/INF.DOC/4	Implementation of the WHO Framework Convention on Tobacco Control in the African Region
AFR/RC63/INF.DOC/5	Health in the post-2015 UN development agenda
AFR/RC63/CONF.DOC/1	Address by Minister of Health and Population of the Republic of the Congo, Mr François Ibovi, at the opening of the Sixty-third session of the WHO Regional Committee for Africa
AFR/RC63/CONF.DOC/2	Statement by Dr José Vieira Dias Van-Dúnem, Chairman of the Sixty-second session of the WHO Regional Committee and Minister of Health of the Republic of Angola, at the opening of the Sixty-third session of the WHO Regional Committee for Africa
AFR/RC63/CONF.DOC/3	Address by Dr Luis Gomes Sambo, WHO Regional Director for Africa, at the opening ceremony of the Sixty-third session of the Regional Committee for Africa
AFR/RC63/CONF.DOC/4	Speech by Dr Margaret Chan, WHO Director-General, at the opening ceremony of the Sixty-third session of the Regional Committee for Africa
AFR/RC63/CONF.DOC/5	Statement by Mr Florent Ntsiba, Cabinet Minister for Labour and Social Security, representing the President of the Republic of the Congo, Head of State, at the opening ceremony of the WHO Regional Committee for Africa
AFR/RC63/CONF.DOC/6	Closing remarks by the WHO Regional Director for Africa, Dr Luis Gomes Sambo, at the Sixty-third session of the Regional Committee for Africa
AFR/RC63/INF/01	Information Bulletin on Republic of Congo