

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Agenda item 5**Statement of the Chairperson of the Programme Subcommittee to the Regional Committee****Opening of the Meeting**

1. The Programme Subcommittee (PSC) met virtually from 23 to 25 June 2025 and reviewed 10 documents, seven of which were devoted to public health matters of regional concern, such as the framework for accelerating implementation of the global oral health action plan; accelerating progress in the health and well-being of women, children and adolescents; strengthening rehabilitation in health systems; advancing universal access to safe, effective and quality-assured blood products; galvanizing collective action to meet the 2030 malaria targets; the public health emergency workforce; and strengthening Africa's health security. The PSC reviewed three additional documents, including criteria for selection of a Member State desirous of hosting a session of the Regional Committee; proposals for designation of Member States on committees that require representation from the African Region; and accreditation of non-State actors not in official relations with WHO to participate in sessions of the Regional Committee. The revised documents will be presented to the Seventy-fifth session of the Regional Committee for Africa.

2. On 24 June, the acting Regional Director, Dr Chikwe Ihekweazu, welcomed all participants to the three-day meeting, and expressed delight at the opportunity to chair that important meeting. He announced that the new Regional Director, Dr Mohamed Janabi would soon assume the leadership role in the African Region and expressed confidence in Dr Janabi's ability to lead the Region to greater heights. The acting Regional Director went on to thank the United Republic of Tanzania for its leadership as African Group Coordinator, and African Region delegates to the Seventy-eighth World Health Assembly and the 157th session of the Executive Board, for reflecting Africa's strong, strategic engagement, particularly on pandemic preparedness and programme budget issues. Looking ahead, Dr Ihekweazu urged Member States to sustain the momentum by actively participating in the Intergovernmental Working Group on the Pandemic Agreement in July and the Seventy-fifth Regional Committee session, to be held in Lusaka, Zambia, from 25 to 27 August 2025.

3. The PSC elected Dr Adaeze Ogochukwu Okonkwo from Nigeria as its Chairperson, and Dr Lillian Matolase Gondwe Chunda from Malawi as its Vice-chairperson, with the representatives of Algeria, Zambia and Sao Tome and Principe equally elected as French, English, and Portuguese rapporteurs, respectively. The PSC adopted its agenda and programme of work without any objections. In her acceptance speech, Dr Okonkwo thanked the Committee for its confidence in her and called for everyone's full support. She urged PSC members to thoroughly review the proposed documents, which included strategies and resolutions, stressing that the review process must ensure that the documents were inclusive and upheld the principle of leaving no one behind.

Technical and health matters

4. The PSC discussed the document titled ***Regional framework for accelerating implementation of the global oral health action plan***, which addresses the high burden of oral diseases in the WHO African Region. Despite the fact that oral diseases affect nearly half of the global population and are preventable, they remain underfunded and poorly integrated into health systems. The framework aligns with resolution WHA74.5 on oral health and builds on the Regional oral health strategy 2016–2025, offering a unified vision and strategic direction to strengthen oral health systems and achieve universal health coverage for oral health by 2030. It outlines key objectives, including enhancing leadership and resource allocation, addressing social and commercial determinants, promoting innovative workforce models, integrating oral health into national health service packages, and strengthening surveillance and research. The framework sets ambitious targets, such as ensuring that at least 50% of the population in each Member State has access to essential oral health services and achieving a 10% reduction in oral disease prevalence by 2030. It emphasizes a people-centred, preventive approach and calls for stronger political commitment, inter- and multisectoral collaboration, and the use of digital technologies.

5. The PSC observed that oral health constitutes a critical component of overall well-being, but remains a neglected priority within the broader noncommunicable disease (NCD) programmes across Member States. This oversight has led to significant gaps in access, planning and integration, particularly at the primary health care level. The PSC identified priority areas for strengthening the framework. First, clearer guidelines are needed on integrating oral health into national budgets, especially considering fiscal constraints and the global funding environment. Second, strategies should be developed to overcome barriers to community-level integration, including the promotion of task shifting at the primary care level. Third, oral health should be prioritized and integrated into essential health services and national essential medicines lists. Lastly, oral health should be embedded within school health programmes, recognizing the long-term benefits of early intervention and education.

6. The PSC recommended the revised document titled ***Regional framework for accelerating implementation of the global oral health action plan: addressing oral diseases as part of noncommunicable diseases towards universal health coverage and health for all by 2030*** for consideration by the Seventy-fifth session of the Regional Committee.

7. The PSC discussed the document titled ***Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region***. Despite the achievement of some progress in reducing maternal and child mortality, the pace remains insufficient to meet the 2030 targets of the Sustainable Development Goals. The African Region continues to bear a disproportionate share of global maternal and child deaths, driven by poor quality of care, limited access to essential services, health emergencies, and fragile settings. Persistent challenges include underfunded sexual and reproductive health services, high adolescent birth rates, inadequate health worker capacity, and weak health financing. Only a fraction of women receive adequate antenatal and postnatal care, and millions of children remain unvaccinated. Health systems are strained by emergencies, conflict and poor infrastructure, while data gaps hinder evidence-based decision-making.

8. The framework proposes three strategic flagships: stimulating investments in health as a development priority; capacitating health systems for service delivery; and ensuring quality essential services across the life course. The approach emphasizes integrated, people-centred care, community engagement, and multisectoral collaboration to improve outcomes for women, children and adolescents across the African Region.

9. The PSC commended the emphasis of the document on the need for country-specific contextualization, adequate resources, strong integration, and robust monitoring and evaluation to accelerate progress towards the 2030 targets. The PSC noted that while the Region was on track, progress remained slow due to persistent systemic challenges, and called for innovative, out-of-the-box solutions and a sharper focus on reducing maternal and child mortality. PSC members stressed that while the health of adolescent mothers was addressed in the document, mortality reductions within the group remained marginal, requiring targeted interventions. The importance of strengthening the community health workforce and addressing governance and health financing constraints was equally underscored.

10. The PSC recommended the revised document titled *Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region* for consideration by the Seventy-fifth session of the Regional Committee.

11. The document titled *Regional strategy to strengthen rehabilitation in health systems 2025–2035* was presented to the PSC. Rehabilitation needs across the African Region are rising, yet more than 63% of people who need rehabilitation services do not have access to them, chiefly because rehabilitation remains poorly integrated into national health plans and budgets. Where services do exist, they rarely reach primary care or community levels, leaving coverage fragmented and inadequate. The strategy aims to ensure that rehabilitation services are fully integrated into public health systems in a manner that contributes to the attainment of universal health coverage in the WHO African Region. Its objectives include strengthening governance, integrating rehabilitation data into health information systems, expanding workforce capacity, and embedding rehabilitation into essential health packages and emergency preparedness plans. The strategy promotes a person-centred approach that leaves no one behind.

12. PSC members commended the clear indicators and realistic timelines presented in the strategy. They stressed that rehabilitation must be affordable and available across the entire primary health care continuum, with a strong focus on the community level to ensure early detection, interventions and follow-up. Furthermore, PSC members highlighted the increasing need for rehabilitation services for injuries sustained from road traffic accidents, and the importance of making health facilities accessible to all. They also underscored the importance of collaboration with the urban planning and transport sectors to create an enabling environment and to eliminate barriers in accessing health and rehabilitation services. In addition, PSC members stressed the need for capacity building at all levels, including the need for specialist and community-level services, as well as greater mobilization of domestic resources to advance full integration of services, inclusive of rehabilitation-related assistive technology.

13. The PSC recommended the revised document, *Regional strategy to strengthen rehabilitation in health systems, 2025–2035*, for consideration by the Seventy-fifth session of the Regional Committee.

14. The PSC discussed the document titled *Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030*. Blood transfusion is a critical component of health care, especially for vulnerable populations such as women experiencing postpartum haemorrhage, children with malaria, and people living with chronic conditions. Despite its importance, over half of the blood needs in the African Region remain unmet, with countries collecting only 5.2 units per 1000 people – far below the WHO-recommended 10 units.

15. This framework aims to guide Member States in strengthening blood transfusion systems through improved governance, sustainable financing, infrastructure upgrades, workforce development, and public awareness. It sets ambitious targets for 2030, including increasing voluntary non-remunerated blood donations to 80%, achieving full screening for transfusion-transmitted infections, and implementing national guidelines for clinical use of blood in all countries. The framework further proposes strategic interventions such as developing national policies, enhancing blood service management, building human resource capacity, ensuring quality testing, and leveraging technology such as the use of drones and artificial intelligence to improve access and efficiency.

16. The PSC commended the Secretariat for effectively identifying the critical gap in the availability of blood and blood products across Africa, as well as for articulating strategic measures to address it. The Committee recommended the incorporation of localized research to better understand the sociocultural and systemic barriers to blood donation. Such research would inform targeted interventions aimed at increasing the willingness of individuals to donate blood regularly. Furthermore, PSC members emphasized the importance of exploring public-private partnerships in the delivery of blood transfusion services, within strengthened regulatory mechanisms. Such partnerships could play a pivotal role in expanding access to safe blood while embedding sustainability mechanisms within robust regulatory and quality assurance frameworks. Finally, the Committee underscored the need for comprehensive community sensitization initiatives, whose purpose should be to raise awareness about the life-saving importance of both donating and receiving blood, while respecting prevailing cultural sensitivities, norms and beliefs, in order to reduce preventable mortality.

17. The PSC recommended the revised document titled ***Framework to advance universal access to safe, effective, and quality-assured blood products in the WHO African Region: 2026–2030*** for consideration by the Seventy-fifth session of the Regional Committee.

18. The PSC reviewed the document titled ***Addressing threats and galvanizing collective action to meet the 2030 malaria targets***. Malaria mortality and case incidence in the WHO African Region have stalled at unacceptably high levels, jeopardizing the achievement of the 2030 targets. Malaria incidence in the WHO African Region fell by only 5% and mortality by 16% between 2015 and 2023. Life-saving interventions still fail to reach large segments of the population, while the programme relies on external funding for 67% of its resources, just as donor commitments are declining. Persistent obstacles include weak health-system capacity, underfinancing, conflict-driven humanitarian crises, climate-related transmission shifts, and growing insecticide and drug resistance, compounded by fragmented partner coordination. There is a need for high-level political commitment and coordinated collective action to reverse this trend. Recommended priorities include closing the financing gap through increased domestic and innovative funding mechanisms; rationalizing partnership structures to reduce waste; and reinforcing health-system capacity for integrated, equitable delivery of proven tools to eliminate malaria deaths.

19. PSC members stressed the public health importance and timeliness of the strategy, especially its contribution to addressing the high morbidity and mortality rates in the Region. They agreed on the need for sufficient funding and recognized the negative impact of environmental and climatic changes on these indicators. PSC members called for the strengthening of the capacities of national public health institutes and emergency response mechanisms to enable them detect, investigate and respond swiftly to malaria upsurges. They also called for a rigorous evaluation of current strategies to ensure value for money through interventions that deliver the greatest health impact, and to determine the resources needed to achieve the malaria targets.

20. To accelerate learning, the PSC recommended greater emphasis on the systematic exchange of best practices from countries making exceptional progress. Finally, PSC members requested that the document explicitly address four priorities, namely sustained and expanding roll-out of malaria vaccination, robust resource mobilization efforts, especially increased domestic funding, strong intersectoral collaboration, and deeper community engagement. The PSC also encouraged exploration and application of novel artificial intelligence tools to enhance prediction of the risk of malaria outbreaks, and enhanced surveillance to prevent malaria re-establishment in areas that may have interrupted malaria transmission.

21. The PSC recommended the revised document titled *Addressing threats and galvanizing collective action to meet the 2030 malaria targets* for consideration by the Seventy-fifth session of the Regional Committee.

22. The PSC discussed the document titled *Status of public health and emergency workforce in Africa*, which highlights the urgent need to strengthen the health workforce to achieve universal health coverage (UHC) and health security across the WHO African Region. With a workforce density of only 1.55 per 1000 population – far below the 4.45 threshold required for UHC – the Region faces a critical shortage of approximately 6 million health workers.

23. The document outlines the major workforce challenges, including limited training capacity, inadequate workforce planning and funding, high attrition, poor working conditions, and geographic maldistribution. Emergency preparedness is particularly affected, with limited specialized training in outbreak response, mental health and psychosocial support. To address these gaps, the framework proposes bold actions such as integrating digital technologies and point-of-care tools into primary health care, adopting continental protocols for health worker mobility, expanding training and retention strategies, and ensuring fair employment conditions.

24. The PSC commended the document's strategic emphasis on both public health and emergency response workforce. Members called for the integration of digital technologies into capacity building, drawing on lessons learnt from the COVID-19 pandemic. They highlighted the need to bolster institutional support by establishing dedicated public health programmes and embedding simulation-based emergency training within existing curricula. The PSC also noted that the lack of structured career progression undermines workforce retention, and called for strategies to counter brain drain by incentivizing health workers to remain at home and securing commitments from destination countries to support source-country health systems.

25. To improve the quality of training, the Committee recommended enhanced collaboration with African regulatory and professional bodies, addressing tutor-to-student imbalances, harmonizing training standards, and adapting continuing professional development to strengthen regional mobility and competence. Members proposed mobilizing domestic resources to train unemployed health professionals as a reserve surge workforce, and stressed the importance of workforce security in conflict-affected and fragile settings. The PSC further recommended recognizing and integrating the Global Health Emergency Corps, emergency medical teams, and AVOHC-SURGE teams into national systems, while also leveraging the WHO Academy for ongoing capacity building. They further recommended expanding the document's proposed actions to fully integrate public health workforce needs within the broader emergency preparedness and response framework.

26. The PSC recommended the revised document titled *Status of public health and emergency workforce in Africa* for consideration by the Seventy-fifth session of the Regional Committee.

27. The PSC reviewed the technical paper titled ***Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships***. The paper proposes measures to enhance the response to the increasing frequency and complexity of public health emergencies in the WHO African Region. In 2024 alone, 251 public health events were recorded, many of which occurred in fragile contexts already strained by natural disasters, conflict and food insecurity. While the Region has adopted key strategies and flagship initiatives to improve preparedness, detection and response, including PROSE, TASS and SURGE, implementation has been slow, and emerging challenges such as funding cuts, technological gaps and weak cross-border coordination persist. There is need to advocate for accelerated and innovative action to strengthen detection systems, build resilient health systems, and enhance partnerships, especially given the changing global funding landscape.

28. Despite the existence of clear regional strategies, persistent challenges limit progress, and surveillance remains weak at the subnational level, with only a partial roll-out of key tools such as e-IDSR and poor integration of community-based and cross-border surveillance systems. Laboratory and genomic capacities are inadequate, workforce shortages are acute, and there is limited adoption of new technologies such as artificial intelligence for early detection. Financial insecurity poses a significant threat, especially following the notification by the United States Government of its intention to withdraw from WHO, leading to a projected US\$ 65 million shortfall. Fragmented partnerships, underinvestment in domestic systems, and misalignment between donor and country priorities further exacerbate these vulnerabilities, weakening Africa's preparedness and capacity to respond to emergencies.

29. To address these gaps, a comprehensive set of actions are proposed for Member States to accelerate the roll-out of the third edition of the IDSR, improve community and genomic surveillance, adopt digital tools and One Health frameworks, and invest in local workforce development and resilient service delivery, especially in fragile settings. Strategic partnerships should be broadened to include regional banks, philanthropies, and public-private initiatives, with strengthened domestic financing and contributions to regional health security funds. WHO and partners are called upon to provide technical leadership, facilitate cross-border coordination, support capacity building, and advocate for sustained and aligned funding to reinforce the Region's health security architecture.

30. The PSC acknowledged the timeliness of the document and appreciated the consolidated presentation of achievements. Member States also requested that the amended IHR (2005) should be referenced in the document along with the Pandemic Agreement. It was further suggested that the document should indicate how Member States will be supported in implementing the two instruments. Further the PSC recommended emphasizing biosafety and biosecurity, as well as the need to have integrated and interoperable digital systems.

31. The PSC recommended the revised document titled ***Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships*** for discussion at the Seventy-fifth Regional Committee.

32. The PSC considered the ***Proposals for designation of Member States on committees that require representation from the African Region***, which were developed in line with resolution AFR/RC54/R11 that provided for the establishment of three subregional groupings. The PSC recommended the following proposals for adoption by the Regional Committee:

Membership of the Programme Subcommittee

33. The terms of Burundi, Eswatini, Nigeria, Sao Tome and Principe, Sierra Leone and United Republic of Tanzania will come to an end at the Seventy-fifth session of the Regional Committee for Africa. It is therefore proposed that they be replaced by Botswana, Ethiopia, Guinea-Bissau, Madagascar, Rwanda and Gambia. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Algeria (2023–2026)	7. Gabon (2023–2026)	13. Zambia (2023–2026)
2. Benin (2023–2026)	8. Kenya (2023–2026)	14. Angola (2023–2026)
3. Burkina Faso (2024–2027)	9. Equatorial Guinea (2024–2027)	15. Malawi (2024–2027)
4. Ghana (2024–2027)	10. Chad (2024–2027)	16. Mauritius (2024–2027)
5. Guinea-Bissau (2025–2028)	11. Ethiopia (2025–2028)	17. Botswana (2025–2028)
6. Gambia (2025–2028)	12. Rwanda (2025–2028)	18. Madagascar (2025–2028)

Membership of the Executive Board

34. The terms of office of Togo, Cameroon, Comoros, and Lesotho on the Executive Board will end with the closing of the Seventy-ninth World Health Assembly in May 2026.

35. In accordance with resolution AFR/RC54/R11, which outlines the arrangements for nominating Member States of the African Region to the Executive Board, it is proposed as follows:

- (a) **Côte d'Ivoire, Guinea, Mozambique, and South Sudan** to replace Togo, Cameroon, Comoros, and Lesotho, respectively, beginning with the one-hundred and fifty-ninth session of the Executive Board in May 2026, immediately following the Seventy-ninth World Health Assembly. The Executive Board will therefore be composed of the following Member States of the African Region:

Subregion 1	Subregion 2	Subregion 3
Cabo Verde (2025–2028)	Central African Republic (2025–2028)	Zimbabwe (2024–2027)
Côte d'Ivoire (2026–2029)	South Sudan (2026–2029)	Mozambique (2026–2029)
Guinea (2026–2029)		

- (b) **Côte d'Ivoire** is proposed to serve as **Vice-Chair** of the Executive Board as from the one-hundred and fifty-ninth session.
- (c) **Cabo Verde is proposed to replace Comoros on the Programme Budget and Administration Committee (PBAC).** The PBAC will therefore be composed of Zimbabwe and Cabo Verde from the African Region.
- (d) **Mozambique is proposed to replace Togo on the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR).** The SCHEPPR will therefore be composed of the Central African Republic and Mozambique from the African Region.

Officers of the Seventy-ninth session of the World Health Assembly

36. It is proposed that the Chairperson of the Seventy-fifth session of the Regional Committee for Africa be designated as **Vice-President** of the Seventy-ninth session of the World Health Assembly to be held in May 2026.

37. With regard to the Main Committees of the Assembly, it is proposed as follows:

- (a) Uganda to serve as **Rapporteur of Committee A**;
- (b) Ghana to serve as **Chair of Committee B**;
- (c) South Africa, Sierra Leone, Kenya, and United Republic of Tanzania to serve on **the General Committee**;
- (d) Senegal, Sao Tome and Principe, and Eswatini to serve on the **Committee on Credentials**.

Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)

38. The terms of office of Senegal and Seychelles will come to an end on 31 December 2025. In accordance with the English alphabetical order, it is proposed that they be replaced by South Sudan and Togo for a period of three years with effect from 1 January 2026 to 31 December 2028.

39. South Sudan and Togo will thus join Sierra Leone and South Africa on the Policy and Coordination Committee.

Membership of the Special Programme for Research and Training in Tropical Diseases (TDR) Joint Coordinating Board (JCB)

40. The term of office of Burkina Faso on the TDR Joint Coordinating Board will expire on 31 December 2025. In accordance with paragraph 2.2.3 of the TDR Memorandum of Understanding, Burkina Faso has reapplied for membership on the JCB starting in 2026. The Committee proposed that Burkina Faso represent the African Region for a four-year term beginning on 1 January 2026.

The Monitoring Committee (MCF) of the African Public Health Emergency Fund (APHEF)

41. The term of office of the last MCF ended in 2015. To revitalize the Fund and bolster oversight, it is proposed that the MCF be reconstituted in accordance with the APHEF Operations Manual, which provides that its membership will consist of three sitting ministers of health and three sitting ministers of finance or their representatives. It is proposed that members serve a two-year, non-renewable term.

42. The following countries and ministers are proposed for nomination by the Seventy-fifth Regional Committee:

- (a) Burkina Faso: Minister of Finance
- (b) Cabo Verde: Minister of Health
- (c) Eritrea: Minister of Health
- (d) Kenya: Minister of Finance
- (e) Angola: Minister of Health
- (f) Seychelles: Minister of Finance.

43. The PSC reviewed document AFR/RC75/PSC/11 on the accreditation of regional non-State actors wishing to participate in sessions of the WHO Regional Committee for Africa. The Secretariat issued a fourth call for applications in October 2024 and screened 20 submissions. Fifteen were excluded for various reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, or failure to pass a due diligence check.

44. In line with the approved procedure and the Framework of Engagement with non-State Actors (FENSA), the five non-State actors recommended for accreditation are: African Field Epidemiology Network (AFENET); African Society for Laboratory Medicine (ASLM); Aliko Dangote Foundation (ADF); Stichting PharmAccess International; The END Fund. Each of them contributes to core regional priorities ranging from outbreak response training and diagnostic quality improvement to primary health care financing and neglected tropical disease control. The contributions of these non-State actors would bring additional technical depth to Regional Committee deliberations.

45. In line with the approved procedure, five accredited non-State actors became eligible for renewal in 2025. Of the five eligible non-State actors, the following three applied and are recommended for renewal: Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA). PROMETRA and Stichting BRAC International did not submit applications and it is proposed that their accreditation be discontinued.

46. After some clarifications from the Secretariat on the accreditation process, the PSC members recommended the document entitled *Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa* for consideration by the Regional Committee as part of the statement of the Chairperson of the PSC, and not as a standalone document.

47. The PSC reviewed the document titled *Criteria for selection of a Member State desirous of hosting a session of the Regional Committee*. The document addresses the need to formalize and streamline the process by which Member States of the WHO African Region can express interest and be selected to host Regional Committee sessions. Traditionally, hosting the Regional Committee outside the Regional Office has been based on requests by Member States, but no procedure has been standardized. During the Seventy-fourth session, after two Member States were unable to reach consensus on their hosting bids, the Regional Committee resorted to a secret ballot for the first time. To resolve such situations, Member States requested a more transparent and equitable selection process to avoid voting and ensure fair opportunity among interested countries.

48. In response to the request of Member States, the Secretariat proposes clear procedures and criteria for expressing interest and selecting a Member State to host a session of the Regional Committee. A timeline is introduced where the Regional Director calls for expressions of interest 90 days before the Regional Committee session, with interested Member States required to respond at least 30 days prior to the opening date. Eligibility conditions include having no outstanding WHO financial obligations and agreeing to cover all additional costs related to hosting. Selection will follow the principles of geographical rotation among the three subregions, alphabetical order within the same subregion if needed, and prioritization for Member States that have never hosted before. A standardized template agreement is also provided to ensure mutual understanding of roles, responsibilities and financial commitments.

49. The PSC commended the proposed criteria and procedures, where the formalized approach aims to enhance transparency, promote equitable hosting opportunities across the Region, ensure proper planning and resourcing, and prevent last-minute disputes or logistical setbacks. Ultimately, the framework reinforces shared responsibility and regional solidarity, while aligning with WHO rules and best practices for organizing high-level intergovernmental meetings.

50. The PSC recommended the document titled *Criteria for selection of a Member State desirous of hosting a session of the Regional Committee* for adoption by the Regional Committee.

Discussions on other items proposed by Members of the Programme Subcommittee

51. Members of the PSC requested updates on resource mobilization in the Region in view of the changing funding landscape, and the local manufacturing strategy for the Region.

52. The Secretariat provided an update on analyses of the impact of external aid reductions on countries of the Region. The update highlighted trends in external aid flow to the Region in the previous five years, including funding channels. The presentation showed the programmes and countries that benefitted the most from external funding, and which now face the greatest threats from the current reductions. It further showcased the analytic framework developed by the Regional Office for assessing the vulnerability of health systems to financial shocks, considering factors such as aid dependency, budget space potential, current health spending levels, and capacity to borrow.

53. The Secretariat further presented an update on the *Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035*, which was endorsed at the Seventy-fourth Regional Committee. Progress has been made in implementing the WHO regional framework to boost in-continent production of medicines, vaccines and health technologies. Progress includes technical support provided to Institut Pasteur de Dakar, IPD–Zeit Pasteur collaborations, and maturity assessments that have elevated several countries toward WHO prequalification standards. Key partnerships with UNITAID, the Gates Foundation, Africa CDC, AUDA-NEPAD, and the African Development Bank were highlighted, alongside ongoing ecosystem assessments and policy dialogues to attract investment. WHO continues to broker Health Technology Access Pool agreements and support Member States in committing domestic resources to local production of medicines, while maintaining ongoing dialogue with manufacturers to sustain the momentum.

Closure of the Programme Subcommittee meeting

54. The Chairperson of the PSC, Dr Adaeze Ogochukwu Okonkwo (Nigeria), informed participants that the Secretariat would share the draft meeting report in all three working languages of the WHO African Region with PSC members within 10 days. Members would then have five days to provide feedback. The Secretariat would address all proposed revisions, and once cleared by the Chairperson, the final report would be posted on the RC75 webpage.

55. In her concluding remarks, the Chairperson thanked PSC members for the rich discussions and their valuable contributions, despite the virtual format of the meeting. She also expressed appreciation to the representatives of the Executive Board, the outgoing PSC members, the Acting Regional Director, and the Secretariat for the efficient organization of the meeting and the high quality of the documents submitted.

56. The Acting Director of Health Systems and Services, Dr Adelheid Onyango, speaking on behalf of the Acting Regional Director, thanked the Chairperson, members of the PSC and the Executive Board, and representatives of Geneva-based missions for their active participation in the virtual meeting. She congratulated the Acting Regional Director on the excellent preparation of the meeting, and acknowledged the PSC members for their insightful comments, document reviews, and meaningful deliberations. She bid farewell to the outgoing PSC members, and further expressed gratitude to all staff involved in the meticulous peer review of the documents submitted for the consideration of the PSC. She concluded by announcing the arrival in Brazzaville of the new Regional Director, Dr Mohamed Janabi.

57. The Chairperson of the PSC formally closed the meeting by once again thanking PSC members for their engagement and contributions.

**Annex 1. Accreditation of regional non-State actors not in official relations
with WHO to participate in sessions of the WHO Regional Committee
for Africa**

Report of the Secretariat

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Introduction

1. The Seventy-first session of the WHO Regional Committee for Africa (the Regional Committee) approved¹ the procedure for granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the Regional Committee, in accordance with the Framework of Engagement with Non-State Actors (FENSA).²

2. In line with Rule 2 of the Rules of Procedure of the Regional Committee for Africa, international, regional and national nongovernmental organizations, international business associations and philanthropic foundations that are not in official relations with the Organization but are accredited in accordance with paragraph 57 of the Rules of Procedure and FENSA, may participate, without the right to vote, in the deliberations of the Regional Committee, as stipulated in FENSA.³ All accredited non-State actors are able to participate, upon invitation, in sessions of the Regional Committee and to submit written and/or oral statements.⁴

3. To be eligible to apply for accreditation, a non-State actor shall meet the following criteria: (a) its aims and purposes shall be consistent with the WHO Constitution and in conformity with the policies of the Organization; (b) it shall be actively engaged with the Regional Office; (c) it shall operate at regional or subregional level; (d) it shall be non-profit in nature and in its activities and advocacy; (e) it shall have an established structure, a constitutive act and accountability mechanisms.

4. At its Seventy-second session in August 2022, the Regional Committee granted accreditation, for the first time, to five non-State actors.⁵ This was followed by the accreditation of eight additional non-State actors at the Seventy-third session⁶ in August 2023, and the accreditation of six more at the Seventy-fourth session⁷ in August 2024. To date, a total of 19 non-State actors have been accredited.

5. In October 2024, the fourth call for applications was launched in English, French and Portuguese through the website of the WHO Regional Office for Africa (the Regional Office) and its social media platforms. Additionally, the call was widely disseminated by email to interested parties. Drawing on lessons learnt from the previous year, and with the objective of maximizing engagement from non-State actors, the deadline for applications to the Seventy-fifth session was extended by 2 weeks compared to previous years, with a final submission date of 15 December 2024.

6. To facilitate understanding of the application process, the Regional Office organized a virtual briefing session on 29 October 2024 for potential applicants and the registration link of the virtual

¹ WHO. *Regional Committee for Africa decision on Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual session: WHO Regional Office for Africa; 2021 (AFR/RC71/Decision 9).

² WHO. *Framework for the Engagement with Non-State Actors (FENSA)*. Geneva: World Health Organization, 2016 (Resolution WHA69.10).

³ WHO Regional Committee for Africa, 74. (2024) Rules of Procedure of the Regional Committee for Africa.

⁴ WHO. *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual. World Health Organization Regional Office for Africa, 2021 (AFR/RC71/2).

⁵ WHO, Accreditation of non-State actors at the 72nd Regional Committee. Lomé: World Health Organization Regional Office for Africa, 2022 (AFR/RC72/Decision 9).

⁶ WHO. *Accreditation of non-State actors at the 73rd Regional Committee*. Botswana: World Health Organization Regional Office for Africa, 2023 (AFR/RC73/Decision 11).

⁷ WHO. *Accreditation of non-State actors at the 74th Regional Committee*. Brazzaville: World Health Organization Regional Office for Africa, 2024 (AFR/RC74/Decision 8).

briefing was included in the call for applications. A total of 75 non-State actors operating within the health sector in Africa registered to join the virtual briefing, with 40 actively participating.

7. In line with paragraph 9 of the adopted procedure,⁸ the Regional Office is mandated to review requests for accreditation by non-State actors and make recommendations to the Programme Subcommittee on their eligibility for accreditation.

8. In accordance with paragraph 10 of the adopted procedure,⁹ non-State actors that were not granted accreditation may submit a new application no sooner than 2 years after the Regional Committee's decision.

9. As stated in paragraph 11 of the adopted procedure¹⁰, accreditation is valid for 2 years. During this period, the accredited non-State actor is obliged to inform the Regional Office of any change that occurs in relation to any of the elements that constitute a criterion for eligibility.

Review of applications

10. **Twenty (20) new applicants** responded to the call for applications before the 15 December 2024 deadline. Consistent with FENSA and pursuant to the procedure for accreditation, the Regional Office reviewed the applications for accreditation to ensure fulfilment of the established criteria and other requirements for eligibility, including due diligence. As a result of the review, the Regional Office **excluded 15 entities** for various reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, and failure to pass a due diligence check.

11. The Regional Office determined that the applications of **five entities** fulfilled the eligibility criteria. In certain cases, the criterion regarding active engagement with the Regional Office was considered fulfilled when an applicant had conducted research or advocacy activities on WHO meetings, policies, norms and standards for at least 3 years, in accordance with paragraph 53 of FENSA.

12. The following five entities are presented for consideration by the Programme Subcommittee: African Field Epidemiology Network (AFENET); African Society for Laboratory Medicine (ASLM); Aliko Dangote Foundation (ADF); Stichting PharmAccess International (PharmAccess); and The END Fund.

13. A summary of each non-State actor recommended for accreditation by the Regional Committee at its Seventy-fifth session in 2025 is contained in Sub-annex I to this report.

⁸ WHO. *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual session: World Health Organization Regional Office for Africa, 2021 (AFR/RC71/2).

⁹ WHO. *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual session: World Health Organization Regional Office for Africa, 2021 (AFR/RC71/2).

¹⁰ WHO. *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual session: World Health Organization Regional Office for Africa, 2021 (AFR/RC71/2).

Renewal of accreditations

14. In accordance with the established procedure for the accreditation of non-State actors, those accredited during the Seventy-second session of the Regional Committee¹¹ are, for the first time, eligible to request renewal of their accreditation, considering that the initial 2-year accreditation period has now elapsed.

15. Pursuant to paragraph 12 of the accreditation procedure, a simplified application process is available to non-State actors that have already been accredited and are seeking renewal for a consecutive 2-year period. Under this procedure, non-State actors are invited to submit a statement indicating only the changes to the information provided in their previous application. The simplified procedure is voluntary and may be applied for no more than two consecutive renewals.

16. In accordance with paragraph 13 of the accreditation procedure, every 2 years, accredited non-State actors are required to submit a report of their participation in Regional Committee sessions, including a brief update on other activities they have carried out within the framework of their engagement with WHO.

17. Of the five non-State actors eligible for renewal, three submitted applications in accordance with the simplified procedure, while two did not submit applications. Based on the review undertaken, the following three entities are recommended for renewal of accreditation by the Regional Committee at its Seventy-fifth session: Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and the West African Alcohol Policy Alliance (WAAPA). In light of the same review, the Secretariat proposes that accreditation be discontinued for the following two entities: PROMETRA and Stichting BRAC International.

18. A summary of the activities reported by each non-State actor recommended for renewal is provided in Sub-annex II to this report.

Action by the Programme Subcommittee

19. The Programme Subcommittee is invited to consider recommending to the Seventy-fifth session of the WHO Regional Committee for Africa the adoption of the following decision:

The Regional Committee for Africa,

Having considered and noted the report of the Secretariat on the accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa,

- (1) Decided to approve the following five regional non-State actors recommended by the Programme Subcommittee for accreditation to participate in sessions of the WHO Regional Committee for Africa: African Field Epidemiology Network (AFENET); African Society for Laboratory Medicine's (ASLM); Aliko Dangote Foundation (ADF); Stichting PharmAccess International (PharmAccess); and The END Fund.

¹¹ [WHO, *Accreditation of non-state actors at the 72nd Regional Committee*. Lomé: World Health Organization Regional Office for Africa, 2022 \(AFR/RC72/Decision 9\).](#)

- (2) Decided to renew the accreditation of the following three regional non-State actors for participation in sessions of the WHO Regional Committee for Africa: Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA).
- (3) Further decided to discontinue the accreditation of the following two regional non-State actors for participation in sessions of the WHO Regional Committee for Africa: PROMETRA and Stichting BRAC International.

Sub-Annex I. Regional non-State actors recommended for accreditation to participate in sessions of the WHO Regional Committee for Africa

African Field Epidemiology Network (AFENET)

1. Established in 2005, AFENET is a non-profit networking and service organization dedicated to improving health outcomes in the African Region. Headquartered in Kampala, Uganda, AFENET collaborates with ministries of health and national, regional and international partners to strengthen public health systems and enhance health security across the continent.
2. AFENET aims to build and sustain field epidemiology and public health laboratory capacity to address major public health challenges in the Region, with particular emphasis on the prevention and control of epidemics and other priority health threats. This objective is achieved through: (a) the implementation of field epidemiology and laboratory training programmes to develop a skilled public health workforce; (b) strengthening public health laboratory systems; (c) improvement of disease surveillance and response capacities; (d) promotion of collaboration and networking among stakeholders; and (e) documentation and dissemination of best practices for epidemic control and health systems resilience.
3. Since 2016, AFENET has collaborated with the WHO Regional Office for Africa and WHO country offices to support Member States in strengthening public health systems, notably through contributions to poliomyelitis eradication, acute flaccid paralysis surveillance, the strengthening of routine immunization programmes and the introduction of new vaccines.
4. AFENET is governed by a general assembly, which elects a board of directors responsible for strategic oversight of the organization. The day-to-day operations are managed by a management team, which is responsible for the implementation of programmes and activities across the Region.

African Society for Laboratory Medicine (ASLM)

5. ASLM is a non-profit organization with its headquarters registered in Addis Ababa, Ethiopia, and additional legal registration in South Africa. Established in 2011, ASLM is a pan-African organization committed to strengthening the quality, accessibility and sustainability of laboratory services in the African Region.
6. The ASLM mission is to improve clinical and public health outcomes by advancing professional laboratory practice, promoting scientific excellence and fostering laboratory networks. The organization works to position itself as a leading actor in policy development, coordination and advocacy for laboratory capacity-building and the establishment of laboratory standards across the continent.
7. Since its establishment, ASLM has collaborated closely with the WHO Regional Office for Africa on a range of laboratory and public health initiatives. ASLM conducts activities with 33 countries in the African Region, notably through contributions to partnerships that aim to strengthen laboratory systems, support the purchase of laboratory equipment and build testing capacity.
8. ASLM is governed by a board of directors composed of between nine and 25 members. The board is responsible for providing strategic oversight and meets at least three times per year. An executive committee oversees the implementation of the organization's strategies and the management of day-to-day operations.

Aliko Dangote Foundation (ADF)

9. ADF is a legally registered private charitable foundation headquartered in Lagos, Nigeria. Established in 1994 by Alhaji Aliko Dangote and initially incorporated as Dangote Foundation, ADF is committed to improving lives across Africa through interventions in health, education and economic empowerment.

10. The Foundation aims to contribute to sustainable development by making strategic investments that improve health outcomes, promote access to quality education and enhance economic empowerment, with a focus on supporting vulnerable and underserved populations. The ADF approach emphasizes impactful and sustainable interventions that address social and economic inequalities.

11. ADF has collaborated with the WHO Regional Office for Africa and WHO country offices on poliomyelitis eradication efforts in the African Region.

12. The Foundation is governed by a nine-member board of trustees, which is responsible for providing oversight and strategic guidance to the organization's work.

Stichting PharmAccess International (PharmAccess)

13. PharmAccess is a non-profit organization established in 2001 and headquartered in Amsterdam, The Netherlands. The organization is dedicated to improving access to health care in sub-Saharan Africa by promoting innovative solutions to address barriers within health systems.

14. PharmAccess aims to enhance access to health care by leveraging digital technologies and mobile innovations to connect patients with health-care providers, strengthen trust through data-driven approaches, and mobilize public and private resources for the benefit of patients and health professionals. The organization focuses on the development of inclusive and sustainable health systems through interventions such as improving quality standards, providing financial support to health care facilities, and conducting operational research to advance health care access and outcomes in the Region.

15. PharmAccess collaborates with WHO country offices in the African Region on a range of initiatives aimed at strengthening health care and supply chain systems for medical products. These collaborations include the use of digital health solutions, operational research, data sharing, capacity-building for health care providers and advocacy for universal health coverage.

16. PharmAccess is governed by an executive board, responsible for the strategic management of the organization, and a supervisory board, which provides oversight and guidance to ensure effective governance and accountability.

The END Fund

17. The END Fund is a private philanthropic initiative established in 2012 and headquartered in New York, United States of America. It is recognized as a leading global philanthropic entity exclusively dedicated to supporting the elimination of the most common neglected tropical diseases through targeted technical and financial support, with particular emphasis on the African Region.

18. The END Fund's mission is to contribute to improving the health and well-being of populations at risk of neglected tropical diseases by supporting Member States in accelerating the

elimination of these diseases, in line with the WHO NTD Roadmap and the 2030 global targets. The Fund focuses on delivering cost-effective, community-based interventions that generate positive health, education and socioeconomic outcomes. Its priority areas include the control and elimination of intestinal worms, schistosomiasis, lymphatic filariasis, onchocerciasis (river blindness) and trachoma.

19. In the African Region, The END Fund collaborates closely with the WHO Regional Office for Africa through the Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN). The collaboration includes the implementation of activities aimed at supporting Member States in combating schistosomiasis, soil-transmitted helminthiasis, onchocerciasis and lymphatic filariasis.

20. The organization is governed by a board of directors, supported by a senior management team, which together ensure the transparent, responsible and sustainable management of its programmes in alignment with its mandate and strategic objectives.

Sub-Annex II. Regional non-State actors recommended for renewal to participate in sessions of the WHO Regional Committee for Africa

Uniting to Combat NTDs

1. Since its last accreditation, Uniting to Combat NTDs has updated its strategy and operational plan, placing greater emphasis on resource mobilization. The composition of the board was renewed with the appointment of new members, and an interim executive director was designated. The organization has also streamlined its objectives to prioritize the mobilization of resources for neglected tropical diseases, including through the use of the Kigali Declaration and the commitment tracker to strengthen political commitment and resource mobilization efforts.
2. Uniting to Combat NTDs actively participated in the Seventy-third and Seventy-fourth sessions of the Regional Committee for Africa, submitting statements and co-organizing a high-level side event during the Seventy-third session on financing for neglected tropical diseases titled “Unlocking Financing for NTDs in Africa”.
3. It also contributed to ESPEN Steering Committee meetings on neglected tropical disease guidance, resource mobilization strategies and advocacy.

Wellbeing Foundation Africa (WBFA)

4. WBFA confirmed that there have been no changes to the information provided in its previous application. The Foundation continues to operate under the same governance structure, objectives and operational framework as initially accredited.
5. WBFA actively participated in the Seventy-third and Seventy-fourth sessions of the Regional Committee for Africa, submitting statements and participating in the deliberations in various agenda items.
6. In alignment with WHO recommendations, WBFA has implemented maternal, newborn and child health programmes, promoted hygiene and sanitation practices, including a nationwide campaign during World Hygiene Day, and supported climate and health initiatives through its participation in the Global Climate and Health Alliance.

West African Alcohol Policy Alliance (WAAPA)

7. Since its accreditation, WAAPA has maintained its governance and operational structure, with no major changes reported in its mandate or objectives. The organization continues to operate under its established constitution and board of directors, representing national alcohol policy alliances from multiple West African countries.
8. WAAPA actively participated in the Seventy-third and Seventy-fourth sessions of the Regional Committee for Africa, submitting statements and participating in the deliberations in various agenda items.
9. Additionally, WAAPA has collaborated with the WHO Regional Office for Africa on alcohol control advocacy. It has facilitated regional forums such as the WAAPA Alcohol Policy Forum, aimed at advancing the implementation of the Global Alcohol Action Plan. The activities of WAAPA have focused on promoting evidence-based alcohol policies, enhancing data collection for health decision-making, and supporting multisectoral strategies to address noncommunicable diseases and related risk factors across the Region.

Annex 2. Criteria for selection of a Member State desirous of hosting a session of the Regional Committee

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Introduction

1. The Regional Committee for Africa is convened annually in accordance with Rule 4 of the Rules of Procedure of the Regional Committee (RC)¹² for Africa. Rule 4 also provides that the Regional Committee “shall determine at each session the time and place of its next regular session”.
2. Resolution AFR/RC35/R10 (Sub-annex 1) states that “the Regional Committee shall meet at least once every two years at the Regional Office”. However, owing to the interest of Member States in hosting sessions of the Regional Committee, the practice over the years has been for the Regional Office to host the Regional Committee only during sessions that include the election of the Regional Director.
3. Member States are invited to express their interest in hosting the Regional Committee during the consideration of the standing agenda item; “Draft provisional agenda, place and dates of the [] session of the Regional Committee,” usually on the last day of the session. Before now, Member States have informed the Secretariat of their interest in hosting an upcoming session of the Regional Committee, but no procedure has yet been established to formalize this process.
4. When several Member States express interest in hosting the Regional Committee to the Secretariat, they are invited to discuss among themselves and reach a consensus on the prospective host prior to the opening and consideration of the aforementioned agenda item. The Regional Committee then agrees by consensus on the place of its next regular session.
5. During the Seventy-fourth session of the WHO Regional Committee for Africa (RC74), two Member States expressed interest in hosting the next regular session of the Regional Committee. As per the established practice, the session was suspended to allow them to reach an agreement, which they were unable to do. For the first time, the Regional Committee held a secret ballot to decide which Member State would host its Seventy-fifth session.
6. Member States have since indicated their wish to avoid voting to decide the host of a Regional Committee session and have recommended formalizing the process for selection of the host Member State when more than one expresses interest in hosting. Member States have also called for: (i) timely expression of interest in hosting the Regional Committee sessions; and (ii) establishing transparent and equitable criteria to aid decision-making among Member States.
7. To that effect, the WHO Regional Office for Africa is proposing both a formal procedure for expression of interest and transparent and equitable criteria for the selection of a Member State desirous of hosting a session of the Regional Committee. In line with past practice, sessions of the Regional Committee that include elections will continue to be hosted by the Regional Office to safeguard the impartiality of the process.
8. Hosting a session of the Regional Committee requires significant planning and financial resources. To ensure Member States fully understand the level of commitment before expressing interest and to promote transparency in organizing a Regional Committee session outside the WHO Regional Office, this document also provides the standard template agreement (Sub-annex 2), outlining the minimum requirements, key tasks, timeline and estimated expenditures that the host Member State must plan for.

¹² Seventy-fourth WHO Regional Committee for Africa. (2024) Rules of Procedure of the Regional Committee for Africa.

Procedure for expressing interest in hosting a Regional Committee session

Invitation for expression of interest

9. Rule 4 of the Rules of Procedure indicates that the Regional Committee “shall determine at each session the time and place of its next regular session.”¹³

10. The Regional Director shall invite Member States to express interest in hosting the next regular session of the Regional Committee at least 90 days prior to the Regional Committee session that will determine the place of the next session.

Expression of interest

11. Member States that intend to express interest in hosting the next regular session of the Regional Committee shall so inform the Regional Director in writing either by hard copy or electronically at any point in time but no later than 30 days prior to the session during which the Regional Committee will determine the place of its next regular session.

12. The Regional Director shall review all expressions of interest and prepare a report for the Programme Subcommittee. The Programme Subcommittee shall consider the report and make recommendations on the Member State that would host the next regular session of the Regional Committee, in accordance with the selection criteria defined below.

Withdrawal of expression of interest

13. Member States that have expressed interest in hosting an upcoming Regional Committee may withdraw their request at any point, including during the consideration of the agenda item; “Draft provisional agenda, place and dates of the [] session of the Regional Committee”.

Eligibility

14. Any Member State of the African Region may express interest in hosting a session of the Regional Committee.

15. Member States expressing such interest must not have any outstanding financial obligations with WHO and must commit to meeting the requirements outlined in the agreement template in Sub-annex 2, including the deadlines and the financial responsibilities.

16. In accordance with resolution AFR/RC41/R13, Sub-annex 3, the additional costs of hosting a Regional Committee session in a country other than that of the Regional Office shall be fully borne by the host country. Should a Member State be interested in hosting a Regional Committee session, an agreement is drawn up between the host country’s government and the World Health Organization (see the current template as set out in Sub-annex 2), including provision by the host country of the following items required for the Regional Committee session:

- (a) premises, furniture and equipment, including interpretation equipment, required for the Regional Committee’s work;
- (b) lighting equipment, including maintenance, electric power supply and ventilation of the premises;

¹³ WHO Regional Committee for Africa, 74. (2024) Rules of Procedure of the Regional Committee for Africa.

- (c) staff for maintenance, cleaning and surveillance of the premises, installations, equipment and supplies;
- (d) postal and telephone services, together with radio and television coverage, essential for the efficient and proper coverage of the Regional Committee's proceedings;
- (e) accommodation and travel expenses for the WHO members of the Secretariat authorized to attend the meeting;
- (f) vehicles for transporting Member State representatives, members of the WHO Secretariat, equipment, supplies and documents; national currency at the best rate of exchange and in the amount needed to meet the Organization's expenses in the host country.

Safety and security considerations

17. Where the Programme Subcommittee, in consultation with the Regional Director, concludes that the situation in a country could potentially impact the security, safety or health of individuals attending the Regional Committee session, the Programme Subcommittee, in consultation with the Regional Director, may determine that the Member State expressing interest does not meet the eligibility criteria.

Selection criteria

Geographical rotation

18. Geographical rotation will apply in cases where more than one Member State of the African Region expresses interest in hosting a session of the Regional Committee.

19. To ensure geographical balance among Member States in hosting Regional Committee sessions, the privilege of hosting shall rotate among the established WHO subregions previously agreed upon for the designation of Executive Board members in resolution AFR/RC54/R11 as set out in Sub-annex 4.

20. In deciding on the first subregion to benefit from the hosting privilege, consideration will be given to the subregions that have not recently hosted a session of the Regional Committee. Thereafter, the privilege of hosting will rotate in numerical order, that is, for example, from Subregion I to II to III and back to I.

Alphabetical rotation

21. In instances where more than one Member State from the subregion with hosting privilege express interest in hosting a Regional Committee session, selection of the host Member State will be based on the English alphabetic order, with preference given to Member States that have never hosted the Regional Committee.

Outcome of expressions of interest

22. The Regional Director shall review all expressions of interest and prepare a report to the Programme Subcommittee. The Programme Subcommittee shall consider the report and make recommendations on which Member State should host the next regular session of the Regional Committee, in accordance with the selection criteria defined above.

Action by the programme subcommittee

23. The Programme Subcommittee is invited to consider recommending to the Seventy-fifth session of the WHO Regional Committee for Africa the adoption of the following decision:

The Regional Committee for Africa,

Having considered and noted the report of the Secretariat on the criteria for selection of a Member State desirous of hosting a session of the Regional Committee,

Decided:

- (a) to adopt the proposed criteria for selection of a Member State desirous of hosting a session of the Regional Committee contained in Annex 1 of document AFR/RC75/2;
- (b) that the foregoing criteria for selection of a Member State desirous of hosting a session of the Regional Committee shall become effective upon the closure of the Seventy-fifth session of the Regional Committee.

Sub-Annex 1. AFR/RC35/R10

The Regional Committee,

Having considered the Regional Director's proposal regarding the Rules in respect of Regional Committees held away from the Regional Office¹⁴

Bearing in mind Article 48 of the Constitution, which provides that regional Committees shall meet as often as necessary and shall determine the place of each meeting;

Having regard to resolution AFR/RC18/R10;

Bearing in mind resolutions:

- (i) EB75.R7 that seeks to “ensure that optimal use is made of WHO's limited resources at all organizational levels and in particular of the funds allocated in the regional programme budgets for cooperation with Member States”;
- (ii) WHA38.11 requesting “the Director-General to provide full support to Member States and the Health Assembly, regional committees and Executive Board, for the preparation, monitoring and evaluation of programme budget policies”;

Taking into account the very high cost of holding regional committees away from the Regional Office,

1. RESOLVES that regional committees shall meet at least once every two years at the Regional Office;
2. REQUESTS the Regional Director to transmit this resolution to the Director-General.

September 1985, 35, 21

¹⁴ AFR/RC35/R16, paragraph 3.3

**Sub-Annex 2. Template of Agreement between the host Government and
the World Health Organization**

[Host country nation flag]



AGREEMENT

BETWEEN

AND

THE WORLD HEALTH ORGANIZATION

ON

**THE *[number]* SESSION OF THE WORLD
HEALTH ORGANIZATION REGIONAL COMMITTEE
FOR AFRICA TO BE HELD IN *[place]***

[Date]

THE GOVERNMENT OF
hereinafter referred to as “the Government”,
on the one hand,

AND

THE WORLD HEALTH ORGANIZATION, through its Regional Office for Africa,
hereinafter referred to as “the Organization”,
on the other hand,

jointly referred to as “the Parties”

MINDFUL of the Constitution of the World Health Organization,

MINDFUL of the United Nations Convention on the Privileges and Immunities of the Specialized Agencies,

CONSIDERING that the Government has confirmed its invitation, presented during *the [number of previous session]* session of the World Health Organization Regional Committee for Africa, to host the *[number of the next session]* session of the Regional Committee for Africa in *[year]*, *[place]*.

HAVE AGREED AS FOLLOWS:

Article I: Scope

This Agreement defines the terms and conditions of the organization of the *[number of the next session]* session of the Regional Committee for Africa and its subcommittees, to be held from *[date]* in *[place]* (hereinafter “the Regional Committee”).

Article II: Obligations of the Parties

1. The Organization shall have the responsibility for organizing, conducting and managing the Regional Committee session, including all aspects related to its content.
2. The Government shall provide all the necessary local facilities and assistance to ensure efficient and smooth organization of the proceedings of the Regional Committee.
3. The Government shall cover the costs related to additional expenditure entailed by holding the Regional Committee session away from regional headquarters as specified in Article XX of this Agreement.

Article III: Legal status, privileges and immunities

1. For the purpose of this Agreement, the Government shall apply the provisions of the Convention on the Privileges and Immunities of the Specialized Agencies (the “Convention on the Privileges and Immunities”), the provisions of Chapter XV of the Constitution of the World Health Organization, as well as the provisions set forth in this Agreement.
2. Persons referred to under Articles V and VI of the Convention on the Privileges and Immunities and under Paragraphs 2 and 3 of its Annex VII shall, while attending the session of the

Regional Committee, enjoy the privileges and immunities provided for in the abovementioned Articles and Annex, respectively.

3. Representatives of intergovernmental and nongovernmental organizations as well as any other persons invited by the Organization to attend the session of the Regional Committee in an official capacity, shall, while attending the session of the Regional Committee, enjoy immunity from legal process in respect of words spoken or written and all acts performed by them in their official capacity.

4. This Article is without prejudice to the privileges and immunities that representatives of Member States and of the United Nations, the specialized agencies and other intergovernmental organizations may enjoy in *[place]* in compliance with relevant international agreements to which the Government is a party.

5. Without prejudice to the foregoing, the Government shall, in addition, also grant the privileges, immunities and facilities set out in Articles IV, VI, X, XIII and XVIII below.

6. Nothing in or relating to this Agreement shall be deemed a waiver of any of the privileges and immunities of the Organization in conformity with the Convention on the Privileges and Immunities or otherwise under any national or international law, convention or agreement.

7. The immunities referred to above shall not exempt the persons referred to in the preceding paragraphs from complying with the laws and regulations in force in *[place]*.

Article IV: Provision and inviolability of premises

1. The Government shall put at the disposal of the Organization, free-of-charge, premises for the *[number of the next session]* session of the Regional Committee, for the following periods:

- (b) A preparatory period from *[the date 8 days prior to the start of the session]*;
- (c) The duration of the session of the Regional Committee *[dates]*;
- (d) A winding up period of no less than three days from the date of closure of the Regional Committee session.

2. The Government shall ensure that the premises placed at the disposal of the Organization in connection with the Regional Committee session shall, throughout the period they are being used by the Organization, be considered as the premises of the Organization and shall thereby enjoy the benefits of inviolability referred to in Article III Section 5 of the Convention on the Privileges and Immunities.

Article V: Protection of premises

1. The premises placed at the disposal of the Organization shall be placed under the control and authority of the Organization which shall have the exclusive right to authorize or prohibit entry thereto of any person and may also cause any person to be removed therefrom.

2. The Government shall take appropriate measures to ensure that the premises placed at the disposal of the Organization are not disturbed by the entry of unauthorized persons or groups of persons, by disorder or by unreasonable noise in the immediate vicinity thereof. To this end, the Government shall, as necessary, provide security officers outside the premises of the Organization and take any other measure deemed by it to be necessary.

3. At the request of the Organization, the Government shall provide the security officers necessary to give assistance for maintaining order, if the need arises, within the premises placed at the disposal of the Organization, and to expel any person who may disturb it and to provide general security services within the premises. In the case of such a request, the Organization shall allow the competent national authorities full scope to carry out such works as are necessary.

Article VI: Inviolability of archives

As per Article III Section 6 of the Convention on the Privileges and Immunities, the archives and, in general, all documents of or held by the Organization shall be inviolable.

Article VII: Entry and stay in [place]

1. The Government shall authorize the under-mentioned persons to come into [place] and reside in the country during the entire duration of their mission, within the framework of the session of the Regional Committee, on condition that their names and capacities appear on a list that the Organization shall forward to the Government as soon as possible before the start of the session of the Regional Committee, without prejudice to subsequent changes that may be made by the Organization to the said list:

- (i) Representatives of Member States and associate members of the Organization's Regional Committee for Africa;
- (ii) Representatives of the United Nations Organization and its Specialized Agencies and representatives of intergovernmental and non-governmental organizations with which the Organization maintains relations by virtue of Articles 69, 70 and 71 of its Constitution and who will be attending the Regional Committee session;
- (iii) Any other person invited by the Organization to attend the session of the Regional Committee in an official capacity;
- (iv) Members of the Secretariat of the Organization who are providing essential services for the Regional Committee;
- (v) Persons accompanying the persons referred to in sub-paragraphs (i) to (iv) above who are not participating in the session of the Regional Committee.

2. Such authorization shall be granted subject to possession by all the persons concerned of either a valid national passport or a United Nations laissez-passer or any other acceptable document.

3. The Government shall provide a special waiver letter to facilitate visas on arrival for all participants attending the session of the Regional Committee, at least six weeks prior to the session date. Furthermore, the Government shall assist the relevant competent authorities to issue visas in a timely fashion.

Article VIII: Liability

1. The Government shall be responsible for all actions, complaints and claims against the Organization or against its officials arising from:

- (i) any bodily injury or damage to property, or loss of property on the premises specified in Article IV and provided by the Government or placed at the disposal of WHO in connection with the Regional Committee;

- (ii) any bodily injury or damage to, or loss of property resulting from the use of the means of transportation provided by the Government by virtue of Article XVI;
- (iii) use of property for the session of the Regional Committee by the staff provided by the Government under Article XII.

2. The Government shall undertake to indemnify and hold harmless the Organization and its officials for all actions, claims or complaints of this nature, except where the Government and the Organization agree that such actions, claims or complaints arise from the gross negligence or from wilful misconduct of an official of the Organization.

Article IX: Furniture and equipment

1. In addition to the premises mentioned in Article IV above, the Government will put, free of charge, at the disposal of the Organization, properly equipped offices for the staff of the Organization, furniture and equipment necessary for the proceedings of the Regional Committee, in accordance with the information provided by the Organization's Regional Office for Africa in Annex 2 which is an integral part of this Agreement.

2. Within the premises, the Government undertakes to provide, free of charge, appropriate electric power, lighting, water, ventilation and communications equipment, including the equipment and facilities necessary for simultaneous interpretation of the proceedings. The Organization undertakes to provide, at its discretion, any additional equipment or documents necessary for the conduct of the session of the Regional Committee.

Article X: Opening ceremony and official receptions

1. The Government shall ensure the timely organization of the opening ceremony, in close coordination with the WHO Regional Office for Africa.

2. The Government shall be responsible for the security, logistics, and financing of all activities it proposes, with the agreement of the Organization, during the Regional Committee session. Such activities will be the direct responsibility of the Government. These include receptions and dinners hosted by the Government, excursions, or other activities defined by mutual agreement.

Article XI: Privileged importation of equipment

For the purpose of this Agreement, the Government shall apply the provisions of the Convention on the Privileges and Immunities and in particular Sections 4, 6, 9 and 10 of Article III, in respect of equipment that is reasonably required to be imported into the country by the Organization for the purpose of the session of the Regional Committee. In particular, the Government, through the Customs Service, shall allow the temporary importation, tax-free and duty-free, of all equipment that is required by the Organization for the session of the Regional Committee, under the provisions of the Convention on the Privileges and Immunities, and shall waive import duties and taxes on supplies the Organization deems necessary for the session of the Regional Committee. The Organization shall provide a list of equipment to be imported into the host country, before the opening of the session, and the Government shall facilitate the issuance without delay of any necessary import and export permits for this purpose.

Article XII: Assignment of local staff

The Government undertakes to place, free of charge, at the disposal of the Organization, the necessary staff required for the smooth conduct of the Regional Committee such as, but not limited

to, security staff, health workers, ushers, messengers, drivers, clerks, technicians (IT, audio visual equipment, telephone), documents reproduction and distribution staff, reception and registration staff, staff for cleaning and maintenance of the premises placed at the disposal of the Organization, including the necessary upkeep of the electric power supply, lighting, communications, ventilation and water supply and any other staff as will be necessary for the Regional Committee's work.

Article XIII: Selection, hiring and remuneration of local conference staff

The Organization shall, if necessary, at its discretion, and in accordance with its rules, regulations and practices, select, hire and remunerate conference staff who shall work under its authority for the session of the Regional Committee. Where such staff are selected locally, the Government undertakes to assist the Organization, if necessary, in their recruitment.

Article XIV: Communications

1. The Government undertakes to put at the disposal of the Organization, free-of-charge, the postal, fax, telephone, electronic mail and Internet facilities and services required for the proceedings of the Regional Committee as indicated in Annex 2. In addition, the Government shall provide mobile telephones with access to local calling and text messaging for the Officials of the Organization and local staff performing activities for the purposes of the session of the Regional Committee. The number of mobile phones will be agreed between the Parties. The cost of local telephone calls shall be borne by the Government while the cost of international telephone calls shall be borne by the Organization.

2. The Government shall also provide assistance in making all arrangements between the Organization and the local and national media as well as the online media outlets.

3. Section 12 of Article IV of the Convention on the Privileges and Immunities shall apply to the official communications of the Organization.

Article XV: Accommodation

The Government undertakes to take all necessary measures to guarantee the availability of appropriate accommodation for the persons referred to in Article VII in suitable hotels at reasonable rates negotiated by the Government; such rates should normally be lower than the commercial rates, and not higher than the hotel component of the Organization's per diem applicable for the venue of the session.

Article XVI: Transport

1. The Government undertakes to place, free of charge, at the disposal of the Organization, for the duration of the session, such vehicles (with drivers and security) as are required for the local transportation of the representatives of Member States, members of the WHO Secretariat, as well as all necessary equipment, supplies and documents, and to bear the cost of operation and maintenance of such vehicles.

2. The Government shall make arrangements for the transportation of the persons referred to in Article VII between the following points:

- (a) The airport and their place of accommodation at arrival and departure; and
- (b) The locations where the social and official activities of the session of the Regional Committee are held and their place of accommodation.

Article XVII: Official receptions

The Government shall take all necessary measures to enable the Organization to purchase or import free of customs duty and taxes all the equipment, services and supplies necessary for the organization and conduct of receptions organized by the Organization.

Article XVIII: Practical organization of the session of the Regional Committee with the official designated by the Government

1. The official designated by the Organization's Regional Office for Africa shall ensure the planning and management of the practical organization of the session of the Regional Committee is done in full collaboration with the official designated by the Government for this purpose. This provision shall apply particularly as concerns the venue, accommodation for participants, transport, protocol, security, health and equipment.

2. The Government undertakes to put in place, free of charge, a cafeteria or otherwise arrange for meals within the premises of the conference venue for all participants and members of the WHO Secretariat during the session of the Regional Committee.

Article XIX: Banking and foreign exchange services

1. Without prejudice to the provisions of Section 7 of Article III of the Convention on the Privileges and Immunities, the Organization may open an account in its name at a bank or use the Organization's existing bank accounts in the host country, and transfer funds into [place] for purposes of the session in sufficient amount to cover the expenses of the Organization in [place] and, at the end of the session, transfer outside [place] any balance of such funds not used during the session of the Regional Committee.

2. The Organization's expenses in the territory of the Member State shall be incurred through normal commercial transactions. Basic banking services for the Regional Committee participants shall be made available for the persons referred to in Article VII.

Article XX: Expenses reimbursable to the Organization by the Government

1. Consistent with Resolutions AFR/RC18/R10 and AFR/RC41/R13, the Government hereby agrees to pay all additional costs, enumerated in Annex 1, relating to the holding of the session of the Regional Committee outside the Regional Office. Costs which would have been normally borne by the Organization if the session had been held at the Organization's Regional Office for Africa remain the responsibility of WHO. These additional costs of holding the meeting outside of the Regional Office may include:

- (i) premises, furniture and equipment, including interpretation equipment required for the Regional Committee's work;
- (ii) lighting equipment, electric power supply, water supply and ventilation of the premises, including their maintenance;
- (iii) staff for cleaning and surveillance of the premises, and installing and maintaining equipment and supplies;
- (iv) postal and telephone and communications services together with arrangements for media attention essential for the efficient and proper coverage of the Regional Committee's deliberations and actions;

- (v) travel, accommodation and subsistence allowances for members of the WHO Secretariat authorised to attend the session;
- (vi) transportation of materials and documents needed to conduct the session of the Regional Committee;
- (vii) vehicles, including drivers and security, for transporting Member States representatives, members of the WHO Secretariat, equipment, supplies and documents;

2. The total cost of the additional expenses is estimated to be USD XXX (*amount in letters*).

3. As the Organization will be obliged to pay these expenses in advance, the Government shall deposit the estimated equivalent of these expenses into a designated bank account of the Organization at least four months before the beginning of the session; that is before XX April 202XX

4. The obligations of the Organization under this Agreement will be contingent on prior receipt of the funds as stated above. Should the Government fail to comply with the obligations provided in Article XX.3 of this Agreement, the Regional Director of the Organization's Regional Office for Africa (the "Regional Director") shall consult with the Government and the President of the Regional Committee with the view to find, as far as possible, a suitable solution which may include suspension, postponement, change or cancellation of the already agreed venue and/or timing of the session of the Regional Committee.

5. If the Government directly bears some of the local costs listed in Article XX, it could deduct such expenses from the amount hereinabove mentioned (USD XXX) with the agreement of the Organization.

6. Any unused funds shall be returned to the Government. Similarly, the Government shall undertake to cover all additional costs where the initial deposit of US\$ XXX proves insufficient on examining the financial and accounting statements of the session.

Article XXI: Medical facilities

1. The Government shall provide medical facilities, adequate for first aid in case of emergencies within the premises provided by the Government or placed at the disposal of WHO in connection with the Regional Committee session.

2. For serious emergencies, the Government shall ensure immediate transportation and admission of sick participants to a hospital.

3. Neither the Government nor the Organization shall be responsible for the cost of any hospital treatment.

Article XXII: Services and equipment put at the disposal of the Organization

All the aforementioned services and equipment, which should be in good order and condition, shall be placed at the disposal of the Organization prior to the start of the session, by *[date]* at the latest.

Article XXIII: Settlement of disputes

All disputes concerning the interpretation or application of this Agreement shall be settled amicably through negotiation between the Parties.

Article XXIV: Force majeure

1. In the event of any material adverse change in the condition of the host Member State that may prejudice the security or proper conduct of the Regional Committee session or endanger the safety or security of any individual, including staff members of the Organization, attending the meeting, the Regional Director shall consult with the Government, as far as possible, as to the possible courses of action. After such consultation, the Regional Director shall determine whether to suspend, postpone, change or cancel the already agreed venue and/or timing of the session, and shall communicate such decision to the Government as well as to the other Member States as soon as possible thereafter.

2. Events referred to in the previous paragraph include, inter alia, natural disasters and emergency situations occurring in or outside the host Member State if they affect or are likely to affect negatively the safety and security of the host Member State. This clause applies irrespective of any changes in the security rating of the host Member State as assessed by the United Nations Department of Safety and Security (UNDSS) or the Security Services of the Organization at the time when the venue and/or timing of the meeting were decided. However, a decrease in the security level of the host Member State as assessed by the UNDSS or the Security Services of the Organization shall be taken into account by the Organization in making its determination, as defined under the previous paragraph.

3. If the Regional Director exercises the right under paragraph 1, the Organization shall be released from any and all obligations under this Agreement and the Parties shall immediately consult with a view to limiting and equitably distributing reasonable costs associated with such a decision. If the Regional Director does not suspend, postpone, change or cancel the venue and/or timing of the Regional Committee session, any additional costs incurred by the Organization for measures deemed by the Parties to be necessary and reasonable, shall be borne by the Government.

Article XXV: Final provisions

1. This Agreement, including its Annexes 1 and 2, which are an integral part thereof, replaces and supersedes all prior oral and written representations, understandings or arrangements on the organization and holding of the session of the Regional Committee.

2. This Agreement may be amended by written agreement between the Parties.

3. This Agreement shall enter into force on the date of its signature by the Government and the Organization and expire 90 days after the conclusion of Regional Committee session, unless a dispute or disputes arise during this time, in which case this Agreement shall continue for the purpose and duration of the settlement of the dispute(s).

IN WITNESS WHEREOF, the undersigned representatives, having been duly authorized for that purpose, have signed this Agreement.

DONE at _____ on _____, in two original copies in the English language.

For
THE WORLD HEALTH
ORGANIZATION

.....
[Name],
Regional Director

For
[THE GOVERNMENT]

.....
[Name]
Minister of Health

**Sub-Annex 3. AFR/RC41/R13: Rationalization of the financial resources
of the Regional Office for Africa**

The Regional Committee,

Recalling the section in the report of the Regional Director concerning the Budget and Finance Unit (paragraphs 7.25 to 7.28) and its budgetary constraints;

Mindful of the high cost of its sessions to both the Regional Office and Member States;

Considering the concerns voiced by the majority of delegations regarding the multiple annual meetings at ministerial level (the Regional Committee, the Conference of Ministers of Health and the World Health Assembly);

Having analyzed the agenda and the preparatory work of the Programme Subcommittee;

1. CALLS UPON Member States desirous of hosting a regional committee to take responsibility for all additional costs;
2. SUGGESTS that the Regional Director should reduce the length of sessions by submitting an agenda appropriate to policy decisions taken at the continental level, and entrust experts with responsibility for technical questions.

September 1991, 41, 21

Sub-Annex 4. AFR/RC54/R11 Designation of Member States of the African Region to serve on the Executive Board

The Regional Committee for Africa,

Having considered the recommendations of the subcommittee on revision of the method of work of the Regional Committee with regard to the designation of Member States to serve on the Executive Board,

1. DECIDES that the following arrangements should be followed in putting forward each year the Member States of the African Region for election by the Health Assembly:
 - (a) For the purpose of ensuring a geographical balance of Member States from the African Region serving on the Board, the regional membership should be divided into three subregions (Subregion I, Subregion II and Subregion III), corresponding to the African Region's geographical grouping.
 - (b) Each subregion should be allocated two seats out of the seven to which the Region is entitled, with the seventh seat rotating among the subregions. The first subregion to benefit from the floating seat shall be chosen by consensus, failing which it shall be chosen by lot. Thereafter, the seat would rotate in numerical order, that is, for example, from Subregion III to II to I and back to III.
 - (c) Member States currently represented on the Board would continue their term of membership, with empty seats arising within each subregion being filled in accordance with the new arrangements described herein, commencing, for the members on the Board, from May 2005 (as illustrated in the annex to this resolution).
2. FURTHER DECIDES that, pursuant to the arrangements described in paragraph 1 above, Liberia (Subregion I), Rwanda (Subregion II) and Madagascar (Subregion III), together with Namibia (Subregion III, as the floating seat) should be the Member States from the African Region to be designated to replace Gabon, Gambia, Ghana, Guinea when their terms of membership expire.
3. REQUESTS Liberia, Rwanda, Madagascar and Namibia to confirm to the Regional Director, at least six weeks before the start of the Fifty-eighth World Health Assembly, their readiness to designate representatives to serve on the Executive Board.

Grouping of countries used by the WHO Regional Office for Africa

Subregion I	Subregion II	Subregion III
1. Algeria	1. Burundi	1 .Angola
2. Benin	2. Cameroon	2. Botswana
3. Burkina Faso	3. Central African Republic	3. Comoros
4. Cabo Verde	4. Chad	4. Lesotho
5. Côte d'Ivoire	5. Congo	5. Madagascar
6. Gambia	6. Democratic Republic of the Congo	6. Malawi
7. Ghana	7. Equatorial Guinea	7. Mauritius
8. Guinea	8. Eritrea	8. Mozambique
9. Guinea-Bissau	9. Ethiopia	9. Namibia
10. Liberia	10. Gabon	9. Seychelles
11. Mali	1 1. Kenya	10.South Africa
12. Mauritania	12. Rwanda	11 . Eswatini
13. Niger	13. Sao Tome and Principe	13. Tanzania
14.Nigeria	14. South Sudan	14. Zambia
15. Senegal	15. Uganda	15. Zimbabwe
16. Sierra Leone		
17. Togo		

*The initial WHO grouping has been slightly modified by transferring Sao Tome and Principe from Subregion III to Subregion II and by not taking into account Saint Helena, previously included in Subregion III but not a recognized Member State.

*In accordance with resolution WHA66.21 for the reassignment of South Sudan from the Eastern Mediterranean Region to the African Region, South Sudan was included in Subregion II when it became a Member State of the African Region.