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WAYS AND MEANS OF IMPLEMENTING
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE
WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Report of the Regional Director

1. The fifty-fifth World Health Assembly and the 109th Executive Board adopted resolutions on certain issues of regional interest as set out below:

- (a) Strengthening mental health (EB109.R8)
- (b) Quality of care: patient safety (WHA55.18)
- (c) Relations with nongovernmental organizations (EB109.R22)
- (d) Health and sustainable development (WHA55.11)
- (e) Contribution of WHO to the follow-up of the United Nations General Assembly Special Session on HIV/AIDS (WHA55.12)
- (f) Ensuring accessibility of essential medicines (WHA55.14)
- (g) Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health (WHA55.16)
- (h) WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration (WHA55.19)
- (i) Diet, physical activity and health (WHA55.23)
- (j) Infant and young child nutrition (WHA55.25)

2. The ways and means of implementing these resolutions of regional interest have been set out for consideration by the Regional Committee. The report contains only relevant operative paragraphs that appear in the resolutions. Each resolution is followed by measures already taken or planned to be taken.

3. The Committee is invited to examine and comment on the proposed strategies for implementing resolutions of interest to the African Region and provide guidance for the implementation of the regional programmes of WHO technical cooperation.

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INTRODUCTION

1. The World Health Assembly at its fifty-fifth session and the Executive Board at its 109th session adopted a number of resolutions of regional interest. The ways and means of implementing those resolutions of interest to the African Region are contained in document AFR/RC52/4 which the Regional Director hereby submits to the fifty-second session of the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of resolution AFR/RC30/R12.
2. Document AFR/RC52/4 is presented in a format designed to facilitate discussion. It contains only the relevant paragraphs of the operative part of the resolutions adopted at the fifty-fifth session of the World Health Assembly and the one-hundred-and-ninth session of the Executive Board. Each resolution is followed by measures already taken or planned to be taken.
3. In conformity with resolution WHA33.17, the Regional Committee is invited to examine in detail the proposals of the Regional Director as contained in this document and provide clear guidelines for optimal use of resources, taking into account the related managerial implications. The resolutions of regional interest and the ways and means of implementing them are presented below.

EB109.R8: STRENGTHENING MENTAL HEALTH

The 109th Executive Board,

Operative paragraph 3

4. *Urges the Director-General to take appropriate action to enhance collaboration with Member States in order to implement the recommendations of the World Health Report 2001, including:*

Operative paragraph 3.1

5. *Support for analysis of the mental health situation based on research and assessment of needs, in order to contribute to greater understanding of mental health issues among policy makers and other partners and facilitate effective development of policies and programmes to strengthen and protect mental health.*
6. Workshop on the "Guide on Drug Use Epidemiology", developed by WHO, was organized for twelve English-Speaking countries with plans to provide training for more countries. Other countries will be provided technical and financial support to undertake situation analyses on mental health as a step in the process of policy formulation.

Operative paragraph 3.2

7. *Strengthening and diversification of the process of coalition building with civil society and key actors in order to enhance global awareness-raising and advocacy campaigns on mental health.*
8. Strengthening of partnerships for mental health is being accelerated through increased interaction and collaboration with various agencies such as the International League Against Epilepsy and the International Bureau for Epilepsy, and plans are underway to embark upon collaboration with NGOs. Partnerships with national institutions, for example the University of Zimbabwe, has started and will be intensified during the rest of this biennium and beyond.

Operative paragraph 3.3

9. *Support for implementation of programmes to repair the psychological damage of war, conflict and natural disasters.*
10. The Regional Office is strengthening its capacity and reinforcing the pool of regional mental health experts in the region so as to provide countries with appropriate guidelines and support for developing plans and programmes. Selected countries in emergency situations (Angola, Burundi, DRC, Liberia, Sierra Leone and Tanzania) will receive technical and financial support for the development of community-based psychosocial interventions.

WHA55.18: QUALITY OF CARE: PATIENT SAFETY

The Fifty-fifth World Health Assembly,

Operative paragraph 2.1

11. *REQUESTS the Director-General in the context of a quality programme: to develop global norms, standards and guidelines for quality of care and patient safety, the definition, measurement and reporting of adverse events and near misses in health care by reviewing experiences from existing programmes and seeking inputs from Member States, to provide support in developing reporting systems, taking preventive action, and implementing measures to reduce risks.*
12. In collaboration with WHO headquarters, a situation analysis was conducted in some countries of the Region followed by a needs assessment from which plans of action were drawn up in order to raise community awareness of the risk of iatrogenic infections; promote good practices and make injections safer; discourage any injection whenever pills or tablets can be prescribed and; make disposable syringes and needles available according to needs.
13. Cold chain equipment for vaccine storage and distribution in the field have been standardized. In addition, standards for performance and procedures in health facility work have been designed and implemented by a few countries with support provided by the Regional Office.
14. A Regional Strategy for blood safety was adopted during the 51st session of the Regional Committee in August 2001, and two training centres on quality management in blood transfusion services have been established in the Region.

Operative Paragraph 2.2

15. *REQUESTS the Director-General in the context of a quality programme: to promote framing of evidence-based policies, including global standards that will improve patient care, with particular emphasis on product safety, safe clinical practice in compliance with appropriate guidelines and safe use of medicinal products and medical devices taking into consideration the views of policy-makers, administrators, health care providers and consumers.*
16. The WHO Regional Committee for Africa has passed several resolutions related to Patient Safety but in a generic approach aimed at improving health care quality in general. Besides, a guide to the formulation of a national health care equipment policy has been developed and is being finalized.

Operative Paragraph 2.3

17. *REQUESTS the Director-General in the context of a quality programme: to support the efforts of Member States to promote a culture of safety within health care organizations and to develop mechanisms, for example through accreditation or other means, in accordance with national conditions and requirements, to recognize the characteristics of health care providers that offer a benchmark for excellence in patient safety internationally.*

18. There have been three outstanding achievements in this area, namely: Institutionalization of 21 May as World Day for sensitization of communities to the hazards and threats to life related to illegal sale of drugs; ongoing capacity building by the Regional Office on the licensing, quality control and monitoring of drugs within countries; and establishment, in collaboration with WHO headquarters, of a Centre of Excellence in radiology in Nairobi for African technicians to train and learn to work in safe environment protected from radiations.

EB109.R22: RELATIONS WITH NONGOVERNMENTAL ORGANIZATIONS

The 109th Executive Board,

Operative paragraph 1

19. *DECIDES to confirm the admission into official relations with WHO of the International Nongovernmental Coalition Against Tobacco and Infact.*

20. Technical Units and Divisions concerned have been informed of this decision and have been provided with the names of the focal points. Furthermore, appropriate measures are being taken to secure the plans of collaboration.

Operative paragraph 2

21. *DECIDES to establish official relations with Family Health International, the International Union of Psychological Science and HelpAge International.*

22. HelpAge International is collaborating with the Regional Office to develop an African Policy on Ageing, and a programme for the elderly and HIV/AIDS in Zimbabwe.

Operative paragraph 3

23. *DECIDES to discontinue official relations with the International Commission on Radiation Units and Measurements, the International Council on Alcohol and Addictions, the International Electrotechnical Commission and the World Association of the Major Metropolises (Metropolis).*

24. The Regional Office takes note of the decision to discontinue official relations with the bodies mentioned.

WHA 55.11: HEALTH AND SUSTAINABLE DEVELOPMENT

The Fifty-fifth World Health Assembly,

Operative Paragraph 2.1

25. *REQUESTS the Director-General to provide support to countries to implement strategies and interventions to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and scale up their efforts in health to the level required:*

26. The Regional Office will ensure implementation of the relevant recommendations and resolutions of the World Summit on Sustainable Development, especially as regards Health and Sustainable Development, Sustainable Development for Africa and Poverty Eradication. It will continue to provide technical and financial support to Member States as they develop the health component of their Poverty Reduction Strategy Papers (PRSP), including indicators for monitoring and evaluation. It will develop a framework of the health content of PRSP with a costing model for countries in the region. Member States will be assisted to develop occupational health policies, with a particular focus on workers of the informal sector. Support will also be provided for the development of national programmes for implementing the recommendations of the report of the Commission of Macroeconomics and Health, in order to facilitate the scaling-up of health investments. In addition, the Regional Office will assist Member States in the region to implement the health component of NEPAD and will strengthen support for community-based poverty reduction through health interventions in the context of the Regional Office's strategy of health for Poverty Reduction.

Operative paragraph 2.2

27. *REQUESTS the Director-General to provide technical support to countries to frame policies and to implement national commitments and action plans that promote consumption patterns at individual and national levels that are sustainable and health promoting.*

28. A regional strategy on food safety and hygiene will be developed to help promote healthy consumption patterns. Furthermore, support will be provided to countries to implement the Regional Strategy on Environment and Health, including healthy environment for children.

Operative paragraph 2.4

29. *REQUESTS the Director-General to provide support to countries further to develop effective disease surveillance and health information systems.*

30. The Regional Office has started developing a Regional database on health and health-related indicators based on national health information systems, and other relevant sources.

Operative paragraph 2.5

31. *REQUESTS the Director-General to provide support to countries to establish and strengthen on the basis of a multisectoral approach, existing programmes of actions, to empower people to protect and promote their health and well-being.*

32. A regional strategy on Health Promotion has been adopted by the Regional Committee and is in process of implementation in the Region. Currently, a regional programme on 'healthy settings', i.e. healthy cities, healthy schools, healthy markets, healthy villages, is underway to promote better health outcomes in countries.

WHA55.12: CONTRIBUTION OF WHO TO THE FOLLOW-UP OF THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON HIV/AIDS

The Fifty-fifth World Health Assembly,

Operative paragraph 2.1

33. *REQUESTS the Director-General to continue to ensure that WHO plays a key role in providing technical leadership, direction and support to the health system's response to HIV, within the United Nations system-wide response, as a cosponsor of UNAIDS.*
34. The Framework for the Implementation of the Regional HIV/AIDS Strategy (adopted at the fiftieth Session of the Regional Committee) provides guidance on the health system's response. The Framework has been widely disseminated by the Regional Office through the organization of two subregional consultations in East/Southern and West/Central Africa. An essential package of health interventions, to be adapted to countries' needs and circumstances, has been defined by the Regional Office and integration of interventions, decentralization of implementation and service delivery with partnership, have been agreed as key strategies for scaling up the action of the health system. WHO has reached agreement with partners such as the World Bank on its technical contribution to the development of their programmes. WHO participates in Interagency Working Groups on key interventions including Prevention of Mother-to-Child Transmission (PMTCT). At country level, WHO representatives participate actively as UN Theme Group Chairs and members. Joint projects are developed and executed as appropriate, including through the UNAIDS Programme Acceleration Funds (PAF) mechanism.

Operative paragraph 2.2

35. *REQUESTS the Director-General to provide support to countries in order to maximize opportunities for the delivery of all relevant interventions for prevention, care, support and treatment of HIV/AIDS.*
36. Support for resource mobilization has been provided in the context of development of countries' proposals for the Global Fund Against AIDS, tuberculosis and malaria. The Regional Office provided consultants and funds for local costs in support of country processes in proposal development. A briefing meeting for WHO staff and potential consultants was organized to enhance the appropriateness of this technical input. Focal points for Global Fund activities have been appointed in the HIV/AIDS, Tuberculosis and Malaria units; and an informal task force is in operation in the Division of Communicable Disease Prevention and Control. The Regional Office staff participate actively in WHO's interaction with the Global Fund Secretariat, providing comments to enhance the appropriateness of the Secretariat's guidelines to countries. Twenty-two technical support missions have been conducted in 16 countries, to help strengthen activities in surveillance; STI treatment, prevention and care; prevention of mother-to-child transmission; voluntary counselling and testing (VCT); and laboratory services for HIV/AIDS.

Operative paragraph 2.3

37. *REQUESTS the Director-General to provide support to countries in order to strengthen the health sector so that it may play a more effective and catalytic role in relation to other relevant sectors with a view to achieving a well-coordinated, multisectoral and sustainable response to the epidemic.*

38. Support for the strengthening of health systems continues to be provided, including the formulation of national health development policies which take account of HIV/AIDS as a priority, and the strengthening of the Essential Drugs programme which will ensure improved access to drugs for HIV/AIDS. The Human Resources programme in the Regional Office is well advanced in plans to support countries to assess the impact of HIV/AIDS on human resources for health, and factor it into human resource development strategies and plans.

Operative paragraph 2.5

39. *REQUESTS the Director-General to continue broad-based consultations with countries and partners on the global health sector strategy, which will comprise tools and approaches for scaling up effective, feasible and sustainable interventions.*

40. Consultations on the Regional Strategy and its Implementation framework which is in line with the draft Global Health Sector strategy, have been carried out at subregional levels. Emphasis has been placed on agreeing with national officials on strategies for scaling up programmes and interventions.

Operative paragraph 2.6

41. *REQUESTS the Director-General to provide support for research on new technologies and approaches to prevent and treat HIV/AIDS, such as vaccines, microbicides, standard and simplified regimens for antiretroviral treatment and monitoring and operational research on service delivery.*

42. The Regional Office has worked with WHO headquarters in supporting the African Vaccine Initiative, including the co-facilitation of its first forum in June 2002. The traditional medicine programme has developed guidelines for undertaking ethnomedical studies on the effectiveness of traditional medicines used for the treatment of HIV/AIDS. These guidelines have been used by researchers in Burkina Faso and Zimbabwe to assess herbal preparations and have shown promising results in terms of improvement in the general clinical condition of the patients and improvement of haematological and viral load indicators.

Operative paragraph 2.7

43. *REQUESTS the Director-General to submit a report on WHO's work on HIV/AIDS, including the global health sector strategy to the Executive Board at its 111th session and Fifty-sixth World Health Assembly.*

44. This report is being incorporated into the Regional Director's report for the 52nd Regional Committee and will form part of the reports to the Executive Board and the World Health Assembly.

WHA55.14: ENSURING ACCESSIBILITY OF ESSENTIAL MEDICINES

The Fifty-fifth World Health Assembly,

Operative paragraph 2.1

45. *REQUESTS the Director-General to strengthen the Expert Committee on the use of Essential Drugs, ensuring its independence from external pressures at all times, the use of science-based criteria for revision and updating, and receipt, when appropriate and as required, of the necessary inputs from all relevant stakeholders.*

46. The revised procedure for updating and disseminating the WHO Model List of Essential Drugs has been adopted and the 12th session of the WHO Expert Committee on the use of Essential Drugs was held in April 2002. It was the first meeting of the Committee since the adoption of the new procedures. The key features of the new procedures are: use of the term "essential medicines" as an alternative to "essential drugs"; a more systematic approach to encouraging and handling applications for medicines to be included in or deleted from the model list; a more transparent process for selecting medicines to be included in the list, including systematic analysis of medicines proposed for use in the care of different conditions; opportunities for interested parties to comment on draft recommendations of the Expert Committee and their application; involvement of different WHO departments in the application and selection process, linking the process to clinical guidelines disseminated by WHO; and development of a new WHO essential medicines library which facilitates access to information about medicines on the Model List.

Operative paragraph 2.2

47. *REQUESTS the Director-General to ensure that the WHO's medicines strategy addresses the important issue of the impact of international trade agreements on access to medicines, and to reflect in the relevant reports to WHO's governing bodies progress in its comprehensive endeavour.*

48. WHO provided Member States with up-to-date policy and technical briefings during regional meetings in Harare, Zimbabwe in August 2001 and in Yaounde, Cameroon in April 2002. These meetings brought together representatives from ministries of health, trade/commerce, and patent office, NGOs, World Trade Organization and World Intellectual Property Organization. These briefings covered: the background to the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement; its relevance to access to medicines; the role of intellectual property rights in stimulating innovation; principles of model legislation; and proposed framework for implementing TRIPS safeguards at national level and the type of support required. Furthermore, direct technical support has been provided to South Africa and Zimbabwe. A progress report was presented to the Fifth-fifth session of the World Health Assembly, under agenda item 13.8, and model indicators for use in studies measuring the impact of globalization and the TRIPS agreement on access to essential medicines have been drafted.

Operative paragraph 2.3

49. *REQUESTS the Director-General to advocate the necessary action worldwide, to promote market-based differential pricing for essential medicines between high, middle and low income countries, and to provide technical support, especially to developing countries to establish drug pricing policies.*

50. A joint WHO/WTO workshop held in Høsbjør, Norway, in April 2002 affirmed that more widespread sustainable differential pricing is feasible provided the right legal, technical and political environments can be secured. Besides, WHO is working with partners to maintain three international price information services namely: (a) the International drug price indicator guide; (b) Sources and prices of selected drugs and diagnostics used in the care of people living with HIV/AIDS; and (c) Pharmaceutical starting materials/essential drugs report. At Regional level, the third edition of the AFRO Essential Drugs Price Indicator is in preparation.

Operative paragraph 2.4

51. *REQUESTS the Director-General to advocate the concept and policies of essential medicines as a tool for implementing rational prescription of medicines.*

52. A course on rational prescribing was organised in Algeria for French-speaking countries of the African Region. A second course took place in September 2002 and discussions are ongoing for similar courses in English.

Operative Paragraph 2.5

53. *REQUESTS the Director-General to continue to work on the methodology for computerised databases on reference prices for essential medicines worldwide.*

54. A manual for collecting data on drug prices and price composition is being prepared by WHO and Health Action International (HAI). It has been field-tested in Armenia, Brazil, Kenya, South Africa and Sri Lanka. Further country studies are planned for 2002.

Operative paragraph 2.6

55. *REQUESTS the Director-General to pursue all diplomatic and political opportunities aimed at overcoming barriers to access to essential medicines, collaborating with Member States in order to make these medicines accessible and affordable to the people who need them.*

56. The first list of pre-qualified suppliers of HIV/AIDS drugs and diagnostic equipment was released by WHO in March 2002. The list, which will be updated periodically, will also cover drugs from other therapeutic groups (malaria, tuberculosis). At regional level, efforts are being intensified by WHO and *Union Economique Monetaire Ouest Africaine (UEMOA)* to support the bulk purchasing initiative spearheaded by the African Association of Central Medical Stores (ACAME).

Operative paragraph 2.7

57. *REQUESTS the Director-General to join with and support nongovernmental organizations in the process of implementing initiatives that are compatible with public health priorities.*

58. WHO and Health Action International (HAI) are preparing a collaboration framework for country support, a scheme to be supported by Department For International Development (DFID). Work with *Médecins Sans Frontières (MSF)* on drug pricing is ongoing.

WHA55.16: GLOBAL PUBLIC HEALTH RESPONSE TO NATURAL OCCURRENCE, ACCIDENTAL RELEASE OR DELIBERATE USE OF BIOLOGICAL AND CHEMICAL AGENTS OR RADIONUCLEAR MATERIAL THAT AFFECT HEALTH.

The Fifty-fifth World Health Assembly,

Operative paragraph 2.1

59. *REQUESTS the Director-General to continue, in consultation with relevant intergovernmental agencies and other international organizations, to strengthen global surveillance of infectious diseases, water quality and food safety, and related activities such as revision of the International Health Regulations and development of WHO's food safety strategy, by coordinating information gathering on potential health risks and disease outbreaks, data verification, analysis and dissemination, by providing support to laboratory networks, and by making a strong contribution to any international humanitarian response, as required.*

60. The implementation of Integrated Disease Surveillance and Response (IDSR) is being scaled up as recommended by the regional Integrated Disease Surveillance and Response (IDSR) Task Force. As at 30 June 2002, thirty-two countries had assessed their national diseases surveillance and epidemic preparedness and response systems. Twenty-three of them had formulated strategic plans for etiological agents of anthrax, monkey pox, plague and viral haemorrhagic fevers such as Ebola, Marburg and Crimean-Congo haemorrhagic fever which naturally occur in some countries of the African region and are responsible for recurrent and deadly outbreaks. In the recent wave of international terrorism, some Member States are having fears of deliberate release of anthrax, underscoring the need for effective preparedness and response systems. Against this background, in October 2001, the Regional Office set up a committee tasked with coordinating information from countries and providing technical advice and support in relation with intentional release of biological agents. Furthermore, the Regional Office has distributed to its country offices WHO Guidance on biological agents, calling their attention to the threat of deliberate release of biological or chemical agents and radionuclear materials, and the need for improving preparedness.

Operative paragraph 2.2

61. *REQUESTS the Director-General to provide tools and support for Member States, particularly developing countries, in strengthening their national health systems, notably with regard to emergency preparedness and response plans, including disease surveillance and toxicology, risk communication, and psychosocial consequences of emergencies.*

62. Technical support was provided to Congo and Gabon, both countries affected by an outbreak of Ebola viral haemorrhagic fever from December 2001 to May 2002. The support has contributed to increased awareness, enhanced surveillance of the disease, and more effective control of the outbreak. WHO organized a technical and ministerial meeting in Harare, Zimbabwe with countries of Southern Africa affected by drought and hunger, to analyse the health component of the humanitarian crisis and come up with appropriate strategies for health sector response in coordination with international partners.

Operative paragraph 2.3

63. *REQUESTS the Director-General to continue to issue international guidance and technical information on recommended public health measures to deal with deliberate use of biological and chemical agents to cause harm, and to make this information available on the WHO web site.*

64. Technical advice was provided to Kenya in October 2001 and Zimbabwe in November 2001, both of which faced unfounded rumours of release of anthrax. This helped avoid needless panic while ensuring adequate laboratory testing.

WHA 55.19: WHO'S CONTRIBUTION TO ACHIEVEMENT OF THE DEVELOPMENT GOALS OF THE UNITED NATIONS MILLENIUM DECLARATION

The Fifty-fifth World Health Assembly,

Operative paragraph 5

65. *REQUESTS the Director-General to lead an international drive to generate resources and investments for research to improve health in developing countries, particularly in relation to neglected diseases, taking into account the recommendations of the Commission on Macroeconomics and Health.*

66. The Regional Office has assisted six countries to develop the capacity of youths to conduct research on priority health problems affecting young people. An outcome of the training has been the development of proposals for funding to address HIV/AIDS; adolescent pregnancy; sexual exploitation of young people; substance use/abuse among young people; health-seeking behaviour among young people; and abortion among adolescent girls.

67. Furthermore, the Regional Office has established at least four WHO Collaborating Centres in human reproduction and strengthened institutional capacity to conduct research.

Operative paragraph 6

68. *URGES the Director-General to facilitate a process to consider, together with Member States, the recommendations of the Commission on Microeconomics and Health and their follow-up, through intergovernmental, bilateral, national and other mechanisms, recognizing that these recommendations are based on a partnership approach between developed and developing countries, and that actions cannot be undertaken at national level without coordinated and simultaneous action at international level;*

69. The Regional Office held a workshop in Windhoek, Namibia for WHO country offices' economists and management officers, and senior national economists and public health officers (from 43 Member States) to review the findings and recommendations of the Commission on Macroeconomics and Health (CMH), and to map out implications for health sector policies in the African Region. Senior officials from ministries of health, planning, and finance of Ethiopia, Malawi, Mozambique, Uganda, Tanzania, Ghana and Nigeria participated in a consultation held in Geneva to review possible national responses to the CMH Report. The Regional Director will present, at the Fifty-third session of the Regional Committee, the steps that Member States and partners need to take to implement the Commission's recommendations in the Region.

Operative paragraph 7.1

70. *FURTHER REQUESTS the Director-General to report to the Executive Board at its 111th session and to the Fifty-sixth World Health Assembly on WHO's strategy for child and adolescent health and development, together with WHO's planned follow-up to the United Nations General Assembly special session on children.*

71. The Regional Office has conducted a situation analysis of care and management of newborns in nine countries and, based on the findings, has developed an advocacy tool on newborn health, developed a tool for conducting facility-based assessment, and is strengthening capacity for care of the newborn in at least six countries specifically in the areas of training, procurement of essential equipment and supplies.

72. A Regional Adolescent Health (ADH) Strategy and a framework for its implementation have been developed. The strategy forms the basis for all current and future activities in adolescent health in the Region. These include: review of adolescent health policies in at least 10 countries. The findings will be used to develop adolescent health policy guidelines for the Region; review adolescent health programmes (4); provide technical support to strengthen the capacity of countries to implement integrated adolescent health interventions (10 countries); build capacity to provide adolescent-friendly health services (10 countries).

Operative paragraph 7.2

73. *FURTHER REQUESTS the Director-General to develop a strategy for accelerating progress towards attainment of international development goals and targets related to reproductive health, and to submit a progress report to the Executive Board at its 111th session and to the Fifty-sixth World Health Assembly.*

74. The Regional Office has developed a regional REDUCE advocacy tool for mobilization of resources for maternal and newborn health, and REDUCE advocacy tool in three countries. It has assisted Member States to strengthen male involvement in reproductive health and developed a Regional Reproductive Health Strategy and guidelines for its implementation. Furthermore, it has initiated the Making Pregnancy Safer (MPS) initiative in at least five selected countries in the Region.

Operative paragraph 7.3

75. *FURTHER REQUESTS the Director-General to promote reporting on progress towards internationally agreed goals and targets in the area of reproductive health as part of WHO's contribution to the Secretary General's report to the United Nations General Assembly on progress towards attainment of the development goals of the Millennium Declaration.*

76. In collaboration with 11 countries, minimum regional reproductive health indicators have been developed. Thirteen indicators have been recommended for approval by Member States. In addition, a regional reproductive health database has been developed, including the mapping of maternal mortality ratio using data from Member States.

WHA55.23: DIET, PHYSICAL ACTIVITY AND HEALTH

The Fifty-fifth World Health Assembly,

Operative paragraph 3.1

77. *REQUESTS the Director-General to develop a global strategy on diet, physical activity and health within the framework of the renewed WHO strategy for the prevention and control of non-communicable diseases and, in consultation with Member States, and with the bodies of the United Nations system and professional organizations concerned, to give priority to providing support to Member States for establishment of corresponding national policies and programmes.*

78. The Regional Office has studied, recommended amendments to, and endorsed, a proposal from WHO's Noncommunicable Diseases Prevention and Health Promotion Department (WHO/NPH) on the process to be followed in the development of a global strategy on diet, physical activity and health.

79. The Programmes on Chronic Disease Prevention, Health Promotion, Nutrition and Substance Abuse have embarked on collecting views and experiences from countries to be used in developing the proposed global strategy. During World Health Day this year, all countries of the African region were reminded to include diet and exercise in noncommunicable disease prevention policies and programmes.

80. The Regional Office will organize a regional consultation in 2003 involving experts and national focal points from Member States to articulate regional inputs into the proposed global strategy.

81. The majority of countries of the African region are implementing the Health Promoting School Initiative. The Initiative emphasizes, among other things, the development of school health policies, which include diet, and physical exercise as components.

Operative paragraph 3.2

82. *REQUESTS the Director-General to support further research on effective implementation of different means leading to healthier lifestyles.*

83. The programmes on Chronic Disease Prevention, Mental Health, Health Promotion and Nutrition are planning comprehensive noncommunicable diseases prevention interventions with an operations research component. Initially, the project will start in five countries during 2003.

Operative paragraph 3.3

84. *REQUESTS the Director-General to ensure that a multidisciplinary and multisectoral approach is a governing idea of the global strategy.*

85. To ensure that the global strategy on diet, physical exercise and health being developed is truly multisectoral and interdisciplinary, a consultation involving noncommunicable diseases clinicians and researchers, national noncommunicable diseases experts, national focal points for nutrition and health promotion experts from the Region will be convened in 2003. Communities, sports organizations, the private sector, and other players in this area will also be involved in the process of developing the proposed strategy.

Operative paragraph 3.4

86. *REQUESTS the Director-General to ensure, while developing the strategy, an effective managerial mechanism for collaboration and technical support involving all programmes concerned at different levels of the Organization and WHO collaborating centres, emphasizing the introduction and strengthening of global and regional demonstration projects.*

87. Three Regional Office programmes, namely Chronic Disease Prevention, Health Promotion and Nutrition are currently involved in the development of the global strategy. National counterparts and collaborating centres will also be involved in the process.

Operative paragraph 3.5

88. *REQUESTS the Director-General to strengthen collaboration with other organizations of the United Nations system, and other partners, including the World Bank, international NGOs, and the private sector for implementation of plans at global and interregional levels and to promote capacity building at national level.*

89. The Regional Office will seek to collaborate with UNICEF, WFP, UNEP and NGOs as well as other appropriate international agencies involved in diet and physical exercise activities, to ensure implementation of effective programmes following the development of the strategy.

WHA 55.25: INFANT AND YOUNG CHILD NUTRITION

The Fifty-fifth World Health Assembly,

Operative paragraph 5.1

90. *REQUESTS the Director-General to provide support to Member States, on request, in implementing this strategy, and in monitoring and evaluating its impact.*

91. Most of the countries have, so far, drawn up guidelines on Infant and Young Child Nutrition. Fifteen countries have a specific policy on infant and young child feeding including breastfeeding while seven countries are at the policy drafting stage. Other countries have even adapted their young child nutrition policy to the context of HIV/AIDS. They comprise South Africa, Uganda, Zimbabwe and Ghana, all of which have a policy and five other countries which have draft policies.

92. The 2002-2003 Plan of Action of the Nutrition programme of the Regional Office will contribute to the implementation of the global strategy for the control of protein-energy malnutrition and micronutrient deficiencies, the improvement of young child feeding practices and the management of nutrition problems during emergencies. Furthermore, in November 2002, an intercountry technical briefing workshop will be organised by the Regional Office's programmes on Nutrition, Child and Adolescent Health, Integrated Management of Childhood Illness and Regional Programme on HIV/AIDS, for implementation of the Strategy in countries.

Operative paragraph 5.2

93. *REQUESTS the Director-General to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met.*

94. The second intercountry workshop on nutrition emergencies will be organised in Lilongwe, Malawi in October 2002 by the Regional Office's programmes on Nutrition and Emergency and Humanitarian Action. That will enable the countries to prepare themselves for emergencies especially by integrating nutrition under emergency situation into all national plans on nutrition.

95. A workshop on Management of Severe malnutrition in hospitals was organised in collaboration with WHO headquarters in June/July 2002, bringing together five countries. A similar workshop will be organised in 2003 for SADC countries. Furthermore, technical support is currently being provided to Chad, DRC, Lesotho, Mozambique and Swaziland to help control under-five malnutrition. That support will involve action in selected health districts in 2003.

96. In addition, the need for HIV and child feeding information and training material was particularly stressed at the fifty-first session of the Regional Committee. That is why a training in HIV counselling and child feeding has been included in the conventional training in breastfeeding counselling. The Regional Office provided this dual training in Lusaka in March 2002 for English-speaking countries, and in Ouagadougou in June 2002 for 11 French-speaking countries.

Operative paragraph 5.3

97. *REQUESTS the Director-General to strengthen international cooperation with other organizations of the United Nations system and bilateral development agencies in promoting appropriate infant and young-child feeding.*

98. International cooperation is being pursued. For example, very recently, UNICEF collaborated in various workshops organised by the Regional Office. Besides, FAO, UNICEF, Helen Keller International, Micronutrients Initiative and the International Council for Control of Iodine Deficiency Disorders will be involved in the second workshop on Micronutrient Deficiencies to be held in Maputo in October 2002. Forthcoming workshops and specific surveys on protein-energy malnutrition or micronutrient deficiencies planned for 2003 will involve collaboration between WHO, UNICEF, FAO and USAID.

Operative paragraph 5.4

99. *REQUESTS the Director-General to promote continued cooperation with and among all parties concerned with implementing the global strategy.*

100. The Regional Office works in harness with civil society especially through the intermediary of the countries. African associations of paediatricians were involved more specifically in the consultation which took place prior to the adoption of the global strategy. They will also take part in the process of implementation at country level. National associations of the International Baby Food Action Network (IBFAN) of some French-speaking countries participated in the organisation of workshops in collaboration with the Regional Office. The workshop of evaluation officers of the "I Have A Dream" (IHAD) Foundation which was held in Libreville in May 2002 and following which the Regional Office and IBFAN jointly pledged support for some evaluation projects in 2003, should help revive the accreditation of Baby-friendly hospitals in the Region.

101. In partnership with other international organisations, the Regional Office will take part in the public sector-private sector Dialogue which will bring together, in July 2002, economic operators involved in food fortification in order to foster the control of micronutrient deficiencies.