

OPENING OF THE MEETING

1. The fifty-fifth session of the WHO Regional Committee for Africa was officially opened at the Joaquim Chissano Conference Centre, Maputo, Mozambique, on Monday, 22 August 2005, by His Excellency Mr Armando Guebuza, President of the Republic of Mozambique. Among those present at the opening ceremony were cabinet ministers of Mozambique; ministers of health and heads of delegation of Member States of the WHO African Region; Commissioner Bience Gawanas, Representative of the Chairman of the African Union (AU) Commission; Dr Jong-wook Lee, Director-General of WHO; Dr Luis Gomes Sambo, WHO Regional Director for Africa; members of the diplomatic corps; representatives of United Nations agencies, regional economic communities, regional banks and nongovernmental organizations (*see Annex 1 for the list of participants*).

2. Prof Paulo Ivo Garrido, Minister of Health of Mozambique, welcomed the ministers of health and delegates to Maputo. He appreciated the honour bestowed on Mozambique for hosting the fifty-fifth session of the Regional Committee. He singled out the presence of the President of the Republic of Mozambique and the attention he has continued to pay to the health sector and the reduction of poverty. He extended a warm welcome to Dr Jong-wook Lee in his capacity as Director-General of WHO. He congratulated Dr Luis Gomes Sambo for his election as Regional Director of the WHO African Region and reiterated Mozambique's willingness to support him (*for full text, see Annex 8*).

3. Dr Saleh Meky, Chairman of the fifty-fourth session, informed the delegates that according to the rules of procedure, he would chair the opening meeting of the session until the new Chairman was elected. He thanked the Member States for the honour bestowed on him and his country, Eritrea, to chair the fifty-fourth session of the WHO Regional Committee for Africa. In evaluating the activities carried out during the last twelve months, he underscored the attention paid to the diseases of poverty, such as HIV/AIDS, tuberculosis and malaria. He highlighted the inauguration by the Director-General of the Commission on Social Determinants of Health. The first meeting of this Commission was held in the Republic of Chile. In addition, this year the WHO Regional Office for Africa hosted a regional consultation on social determinants of health in Brazzaville.

4. He insisted on a collective approach to achieving the Millennium Development Goals. He then recalled that during the Fifty-eighth World Health Assembly, the ministers of health from the African Region presented a common position regarding the issues of maternal and newborn health, HIV/AIDS, human resource development, and health care financing. He noted the achievements made since the appointment of the new Regional Director. He referred to the Programme Budget 2004-2005 and highlighted the need to ensure that more resources and technical expertise were allocated to regional priorities (*for full text, see Annex 9*).

5. Dr Luis Gomes Sambo, WHO Regional Director for Africa, expressed his satisfaction in addressing the Regional Committee for the first time in his capacity as Regional Director and gratitude to all Member States of the WHO African Region for the confidence and opportunity given him to serve Africa in that capacity. He thanked His Excellency President Armando Guebuza, for his personal commitment to improving the health of the people of Mozambique as well as his broader vision of development for Africa. He further expressed his gratitude to the government and people of Mozambique for hosting the fifty-fifth session of the WHO Regional Committee for Africa.

6. He paid tribute to Dr Jong-wook Lee, Director-General of WHO, for his special devotion to health development in the African Region. Dr Sambo recalled that since assuming office, he had taken concrete steps to accomplish one of his major priorities: the improvement of collaboration with the African Union. In this regard, he informed the Committee that an excellent working relationship had been established as part of our common development objectives and specific strategies to deal with the major challenges in the African Region.

7. Regarding health challenges in Africa, he recalled that sub-Saharan Africa continued to bear the heaviest burden of disease worldwide, particularly for AIDS, malaria and tuberculosis. He underscored the need to guarantee universal access to essential health care which is consistent with the United Nations Millennium Declaration.

8. Concerning health systems, he emphasized the need for substantial investment in capacity building in terms of infrastructure and human capital. He urged ministers of health to strengthen their leadership in addressing health in the context of macroeconomic reforms in countries and to take advantage of the mechanisms of regional economic integration and the increasingly positive trends in official development assistance.

9. He lamented that the African Region has not received enough benefits from the considerable technical and scientific progress achieved in the area of medicine just because of shortage of resources to access existing health technologies. Further, he underscored the need to take into account the broader health determinants and the need to strengthen the health sector's contribution to the fight against poverty.

10. He expressed deep concern about the increasing incidence of HIV/AIDS in the African Region. He emphasized that AIDS required an exceptional, multisectoral response and commended the various ongoing partnerships and initiatives in AIDS prevention and control. In this regard, he informed the Committee of his intention to propose to the fifty-fifth session of the WHO Regional Committee for Africa that the year 2006 be devoted to accelerating the efforts for prevention of AIDS.

11. He outlined various opportunities to tackle the main challenges facing the Region. On the way forward, he outlined strategic orientations consisting of five priority actions (*see the full text in Annex 10*).
12. Dr Jong-wook Lee, Director-General of WHO, thanked the Government of Mozambique for hosting the fifty-fifth session of the Regional Committee. He recalled that Africa is the centre of attention in current global discussions about the future of the world. In this context, WHO had allocated Africa nearly 30% of its combined income for the next biennium. He referred to Mozambique as a positive example of a country that had made progress towards achieving the Millennium Development Goals, e.g. the improvement of maternal and child health.
13. He expressed concern about the heavy burden of chronic disease and the continuing death toll from infectious diseases like HIV/AIDS, tuberculosis and malaria. Concerning The 3 by 5 Initiative, he recognized that even though it would be difficult to reach the initial target, progress has been made. He added that universal access to antiretrovirals was now recognized worldwide as a moral and social imperative, and a practical necessity. He further underscored that universal access is also a key to tuberculosis control.
14. He applauded the success achieved in polio eradication. He recalled that “Make every mother and child count” was the theme of this year’s World Health Day. He said that financial barriers to access needed to be reduced and an effective workforce built. Concerning malaria, he recalled that the Abuja Declaration had set 2005 as the year in which coverage rates should reach 60% for the main curative and preventive interventions.
15. Dr Lee said that despite the progress made in access and coverage, significant challenges to health systems still remained, particularly the lack of health care workers. He added that the training and retention of valuable human resources for health should be priorities.
16. He informed the Committee that the adoption of the International Health Regulations by the World Health Assembly this year was a historic step. He said that cardiovascular diseases were now the leading cause of death worldwide. He expressed satisfaction with countries’ commitment to the Framework Convention on Tobacco Control.
17. Dr Lee called for prompt international action whenever there were country appeals for support during humanitarian crises. Finally, he recognized the existence of great potential for health improvement in the world (*for full text, see Annex 11*).

18. Ms Bience Gawanas, Commissioner for Social Affairs in the African Union, delivered a speech on behalf of His Excellency Professor Alpha Oumar Konaré, Chairman of the African Union Commission. She thanked the Government of the Republic of Mozambique for hosting this important meeting. She also thanked Dr Jong-wook Lee, WHO Director-General, and Dr Luis Gomes Sambo, the WHO Regional Director for Africa, for the invitation. She emphasized the fact that WHO was the first United Nations agency to sign a cooperation agreement with the Organisation of African Unity.

19. She said that the African Union Commission was committed to improving the health situation in Africa, as demonstrated in the various declarations and resolutions adopted by the Heads of State and Government of the African Union, including the declaration on Roll Back Malaria in Africa in 2000; the Abuja Declaration on HIV/AIDS, TB and other infectious diseases in 2001; and the Maputo Declaration on Malaria, HIV/AIDS, TB and other infectious diseases in 2003.

20. Commissioner Gawanas outlined the various determinants of health which included poverty, violence, armed conflicts, institutional instability and lack of basic infrastructure. Concerning violence and health, Heads of State and Government of the African Union passed a resolution endorsing the recommendation of the *World report on violence and health* in 2003 and requested the Member States to develop national plans of action for violence prevention and systems for relevant data collection. She expressed gratitude for the support provided by WHO to the African Union to tackle emergencies in the African Region. She lamented that the resurgence of polio in some African countries was due to misinformation and other challenges. She underscored the need to keep advocacy, education and vaccination campaigns alive at all times.

21. She underscored the role of traditional medicine in Africa and informed the Committee that the African Union was in the process of implementing the Decade of African Traditional Medicine (2001-2010) and reviewing the Bamako Initiative on essential medicines.

22. Concerning maternal and child health, she said that the AU Commission was working with WHO and other partners to develop a roadmap to accelerate the reduction of maternal and newborn morbidity and mortality in Africa and to draw up a comprehensive action plan on reproductive health in Africa.

23. She expressed her concern that none of the countries in the Region had managed to fully implement the Abuja Declaration to allocate 15% of their national budget to health. Commissioner Gawanas appealed to Member States to increase resources for the health sector. She confirmed that the second AU conference of ministers of health would be hosted by the Government of Botswana, 10-14 October 2005 (*for full text, see Annex 12*).

24. In his opening address, His Excellency Mr Armando Guebuza, President of the Republic of Mozambique, welcomed the ministers of health and delegates to Maputo and invited them to enjoy the art, culture and food of Mozambique. He expressed appreciation for the honour bestowed on his country to host this session of the Regional Committee which would discuss several matters relating to the fight against disease and the improvement of health care for the people in the Region. He expressed appreciation for the presence of health sector personnel from all the provinces of Mozambique as well as representatives from civil society. He congratulated Dr Luis Gomes Sambo on his appointment as Regional Director for the WHO African Region. He expressed his conviction that Dr Sambo's leadership of the team will consolidate the actions to improve health conditions in the Region.

25. The President highlighted the relevance of this meeting in the new context of increased disease burden as well as the high level of maternal and infant mortality resulting in reduced life expectancy. In this respect, the HIV/AIDS pandemic constituted one of the biggest public health problems impacting on the economic and social performance of countries in the Region.

26. He appealed to developed countries to increase aid for development through debt relief, access to markets, technology transfer and more direct foreign investment. He emphasized the need to pay continued attention to malaria, tuberculosis and HIV/AIDS, including mother-to-child transmission of HIV/AIDS.

27. He commended the decision to devote this year's world health report to the theme, "Make every mother and child count". In this context, apart from education and professional training, health constituted an important factor in a woman's liberation. He informed the Committee that in the five-year plan of Mozambique, the woman and child were the epicentre of the health sector. In this regard, he outlined the actions for improving access to education, employment and free health care for pregnant women as well as free health care for children under five years old.

28. In conclusion, the President said he was pleased that the current Regional Committee session was taking place at a time when countries were evaluating their progress in achieving the Millennium Development Goals. This should be regarded as a special opportunity for the Member States to reflect on the best way of reaching the agreed targets. He wished the Regional Committee success in their deliberations and declared the fifty-fifth session of the Regional Committee for Africa open (*see full text in Annex 13*).

ORGANIZATION OF WORK

Composition of the Subcommittee on Nominations

29. The Regional Committee appointed the Subcommittee on Nominations consisting 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 at 12.00 noon on Monday, 22 August 2005, and elected Dr Mantombazana Tshabalala Msimang, Minister of Health of South Africa, as Chairman.

Election of the Chairman, Vice-Chairmen and Rapporteurs

30. After considering the report of the Subcommittee on Nominations, and in compliance with Rule 10 of the Rules of Procedure 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 Health, Chad
<i>Rapporteurs:</i>	Mr Abdelkader Mesdoua (French) Head of delegation, Algeria Dr James Nyikal (English) Director of Medical Services, Kenya Mr Basilio Mosso Ramos (Portuguese) Minister of Health, Cape Verde

Chairmen of the Round Table and Panel Discussion

31. Dr Alex Kamugisha (Uganda) was elected as Chairman of the Round Table. Dr Zeinab Mint Youba-Maiga (Mali) was chosen to chair the Panel Discussion.

Adoption of the agenda

32. The Chairman of the fifty-fifth session of the Regional Committee, Prof Paulo Ivo Garrido, Minister of Health, Mozambique, tabled the provisional agenda (document AFR/RC55/1) and the draft programme of work (*see annexes 2 and 3*) which were adopted with the following additions:

- 10.4 Information on sickle-cell disease
- 10.5 Information on the possibility of a pandemic of avian influenza in the African Region
- 10.6 Information on genetic engineering of smallpox
- 10.7 Information on important health-related events in the Region.

Adoption of the hours of work

33. The Regional Committee adopted the following hours of work: 8.30 a.m. to 12.30 p.m. and 2.00 p.m. to 6.00 p.m., inclusive of tea breaks.

Appointment of the Subcommittee on Credentials

34. The Regional Committee appointed representatives of the following 12 countries as members of the Subcommittee on Credentials: Benin, Burkina Faso, Comoros, Côte d'Ivoire, Eritrea, Gambia, Guinea-Bissau, Lesotho, Mauritius, Niger, Nigeria and Uganda.

35. The Subcommittee on Credentials met on 22 August 2005 and elected Dr Alhagie Tamsir Mbow, Minister of Health, Gambia, as its Chairman.

36. The Subcommittee examined the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of 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, 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 2004: ANNUAL REPORT OF THE REGIONAL DIRECTOR (document AFR/RC55/2)

37. Dr Luis Gomes Sambo, Regional Director, introduced the 2004 annual report on WHO activities in the African Region. He informed the Committee that the new team had already begun work. Over the last six months, since assuming office, the team had set out to revitalize specific Regional Office policies and strategies for action. The situation analysis of the health of the people in the African Region had been undertaken.

38. He informed the Committee that the document, *Strategic orientations for WHO action in the African Region, 2005-2009*, had been developed in the Regional Office with inputs from the WHO representatives in countries as well as other distinguished and experienced health professionals. Prominent among these were the former Director-General of WHO, Dr Halfdan Mahler; two former regional directors for the WHO African Region, Dr Lobe Monekosso and Dr Ebrahim Malick Samba; and two assistant directors-general from headquarters.

39. The process of decentralizing authority for more effective decision-making at the country, intercountry and regional levels through the Country Cooperation Strategy approach had been initiated.

40. Given the magnitude of the African health agenda, and the limits of WHO, the new team had been promoting strategic alliances and partnerships for health in the African Region. Dr Sambo said that WHO valued the role of other health development partners, and he called for better coordination and synergies for more efficient action. The Committee was apprised that the team had visited some countries, partners and organizations and met with regional institutions and subregional groups to discuss salient areas of cooperation. The feedback received was promising and positive results were expected.

41. Dr Sambo provided an overview of significant achievements and implementation of Regional Committee resolutions related to general programme and institutional management; health systems; prevention and control of communicable diseases; noncommunicable diseases; family and reproductive health; healthy environments and sustainable development; and administration and finance.

42. The Regional Director presented an overview of the way forward. He said that starting from 2005, the Regional Office intended to initiate a number of wide-ranging changes. In this regard, there would be a change in focus in the way the WHO Regional Office worked. If it had to successfully respond to the complexity of Africa's health problems, there would be need for a dedicated team with a clear vision aligned to the unflagging support of health ministers and partners.

43. Guidance would come from the health needs and aspirations of the people of the African Region. In other words, WHO in the African Region would operate according to Regional Committee and governing body resolutions and Organization policies. The Regional Director appealed to Member States and partners to support the implementation of the following five strategies contained in the strategic orientations document:

- (a) strengthening health policies and systems to improve the capacity for delivering essential health care at local level;
- (b) promoting the scaling up of essential health interventions related to priority health problems;
- (c) enhancing awareness and response to key determinants of health;
- (d) improving and expanding partnerships for health;
- (e) strengthening WHO country offices.

44. Dr Sambo re-emphasized that with support from countries his aspiration was to build a strong WHO in the African Region. He intended to strengthen WHO support to African health priorities with a strong focus on results from team work, transparency and accountability; while maximizing the opportunities available in purposeful health alliances.

45. He expressed the conviction that with the support of all countries and development partners the new vision could materialize. He requested the Committee to critically analyse the issues presented during this Regional Committee session in order to establish the essential building blocks for more substantive health gains. He underscored the need for the Region to have enough knowledge, tools and skills to galvanize the collective efforts to operationalize the vision.

46. He expressed his gratitude to the Member States of the WHO African Region whose support had been overwhelming in contributing to the aspirations of an effective and efficient team. Finally, he expressed his appreciation to the Director-General, Dr Jong-wook Lee, and the executive management of WHO headquarters for the support given to the African Region during the year under review.

47. The delegates commended the Regional Director for the clarity of the presentation and the quality of the report which had highlighted concrete achievements of the year 2004. However, they suggested greater focus on major priorities to increase impact in the face of limited resources. They supported the proposition to declare 2006 the year for accelerated action for HIV prevention and called for innovative approaches. The formulation of *Strategic orientations for WHO action in the African Region, 2005-2009* was welcomed. Delegates pointed

out that most of the indicators in the Regional Director's report related to process rather than outcome and impact.

48. They emphasized various challenges facing the health sector. These included shortages of human resources for health, weak health management information systems and the dual burden of communicable and noncommunicable diseases in Africa. Implementation of The 3 by 5 Initiative had been undermined by weak health systems, poor quality of care, lack of access to drugs, logistics problems and development of resistance to antiretroviral drugs. With regard to malaria treatment, delegates raised concerns about inadequate supply of artemisinin-based combination therapy to implement the new treatment policies. There was still lack of funding for research, development and local production of medicines, including traditional medicines, as a means to improve access to treatment as well as for scaling up known effective interventions. Clear strategies needed to be developed for resource mobilization to deal with all of these challenges.

49. Clarification was sought on the system of evaluating WHO collaborative centre performance prior to renewal of designation. Delegates also wanted to know about the usefulness of biological larviciding as part of vector control for malaria. They queried why all the interventions and strategies to date had not made an impact on maternal mortality in the Region.

50. Delegates recommended documentation of successes and best practices as well as improved sharing of information between Member States, including the establishment of an observatory. Technical cooperation between Member States was encouraged with the facilitation of the Secretariat. Countries wanted the role of indoor residual spraying with DDT as a malaria preventive strategy to be recognized by WHO. Support was requested for formulation of integration strategies, tools and guidelines for TB and HIV/AIDS. National health accounts should be institutionalized to assess health sector financing and define its contribution to overall economic performance.

51. The delegates suggested various specific interventions. Public and private collaboration should be encouraged for vaccination and local production of medicines. The cancer control programme should also deal with stress and pain management. Capacity should be developed for pharmacovigilance to monitor adverse drug reactions as well as drug resistance. Evidence-based decisions would require that resources be invested in the collection of reliable statistics. There was a call for a regional meeting on the role of drug and substance abuse as a silent epidemic fuelling the spread of HIV. Technical assistance was requested from WHO for implementing the roadmap to reduce maternal and newborn mortality; for expediting pre-certification and prequalification processes for local production of medicines; and for building capacity for quality control. Due to potential cross-border risks

of transmission as well as common challenges and interests, a clear regional approach is needed to eradicate polio and control HIV/AIDS and malaria.

52. Delegates recommended that priority be given to government strategies for retention and motivation of human resources for health, and implementation of the WHA resolutions on migration of health personnel. WHO should intensify advocacy for countries to reach the target of 15% of the national budget allocated to health and provide a progress report. WHO should support Member States to better understand the contents of the document on macroeconomics and health, disseminate that information and use it to advocate for more resources for health. Participants expressed appreciation for the financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as WHO technical support for writing proposals, implementing, and monitoring progress. However, the issue of sustainability and scope remained a concern. Countries excluded by the current criteria from receiving resources from the Global Fund and the Global Alliance for Vaccines and Immunization requested greater advocacy to access these funds or alternative funding.

53. Ethiopia offered to host the fifty-sixth session of the WHO Regional Committee for Africa. Nigeria announced that there would be a second Abuja summit of heads of state during the first half of 2006 and that it would be concerned with HIV/AIDS, malaria and tuberculosis. Cameroon informed the Committee about the forthcoming Global Forum on Roll Back Malaria partnership meeting in Yaounde, 18-19 November 2005.

54. The Secretariat thanked the delegates for their comments and provided the following responses to the issues raised. Documentation had been prepared on best practices in the areas of human resources for health, infant and maternal mortality reduction and antiretroviral therapy, among others. These documents had been distributed and placed on the WHO Regional Office web site. Nonetheless, more could be done, and the establishment of an observatory was welcomed.

55. Technical cooperation among Member States would be promoted and the request for technical support in specific areas had been noted. A report on the successful use of funds for health made available by debt relief would be prepared and distributed as the information became available. The importance of health promotion was acknowledged, but sufficient resources were still lacking. The WHO Regional Office would allocate more resources for health promotion during the next biennium. As for polio eradication, the WHO Regional Office had mobilized US\$ 85 million. Countries were urged to allocate funds for all under-funded programmes, for example health promotion and polio eradication. The *African regional health report: The health of the people* would be available before the end of the year and would provide more detailed information on the current health situation in the Region.

56. Clarification was given on how WHO collaborating centres were redesignated as well as the initiatives being taken to improve the availability of long-lasting insecticidal nets, artemisinin-based combination therapy and the use of biological larvicides for vector control. WHO had a clear policy on the use of DDT for vector control which should be used in accordance with the Stockholm Convention on Persistent Organic Pollutants. WHO had adopted various strategies to ensure that first-line drugs for treating HIV/AIDS continued to be useful. In recognition of the importance of nutrition in health and illness, a regional nutrition strategy was being developed. Based on available evidence from Member States, it was pointed out that by making human resources available, improving the quality of health care and involving communities, maternal mortality rates could be significantly reduced. Support would be provided for local production of traditional medicines and antiretrovirals.

Adoption of the Annual Report

57. The Regional Committee adopted the report as contained in document AFR/RC55/2, taking into account the additional information and comments proposed by the delegates.

CORRELATION BETWEEN THE WORK OF THE REGIONAL COMMITTEE, THE EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY

(documents AFR/RC55/3, AFR/RC55/4 and AFR/RC55/5)

58. Dr Paul Lusamba-Dikassa of the Secretariat introduced the documents relating to agenda items 7.1, 7.2 and 7.3. He invited the Committee to examine the documents and provide guidance on (i) proposed strategies for implementing the various resolutions of interest to the African Region adopted by the Fifty-eighth World Assembly and the one-hundred-and-fifteenth session of the Executive Board; (ii) regional implications of the agendas of the one-hundred-and-seventeenth session of the Executive Board and the Fifty-ninth World Health Assembly; and (iii) method of work and duration of the World Health Assembly.

Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board (document AFR/RC55/3)

59. The document highlighted the resolutions of regional interest adopted by the Fifty-eighth World Health Assembly and the one-hundred-and-fifteenth session of the Executive Board. These included:

- (a) Malaria control (WHA58.2)
- (b) Revision of the International Health Regulations (WHA58.3)
- (c) Blood safety: Proposal to establish World Blood Donor Day (WHA58.13)

- (d) Sustainable financing for tuberculosis prevention and control (WHA58.14)
- (e) Draft global immunization strategy (WHA58.15)
- (f) Strengthening active and healthy ageing (WHA58.16)
- (g) International migration of health personnel: A challenge for health systems in developing countries (WHA58.17)
- (h) Cancer prevention and control (WHA58.22)
- (i) Disability, including prevention, management and rehabilitation (WHA58.23)
- (j) Sustaining the elimination of iodine deficiency disorders (WHA58.24)
- (k) Public health problems caused by harmful use of alcohol (WHA58.26)
- (l) Enhancement of laboratory biosafety (WHA58.29)
- (m) Accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration (WHA58.30)
- (n) Working towards universal coverage of maternal, newborn and child health interventions (WHA58.31)
- (o) Infant and young child nutrition (WHA58.32)
- (p) Sustainable health financing, universal coverage and social health insurance (WHA58.33)

60. The report contained only the relevant operative paragraphs as they appear in the resolutions. Each resolution was accompanied by a discussion of the measures already taken or being planned. The Committee was invited to examine and comment on the proposed strategies for implementing resolutions of interest to the African Region and to provide guidance for their implementation.

61. Concerning Resolution WHA58.2 Malaria control, the delegates underscored the need for WHO to continue to provide support to countries in the development of project proposals for submission to the Global Fund. The Committee emphasized the need for the African Region to mobilize additional resources; advocate for the reduction of the prices of antimalarial drugs; clarify who would pay for pharmacovigilance studies; involve the private sector, especially the pharmaceutical industries; get involved in the ongoing research and development of a malaria vaccine; extend intercountry collaboration to other relevant sectors; and develop a common regional approach regarding the use of DDT.

62. With regard to Resolution WHA58.3 Revision of the International Health Regulations, the delegates noted that the challenge now was implementation, and thus, relevant guidelines

should be developed. The Committee also noted that countries would need appropriate technical and logistical capacity for implementation.

63. The Committee took note of the pertinence of the following resolutions: WHA58.13 Blood safety: Proposal to establish World Blood Donor Day; WHA58.15 Draft global immunization strategy; WHA58.16 Strengthening active and healthy ageing; WHA58.22 Cancer prevention and control; WHA58.23 Disability, including prevention, management and rehabilitation; WHA58.24 Sustaining the elimination of iodine deficiency disorders; WHA58.29 Enhancement of laboratory biosafety; WHA58.31 Working towards universal coverage of maternal, newborn and child health interventions; WHA58.32 Infant and young child nutrition.

64. As to Resolution WHA58.14 Sustainable financing for tuberculosis prevention and control, the Committee proposed an integrated approach to TB and HIV/AIDS prevention and control.

65. As regards Resolution WHA58.17 International migration of health personnel: A challenge for health systems in developing countries, the delegates called upon WHO to continue to support training and create an enabling environment to enhance retention of human resources for health. Given the complexity of this issue, countries were urged to involve other relevant sectors (e.g. finance, labour and planning) and development partners in devising solutions to reverse this trend.

66. Pertaining to Resolution WHA58.26 Public health problems caused by harmful use of alcohol, the delegates appealed to countries to reinforce measures to curb harmful use of alcohol and its consequences.

67. With reference to Resolution WHA58.30 Accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration, the delegates underscored the need for annual reporting on its implementation. WHO should provide support to countries to develop strategies and to incorporate them in the medium-term expenditure framework.

68. As to Resolution WHA58.33 Sustainable health financing, universal coverage and social health insurance, the delegates indicated the need to provide support for advocacy.

Agendas of the one-hundred-and-seventeenth session of the Executive Board, the Fifty-ninth World Health Assembly and the fifty-sixth session of the Regional Committee
(document AFR/RC55/4)

69. The document contained the draft provisional agendas of the one-hundred-and-seventeenth session of the Executive Board which will be held in January 2006 and the Fifty-ninth World Health Assembly, scheduled for May 2006, as well as the draft provisional agenda of the fifty-sixth session of the Regional Committee to be held in August 2006.

70. The Committee was invited to take note of the correlation between the work of the Executive Board, the World Health Assembly and the Regional Committee.

71. The following items appeared on the agendas of the three governing bodies of WHO:

- (a) Poliomyelitis
- (b) HIV/AIDS
 - Universal access to prevention, care and treatment
 - Nutrition and HIV/AIDS
- (c) Intellectual property rights, innovation and public health
- (d) International trade and health
- (e) Gender, women and health
- (f) Health-related Millennium Development Goals update
- (g) Eleventh General Programme of Work 2006–2015
- (h) Guiding principles for strategic resource allocations
- (i) Infant and young child nutrition
- (j) Sustainable health financing, universal coverage and social health insurance.

72. The Committee was invited to consider the provisional agenda of its fifty-sixth session and decide on issues that should be recommended to the one-hundred-and-seventeenth session of the Executive Board and the Fifty-ninth World Health Assembly.

73. The Regional Committee recommended the inclusion of the following items on the agenda of its fifty-sixth session: health research; poverty and health; and collaboration between the Regional Office, the New Partnership for Africa's Development and regional economic communities for achieving the Millennium Development Goals. The delegates also recommended the inclusion of avian influenza and sickle-cell disease on the Executive Board agenda as well as changing the destruction of variola virus stocks from an information item to a substantive item.

Method of work and duration of the World Health Assembly (document AFR/RC55/5)

74. The purpose of the document was to facilitate the work of Member States at the Fifty-ninth World Health Assembly in accordance with the relevant decisions of the Executive Board and the World Health Assembly concerning the method of work and duration of the Health Assembly.

75. The Regional Committee examined the document and advised on the draft procedural decisions. The recommendations would be transmitted to the Director-General.

76. The delegates encouraged the Regional Director to continue the practice of daily coordination meetings of the African Region at the World Health Assembly. In order to further improve preparations for the WHA, the Committee recommended that the relevant items on the WHA agenda should be distributed to countries prior to the World Health Assembly to prepare a common position; the African Region needed to speak with one voice on all the agenda items.

77. The Regional Director affirmed that the participation of the African Region and the briefings continued to improve every year. He, however, recognized that every country was free to take the floor whenever they wanted. He underscored the need to reduce the number of agenda items for the fifty-sixth session of the Regional Committee. For that reason, he suggested that the Committee consider some of the agenda items as information documents.

78. He emphasized the need for collaboration between the Global Fund to Fight AIDS, Tuberculosis and Malaria and WHO in order to have a common approach at country level. He reiterated that WHO's contribution was technical and efforts would be made to explore ways of supporting pharmacovigilance studies. He supported an advocacy initiative for the reduction of the prices of antimalarial drugs.

79. Regarding international migration of health workers, efforts would be made to undertake relevant advocacy to reverse this trend.

REPORT OF THE PROGRAMME SUBCOMMITTEE (document AFR/RC55/6; Annex 4)

WHO Programme Budget 2006-2007: Orientations for implementation in the African Region (document AFR/RC55/7)

80. Professor Mohammed Lemine Ba informed the Committee that the 2006-2007 Programme Budget, which is the first to be prepared under the Eleventh General Programme of Work, took into account the priorities identified in the Country Cooperation Strategy

documents and global priorities defined by the Director-General of WHO. These priorities were reflected in the 15 priority areas of work proposed by the Regional Director. The Programme Budget 2006–2007 approved by the World Health Assembly in May 2005 was a results-based integrated budget stemming from a participatory and iterative planning process.

81. He drew the Committee's attention to the fact that for the 2006–2007 period, the budget of the African Region increased by US\$ 204.7 million made up of 6% from the Regular budget and 94% from voluntary funds. Thus, the total budget amounted to US\$ 949.5 million, comprising 21.4% from the Regular budget and 78.6% from voluntary funds. The African Region received the highest budgetary allocation after headquarters. Out of the approved amount, US\$ 784.4 million was allocated to regional priorities. Furthermore, US\$ 716.6 million (75%) had been earmarked for expenditure in countries and US\$ 232.9 million (25%) for Regional Office expenditure, including intercountry allocations.

82. He mentioned that the execution of the budget will be guided by four major guiding principles: decentralization of resources to countries; integration of interventions; strengthening WHO core presence in countries; and strengthening monitoring and evaluation for greater efficiency and accountability.

83. He concluded that the Member countries were being urged to work together with WHO in the formulation of workplans based on the CCS documents, choose a limited number of areas of work and allocate at least 15% of their national budgets to the health sector. On its part, WHO should define procedures for delegating powers to the WHO country representatives and divisional directors; reprofile the WHO country office staff; approve work programmes in November 2005; and improve the quality of implementing, monitoring and evaluating the Programme Budget.

84. He recommended to the Committee the adoption of document AFR/RC55/7 and its draft resolution (AFR/RC55/WP/1).

85. The delegates welcomed the Programme Budget 2006–2007 based on priorities determined by the Country Cooperation Strategies, with the Regular budget being integrated with voluntary contributions. It was noted that the African Region received the largest portion of the overall budget after WHO headquarters.

86. The principles guiding implementation of the budget, namely decentralization of resources, delegation of authority to country offices, integrated programmes, strengthening of WHO core presence, and the strengthening of monitoring and evaluation, were highly commended.

87. However, there was concern about issues related to the uncertainty of voluntary contributions, which accounted for 78.6% of the total regional budget; withholding of 3% of the budget; the use, accountability and procedures for reimbursement of unused funds to countries; the need to coordinate activities between the Regional Office and WHO headquarters before joint planning with countries; the biennial WHO budget cycle which lacks a medium-term perspective; strengthening WHO core presence in countries in order to complement the efforts of the health ministries; and taking the exchange rate fluctuations into account in budget allocation.

88. The delegates asked the Secretariat to monitor the implementation of the Abuja Declaration, which committed countries to allocate 15% of national budgets to health, and report at the forthcoming summit; to advocate for increased Regular budget allocations for health priorities in the African Region and link budget allocations to results.

89. In their response, the Secretariat reminded the delegates that the Programme Budget had already been approved by the Fifty-eighth World Health Assembly and that the contents of this document were orientations for its implementation during preparation of workplans. It was explained that the Committee's approval was being sought for the establishment of a reserve of US\$ 6.1 million, representing 3% of the Regular budget, to provide for unforeseen events in countries with the understanding that in the second half of year two of the biennium, any unspent amount of this reserve would be reallocated to country budgets. The Secretariat also confirmed that the same amount (US\$ 6.1 million, or 3% of the African Region's approved budget) will be withheld by the Director-General in anticipation of non-payment of full assessments by Member States.

90. Regarding joint planning, it was stated that negotiations were continuing with WHO headquarters. In addition, a meeting on this issue would take place in Maputo on 31 August and 1 September 2005, and participants would be from 13 countries, the Regional Office for Africa and WHO headquarters. With regard to WHO presence at country level, assurance was given that WHO country teams were not in countries to compete with ministries of health but to support them. Whenever convenient and jointly agreed, WHO staff members would be located in the Ministry of Health. Information was provided on the re-organization of the Regional Office, which would concentrate all divisions in Brazzaville, while Harare would host an intercountry team as part of the decentralization process.

91. Regarding implementation of the Abuja Declaration, the current average budget allocation for health was 8% of national budgets. More information would be provided during the forthcoming summit. With regard to the uncertainty of voluntary contributions, the Secretariat expressed confidence in meeting stipulated targets considering donors' pledges made during the World Health Assembly.

92. The Regional Committee adopted Resolution AFR/RC55/R1.

Country cooperation strategies: Implementation, lessons learnt and the way forward in the African Region (document AFR/RC55/8)

93. Professor Mohammed Lemine Ba explained that the document gave a progress report on the orientation given at the fifty-first session of the Regional Committee to develop country cooperation strategies (CCSs) in all 46 Member countries. It also provided an indication of how the process had evolved, lessons learnt and the way forward for maximizing the gains of the CCS process.

94. He noted that the increasing complexity of the health sector, dwindling resources in Africa, international commitment to achieving the Millennium Development Goals by 2015, and the growing number of actors in the health sector with various agendas had led to an intensive search for better coordination mechanisms at country level.

95. He informed the Committee that the Country Focus Policy, introduced in 2001 as part of WHO reform, intended to place the priority health needs of Member States at the centre of WHO work while enhancing the effectiveness, responsiveness and coherence of WHO presence at country level. The Country Cooperation Strategy, a core component of the WHO Country Focus Policy, was a country-specific, adaptable, medium-term (4–6 years) framework for cooperation between WHO and individual countries. The CCS defined a strategic agenda for WHO work in each country and discussed the implications of this agenda for the whole Organization.

96. Professor Mohammed Lemine Ba stressed that the formulation of CCSs in 45 of the 46 Member countries enabled WHO to undertake extensive consultations at country level with ministries of health as well as their national, bilateral and multilateral partners in order to determine the main health and development priorities for country-level planning. The analysis of the 45 CCS documents helped to define the regional priority programmes for technical cooperation. The Regional Office commenced a process of improving technical and managerial capacities of WHO country offices.

97. He said that the key lessons learnt during the CCS formulation exercise included the need for WHO technical support to be more responsive, focused, coordinated and strategic. This would require a change in the way country teams functioned. Continuous advocacy would be required to obtain overall acceptance of anticipated changes. The real challenge was to transform the strategic agendas into sustainable actions for better health outcomes.

98. Professor Lemine Ba said that in order to advance the CCS agenda within the African Region, Member States and partners should consider the CCS as a viable planning tool and the basis for developing biennial programme budgets. WHO should ensure that the CCSs are actually put into practice at all levels and that the strategic agendas are implemented. In addition, WHO should fully integrate the CCS into its managerial processes and ensure that well-led, well-staffed and well-equipped country teams are in place to effectively coordinate and deliver WHO technical support.

99. He recommended to the Committee the adoption of document AFR/RC55/8.

100. The delegates welcomed and endorsed the development of the WHO Country Cooperation Strategies. They recognized the process as highly consultative and participatory, leading to country ownership and strengthened collaboration. The CCS bottom-up approach of determining WHO's programme priorities based on countries' health priorities was commended.

101. Delegates raised some issues which required WHO attention. These issues included the need to clearly define indicators to monitor the implementation of the CCS strategic agenda in a participatory manner; reviewing the CCS documents in accordance with the changing needs of countries, particularly those in conflict and post-conflict situations; reducing the number of areas of work by focusing on the Organization's comparative advantages; encouraging integration of interventions; strengthening WHO's presence in countries with relevant expertise to facilitate the provision of high quality technical support to the health sector.

102. It was further stressed that coordination among stakeholders in health under the stewardship role of the ministries of health should be facilitated by WHO. In addition, CCSs should be linked to country-level planning processes, other development frameworks and subregional initiatives.

103. Committee members felt that WHO should consider the possibility of seconding specialized staff to the ministries of health and supplementing national staff salaries to encourage retention. They advised WHO to document and consolidate proven best practices in various programmes in one section on the web site. The capacity of health ministries should be strengthened to negotiate with partners, particularly for mobilizing resources for health.

104. Responding to comments by the delegates, the Secretariat appreciated the active participation of countries in the CCS development process which provided the Organization with key lessons. The outcomes of the CCSs were informing the Eleventh General Programme

of Work, the operational biennial workplans and other on-going actions aimed at strengthening WHO's support to countries. Specifically, Member States were informed that the ultimate number of selected areas of work and modalities for strengthening WHO's presence should be a result of negotiation between ministries of health and WHO country offices, taking into account the availability of resources as well as WHO's comparative advantage and complementarity with government and other partners.

105. The Secretariat further recognized the need for updating the CCSs according to changing needs and in accordance with existing frameworks such as the UNDAF, NEPAD and MDGs. There was also need to consider consolidation of best practices and decentralization of the WHO programme of technical cooperation in large countries and those in difficult situations, taking into consideration the availability of resources.

Achieving the health Millennium Development Goals: Situation analysis and perspectives in the African Region (document AFR/RC55/9)

106. Professor Mohammed Lemine Ba said that the introductory part of the document described the Millennium Development Goals as adopted by the Millennium Summit in 2000. The eight goals provided a framework for measuring development progress; they were also linked to the primary health care approach and health-for-all initiatives. Three of the MDGs were health goals and the rest were closely related to health.

107. He expressed the Programme Subcommittee's concern that although some achievements had been made in some countries on some MDGs, overall progress remained slow mainly due to weak health systems and inadequate resources. He said, for example, that child mortality was not decreasing rapidly enough, averaging 174 deaths per 1000 live births compared to 186 in 1990. Maternal mortality had worsened from 870 per 100 000 live births to an estimated 1000 per 100 000 between 1990 and 2003. The fight against HIV/AIDS, tuberculosis and malaria was also not vigorous enough.

108. Professor Mohammed Lemine Ba said that the perspectives section described opportunities such as the growing recognition of the health sector as central to development. It also noted the challenges of inadequate resources and weak health systems and proposed actions for development of health systems, scaling up of interventions and mobilization of resources, among others. Monitoring and evaluation should be undertaken using the indicators as already provided for under each Millennium Development Goal.

109. He concluded that the national authorities had the primary responsibility to achieve the Millennium Development Goals, to monitor and to report on their progress. Governments needed to do more to overcome the challenges and gaps in order to achieve the MDGs,

especially addressing the critical role of human resources at all levels. Interventions for accelerating the achievement of MDGs should be integrated into ongoing health reforms and other national development processes. Development partners, including WHO, should provide relevant technical and financial support.

110. He recommended to the Committee the adoption of document AFR/RC55/9 and its draft resolution AFR/RC55/WP/2.

111. Delegates expressed appreciation for the quality and pertinence of the document. It was suggested that the Millennium Development Goals should be closely linked with health sector reform, since the latter was critical for achievement of the goals. In this respect, countries requested technical support in order to strengthen health sector reforms. For example, there would be need for technical support for harmonization and coordination of partner support to countries. They requested technical support for developing multisectoral approaches, sharing best practices among countries, and strengthening leadership and stewardship.

112. Participants requested WHO to continue advocating for increased resource allocation to health. In this regard, the delegates suggested that the Director-General and the Regional Director write to heads of state requesting them to report their progress in meeting the 15% pledge to the health sector and requesting them to allocate at least 30% of the funds from the highly-indebted poor countries initiative to the health sector. Countries were urged to develop well-costed long-term health investment plans for achieving the MDGs.

113. Delegates mentioned the need to pay more attention to the involvement of communities in the achievement of the MDGs. HIV/AIDS should be included as a challenge to the achievement of all the other MDGs. The need for strengthening national and subnational (district and subdistrict level) health information systems and developing relevant indicators to facilitate monitoring and evaluation of MDGs was emphasized. The delegates supported the idea of setting up an observatory for human resources for health.

114. The delegates underscored the need for ensuring optimal utilization of existing resources; developing targets and indicators for gender issues; establishing special funds for MDGs at country level; supporting an integrated approach to delivery of health services; providing special support to countries facing greater difficulty in achieving the MDGs; supporting countries to develop ways of ensuring universal access to health services.

115. The delegates proposed that a special African Region document be developed on the progress made and the challenges encountered in attempts to achieve the MDGs. The document should be circulated during the Fifty-ninth World Health Assembly.

116. The Regional Director thanked the ministers of health and heads of delegation for their comments and suggestions. He acknowledged that the MDGs were quite complex since they involved all sectors. He noted that while some countries were achieving some of the MDGs, others might experience some difficulty in achieving them. However, he said that the most important thing was that all countries were committed and striving to achieve the MDGs. He recognized the need for more resources for scaling up interventions for achieving the health MDGs and for ensuring their efficient use. Dr Sambo agreed that there was need to align the MDGs with health sector reform and to strengthen national and district health systems as a necessary precondition for such achievement.

117. He acknowledged the need to strengthen the health management information systems at regional and national levels. He said that although noncommunicable diseases are not specifically mentioned in the MDGs, health promotion and improved lifestyles are part of NCD interventions.

118. He recognized the importance of health financing and the role of national health accounts, and explained that the World Bank and the International Monetary Fund had been invited to interact with the ministers of health. He expressed hope that the dialogue between ministers of health and ministers of finance would continue. He informed the participants that most of the development partners had expressed interest in supporting countries to implement the NEPAD health strategy in order to achieve the MDGs. He added that WHO was strengthening partnerships with the African Union, the NEPAD Secretariat and regional economic communities to support countries in this matter.

119. The Regional Committee subsequently adopted Resolution AFR/RC55/R2.

Local production of essential medicines, including antiretrovirals: Issues, challenges and perspectives in the African Region (document AFR/RC55/10)

120. Dr Boureima Hama Sambo, Rapporteur, Programme Subcommittee, explained that the document aimed to provide strategic direction for those countries contemplating local production of essential medicines, including antiretrovirals.

121. He pointed out that the world production of medicines was concentrated in a few industrialized countries. Production of generic medicines had become an important economic activity and contributed to improving access to medicines.

122. He explained that there were a number of issues related to access to medicines, namely, inadequate health-care budgets and high expenditure (as much as 30%) on pharmaceuticals. High medicine prices coupled with inadequate financing restricted access

by poor people to medicines. There was a great need for affordable generics and for balancing industrial and public health perspectives.

123. Dr Boureima Hama Sambo said that the document enumerated the challenges to the production of generic medicines in the Region, including limited capacity of countries to effectively make use of the TRIPS safeguards; unfavourable social, political and economic environments; weak infrastructure for economic and industrial development; high cost of utilities; and weak enforcement of policies and legislation.

124. He concluded that future prospects for countries in the Region were in the development and implementation of appropriate enabling government policies; enhancement of South-South collaboration and technology transfer; and exploration of the options of parallel importation, compulsory licensing and importation of generic equivalents.

125. He recommended to the Committee the adoption of document AFR/RC55/10.

126. Delegates appreciated that local production had many challenges, yet it was one of the methods for improving availability of essential medicines. Countries realized that they would still need to import medicines, and they mentioned the problems they faced in that area. They shared their different experiences with local production and highlighted their challenges: inadequate regulatory frameworks, drug stockouts, lack of access to capital and human resources, prohibitive costs of raw materials most of which are imported, sustainability of initiatives, non-compliance of national laws with TRIPS, and lack of intercountry and subregional cooperation.

127. Government roles and responsibilities as stipulated in the document were endorsed and emphasized. Concrete examples were shared on abolishing import duties on raw materials, forging intercountry partnerships, promoting public-private partnerships, and revising trade legislation to comply with TRIPS. Delegates suggested that the African Union should be involved in the issue of strategic location of subregional production units and harmonization of regulation.

128. Countries requested WHO technical support on Good Manufacturing Practice; inspection and training; strengthening government regulatory role; improving intersectoral collaboration (ministries of health, trade and finance); operational research to determine viability and sustainability of primary and secondary production; revision of legislation on trade to comply with TRIPS; pre- and post-marketing quality control; fostering intercountry collaboration, including subregional bulk purchasing. Concerning the decade of African traditional medicine declared by the African Union, clarification was sought on what

contribution WHO had made towards the initiative. There was a question on the meaning of “parallel importation”.

129. The following amendments were suggested:

- In paragraph 12: delete the first sentence and replace it with “In Kenya, the majority of public sector supply of essential medicines is from local sources, and Kenyan producers also export significantly to the EAC and COMESA regions. However, imported medicines are used widely in the private sector.” In line 3, replace “due to lack of government protection against competing imports and consumer preference for imported medicines” with “due to lack of regulatory control and preference for imported medicines by the private sector consumers and prescribers. This encourages cheap imports into the country, leading to unfair competition for locally manufactured products”.
- In paragraph 14, delete the sentence which starts with “Recently the Government...” and at the end of the paragraph, add the following: “In light of Algeria’s possible membership in WTO and its partnership with the European Union, regulations covering medicines have been changed and updated. Domestic production of medicines is no longer a prerequisite for importing medicines.”

130. The Secretariat was encouraged by the interest shown by Member States regarding local production of medicines. The advocacy role of WHO to sensitize those with capital to invest in this industry and to encourage dialogue between sectors such as health, trade and finance was recognized. The request for support was noted, and proposed amendments would be incorporated in the final version of the document. Clarification was given on “parallel importation” as a mechanism for importing a product which is marketed by a patent holder in another country without the patent holder’s authorization.

131. Countries were urged to review and update their regulations to facilitate local production, including revisiting bilateral agreements and fully exploiting flexibilities in the TRIPS agreement. Certain areas of the pharmaceutical sector needed to be strengthened, including medicine regulation, pooled procurement, drug distribution, and health systems in general. It was announced that the WHO Regional Office and headquarters were planning a meeting in October/November on harmonization of regulatory requirements. Concerning the decade of African traditional medicine, delegates were informed that WHO had developed guidelines on policy formulation, registration of traditional medicines, and codes of ethics to facilitate integration of traditional medicine into health systems.

Control of human African trypanosomiasis: A strategy for the African Region
(document AFR/RC55/11)

132. Dr Boureima Hama Sambo explained that the document highlighted the fact that distribution of human African trypanosomiasis (HAT), also known as “sleeping sickness”, was limited to the African continent. About 60 million people were at risk from the disease which is completely fatal if untreated. Therefore, HAT was a major public health problem in the Region, with the resurgence of both human and animal trypanosomiasis due to lack of sustained surveillance activities.

133. He stated that the strategy aimed to control epidemics in the medium term and to eliminate the disease as a public health problem in the long term. The specific objectives of the strategy were: (i) to strengthen the capacities of all affected countries to plan, implement, monitor and evaluate national HAT control programmes; (ii) to promote the involvement of public and private sectors in HAT control; and (iii) to promote operational research as a tool for identifying and addressing issues arising from the implementation of national HAT control programmes.

134. Dr Boureima Hama Sambo said that if the proposed strategy were adopted by the Regional Committee and implemented in the affected countries, it would contribute to the reduction of HAT morbidity and mortality in the Region and hence to the elimination of the disease as a public health problem by 2015.

135. He recommended to the Committee the adoption of document AFR/RC55/11 and its resolution, AFR/RC55/WP/3.

136. It was recognized that human African trypanosomiasis (HAT) was a public health problem that had been neglected for 25 years. The disease had recently broken out and spread to new foci.

137. The delegates commended the Regional Office for placing this important problem on the Regional Committee’s agenda and for the high-quality document prepared for their consideration. They underscored the relevance of the strategy and applauded that first effort by WHO to provide clear orientations on the use of vector control in combating HAT.

138. Concern was expressed about the high level of resistance to the drugs currently in use and those that were old or toxic. There was a dearth of health workers in that field and limited investment for combating trypanosomiasis from all sources. Current diagnostic methods were outdated and quite invasive. Other challenges included weak cross-border

surveillance, insufficient research to support control activities, inadequate laboratory capacity to support control and research, and weak intersectoral cooperation.

139. It was recommended that WHO request partners to invest more resources in the research and development of new non-invasive diagnostic tests, and new drugs, and engage in vector control and operational research. They underscored the need to support countries to train a sufficient number of health workers for combating HAT, to develop mechanisms for cross-border surveillance and cooperation, to coordinate with the African Union regarding HAT, to establish an intersectoral approach, to organize periodic meetings for sharing experiences, and to mobilize additional resources for HAT control.

140. The Secretariat explained that although targets might be ambitious, given existing resources, the proposed targets could be met with intensified surveillance, laboratory support, case detection and treatment, reduction of human and animal reservoirs, and tsetse control. The Committee was also informed about ongoing efforts to develop new methods of diagnosis and treatment and to expand research capacity in the Region. The Secretariat explained that greater efforts should be on improving existing drugs through the use of combined regimens because the development of new drugs took a long time.

141. The Regional Director thanked the delegates for their useful contributions and assured them that their suggestions and recommendations would be taken into account. He appealed to the governments of affected countries and international partners to allocate more resources to HAT control.

142. The Committee adopted document AFR/RC55/11 and Resolution AFR/RC55/R3.

Cardiovascular diseases in the African Region: Current situation and perspectives
(document AFR/RC55/12)

143. Dr Habib Saizi Somanje, Rapporteur, Programme Subcommittee, informed the Committee that the document explained that cardiovascular diseases (CVDs) were increasing rapidly in Africa and had become a public health problem throughout the Region. Complications occurred at younger ages in developing countries. The document noted the strategic orientations contained in the Global Strategy on Diet, Physical Activity and Health; WHO strategies on noncommunicable diseases and health promotion; and the Declaration of Heads of State of the African Union in Durban.

144. He said that the document explained that the most important CVDs were hypertension, stroke, cardiomyopathies and coronary heart disease. Rheumatic heart disease was still a major concern in the Region. One of the reasons for the increase of CVD in the

world was linked to the ageing of populations. Another reason was exposure to behavioural and physiological risk factors. Eight of these were responsible for 75% of CVDs and had been prioritized by the WHO STEPS approach. As with other noncommunicable diseases, CVDs were not yet given the attention they deserved. As a result, most countries did not have national programmes or strategies to address CVD. Similarly, surveillance systems for CVD risk factors were almost non-existent in the Region.

145. Dr Habib Saizi Somanje informed the Committee that the document proposed a number of priority interventions aimed at reducing the burden of CVD in the Region. They included setting up a national noncommunicable diseases programme including CVD; setting up surveillance systems based on risk factors; building the capacity of health personnel; ensuring availability of cost-effective medicines for CVD; implementing primary and secondary prevention of rheumatic heart disease, the Framework Convention on Tobacco Control, and the Global Strategy on Diet, Physical Activity and Health.

146. He said that the document concluded that cardiovascular diseases were major public health concerns in the Region. Key interventions needed to be implemented promptly; high priority should be given to primary prevention (and health promotion); there was dire need for strong advocacy and high political commitment.

147. He invited the Committee to adopt document AFR/RC55/12 and its draft resolution AFR/RC55/WP/4.

148. The delegates welcomed the document and expressed appreciation to WHO for bringing this public health issue, which was of increasing importance, to the attention of Member States in the Region.

149. The participants lamented the lack of knowledge about the magnitude of cardiovascular diseases and other noncommunicable diseases in the Region. They recognized the fact that reliable data on risk factors for noncommunicable diseases were critical for preparing relevant national programmes. In addition, limited availability of diagnostic capabilities, weak management capacities, lack of financial resources and non-existence of national programmes in many African countries hampered effective approaches to the prevention and control of cardiovascular diseases.

150. The delegates requested further WHO support for implementing the STEPwise approach surveys and for capacity building. They also requested additional technical support for programme planning and implementation, including the possibility of organizing a regional meeting on risk factors with special emphasis on substance abuse.

151. Responding to the comments, the Secretariat expressed satisfaction with the interest shown by delegates, thanked them for sharing their experiences regarding on-going and planned activities and pledged to provide the technical support required. Recognizing the existence of the present window of opportunity, the Secretariat informed the members of the release of the global report on chronic diseases later in the year and urged them to show further commitment to reducing the burden of cardiovascular diseases in the Region.

152. The Committee adopted document AFR/RC55/12 and Resolution AFR/RC55/R4.

**Implementation of the Framework Convention on Tobacco Control in the African Region:
Current status and the way forward (document AFR/RC55/13)**

153. Dr Habib Saizi Somanje informed the Committee that the document highlighted tobacco as the largest cause of preventable death globally and was estimated to kill 4.9 million people annually. It was the second major cause of death in the world. By 2020, tobacco will kill 10 million people per year, 70% in developing countries. In Africa, tobacco use prevalence was 29% in males and 7% in females in 2000. Being a major risk factor in cardiovascular disease and cancer, it added to the double burden of disease in Africa, a region that was currently grappling with HIV/AIDS and malaria. The greatest public health impact of smoking on infection was the increased risk of tuberculosis, a particularly serious problem in Africa.

154. He said that the document recollected that the WHO Framework Convention on Tobacco Control was developed to counter the tobacco epidemic. On 27 February 2005 the Convention entered into force and became legally binding for the first 40 countries that became Contracting Parties before 30 November 2004, including five African countries. As of 1 June 2005, nine countries of the African Region had ratified the Convention; seven had not signed and 30 are taking steps to ratify it.

155. Dr Habib Saizi Somanje added that the document emphasized the urgency of setting implementation goals and laying plans and strategies for the implementation of the Convention. Building national plans and establishing legal and institutional frameworks were key steps for implementing the Convention. The importance of public health should outweigh the economic importance of tobacco. Member States should take advantage of the recognized link between tobacco control and the achievement of the Millennium Development Goals.

156. He invited the Committee to adopt document AFR/RC55/13.

157. Delegates supported the FCTC and expressed appreciation for the quality of the document and all the support provided by WHO so far in the FCTC process. The delegates expressed concern regarding the small number of countries in the Region that had ratified the FCTC. They called upon the remaining countries to take the appropriate measures to ratify and deposit their instruments of ratification at the Treaty Section of the UN Office of Legal Affairs before 1 November 2005 in order to enable them to participate at the first Conference of Parties which will take place in Geneva in February 2006.

158. Participants requested that WHO provide technical support for implementation of national plans of action and development of legislation; advocate for heads of state to ensure their commitment to tobacco control; provide technical assistance for organizing a workshop on awareness and capacity building on the Framework Convention on Tobacco Control.

159. Delegates emphasized the importance of the multisectoral approach, the development of national plans of action and national legislation in accordance with the FCTC. They also underscored the need to include tobacco control in all programmes aimed at achieving the MDGs.

160. Delegates stressed the need to have a strong representation during the first Conference of Parties and to speak with one voice. In this respect, South Africa offered to organize a regional meeting in order to set up a common African platform prior to the Conference.

161. The Secretariat thanked all the delegates for their excellent contributions, for sharing their experiences and for their commitment to advocate for the FCTC, not only within countries but also with neighbouring countries. They noted that countries are in different stages of ratification. The Secretariat emphasized the need for a multisectoral approach for both tobacco control and control of NCD in general. For Member States that produce tobacco, the Secretariat advised adoption of an economic approach in the negotiation on tobacco control. In this regard, the Secretariat encouraged them to consider not only mortality but also deaths prevented and morbidity avoided when calculating the economic impact of tobacco consumption.

162. The Secretariat alerted the Committee that only the countries that will have ratified and deposited the instruments of ratification at the Treaty Section of the UN Office for Legal Affairs will be allowed to participate at the Conference of Parties. The Committee was informed that during the UN General Assembly in September 2005 a ceremony will be held for signing treaties and depositing instruments, including the FCTC. Countries were encouraged to take all the necessary measures to ratify the FCTC and to take advantage of that event to sign and deposit their instruments of ratification.

163. The Committee adopted document AFR/RC55/13.

Reproductive cloning of human beings: Current situation (document AFR/RC55/14)

164. Dr Alexandre Manguéle, Rapporteur, Programme Subcommittee, informed the Committee that the aim of this document was to create awareness among ministers of health in the African Region by providing them with critical and relevant information on the reproductive cloning of human beings and its implications to the health status of the population.

165. He said that *cloning* was a term generally used by scientists to describe different processes for duplicating biological material. A *clone* is an organism that is a genetic copy of an existing one. *Nuclear transfer* is a technique used to duplicate genetic material by creating an embryo through transfer and fusion. When nuclear transfer technique is applied for reproductive cloning of human beings, it is surrounded by strong ethical concerns and considered a threat to human dignity.

166. He said that the document recalled that the international community has tried, without success, to build a consensus on the issue of reproductive cloning of human beings. In February 2005, the Legal Committee of the United Nations General Assembly recommended to the Assembly the adoption of a declaration on human cloning. In this declaration, Member States were called upon to prohibit all forms of human cloning as they threatened human dignity and the protection of human life.

167. Dr Alexandre Manguéle said that the document underscored that some of the ethical concerns of reproductive cloning are related to the risk of causing physical, psychological or social harm; exploitation of the poor; inequitable distribution of resources; and inadequate attention to priority issues in the Region. The potential benefits of non-reproductive human cloning and nuclear transfer included the use of stem cells as replacement cells to treat some chronic diseases as well as to assist in drug development, diagnostic techniques, and the creation of cells and tissues for transplantation.

168. He said that the document highlighted the fact that in most African countries there are no specific regulations and policies regarding genetic manipulations for therapeutic, research and reproductive purposes. Consequently, there were increased risks from illegal or unethical experiments and projects involving human reproduction.

169. He informed the Committee that the document recommended addressing these issues, and that countries should establish stringent policies and regulations and effective implementation and monitoring mechanisms, including national ethics review committees.

WHO and partners were called upon to provide technical and financial support to countries to undertake the necessary actions. Member States were called upon to ensure that all medical research proceed in an ethical manner that protects human dignity.

170. He invited the Committee to adopt document AFR/RC55/14.

171. Delegates pointed out that this was a sensitive and complex ethical, moral and legal issue which should be considered within country specificities while acknowledging WHA resolutions and the UN General Assembly declaration. In the area of stem cell research and therapeutic cloning, concern was raised about ethical issues related to harvesting and banking of stem cells, especially by persons who are not competent. They recommended that matters relating to stem cell harvesting and research need to be under strict government control and regulation rather than left to private individuals or the private sector.

172. WHO support was requested in the areas of policy development and regulation, strengthening of capacity for ethical review, and facilitating exchange of information and experiences.

173. The Secretariat clarified that the agenda item was proposed by the Regional Committee and agreed upon during their fifty-fourth session. The purpose of the document was to provide information to Member States on technical issues and to apprise them of what is happening in the international debate. The Regional Committee would also have a chance to discuss regional implications and advise the Secretariat on the way forward.

174. Voting on the UN declaration had shown that the world is still divided on the matter and debate will continue. The harvesting and banking of stem cells by persons who are not competent constitute abuses of therapeutic cloning and an exploitation of the poor and should therefore be strictly controlled by government. Delegates were informed that guidelines for ethical review of research proposals already exist and that the development of policies related to cloning should be done within the context of national health policies and reproductive health strategies. The Secretariat took note of requests for technical support and assured the delegates that the offer for information sharing would be followed up.

175. The Committee adopted document AFR/RC55/14.

Guiding principles for strategic resource allocations (document AFR/RC55/15)

176. Dr Alexandre Manguale informed the Committee that the document recalled that in 1998, Resolution WHA51.31 introduced a mechanism for resource allocation in the six regions of WHO. Subsequently, the budgets in Africa and Europe had increased while the others had

decreased. The evaluation report was presented to the Fifty-seventh World Health Assembly where the other four regions recommended discontinuing the existing formula for resource allocation at the end of 2005. Decision WHA57(10) asked the Director-General to develop a new formula based on equity, efficiency, performance and greatest need. The first draft was produced and presented to the one-hundred-and-fifteenth and one-hundred-and-sixteenth sessions of the Executive Board.

177. He said that the document discussed guiding principles that were presented in the context of proposed changes to the results-based managerial framework of WHO. It emphasized the need to allocate resources based on programmes, functions and perspectives. The document suggested the development of three main instruments to be used for determining resource allocation: a medium-term strategic plan (2008–2013); strategic resource allocation principle and criteria; and validation mechanisms.

178. He added that the document contained seven guiding principles for strategic resource allocation: (i) allocation must be driven by expected organization-wide results; (ii) the budget should encompass all WHO financial resources; (iii) the planning process should be guided by the General Programme of Work and Country Cooperation Strategies; (iv) relative resource indications should be defined for the full strategic planning period; (v) past performance of specific programmes should be taken into account; (vi) three complementary perspectives should be considered—programmatic, functional and organizational; (vii) the planning process and results-based budget must be validated.

179. Dr Alexandre Manguete said that when the work on the guiding principles for strategic resource allocation was completed, the validation mechanism will include parameters, indicators, indices and thresholds for allocation. The mechanism took into consideration three components. The core component was related to the core functions of WHO; the engagement component reflected additional resources required for administrative functions; and the needs-based component reflected the health and socioeconomic status of countries served, and used an index to inform additional resource allocation.

180. He surmised that the document proposed (i) to link strategic resource allocation to the key managerial processes of the Organization: the General Programme of Work 2006–2015, a medium-term strategic plan 2008–2013 and programme budgets; (ii) to develop a validation mechanism; and (iii) to present the resource indication ranges emerging from the validation mechanism to the one-hundred-and-seventeenth session of the Executive Board.

181. He invited the Committee to adopt document AFR/RC55/15.

182. Delegates welcomed the document which is of very high importance to the African Region where resources for health actions are most needed. They also commended the contributions of the African members of the Executive Board during the one-hundred-and-fifteenth and one-hundred-and-sixteenth sessions of the Board on the subject of a fair system of resource allocation. They equally commended the African group on health matters in Geneva in this respect and proposed that the relationship between this group, the Regional Committee and the Regional Office be formalized during this fifty-fifth session of the WHO Regional Committee for Africa.

183. They, however, expressed deep concern about the ambiguity of many critical issues and the contradictions to previously stated policy commitments which focus greater attention on the priority health needs of countries.

184. Taking into account the different levels of development of countries and the challenges faced by many African countries due to the disproportionate disease burden and weak health systems, the delegates reiterated the need for the system of resource allocation among regions to be firmly rooted in the principles of equity and solidarity to countries in greatest need, particularly the "least developed countries". Delegates further proposed the addition of the following guiding principle under paragraph 12: "Allocations between regions are firmly rooted in the principles of equity and solidarity to countries in greatest need, particularly least developed countries."

185. Delegates stressed the need for the African Region to remain vigilant in order to ensure the Secretariat's compliance with the above guiding principles so as to enable the Region to meet its health challenges. They reaffirmed the importance of a political approach in agreeing to the guiding principles through adoption of a resolution by the World Health Assembly.

186. Delegates mandated the Regional Director to formally respond to WHO headquarters about the document, highlighting areas of concern, seeking clarifications on key issues relating to the strategic resource allocation process, and making proposals for possible solutions. In addition, the Secretariat was urged to develop guidelines that could facilitate better understanding of this new allocation process.

187. Responding to the delegates, the Secretariat expressed appreciation for their contributions and reassured them that their comments will be channelled to headquarters and followed up to ensure their consideration during the next session of the Executive Board. Efforts will be made to ensure that the revised version of the document being prepared for the next Board session reflects their views, particularly as concerns resource allocation to the core functions as well the specific needs of countries.

DECLARATION

HIV prevention in the African Region: A call for accelerated action

188. Professor Mohammed Lemine Ba, Chairman of the Programme Subcommittee, informed the meeting that the Regional Director had prepared two additional documents for discussion:

- “HIV Prevention in the African Region—A Call for Accelerated Action”;
- “Invitation for offers to host the Global Ministerial Summit on Health Research, 2008”.

189. He introduced the first document pointing out that it contained a summary of the HIV/AIDS situation in the African Region and emphasized the urgent need to intensify prevention. The document requests the Regional Committee to review and endorse the declaration of 2006 as the Year of Acceleration of HIV Prevention in Africa. He informed the delegates that the Programme Subcommittee had unanimously supported the initiative to accelerate HIV prevention and declare 2006 a year of special focus. He recommended that the Regional Committee adopt this initiative.

190. The Regional Committee adopted Resolution AFR/RC55/R6.

CALL FOR RESEARCH SUMMIT

Invitation for offers to host the Global Ministerial Summit on Health Research, 2008

191. Professor Ba introduced the second document entitled “Invitation for offers to host the Global Ministerial Summit on Health Research, 2008”. He recalled that the Fifty-eighth World Health Assembly had discussed the statement on health research prepared in Mexico and adopted Resolution WHA58.34 Ministerial Summit on Health Research 2008. The resolution proposed that the Ministerial Summit for 2008 be held in Africa.

192. He reported that the Ministerial Summit on Health Research 2008 aimed at promoting a culture of research. One of the objectives was to generate knowledge for achieving health goals at the national and international levels through improvements in the performance of national health systems and the strengthening of socioeconomic development.

193. WHO had requested offers from the Member States to host the Ministerial Summit 2008. Professor Ba underscored that the host country would be required to fulfill the following criteria:

- (a) Have a health research culture;
- (b) Invite all the ministers of health from the 192 Member States;
- (c) Pay the local costs for ministers, including local transportation, accommodation, meals, cultural events (e.g. music and drama), security and protocol;
- (d) Have adequate accommodation and conference facilities for the approximately 1000 people who were expected to attend the Summit;
- (e) Have experience in successfully hosting large, high-level international meetings or conferences;
- (f) Be easily accessible by air from all parts of the world;
- (g) Have international airport facilities that could handle heavy traffic;
- (h) Sign a Memorandum of Understanding with WHO for the joint organization of the Summit;
- (i) Make a financial contribution to WHO towards implementation of the Ministerial Summit on Health Research 2008 for public relations and advance preparation of the Summit.

194. Professor Mohammed Lemine Ba informed the delegates that the Programme Subcommittee had welcomed the holding of the Ministerial Summit 2008 in the African Region and had commended the process of consultation with Member States to identify and choose the country that would host the event. He added that the Programme Subcommittee had accepted the criteria for selecting the host country and had proposed a list of potential countries which included Algeria, Kenya, Mali, Mozambique, Nigeria, Rwanda, Senegal and South Africa. He invited the Regional Committee to make a decision regarding the host country.

195. Burkina Faso, Kenya, Mali, Mozambique, Nigeria, Rwanda, Senegal and South Africa offered to host the Summit. Upon reflection, Kenya, Nigeria, Rwanda and Senegal withdrew their invitation. To facilitate consensus, Algeria withdrew its invitation and offered to host one of the preparatory meetings for the Summit. Nigeria and Rwanda supported the candidature of South Africa. Kenya asked instead to host the 2009 international health promotion conference, and Senegal asked to be actively involved in preparations for the Summit.

196. The Committee mandated the Regional Director to continue consultations with the countries in order to reach a consensus regarding the host country and to report either during the World Health Assembly in May 2006 or during the fifty-sixth session of the Regional Committee for Africa in 2006.

INFORMATION DOCUMENTS

Report on human resources in WHO in the African Region

(document AFR/RC55/INF.DOC/1)

197. Mr Garry Bromson, Director, Division of Administration and Finance, presented the document for the information of the Committee. The report provided an overview of the staffing profile in WHO in the African Region as at 1 June 2005; it covered the overall staffing situation by category and grade, gender, geographical representation, nationality and duty station.

198. Delegates welcomed the document and expressed concern about imbalances in gender and geographical representations in the Organization. The Secretariat was encouraged to work towards the 50% women recruitment requested by the heads of state of the African Union. Likewise, particular efforts should be made to encourage applications from under-represented countries.

199. In response, the Secretariat recognized the pertinence of the concerns expressed by the delegates and informed them of the current efforts to rectify the gender and geographical imbalances. The delegates were, however, reminded of the recruitment criteria which are mainly based on competence. With regards to geographical representation, it should be remembered that some countries have more eligible and available human resources than others.

International migration of health personnel: A challenge for health systems in developing countries (document AFR/RC55/INF.DOC/2)

200. Dr Alimata J Diarra-Nama, Director, Division of Health Systems and Services Development, presented the document for the information of the Committee. It suggested that the reasons for deterioration of health systems in the African Region were multiple and complex. A key contributing factor was the chronic neglect of the health workforce. The situation was further aggravated by migration, brain drain, the HIV/AIDS pandemic and under-investment in the health sector.

201. The migration of health workers had recently drawn a lot of attention at national, regional and international levels. A number of meetings and consultations aimed at addressing human resources for health, and particularly issues of migration of health workers, had resulted in various declarations and actions. One important achievement was the adoption of World Health Assembly Resolution WHA57.19 International migration of health personnel: A challenge for health systems in developing countries in May 2004.

202. The Committee concurred that since migration of health workers imposed complex challenges on health systems, there was an urgent need to develop collaborative partnerships and interventions in countries to effectively address the problem. They urged countries to train more health workers with support from the receiving countries. Delegates felt that migration and active recruitment is a moral issue and raised the issue of compensation to originating countries by receiving countries. It was noted that migration issues cannot be sustainably resolved unless the pull and push factors, mainly poverty, are properly addressed.

203. The members proposed that the recommendations of the HRH regional consultations held in Brazzaville in July 2005 be widely disseminated. They stressed the importance of these recommendations and that they must be endorsed by the ministers of health in the African Region before being implemented. The Secretariat should collaborate with other partners such as the International Labour Organization to ensure the "right of health workers to free movement."

204. Responding, the Secretariat informed the Committee that the recommendations from the regional HRH consultation will be made available to countries for consideration.

Tuberculosis control: The situation in the African Region

(document AFR/RC55/INF.DOC/3)

205. Dr Antoine Kabore, Director, AIDS, Tuberculosis and Malaria, presented the document for the information of the Committee. The tuberculosis epidemic in the Region had reached emergency proportions despite significant efforts by Member States and collaborating partners to implement internationally recommended control strategies.

206. In order to significantly impact on the trend of the epidemic and reduce TB-related suffering and death, the following actions need to be undertaken urgently:

- (a) declare TB a regional emergency; develop emergency strategies and plans to accelerate TB control in the Region (e.g. a roadmap for TB control)
- (b) urgently increase case detection and treatment success rates

- (c) build strong partnerships for TB control, especially public-private partnerships
- (d) accelerate implementation of community-based interventions for TB control
- (e) accelerate implementation of collaborative TB/HIV interventions
- (f) mobilize additional financial and technical resources for TB control
- (g) strongly advocate at all levels for speedy control of the TB epidemic in the Region.

207. The Emeritus Director of the STOP TB Partnerships and a representative of TB patients reinforced the call to declare the current burden of tuberculosis a regional emergency.

208. The Regional Committee discussed the document and agreed that urgent and sustained actions need to be undertaken to halt and reverse the TB epidemic if the MDG and Abuja targets for TB control are to be achieved. The draft resolution declaring TB as a regional emergency was adopted, bearing in mind the legal procedures involved in making the resolution a reality.

Sickle-cell disease: A public health problem in the African Region

(document AFR/RC55/INF.DOC/4)

209. Dr Rufaro Chatora, Director, Division of Noncommunicable Diseases, presented the document highlighting the importance of sickle-cell disease as an important cause of childhood morbidity and mortality in the Region. He lamented the fact that adequate attention is not given to this public health concern. In order to reduce the high burden of the disease, some key interventions were proposed, such as the creation of a national sickle-cell control programme with emphasis to be put on capacity building as well as the creation of facilities for diagnosis and management of patients.

210. The head of delegation of Congo presented a summary report of the proceedings of the meeting organized by the Congolese government and the first ladies of some African countries. The meeting issued a declaration urging African Member States to recognize sickle-cell disease as a regional scourge and take appropriate steps to address this concern.

211. The delegates expressed their support to the current initiative and agreed to consider the issue of sickle-cell disease as an agenda item of one of the Regional Committee meetings.

Avian influenza: Spread and pandemic preparedness and response in the African Region
(document AFR/RC55/INF.DOC/5)

212. Dr James Mwanzia, Director, Division of Prevention and Control of Communicable Diseases, presented the document and recalled that Resolution WHA56.19 expressed concern about the lack of preparedness for an influenza epidemic. Member States were urged to draw up and implement national preparedness plans, and they requested the Director-General to strengthen global influenza surveillance. He informed the delegates that WHO would continue to provide guidelines for developing national pandemic preparedness plans, support establishment and strengthening of surveillance and laboratory diagnostic capacity, and train laboratory personnel.

213. Delegates welcomed the information from the Global Influenza Programme and proposed that the Regional Office organize a meeting of experts in the Region. They requested further guidance from WHO on the way forward.

214. The Secretariat informed the delegates that more information is available on WHO web sites. The Regional Office would be organizing a regional consultation meeting on this issue later this year (2005) which would also make recommendations on how to deal with the spread of the pandemic.

Smallpox: Destruction of variola virus stocks (document AFR/RC55/INF.DOC/6)

215. Dr James Mwanzia reminded the Regional Committee that Resolution WHA55.15 authorized the further temporary retention of the existing stocks of live variola virus held at two locations, namely the Centers for Disease Control and Prevention in Atlanta, Georgia, United States and the Russian State Centre for Research on Virology and Biotechnology in Koltsovo, Novosibirsk Region, Russian Federation, with the understanding that all approved research would remain outcome-oriented and time-limited.

216. The resolution further requested the Director-General to continue the work of the WHO Advisory Committee on variola virus research and to report annually to the World Health Assembly on what research, if any, must be carried out to reach consensus on the timing of destruction of virus stocks. The Advisory Committee recommended permissible research in five areas. Due to biosafety and biosecurity concerns, the Director-General had recommended that the issue be reconsidered by the Advisory Committee at its next meeting.

217. The delegates expressed concern that the retention centres are not in WHO albeit they are under WHA authorization and that the retention should be strictly temporary. African health ministers still opposed the genetic engineering of the smallpox virus, which fell under

permissible research as recommended by the Advisory Committee, due to possible risks of laboratory accidents, deliberate release and bioterrorism. The Minister of Health of South Africa presented a summary of the three issues concerning the destruction of variola virus.

218. It was agreed that a decision on the timing for destruction of the remaining stocks needs to be made. Recommendations of the Advisory Committee should be further discussed by the EB and WHA before any final decision is taken on these issues. The Regional Committee suggested that the composition of the Advisory Committee should be reviewed to ensure balanced representation, including increasing the representation from the African Region. Members emphasized the special risks faced by the African Region where populations are already burdened with HIV/AIDS and are therefore immuno-compromised.

219. The Regional Director informed the delegates that he would contact the Director-General with a view to having this issue become a substantive agenda item for the EB as well as to advocate for greater regional representation and balance on the Advisory Committee. He would also inform the Director-General about all the Regional Committee concerns regarding the destruction of variola virus stocks.

Information on forthcoming major health events in the African Region

220. Benin and Cameroon informed the Committee of an upcoming meeting of the West African Network on Malaria in Pregnancy, 3-7 October 2005 in Benin. Also, the Fifth Global Forum on Roll Back Malaria Partnerships will be held 18-19 November in Yaounde, Cameroon. Uganda informed delegates of a meeting on evidence-based interventions for sustainable health financing, 7-9 November 2005. Delegates recommended that all information on upcoming events should be communicated to the Regional Office so that it can be put on the web site.

ROUND TABLE (document AFR/RC55/RT/1)

221. The Round Table discussion was conducted in parallel with the Regional Committee meeting and was on the following topic: HIV prevention in the African Region. The Chairman of the Round Table, Dr Alex Kamugisha, Minister of State for Health, Uganda, presented the report (*see Annex 5*).

PANEL DISCUSSION (document AFR/RC55/PD/1)

222. The Panel Discussion was conducted in parallel with the Regional Committee meeting and was on the following topic: Social determinants of health and health inequalities:

A matter of concern in the African Region. The Chairman of the Panel Discussion, Dr Zeinab Mint Youba-Maiga, Minister of Health, Mali, presented the report (*see Annex 6*).

SPECIAL SESSION (document AFR/RC55/SS/1)

223. The special session discussion was conducted in parallel with the Regional Committee meeting and was on the following topic: Sustainable health financing in Africa. The session was divided into two parts. Part I was chaired by Dr Hetherwick Ntaba, Minister of Health, Malawi; Part II was chaired by Dr Lea Koyassoum-Doumta, Minister of Public Health and Population, Central African Republic (*see Annex 7 for the report*).

DATES AND PLACES OF THE FIFTY-SIXTH AND FIFTY-SEVENTH SESSIONS OF THE REGIONAL COMMITTEE (document AFR/RC55/17)

224. Dr Paul Lusamba-Dikassa, Director, Programme Management, introduced this document to the Regional Committee.

225. After exhaustive discussions, the Regional Committee agreed that the venue of its fifty-sixth session would be Addis Ababa, Republic of Ethiopia, and that the session would be held from 28 August to 1 September 2006. Kenya and Chad expressed their wishes to host the fifty-seventh session; however, the venue of the fifty-seventh session in 2007 would be determined at the fifty-sixth session.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE
(document AFR/RC55/20)

226. The report of the fifty-fifth session of the Regional Committee (AFR/RC55/20) was adopted with minor amendments.

CLOSURE OF THE FIFTY-FIFTH SESSION OF THE REGIONAL COMMITTEE

Closing remarks by the Regional Director

227. In his closing remarks, Dr Luis Gomes Sambo, the Regional Director, expressed satisfaction with the proceedings and outcomes of the Regional Committee meeting. He commended the ministers of health and heads of delegation for their active participation throughout the meeting. He recognized the seriousness and pragmatism put into the discussions of critical public health issues confronting the Region. He thanked the Committee for their endorsement of the declaration of 2006 as the year of acceleration of HIV prevention

in Africa. He also thanked the Chairman of the fifty-fifth session of the Regional Committee for the efficient manner in which he had managed the proceedings.

228. Dr Sambo thanked the African Union, the regional economic communities and representatives of UN agencies for accepting his invitation to participate in the Regional Committee meeting. He also expressed his gratitude to the representatives from the World Bank and the International Monetary Fund for attending the meeting and for co-organizing the special session on health financing. He also thanked the Director of the Stop TB Initiative and the Goodwill Ambassador for Maternal and Child Health in the African Region for attending the meeting and sharing experiences with the delegates.

229. He further thanked the Minister of Health of Mozambique and the WHO country office for all the logistical arrangements and for creating an excellent enabling environment throughout the meeting. He thanked the Regional Office staff and the WHO country representatives for their contributions towards the success of the meeting. Finally, the Regional Director thanked the interpreters and drivers as well as protocol, security, catering and logistical staff for their hard work which contributed to the success of the meeting.

Vote of thanks

230. The motion of vote of thanks to the president, government and people of the Republic of Mozambique for hosting the fifty-fifth session of the Regional Committee was moved by Ms Lea Koyassoum Doumta, the Minister of Public Health and Population, Central African Republic, on behalf of the delegates. It was adopted by the Regional Committee.

Remarks by the Chairman and closure of the meeting

231. In his closing remarks, Prof Paulo Ivo Garrido, Chairman of the fifty-fifth session of the WHO Regional Committee for Africa, said that they had come to the end of five days of very hard work, fruitful exchange of experiences and intensive debate. He said that they had been five days of intensive soul-searching and collective brainstorming for more efficient ways of addressing public health concerns in order to ensure a better health future for the African people.

232. The Chairman acknowledged the enormity of the challenges confronting Africa but underscored that determination, commitment and morale to overcome them were high. He said that the meeting had resulted in Africa being more united and having clear tasks and responsibilities. He expressed the sentiment that the mission and goals of the fifty-fifth session of the Regional Committee had been adequately realized.

233. The Chairman thanked all the delegates for their dedication which had contributed to the success of the meeting. He thanked the Secretariat, interpreters and drivers as well as protocol, security, social welfare and communication experts for their hard work and professionalism. Through the Regional Director, he thanked all the Regional Office staff for their superb preparations for the session. He thanked the ministers and heads of delegation for coming to Mozambique and extending a feeling of African solidarity to the host country. He thanked all the partners who attended the meeting and whose presence demonstrated that Africa is not alone in its efforts to promote health and to wage war against disease. Finally, he wished everyone a safe trip back home.

234. The Chairman then declared the fifty-fifth session of the Regional Committee closed.