

PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

The Regional Committee appointed a Subcommittee on Nominations composed of the representatives of the following Member States: Algeria, Botswana, Cameroon, Democratic Republic of Congo, Guinea, Madagascar, Mozambique, Sao Tome and Principe, Seychelles, South Africa and Zambia.

The Subcommittee met on Monday, 22 August 2005 and elected Dr Mantombazana Tshabalala Msimang, Minister of Health, South Africa, as its Chairman.

First meeting, 22 August 2005

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

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

<i>Chairman:</i>	Prof Paulo Ivo Garrido Minister of Health, Mozambique
<i>First Vice-Chairman:</i>	Ms Abator Thomas Minister of Health and Sanitation, Sierra Leone
<i>Second Vice-Chairman:</i>	Mr Moussa Kadam Minister of Public Health, Chad
<i>Rapporteurs:</i>	Mr Abdelkader Mesdoua Head of Delegation, Algeria Ms Charity Kaluki Ngilu Minister of Health, Kenya Dr Basilio Mosso Ramos Minister of Health, Cape Verde

Ms Charity Kaluki Ngilu, Minister of Health, Kenya, was unable to attend the session. The Regional Committee approved the nomination of Dr James W. Nyikal, Director of Medical Services, Kenya, to assume the position of rapporteur.

Sixth meeting, 24 August 2005

Decision 3: Appointment of members of the Subcommittee on Credentials

The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following 12 Member States: Benin, Burkina Faso, Comoros, Côte d'Ivoire, Eritrea, Gambia, Guinea-Bissau, Lesotho, Mauritania, Niger, Nigeria and Uganda.

The Subcommittee on Credentials met on 23 August 2005 and elected Mr Bedouna Alain Yoda, Minister of Health, Burkina Faso, as its Chairman.

Second meeting, 22 August 2005

Decision 4: Credentials

The Subcommittee on Credentials examined the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, (Republic of) Congo, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, 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.

The Subcommittee noted that the following Member States had submitted provisional credentials: Burundi, Côte d'Ivoire, Ethiopia, Liberia, Mali and South Africa. The Subcommittee requested them to submit their original credentials as soon as possible.

Second meeting, 22 August 2005

Decision 5: 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 fifty-fifth session of the Regional Committee: Madagascar, Malawi, Mali, Mauritania, Mauritius and Mozambique. They will be replaced by Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania and Togo.

Fifth meeting, 23 August 2005

Decision 6: Provisional agenda of the fifty-sixth session of the Regional Committee

The Regional Committee approved the draft provisional agenda of the fifty-sixth session of the Regional Committee.

Fifth meeting, 23 August 2005

Decision 7: Agenda of the one-hundred-and-seventeenth session of the Executive Board

The Regional Committee took note of the dates and provisional agenda of the one-hundred-and-seventeenth session of the Executive Board.

Fifth meeting, 23 August 2005

Decision 8: Method of work and duration of the Fifty-ninth World Health Assembly

President of the World Health Assembly

- (1) The Chairman of the fifty-fifth session of the Regional Committee in accordance with Decision 6(2) of the thirty-third session of the Regional Committee will be proposed to hold the office of President of the Fifty-ninth World Health Assembly. In the event that the Chairman is unable to attend the Fifty-ninth World Health Assembly, the first Vice-Chairman will be proposed to hold the position. If both the Chairman and first Vice-Chairman are unable to attend, the second Vice-Chairman will be proposed to hold the position of President of the World Health Assembly.

Main committees of the World Health Assembly

- (2) The Director-General, in consultation with the Regional Director, will consider before the Fifty-ninth World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:
- Vice-Chairman of Main Committee B
 - Rapporteur of Main Committee A.

Members entitled to designate persons to serve on the Executive Board

- (3) Following the new arrangements agreed at the fifty-fourth session of the Regional Committee under Decision 8 for designating candidates for membership on the Executive Board, Liberia, Madagascar, Namibia and Rwanda designated a representative each to serve on the Executive Board starting with the one-hundred-and-sixteenth session, immediately after the Fifty-eighth World Health Assembly, joining Guinea-Bissau, Kenya and Lesotho.
- (4) The term of office of Guinea-Bissau will end with the closing of the Fifty-ninth World Health Assembly. In accordance with Decision 8 of the fifty-fourth session of the Regional Committee, Guinea-Bissau will be replaced by Mali from Subregion I.
- (5) Mali will attend the one-hundred-and-eighteenth session of the Executive Board in May 2006 and should confirm availability for attendance at least six (6) weeks before the Fifty-ninth World Health Assembly.
- (6) The Fifty-first World Health Assembly decided by Resolution WHA51.26 that the persons designated to serve on the Executive Board should be government representatives technically qualified in the field of health.

Meeting in Geneva of the ministers of health of the African Region

- (7) The ministers responsible for health in the African Region will meet on Saturday, 20 May 2006, at 9.30 a.m. at the WHO headquarters, Geneva, to confirm the decisions taken by the Regional Committee at its fifty-fifth session and discuss agenda items of the Fifty-ninth World Health Assembly with specific interest to the African Region. During the World Health Assembly, coordination meetings of the African delegates will be held every morning at 8.00 a.m. in the *Palais des Nations*, Geneva.

Eighth meeting, 26 August 2005

Decision 9: Ministerial Summit on Health Research 2008

Burkina Faso, Mali, Mozambique and South Africa expressed interest in hosting the Global Ministerial Summit on Health Research scheduled for the year 2008. The Regional Committee mandated the Regional Director to continue consultations with the four countries in order to reach a consensus regarding which one of them should host the Summit. The Regional Director is to report the decision to the Member States either during the World Health Assembly in May 2006 or during the fifty-sixth session of the Regional Committee for Africa.

Sixth meeting, 24 August 2005

Decision 10: Dates and places of the fifty-sixth and fifty-seventh sessions of the Regional Committee

The Regional Committee, in accordance with the Rules of Procedure, accepted the kind invitation of the Republic of Ethiopia to hold its fifty-sixth session in Addis Ababa from Monday 28 August to Friday 1 September 2006.

The Regional Committee will take a decision on the dates and venue of the fifty-seventh session at its fifty-sixth session.

Eighth meeting, 26 August 2005

Decision 11: Nomination of representatives of the African Region on the Roll Back Malaria Partnership Board

Benin, Nigeria and Tanzania joined the Democratic Republic of Congo in March 2005 as members of the Roll Back Malaria Partnership Board. The two-year term of office of the Democratic Republic of Congo ends in September 2005. The Democratic Republic of Congo will be replaced from that time by Cameroon.

Eighth meeting, 26 August 2005

RESOLUTIONS

AFR/RC55/R1: WHO Programme Budget 2006-2007: Orientations for implementation in the African Region

The Regional Committee,

Having examined the World Health Organization Programme Budget for the biennium 2006–2007;

Noting with appreciation the increase of all sources of funds in the approved Programme Budget necessary for strengthening WHO support for national health development;

Noting that an estimated 3% of the global regular budget will be withheld by the Director-General against the possibility that there may be some non-payments of assessments by Member States;

Noting that the WHO Programme Budget adopted at the Fifty-eighth World Health Assembly was prepared by the Director-General with the full participation of all levels of the Organization and followed a results-based management approach;

Further noting the proposed guiding principles for strategic resource allocations;

Welcoming the effort of the Regional Director in decentralizing more resources to support countries;

Further welcoming the efforts of the Director-General and the Regional Director in allocating more resources to priority areas of work;

1. APPROVES the guiding principles for Programme Budget implementation in the African Region;
2. ADOPTS document AFR/RC55/7, "WHO Programme Budget 2006–2007: Orientations for implementation in the African Region";
3. APPROVES the allocations for the Regional Office and countries;

4. APPROVES the establishment of a contingency fund of 3% of the Regular budget, approximately US\$ 6.1 million, to provide for unplanned activities, with any unused balance being reallocated to countries during the second half of the second year of the biennium;
5. URGES countries to use their Country Cooperation Strategy as a basis for planning;
6. REQUESTS the Regional Director:
 - (a) to ensure that operational planning, implementation, monitoring and evaluation are undertaken in close collaboration with the national authorities;
 - (b) to continue efforts to mobilize voluntary funds to ensure adequate funding for the implementation of workplans for priority areas of work;
 - (c) to encourage donors and development partners to relax the conditionalities attached to voluntary contributions.

Eighth meeting, 25 August 2005

AFR/RC55/R2: Achieving the health Millennium Development Goals: Situation analysis and perspectives in the African Region

The Regional Committee,

Having examined the document entitled "Achieving the health Millennium Development Goals: Situation analysis and perspectives in the African Region";

Recalling the commitments made in the United Nations Millennium Declaration adopted by the United Nations General Assembly in September 2000 and the United Nations Secretary-General's road map towards its implementation;

Mindful of Resolution WHA58.30 Accelerating the achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Recalling relevant Regional Committee resolutions and approved global and regional strategies such as the Road map for maternal and newborn health; health promotion; health and environment; poverty and health; The 3 by 5 Initiative; roll back malaria; DOTS; and others;

Recalling World Health Assembly resolutions WHA56.21 on child and adolescent health; WHA57.12 on reproductive health; WHA57.14 on HIV/AIDS; and WHA57.19 on international migration of health personnel, which are all closely related to the attainment of the MDGs;

Noting that progress has been slow in spite of some achievements, and that urgent action is needed, especially in addressing health systems strengthening;

Mindful of the socioeconomic determinants of health and the need to apply human-rights and gender-based approaches to health in development in order to achieve the MDGs by 2015;

Affirming that poverty cannot co-exist with good health;

1. URGES Member States:

- (a) to develop and implement national “road maps” for the achievement of the MDGs in the context of existing nationally-led development planning frameworks;
- (b) to strengthen their health systems in order to rapidly scale up implementation of priority health interventions aimed at reducing child mortality (Goal 4), maternal mortality (Goal 5) and morbidity and mortality due to HIV/AIDS, tuberculosis, malaria, and other priority diseases (Goal 6);
- (c) to strengthen collaboration and partnership among relevant sectors, including ministries of finance, and with international bilateral and multilateral financial and development institutions, on investments in the health sector;
- (d) to ensure strong stewardship and leadership for scaling up effective strategies and interventions in preventive and curative services, emphasizing primary health care and a multidisciplinary and intersectoral approach in providing health care;
- (e) to strengthen systems for surveillance and control of new and re-emerging diseases and other health conditions that could erode the impact of efforts to achieve the MDGs;
- (f) to urgently address the training, recruitment and retention of appropriate health professionals in countries;
- (g) to fulfil their commitment to allocate at least 15% of annual national budgets to the health sector as agreed in the Abuja Declaration of 2001;
- (h) to address issues of health and development in their discussions with development partners;

2. REQUESTS the Regional Director:
- (a) to support countries to conduct needs assessments to gauge the level of health systems strengthening and the investments required to achieve the health MDGs in the context of national strategic plans;
 - (b) to advocate for more resources to be allocated and disbursed to health;
 - (c) to engage in technical and policy dialogue with international financial institutions on the impact of their policies on poverty and health;
 - (d) to support the training, recruitment and retention of appropriate health professionals in countries;
 - (e) to provide technical support to countries in the scaling up of interventions to reduce child mortality (Goal 4), maternal mortality (Goal 5), and morbidity and mortality due to HIV/AIDS, tuberculosis, malaria, and other priority diseases (Goal 6);
 - (f) to support countries in the use of appropriate monitoring and evaluation frameworks in order to keep track of progress in achieving the health MDGs;
 - (g) to report to the fifty-seventh Regional Committee, and thereafter every other year, on progress made in the attainment of the specified outcomes.

Eighth meeting, 25 August 2005

AFR/RC55/R3: Control of human African trypanosomiasis: A strategy for the African Region

The Regional Committee,

Having carefully examined the regional strategy for the control of human African trypanosomiasis (HAT) during the next decade;

Deeply concerned about the resurgence of African trypanosomiasis and its devastating effect on human and livestock populations both of which contribute to poverty accentuation on the African continent;

Aware of the public health importance of human African trypanosomiasis, the epidemic potential, the high fatality rate and the socioeconomic impact of the disease;

Noting that a significant proportion of children are affected by the disease and many of them suffer considerable delay in their mental development which impacts negatively on their school performance and professional advancement;

Recalling Resolution AFR/RC32/R1 (1979) recommending to Member States to implement human African trypanosomiasis (HAT) control activities, which was later endorsed by the World Health Assembly resolutions WHA36.31 (1986), WHA50.36 (1997), WHA56.7 (2003) and WHA57.2 (2004);

Appreciating the commitment and efforts made so far by Member States and their partners to bring the resurgence of the disease under control;

Convinced that controlling human African trypanosomiasis will ultimately contribute to poverty alleviation in the affected rural communities;

1. APPROVES the proposed strategy which aims at strengthening the capacity of Member States to eliminate the disease as a public health problem by 2015;
2. URGES Member States of affected countries:
 - (a) to develop national policies, strategies and plans for the implementation of national control programmes for human African trypanosomiasis and tsetse control in line with the regional strategy;
 - (b) to provide sufficient financial and human resources for the implementation of national human African trypanosomiasis control programmes, including capacity strengthening through training of health workers;
 - (c) to ensure that active and passive case detection and treatment combined with targeted vector control in high prevalence areas and selective or mass treatment of livestock where appropriate are implemented for HAT control;
 - (d) to advocate for an increased awareness of the risks and consequences of HAT, with emphasis on community participation at all stages of the fight against this disease;
 - (e) to mobilize and coordinate national and international stakeholders involved in the fight against sleeping sickness, including local communities, public and private sectors, NGOs, and bilateral and multilateral organizations;
 - (f) to promote operational research as a tool for improved planning, implementation, monitoring, evaluation and integration of national HAT control programmes into the national health system;

- (g) to develop standardized guidelines for the implementation, monitoring and evaluation of the Regional Strategy;
3. REQUESTS the Regional Director:
- (a) to provide technical support to Member States for the development of national policies and strategic plans for HAT control;
 - (b) to advocate for additional resources at national and international levels for the implementation of HAT and tsetse control activities in endemic Member States;
 - (c) to report to the fifty-seventh session of the Regional Committee in 2007, and every three years thereafter, on the progress made in the implementation of the Regional Strategy for HAT control.

Eighth meeting, 25 August 2005

AFR/RC55/R4: Cardiovascular diseases in the African Region: Current situation and perspectives

The Regional Committee,

Having examined the document (AFR/RC55/12) entitled "Cardiovascular diseases in the African Region: Current situation and perspectives";

Noting the magnitude, the public health implications and the socioeconomic importance of cardiovascular diseases (CVDs);

Cognizant of the orientations in the Global Strategy on Diet, Physical Activity and Health as well as the Framework Convention on Tobacco Control;

Concerned about the accelerated increase in the disease burden due to cardiovascular diseases, adding on to the heavy burden of communicable diseases such as HIV/AIDS, tuberculosis and malaria;

Appreciating all efforts that Member States and their partners have made in the past to manage cardiovascular diseases and thereby improve the health of their populations;

Recognizing the need to review existing approaches and develop a comprehensive and integrated strategic framework for the prevention and control of CVDs in countries of the African Region;

1. APPROVES the Report of the Regional Director, aimed at prevention and control of CVDs in Member States to improve the quality of life of their populations through the alleviation of the burden of cardiovascular diseases, through promoting healthy lifestyles and other appropriate interventions;
2. URGES Member States:
 - (a) to develop and strengthen national policies, strategies and programmes targeting the prevalent CVDs affecting their populations;
 - (b) to provide resources for CVDs within the context of their national integrated noncommunicable disease prevention and control programmes;
 - (c) to implement integrated surveillance using the STEPwise approach, quantifying the burden and trends of CVDs, their risk factors, major determinants and quality of care;
 - (d) to promote prevention strategies based on knowledge of the risk factors aimed at reducing the occurrence of cases and consequently premature mortality and disability due to CVDs, using multisectoral and community-based approaches that include measures such as education, legislation, taxation and trade where appropriate;
 - (e) to improve the capacity of health personnel in the prevention, control and management of CVDs and strengthen care for persons with CVDs at all levels of national health services;
 - (f) to promote research on effective community-based intervention strategies, including traditional medicines;
3. REQUESTS the Regional Director:
 - (a) to provide technical support to Member States for the development of national policies and programmes to prevent and control CVDs;
 - (b) to increase support for the training of health professionals in CVD prevention and control, including monitoring and evaluation of programmes;
 - (c) to mobilize additional resources for the implementation of national cardiovascular disease control programmes;
 - (d) to report to the Regional Committee every two years on progress in the implementation of this resolution.

Eighth meeting, 25 August 2005

AFR/RC55/R5: Tuberculosis control: The situation in the African Region

The Regional Committee,

Deeply concerned about the gravity of the tuberculosis epidemic in the African Region;

Recalling Resolution AFR/RC44/R6 of September 1994 by the Regional Committee on implementation of short-course TB therapy for control programmes in the Region;

Noting the negative impact of the HIV/AIDS epidemic on tuberculosis incidence and death, the insufficient coverage of health services and the scarcity of human resources;

Noting the national and international commitments to fight AIDS, tuberculosis and malaria; and the increasing financial resources made available, among others, by the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Stop TB Partnership and bilateral partners;

Convinced that unless urgent extraordinary actions are undertaken to address the current trend of the epidemic, the situation will only get worse and the Abuja and Millennium Development Goal targets will not be achieved;

1. DECLARES tuberculosis an emergency in the African Region;
2. URGES Member States:
 - (a) to develop and implement with immediate effect emergency strategies and plans to control the worsening tuberculosis epidemic;
 - (b) to rapidly improve tuberculosis case detection and treatment success rates;
 - (c) to accelerate directly-observed treatment short-course (DOTS) coverage at district and national levels;
 - (d) to accelerate implementation of interventions to combat the TB/HIV epidemic, including increased access to ARVs by doubly-infected patients;
 - (e) to expand national partnerships for tuberculosis control, especially public-private partnerships;
 - (f) to improve the quantity and quality of staff involved in tuberculosis control;
 - (g) to implement strategies to reduce patient default and transfer-out rates to 10% or less;

3. REQUESTS the Regional Director:
- (a) to provide intensified technical support to Member States for scaling up control interventions in order to rapidly reduce tuberculosis incidence and death;
 - (b) to hasten research on new effective shorter duration treatment regimens and appropriate diagnostic tools for tuberculosis;
 - (c) to mobilize additional resources for tuberculosis control in the Region;
 - (d) to report to the Regional Committee every two years on progress with tuberculosis control in the Region.

Eighth meeting, 25 August 2005

AFR/RC55/R6: Acceleration of HIV prevention efforts in the African Region

The Regional Committee,

Bearing in mind that HIV/AIDS is one of the leading causes of mortality in the African Region, disproportionately affecting young people and women, thwarting development and jeopardizing national security of Member States;

Alarmed that each year, more than 2 million people lose their lives to HIV/AIDS in sub-Saharan Africa and that in 2004 alone, more than 3 million new infections occurred in the African Region;

Bearing in mind the commitments made by heads of state, United Nations agencies and international partners in the Abuja Declaration, the United Nations General Assembly Special Session on HIV/AIDS Declaration, the Millennium Development Goals, and the Maputo Declaration;

Bearing in mind the increasing political commitment and engagement in the fight against HIV/AIDS in the African Region by national governments and stakeholders, and the opportunities offered by increasing resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Multi-Country AIDS Programme, the United States President's Emergency Plan for AIDS Relief, the Organisation for Economic Co-operation and Development, and others;

Concerned that programming and implementation of the existing evidence-based and cost-effective interventions for HIV prevention have not been on a sufficient scale, coverage

and access to these interventions remain low, and that new HIV infections are still occurring at unacceptably high levels;

Concerned that half of newly infected individuals in the Region are young people aged between 15 and 24 years, and that the escalating risk of infection is especially evident among women and girls who make up two thirds of the young people living with HIV/AIDS in the Region;

Encouraged by the progress made in implementing The 3 by 5 Initiative and convinced that scaling up treatment and care offers a good opportunity for accelerating HIV prevention efforts;

Having considered the report of the "Consultation on Prevention of HIV Infections in the African Region" held in June 2005, and the recommendations of the Programme Subcommittee and the current Round Table on HIV Prevention in the African Region;

1. NOTES the recommendations of the "Consultation on Prevention of HIV Infections in the African Region" held in June 2005, and the recommendations of the Programme Subcommittee, and the Round Table on HIV Prevention in the African Region to accelerate HIV prevention efforts in the African Region;
2. DECLARES 2006 the Year for Acceleration of HIV Prevention in the African Region and calls on Member States to accelerate HIV prevention;
3. URGES Members States:
 - (a) to re-emphasize and re-invigorate HIV prevention efforts with a sense of urgency, ensuring the setting of appropriate targets, in synergy with treatment efforts;
 - (b) to ensure effective leadership and coordination of HIV prevention efforts and accelerate the implementation of multisectoral responses;
 - (c) to identify and tackle deeply rooted causes of vulnerability which reduce the ability of individuals and communities to protect themselves and others from HIV infection;
 - (d) to develop appropriate policies and legislation to create a supportive environment for scaling up HIV prevention interventions, including addressing issues of stigma and discrimination, and negative cultural values, and protection of vulnerable groups;
 - (e) to develop appropriate strategies and plans for accelerated HIV prevention;

- (f) to increase access to quality health-sector based prevention interventions by strengthening health systems;
 - (g) to scale up prevention programmes which target youth, women, girls and other vulnerable groups, including sex workers;
 - (h) to accelerate decentralization of programme management and service delivery with intensified partnership with nongovernmental organizations, faith-based organizations, the private and corporate sectors, traditional leaders, communities and people living with HIV/AIDS, ensuring their full participation and ownership;
 - (i) to commit long-term investment and sustained engagement, and advocate with the international community for increased resources to support scaling up of effective HIV prevention efforts;
 - (j) to strengthen south-south cooperation and exchange of best practices in HIV prevention;
 - (k) to promote local research in order to better understand the dynamics of HIV transmission in order to mount appropriate responses;
 - (l) to strengthen collaboration between research institutions and partners in order to develop and assess the effectiveness of innovative HIV prevention interventions, including male circumcision, microbicides and HIV vaccines;
4. REQUESTS partners to intensify both financial and technical support to countries to facilitate the scaling-up of HIV prevention efforts in order to have the desired impact;
5. REQUESTS the Regional Director:
- (a) to develop a strategy for accelerated HIV prevention in the African Region and provide technical support to Member States in the development and implementation of action plans for acceleration of HIV prevention interventions;
 - (b) to mobilize more resources and long-term international support for scaling up effective HIV prevention interventions;
 - (c) to ensure effective leadership and coordination of HIV prevention efforts, in collaboration with UNAIDS;
 - (d) to monitor progress in scaling up HIV prevention efforts in the Region and report to the Regional Committee every two years.

Eighth meeting, 25 August 2005

AFR/RC55/R7: Vote of thanks

The Regional Committee,

Considering the immense efforts made by the Head of State, the Government and people of the Republic of Mozambique to ensure the success of the fifty-fifth session of the WHO Regional Committee for Africa, held in Maputo from 22 to 26 August 2005;

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

1. THANKS His Excellency, Armando Guebuza, President of the Republic of Mozambique, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging keynote address delivered at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and people of the Republic of Mozambique for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to His Excellency Armando Guebuza, President of the Republic of Mozambique.

Eleventh meeting, 26 August 2005