



**SIXTY-NINTH SESSION OF THE WHO  
REGIONAL COMMITTEE FOR AFRICA:  
BRAZZAVILLE, REPUBLIC OF CONGO  
19—23 AUGUST 2019**

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AFR/RC69/12



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

# FINAL REPORT

## SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA: BRAZZAVILLE, REPUBLIC OF CONGO 19–23 AUGUST 2019

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WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR AFRICA  
BRAZZAVILLE • 2019

AFR/RC69/12

## Report of the Sixty-ninth session of the WHO Regional Committee for Africa

Reference Number: AFR/RC69/12

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## **ABBREVIATIONS**

AA-HA!	Accelerated Action for the Health of Adolescents
AMR	antimicrobial resistance
DFC	Direct Financial Cooperation
EDCTP	European and Developing Countries Clinical Trials Partnership
EHSP	Essential Health Services Package
ESPEN	Expanded Special Project on Elimination of Neglected Tropical diseases
EVD	Ebola virus disease
Global Fund	The Global Fund to fight AIDS, Tuberculosis and Malaria
GPW 13	Thirteenth General Programme of Work
GVCR	Global Vector Control Response
HALE	healthy-life expectancy
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IPC	infection prevention and control
IPV	inactivated polio vaccine
JEEs	joint external evaluations
NAPHS	National Action Plan for Health Security
NCDs	noncommunicable diseases
NHSSP	National Health Sector Strategic Plan
NTDs	neglected tropical diseases
PHC	primary health care
PHEIC	Public Health Emergency of International Concern
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RRT	Rapid response team
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
STIs	sexually transmitted infections
UHC	universal health coverage
WAHF	WHO Africa Health Forum





*Aerial view of the WHO Regional Office for Africa*



*Group photograph taken shortly after the opening ceremony*



## **PART I**

# **PROCEDURAL DECISIONS AND RESOLUTIONS**



## **PROCEDURAL DECISIONS**

### **Decision 1 Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee:**

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa, the Sixty-ninth session of the Regional Committee unanimously elected the following officers:

Chairperson: Hon. Jacqueline Lydia Mikolo  
Minister of Health and Population  
Congo

First Vice Chairperson: Dr Magda Robalo Correia e Silva,  
Minister of Public Health, Family and Social Cohesion  
Guinea Bissau

Second Vice Chair: Dr Kalumbi Shangula,  
Minister of Health and Social Services  
Namibia

Rapporteurs: Dr Richard Lino Lako (English)  
Director Health Policy, Planning and Budgeting and Head of  
delegation for South Sudan

Professor Cheikh Baye Mkheitiratt, (French)  
Inspector General for Health and Head of delegation of  
Mauritania

Dr Edgar Manuel Azevedo Agostinho das Neves (Portuguese),  
Minister of Health and Head of delegation for Sao Tome and  
Principe

### **Decision 2 Composition of the Committee on Credentials**

In accordance with Rule 3 (c) of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Cameroon, Equatorial Guinea, Lesotho, Mozambique, Niger, Uganda and Togo.

### **Decision 3      Credentials**

The Regional Committee, acting on the report of the Committee on Credentials, recognized the validity of the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The credentials presented by these forty-six Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. One Member State – namely Eritrea - was unable to attend the Regional Committee.

### **Decision 4      Draft Provisional Agenda, place and dates of the Seventieth session of the Regional Committee**

The Sixty-ninth session of the Regional Committee for Africa decided to hold its Seventieth session in Lomé, Togo from 24 to 28 August 2020. The Committee reviewed and commented on the agenda for the Seventieth session. The provisional agenda was adopted with no amendments.

### **Decision 5      Replacement of Members of the Programme Subcommittee**

The terms of Botswana, Ethiopia, Mauritania, Nigeria, São Tome and Principe and South Africa will come to an end at the Sixty-ninth session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by Congo, Democratic Republic of the Congo, (The) Gambia, Guinea, Malawi, and Mauritius. The full membership of the PSC will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Senegal (2017–2020)	7. Rwanda (2017–2020)	13. Zimbabwe (2017–2020)
2. Togo (2017–2020)	8. Cameroon (2017–2020)	14. Angola (2017–2020)
3. Cabo Verde (2018–2021)	9. Chad (2018–2021)	15. Comoros (2018–2021)
4. Côte d'Ivoire (2018–2021)	10. Equatorial Guinea (2018–2021)	16. Lesotho (2018–2021)
5. <b>The Gambia (2019–2022)</b>	11. <b>Congo (2019–2022)</b>	<b>17. Malawi (2019–2022)</b>
6. <b>Guinea (2019–2022)</b>	12. <b>DR Congo (2019–2022)</b>	<b>18. Mauritius (2019–2022)</b>

#### Decision 6 Designation of Member States of the African Region to serve on the Executive Board

The terms of office of Benin, Eswatini, United Republic of Tanzania and Zambia on the Executive Board will end with the closing of the Seventy-third World Health Assembly in May 2020.

In accordance with AFR/RC54/R11, which decided the arrangements to be followed in putting forward each year Member States of the Africa Region for election by the Health Assembly, it is proposed as follows:

- (i) Botswana, Ghana, Guinea-Bissau, and Madagascar to replace Benin, Eswatini, United Republic of Tanzania and Zambia in serving on the Executive Board starting with the one-hundred-and-forty-seventh session in May 2020, immediately after the Seventy-third World Health Assembly. The Executive Board will therefore be composed of the following Member States as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Burkina Faso (2019–2022)	Gabon 2018–2021	<b>Botswana (2020–2023)</b>
<b>Ghana (2020–2023)</b>	Kenya 2019–2022	<b>Madagascar (2020–2023)</b>
<b>Guinea-Bissau (2020–2023)</b>		

- (ii) Kenya to serve as Vice-Chair of the Executive Board as from the one-hundred-and-forty-seventh session of the Executive Board.
- (iii) Ghana to replace Zambia to serve on the Programme Budget and Administration Committee from the one-hundred-and-forty-seventh session of the Executive Board. The PBAC will therefore be composed of Gabon and Ghana.

## **Decision 7     Method of work and duration of the Seventy-third World Health Assembly**

### **Vice President of the World Health Assembly**

The Chairperson of the Sixty-ninth session of the Regional Committee for Africa will be proposed for election as Vice-President of the Seventy-third World Health Assembly to be held from 17 to 21 May 2020.

### **Main Committees of the Assembly**

- (i) Mali to serve as the Chair for Committee B;
- (ii) Uganda to serve as Rapporteur for Committee A;
- (iii) Eritrea, Ethiopia, Sierra Leone, and United Republic of Tanzania to serve on the General Committee; and
- (iv) Liberia, Mozambique and Rwanda to serve on the Committee on Credentials

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

1. The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 16 May 2020, at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-ninth session and discuss agenda items of the Seventy-third World Health Assembly of specific interest to the African Region.
2. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*.

## **RESOLUTIONS**

### **AFR/RC69/R1 NOMINATION OF THE REGIONAL DIRECTOR**

The Regional Committee,

Considering Article 52 of the Constitution of the World Health Organization; and

In accordance with Rule 52 of the Rules of Procedure of the Regional Committee for Africa:

1. NOMINATES Dr Matshidiso Moeti as Regional Director for the African Region; and
2. REQUESTS the Director-General to propose to the Executive Board the reappointment of Dr Matshidiso Moeti from 1 February 2020.

Sixty-ninth session, 20 August 2019

### **AFR/RC69/R2 STRATEGIC PLAN TO REDUCE THE DOUBLE BURDEN OF MALNUTRITION IN THE AFRICAN REGION (2019–2025) (Document AFR/RC69/7)**

The Regional Committee,

Having examined the document entitled “Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)”;

Recalling, inter alia, resolution WHA65.6 endorsing the WHO comprehensive implementation plan on maternal, infant and young child nutrition; resolution WHA68.19 endorsing the Outcome of the Second International Conference on Nutrition; resolution WHA69.8 calling for implementation of the UN Decade of Action on Nutrition (2016–2025); resolution WHA69.9 on ending inappropriate promotion of foods for infants and young children; resolution WHA71.9 calling for improved measures to protect and promote appropriate infant and young child feeding; resolution AFR/RC57/R2 on Food Safety and Health; resolution AFR/RC62/R7 on the Brazzaville Declaration on Noncommunicable Diseases; resolution WHA61.14 on the implementation of the Global Strategy for the prevention and control of Noncommunicable Diseases to reduce premature mortality and improve quality of life; resolution WHA71.2 welcoming the outcome document of the WHO Global Conference on the Prevention and Control of Noncommunicable Diseases; decision WHA72(11) confirming the objectives of the WHO Global Action Plan for the prevention and control of noncommunicable diseases 2013–2020 and extending its time frame to 2030 to ensure alignment with the 2030 Agenda for Sustainable Development; and resolution

A/RES/73/2 adopting the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases;

Deeply concerned that despite sustained efforts the prevalence of undernutrition remains high and that overweight and diet-related noncommunicable diseases are increasing in all age groups;

Noting that undernutrition in the early years of life increases the risk of noncommunicable diseases in later life;

Reaffirming the commitments made in the Rome Declaration and Framework for Action of the Second International Conference on Nutrition, the United Nations Decade of Action on Nutrition 2016–2025; and the Sustainable Development Goal 2 to end hunger and all forms of malnutrition by 2030;

Recognizing that malnutrition has multiple contextual determinants and therefore requires solutions from multiple sectors, notably, agriculture, food security, health, finance, social protection, education, water, environment and trade;

Acknowledging that significant challenges encumber the establishment of the sustainable food systems that are needed to ensure populations' access to adequate, safe and nutritious foods;

1. ADOPTS the “Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)”.
2. URGES Member States to:
  - (a) Develop and strengthen national policies, legislation and regulations, monitoring their implementation and applying incentives to promote and protect healthy diets;
  - (b) Integrate actions to control the double burden of malnutrition in national development plans and strengthen nutrition-sensitive agriculture and trade policies;
  - (c) Establish financing targets and increase sustainable domestic funding for nutrition, honouring the Malabo Declaration and high-level political commitment to end hunger;
  - (d) Engage research institutions in evidence-driven policy development and implementation;
  - (e) Adapt and implement this strategic plan to fully respond to their context-specific nutrition problems.

3. REQUESTS the Regional Director to:
- (a) Mount high-level advocacy for increased investment in reducing the double burden of malnutrition;
  - (b) Provide technical support to Member States for the development of national policies and programmes to address the double burden of malnutrition;
  - (c) Increase support for capacity strengthening for the delivery of nutrition services, programme monitoring and evaluation, surveillance and reporting;
  - (d) Facilitate the mobilization of additional resources for the implementation of the Regional Strategic Plan in Member States;
  - (e) Support regional research collaboration for solutions to regional malnutrition challenges;
  - (f) Report to the Regional Committee in 2023 on the progress made in implementing the regional strategy and its related resolution.

**AFR/RC69/R3 REGIONAL STRATEGY FOR INTEGRATED DISEASE SURVEILLANCE AND RESPONSE: 2020–2030** (Document AFR/RC69/6)

The Regional Committee,

Having examined the document entitled “Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030” (Document AFR/RC69/6);

**Recalling** World Health Assembly resolutions WHA71.1 on the Thirteenth General Programme of Work, 2019–2023 and its triple billion goal of “one billion more people benefiting from universal health coverage, one billion more people protected from health emergencies and one billion more people enjoying better health and well-being”, WHA59.22 on emergency preparedness and response, WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA58.1 on health action in relation to crises and disasters; resolutions AFR/RC61/R3 on the Framework document for the African Public Health Emergency Fund (APHEF), AFR/RC66/R3 on the Regional strategy for health security and emergencies 2016–2020 adopted by Member States of the WHO African Region; and resolution AFR/RC48/R2, “Integrated Disease Surveillance in Africa: A Regional Strategy (1999–2003);

**Deeply concerned about** the continued occurrence of epidemics and other public health emergencies in the African Region and their negative impact on people’s health and livelihoods, as well as their social and economic burden on Member States;

**Concerned about** the negative consequences of epidemics and other public health emergencies on vulnerable populations in the African Region who are already suffering from multiple diseases and conditions;

**Recognizing** the need to strengthen integrated disease surveillance and response (IDSR) as an integral part of building resilient health systems that can better address the potential impact of epidemics and other public health emergencies;

**Conscious** of the need to sustain the gains made in the implementation of the Regional strategy for health security and emergencies 2016–2020 (AFR/RC66/R3);

**Noting** that regional and global health security depends on timely local actions to rapidly detect, report, confirm and respond to epidemic alerts at source;

**Cognizant** of the current global and regional initiatives that present unique opportunities for strengthening national capacities for IDSR as an integral part of building resilient health systems;

**Acknowledging** that WHO has undertaken major reforms to make it fit for purpose to address global health security by creating a better coordinated single platform across all the three levels of the Organization;

**Noting** that Member States need to invest additional resources to strengthen IDSR for prompt detection and response to epidemics;

**Reaffirming** its commitment to implement resolution AFR/RC66/R3 on the Regional strategy for health security and emergencies 2016–2020;

1. ADOPTS the “Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030”, as contained in Document AFR/RC69/6;
2. URGES Member States to:
  - (a) commit to build or sustain robust public health surveillance and resilient health systems;
  - (b) commit domestic resources to support the implementation of priority interventions, including community-based surveillance;
  - (c) establish and operationalize robust coordination mechanisms to support effective surveillance and prompt response to disease outbreaks and other public health emergencies;

- (d) put appropriate structures and systems in place to enhance public health surveillance and coordinated response, based on the “one health” approach;
- (e) promote multisector collaboration in public health surveillance;
- (f) promote continued and sustained cross-border public health surveillance through regional and subregional economic entities.

3. REQUESTS the Regional Director and invites partners to:

- (a) support countries in the implementation of key interventions, including through the United Nations Development Assistance Framework;
- (b) support platforms for cross-border collaboration among countries on public health surveillance;
- (c) provide countries with technical support in implementing IDSR;
- (d) report on progress to the Regional Committee in 2022, 2024, 2026, 2028 and 2030.

#### **AFR/RC69/R4 VOTE OF THANKS**

The Regional Committee,

**CONSIDERING** the immense efforts made by the Head of State, the Government and people of the Republic of Congo, the Regional Director for Africa and the WHO Regional Office, to ensure the success of the Sixty-ninth session of the WHO Regional Committee for Africa, held at the WHO Regional Office for Africa in Brazzaville, Congo from 19–23 August 2019;

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

1. **THANKS** the President of the Republic of Congo, **His Excellency Denis Sassou Nguesso**, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement delivered at the official opening ceremony.

2. **EXPRESSES** its sincere gratitude to the Government and people of the Republic of Congo for their outstanding hospitality;

3. **REQUESTS** the Regional Director to convey this vote of thanks to the President of the Republic of Congo, **His Excellency Denis Sassou Nguesso**.



## **PART II**

# **REPORT OF THE REGIONAL COMMITTEE**



## **OPENING OF THE MEETING**

1. The Sixty-ninth session of the WHO Regional Committee for Africa was officially opened by the President of the Republic of Congo, His Excellency Denis Sassou Nguesso at the International Conference Centre, Kintele, Brazzaville, Republic of Congo, on Monday, 19 August 2019. The opening ceremony was attended by the President of the Senate, the President of the National Assembly, the Prime Minister, Cabinet Ministers and members of the Government of the Republic of Congo, ministers of health and heads of delegation of Member States of the WHO African Region, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, the WHO Regional Director for Africa, Dr Matshidiso Moeti, members of the diplomatic corps, representatives of United Nations agencies and non-State actors (NSA), and representatives of the African Union Commission (see Annex 1 for the list of participants).

2. The Minister of Health and Population of the Republic of Congo, Honourable Jacqueline Lydia Mikolo, welcomed the delegates to the Sixty-ninth session of the WHO Regional Committee for Africa. She expressed appreciation for the leadership of His Excellency President Denis Sassou Nguesso on issues of peace and security, environment and health. She also commended the First Lady for her role in championing the response to sickle cell disease. The Minister stated that Congo had revised its National Health Sector Strategic Plan (NHSSP) and aligned it to the National Development Plan 2018–2022. The NHSSP outlines eight priority reforms. She identified health insurance as a top priority for achieving universal health coverage (UHC) while noting the importance of pooling resources for health as a public good. Finally, she thanked WHO and wished the delegates successful deliberations.

3. The Chairperson of the Sixty-eighth session of the Regional Committee, Minister of Health and Social Action of Senegal, Honourable Abdoulaye Diouf Sarr, in his statement, thanked the Government and people of Congo for their hospitality and his peers for their support during his tenure. He noted that the Region was beset by major health challenges and commended Member States for their efforts to address them. He also lauded the Global Transformation Programme of WHO for enhancing the response to country needs and noted that the African Region has been at the forefront of the transformation. He saluted the Declaration of Astana, emphasizing that primary health care remains the cornerstone of sustainable health and highlighted the importance of health financing policies in reducing out-of-pocket payments. Finally, he welcomed the pragmatic approach of the WHO Director-General and Regional Director in addressing the real needs of the African Region.

4. The WHO Regional Director for Africa, Dr Matshidiso Moeti, welcomed the ministers of health, delegates, development partners and participants to the Regional Committee. She expressed her appreciation to the Government of Congo for hosting the Regional Office and

collaborating with WHO in the delivery of its work in the Region. She highlighted the progress made in three main areas: universal health coverage; health security; and the Transformation Agenda. She applauded African leaders for building momentum on UHC and for the progress achieved in translating it into action in some countries. She emphasized that UHC remains the highest priority and called for a reduction in the high unmet need for health services in the Region. She welcomed the ongoing health financing reforms in several Member States in the Region.

5. Dr Moeti noted the progress made in health security despite many challenges, notably repeated attacks on health workers with casualties. She called for a moment of silence in memory of all health workers who had lost their lives, in observance of World Humanitarian Day. Recalling that the Ebola epidemic in the Democratic Republic of the Congo has been declared a Public Health Emergency of International Concern (PHEIC), she commended the Government for its leadership and neighbouring States for their efforts in strengthening preparedness. She outlined progress on preparedness measures in the Region, which have enhanced countries' capacities to detect and respond to emergencies.

6. In concluding, Dr Moeti underscored the significant progress made in implementing the Transformation Agenda and expressed gratitude to Member States for their crucial support in addressing challenges and consolidating gains. She noted that the main priorities would henceforth include consolidating the progress of the Transformation Agenda; eliminating diseases; expanding immunization coverage; and achieving the threefold priorities of the Thirteenth General Programme of Work (GPW 13); UHC; protection from emergencies and happier, healthier people. Finally, she thanked the Member States and partners for their support.

7. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus thanked the President, Government and people of the Republic of Congo for hosting the Regional Office and congratulated the First Lady on her advocacy for sickle cell disease. He highlighted the progress made in addressing the Ebola epidemic, including the development of a vaccine with 97% efficacy and medicine for treatment with more than 90% efficacy in case of early detection. He noted challenges in addressing the current epidemic in the Democratic Republic of the Congo, including insecurity and community resistance, and called for partners to stand in solidarity for a comprehensive approach to the needs of the population.

8. The Director-General outlined progress made in the Region in the control of communicable diseases and underscored the need to address the double burden of malnutrition. He further referred to ongoing reforms as part of the global transformation programme. He highlighted the upcoming United Nations High-level Meeting on UHC as an opportunity to catalyse political support for UHC and urged the Ministers to encourage

Heads of State to attend. Finally, he lauded the outstanding work of the Regional Director that has inspired the global WHO transformation.

9. In opening the Sixty-ninth session of the Regional Committee, the President of the Republic of Congo, His Excellency Denis Sassou Nguesso welcomed participants and thanked WHO for its exemplary commitment to improving the health of African people. He also commended the First Lady of the Republic of Congo for her work on SCD. The President noted various health challenges in the Region and underscored the threat posed by falsified and counterfeit medicines. He applauded the treaty for the establishment of the African Medicines Agency and urged countries to ratify it. He further called on Member States to attend the UN High-level Meeting on UHC on the margins of the Seventy-fourth United Nations General Assembly.

10. The President reiterated his commitment to improving government financing for health and outlined ongoing efforts aimed at improving the health sector in Congo. In closing, he underscored that health for all is the greatest investment for humanity. He then officially declared open the Sixty-ninth session of the WHO Regional Committee for Africa and wished the delegates fruitful deliberations.

## **ORGANIZATION OF WORK**

### **Election of the Chairperson, Vice-Chairpersons and Rapporteurs**

11. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee and resolution AFR/RC40/R1 and in line with the proposals of the Programme Subcommittee, the Regional Committee unanimously elected the following officers:

Chairperson: Hon. Jacqueline Lydia Mikolo  
Minister of Health and Population,  
Congo

First Vice-Chairperson: Dr Magda Robalo Correia e Silva  
Minister of Public Health, Family and Social Cohesion  
Guinea-Bissau

Second Vice-Chairperson: Dr Kalumbi Shangula  
Minister of Health and Social Services  
Namibia

Rapporteurs:

Dr Richard Lino Lako  
Director Health Policy, Planning and Budgeting and Head  
of delegation for South Sudan (English)

Professor Cheikh Baye Mkheitiratt  
Inspector General for Health and Head of Delegation  
Mauritania (French)

Hon. Dr Edgar Manuel Azevedo A. das Neves  
Minister of Health and Head of Delegation  
Sao Tome and Principe (Portuguese)

### **Adoption of the Agenda and Programme of Work**

12. The Chairperson of the Sixty-ninth session of the Regional Committee, Hon. Jacqueline Lydia Mikolo, Minister of Health and Population of the Republic of Congo, tabled the provisional agenda (document AFR/RC69/1) and draft programme of work, which were adopted without amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:30 and 14:30 to 17:30, including 30 minutes of break in the morning and in the afternoon, subject to change on certain days.

### **Appointment and meetings of the Committee on Credentials**

13. The Regional Committee appointed the Committee on Credentials comprising representatives of the following Member States: Cameroon, Equatorial Guinea, Lesotho, Mozambique, Niger, Uganda and Togo.

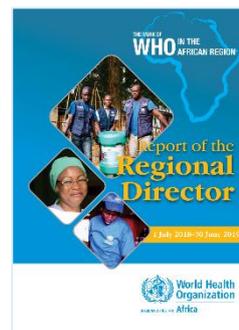
14. The Committee on Credentials met on 19 August 2019 and elected Dr Sarah Achieng Opendi, Minister of State for Health of Uganda, as its Chairperson.

15. The Committee examined the credentials submitted by the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

16. The credentials presented by the forty-six Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. One Member State – namely Eritrea – was unable to attend the Regional Committee.

### **THE WORK OF WHO IN THE AFRICAN REGION 2018–2019: REPORT OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC69/2)**

17. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented the document, “The Work of WHO in the African Region, 2018–2019”. The report outlines the significant results achieved by WHO in the African Region, guided by the Twelfth General Programme of Work, 2014–2019 (GPW 12). It reflects the contributions of WHO country offices, the Regional Office, including the intercountry support teams, and WHO headquarters, working with Member States and partners, to support health development in the WHO African Region



from 1 July 2018 to 30 June 2019. It comprises sections highlighting the achievements of the Transformation Agenda and presents results under the six categories of GPW 12, namely communicable diseases; noncommunicable diseases; promoting health through the life course; health systems; polio eradication and the WHO Health Emergencies Programme; and corporate services and enabling functions, including the conclusion and looking ahead.

18. This is the fifth report of the current Regional Director who was appointed in January 2015 for a five-year term (February 2015 to January 2020). On assumption of office, the Regional Director launched the “Transformation Agenda of the WHO Secretariat in the African Region” to accelerate the implementation of WHO reform in the African Region.

19. In the past year, progress continued to be made in the four focus areas of the regional Transformation Agenda (pro-results values; smart technical focus; responsive strategic operations; and effective partnerships and communication) towards transforming WHO into the Organization that staff and stakeholders want. Staff engagement has increased with the involvement of 150 volunteer change agents and leadership and management training for 130 senior staff from the regional and country offices. Reviews of WHO country office (WCO) staff and structures are being used to ensure that country offices are fit for purpose and key performance indicators are supporting results-based management and informing timely corrective actions.

20. The technical priorities of WHO’s work in the Region include universal health coverage, health emergencies and high-priority, high-impact health interventions. Efforts are ongoing to strengthen operations, sustain compliance, promote efficient resource use and ensure an enabling environment for delivery of technical work. Partnerships are being strengthened through strategic interaction with senior health officials and other existing

and new partners. In communication, media interactions, use of social media and innovative platforms are being scaled up to ensure that public health messages reach a wider audience and contribute to greater visibility of WHO's work in the Region.

21. The Regional Director noted that Member States have made significant progress in strengthening and sustaining health emergency preparedness and response capacities in the Region. Thirty-three Member States conducted risk profiling and mapping and 41 Member States completed joint external evaluations (JEEs). All 47 Member States in the Region submitted their State Party self-assessment annual report under the International Health Regulations (IHR). In addition, 23 Member States developed all-hazards national action plans for health security incorporating the "One-Health" approach. To enhance monitoring of priority diseases and timely detection of epidemics, 19 Member States achieved Integrated Disease Surveillance and Response (IDSR) coverage of 90% at subnational level, including implementation of event-based surveillance. Rapid response team (RRT) trainings were conducted in 17 Member States to strengthen health workforce capacity to conduct timely investigations and respond to outbreaks and other emergencies.

22. She also noted that in response to the Ebola virus disease (EVD) outbreak which started in August 2018 in the Democratic Republic of the Congo, WHO and partners supported the country to vaccinate 90 351 people using the experimental Ebola candidate vaccine (rVSV-ZEBOV). Those vaccinated were primary and secondary contacts of EVD cases in the Democratic Republic of the Congo and frontline health workers in unaffected neighbouring countries. WHO also supported vaccination campaigns to control yellow fever and cholera in several Member States.

23. With respect to communicable diseases, the Regional Director stressed that diseases such as HIV, TB, malaria, viral hepatitis, sexually transmitted infections (STIs) and neglected tropical diseases (NTDs) continue to pose major public health challenges across the Region. In 2018, Member States adopted the "Treat All" policy for the 25.7 million people living with HIV in the African Region of which 16.3 million are receiving antiretroviral therapy (ART). She added that the Region has continued to make progress in measuring the impact of TB, with a view to reaching the End TB Strategy and Sustainable Development Goal (SDG) targets. WHO, alongside other partners, supported Member States to accelerate progress towards ending TB and developed the African Continental End TB Accountability Framework for Action and an annual scorecard.

24. A "high-burden to high-impact" country-led approach was launched in November 2018 to halt rising numbers of cases of malaria in high-burden countries. Member States developed and deployed strategies and tools for malaria prevention, control and elimination, and comprehensive malaria programme reviews were conducted in five

countries. WHO also supported Member States to implement national NTD master plans. In line with the Regional Strategic Plan, eradication of guinea-worm disease is on track with endemicity remaining in only four countries (Chad, Ethiopia, Mali and South Sudan).

25. Continued progress was made towards polio eradication. By June 2019, no wild poliovirus (WPV) type 1 had been confirmed in the African Region for more than 34 months since the onset of the last case in Nigeria in August 2016. All Member States in the Region introduced inactivated polio vaccine (IPV) as of March 2019, compared to only 36 Member States by early 2018. As of November 2018, forty Member States in the Region had their polio-free status documentation accepted by the African Regional Certification Commission for Polio Eradication.

26. In collaboration with partners, WHO and Member States continued to respond to the rapidly increasing burden of noncommunicable diseases (NCDs) by developing and implementing multisectoral policies and strategies; strengthening health systems; reducing exposure to risk factors; tracking trends; and monitoring progress towards the nine voluntary global NCD targets in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

27. To ensure a coherent approach to NCD prevention and control, Member States continue to review and update their multisectoral action plans in accordance with the Global action plan. During the reporting period, WHO supported Member States in the Region to develop, review or update their national plans and currently, 35 countries have NCD multisectoral action plans. In 2018–2019, ten Member States adopted laws and regulations on tobacco control and five additional countries ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. In 2018, WHO began to implement a three-year project to strengthen national regulatory and fiscal environments to promote healthy diets and physical activity. Technical support was provided to 15 countries in the Region on cervical cancer prevention and control.

28. The Regional Director also highlighted ongoing efforts to achieve universal health coverage. Work towards UHC has continued with emphasis on strengthening the health-care workforce and boosting the performance of health systems; improving the quality, safety and efficacy of products and services through the generation of evidence; delivering of public goods; forging partnerships; and providing technical support and training to health-care leaders, managers and professionals.

29. As part of the implementation of the UHC flagship programme, scoping missions were conducted in 16 Member States to identify strengths, opportunities and bottlenecks, and develop roadmaps to accelerate implementation of UHC. The Essential Health Services

Package (EHSP) was developed to guide Member States on primary health care (PHC), along with a tool to assess district health system functionality in order to identify and bridge gaps in emergency preparedness frameworks. Member States conducted the Service Availability and Readiness Assessment (SARA) in health facilities and used the results to improve their health plans.

30. Fifteen Member States are now implementing surveillance mechanisms to reduce medicine costs in the context of the Medicines Availability and Price Platform hosted by the Regional Office. WHO trained and supported 14 Member States to update their national essential medicines lists. Training was provided for 38 Member States on the prevention, detection and response to substandard and falsified medical products. WHO also supported the development of national action plans for antimicrobial resistance (AMR) in 30 Member States.

31. The Regional Director also noted that 14 countries have reached the target of 90% antiretroviral (ARV) coverage for pregnant women and are working towards elimination of mother-to-child transmission of HIV and syphilis. In 2018, seven Member States formulated integrated national strategic plans on reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition. Two years after the launch of the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance, 36 countries in the Region are using it to plan, implement and increase access to quality services for adolescents. WHO guidance and tools on gender, equity and rights mainstreaming have been introduced in 21 countries.

32. Following months of intensive preparation, the pilot introduction at local and district level of the first malaria vaccine to reach young children, RTS,S/AS01, began in Ghana and Malawi. Rubella-containing vaccine has been introduced in 27 countries, and 26 countries now include a second dose of measles vaccine (MCV2) in their routine immunization programmes. Twenty-three of the 27 high-risk countries have introduced the yellow fever vaccine in their routine immunization programmes.

33. The Regional Director indicated that partnerships have been strengthened and resources mobilized for public health priorities. This has led to 142 cooperation agreements, including a partnership for the advancement of the health agenda on the continent with the Pan-African Parliament and a framework for regional collaboration with the Global Fund. WHO convened the second WHO Africa Health Forum (WAHF) in Praia, Cabo Verde in March 2019. The forum provided a unique opportunity to consider pathways to achieving UHC and health security in Africa.

34. In relation to governing bodies, WHO in the African Region continued to streamline processes and strengthen support to delegates. The Sixty-eighth Regional Committee adopted the first ever Code of Conduct for the Nomination of the Regional Director to promote a transparent, open and equitable process. The regional communication strategy was finalized and endorsed by senior management. Nearly 300 reporters from more than 10 countries were trained on how to report on health emergencies. Proactive engagement with strategic media led to about 100 media interactions.

35. The Secretariat has continued to strengthen the strategic focus on results, shifting energies towards the triple billion goal, as outlined in the Thirteenth General Programme of Work, 2019–2023 (GPW 13). Enhanced capacity in planning, budgeting, monitoring and evaluation has made WHO's work in the Region more efficient and effective.

36. Structural and managerial reforms are being consolidated by strengthening internal control mechanisms; improving accountability, transparency and compliance; and enhancing the performance of individual staff and budget centres. As a result of these measures, audit report ratings of WHO budget centres in the African Region have improved significantly in recent years. Programmatic key performance indicators (KPIs) continue to be defined to enhance accountability, transparency and the focus on results. The KPIs measure WHO's contribution towards the achievement of national targets of the Sustainable Development Goals (SDGs) in the African Region.

37. During the discussions the delegates thanked Dr Moeti for the comprehensive report and reiterated their faith in her leadership. Member States highlighted the support they have received from WHO in various areas including in addressing emergencies such as Cyclones Idai and Kenneth in Southern Africa and the Ebola epidemic and preparedness in the DRC. They lauded the Transformation Agenda and the functional reviews aimed at making WHO country offices fit for purpose. Some delegates shared information about positive experiences from their respective countries, for example, being able to purchase low-cost tests and medicines for viral hepatitis. They also shared progress on various programmatic areas including elimination of NTDs. However, they called for more efforts, inter alia, to support populations in security-compromised areas and address the health needs of Small Island Developing States (SIDS).

38. Responding to the comments made by the delegates, Dr Moeti agreed that more needs to be done to ensure access to health services in areas affected by insecurity and conflict. She noted that the efforts to eliminate polio provided lessons on how to better partner with the security services, humanitarian actors, and civil society to ensure access to health care services for people under very difficult circumstances. She underscored the need to document and apply these lessons. She recognized that although large countries have

been prioritized for impact, more attention needed to be paid to both small and Lusophone countries. Both the Director-General and the Regional Director reaffirmed that climate change and its impact on health in SIDS are WHO priorities, adding that special initiatives were ongoing.

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

- (a) accelerate efforts to address the challenges faced by SIDS, including climate change and its impact on health;
- (b) improve strategies to address the health needs of populations in areas affected by insecurity and conflict;
- (c) offer more support for effective documentation and dissemination of best practices within the Region; and
- (d) continue to promote dialogue between ministries of health and finance.

40. The Regional Committee adopted the report as contained in “The Work of WHO in the African Region, 2018–2019: Report of the Regional Director (Document AFR/RC69/2).

#### **STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT AFR/RC69/3)**

41. In his statement to the Sixty-ninth session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Carlos Alberto Bandeira de Almeida from Sao Tome and Principe, reported that the Subcommittee met in Brazzaville, Republic of Congo, from 11 to 13 June 2019. The PSC reviewed six documents on public health matters of regional concern and recommended them for discussion during the Sixty-ninth session of the Regional Committee. The Regional Committee also considered and adopted the proposals for the designation of Member States on councils and committees that require representation from the African Region as recommended by the Programme Subcommittee.

#### **THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023 RESULTS FRAMEWORK: AN UPDATE (DOCUMENT AFR/RC69/4)**

42. The Thirteenth General Programme of Work, 2019–2023 Results Framework: An Update was introduced by Dr Joseph Cabore, Director of Programme Management, and presented by Dr Samira Asma, Assistant Director-General for Data, Analytics and Delivery. The document notes that on approving the Programme budget 2020–2021, the Seventy-second World Health Assembly in May 2019 requested the Director-General to continue developing the GPW 13 results framework, in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session in January 2020. The results framework consists of the results that WHO aims for, to

make an impact on people's health at the country level, and the three-level measurement system to track impact through quantitative indicators and milestones using healthy life expectancy (HALE) for the top-level indicator, the corresponding indices of the triple billion targets (universal health coverage index, health emergency protection index and healthier population index) and outcomes (the 46 programmatic indicators).

43. The document enumerates the various elements of the results framework and how the methods for calculating each of the healthy life expectancy and triple billion indices, and the programmatic targets and outputs will be finalized. It also describes the Secretariat's support to Member States in strengthening their data and health information systems, as well as the linkage with the Sustainable Development Goal (SDG) Global Action Plan. Additionally, it highlights the consultative process with technical experts and Member States prior to the presentation of the results framework to the Executive Board in February 2020.

44. During the discussions, the delegates commended the Secretariat on the GPW 13, the focus on impact at country level and alignment with the SDGs to ensure standardized reporting, while also welcoming the inclusive consultative process. However, they noted the need to finalize the results framework; to provide specific timelines for the next steps; and to clearly state how data shall be harmonized and collated at country level, especially regarding data that is not routinely collected. They noted that support to countries will be based on their specific needs, and that the inclusion of a qualitative narrative report documenting best practices will ensure that country performance is highlighted regardless of country size. The delegates recommended the involvement of partners, academia and other technical experts in the further development and finalization of the results framework.

45. The Regional Committee reviewed Document AFR/RC69/4: Thirteenth General Programme of Work, 2019-2023 Results Framework: An Update and provided comments and inputs to inform the text of the document that will be submitted for consideration by the Executive Board at its 146th session.

#### **NOMINATION OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC69/INF.DOC/10)**

46. In introducing the document, the WHO Legal Counsel, Mr Derek Walton recalled that the appointment of the incumbent Regional Director of the African Region, Dr Matshidiso Rebecca Moeti, comes to an end on 31 January 2020. Therefore, in line with Article 52 of the WHO Constitution, the Regional Committee should consider at its Sixty-ninth session in August 2019 the nomination of the Regional Director for a period of five years beginning in February 2020. This will enable the Executive Board to consider the matter at its 146th session in early February 2020.

47. On 14 February 2019, in line with Rule 52 of the Rules of Procedure of the Regional Committee for Africa, the Director-General informed the Member States of the Region that each Member State could propose, no later than 18:00 Central European Time on Friday, 24 May 2019, the name of one suitably qualified and experienced citizen of that State with a medical background for the post of Regional Director.

48. In accordance with Rule 52.4 of the Rules of Procedure, the Director-General communicated on 6 June 2019 to Member States of the Region that Botswana had proposed the candidature of Dr Matshidiso Moeti for reappointment as Regional Director. The Regional Committee, pursuant to Article 52 of the WHO Constitution and Rule 52 of the Rules of Procedure of the Regional Committee for Africa and also following an open meeting to determine the modalities for interviewing the candidate and a private meeting to interview the candidate and to vote, nominated Dr Matshidiso Rebecca Moeti as Regional Director for the African Region for a second term and requested the Director-General to propose to the Executive Board her reappointment from 1 February 2020.

49. The Regional Committee adopted resolution AFR/RC69/R1 on Nomination of the Regional Director.

50. After her nomination as Regional Director for a second term, Dr Moeti, in her acceptance remarks, expressed her gratitude to the President of her country, Botswana, for his invaluable support for her campaign and nomination. She also thanked the Ministers of Health and the Heads of Delegation for the confidence they reposed in her and in her country by nominating her for a second term as Regional Director. Dr Moeti also thanked the staff members of the WHO Secretariat in the African Region and all stakeholders for their collaboration as well as her spouse for his support. Dr Moeti pledged to work in collaboration with the Secretariat, Member States and partners, to improve the health status of all people in the WHO African Region.

51. Following Dr Moeti's acceptance remarks, Dr Tedros Ghebreyesus congratulated her on her nomination and indicated that it was a demonstration of the faith, confidence and trust Member States had in her. The Director-General observed that the confidence of Member States in Dr Moeti was well placed, given the achievements recorded in the WHO African Region under her leadership, including her pioneering role in the Regional Transformation Agenda, from which the Global WHO Transformation Programme has drawn inspiration. Dr Tedros stated that he looked forward to continue working closely with Dr Moeti, as Africa was a major priority for WHO and wished her a successful second term.

52. Several delegates also took turns to congratulate Dr Moeti on her nomination. They reiterated their collective confidence in her leadership and pledged their full support and

collaboration in the efforts to attain UHC and the SDGs with a rejuvenated focus on primary health care while building resilient health systems.

53. The Regional Committee was informed that the current term of office of Dr Moeti as Regional Director for Africa will expire on 31 January 2020, while the Executive Board is expected to only finalize the appointment of Dr Moeti for a second term of office on 3 February 2020 during the 146th session of the Executive Board. The Director-General proposes to designate an acting Regional Director for the short interval between the two terms.

#### **FOURTH PROGRESS REPORT ON THE IMPLEMENTATION OF THE TRANSFORMATION AGENDA OF THE WORLD HEALTH ORGANIZATION SECRETARIAT IN THE AFRICAN REGION: 2015–2020 (DOCUMENT AFR/RC69/5)**

54. The Fourth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 was introduced by Dr Francis Kasolo, acting Director of the Office of the Regional Director. The Transformation Agenda is a vision to accelerate the implementation of the WHO reform in the African Region by fostering results-focused values; evidence-driven technical focus; responsive strategic operations; and effective and efficient partnerships and communication. Phase I covered three years of implementation of the Transformation Agenda, the results of which were reported in 2018.

55. Prompted by the need to consolidate the gains of Phase I and build on the lessons learned, Phase II of the Transformation Agenda was launched in 2018. The major thrust of Phase II is to optimize WHO's technical focus and performance, thus improving the quality of its work and ensuring better management of resources to generate value for money. Phase II is being implemented through the following six workstreams: strengthening change management processes and enhancing a values-based culture; enhancing the country-focus approach for greater impact; growing a stronger focus on the delivery of quality results; promoting efficiency, accountability, quality and value for money; broadening engagement with Member States and partners; and ensuring more effective communication of the work of the Secretariat towards improving health outcomes in the Region.

56. The fourth report on progress in the implementation of the Transformation Agenda highlights the progress made in Phase II. Achievements include the introduction of the Pathway to Leadership training programme for senior staff at regional and country levels, functional reviews of WHO country offices, support to Member States for progress towards universal health coverage, support to 23 Member States for the development of their National Action Plan for Health Security (NAPHS), increased commitment and leadership of national authorities in relation to preparedness and response; improved staff compliance

with WHO rules and regulations resulting in no unsatisfactory internal audit reports for any budget centre in the Region for the last four consecutive years and a decline in the number of overdue Direct Financial Cooperation (DFC) reports by 80% as of 2018. The report also puts forward proposals for ensuring the successful completion of the Agenda, such as developing a new regional performance framework that includes a new generation of key performance indicators to monitor both the Transformation Agenda and the GPW 13 in line with the triple billion targets, ensuring more effective communication of the work of the Secretariat and incorporating feedback from stakeholders.

57. During the discussions, Member States commended and thanked the Secretariat for the comprehensive report and the Regional Director for her commitment to the Transformation Agenda. They expressed satisfaction at the significant progress recorded in the four thematic areas of the Transformation Agenda. Member States particularly recognized and lauded accomplishments in improved gender parity in staffing, donor and DFC reporting and the leadership and management training. They also expressed satisfaction with the functional reviews and improved dialogue between ministries of health and WHO country offices. Member States welcomed the next steps and affirmed their commitment to the way forward.

58. Member States were requested to strive towards having zero overdue DFC reports.

59. WHO was requested to consider extending the leadership and management training to ministry of health staff in Member States.

60. The Regional Committee adopted Document AFR/RC69/5: Fourth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region.

### **REGIONAL STRATEGY FOR INTEGRATED DISEASE SURVEILLANCE AND RESPONSE: 2020–2030 (DOCUMENT AFR/RC69/6)**

61. Dr Zabulon Yoti, acting WHO Regional Emergencies Director, presented the paper entitled, “Regional strategy for integrated disease surveillance and response: 2020–2030”. The paper describes emerging and re-emerging disease threats with pandemic potential that continue to challenge fragile health systems, exacting an enormous human and economic toll in the Region and threatening global health security. A recent WHO evaluation of disease trends in 2019 indicates that the risk of emerging infectious diseases has risen due to the growth of cross-border and international travel, increasing human population density and the growth of informal settlements. Other factors include changes in climate, as well as the interactions between humans and wild animals and in trade and livestock farming.

62. In 2016, Member States adopted the Regional strategy for health security and emergencies 2016–2020, which set a very bold target for IDSR; by 2020, all Member States should be implementing IDSR with over 90% national coverage. The strategy, which is aligned with the Transformation Agenda of the WHO Secretariat in the African Region, provides Member States with the technical guidance and priority interventions to achieve the WHO GPW 13 goal of protecting one billion more people from health emergencies. These include conducting high-level advocacy; ensuring good system design and country ownership; ensuring consistent availability of skilled health workers; institutionalizing IDSR training and review of curricula of training institutions; scaling up event-based surveillance, community-based surveillance and electronic IDSR; implementing IDSR in complex situations; providing feedback and information sharing; strengthening cross-border preparedness and response; and integrating IDSR into broader health information systems.

63. During the discussions, Member States welcomed the Regional strategy and commended the Secretariat for its high quality. They acknowledged that epidemics and emergencies are a real threat in the Region and thanked WHO for the support provided in addressing them, including strengthening IDSR. The delegates shared their ongoing efforts to strengthen IDSR. Several Member States indicated that they were already using the new IDSR guidelines and many have introduced the innovative electronic IDSR, leading to significant improvements in timeliness and quality of surveillance data. This has resulted in early detection and response to epidemics. Community-based surveillance, coordination of the “One Health” approach and laboratory systems were highlighted as weak areas that need more attention. The delegates reiterated that IDSR needs to be implemented in the context of health systems strengthening for UHC.

64. Member States were requested to:

- (a) support IDSR teams to enable rapid detection and response to epidemics;
- (b) invest and mobilize resources for implementation of the new IDSR strategy.

65. WHO and partners were requested to:

- (a) advocate for and support implementation of IDSR in the Region, including rolling out IDSR operational plans in the context of health systems strengthening and UHC;
- (b) revitalize the Regional IDSR Task Force to oversee implementation of the strategy;
- (c) support Member States in strengthening cross-border surveillance to prevent spread and ensure early containment of epidemics;
- (d) provide support and catalyse regional ownership of research and innovation.

66. The Regional Committee adopted with amendments Document AFR/RC69/6: Regional strategy for integrated disease surveillance and response: 2020–2030 and its accompanying resolution (AFR/RC69/R3).

### **STRATEGIC PLAN TO REDUCE THE DOUBLE BURDEN OF MALNUTRITION IN THE AFRICAN REGION (2019–2025) (DOCUMENT AFR/RC69/7)**

67. Dr Felicitas Zawaira, Director of the Family and Reproductive Health Cluster presented the document entitled, “Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025”. The document argues that despite global, regional and national initiatives, rates of hunger and undernutrition remain unacceptably high in the African Region. There is also a nutritional transition and an increasing incidence of overweight/obesity and diet-related noncommunicable diseases. The World Health Assembly in 2012 adopted the Comprehensive implementation plan on maternal, infant and young child nutrition with six targets for 2025. However, progress in the African Region is hampered by lack of resources and a policy environment that is under-equipped to control the consumption of poor-quality diets. To address these challenges, there is a need to strengthen policies and regulatory frameworks to promote, protect and support the consumption of safe and healthy foods.

68. The strategy aims to reduce all forms of malnutrition throughout the life course for better health and well-being in the African Region. Its objective is to strengthen national capacity and the evidence base for nutrition programming and thus reduce all forms of malnutrition throughout the life course, in line with the Sustainable Development Goals. It proposes priority actions covering legislation and regulation, resource mobilization, multisectoral action, service delivery, data innovation and research. It also proposes approaches to improve efficiency by integrating nutrition actions in existing service delivery platforms. Mid-term and end-term reviews will be conducted to monitor implementation of the strategy.

69. During the discussions, participants expressed satisfaction with the document presented and emphasized its importance for the promotion of healthy nutrition and the protection of populations. They reiterated their commitment to continue working for the improvement of nutrition and acknowledged the challenge of the double burden of malnutrition in the African Region. Apart from the known contribution of undernutrition to mortality, noncommunicable diseases associated with obesity are increasing the burden of disability and premature death.

70. Delegates enumerated key enabling factors for the implementation of the strategy, including high-level political commitment to address all forms of malnutrition, and the

existence of relevant policies and strategic plans. Some Member States have introduced taxation on sugar-sweetened beverages and are channelling the revenue generated into health promotion. Others have embarked on the promotion of healthy diets through school nutrition policies, high-fibre diets, and increased physical activity. The main challenges identified included lack of financial resources for nutrition, lack of capacity to conduct food composition analysis, lengthy procedures in changing legislation and limited availability and use of routine data in nutrition monitoring.

71. WHO and partners were requested to:

- (a) ensure regional contextualization of the guidelines and prioritize early childhood nutrition;
- (b) strengthen institutional capacity and monitor nutrition;
- (c) establish a platform for sharing experiences, innovation and best practices;
- (d) review the regional nutrient profile model and update nutrition thresholds.

72. The Regional Committee adopted with amendments Document AFR/RC69/7: Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025 and its corresponding resolution AFR/RC69/R2.

### **FRAMEWORK FOR PROVISION OF ESSENTIAL HEALTH SERVICES THROUGH STRENGTHENED DISTRICT/LOCAL HEALTH SYSTEMS TO SUPPORT UHC IN THE CONTEXT OF THE SDGS (DOCUMENT AFR/RC69/8)**

73. The Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs was presented by Dr Prosper Tumusiime, acting Director, Health Systems and Services Cluster. The Framework is intended to guide Member States in the African Region in revitalizing and enhancing the capacity of district health systems given their pivotal role in achieving UHC in the context of the SDGs. It envisions equitable access for all people at all ages to quality essential health services that respond adequately to the needs of the population.

74. The key objectives of the Framework are to guide Member States in strengthening and sustaining their district health systems in order to provide essential health services, and to articulate priority actions that meet individual and community needs across the entire life course. The proposed interventions include: enhancing capacity for governance, leadership and management; improving capacity for evidence-based decision-making and monitoring and evaluation of district health services; defining, costing and mobilizing resources for essential health service packages; building the capacity of health workers to deliver the essential health service package; enhancing access to essential medicines, other health products and equipment; ensuring person-centred health service delivery; strengthening

the health referral system; enhancing the use of digital health; empowering households and communities; and establishing and strengthening community health committees.

75. Delegates commended the Secretariat for the relevance of the document in promoting universal health coverage. They shared their experiences and the successes achieved in district health system strengthening, including the establishment of mobile health units using multidisciplinary teams; decentralization of services and collaboration with local authorities while ensuring pooled and centralized procurement of medicines and consumables; community training of health-care workers and community-based interventions to extend coverage of access; establishment of primary health care institutes; provision of a free package of basic care to specific populations including children under five years of age and pregnant women; and promotion of intersectoral collaboration at district level. They also highlighted common challenges such as lack of skilled health-care professionals; inadequate health and laboratory infrastructure; poor community involvement; dearth of leadership and governance; inadequate budget allocation and accountability.

76. Member States were requested to:

- (a) review the package of essential health services taking into consideration local context and disease burden including health security aspects;
- (b) systematically document best practices on the provision of essential health services and promote operational research;
- (c) increase the quality and number of skilled health workforce at all levels and establish measures to mitigate brain-drain including revision of incentives;
- (d) strengthen leadership, governance and centralized procurement of commodities.

77. WHO and partners were requested to:

- (a) establish a commemorative Primary Health Care Day as an advocacy tool for enhancing political and community commitment to universal health care;
- (b) establish a platform for South-South cooperation, peer learning and exchange of experiences based on best practices and promotion of operational research;
- (c) consider the Institute of Primary Health Care established in Ethiopia as a WHO collaborating centre for training and research.

78. The Regional Committee adopted with amendments Document AFR/RC69/8: Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs.

## **FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL VECTOR CONTROL RESPONSE IN THE WHO AFRICAN REGION (DOCUMENT AFR/RC69/9)**

79. The Framework for the Implementation of the Global Vector Control Response in the WHO African Region was presented by Dr Magaran Bagayoko, acting Director of the Communicable Diseases Cluster. The document states that vector-borne diseases (VBDs) are responsible for 17% of the global communicable disease burden and cause over 700 000 deaths every year. The WHO African Region has a high burden of VBDs such as malaria, arboviruses and schistosomiasis. The Region bears 90% of the global burden of malaria, with almost 70% distributed among 10 Member States, namely Burkina Faso, Cameroon, Democratic Republic of the Congo, Mali, Niger, Ghana, Mozambique, Nigeria, Uganda and United Republic of Tanzania, that reported an estimated 3.5 million more malaria cases in 2017 than the previous year. Unfortunately, vector control efforts face various challenges including insecticide resistance, uncertain sustainability of interventions, and suboptimal surveillance and control. Other challenges relate to climatic and environmental risk factors, poor partner collaboration and coordination, and lack of evidence for decision-making. Additional constraints include deficient emergency and epidemic response, limited human resources, and health system weaknesses.

80. In response to the increasing challenge of VBDs and at the request of Member States, the World Health Assembly in May 2017 adopted resolution WHA70.16 on the Global Vector Control Response 2017–2030 (GVCR), an integrated approach for the control of vector-borne diseases, which calls on Member States to develop or adapt national vector control strategies and operational plans that are aligned with this strategy. WHO developed the GVCR as a strategy to strengthen vector control worldwide. The regional Framework is intended to guide Member States of the WHO African Region in planning and implementing the priority actions of the GVCR in the context of their local situations, as well as to strengthen institutional and human capacity to implement vector control. These include conducting needs assessments, updating strategic plans, improving multisectoral responses, vector surveillance and information systems, regulatory and legislative frameworks, and basic and applied research for entomology.

81. During the discussions, the delegates indicated that insecticide resistance remains a constraint to effective vector control and that the poor understanding of behavioural attributes of local malaria vectors and the paucity of data on significance of secondary vectors compounded residual malaria transmission. Concerns were raised about accountability and the sustainability of vector control interventions owing to limited domestic resources. Member States also highlighted challenges related to lack of human, technical and financial resources to support vector control initiatives.

82. Member States were requested to:
- (a) assess vector control needs and mobilize resources;
  - (b) develop and update national vector control strategic plans;
  - (c) develop a national agenda for basic and applied research on entomology and vector control;
  - (d) establish interministerial, multisectoral task forces and national vector control committees to engage all stakeholders and communities in the control of VBDs and to facilitate intersectoral implementation of actions;
  - (e) integrate vector surveillance systems within health information systems; and
  - (f) improve coordination of surveillance and control of VBDs and collaboration among stakeholders and partners.
83. WHO and partners were requested to:
- (a) support the training of health professionals on vector control;
  - (b) support advocacy initiatives to reduce costs related to insecticides used for vector control;
  - (c) support strengthening of entomological surveillance systems including GIS systems; support public health research to mitigate harmful shifts in biodiversity and collaboration on environmental management;
  - (d) support strengthening of laboratory services to detect arboviral diseases;
  - (e) provide technical and material resources for monitoring;
  - (f) support evaluation, mapping of the distribution of vector-borne diseases and development of integrated vector management strategies; and
  - (g) provide progress reports on the proposed framework for discussion at subsequent Regional Committees.
84. The Regional Committee adopted with amendments Document AFR/RC69/9: Framework for the implementation of the global vector control response in the WHO African Region.

**ACCELERATING THE RESPONSE TO NONCOMMUNICABLE DISEASES IN THE AFRICAN REGION IN LINE WITH THE POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NCDs (DOCUMENT AFR/RC69/10)**

85. The document entitled Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs was presented by Dr Steven Shongwe, acting Director, Noncommunicable Diseases Cluster. The document notes that in 2017, the NCD Progress Monitor revealed that progress in scaling up NCD programmes and services to prevent premature deaths from the major NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases in the African Region remains inadequate. The third High-level Meeting of the United Nations General Assembly on NCDs was held in New York on 27 September 2018 under the theme “Scaling up multi-stakeholder and multisectoral responses for the prevention and control of non-communicable diseases in the context of the 2030 Agenda for Sustainable Development”.

86. The document highlights the outcome of the High-level Meeting, key issues and challenges in the African Region, and proposes actions to accelerate the response to NCDs. These include scaling up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs through multisectoral national responses; ensuring policy coherence across different sectors, oversight of multisectoral action, and scaling up of the NCD response at local and national levels; promoting and implementing policy, legislative, and regulatory measures, including fiscal measures to minimize the impact of the main risk factors for NCDs and promoting healthy diets and lifestyles; implementing a prioritized set of cost-effective and affordable evidence-based NCD and mental health interventions and good practices; mobilizing and allocating adequate and sustained resources for national responses to prevent and control NCDs; promoting mental health and well-being through domestic, bilateral, and multilateral sources; and encouraging healthy lifestyles and population-wide public health education programmes.

87. During the discussions, Member States commended the Secretariat for the relevance and quality of the document. They expressed concern about the increasing burden of NCDs in their countries and the extremely high costs of diagnostics and treatment for cancer and for the management of other NCDs. They indicated that as data on NCDs are not readily available in routine systems, they rely on STEPS surveys to understand the prevalence of risk factors and the actual burden of NCDs and their contribution to overall mortality. The delegates also shared information on ongoing efforts and the progress made to address NCDs and their risk factors, including services for their screening, diagnosis and treatment. In addition, several countries have made progress in tobacco control and a few have

introduced increased taxation on alcohol, but most still lack policies and regulations for reduction of alcohol consumption.

88. The innovative subregional approach in the East African Community, where each of the five Member States is allocated a Centre of Excellence dedicated to a particular NCD in order to reduce the costs of referring patients abroad, was shared. Member States underscored the importance of civil society mobilization, including patient groups and advocates, as has been seen for HIV/AIDS treatment, to achieve the targets set for NCDs and mental health. They also reiterated that increased taxation on tobacco and alcohol should be accompanied by programmes to support cessation of smoking and alcohol abuse in order to avert recourse to cheaper substandard products.

89. Member States were requested to:

- (a) develop and enact alcohol control legislation and policies to regulate the consumption of alcohol;
- (b) invest in the integration of NCDs in primary health care to ensure their early screening, detection and treatment.

90. WHO and partners were requested to:

- (a) implement global and regional approaches to reduce the cost of diagnostics and medicines;
- (b) implement regional approaches to support Member States in engaging with the private sector to reduce risk factors;
- (c) present the progress made to the Seventieth session of the Regional Committee and in subsequent sessions.

91. The Regional Committee adopted with amendments Document AFR/RC69/10: Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs.

#### **INFORMATION DOCUMENTS (DOCUMENT AFR/RC69/15)**

92. The Regional Committee discussed the following information documents: (a) Progress on the implementation of the Regional Strategy on Health Security and Emergencies (Document AFR/RC69/INF.DOC/1); (b) Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC69/INF.DOC/2); (c) Progress report on the implementation of the Regional Strategy for cancer prevention and control (Document AFR/RC69/INF.DOC/3); (d) Progress report on the implementation of the

Regional strategy for Neglected Tropical Diseases: 2014–2020 (Document AFR/RC69/INF.DOC/4); (e) The first United Nations General Assembly High-level Meeting on TB – Implications for the WHO African Region (Document AFR/RC69/INF.DOC/5); (f) Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change (Document AFR/RC69/INF.DOC/6); (g) Progress Report towards Certification of Polio Eradication and Endgame Strategy in the African Region (Document AFR/RC69/INF.DOC/7); (h) Report on WHO Staff in the African Region (Document AFR/RC69/INF.DOC/8); and (i) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC69/INF.DOC/9).

93. The Regional Committee took note of the information documents.

#### **DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SEVENTIETH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC69/11)**

94. The Regional Committee adopted the agenda of the Seventieth session of the Regional Committee and confirmed that the session would be held in Lomé, Togo from 24 to 28 August 2020.

95. The Regional Committee also took note of the interest of the Republic of Burundi to host the Seventy-first session of the Regional Committee.

#### **SPECIAL BRIEFING ON THE EBOLA OUTBREAK IN NORTH KIVU, DEMOCRATIC REPUBLIC OF THE CONGO**

96. The main speakers at the Special briefing on Ebola outbreak in North Kivu in the Democratic Republic of the Congo organized during the Regional Committee were Dr Matshidiso Moeti, WHO Regional Director for Africa; Professor Jean-Jacques Muyembe, Coordinator of the Ebola response in the Democratic Republic of the Congo; and Dr Tedros Adhanom Ghebreyesus, WHO Director-General. In her remarks, Dr Moeti thanked the national authorities of the Democratic Republic of the Congo and its nine neighbours for their tremendous efforts during the past year in terms of preparedness and response to the ongoing Ebola outbreak. She expressed gratitude to the honourable ministers for authorizing their experts to support the response. Of the 1656 deployed to support the response, 1169 were from the African Region, accounting for 71% of all deployments. The Regional Director noted that resources had been invested to improve areas of the response, including surveillance and contact tracing; infection prevention and control; training of responders; case management; and deployment of vaccines and experimental therapeutics.

97. Dr Moeti outlined the progress made in preparedness in the nine neighbouring countries and 10 high risk provinces of the Democratic Republic of the Congo with the

support of 78 deployed experts. Over 1000 community leaders were trained in risk communication and community engagement, and are working with communities in all high-risk districts. More than 1800 alerts were reported and investigated, indicating a functional early warning and surveillance system; and over 14 656 frontline health workers were vaccinated as a preventative measure in Burundi, Rwanda, South Sudan and Uganda. She called on all countries to be well prepared to respond to outbreaks in general, and Ebola outbreaks in particular, and to address gaps identified during the International Health Regulations joint external evaluations by implementing national action plans for health security.

98. Professor Jean-Jacques Muyembe provided an update on the epidemiological situation and the response to the outbreak. As of 17 August 2019, a total of 2877 cases, including 154 health workers and 1934 deaths had been reported across three provinces (North Kivu, Ituri and South Kivu). Ring vaccination and experimental therapeutics are being used to control the outbreak. A total of 197 182 primary and secondary contacts had been vaccinated. The candidate vaccine rVsV-ZEBOV-GP has shown a 97% efficacy and four experimental therapies (ZMAPP, REGN-3B, Mab-114 and Remdesivir) have been introduced. Preliminary data using the WHO Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) and randomized controlled trial protocols suggested an efficacy of 90% after 28 days of treatment.

99. The fourth Strategic Response Plan (SRP4) recently developed by the Democratic Republic of the Congo is being implemented and is structured around five pillars coordinated by OCHA, WHO and the World Bank under the overall leadership of the Government. Factors contributing to the persistence of the outbreak include: high population density and movements; the use of traditional and religious healers as first health-care providers; weak infection control measures at health facilities; community resistance; and insecurity caused by rebel groups. Professor Muyembe concluded by stating that Ebola is preventable and indeed will soon be curable with the emerging therapies, if detected early.

100. The WHO Director-General focused on lessons learned from several joint visits with the Regional Director to the Democratic Republic of the Congo. He stressed the importance of coordinated partner support under the overall leadership of the Government. Community ownership aligned with government leadership in a bipartisan approach will better influence the overall response. Beyond the response to EVD, strengthening health systems to address other health needs of the communities will reinforce trust between communities and responders. All these actions should be supported by an enabling environment. He called on the international community to accelerate funding for preparedness and response to the

Ebola outbreak, which has now been declared a public health emergency of international concern (PHEIC).

101. Delegates commended the efforts of the national authorities of the Democratic Republic of the Congo and WHO support in the response to the Ebola virus disease epidemic and emphasized the need to develop an effective communication strategy that includes local leaders and influencers to ensure successful implementation, prevention, and treatment actions. They highlighted the need to step up preparedness and response to emergencies in all the bordering countries, and to coordinate efforts to ensure protection of the local and international responders in the field. Participants shared their experiences in enhancing country preparedness, including simulation exercises, multisectoral collaboration, and acknowledged the need to strengthen key initiatives to protect the population at airports and borders, and in refugee camps. They also acknowledged the importance of developing innovative methods to control the Ebola virus disease, including rapid diagnostic tests.

## **SIDE EVENTS AT THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

102. The Regional Director, Dr Matshidiso Moeti, scheduled a total of eight side events on specific health issues of great interest to the Region. The outcomes of the side events are summarized below:

### **ESPEN side event on neglected tropical diseases (NTDs)**

103. The side event provided a platform for high-level regional validation of the review of the implementation of the NTD Roadmap and the Regional Strategy as well as proposed strategic directions towards the 2030 targets as contained in the draft NTD Roadmap 2021–2030. Dr Magaran Bagayoko, acting Director of the CDS Cluster introduced the discussions which were led by a panel of discussants, namely, Hon. Alexander Kodwo Kom Abban, Deputy Minister of Health, Ghana; Professor Moustafa Mijiyawa, Minister of Health, Togo; Dr Mwelecele Ntuli Malecela, Director, NTDs, WHO/HQ; Dr Joseph W. Caboré, Director, Programme Management, WHO/AFRO; and Dr Maria Rebollo, Team Leader, ESPEN, WHO/AFRO.

104. The general objective of the event was to validate the review of the implementation of the NTD Roadmap and the Regional Strategy as well as propose strategic directions towards the 2030 targets as contained in the draft NTD Roadmap 2021–2030 and the ESPEN draft framework 2021–2025. Specifically, it was designed to validate the findings of the review on the implementation of NTD interventions in the African Region, against the milestones and goals of the global NTD Roadmap 2012–2020 and the Regional Strategy on

NTDs in the WHO African Region 2014–2020; share lessons learned by countries that have eliminated at least one NTD in the Region; and receive strategic inputs for inclusion in the draft global NTD Roadmap 2021–2030 and ESPEN draft framework 2021–2025.

105. ESPEN annual reports in English and French were distributed by ESPEN Team members at the entrance to the event room. Altogether, about 150 participants attended the event, including the Ministers of Health of Guinea-Bissau, Botswana, Zambia and Equatorial Guinea (as well as their deputies and technical staff). The event was also attended by several partners including the EDCTP, among many others.

106. Following the introduction, the Chairperson of the side event, Dr Joseph Caboré, in his opening remarks, highlighted the journey of the ESPEN flagship project and presented the purpose of the event. Subsequently, Dr Maria Rebollo, ESPEN Team Leader, presented the first topic on: Implementation of the Regional Strategy on NTDs in the WHO African Region 2014–2020, inspiring the audience with her personal journey with NTDs, followed by discussions. A video presentation by Hon. Alexander Kodwo Kom Abban, Deputy Minister of Health, Ghana on Lessons learned in the elimination of trachoma in Ghana was followed by another on Lessons learned in the elimination of lymphatic filariasis in Togo presented by Professor Moustafa Mijiyawa, Minister of Health, Togo. Finally, the NTD Roadmap 2021–2030 was presented by Dr Mwelecele Ntuli Malecela, Director, NTDs, WHO/HQ followed by a lively discussion session (moderated by the Chair) with several ministers seeking clarifications and complimenting WHO on the Roadmap. The event was closed by the DPM after almost one and a half hours.

107. In conclusion, the side event fully achieved its specific objectives, as it provided a validation of the findings of the review of the implementation of NTD interventions in the African Region, against the milestones and goals of the global NTD Roadmap 2012–2020 and the Regional Strategy on NTDs in the WHO African Region 2014–2020. Further, strategic inputs for inclusion in the draft global NTD Roadmap 2021–2030 were received from the participants. Lessons learned by countries (through video presentations by the Deputy Minister of Health of Ghana and the Minister of Health of Togo) showed how elimination of at least one NTD in two countries in the Region was achieved.

### **Three years without a wild poliovirus case in the African Region: let us finish polio once and for all**

108. The African Region has made tremendous progress towards certification of wild poliovirus (WPV) eradication with no WPV case having been reported for three years. If this progress is sustained, the African Region could be certified to have eradicated polio in early 2020. According to the Framework for Certification of Poliomyelitis Eradication in the

African Region, all criteria for certification must be met, particularly ensuring sensitive surveillance performance.

109. Despite the progress made with wild polioviruses, the African Region is experiencing the emergence of circulating vaccine-derived poliovirus type 2 (cVDPV2) due to low population immunity as the routine immunization coverage is weak in a considerable number of Member States. As of July 2019, cVDPV2 outbreaks had been reported in Angola, Benin, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mozambique, Niger and Nigeria. There is also a significant risk of further spread from affected to neighbouring Member States as has happened in Benin, Ghana, Cameroon and Niger. The meeting was convened to brainstorm with Member States and reach a consensus on ensuring that certification of eradication of wild poliovirus is achieved in the near future and that all outbreaks of cVDPV2 are stopped in a timely manner.

110. The meeting was chaired by the Regional Director, Dr Matshidiso Moeti, who in her opening remarks outlined the reasons for convening the polio side meeting. The panellists included Dr Joseph Cabore (Director of Programme Management, AFRO), Mr Chris Maher (Senior Polio Advisor to the WHO Director-General), Dr Steve Landry (BMGF Director of Multilateral Partnerships) and Dr Pascal Mkanda (Coordinator of the Polio Eradication Programme in the African Region).

111. An introductory presentation was made by Dr Mkanda on the polio situation in Africa, in which he identified the challenges and proposed the way forward. Following the presentation and remarks from the panellists which focused on the need to intensify efforts, share experiences from other WHO regions and continued partner commitment for polio eradication, the floor was opened for contributions from Member States. Angola, Democratic Republic of the Congo, Benin, Sao Tome and Principe, Congo, Nigeria, Malawi, Guinea, Mali, United Republic of Tanzania, Gabon, Sierra Leone, Ghana, South Africa, Comoros, Ethiopia and Niger shared their progress, experiences, challenges, lessons learned, best practices and prospects. Additionally, a scorecard on progress towards the milestones for achieving polio eradication and cVDPV2 outbreak response was shared with all Member States.

112. Member States were urged to ensure overall leadership and ownership of polio eradication activities to scale up implementation of agreed action points; intensify surveillance for certification; improve the quality of cVDPV2 outbreak response to stop outbreaks in a timely manner; strengthen cross-border collaboration; improve access to insecure areas; and strengthen routine immunization. The partners were urged to continue providing resources for the implementation of the planned activities until certification and post-certification.

### **Improving access to assistive technology: inclusiveness in universal health coverage**

113. Globally, more than 1 billion people need one or more assistive products, and more than 2 billion people will need at least one assistive product by 2030, with many older people needing two or more. Although assistive technology (AT) has been shown to have socioeconomic benefits in reducing poverty levels in people who use them, allowing for more productivity and reducing social exclusion such as dropping out of school and unemployment, only one in 10 people worldwide currently has access to it. Poor access to assistive products that are beneficial to a wide range of people, including persons with disabilities, persons affected by noncommunicable diseases, and older people, inevitably jeopardizes the delivery of good essential health care services, especially in low- and middle-income countries. For instance, in the African Region, it has been demonstrated that millions of southern Africans are deprived of basic rights such as access to education and the right to work because of the unmet demand for assistive technology.

114. While there is a large unmet need for all types of assistive products in African countries, the current coverage levels of assistive products are not proportional to the prevalence of impairment types. In 2018, the World Health Assembly adopted resolution WHA71.8, in which it recalled the United Nations Convention on the Rights of Persons with Disabilities, CRPD, under which Member States committed to ensuring access to quality assistive technology at an affordable cost and to strengthening national efforts to close the gap and foster international cooperation. It is against this background that a side event devoted to access to assistive technology in the framework of universal health coverage was organized during the Sixty-nine session of the WHO Regional Committee for Africa. The meeting offered an opportunity to enhance international coordination, build political commitment at the topmost level and consolidate global, regional and national efforts in improving access to assistive technology.

115. In his opening remarks, Dr Joseph Cabore, Director of Programme Management (DPM) at AFRO, on behalf of the Regional Director, emphasized the importance of taking into account the needs of the vulnerable which constitutes the nucleus of UHC where we must all start with the goal of 'leaving no one behind'. While specific measures have so far not been taken to facilitate access to AT for those who need it, it is urgent for Member States in the African Region to reiterate their commitments and ensure the implementation of resolution WHA71.8.

116. Most countries in Africa have a legal framework in place for overseeing the implementation of the CRPD, which should set a basis for action towards addressing the needs and rights of persons with disabilities. A legal framework for implementing the CRPD

can also address issues relating to access to AT to guarantee the well-being and quality of life of persons with disabilities. Despite the existence of the legal framework, responses point out that nearly half of the legal frameworks of countries mention AT, but less than half of the countries have a government financing or insurance scheme in place which provides AT coverage. However, countries have also reported on the marginalization of people who need AT and the difficulties in accessing AT, the limited funds for providing AT coverage as people continue to pay out of pocket for AT, and the long waiting times to access AT. This was reiterated by civil society declarations advocating for the consolidation of efforts in improving access to assistive technology and in providing high-level political support.

117. The Ministers of Health of Burkina Faso, United Republic of Tanzania, Kenya and the representative of the Minister of Senegal welcomed the initiative of raising awareness and the commitments made to improve access to AT. Personal and professional experiences were shared by the various speakers, recalling the primary humanitarian dimension of promoting access to AT. Ministers stressed the importance of putting in place concrete measures that will allow everyone to benefit from these technologies without suffering from any financial constraints.

118. Call for action: A call was made by the Ministers of Health for the development and implementation of a regional strategy on assistive technology. This call was echoed by representatives of civil society with great enthusiasm. The Director of Programme Management at AFRO welcomed the call and stated that WHO would respond with a regional consultation with Member States and an update on progress towards the set targets.

### **Contributing to universal health coverage: lessons from country experiences**

119. Following the progress made under the Millennium Development Goals agenda and the adoption of the Sustainable Development Goals by the United Nations General Assembly in 2015, health has been central to the overall achievement of the SDGs, through SDG 3: “Ensuring healthy lives and well-being for all at all ages”. Central to the achievement of SDG 3 is target 3.8 on universal health coverage that aims at ensuring that everyone obtains good quality health care whenever they need it without facing financial hardship.

120. Countries have developed health policies and strategic plans to pursue ambitious health targets. Progress made includes an increase in healthy-life expectancy (a measure of life expectancy adjusted for years spent with disability) from 50.9 years to 53.8 years between 2012 and 2015, and a reduction in the crude death rate due to the top 10 causes of mortality from 87.7 to 51.3 per 100 000 population in the same period. However, despite these efforts, on average, in the countries in the African Region, the population is only

utilizing 48% of the possible health and health-related services needed for their health and well-being, ranging from 31% to 70%, with only five countries having a score above 60%. Based on the existing investments in the health systems building blocks, countries are only performing at 49% of their possible levels of functionality. In particular, access to essential services is low, at an average of 34% of the population with access to essential health services.

121. The African Region in 2017 adopted a framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals. In this context, the Regional Director established a Regional flagship programme on universal health coverage that has supported countries to review their systems and develop UHC roadmaps. Thus far, UHC scoping missions have been undertaken in at least 16 countries to support the reviews and development of UHC roadmaps. Apart from the countries where the UHC scoping missions have been conducted, many other countries have continued to undertake reviews of their health sector performance and several have initiated reforms to improve health service access and coverage.

122. During the UHC side event at the Sixty-ninth Regional Committee, delegates shared country experiences and lessons learned in advancing the universal health coverage agenda in Africa. Angola presented its efficiency gains through improved procurement and supply systems. High costs and weak supply chain management challenge the uninterrupted supply of essential medicines. Through reduced taxation on essential medicines, increased taxes on alcohol and tobacco, advocacy for increased domestic funding for medicines, and introduction of a transparent national electronic contracting system for medicines procurement, Angola has improved the management of essential medicines, thus ensuring availability of medicines for its population.

123. Poor management of the health system had resulted in loss of public trust in government-owned hospitals in Togo. After an assessment of the health system, a contracted company developed a solid management system which improved service delivery in hospitals and reinstated the community's trust in health services. Currently, this public-private-partnership is being extended to other health facilities and Togo plans to contract out some of the public health facilities to faith-based organizations to ensure better management.

124. In Côte d'Ivoire, the political conflict from 2002 to 2011 weakened the health system. To reverse this trend, health sector reforms focused on rehabilitating existing hospitals as well as constructing and equipping new health facilities. Decentralization of the supply chain management system for essential medicines aimed to ensure local ownership and improving access. The introduction of a health insurance scheme sought to lessen financial

hardship. Delegates suggested the inclusion of universal health coverage as a standing item on the agenda and agreed that alternative sources of funding such as health insurance, high-level political commitment and leadership, good health management and governance systems, a multisectoral approach and equity are essential elements for universal health coverage in Africa.

### **Time to deliver: combating sickle cell disease is a political choice**

125. Sickle cell disease (SCD) is a genetic disease that causes high mortality among babies and under-five children as well as significant morbidity and mortality in adults. More than 66% of the 120 million people in the world with SCD live in Africa. The highest prevalence of SCD is found in parts of East, Central and West Africa. The condition can cause extreme pain, life-threatening infections and other complications such as stroke or loss of vision. The disease can interfere with many aspects of the patient's life, including education, employment and psychosocial development. Despite its disastrous consequences, the disease does not receive adequate attention.

126. In 2010, ministers of health from the WHO African Region adopted a regional strategy to combat SCD, and in some countries where SCD is a major public health concern, control programmes do exist. However, these have neither the national coverage nor basic facilities to diagnose and manage patients. Systematic newborn screening for SCD using a simple blood test is not a common practice, and diagnosis is usually made only when a severe complication occurs. Health workers at the primary health care level do not have the required knowledge and skills to prevent and manage SCD. Counselling and prevention of crises and infections are simple measures that are not readily accessible to most patients. As a result, the majority of children with the most severe form of the disease die before the age of five, usually from an infection or severe anaemia. The frequent interaction of children and mothers with the health system provides an opportunity for screening, diagnosis, treatment and care for patients with SCD.

127. Speaking at the Congress of the African Society of Haematology in Brazzaville in July 2018, the First Lady of the Republic of Congo, H.E. Antoinette Sassou Nguesso, who is a strong advocate of ending SCD, stressed the urgent need to tackle the disease: "I call upon each one of us to continue to make an effort so that together with our brothers and sisters from other continents, we can win the noble fight against blood diseases in Africa." At the Seventy-second session of the World Health Assembly in May 2019, Her Excellency the First Lady was recognized for her contribution to the control of SCD globally. The WHO Regional Director for Africa, Dr Matshidiso Moeti has also called for more investment, stronger collaboration and partnerships to stem the rising tide of SCD cases in Africa.

128. The aim of the SCD side event convened on the margins of the Sixty-ninth session of the Regional committee was to strengthen commitment and agree on strategies to scale up SCD prevention and control in the context of universal health coverage. The specific objectives were to exchange information, share experiences and best practices on SCD prevention and control; to discuss how to rapidly increase access to essential diagnostic technologies and medicines for SCD prevention and control in Africa and; to explore the possibility of establishing an African network/partnership on SCD.

129. The side event was attended by ministers of health or their representatives; invited partners such as the African Society of Haematology, the Gates Foundation, AfDB, UNICEF, as well as SCD experts living in Africa. It was an excellent platform for reviewing the burden of SCD in the African Region and its contributing factors, and for discussing SCD screening, prevention and control interventions.

130. The Guest of Honour, the First Lady of Congo shared testimonies on SCD and delivered a strong advocacy message, calling on all ministries of health to raise the priority of SCD in the national health agenda, invest domestic funding for combatting the disease and decentralize SCD prevention and management at the peripheral level of the health system. The Regional Director, Dr M. Moeti in her welcome remarks, stressed the need for SCD to be integrated in primary health care services in at least three key ways: first, by including newborn screening and early intervention programmes for sickle cell disease, alongside HIV screening and maternal and child care programmes; second, by making training available to health workers to provide people-centred care based on expert guidance; and third, by providing genetic counselling on the disease, particularly in high-burden countries. She stated that SCD is preventable and WHO is committed to working with Member States and partners to strengthen health systems for management of SCD.

131. The following issues were discussed: the status of SCD prevention and control, including possible ways of strengthening them, following a presentation by Dr S. Shongwe, acting Director of the NCD Cluster at AFRO; Uganda's experience in SCD treatment and research presented by the Hon. Sarah Opendi, State Minister of Health, Uganda; Benin's experience in SCD prevention presented by Dr B. Hounkpatin, Minister of Health of Benin; and strategies for scaling up SCD prevention and control interventions in countries presented by Dr Obiageli Nnodu from the Centre of Excellence for SCD training and research, University of Abuja, Nigeria.

132. The discussions by the audience around the presentations and the status of implementation of the Regional SCD strategy adopted in 2010 highlighted the challenges which include limited data on SCD, lack of knowledge among health care workers and the public (SCD not recognized and/or accurately diagnosed), the fact that SCD is not on the

NCD agenda, lack of an SCD national strategy in many countries, limited newborn screening, lack of access to care, unaffordability of the treatment, and weak monitoring and evaluation systems.

133. The invited guest, Adm. Brett Giroir, Assistant Secretary for Health in the US Department of Health and Human services, Washington DC, USA insisted on turning the tide for SCD through the scaling up of prevention and control interventions at primary health care level. He committed to providing support to African Member States and maintaining strong collaboration with WHO and other partners.

134. The measures recommended included enhanced advocacy, strengthened capacity of health professionals, and scale-up of SCD prevention and control. Strengthened monitoring, evaluation and surveillance, and promotion of research were also recommended. In conclusion, Member States acknowledged the SCD burden in their countries but welcomed the reinvigorated strategies for prevention and control. The event was considered timely and produced a good interaction among participants, who shared experiences and agreed to actively implement the recommendations.

#### **Gavi side event: immunization for all by 2030 – successes and challenges towards reaching every child**

135. This side event brought together Ministers and high-level authorities from ministries of health of the Region. The main objectives of the side event were to engage and discuss with Ministers and other participants on how the African Region was faring so far in the current Gavi Alliance strategy, to include successes and challenges faced towards reaching every child, as well as discuss key elements of the next Gavi Alliance strategy ('Gavi 5.0' covering 2021–2025).

136. The panel comprised the following members: the Minister of Health and Population of Congo (chair), the Minister of Health and Social Welfare of Liberia, the Minister of Health of Ethiopia, the Director General of Health of Senegal, the WHO/AFRO Director of Programme Management, the UNICEF Deputy Representative for Congo, the Country Programme Managing Director of Gavi, and the WHO/AFRO Family and Reproductive Health Director (moderator).

137. The chairperson of the meeting, the Minister of Health and Population of Congo, commenced the session by emphasizing that cross-sector collaboration, community ownership and high-quality data are essential elements for attaining a sustainable immunization coverage rate. The Director of Programme Management, WHO/AFRO, acknowledged that the Region had made significant gains towards increasing access to

immunization in Africa and that political will for immunization is at an all-time high. Although this progress is commendable, it is taking place against a backdrop of a decade-long stagnation in routine immunization coverage, where the regional average has fallen below 76%, whereas the target set is to attain and sustain a 90% coverage rate.

138. A number of country best practices/innovations were shared with participants. The Minister of Health and Social Welfare of Liberia demonstrated how her country developed and implemented an effective community-based immunization strategy after the West Africa Ebola outbreak of 2015. The Minister of Health of Ethiopia described the critical role that women play in providing essential health-care services, including vaccination, and the action the Government took to increase the female community health workforce. The Director General of Health of Senegal acknowledged the key roles played by the Gavi Alliance and other partners in assisting the country to increase and maintain its routine immunization coverage rate as well as the important role that the media plays to overcome rumours about vaccines.

139. Key challenges highlighted throughout the discussion included the need to vaccinate half a million additional children each year just to keep pace with population growth, and sustaining funding for immunization to include increasing domestic budget allocations. Meanwhile, it was pointed out that Gavi's new strategy is aligned with WHO's work to advance primary health care towards achieving universal health coverage. This new strategy represents a significant shift in focus, taking a life-course approach, including building new immunization delivery platforms that will also strengthen primary health care, focusing on reaching hard-to-reach communities, particularly people living in dense urban environments, remote places, and areas affected by conflict. Gavi's new strategy also considers options for supporting middle-income countries.

140. Finally, participants acknowledged the critical need to build more integrated immunization systems that can deliver services along the life course and as part of primary health care. It was pointed out that recent disease outbreaks and events have also demonstrated not only the need to strengthen routine immunization but also resilience in the face of acute and chronic emergency situations, political instability or the consequences of natural disasters and climate change. The chair concluded the session by highlighting the importance of working together to reduce inequities and ensuring that everyone has access to the life-saving vaccines they need.

### **The new global digital health strategy: Member States input forum**

141. In May 2018, the Seventy-first World Health Assembly adopted resolution WHA71.7 on digital health in which it requested the Director-General inter alia, to develop in close

consultation with Member States and with inputs from stakeholders, a global strategy on digital health, identifying priority areas including where WHO should focus its efforts. The WHO Secretariat developed a first draft of the global strategy through internal consultation and on 27 March 2019 presented the outline of scheduled consultations at an information session held for Member States in Geneva. The draft strategy document was made available online for global public consultation from 26 March to 3 May 2019. Following the public consultation, an updated version of the draft strategy is now available for review and comments at the following link: <https://www.who.int/DHStrategy>.

142. The purpose of the global strategy on digital health is to advance and apply digital technologies towards achieving the vision of health for all. The draft global strategy sets out a vision, strategic objectives and a framework for action to advance digital technologies for health, globally and in countries. It aims to encourage international collaboration and to support countries in their national digital health programmes. It also aims to promote research, improve evidence and share information as well as best practices on digital health to ensure a solid foundation.

143. The draft global strategy is expected to lead to concrete actions within the five-year timeframe, from 2020 to 2024. However, the strategic objectives aim to set the overall direction for the development of digital health for a longer period. The draft global strategy is based on several guiding principles. It acknowledges that the institutionalization of digital health in national health systems requires a decision and commitment by countries; recognizes that successful digital health initiatives require a unified strategy; and promotes the use of appropriate digital technologies for health.

144. In her opening remarks, Dr Matshidiso Moeti, WHO Regional Director for Africa, recalled the importance of digital health and its relevance to the Organization. She gave practical examples of how digital health can help reach marginalized populations and contribute to universal health coverage. She commended the work of development partners in supporting Member States in the Region, and highlighted the work the Region is doing to support Member States. This included partnership arrangements with the International Telecommunication Union (ITU), through which a digital health curriculum was developed, actions to capacitate decision-makers on new concepts in digital health – artificial intelligence and health systems development work that the Regional office is embarking on, around the digital health platform.

145. The ITU Regional Director further stressed the role of ITU in supporting the health digitization agenda. He addressed issues relating to digital infrastructure management, financing and security. The Health Systems and Services Director followed on to provide a high-level progress report on digital health in Africa, highlighting mobile health as the most

prominent digital intervention followed by social media, telehealth and eLearning. He identified challenges around interoperability, financing for digital health, digital health capacity for health workers, appropriate cadres to support digital health at national level, among others.

146. These presentations laid the basis for the main presentation on the WHO global strategy on digital strategy, which was made by the Chief Information Officer at WHO Headquarters. He highlighted the basis for the resolution, and articulated the process of the strategy formulation. He discussed the vision of the strategy, its strategic objectives, principles and action plan. He further highlighted the need for Member States to provide further feedback until 20 September 2019.

147. The session was well received by Member States, who provided positive feedback. Member States shared their country experiences during the discussion. An appeal was made for Member States to continue providing feedback to the global strategy until the cut-off date of 20 September 2019. Following the fruitful discussion, the Director of Programme Management outlined key issues that needed addressing for digital health expansion and adjourned the session by urging Member States to take affirmative action in advancing digital health.

### **The African continental end TB accountability framework for action: enhancing leadership for ending TB in Africa by 2030**

148. The Sustainable Development Goals (SDGs), the End TB Strategy, and the 2018 United Nations General Assembly High-level Meeting on TB (UNHLM-TB) have set targets to end the tuberculosis (TB) epidemic by 2030. Meanwhile, African Union Heads of State and Government in 2016 and 2018 respectively, endorsed the African Union Catalytic Framework to end AIDS, TB and eliminate Malaria in Africa by 2030, and the African Continental End TB Accountability Framework for Action and the African TB Scorecard initiative to track progress on key indicators on an annual basis. Working with the African Union Commission (AUC), WHO AFRO has produced two performance Scorecards based on the top 10 End TB Strategy indicators, one for 2017 and one for 2018.

149. The TB side event at the Sixty-ninth session of the WHO Regional Committee for Africa was jointly convened by WHO AFRO, the AUC, the Stop TB Partnership led by Dr Lucica Ditiu, its Executive Director, and the Global TB Programme (GTB) represented by Dr Ren Minghui, WHO Assistant Director-General for UHC, Communicable and Noncommunicable Diseases. The objectives of the meeting were to present to ministers of health and their delegations as well as representatives of donor and technical partners, the 2018 African TB Scorecard, to draw their attention to the commitment of AU Heads of State and Government and the

international community to end the TB epidemic; catalyse urgent actions required to translate the commitments to desired outcomes; and launch and disseminate the 2018 African TB Scorecard.

150. In their opening remarks, Dr Joseph Cabore, AFRO Director of Programme Management (DPM) on behalf of the Regional Director, and Dr Margaret Anyetei, Head of Health, Population and Nutrition at the AUC on behalf of the AU Commissioner for Social Affairs, emphasized the persistently high burden of TB despite significant progress over the years, and the urgency for Member States to fully implement the AU and global commitments to meet the set targets and milestones. This was reiterated in a presentation on the 2018 Scorecard by the AFRO Director for Communicable Diseases who observed that based on the most recent available data (2017 notifications), TB incidence is falling significantly on the African continent. It was also indicated that analysis of TB data for the past five years by WHO showed that six countries in Southern Africa had recorded the fastest declines in TB incidence in the world. However, the declines are not fast enough to meet the 2030 targets; TB rates for the Region are some of the highest in the world; treatment coverage stands at only 52%; financing for TB services is grossly inadequate with only 27% of TB budgets being funded domestically and internationally, and 46% remaining unfunded.

151. In response, the Ministers of Health of Burkina Faso, Congo, Guinea-Bissau, Sao Tome and Principe, South Africa, and a former TB patient from the Democratic Republic of the Congo, among other interveners, enthusiastically affirmed that the UNHLM-TB and End TB targets are achievable, as long as political will and leadership were sustained at the highest levels. The Ministers welcomed the African TB Scorecard to monitor progress and confirmed that the data presented accurately represented data from their respective countries.

152. Going forward, they underlined the need to: eliminate social and structural barriers to TB services and ensure non-impoverishing TB services; adopt modern, precise diagnostic technologies and treatment regimens as the standard of care in every Member State; improve coverage with TB services through general primary health care systems; ensure the active engagement of communities and civil society organizations to achieve the set targets; adopt a multisectoral involvement and accountability approach at country level; and engage ministers of Finance to augment domestic financing of TB services. A special request was made to AFRO to operationalize differentiated services delivery for TB prevention, treatment and care based on each Member State's disease burden, demographic profile, and socioeconomic status.

153. The event closed on a call by the AFRO DPM to make the African TB Scorecard useful at country level and for AU Heads of State and Government to be kept updated on progress

towards the set targets in line with their request. In that regard, AFRO is already working with the AUC to include discussions on the African TB Scorecard at a forthcoming expert meeting scheduled to take place during the first week of November in readiness for next AU Heads of State summit in February 2020.

## **ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE**

(Document AFR/RC69/12)

154. The report of the Sixty-ninth session of the Regional Committee (Document AFR/RC69/12) was adopted with amendments.

## **CLOSURE OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE**

### **Vote of thanks**

155. The “Vote of thanks” was presented by Honourable Amadou Lamin Samateh, Minister of Health of The Gambia. He thanked the President, the Government and the people of the Republic of Congo for hosting the Sixty-ninth session of the Regional Committee. He noted the warm welcome and outstanding hospitality extended to delegates and Member States of the WHO African Region. He requested the Regional Director to transmit the “Vote of thanks” to His Excellency Denis Sassou Nguesso, President of the Republic of Congo.

### **Closing remarks by the African Union Commissioner for Social Affairs**

156. The African Union Commissioner for Social Affairs, Her Excellency Amira Elfadil Mohammed greeted all participants on behalf of the Chairperson of the African Union Commission, His Excellency Moussa Faki Mahamat. She congratulated the Chairperson and Vice-chairpersons of the Regional Committee on their election. Her Excellency Amira Elfadil Mohammed also presented her heartfelt congratulations to Dr Moeti on her election for a second term as WHO Regional Director for Africa. She noted that the election was in line with the recommendation of the Thirty-fourth session of the African Union Executive Council and reaffirmed her commitment to strengthening the partnership with WHO by working closely with the Regional Director and the WHO Director-General to achieve the health goals of the African Union’s Agenda 2063.

157. The Commissioner commended WHO’s efforts in the response to the Ebola outbreak in the Democratic Republic of the Congo and called on all neighbouring countries to remain vigilant and continue to strengthen their capacities in line with the International Health Regulations (2005). She informed the delegates of the development of an accountability framework for reporting to Heads of State, the signature of the treaty on the African

Medicines Agency (AMA) by five countries and its ratification by one country. She concluded by advocating for a strong, high-level participation of African Heads of State and Government at the forthcoming United National General Assembly session on universal health coverage.

### **Closing remarks by the Regional Director**

158. The WHO Regional Director, Dr Matshidiso Moeti, thanked the President of the Republic of Congo, His Excellency Denis Sassou Nguesso and his Government for setting the stage for a successful Sixty-ninth Regional Committee. Dr Moeti expressed her gratitude to the First Lady, Her Excellency Antoinette Sassou Nguesso for agreeing to be a special guest at the side event on sickle cell disease and committed to prioritize the fight against this disease which has been neglected for too long. The Regional Director thanked the African Union Commissioner for Social Affairs for her dedication to health and for being present at the Regional Committee session despite her very busy schedule. She extended her appreciation to the Honourable Minister of health and population of Congo, all the honourable ministers, heads of delegations and her WHO colleagues for the outstanding work that had ensured a successful Regional Committee.

159. The Regional Director noted with satisfaction the contributions of delegates during the discussions and the adoption of strategies and resolutions that will further shape the health agenda in the Region and particularly universal health coverage. Dr Moeti called on Member States to strengthen cross-border collaboration; establish a routine platform for such collaboration beyond emergencies; strengthen preparedness including immunization and work towards eradication of polio in the Region. She noted that the time for universal health coverage had come and requested the African Union Commissioner to report back to Heads of State that the Honourable Ministers of Health were working hard to deliver on the goals they had set for implementing UHC. The Regional Director acknowledged the contribution of the Africa Centres for Disease Control and Prevention (Africa CDC) in mobilizing expertise in the Region to respond to emergencies and for its work on laboratory strengthening.

160. In her concluding remarks, Dr Moeti thanked the WHO Director-General, Dr Tedros for his continuous support and commitment to improving the health of the people in Africa. She also thanked Togo for agreeing to host the Seventieth session of the Regional Committee. On her nomination for a second term, the Regional Director expressed her gratitude to the Honourable ministers of health for the confidence and trust bestowed on her and promised to work hard with her team to deliver on their expectations. She pledged to share the Organization's experience in leadership and management through the training of managers

from Member States in the health domain to acquire skills for better management of resources.

**Closing remarks by the Chairperson of the Regional Committee**

161. In her closing remarks, the Chairperson of the Sixty-ninth session of the Regional Committee, Honourable Jacqueline Lydia Mikolo, Minister of Health and Population of the Republic of Congo, thanked participants for the cooperation she had received in directing the session. She also used the opportunity to express appreciation to the President of the Republic of Congo, His Excellency Denis Sassou Nguesso, for the support the organizers received in preparing for the session. She commended WHO for co-hosting the Regional Committee and providing continuing support to Member States.

## **PART III**

## **ANNEXES**



## ANNEX 1

### LIST OF PARTICIPANTS

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**IOGT INTERNATIONAL**

Mr William Ntakuka Melau  
Regional Representative

**MAKERERE UNIVERSITY**

Dr Misaki Wayengera  
innovator

**MALDOR**

Dr Onyeador Doris Jema  
Innovator

**MERCY SHIPS**

Dr Peter Linz  
International Chief Executive Officer

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)**

Ms Julie Makani  
Associate Professor

**NUTRITION INTERNATIONAL**

Dr Richard Pendame  
Regional Director

**RESURGENCE BC FOUNDATION**

Dr Jean-Jacques Moka  
Président

**SPROXIL**

Mr Chinedum Chijioke  
Innovator

**UNION FOR INTERNATIONAL CANCER CONTROL (UICC)**

Ms Martha Coffie  
Vice President: Mental health Society of Ghana

Mr Labram Musah  
National Coordinator of Ghana

**UNIVERSITY OF NIGERIA (CENTRE OF  
EXCELLENCE FOR SICKLE**

**CELL DISEASE RESEARCH & TRAINING)**

Prof Obiageli Nnodu  
Director

**WEST AFRICAN ALCOHOL POLICY ALLIANCE  
(WAAPA)**

Dr Umenze Franklin Chukwama  
Chairman

Mr Issah Ali  
Head of Secretariat

**WORLD HEART FEDERATION (WHF)**

Prof Amam Mbakwem  
Department of Medicine, College of  
Medicine  
University of Lagos

**WORLD FEDERATION OF SOCIETIES OF  
ANAESTHESIOLOGISTS (WFSA)**

Mr Philippe Mavoungou  
Board Member

**WORLD ORGANIZATION FOR FAMILY  
DOCTORS (WONCA)**

Prof Shabir Moosa  
President - Africa Region

Dr Dan Abubakar  
President elect

**WORLD COUNCIL OF CHURCHES (WCC)**

Dr Mwai Makoka  
Programme Executive

**YOUTH ACTIVIST**

Miss Natasha Mwansa  
Youth Activist

Mr Rubem Semedo Ramos  
Youth Activist

## **ANNEX 2**

### **AGENDA OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE**

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the agenda (Document AFR/RC69/1)
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region 2018–2019: Report of the Regional Director (Document AFR/RC69/2)
6. Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC69/3)
7. Thirteenth General Programme of Work, 2019–2023 Results Framework: An Update (Document AFR/RC69/4)
8. Nomination of the Regional Director (Documents AFR/RC69/INF.DOC/10 and AFR/RC69/INF.DOC/11)
9. Fourth Progress Report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (Document AFR/RC69/5)
10. Regional Strategy for Integrated Disease Surveillance and Response:2020–2030 (Document AFR/RC69/6)
11. Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document AFR/RC69/7)
12. Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (Document AFR/RC69/8)
13. Framework for the implementation of the Global Vector Control Response in the WHO African Region (Document AFR/RC69/9)
14. Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs (Document AFR/RC69/10)
15. **Information Documents**
  - 15.1 Progress on the implementation of the Regional Strategy on Health Security and Emergencies (Document AFR/RC69/INF.DOC/1)
  - 15.2 Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC69/INF.DOC/2)
  - 15.3 Progress report on the implementation of the Regional Strategy for cancer prevention and control (Document AFR/RC69/INF.DOC/3)

- 15.4 Progress report on the implementation of the Regional strategy on Neglected Tropical Diseases: 2014–2020 (Document AFR/RC69/INF.DOC/4)
- 15.5 The first United Nations General Assembly High-level Meeting on TB – Implications for the WHO African Region (Document AFR/RC69/INF.DOC/5)
- 15.6 Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change (Document AFR/RC69/INF.DOC/6)
- 15.7 Progress Report towards Certification of Polio Eradication and Endgame Strategy in the African Region (Document AFR/RC69/INF.DOC/7)
- 15.8 Report on WHO Staff in the African Region (Document AFR/RC69/INF.DOC/8)
- 15.9 Regional matters arising from reports of WHO internal and external audits (Document AFR/RC69/INF.DOC/9)
16. Draft provisional agenda, place and dates of the Seventieth session of the Regional Committee (Document AFR/RC69/11)
17. Adoption of the report of the Regional Committee (Document AFR/RC69/12)
18. Closure of the Sixty-ninth session of the Regional Committee

## ANNEX 3

### PROGRAMME OF WORK

#### *Sunday, 18 August 2019*

09:00 *Walk the Talk: Promoting physical activity (Corniche)*

#### **Day 1: Monday, 19 August 2019**

*Morning session Venue: Grand Kintele Hotel — Kintele*

09:00–11:30 **Agenda item 1** Opening of the meeting

11:30–12:00 *Group photograph followed by tea break*

12:00–14:00 *Lunch break*

14:00–15:00 ***(Transportation of participants to the Regional Office)***

*Afternoon Session Venue: WHO Regional Office Conference Room 1*

16:00–16:30 **Agenda item 2** Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs

**Agenda item 3** Adoption of the Provisional Agenda and Programme of Work (Document AFR/RC69/1)

**Agenda item 4** Appointment of Members of the Committee on Credentials

16:30–17:30 **Agenda item 5** The Work of WHO in the African Region 2018–2019: Report of the Regional Director (Document AFR/RC69/2)

17:30–18:00 **Tea break**

18:00–19:00 **Agenda item 8** Nomination of the Regional Director (*Note by the Legal Counsel*) (Documents AFR/RC69/INF.DOC/10 and AFR/RC69/INF.DOC/11)

**19:00 End of the day's session (Meeting of the Committee on Credentials)**

19:30 *Reception hosted by the Government of the Republic of Congo and the Regional Director*

**Day 2: Tuesday, 20 August 2019**

09:00–09:15	<b>Agenda item 4 (cont'd)</b>	Report of the Committee on Credentials ( <i>closed meeting</i> )
09:15–10:45	<b>Agenda item 8</b>	Nomination of the Regional Director ( <i>Interview session — closed meeting</i> ) <b>Immediately followed by</b>
10:45–12:15	<b>Agenda item 8</b>	Nomination of the Regional Director ( <i>Voting — closed meeting</i> )
12:15–12:45	<b>Agenda item 8</b>	Nomination of the Regional Director ( <i>Open meeting</i> )
12:45–14:30	<i>Lunch break</i>	
13:00–14:15	<i>Side event</i>	<i>Contributing to Universal Health Coverage: Lessons from country experiences</i>
14:30–16:30	Special Briefing on the Ebola Outbreak	
16:30–17:45	<b>Agenda item 7</b>	Thirteenth General Programme of Work, 2019–2023 Results Framework: An Update (Document AFR/RC69/4)
17:45	<b>End of the day's session</b>	
17:45–19:15	<i>Side event</i>	<i>ESPEN side event on NTDs</i>

**Day 3: Wednesday, 21 August 2019**

07:30–08:45	<i>Breakfast meeting</i>	<i>Three Years without a wild poliovirus case in the African Region: Let us finish polio once and for all</i>
09:00–09:15	<b>Agenda item 6</b>	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC69/3)
09:15–10:30	<b>Agenda item 10</b>	Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 (Document AFR/RC69/6)
10:30–11:00	<i>Tea Break</i>	

11:00–11:45	<b>Agenda item 9</b>	Fourth Progress Report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (Document AFR/RC69/5)
11:45–12:30	<b>Agenda item 11</b>	Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025 (Document AFR/RC69/7)
12:30–14:30	<i>Lunch break</i>	
13:00–14:15	<i>Side event</i>	<i>The African Continental TB Accountability Framework for Action: Enhancing leadership for Ending TB in Africa by 2030</i>
14:30–16:00	<b>Agenda item 12</b>	Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (Document AFR/RC69/8)
16:00	<b>End of the day's session</b>	
16:00–16:30	<i>Tea Break</i>	
16:30–18:00	<i>Side event</i>	<i>Time to deliver: Combating Sickle Cell Disease is a political choice</i>

**Day 4: Thursday, 22 August 2019**

07:20–08:45	<i>Breakfast meeting</i>	<i>The New Global Digital Health Strategy: Member States Input Forum</i>
09:00–10:30	<b>Agenda item 13</b>	Framework for the implementation of the Global Vector Control Response in the WHO African Region (Document AFR/RC69/9)
10:30–11:00	<b>Tea Break</b>	
11:00–12:30	<b>Agenda item 14</b>	Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs (Document AFR/RC69/10)

12:30–14:30	<b>Lunch Break</b>	
13:00–14:15	<i>Side event</i>	<i>Immunization for all by 2030 – Success and challenges towards reaching every child</i>
14:30–16:00	<b>Agenda item 15</b>	<b>Information Documents</b>
	<b>Agenda item 15.1</b>	Progress on the implementation of the Regional Strategy on Health Security and Emergencies (Document AFR/RC69/INF.DOC/1)
	<b>Agenda item 15.2</b>	Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC69/INF.DOC/2)
	<b>Agenda item 15.3</b>	Progress report on the implementation of the Regional Strategy for cancer prevention and control (Document AFR/RC69/INF.DOC/3)
	<b>Agenda item 15.4</b>	Progress report on the implementation of the Regional Strategy on Neglected Tropical Diseases 2014–2020 (Document AFR/RC69/INF.DOC/4)
	<b>Agenda item 15.5</b>	The first United Nations General Assembly High-level Meeting on TB – Implications for the WHO African Region (Document AFR/RC69/INF.DOC/5)
	<b>Agenda item 15.6</b>	Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change (Document AFR/RC69/INF.DOC/6)
	<b>Agenda item 15.7</b>	Progress Report towards Certification of Polio Eradication and Endgame Strategy in the African Region (Document AFR/RC69/INF.DOC/7)
	<b>Agenda item 15.8</b>	Report on WHO Staff in the African Region (Document AFR/RC69/INF.DOC/8)
	<b>Agenda item 15.9</b>	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC69/INF.DOC/9)
16:00–16:30		<i>Tea break</i>
16:30–17:00	<b>Agenda item 16</b>	Draft provisional agenda, place and dates of the Seventieth session of the Regional Committee (Document AFR/RC69/11)
17:00	<b>End of the day's session</b>	

17:00–18:30 *Side event* *Improving Access to Assistive Technology in the African Region: Inclusiveness in Universal Health Coverage*

**Day 5: Friday, 23 August 2019**

10:00–12:00 **Agenda item 17** Adoption of the report of the Regional Committee (Document AFR/RC69/12)

12:00–12:30 **Agenda item 18** Closure of the Sixty-ninth session of the Regional Committee

12:30–14:30 *Lunch*

13:00–14:30 *Side meeting* *GAVI Anglophone constituency meeting*

13:00–14:30 *Side meeting* *Improving the availability of TB products in Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Mali, Niger and Senegal*

14:30 *Site visit in Brazzaville*

## **ANNEX 4**

### **DRAFT PROVISIONAL AGENDA OF THE SEVENTIETH SESSION OF THE REGIONAL COMMITTEE**

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the provisional agenda and the provisional programme of work
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region (2019-2020): Report of the Regional Director
6. Statement of the Chairperson of the Programme Subcommittee
7. Implementation of the Transformation Agenda of the WHO Secretariat in the African Region
8. Strengthening country presence to deliver universal health coverage in Africa
9. WHO Programme Budget 2020–2021
10. Report on Certification of Polio Eradication in the WHO African Region
11. Quality, equity and dignity in health services delivery in the African Region: Bridging the quality gap to accelerate progress towards meeting the SDG targets for maternal, newborn and child health
12. Framework for the implementation of the Immunization Agenda 2030 in the African Region
13. Framework for the implementation of the Defeating Meningitis Initiative by 2030 in the WHO African Region
14. Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region
15. Framework for the implementation of the Global Strategy towards the elimination of cervical cancer as a public health problem in the WHO African Region
16. Framework for the implementation of the Global Action Plan on Physical Activity 2018–2030 in the WHO African Region
17. Framework for implementing the Global Strategy on Digital Health in the WHO African Region
18. Framework for scaling up health innovations in the WHO African Region
19. Status of human organ and tissue donation and transplantation in the WHO African Region
20. Report on the state of health systems in the WHO African Region

21. **Matters of global concern related to World Health Assembly decisions and resolutions**
  - 21.1 Draft global patient safety action plan for Member States' consultation
22. **Information Documents**
  - 22.1 Progress report on the implementation of the Global strategy and plan of action on ageing and health 2016–2030
  - 22.2 Progress report on the implementation of the Regional strategy on enhancing the role of traditional medicines in health systems 2013–2023
  - 22.3 Progress in the implementation of the African Region Sickle-Cell Disease strategy 2010–2020
  - 22.4 Progress report on utilizing eHealth solutions to improve national health systems in the WHO African Region
  - 22.5 Progress report on the implementation of resolution AFR/RC62/R5 on the African Health Observatory
  - 22.6 Report on WHO Staff in the African Region
  - 22.7 Regional matters arising from reports of WHO internal and external audits
23. Draft provisional agenda, place and dates of the Seventy-first session of the Regional Committee
24. Adoption of the report of the Regional Committee
25. Closure of the Seventieth session of the Regional Committee

## **ANNEX 5**

### **WELCOME ADDRESS BY HONOURABLE JACQUELINE LYDIA MIKOLU, MINISTER OF HEALTH AND POPULATION OF THE REPUBLIC OF CONGO AT THE OPENING CEREMONY OF THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency, President of the Republic, Head of State;  
Honourable Members of Parliament of the Republic of Congo;  
Right Honourable Prime Minister, Head of Government;  
Honourable Members of Government of the Republic of Congo;  
Honourable Ministers of Health of the World Health Organization African Region and dear Colleagues;  
The Director-General of the World Health Organization;  
The Commissioner for Social Affairs of the African Union Commission;  
The World Health Organization Regional Director for Africa;  
The Chairperson of the Sixty-eighth session of the WHO Regional Committee;  
Your Excellencies Ambassadors and Heads of Diplomatic Missions accredited to the Republic of Congo;  
Representatives of international organizations;  
Distinguished Delegates to the Sixty-ninth session of the WHO Regional Committee for Africa;  
Distinguished Guests, all protocol observed;  
Ladies and Gentlemen;

It is a great privilege and a pleasant duty for me to take the floor here today at the opening ceremony of the WHO Regional Committee for Africa which, once again, is taking place in Congo.

Brazzaville, capital of the Republic of Congo, the lush green and hospitable city that hosted, just 40 days ago, the high-level meeting of African Members of Parliament on HIV/AIDS and health financing, is once again honoured to welcome close to a thousand top-level international officials, partners and experts of the health sector.

The choice of Congo as the health capital of Africa is no accident; it is a clear expression of the outstanding leadership and lifelong commitment of His Excellency Denis Sassou Nguesso, President of the Republic of Congo, Head of State, and worthy son of Africa, to the issues of human survival in general, and those that relate to the health of Africans in particular.

As a visionary leader, President Denis Sassou Nguesso has consistently lent his unwavering support to events on peace, security, health, sports, the environment and many others across the continent.

Your Excellency, President of the Republic, Head of State,

Your leadership and responsiveness to health issues, despite your onerous responsibilities, are eloquent testimony to your commitment to addressing the health challenges of your country, and setting the pace for the rest of the continent and the world at large.

Mr President, allow me to express, on behalf of my fellow Ministers of Health from Member States of the African Region of the World Health Organization, our sincere gratitude to you for your leadership.

Let me also avail myself of the opportunity of this great African gathering to express our heartfelt appreciation to your wife, **Mrs Antoinette Sassou-Nguesso**, President of the Organization of African First Ladies for Development (OFLAD) and Chairperson of *Fondation Congo Assistance*, who was recently recognized by the World Health Organization as a public health hero at the Seventy-second session of the World Health Assembly held in Geneva, for her work on the prevention and control of sickle cell disease.

To members of the Government of the Republic of Congo and other stakeholders from various institutions, allow me to express our sincere gratitude for your generous support in ensuring the success of this meeting.

Your Excellency, President of the Republic, Head of State;  
Ladies and Gentlemen;  
Distinguished Guests;

Under the leadership of the President of the Republic, the Government of Congo has revised its National Health Policy and formulated its National Health Development Plan for 2018–2022, a strategy document aligned with the National Development Plan for the same period.

The activities under the Plan will contribute to the implementation of the eight priority health system reforms outlined at the health conference held in Ewo in December 2016. Consequently, the Government has made operationalization of universal health insurance a national priority.

Your Excellency, President of the Republic;  
Fellow Ministers of Health from Member States of the WHO African Region;  
The Director-General of the World Health Organization;  
The Commissioner for Social Affairs of the African Union Commission;  
The WHO Regional Director for Africa;  
Distinguished Participants;

The specificity of health as a public good with positive externalities requires Member States to pool their efforts and resources for health. This is a prerequisite for efficient and effective joint health interventions.

The resurgence of the Ebola virus disease in the Democratic Republic of Congo further underscores the need to strengthen synergy among Member States.

From now until the end of this session, the global health system will be looking towards our capital city Brazzaville, also known as the Green City, as we adopt relevant resolutions and take vital decisions to reduce mortality.

In closing, I wish my fellow health ministers of the African Region and all delegates a very successful Sixty-ninth session of the Regional Committee of our Organization.

Thank you for your attention.

## **ANNEX 6**

### **ADDRESS BY HONOURABLE ABDOULAYE DIOUF SARR, MINISTER OF HEALTH AND SOCIAL ACTION OF SENEGAL AND CHAIRPERSON OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE AT THE OPENING OF THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency the President of the Republic of Congo;  
The Director-General of the World Health Organization;  
The World Health Organization Regional Director for Africa;  
Fellow Ministers;  
Heads of delegation;  
Ladies and Gentlemen;  
Distinguished Partners;  
Distinguished Guests,

I should like at the outset, to thank most sincerely the President of the Republic of Congo, His Excellency Denis Sassou Nguesso, and his Government, for the warm welcome and courtesies extended to us since we arrived in this beautiful capital.

I am delighted to be here in Brazzaville to take part in this Sixty-ninth session of the World Health Organization (WHO) Regional Committee for Africa.

A year ago, my country, Senegal, hosted the Sixty-eighth session at which I was elected Chair of the WHO Regional Committee for Africa. Over the past twelve months, I have felt honoured and proud to take on that role.

My appreciation also goes to the WHO authorities and all my colleagues, ministers, for their trust and support.

This past year, our continent has had to deal with major health challenges.

I would like to touch on the Transformation Agenda of WHO, which for me, demonstrates in concrete terms the vision of WHO's strategy for change through quality human resources that are adequately equipped to meet global health needs and achieve the outcomes we seek.

In this regard, I particularly support the Thirteenth General Programme of Work which we adopted at the Seventy-first World Health Assembly and I wish to extend special thanks to

the Director-General, Dr Tedros, for his initiatives on programmes, governance, management and emergencies.

We know that the Thirteenth General Programme of Work is aligned with the Sustainable Development Goals (SDGs) through the triple billion goal of:

- one billion more people benefitting from universal health coverage;
- one billion more people protected from health emergencies;
- one billion more people enjoying better health and well-being.

We take a positive view of WHO meetings and those involving our partners on the following four focus areas:

- (a) pro-results values
- (b) smart technical focus
- (c) responsive strategic operations
- (d) effective communication and partnerships.

The African Region has been in the vanguard of WHO's Transformation Agenda. We must therefore step up the momentum to make this reform more effective. More importantly, we must take appropriate steps to address any implementation gaps as quickly as possible.

### **Ladies and Gentlemen,**

Since 2018, the African continent has had to contend with an outbreak of Ebola virus disease.

The health authorities of the Democratic Republic of the Congo in particular, with support from the World Health Organization and other partners, have rolled out prevention strategies to contain the disease, based on adequate measures of hygiene, vaccination of contacts and very encouraging case management.

The recent declaration of the outbreak as a Public Health Emergency of International Concern calls for mobilization on a larger scale and increased support to combat this scourge. We are satisfied with the progress made in managing the disease and remain confident that the epidemic will soon be brought under control.

With regard to malaria, our Region continues to make great efforts to improve universal access to prevention, screening and treatment through increased surveillance. However, special effort is needed to strengthen multisectoral collaboration to ensure that the

different interventions of our respective countries and partners are better coordinated. Today, cross-border cooperation is recognized as an effective means of controlling malaria.

In addition, it has become an imperative for our countries to adopt malaria eradication strategies, through annual plans.

In this regard, priority should be given to leveraging domestic resources and innovative financing. To conclude on this subject, I would like to call for vigilance in the face of climate change and drug and insecticide resistance, since these threats can roll back the gains achieved so far.

**Ladies and Gentlemen,**

Multidrug-resistant tuberculosis has made its appearance in the African Region. African countries are implementing the Stop TB strategy, but the results are still inadequate. However, we remain confident and optimistic, in light of the performance of the various SDG programmes.

Our continent is experiencing rapid urbanization with a much higher prevalence of noncommunicable diseases (NCDs) due to the lifestyle of our populations. It is crucial for our countries to implement the recommendations of the third United Nations General Assembly high-level meeting on noncommunicable diseases held in September 2018.

Newborn, child, maternal and adolescent mortality continues to be high despite the significant progress made in the African Region.

Our ambition to progress towards maternal and infant health can only be achieved if we adopt strategies and interventions that emphasize equity-based planning, respect for gender and human rights, action against gender-based violence, and a reduction of female genital mutilation, to name but a few.

**Ladies and Gentlemen,**

I would like to strongly applaud WHO's declarations and commitments at the Global Conference on Primary Health Care held in Astana in October 2018.

Today, with proper hindsight, we in the African Region are convinced that the primary health-care strategy is the most effective approach to improve the health of populations. We also believe that this strategy is the cornerstone of any sustainable and resilient health system in the context of universal health coverage and the SDGs.

Hence, it is necessary to reposition primary health care in order to enhance health care delivery at community level and ensure that the health needs of the populations are better managed.

Further reflection is also needed on the package of primary health care and its assessment using appropriate technologies to inform decision-making while also taking into consideration the epidemiological profiles and key determinants of health.

Permit me to also dwell on one priority area which forms the pillar of our health system: health policy financing. I urge countries to substantially raise their health budget allocations to effectively respond to the needs of their populations, in line with the Abuja Commitment. Implementing funding strategies to reduce out-of-pocket payments will go a long way towards achieving this goal.

Social protection policies should be consolidated through substantial increase in domestic financing, with suitable measures in place to ensure sustainability and efficiency. Those who frequently bear the brunt of very aggressive financial shocks are mostly very poor households who, for financial reasons, cannot access health care when they need it.

**Ladies and Gentlemen,**

Before concluding, I would like to thank and congratulate Dr Tedros, WHO Director-General, and Dr Moeti, WHO Regional Director for Africa. Since their appointment, both have, in word and in deed, demonstrated enlightened leadership and a humanistic vision that have made health a top priority.

My gratitude also goes to my colleagues, ministers, and to all Regional Committee members as well as its secretariat.

I am not forgetting the WHO Country Office in Dakar which was of immense support to me in delivering on my mandate.

My term of office ends today. Throughout my tenure, I felt great honour. I want to thank all the women and men who helped me to accomplish this lofty mission.

I know my successor will be up to the task and I wish her every success.

Thank you for your kind attention

## **ANNEX 7**

### **OPENING ADDRESS BY DR MATSHIDISO MOETI, WHO REGIONAL DIRECTOR FOR AFRICA, AT THE OPENING CEREMONY OF THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency the President of the Republic of Congo,  
Honourable President of the Senate,  
Honourable President of the National Assembly,  
Right Honourable Prime Minister,  
Honourable Minister of Health and Population of the Republic of Congo,  
Honourable Members of Government of the Republic of Congo,  
Honourable Minister of Health of Senegal and Chairperson of the Sixty-eighth session of the Regional Committee,  
Honourable Ministers of Health and Heads of Delegation of Member States of the WHO African Region,  
The Director-General of WHO,  
Your Excellencies Ambassadors and Heads of Diplomatic Missions accredited to Congo,  
Dear Colleagues, Heads of agencies of the United Nations system,  
The Préfet of the Pool Region,  
The Mayor of Kintélé,  
Members of the Press,  
Distinguished Guests,  
Ladies and Gentlemen,

It is an honour to speak before you at the opening of the Sixty-ninth session of the WHO Regional Committee for Africa. It is my pleasure to welcome you to this event, in Congo. Brazzaville has been my home for more than 10 years; it is the home of our Regional Office and of more than 500 WHO staff.

Your Excellency, thank you for honouring us with your presence and agreeing to preside over this opening ceremony. We sincerely appreciate your continuous support to WHO's mandate.

I would also like to appreciate the leadership of the Minister of Health, other government ministries and the United Nations Country Team, for working collectively with the Secretariat to prepare our week-long event. You have worked closely with us to convene

this meeting, and many others throughout the year. The close collaboration with WHO year-upon-year is greatly appreciated by all our staff members.

My gratitude also goes to the ministers of health, heads of delegations, delegates and partners joining us today, for your continuous collaboration and commitment to work together for health.

I wish to offer a special welcome to our newly-appointed ministers of health joining us for the first time this year. It is our pleasure to welcome you to our city and to jointly host this Regional Committee with the Government of the Republic of Congo and the Regional Office.

Since my confirmation as Regional Director in 2015, each time I have visited a country, Heads of State, parliamentarians, ministries and partners have shared concrete analyses of the health situation and key challenges and suggestions for our joint work. WHO recommendations have been taken forward and this is leading to results in countries. For this, I am sincerely thankful.

The Regional Committee provides us with an annual opportunity to reflect on the progress across the Region, the challenges faced and the priorities before us in improving health.

Your Excellency, Honourable Ministers,

We are holding this meeting in a specific global and regional public health context, and I would like to briefly mention three issues to which I will come back later in my remarks. The first two issues, as Dr Tedros often says, are two sides of the same coin.

The first is **universal health coverage** (UHC), and I am happy and encouraged to note that across the Region, momentum is building for UHC. This year, Heads of State at the African Union Summit demonstrated political commitment at the highest level, which is being translated into action in countries. Through development of the Global Action Plan for Sustainable Development Goal 3, we are working together with partners and Member States to move the UHC agenda forward.

The second issue is **health security** and protecting people from the impact of health emergencies. We are facing complex challenges, but we are making progress.

And the third is the action WHO is taking to improve our ways of working, by consolidating programmatic and managerial reforms of the regional **Transformation Agenda**. We are also taking forward the global WHO Transformation Programme and are pleased that this is significantly informed by changes we have made in the African Region.

Your Excellency, Honourable Ministers, Ladies and Gentlemen,

A month has passed since the Ebola outbreak in the Democratic Republic of the Congo was declared a public health emergency of international concern.

In this time, the Government has continued to demonstrate sound leadership and ownership of the response, in coordination with partners. We have now seen cases in **South Kivu** (a third province in the Democratic Republic of the Congo) and **Uganda, while Rwanda** faces an acute threat because of its proximity to Goma. We will have a more detailed briefing on the Ebola outbreak later in the week.

Across the Region, Member States are **better prepared to respond to emergencies**. Capacity strengthening in line with the International Health Regulations is ongoing, informed by the findings of annual self-assessments, joint external evaluations to identify gaps, and national action plans targeting identified needs.

In the past year, joint external evaluations were conducted in five additional countries, bringing the regional total to 41 Member States. I sincerely thank you, Honourable Ministers, for your hard work, together with other government sectors, on these important evaluations. Early results are already being seen in terms of strengthening preparedness.

In addition, emergency operations centres are being established, key stakeholders have clearly defined roles and functions, and surveillance systems are being strengthened in provinces and districts. However, there are huge funding gaps in implementing national action plans for health security.

The Regional Strategy for Integrated Disease Surveillance and Response will build on our regionally adapted approach to enhancing capacity to prepare for, prevent and respond to outbreaks and public health emergencies.

With Dr Tedros, I have visited our colleagues, working sometimes in incredibly challenging circumstances. In the Democratic Republic of the Congo alone, there have been around **200 attacks on health workers** in Ebola-affected areas, resulting in injuries to 60 health workers and patients, and seven deaths.

Today marks World Humanitarian Day and I ask that we take a moment of silence to remember all health workers who have lost their lives while carrying out their duties.

***[moment of silence]***

Health workers are a precious resource, not only to their families and communities, but also to national development and international security. We must therefore do more to protect them.

The best health services are delivered by well-trained and equipped staff, working closely with the communities they serve. This is the basic idea of **primary health care**, and it is essential to achieving **universal health coverage**.

The attainment of UHC is the highest priority for WHO. No person should suffer financial hardship because of the cost of needed health care. While out-of-pocket spending (people paying for health services directly) has decreased in the Region among people most in need of care, service coverage in Africa is lower than in other WHO regions, meaning that there is a high “unmet need” in the Region, among people with no access to health services because of cost implications.

In the past year, we have had significant discussions, including at the African Union Summit, on **health financing**. We have considered ways of working with the private sector, and the need for innovative approaches to protect low-income households that are unable to contribute to health insurance.

Many countries are implementing **health financing reforms**. For example, Zambia passed their national health insurance law in 2018, while South Africa is also working towards national health insurance coverage. This is not an easy area of work and we are looking forward to hearing from countries this week on the progress being made towards UHC.

Thanks to the collective efforts of governments, partners and civil society, we are continuing to make progress on key communicable diseases.

In terms of disease eradication, we are on the verge of an historic moment. It has been three years almost to the day, since the last reported wild **poliovirus** case in Africa and we are working towards certification of wild poliovirus eradication in the Region, hopefully early next year. Still, we must do more to put a stop to outbreaks of **vaccine-derived poliovirus**, now in 11 African Member States.

Access to **HIV** services has expanded significantly. In the past six years, the number of people on antiretroviral therapy has more than doubled.

As a Region, we are recording some of the fastest declines globally in new cases of **tuberculosis**. However, we need to do more to control **hepatitis**. For example, only 11

countries have implemented hepatitis B birth-dose vaccination. I therefore encourage all Member States to expand access to hepatitis vaccination, diagnosis and treatment.

I would like to commend Algeria for having been declared **malaria** free in May of this year. Let me also acknowledge Ghana and Malawi for leading the piloting of the first malaria vaccine to reach young children.

With the increase in malaria cases in sub-**Saharan Africa**, I urge our **worst-affected Member States to implement WHO's high-impact** high-burden strategy so that together, we can get on track towards malaria elimination.

The framework for implementation of the Global Vector Control Response, which we will discuss this week, will further contribute to controlling malaria and other communicable diseases.

**Vaccination** remains one of the most cost-effective public health interventions we have. It is a huge concern that routine immunization coverage has stagnated for over a decade. However, new strategies are emerging, and we have strong political commitment. The side event on immunization will look at how we can ensure that vaccination reaches every child. New strategies require that we find every last child, especially those living under the most difficult circumstances, in conflict zones, and in the poorest areas. We must find and vaccinate them.

While we should continue to build on the gains made against infectious diseases, we need to address an emerging burden. Indeed, in the next 10 years, **noncommunicable diseases** (NCDs) are expected to account for an additional 28 million deaths in Africa.

Last September, the third high-level meeting of the United Nations General Assembly on NCDs adopted a **political declaration** to accelerate our response for present and future generations. This week, we will determine actions to take the declaration forward in our Region.

Yesterday's **walk-the-talk** event is a practical example of how we can individually and collectively contribute to reducing risk factors for NCDs.

This week, we will also host a side event on **sickle cell disease**, a condition that is not emphasized at the global level but is regionally important. The First Lady of the Republic of the Congo will be joining the event as the guest of honour, and I would like to commend her for her work on sickle cell disease and congratulate her on the recognition of her efforts at the World Health Assembly in May 2019.

As with most health conditions, addressing NCDs requires **action beyond the health sector** to deal with the social and economic determinants of health.

This week, we will consider the double **burden of undernutrition and overweight and obesity**, and how we can strengthen policies and legislation to promote consumption of healthy foods.

We are also working with countries and frontline health-care providers to implement policies and interventions for **healthy ageing**. Older people are important and valuable community members in African societies. Elders have played key roles in countries struck by HIV, such as bringing up children whose parents were killed by AIDS. Grandparents and older relatives are often the ones to ensure that children receive vaccinations in time. However, the needs of older people are often overlooked, particularly in relation to chronic diseases, as are the needs of people with disabilities. The side event on assistive technologies will consider ways to ensure no one is left behind as we accelerate towards universal health coverage.

All the health priorities and challenges I have mentioned coincide with an opportunity – that the day for universal health coverage has finally come. If governments, partners, WHO and other United Nations agencies combine our forces towards UHC, we will be able to make health for all a reality.

Underlying all the efforts of the WHO Secretariat in the Region is a strong focus on accountability and transparency. As the WHO Secretariat in the Region, we have worked hard to be more effective and to improve our ability to contribute to this goal.

Through **the regional Transformation Agenda** — initiated when I took office as Regional Director in 2015 – we are continuously improving our ways of working. This year, we have published a series of reports highlighting what has been achieved in terms of programmatic and managerial reforms. I would like to briefly share some examples and more will be discussed throughout the Regional Committee:

- First, we are ensuring that the profiles of our staff in country offices are fit for purpose in taking forward national health priorities.
- Second, investments in our approach to management have resulted in improved audit reports. Indeed, in the past four years we have not received any unsatisfactory findings on the way we are managing programmes and resources.
- Lastly, staff are actively leading change and working towards organizational objectives using key performance indicators.

The Secretariat in the Region is aligned and working closely with headquarters on the global WHO Transformation. We are proud that the transformation we initiated has paved the way for the transformation that WHO has embarked on globally under the leadership of Dr Tedros. The ultimate aim of the WHO Transformation is to contribute to achieving better health outcomes.

Your Excellency, Honourable Ministers,

In closing, I would like to commend the progress you have made in the past year and to thank you all very much for working with us to improve health.

To our partners, thank you for your collaboration and trust. Your support remains vital to building on the gains made and addressing the challenges we face.

This year, we have started implementing the WHO Thirteenth General Programme of Work to drive impact in countries. Guided by this strategy, we will work with you on three key priorities:

- achieving universal health coverage;
- protecting people from health emergencies; and
- promoting healthier populations.

I look forward to rich deliberations and the adoption of firm resolutions this week, to guide our efforts towards better health for the one billion people of the African Region.

Thank you, je vous remercie et muita obrigada.

## **ANNEX 8**

### **ADDRESS BY DR TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR-GENERAL AT THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency Denis Sassou Nguesso, President of the Republic of the Congo,  
Your Excellency Prime Minister Clement Mouamba,  
Excellency Jacqueline Lydia Mikolo, Minister of Health and Population,  
Excellency Mr Abdoulaye Diouf Sarr, Chair of the Regional Committee,  
Regional Director Dr Tshidi Moeti,  
Excellencies, heads of delegation,  
Dear colleagues and friends,

Bonjour à tous!

Good morning, it's an honour to be with you once again.

I offer my deep gratitude to Your Excellency the President and the people of the Republic of the Congo for hosting not only this meeting, but for being WHO's home in Africa.

As my sister Dr Moeti said, today we pay tribute to the thousands of humanitarian workers all over the world who, as we speak, are putting themselves in danger to serve others.

Their efforts are nothing short of heroic.

So far this year, WHO has documented 616 attacks on health facilities and health workers around the world, with 149 deaths.

Earlier this year we lost our brother Dr Richard Mouzoko, but he is not the only one. So far, 7 health workers have been killed in DRC.

Despite these dangers, they are undeterred.

And they are doing a heroic job.

More than 191 000 people have been vaccinated, 184 000 contacts have been traced and 82 million travellers have been screened.

We now also know that we have two highly effective medicines to treat Ebola, which have been used for months and will continue to be used to treat those infected.

Let's be clear: these efforts have saved lives and prevented a much larger emergency.

Nevertheless, the outbreak is still with us.

Insecurity, community mistrust and political instability have undermined the response.

As you know, last month the Emergency Committee recommended that I declare the outbreak a public health emergency of international concern.

This is the time for the international community – and especially DRC's neighbours - to stand with it in solidarity.

In particular, I call on all countries to avoid punitive and counterproductive restrictions on travel or trade, which rather than stopping Ebola, can actually hamper the fight.

But this is far more than just an outbreak. It is one of the most complex humanitarian emergencies any of us have faced.

It's not an emergency that WHO or the DRC's Ministry of Health can solve on our own.

We need the full force of our partners in the UN, each playing their part in their area of expertise, and we need the financial backing of the international community.

The risk of this outbreak becoming far worse than it already is remains very high.

We have now had four confirmed cases in Goma, and three in Uganda.

And just on Friday there were two cases reported in South Kivu.

Although these are disturbing developments, they are not unexpected.

The Ministry of Health, WHO and our partners have been preparing for months for the spread of Ebola to neighbouring provinces and countries.

I congratulate Burundi for the Ebola vaccination campaign among health workers launched last week, following similar campaigns in Uganda, Rwanda and South Sudan.

We continue to work closely on preparedness with nine of DRC's neighbours, based on the level of risk that Ebola could spread across their borders –four that we consider "priority one" and five "priority two".

So far, those efforts have paid off. There are currently no confirmed cases in either Goma or Uganda.

This underlines a crucial point: countries that invest in preparedness will save lives – and save money.

Beyond Ebola, the Region has made good progress on emergency preparedness, although gaps remain.

All except four countries have completed joint external evaluations of their International Health Regulations capacities.

The bad news is that these evaluations show that no country in the Region has all the capacities required under the IHR.

However, 24 countries have developed “all-hazards” health security plans. If funded and implemented, these plans will address the most important gaps in preparedness.

That’s why the Regional Strategy for Integrated Disease Surveillance and Response is so important. It sets concrete milestones and targets for countries to build their capacities and keep their people safe.

But even as we focus on ending the Ebola outbreak, we must look beyond it.

I have travelled to North Kivu six times during this outbreak. Frankly, I am embarrassed to talk only about Ebola.

An outbreak of measles in DRC has killed more than 2500 people since January – more than Ebola in less time – and yet it gets little international attention.

And malaria, the leading cause of death in DRC, kills more than 50 000 people every year.

It’s not just DRC. Malaria continues to take an unacceptable toll across the continent.

70% of the world’s malaria burden is concentrated in just 11 countries, 10 of them in sub-Saharan Africa: Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania.

In 2017, all 10 of these countries reported an increase in malaria cases over the previous year.

In response, WHO and the RBM Partnership have launched “High Burden, High Impact”, a targeted approach to reinvigorating the response by using the most effective tools in the most effective way.

The Framework for the Implementation of the Global Vector Control Response in the African Region complements this approach by setting out a clear vision for a region free of vector-borne diseases.

It includes better data, better guidelines, and better coordination.

But it starts with political commitment. Today I ask each of the 10 affected countries to demonstrate that commitment.

Without it, we are in danger of allowing malaria to make a comeback.

There is better news about tuberculosis.

In the past 5 years, several countries in southern Africa have achieved impressive declines in TB incidence, including Eswatini, Lesotho, Namibia, South Africa, Zambia and Zimbabwe.

South Africa, for example, is a global leader in rolling out preventive treatment and rapid diagnostics for TB.

Progress is also being made in finding the missing people with TB and closing gaps in care, thanks to the “Find. Treat. All” initiative.

Following the High-level Meeting on TB at the UN General Assembly last year, I wrote to Heads of State of 48 countries with the highest TB burden, including 17 from this Region, urging them to accelerate country action to meet the End TB targets.

As with so many other health issues, the keys are visionary leadership, multisectoral accountability and constructive engagement, especially with civil society organizations.

That’s why we have established a civil society taskforce on TB.

As you know, even as we continue to fight the familiar foes of communicable diseases, we are contending with a new threat: the epidemic of noncommunicable diseases.

One of the key drivers of that epidemic is the double burden of malnutrition.

Almost 60 million children in Africa are stunted and 14 million suffer from wasting. At the same time, 10 million children are overweight – almost double the number in 2000.

On current trends, we are unlikely to meet either the global nutrition targets for 2025, nor the nutrition targets in the Sustainable Development Goals.

Although we’ve made great progress against hunger over the past 50 years, access to diverse and nutritious food has not improved equally for everyone.

Foods high in salt, sugars, saturated fats and trans fats have become cheaper and more widely available.

Conversely, foods that contribute to healthy diets are less accessible and less affordable.

We have seen political commitment, but little action in terms of policy change or investments.

This inertia will only lead to worse health, more environmental problems and larger costs.

We call on all countries to back up their political commitments with courageous and concrete policy change.

The strategic plan to reduce the double burden of malnutrition in Africa spells out exactly what those policy changes should be, from promoting breastfeeding to regulating the marketing of foods to increasing taxes on sugary drinks.

As the plan makes clear, this is not a job for ministries of health alone. It will take a whole-of-government approach that addresses the root causes of malnutrition.

My sisters and brothers,

Emergency preparedness. Malaria and TB. Malnutrition and NCDs. Each of these issues requires a tailored response.

But the common denominator in addressing each of them is primary health care.

In Astana last year, all WHO Member States reaffirmed that primary health care is the bedrock of universal health coverage.

So, I'm glad to see the Framework for Provision of Essential Health Services through Strengthened District or Local Health Systems on your agenda this week.

Many of your countries have made impressive progress towards delivering essential health services at the district level, including Ethiopia, Ghana, Lesotho, Malawi, Rwanda, South Africa and Uganda.

But large gaps remain.

Across the region, only one-third of people can access essential health services, and only one-third can do so without fear of financial hardship.

Strengthening primary health care must therefore be the number one priority for every country.

During the African Union Summit in January this year, your countries endorsed the Addis Ababa Call to Action, a powerful commitment to increase domestic financing for health, especially for primary health care.

The best investment in primary health care is in human capital.

Nurses, midwives and community health workers are especially important for delivering the services that can promote health and prevent people from needing a hospital.

My brothers and sisters,

WHO is committed to supporting you to address each of the challenges you are facing.

And we are committed to becoming the organization you need us to be.

Since we last met 12 months ago, the Regional Directors and I have been hard at work transforming WHO into an agile organization that works seamlessly across all 3 levels to deliver the Sustainable Development Goals.

The African Region has been a pioneer of a number of initiatives that are now being scaled globally as part of our transformation project.

For example, we are now rolling out a new Global Leadership and Management training initiative, which has been developed here in the African Region.

For this we owe a vote of thanks to the Regional Director Dr Moeti and the ministers of the Region for driving this change.

We now have a new programme budget to support the General Programme of Work, which you approved at the World Health Assembly last year.

To build this new budget, we turned our planning process upside down, so that country needs explicitly drive the work of headquarters and the regions.

For example, for the first time in our history, all three levels of the organization have worked together to define exactly what headquarters will produce in the coming biennium. As a result, we now have a list of nearly 300 specific “global public health goods” – the technical tools you need to make progress towards the “triple billion” targets.

But we’re not just changing what we do, we’re also changing how we do it.

Our new operating model aligns the organization at all three levels and will enable us to work together more effectively and efficiently.

One of our key priorities was to make sure every single WHO employee can connect their work to the corporate priorities.

Today, 75% of staff can link their day-to-day work to the General Programme of Work, compared with only 47% at the start of this year.

We are also committed to increasing diversity across the organization. We’ve already achieved several quick wins, and we believe the new mobility policy will help further.

Finally, we've started rolling out 13 new or redesigned processes to harmonize and optimize the way we do business, from the way we develop norms and standards, to recruitment, procurement, communications and more.

One of those is our new process for strategic policy dialogue. I believe that this is the one single change that could transform WHO.

We have modelled this new process on the International Monetary Fund's "Article IV" consultation.

Our starting point will be to develop profiles for each country, based on robust data. In doing so, we will identify the weak points in national health systems, and identify opportunities for change.

My brothers and sisters,

Thank you for your commitment and support.

I leave you with three requests.

First, mobilizing domestic resources to invest in primary health care must be the top priority for every country. That is what you as Member States committed to in the Addis Ababa Call to Action during the AU Summit earlier this year.

One of the key ways you can do that is by raising taxes on tobacco products, alcohol, sugary drinks and other products that harm health.

This is a win-win for health because it helps to prevent noncommunicable diseases by reducing consumption of products that cause them, and it raises revenue that can be reinvested in health.

Second, fix the roof before the rain comes. No country can afford simply to wait for an outbreak. Investments in preparedness will save lives and save money.

The Joint External Evaluations have shown where the gaps are. Now all countries must act decisively to close those gaps.

Third, the high-level meeting on universal health coverage in New York next month is a vital opportunity to catalyse political commitment. We need as many Heads of State there as possible. I urge you to do everything you can to make sure yours is there.

Finally, I want to say a few words about my sister Dr Moeti.

I don't need to tell you what an outstanding job she has done over the past five years.

The reforms she has initiated are bearing fruit.

It's been an immense pleasure to work with her, and I look forward to working with her during her next term.

Together, we are committed to serving you as one WHO to promote health, keep the world safe and serve the vulnerable.

Thank you so much. Merci beaucoup.

## **ANNEX 9**

### **ADDRESS BY HIS EXCELLENCY DENIS SASSOU NGUESSO, PRESIDENT OF THE REPUBLIC OF CONGO, AT THE OPENING OF THE SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA**

Honourable President of the Senate;

Honourable President of the National Assembly;

Right Honourable Prime Minister, Head of Government;

The Commissioner for Social Affairs of the African Union Commission;

Honourable Ministers of Health of Member States of the WHO African Region;

Your Excellencies Ambassadors and Heads of Diplomatic Missions;

The WHO Director General;

The WHO Regional Director for Africa;

Distinguished Guests;

Ladies and Gentlemen;

I would like to begin by expressing my sincere gratitude to you for participating in this session of the World Health Organization Regional Committee for Africa.

In spite of your busy schedules, you have graciously agreed to travel to Brazzaville for this meeting. I wish you a warm welcome and pleasant stay in the Republic of Congo.

I would also like to thank the World Health Organization for its exemplary commitment to serving the African continent.

Our capital city is honoured to host the Sixty-ninth session of the WHO Regional Committee for Africa.

Health is a core aspiration of the African Union's Agenda 2063, and the health of our fellow citizens is a major and abiding concern.

This shared concern calls for action to revitalize our human capital, an essential ingredient for the sustainable development of our countries.

In the face of immense and varied expectations, we must find meaningful answers to the worrisome disease patterns that characterize Africa.

I am referring particularly to:

- the unacceptably high levels of maternal, infant and adolescent mortality;
- the deadly epidemics bedeviling our countries, like the Ebola virus disease outbreak, which has been declared a public health emergency of international concern;
- the alarming trend of chronic diseases.

I am also thinking of:

- the need to effectively roll out universal health coverage;
- the availability of vaccines and trends in preventable diseases;
- the incidence of HIV/AIDS, tuberculosis and malaria;
- combating counterfeit drugs.

Counterfeit drugs have flooded Africa, which is now paying a heavy price.

Today, as I raise the battle cry against this scourge that urgently requires a comprehensive and strategic response from us, I remain optimistic and confident in our collective ability to counter the criminal organizations and clandestine laboratories that sponsor the very lucrative trade in these particularly toxic products.

In this regard, the decision establishing the African Medicines Agency was ratified at the 12th Extraordinary Summit of Heads of State and Government of the African Union, held in Niger in July 2019. This marks a promising start to our response to this bane.

This first step taken will assuredly lead to:

- a more effective supervision of clinical research in synergy with hospitals and pharmaceutical companies;
- secure and reliable production of medicines in Africa;
- strengthened supervision of pharmaceutical products; and
- enhanced harmonization of national regulations on medicines.

I hereby strongly urge all African countries to speedily ratify the Treaty instituting the African Medicines Agency.

In addition, we need to lift all obstacles to the extension of universal health coverage in Africa.

In that regard, I urge African States to actively participate in the high-level meeting on universal health coverage scheduled for 23 September 2019 in New York, on the sidelines of the Seventy-fourth session of the United Nations General Assembly.

Furthermore, we need to lend fresh impetus to our efforts to expand and better structure the delivery of immunization services to effectively cover our towns and rural areas.

We must also step up our interventions against HIV/AIDS, tuberculosis, malaria and the Ebola virus disease in order to address new constraints in terms of medical care and the promise offered by ongoing research.

In the same vein, maternal, infant and adolescent mortality is a cause of grave concern and distress on the continent.

The growing number of women who die at childbirth and the no less tragic deaths of infants and young children clearly indicate that a lot more remains to be done to address the uncertainties around childbirth and early childhood in Africa.

Distinguished Guests;  
Ladies and Gentlemen;

The Republic of Congo is not exempt from the burden of endemic, pandemic and even noncommunicable diseases; neither is it immune to the recurrent, well-known deficiencies in the operation of health systems in Africa.

Progress has been made in the treatment of certain serious or chronic diseases, but it remains modest, compelling our health care system to take more sustained action to gradually reduce their impact.

The prevention and control of sickle cell disease has gained significant traction in our country thanks to the very commendable participation of stakeholders involved in the response.

We are grateful to WHO for its support in this struggle that has become even more demanding, with the creation and commissioning of the National Reference Centre for Sickle Cell Disease in Brazzaville.

As you can see, the Republic of Congo allocates substantial resources to the health sector, accounting for about 12% of the State budget.

We expect to pursue this option in the coming years, despite the stringency imposed by the economic downturn.

In the same vein, it will soon be 10 years since several initiatives were launched to facilitate the population's access to certain health services. My country offers free treatment for:

- HIV/AIDS infection;
- tuberculosis;
- malaria among children and pregnant women;
- caesarean section, ectopic pregnancy and emergency care for newborns delivered via caesarean section.

We have embarked on the building of 12 referral hospitals to improve health care delivery across the country and to bring health care closer to the population.

On completion of this ambitious programme, the headquarters of every administrative *Département* will have at least one of these facilities, staffed and equipped to the required standard.

These achievements give Congo legitimate reason to be proud, but they also call for a higher sense of responsibility, a firmer resolve and stronger solidarity to address the huge needs arising therefrom.

In that regard, I want to applaud our international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance; the World Bank; the European Union; and the French Development Agency for the support given to our country.

We would like to assure them of the satisfaction and gratitude of the Congolese people.

Setting up suitable financial instruments such as special health funds will pave the way for innovations that can guarantee sustainable and quality health care delivery.

Distinguished Guests;  
Ladies and Gentlemen;

It is possible to design appropriate instruments for mobilizing resources that can offer Africa a first-rate health environment.

In that spirit, civil society, the private sector, and beneficiary communities are called upon to work in synergy to enhance their effectiveness.

The initiatives taken by African States are expected to be complemented by the global momentum to achieve health for all. This is one of the best investments for humanity.

Development partners are urged to continue keeping Africa's health needs high on their agenda.

Sessions of the WHO Regional Committee for Africa should inform the decisions of bodies such as the Executive Board and the World Health Assembly and make it easier for them to consider health issues affecting the African continent.

On a note of optimism, and while wishing you fruitful deliberations, I declare open the Sixty-ninth session of the World Health Organization Regional Committee for Africa.

Thank you.

## **ANNEX 10**

### **LIST OF DOCUMENTS**

AFR/RC69/1	Agenda of the Sixty-ninth session
AFR/RC69/2	The Work of WHO in the African Region 2018–2019: Report of the Regional Director
AFR/RC69/3	Statement of the Chairperson of the Programme Subcommittee
AFR/RC69/4	Thirteenth General Programme of Work, 2019–2023 Results Framework: An Update
AFR/RC69/5	Fourth Progress Report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020
AFR/RC69/6	Regional Strategy for Integrated Disease Surveillance and Response:2020–2030
AFR/RC69/7	Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)
AFR/RC69/8	Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs
AFR/RC69/9	Framework for the implementation of the Global Vector Control Response in the WHO African Region
AFR/RC69/10	Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs
AFR/RC69/11	Draft provisional agenda, place and dates of the Seventieth session of the Regional Committee

### **Information Documents**

AFR/RC69/INF.DOC/1)	Progress on the implementation of the Regional Strategy on Health Security and Emergencies
AFR/RC69/INF.DOC/2	Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020
AFR/RC69/INF.DOC/3	Progress report on the implementation of the Regional Strategy for cancer prevention and control
AFR/RC69/INF.DOC/4	Progress report on the implementation of the Regional strategy on Neglected Tropical Diseases: 2014–2020
AFR/RC69/INF.DOC/5	The first United Nations General Assembly High-level Meeting on TB – Implications for the WHO African Region

AFR/RC69/INF.DOC/6	Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change
AFR/RC69/INF.DOC/7	Progress Report towards Certification of Polio Eradication and Endgame Strategy in the African Region
AFR/RC69/INF.DOC/8	Report on WHO Staff in the African Region
AFR/RC69/INF.DOC/9	Regional matters arising from reports of WHO internal and external audits
AFR/RC69/INF.DOC/10	Nomination of the Regional Director
AFR/RC69/INF.DOC/11	Designation of an acting Regional Director for Africa