

*Virtual*

# REPORT

## SEVENTIETH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA, 25 AUGUST 2020 AND 24 NOVEMBER 2020



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REGIONAL COMMITTEE FOR AFRICA,  
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## ABBREVIATIONS

<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>ANC</b>	antenatal care
<b>AMR</b>	antimicrobial resistance
<b>ARCC</b>	Africa Regional Certification Commission for Polio Eradication
<b>ART</b>	antiretroviral therapy
<b>CEPI</b>	Coalition for Epidemic Preparedness Innovations
<b>COVID-19</b>	Coronavirus Disease 2019
<b>COVAX</b>	The vaccines pillar of the Access to COVID-19 Tools Accelerator
<b>DHIS2</b>	District Health Information Software version 2
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases
<b>Gavi</b>	Gavi, the Vaccine Alliance
<b>GLASS</b>	Global AMR Surveillance System
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GPEI</b>	Global Polio Eradication Initiative
<b>GPW 13</b>	Thirteenth General Programme of Work, 2019–2023
<b>HHA</b>	Harmonization for Health in Africa
<b>ICU</b>	intensive care unit
<b>IHR</b>	International Health Regulations (2005)
<b>IPC</b>	infection prevention and control
<b>ISTs</b>	Intercountry Support Teams
<b>KPIs</b>	key performance indicators
<b>NCDs</b>	noncommunicable diseases
<b>NTDs</b>	neglected tropical diseases
<b>PBAC</b>	Programme Budget and Administration Committee
<b>PHC</b>	primary health care
<b>PHEOC</b>	public health emergency operations centre
<b>PPE</b>	personal protective equipment
<b>RCCE</b>	risk communication and community engagement
<b>SDGs</b>	Sustainable Development Goals
<b>SRHR</b>	sexual and reproductive health and rights
<b>STIs</b>	sexually transmitted infections
<b>UHC</b>	universal health coverage
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization
<b>WHO AFRO</b>	WHO Regional Office for Africa

# **PART 1**

# **PROCEDURAL DECISIONS**

# **AND RESOLUTIONS**

## PROCEDURAL DECISIONS

### Decision 1 Special procedures to regulate the conduct of the virtual session of the Regional Committee

The Seventieth session of the Regional Committee for Africa,

1. ADOPTED the special procedures to regulate the conduct of the virtual Regional Committee as set out in Annex 1; and
2. DECIDED that the said special procedures shall apply to the Seventieth session of the Regional Committee for Africa held on 25 August 2020.

### Decision 1 Rev.1 – Revised Special Procedures to regulate the conduct of the virtual session of the Regional Committee

The resumed Seventieth session of the Regional Committee for Africa,

1. ADOPTED the revised special procedures to regulate the conduct of the virtual Regional Committee [[AFR-RC70 Decision 1 Rev.1](#)]; and
2. DECIDED that the said special procedures shall apply to the resumed session of the Seventieth Regional Committee for Africa held on 24 November 2020.

### Decision 2 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 and with paragraph 9 of the Special Procedures to regulate the conduct of the virtual session of the Regional Committee, the Seventieth session of the Regional Committee unanimously elected the following officers:

Chairperson: **Mrs Jacqueline Lydia Mikolo**  
Minister of Health, Population and Women's Promotion and  
Integration in Development  
Republic of Congo

First Vice-Chairperson: **Professor Benjamin Hounkpatin**  
Minister of Health  
Benin

Second Vice-Chairperson: **Dr Lia Tadesse**  
Minister of Health  
Ethiopia

Rapporteurs: **Dr Jane Ruth Aceng** (English)  
Minister of Health  
Uganda

**Dr Idi Illiassou Maïnassara** (French)  
Minister of Public Health  
Niger

**Dr Silvia Paula Valentim Lutucuta** (Portuguese)  
Minister of Health  
Angola

### **Decision 3 Credentials**

The Regional Committee, acting on the report of the Chairperson of the Sixty-ninth session of the Regional Committee, who, in accordance with paragraph 13 of the Special Procedures to regulate the conduct of the virtual session of the Regional Committee, assessed the credentials submitted electronically by Member States in accordance with paragraph 12 of the same Special Procedures, recognized the validity of the credentials presented by the representatives of the following 47 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, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

### **Decision 4 Replacement of Members of the Programme Subcommittee**

The terms of Angola, Cameroon, Rwanda, Senegal, Togo and Zimbabwe will come to an end at the Seventieth session of the Regional Committee for Africa. It was therefore decided that they should be replaced by the Central African Republic, Eritrea, Liberia, Mali, Mozambique and Namibia. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Cabo Verde (2018–2021)	7. Chad (2018–2021)	13. Comoros (2018–2021)
2. Côte d'Ivoire (2018–2021)	8. Equatorial Guinea (2018–2021)	14. Lesotho (2018–2021)
3. The Gambia (2019–2022)	9. Congo (2019–2022)	15. Malawi (2019–2022)
4. Guinea (2019–2022)	10. DR Congo (2019–2022)	16. Mauritius (2019–2022)
5. <b>Liberia (2020–2023)</b>	11. <b>Central African Republic (2020–2023)</b>	17. <b>Mozambique (2020–2023)</b>
6. <b>Mali (2020–2023)</b>	12. <b>Eritrea (2020–2023)</b>	18. <b>Namibia (2020–2023)</b>

### Decision 5 Designation of Member States of the African Region to serve on the Executive Board

The term of office of Gabon on the Executive Board will end with the closing of the Seventy-fourth World Health Assembly in May 2021.

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

- (a) **Rwanda** to replace Gabon in serving on the Executive Board starting with the one-hundred-and-forty-ninth session in May 2021, immediately after the Seventy-fourth 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)	Kenya (2019–2022)	Botswana (2020–2023)
Ghana (2020–2023)	<b>Rwanda (2021–2024)</b>	Madagascar (2020–2023)
Guinea-Bissau (2020–2023)		

- (b) Kenya to serve as Chair of the Executive Board as from the one-hundred-and-forty-ninth session of the Executive Board.
- (c) Madagascar to replace Gabon to serve on the Programme Budget and Administration Committee (PBAC) from the one hundred and forty-ninth session of the Executive Board. The PBAC will therefore be composed of Ghana and Madagascar from the African Region.

## **Decision 6 Method of work and duration of the Seventy-fourth World Health Assembly**

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

The Chairperson of the Seventieth session of the Regional Committee for Africa to be proposed for election as Vice-President of the Seventy-fourth World Health Assembly.

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

- (a) South Africa to serve as Vice-Chair of Committee A;
- (b) Algeria, Burundi, Zambia and Zimbabwe to serve on the General Committee; and
- (c) Cameroon, Mali and Namibia to serve on the Committee on Credentials.

## **Decision 7 Election of representatives to serve on the Special Programme of Research Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)**

The terms of office of Mozambique and Namibia will come to an end on 31 December 2020. In accordance with the English alphabetical order, it was decided that Namibia and Mozambique be replaced by Rwanda and Sao Tome and Principe for a period of three (3) years with effect from 1 January 2021 to 31 December 2023. Rwanda and Sao Tome and Principe will thus join Niger and Nigeria on the Policy and Coordination Committee.

## **Decision 8 Draft provisional agenda, place and dates of the Seventy-first session of the Regional Committee**

The Seventieth session of the Regional Committee for Africa decided to hold its Seventy-first session in Lomé, Togo from 23 to 27 August 2021. The Committee reviewed and adopted the provisional agenda for the Seventy-first session.

## RESOLUTIONS

### AFR/RC70/R1 Written Silence Procedure

The Seventieth session of the Regional Committee for Africa,

Having considered the report of the Programme Subcommittee and its proposal on a written silence procedure,

ADOPTS the written silence procedure set out as follows:

1. Following the suspension of the Seventieth Regional Committee and pending its resumption, the following written silence procedure will apply in respect of any report(s) and their accompanying resolutions previously reviewed by the Programme Subcommittee of the Regional Committee and considered by the Programme Subcommittee of the Regional Committee to be suitable for adoption without further discussion by the Regional Committee, as well as any report and/or resolution as determined by the Chairperson of the Regional Committee in consultation with the Regional Director and considered suitable for adoption without further discussion by the Regional Committee.
2. At the request of the Chairperson of the Regional Committee, the Regional Director will transmit to the Member States any such report(s) and their accompanying resolutions for consideration under this written silence procedure.
3. The communication will contain the text of the reports to be considered under this written silence procedure and will set a date for the receipt of any objection. Any such objection is to be conveyed in writing and addressed to the Regional Director. The date for receipt of any objection will be 14 days from the date of dispatch of the communication.
4. Where no written objection is received from a Member State by the set date, the report concerned and its accompanying resolution, if any, will be considered as having been validly adopted by the Regional Committee. The adopted report(s) and their accompanying resolutions, if any, will be referred to the Regional Committee at its resumed session for information only.
5. In the event of the receipt of one or more written objections from a Member State by the set date, the report concerned and its accompanying resolution, if any, will be considered as having not been adopted by the Regional Committee. The report(s) concerned and their accompanying resolutions, if any, will be referred to the Regional Committee for consideration at its resumed session.
6. The Regional Director will communicate the outcome of the written silence procedure to all Member States as soon as possible after the set date referred to in paragraph 3. In the

case of a report and its accompanying resolution, if any, that is adopted pursuant to the written silence procedure, the date of the Regional Director's communication to that effect will be the date of adoption of the report and its accompanying resolution, if any.

### **AFR/RC70/R2    Suspension of the Regional Committee**

The Seventieth session of the Regional Committee for Africa,

1. DECIDED that the Seventieth session shall be suspended and shall resume at such date and either in Brazzaville or through such means as to be decided by the Chairperson of the Regional Committee in consultation with the Regional Director;
2. FURTHER DECIDED that, except for those items whose consideration has been deferred to a future session of the Regional Committee has been decided, all other items that have not been considered at the virtual meeting of the Seventieth session on 25 August 2020 will be considered by the Regional Committee at its resumed Seventieth session, including any item in respect of which a proposal has been considered under the written silence procedure in accordance with resolution AFR/RC70/R1.

### **AFR/RC70/R3    Strategy for scaling up health innovations in the WHO African Region**

The Regional Committee,

Having carefully examined the document entitled "Strategy for scaling up health innovations in the WHO African Region" (Document AFR/RC70/11);

Recalling World Health Assembly resolution WHA61.21 on Global strategy and plan of action on public health, innovation and intellectual property; document AFR/RC59/6 on Public health, innovation and intellectual property: regional perspective to implement the Global strategy and plan of action; resolution AFR/RC65/R2 on Research for health: a strategy for the African Region, 2016-2025;

Concerned by the current low pace of progress in the African Region in reducing deaths among mothers and children; the worsening of health outcomes in fragile contexts, rural areas, urban slums, and conflict zones, and among marginalized groups, including poor people and those with disabilities;

Cognizant of the growing disease burden, which is exacerbated by emerging socioeconomic dynamics and epidemiological changes related to unplanned rural-urban migration and climate change;

Acknowledging that accelerating innovations is critical to scaling up health interventions particularly in hard-to-reach areas and among marginalized population groups residing in rural areas;

Mindful of the need to strengthen innovation systems in countries to make them responsive to the innovation needs of the African Region and to harness and scale up new and improved innovations;

Conscious that functional innovation systems depend on the commitment of national leaders to prioritize investments for innovation to effectively harness and scale up high-impact innovations that address unmet health needs and accelerate health outcomes;

Reaffirming the need for Member States to share experiences and knowledge on the progress made by countries in implementing innovation initiatives,

1. ADOPTS the Strategy for scaling up health innovations in the WHO African Region as proposed in Document AFR/RC70/11.
2. URGES Member States to:
  - (a) commit adequate resources to support the implementation of this strategy;
  - (b) provide leadership, management and advocacy, including:
    - (i) setting up governance and management mechanisms for innovation at the highest level;
    - (ii) developing performance agreements among partners, with clear terms of reference;
    - (iii) developing accountability agreements among collaborating partners and organizations;
    - (iv) providing sustained support to participating organizations;
  - (c) build and ensure strong political support at the different tiers of the health system to facilitate adoption of locally developed, innovative solutions that suit local contexts.
3. REQUESTS the WHO Secretariat and partners to:
  - (a) develop and disseminate technical guidance to support implementation of this strategy, including monitoring and evaluation;

- (b) facilitate synergies and complementarity in partnerships for the implementation of this strategy;
- (c) catalyse mobilization of domestic and external resources, and support the development of business cases for investment to scale up health innovations;
- (d) develop an integrated electronic platform to build country capacity to identify, select, scale up and monitor and evaluate health innovations;
- (e) conduct capacity-building activities on innovation and innovation management;
- (f) Report on progress in the implementation of the Regional Strategy to the Regional Committee in 2023, 2025 and 2030.

# **PART 2**

# **REPORT OF THE**

# **REGIONAL COMMITTEE**

## OPENING OF THE VIRTUAL SESSION OF 25 AUGUST 2020

1. The virtual Seventieth session of the Regional Committee for Africa was officially opened by Mrs Jacqueline Lydia Mikolo, the Honourable Minister of Health, Population, and Women's Promotion and Integration in Development of Congo, on Tuesday, 25 August 2020. Among those present at the opening were 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; Her Excellency the African Union Commissioner for Social Affairs, Mrs Amira Elfadil; [[AFR/RC70/CONF.DOC/3](#)] members of the diplomatic corps; representatives of Member States from other regions; representatives of United Nations agencies and various non-State actors (see Annex 2 for the combined list of participants).
2. The Chairperson of the Sixty-ninth session of the Regional Committee, the Honourable Minister of Health, Population, and Women's Promotion and Integration in Development of Congo, Mrs Jacqueline Lydia Mikolo, welcomed delegates to the Regional Committee [[AFR/RC70/CONF.DOC/1](#)]. She thanked the delegates for their support during her tenure as Chair of the Regional Committee and recalled events that happened over the past year, including the achievement of important health indicators in malaria, TB and polio. Turning to the agenda of the Seventieth session of the Regional Committee, she highlighted the importance of two special events: the certification of eradication of wild poliovirus in Africa and the response to the COVID-19 pandemic in the Region.
3. She expressed gratitude and appreciation to WHO for the quality of its leadership and coordination of the COVID-19 response in the Region, including prioritization of the response and motivation of staff working in this area. She lauded the dedication and commitment of health workers who are unfortunately being affected by the pandemic, many of whom have made the ultimate sacrifice, and called for a minute of silence in memory of the health-care workers who have lost their lives to the coronavirus. She concluded by commending the leadership of the WHO Director-General and the Regional Director for Africa in supporting the implementation of COVID-19 response plans and the resolutions and recommendations of the last Regional Committee session.
4. During the opening ceremony, Professor Mijiyawa Moustafa, Minister of Health and Public Hygiene of Togo, [[AFR/RC70/CONF.DOC/2](#)] confirmed Togo's readiness to host the next face-to-face session of the Regional Committee in 2021. He also expressed appreciation for the multifaceted support that WHO provided for the COVID-19 crisis management. The African Union Commissioner, Mrs Amira Elfadil, commended the collaboration, partnership and solidarity between the African Union Commission (AUC) and WHO, particularly with the WHO Regional

Office for Africa. She thanked WHO for its support in reinforcing the capacities of Member States and for participating in the several joint campaigns to support the response, including enhancing vaccine accessibility for Africa. She congratulated the Member States on the certification of the eradication of wild poliovirus in the Region.

5. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her opening address, [[AFR/RC70/CONF.DOC/4](#)] expressed her profound gratitude to the Minister of Health of the Republic of Congo for her excellent leadership during her tenure as Chair of the Sixty-ninth Regional Committee. She also thanked the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, for his continued advocacy and support for the improvement of health in Africa. She welcomed the ministers of health, delegations, development partners and participants to the Regional Committee. She acknowledged the important partnership with the AUC and the UN at the country, subregional and regional levels, and the concerted actions of countries and other partners to avert the catastrophe foretold in early projections of the expected consequences of the COVID-19 virus on the African Region.

6. Dr Moeti commended the governments of Member States and their ministries for their leadership in responding to the COVID-19 pandemic, noting the adoption of the COVID-19 Preparedness and Response Plan, and the strengthening of laboratory capacity in all Member States. In addition to providing policy guidance and technical assistance, and supplying goods and commodities, WHO has trained more than 100 000 health workers in the Region and will continue to assist countries in translating global commitments into public health policies to promote universal health coverage (UHC) and assure the continuity of services.

7. In concluding, Dr Moeti made a case for strengthening partnerships to maximize the opportunities of new tools, technologies, innovations and approaches to achieving results. She highlighted the imperative to adjust health systems to provide people-centred care for individuals at every stage in the life course, with a strong emphasis on equity, including leveraging the important role of the private sector to build more resilient health systems, and contributing to the global **triple billion targets** of universal health coverage, protecting people from health emergencies, and promoting good health and well-being.

8. In his address, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, [[AFR/RC70/CONF.DOC/5](#)] noted that the impact of the pandemic goes beyond the people affected, stressing the crucial importance of ensuring continuity of health services. He called on governments to build the necessary capacities for responding to epidemics, and to focus on the most vulnerable groups. WHO is working to make sure that when a vaccine is tested and found to be safe, all African countries will have access to it. He noted the incredible achievement of

eradication of the wild poliovirus in Africa and reiterated that the investments used to achieve this milestone should be leveraged to support the elimination of other diseases to achieve UHC.

9. Finally, Dr Tedros acknowledged the commitment of Member States and assured them that WHO will continue to serve to save lives. The ongoing transformational changes in WHO, including the new division of emergency preparedness and the operationalization of the WHO academy, will support public health progress in Member States. He called for national unity and global solidarity to tackle health issues. He emphasized the commitment of WHO to contribute to the strengthening of the Africa CDC and the establishment of the African Medicines Agency.

## **OPENING OF THE RESUMED SESSION OF 24 NOVEMBER 2020**

10. The resumed virtual Seventieth session of the WHO Regional Committee for Africa (RC70) was officially opened by Mrs Jacqueline Lydia Mikolo, Honourable Minister of Health, Population, and Women's Promotion and Integration in development of the Republic of Congo, on Tuesday, 24 November 2020.

11. In her welcome remarks [[AFR/RC70/CONF.DOC/7](#)], Mrs Jacqueline Lydia Mikolo recalled the challenging situation faced by the African Region in 2020 due to the COVID-19 pandemic and expressed her sincere congratulations to WHO on the quality of the virtual event. She also thanked the delegates for their support during her tenure as Chairperson of the Regional Committee and congratulated the Democratic Republic of the Congo (DRC) on ending the recent Ebola outbreak.

12. The Chairperson congratulated the WHO Director-General, Dr Tedros on his leadership and the efficient guidance provided to Member States of the Region on sustaining the response to the COVID-19 pandemic. She commended the multifaceted support provided by Dr Moeti through the Regional Office, in managing the COVID-19 response and reaffirmed the reliance of Members States on enhanced WHO support in the context of the ongoing transformation process of the Organization. She reiterated the need for further discussions on some key points arising from the special session on the COVID-19 pandemic that was held during the August 2020 virtual session of the Regional Committee. These points include the need for high-level political commitment to combat the COVID-19 pandemic, strengthening international solidarity and collective leadership, cross-border collaboration, sharing information related to the management of the COVID-19 pandemic, stepping up research on traditional medicine and strengthening processes and mechanisms to guarantee equitable access to COVID-19 vaccines. Mrs Mikolo emphasized that countries need to preserve the achievements made so far, while continuing to work together to contain a potential second wave of the COVID-19 pandemic in the African

Region. Countries also need to create more synergies by strengthening communication and surveillance and enforcing observance of protective measures. The Chairperson concluded her remarks by thanking the Vice-Chairpersons and the WHO Secretariat for the successful preparation of the resumed virtual Seventieth session and declared the meeting open.

13. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her opening address, [[AFR/RC70/CONF.DOC/6](#)] welcomed the participants and expressed her gratitude to the Chairperson and Vice-chairpersons of the Regional Committee. She also thanked the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, for his continued support for the improvement of health in Africa. Dr Moeti highlighted the incredible challenges faced in 2020 due to the COVID-19 crisis and congratulated Member States on their agility and flexibility in responding to the pandemic. She commended the African Union leadership for their strong action and the regional response to the COVID-19 pandemic.

14. She welcomed the participation of African Member States in the recent resumed session of the Seventy-third World Health Assembly, which endorsed important decisions for the Region such as the first ever resolution to eliminate meningitis by 2030, the new neglected tropical diseases road map, and the global strategy on digital health. The designation of 2021 as the International Year of Health and Care Workers will significantly contribute to their recognition and further enhance their working conditions and safety. She noted other priorities such as immunization and polio, including the novel oral vaccine type 2 and celebrated the eradication of the wild poliovirus in the Region. She then lauded the renewed commitment of Member States to fully comply with the International Health Regulations (2005).

15. Dr Moeti commended the end of the 11<sup>th</sup> Ebola outbreak in the DRC and congratulated the Ministry of Health on its role in bringing the outbreak to an end, while fighting COVID-19 at the same time. She assured Member States that the recent allegations of sexual exploitation and abuse in the DRC will be fully investigated and perpetrators held accountable to prevent future occurrences of that nature.

16. She noted that the African Region had surpassed two million cases of COVID-19 and enjoined countries to reinforce preventive measures and response capacities to avert a resurgence of the pandemic. She expressed satisfaction with the global vaccine advancements and reaffirmed that WHO was committed to facilitating access for all countries, based on the principles of solidarity and equity, through the COVAX mechanism. She noted that important challenges and priority actions were needed in the coming months, including innovative approaches to encourage and motivate communities and reverse the observed relaxation and fatigue in continuing with preventive measures; sustained vigilance which is essential to contain

COVID-19 transmission; implementing the plan to roll out COVID-19 vaccines; mitigating the socioeconomic impacts of COVID-19; and using lessons learnt in the past year and in previous outbreaks and emergencies to transform our health systems and build resilience.

17. Regarding the programme budget, Dr Moeti stressed the importance for the Regional Office to fulfil its mandate in partnership with the Member States. She noted that universal health coverage (UHC) remains the priority objective of the Region for transforming health systems and building resilience and equity in access to health. WHO counts on the continued support of Member States and partners to ensure that its country offices are adequately equipped to support action towards UHC at the national and subnational levels.

## ORGANIZATION OF WORK

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

18. 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 its Chairperson, Vice-Chairpersons and Rapporteurs. The details of the election are provided in Decision 2.

### Adoption of the Agenda and Programme of Work of the first virtual session

19. The Chairperson of the Seventieth session of the Regional Committee, Mrs Lydia Jacqueline Mikolo, Minister of Health of the Republic of Congo, tabled the provisional agenda [[AFR/RC70/1](#)], the provisional abridged agenda [[AFR/RC70/1. Add.2](#)], and the draft programme of work [[AFR/RC70/1. Add.1](#)]. They were adopted without amendments. The Regional Committee adopted the following hours of work: 09:30 to 18:30, including two 30-minute breaks in between sessions.

### Adoption of the Agenda and Programme of Work of the resumed session

20. The Chairperson of the resumed Seventieth session of the Regional Committee, Mrs Jacqueline Lydia Mikolo, Minister of Health and Population of the Republic of Congo, tabled the provisional abridged agenda [[AFR/RC70/1. Add.3](#)] and the draft programme of work [[AFR/RC70/1. Add.4](#)]. They were adopted without amendments. The Regional Committee also adopted the Revised Special Procedures for the conduct of the resumed session of the Regional Committee contained in Document AFR/RC70/Decision 1 Rev.1.

## Consideration of the report on Credentials

21. In accordance with paragraph 12 of the special procedures regulating the conduct of the virtual session of the Regional Committee, the names of representatives, including all alternates, advisers and secretaries, were communicated electronically to the Regional Director in advance of the opening of the meeting. In accordance with paragraph 13 of the special procedures, the Chairperson of the Sixty-ninth session of the Regional Committee assessed the credentials which were submitted by Member States.

22. At the end of her assessment, the Chairperson found the credentials presented by the following 47 Member States of the WHO African Region to be in conformity with the provisions of Rule 3 of the Rules of Procedure of the Regional Committee for Africa: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Equatorial Guinea, 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.

23. Regarding the participation of Mali in the virtual session, the Chairperson informed the Regional Committee that the Secretariat on 20 August 2020 received credentials signed by the Secretary-General of the Ministry of Foreign Affairs and International Cooperation designating a delegation of five technical officials from the Ministry of Health and Social Affairs and two officials from the Permanent Mission of Mali in Geneva to participate in this virtual session.

24. Regarding the participation of Guinea-Bissau, the Chairperson informed the Regional Committee that the Secretariat had just received credentials dated 24 August 2020 signed by the Minister of Public Health. In view of recent developments in Guinea-Bissau, and the latest report of the United Nations Secretary-General on the matter, it was recommended that the Regional Committee accept these credentials.

## DOCUMENTS DISCUSSED BY THE TWO VIRTUAL SESSIONS OF THE REGIONAL COMMITTEE

### STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC70/4)

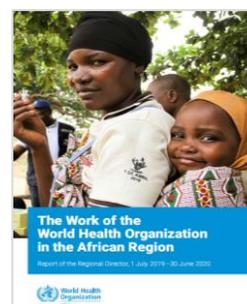
25. In his statement to the Seventieth session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC) Dr Gibson Mhlanga from the Republic of Zimbabwe reported that the Committee held a virtual meeting from 25 to 26 June 2020. The PSC reviewed nine documents on public health matters of regional concern and recommended them for discussion during the Seventieth session of the Regional Committee.

26. 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 PSC.

### THE WORK OF WHO IN THE AFRICAN REGION 2019–2020: REPORT OF THE REGIONAL DIRECTOR (Document AFR/RC70/2)

#### Executive Summary of the Report

27. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented the document, *The Work of WHO in the African Region 2019–2020: Report of the Regional Director*. The report highlights progress and achievements in implementing the *WHO Thirteenth General Programme of Work, 2019–2023* (GPW 13), which focuses on the global triple billion goal: one billion more people benefitting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being. The report also includes sections on the Transformation Agenda; polio eradication; integrated, cross-cutting action for health; and the efforts of the WHO Secretariat in the Region to provide better support to countries.



#### *Transformation Agenda*

28. This is the first report of the Regional Director following her re-election by Member States to serve for a second five-year term (February 2020–January 2025). Guided by the regional and now global Transformation Agenda, WHO in the African Region is putting people at the centre of

change through five key initiatives: leadership training of more than 180 mid-level and senior staff; engaging 237 staff as change agents to implement organizational change activities; introducing new mentoring and team performance programmes; and striving for gender parity through a dedicated programme, including the launch of the African Young Women Volunteers Initiative, with work underway to recruit 100 UN volunteers. The recommendations from reviews of staff profiles and country office structures are being implemented with the support of partners, and the WHO Regional Office for Africa has also been restructured towards better delivery of GPW 13.

### *Wild poliovirus eradication*

29. The year 2020 constitutes a milestone, with certification of eradication of wild poliovirus (WPV) in the WHO African Region. August 2020 marked four years since the last WPV case was reported in the African Region. The Regional Director hailed WPV eradication as the most significant public health achievement in Africa since the eradication of smallpox 40 years ago. Regional eradication of wild poliovirus represents the culmination of efforts by thousands of front-line health workers, governments and partners and will leave a legacy of millions of lives saved in years to come. To finish polio once and for all, outbreak response to circulating vaccine-derived poliovirus type 2 is underway, supported by the anticipated roll-out of the novel oral polio vaccine type 2 and action to transition the polio infrastructure to be integrated within routine immunization and health systems and advance other priorities.

### *Progress towards universal health coverage*

30. The Regional Director underscored that one of WHO's top priorities is to support countries in ensuring every person has access to health care without suffering financial hardship. The political declaration on universal health coverage adopted by the United Nations General Assembly in September 2019 provides a strong foundation and builds on the commitment of African leaders in February 2019 at the African Union, as well as the work of WHO's regional UHC flagship programme. The *Global Action Plan for Healthy Lives and Well-being for All* further provides a framework for multisectoral action, partnerships and tracking progress towards UHC and the Sustainable Development Goals.

31. The Regional Director noted that countries have developed strategies to achieve UHC with a strong focus on primary health care and accompanying the implementation of national policies at the district level. Action is also underway to strengthen public-private partnerships, and a side event convened by the WHO Regional Office for Africa at the UN General Assembly in 2019 ignited interest in the dividends of jointly investing in health security and health systems. Over

the reporting period, South Africa and Zambia introduced national health insurance legislation as part of efforts to attain UHC. Eswatini and South Sudan produced their first ever national health accounts reports to guide financing decisions.

32. As of 30 June 2020, sixteen countries had signed the treaty to establish the African Medicines Agency and two had ratified it. Ministers of Health of Small Island Developing States in the African Region agreed on a pooled procurement strategy to make NCD medications more affordable. A master protocol for clinical trials of traditional medicines for COVID-19 was developed jointly with Africa CDC, with oversight by a newly established Expert Advisory Committee. In 2020, WHO is celebrating the International Year of the Nurse and Midwife. Work is ongoing to support countries in developing national health workforce accounts and other analyses to inform decision-making towards optimizing health workforce retention and distribution in each context.

33. The Regional Director reported that action on gender, equity and rights was advancing, including advocacy and analytical work on gender-based violence, which has been brought into relief by social distancing measures and stay-at-home rules. The quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) care has been further improved including through the establishment of an RMNCAH Technical Advisory Group to guide action in countries. Almost all countries are implementing maternal death surveillance and response, and capacity-building in early essential newborn care is ongoing. Between 2017 and 2019, four countries reported increases in contraceptive prevalence, including an increase from 25% to 31% among women aged 15 to 49 years in Burkina Faso. The adolescent health flagship programme catalysed the removal of barriers in accessing care and increased support to district health management teams to strengthen services for young people. Countries are also increasing the focus on the health and well-being of older people with support from WHO. This included training of health and social care provider teams to deliver integrated care to older people in health facilities.

34. With respect to eradication, prevention, and control of diseases, Dr Moeti stated that integrated and cross-cutting approaches are increasingly being pursued in the Region to reduce the disease burden in countries. More people are getting tested for HIV, two out of three people in need are getting treatment, and half are achieving viral suppression with no risk of infecting other people. Thirty-two countries are recording fast declines of at least 4% in new TB cases each year. Through the Cairo Declaration on Viral Hepatitis in Africa in 2020, more than 30 000 people were screened for hepatitis C.

35. The African Region accounts for 93% of global malaria cases and WHO is supporting countries to implement a “high-burden to high-impact” approach and the Eliminate Malaria by 2020 (E–2020) Initiative. In the first year of the malaria vaccine pilot programme, 300 000 children were reached in Ghana, Kenya and Malawi. Endemic countries are making progress towards guinea-worm eradication and in 2019, Togo submitted a request for validation of human African trypanosomiasis elimination. The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) scaled up mass drug administration campaigns, targeting over 53 million people in 21 Member States. In 2019, the Sixty-ninth WHO Regional Committee for Africa endorsed the *Framework for implementation of the Global Vector Control Response in the WHO African Region*. To improve prevention and management of noncommunicable diseases, an increasing number of countries are implementing an integrated NCD service package at the primary health care level.

36. High-level commitment to strengthen immunization was reinforced through the Kinshasa Declaration on Immunization and Polio Eradication. Despite progress in countries, the regional average immunization rate is 76% for DTP3, far short of the 90% target. In line with the Addis Declaration on Immunization of 2017, and with the strong support of African Heads of State, increased action is urgently needed. Six countries reported major measles outbreaks. The most severe one, in the Democratic Republic of the Congo, resulted in 372 615 cases and 6800 deaths as of May 2020. More than 6.8 million people received yellow fever vaccination. Côte d’Ivoire and Equatorial Guinea introduced hepatitis B birth-dose vaccination, bringing the total to 13 countries in the Region. This is short of the target of 25 countries by 2020, indicating that greater investment is needed to protect communities with lifesaving vaccines.

#### *Protecting people from health emergencies*

37. The Regional Director reported that efforts have also been made to protect people against health emergencies. With the COVID-19 pandemic, outbreaks of Ebola, cholera, Lassa fever, monkeypox and other diseases, and a total of some 100 acute health events occurring in the Region each year, WHO’s work in emergency preparedness and response continues to be a key area of focus. Ongoing improvements in this area resulted in quicker detection of outbreaks, from a regional median of 17 days in 2016 to four days in 2019, and quicker containment from 418 days in 2016 to 40 days in 2019.

38. Work with countries to build capacities in line with the International Health Regulations (2005) resulted in 46 countries completing joint external evaluations and 30 others developing national action plans for health security to address the identified gaps. Dr Moeti noted that funding of these plans remains a challenge, and that the COVID-19 pandemic has drawn renewed

attention to the importance of investing in preparedness. After almost two years, the 10th Ebola outbreak in the Democratic Republic of the Congo was declared over in June 2020. This outbreak occurred in an active conflict zone, with a protracted humanitarian crisis, and intense population movement. The lessons learnt and the capacities built for preparedness and response to Ebola and other epidemics, have been quickly activated in response to COVID-19.

39. All countries in the Region have reported cases of COVID-19 and as of 30 June 2020, thirty were experiencing community transmission. WHO country teams are on the front lines of the response as the principal advisor and source of technical support for countries and have helped to establish incident management systems in countries. Laboratory capacity has been strengthened in all countries, in close collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC).

40. Strong action by countries, with the support of partners, has helped to avert the large numbers of cases and deaths initially projected. Supplies of laboratory test kits and personal protective equipment continue to be a key challenge and WHO is working with other UN agencies and the African Union in supporting replenishments. More than 900 WHO staff have been repurposed across the Region to respond to the pandemic, and over 200 international experts have been deployed. Over 10 000 health workers have been trained in case management and infection prevention and control. Action to reverse the disruption of essential health services, such as routine immunization, is being accelerated and should be prioritized, with precautions in place for health workers and communities.

#### *Promoting good health and well-being*

41. To ensure that people live healthier, longer lives, WHO supported countries in addressing social and economic determinants of health, including through a health-in-all-policies approach. Cabo Verde's action in this area was recognized with an award from the UN Interagency Task Force on NCDs in 2019. For the first time in the Region, baseline information is available on water, sanitation and hygiene in schools and health facilities, through a joint report by UNICEF and WHO, to which all countries contributed.

42. To address the double burden of malnutrition in the Region, the WHO Regional Committee for Africa adopted a strategic plan in 2019. Subsequently and in full alignment with the strategic plan, the Southern African Development Community adopted a nutrition strategy. Burkina Faso, Ghana and Senegal established national rapid alert networks for food safety, thereby increasing their participation in the International Food Safety Authorities Network (INFOSAN). Using legislation for health, six countries adopted tobacco control laws and six increased tobacco taxes

to reduce demand for tobacco products. Eight countries strengthened their policies on harmful alcohol use and three countries are implementing fiscal and regulatory measures for diet and physical activity. Regional capacity-building was conducted on road safety data systems.

#### *Cross-cutting integrated actions for health*

43. To enhance delivery of GPW 13, five key cross-cutting areas have been identified in WHO's work in the Region: primary health care; antimicrobial resistance; laboratory services; data and health information; and innovation, digital health and research. Primary health care remains a key approach to achieving UHC, and tools have been developed and contextualized to the Region, to assess the district health system and health facility functionality with a view to identifying and taking action on gaps and underperforming areas.

44. To combat antimicrobial resistance (AMR), Algeria and Burundi enrolled in the WHO Global AMR Surveillance System (GLASS) in the reporting period; so far, 21 countries in the Region are participating in this system. Action is also ongoing to strengthen laboratory quality assurance and optimize antibiotic use to safeguard these essential medicines. Laboratory capacity has been strengthened, particularly as part of the COVID-19 response; from Senegal and South Africa at the start of the pandemic, all countries now have the capacity and equipment to diagnose COVID-19. The strengthened capacity will be used to improve diagnosis of other diseases. Through the African Health Observatory, analytical information on health systems and sector performance is being developed, and tools for modelling COVID-19 case projections have been used to guide decision-making in countries. The availability and use of real-time data from health information systems continued to be strengthened, including using DHIS2 and geographic information system technologies.

45. Dr Moeti reported that in March 2020, the inaugural virtual WHO COVID-19 Hackathon was convened, with seed funding provided to the most promising emerging innovations. One of these, a health information management platform called NextGeniCoviAI is now being used at the Mbarara Regional Referral Hospital in Uganda with plans to roll out to other regions in Uganda. The reconstituted African Advisory Committee for Health Research and Development (AACHRD) met in October 2019. Through a small grant competition launched by WHO and the European and Developing Countries Clinical Trials Partnership (EDCTP), 30 young researchers in several areas received awards, including studies in the Democratic Republic of the Congo and Ethiopia. With the United States National Institutes of Health and the Bill & Melinda Gates Foundation, a new long-term partnership was launched to develop gene-based cures for HIV and sickle cell disease.

*Providing better support to countries*

46. To make WHO more effective, results-driven and accountable, action is ongoing to strengthen WHO support to countries by moving ahead with implementation of the functional review outcomes. Coordination with sister UN agencies, the African Union, regional economic communities and other partners continues to be enhanced, particularly in the context of the COVID-19 pandemic, with the convening of weekly and monthly virtual monitoring meetings. In 2019, WHO and the African Union signed a memorandum of understanding on key joint priorities, and at the regional level, WHO and the Africa CDC agreed to a joint workplan to ensure complementary actions on health security.

47. Using proactive communications, WHO is sharing information with the general public, regional leaders and opinion makers for behaviour change through weekly regional virtual press conferences on COVID-19, the regional website is growing in terms of users, with increased reach on Twitter and Facebook and around 500 media engagements in the past year, almost a five-fold increase on the previous year.

*Looking ahead*

48. As the COVID-19 pandemic evolved in the Region, hundreds of WHO staff transitioned to teleworking with strong operational support, including expansion of the use of information technology platforms and translation and interpretation services for virtual meetings. The COVID-19 pandemic prompted the reprogramming of activities in some areas and efforts are underway to ensure that gains made in previous years are sustained and advanced. Key performance indicators continue to be used to strengthen staff accountability for results, guided by the value-for-money framework and integration of risk management in programme planning and implementation.

49. Looking forward, the Regional Director noted that the COVID-19 pandemic is affording opportunities to strengthen capacities, leverage good practices and advance health and development in the Region. She pledged to continue working in the coming year with Member States and partners towards attaining universal health coverage by expanding service coverage and access, protecting people from emergencies, and promoting and enabling well-being.

50. The Regional Director recalled that the deadline for achieving the Sustainable Development Goals is now 10 years away, and with the global pandemic, some targets are at risk of getting further off track. New ways of working and stronger integration will be taken on board to accelerate progress. Fixing this situation requires solidarity across countries, supported by the

same all-of-government and all-of-society approaches that have been used to slow the spread of COVID-19. The Regional Director affirmed that with strong commitment and action at all levels, WHO in the African Region could achieve the shared goals of its Member States and make health a reality for all people in the African Region.

### Discussion during the Regional Committee session

51. The Regional Committee delegates congratulated the Regional Director on the informative report and complimented the Secretariat on the progress and achievements made, despite the many challenges. The negative impact of the COVID-19 pandemic on the already fragile health systems and services was noted. The pandemic has demonstrated the need for Member States to be self-sufficient by working collectively to locally manufacture essential supplies and commodities.

52. In terms of the WHO/AFRO Transformation Agenda, the Secretariat was requested to further strengthen its support to countries affected by humanitarian crises and conflicts. Such support should include assessing and responding to the needs of affected populations, as well as delivery of supplies and commodities to serve the most vulnerable populations.

53. The following recommendations were made to Member States:

- (a) keep the goal of universal health coverage at the forefront of all efforts;
- (b) invest additional domestic resources in building resilient health systems to withstand future epidemics, including investing in integrated disease surveillance and response systems;
- (c) regularly assess the impact of the COVID-19 crisis on societies, economies and vulnerable groups to inform and tailor the government and stakeholder response in order to guide recovery from the crisis and ensure that no one is left behind;
- (d) strengthen intercountry public health collaboration, to include the local production of medical supplies and commodities.

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

- (a) include in the WHO/AFRO Transformation Agenda, enhanced technical support to countries affected by humanitarian crises and conflicts;
- (b) develop a policy brief with proposed actions to further guide countries in their response to the COVID-19 pandemic in the African Region;

- (c) continue supporting Member States to drive regional progress in science, technology and innovation as part of a feasible transformative pathway towards the goal of strengthening national health systems to deliver holistic health services for all;
- (d) document and share country best practices and experiences in curbing the spread of COVID-19;
- (e) support intercountry collaboration, in particular, efforts to locally produce essential supplies and commodities.

55. The Regional Committee adopted the report as contained in “The Work of WHO in the African Region 2019–2020: Report of the Regional Director” (Document AFR/RC70/2).

## **DEVELOPMENT OF THE PROGRAMME BUDGET 2022–2023:**

### **Approach and process**

56. Dr Joseph Waogodo Cabore, Director of Programme Management, introduced the agenda item on the Development of the Programme budget 2022-2023. He noted that the unabated COVID-19 pandemic is causing unprecedented disruptions in the world and across all regions and countries. It has also affected the development of the Programme budget 2022–2023. Dr Cabore stated that under normal circumstances, a full first draft Proposed programme budget would have been submitted to the Regional Committee after having been developed through a rigorous and inclusive bottom-up planning process. However, due to the limited opportunity for significant consultations at the country level in 2020, the normal process for developing the programme budget could not be followed. The Organization’s focus has been on the COVID-19 response and helping the world battle the pandemic, while it is also continuing its work in tackling ongoing and emerging issues that affect the overall health and well-being of people.

57. Mr Imre Hollo, Director for Planning at Headquarters, who introduced the WHO Programme budget 2022-2023, stressed that the preparation of the document is happening at a critical and challenging time in the response to the pandemic. He emphasized the need to build on lessons learnt so far, while awaiting the recommendations of the Independent Panel for Pandemic Preparedness and Response (IPPR) on the world’s response to the COVID-19 pandemic. This implies the need for flexibility and constant adjustment while maintaining an ambitious and rigorous financing approach. The three main elements taken into consideration during the programme budget development process include: agreements made by Member States in the Thirteenth General Programme of Work (GPW 13); lessons learnt from PB 2020-2021 and the implementation of the Transformation Agenda; and the impact of the COVID19 crisis.

58. The document explains that the programme budget development process will involve strategic discussions in countries and between all WHO levels, and will be conducted via virtual platforms and online consultations to ensure a draft Proposed programme budget 2022-2023 is finalized and presented to the 148th Executive Board in January 2021. The Director for Planning at headquarters informed Member States that consultations are being held for GPW 13 to be extended to 2025 to achieve the set targets. Furthermore, the proposed base budget for 2022-2023 of US\$ 4254 million amounts to an increase of 7.8% from the PB 2020-2021 level. The emerging areas of focus for PB 2022-2023, based on consultations include among others: resilient and primary health care-oriented health systems; emergency preparedness and readiness; essential medicines, vaccines and diagnostics; better linkages between the work on determinants of health and universal health coverage (UHC) and health emergencies; lessons learnt from the implementation of PB 2020-2021; and ongoing transformation initiatives.

59. The Director of Programme Management, Dr Cabore, highlighted the implications of PB 2022-2023 for the WHO African Region. He stressed that the GPW 13 Results Framework will remain as the basis for planning, implementation, monitoring, and evaluation. Budget adjustments will be based on lessons learnt from the COVID-19 response, including its negative impact on health systems, which will require increases in allocation and greater flexibility of funding for emergency preparedness and prevention in countries. He encouraged Member States to integrate key Polio functions in other health programmes such as emergency or essential health services. Regarding funding sustainability and equitable financing, the Secretariat will develop a document to be presented to the Executive Board at its session in January 2021. To build the case for increased resource allocation for the African Region, Dr Cabore highlighted the progress achieved to reduce under-five and maternal mortality since 2000, but stressed that despite the gains made in malaria, tuberculosis and HIV, the Region is still below the world average and will therefore require more efforts and resources. The Region also faces major challenges relating to the burden of obesity and the shortage of human resources for health (especially nurses and doctors). Needs and gaps in the WHO African Region remain high compared to other regions. Dr Cabore concluded by calling on Member States to support the extension of GPW 13 to 2025 and to use that opportunity to redefine priorities.

60. During the discussions, Member States commended the Secretariat for the report and took note of the limitations in the consultations while requesting the Secretariat to use all means and avenues for more consultations. They lauded the partnerships with Africa CDC as a great opportunity to minimize disruptions in supplies. The Member States requested the Secretariat to update the current COVID-19 situation for better appreciation of the impact and emphasized the need for increased resources for malaria, TB and noncommunicable diseases. They requested the Secretariat to share the GPW 13 Results Framework and invest more in research and

development. The Member States expressed their support for the extension of GPW 13 to 2025 and requested the Secretariat to continuously share updates while enhancing and sustaining emergency preparedness and response as well as strengthening data.

## **DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SEVENTY-FIRST SESSION OF THE REGIONAL COMMITTEE**

(Document AFR/RC70/15)

61. The Regional Committee adopted the draft provisional agenda of the Seventy-first session of the Regional Committee and decided that the session would be held in Lomé, Togo, from 23 to 27 August 2021. Member States requested the Secretariat to consider an agenda item on the effects of COVID-19 and other applicable emergencies in the African Region.

## **DOCUMENTS APPROVED THROUGH THE WRITTEN SILENCE PROCEDURE**

62. On 25 August 2020, the Seventieth session of the World Health Organization (WHO) Regional Committee for Africa adopted resolution AFR/RC70/R1 on a written silence procedure. Following the suspension of the Seventieth Regional Committee and pending its resumption on 24 November 2020, the written silence procedure was adopted to apply in respect of any report(s) and their accompanying resolutions previously reviewed by the Programme Subcommittee of the Regional Committee and considered by the Programme Subcommittee of the Regional Committee to be suitable for adoption without further discussion by the Regional Committee, as well as any report and/or resolution as determined by the Chairperson of the Regional Committee in consultation with the WHO Regional Director for Africa and considered suitable for adoption without further discussion by the Regional Committee.

63. On 14 September 2020, the WHO Regional Director for Africa sent to Member States the Note R4/48/4 (70)-virt, listing all the reports and documents to be considered under the written silence procedure. Member States were invited to signal in writing, by 28 September 2020, any objection to the adoption of any of these documents. The Regional Director did not receive any objections within the set deadline, hence the following documents were considered to have been validly adopted by the Regional Committee as of 6 October 2020:

- Document AFR/RC70/4 — Fifth Progress Report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020
- Document AFR/RC70/17 — Transforming for enhanced impact

- Document AFR/RC70/5 — Strengthening country presence to deliver universal health coverage in Africa
- Document AFR/RC70/7 — Certification of wild poliovirus eradication in the African Region and sustaining the gains, post-certification
- Document AFR/RC70/8 — Ensuring implementation of national polio transition plans in the African Region
- Document AFR/RC70/9 — Quality, equity and dignity in health services delivery in the WHO African Region: Bridging the quality gap to accelerate progress towards meeting the SDG targets for maternal, newborn and child health
- Document AFR/RC70/10 — Framework for the implementation of the Global action plan on physical activity 2018–2030 in the WHO African Region
- Document AFR/RC70/11 — Strategy for scaling up health innovations in the WHO African Region and the accompanying resolution contained in Document AFR/RC70/WP3
- Document AFR/RC70/12 — Status of human organ and tissue donation and transplantation in the WHO African Region
- Document AFR/RC70/13 — Report on the performance of health systems in the WHO African Region
- Document AFR/RC70/14 — Draft global patient safety action plan for Member State consultation
- Document AFR/RC70/INF.DOC/1 — Progress report on the implementation of the Global strategy and plan of action on ageing and health 2016–2030
- Document AFR/RC70/INF.DOC/2 — Progress report on the implementation of the Regional strategy on enhancing the role of traditional medicine in health systems 2013–2023
- Document AFR/RC70/INF.DOC/3 — Progress in the implementation of the African Region sickle-cell disease strategy 2010–2020
- Document AFR/RC70/INF.DOC/4 — Progress report on utilizing eHealth solutions to improve national health systems in the WHO African Region
- Document AFR/RC70/INF.DOC/5 — Progress report on the implementation of resolution AFR/RC62/R5 on the African Health Observatory
- Document AFR/RC70/INF.DOC/6 — Report on WHO Staff in the African Region
- Document AFR/RC70/INF.DOC/7 — Regional matters arising from reports of WHO internal and external audits.

## **CLOSURE OF THE VIRTUAL SESSIONS OF THE SEVENTIETH REGIONAL COMMITTEE (ITEM 21 OF THE PROVISIONAL AGENDA)**

### **SUSPENSION OF THE FIRST VIRTUAL SESSION**

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

64. The WHO Regional Director for Africa, Dr Matshidiso Moeti, thanked the Chairperson and Vice-Chairpersons for efficiently conducting the deliberations of the virtual session. She stated that the Secretariat had taken keen note of the progress and achievements shared, and affirmed that the Region was on the right track in terms of improving its health outcomes. She expressed her sincere gratitude to the honourable ministers of health and heads of delegation of Member States for actively participating in the deliberations of the Regional Committee. She called for collaboration across borders for the achievement of greater improvements in the Region, as well as safety in the face of the COVID-19 pandemic.

65. Lastly, Dr Moeti expressed special thanks to the high-level representatives who participated in the special events, namely His Excellency President Muhammadu Buhari of Nigeria, His Excellency Prime Minister Abiy Ahmed Ali of Ethiopia, His Excellency Prime Minister Pravind Jugnauth of Mauritius, Messrs Aliko Dangote and Bill Gates, the leadership of the Global Polio Eradication Initiative, and heads of United Nations and other agencies that support the Harmonization for Health in Africa (HHA) mechanism. She also thanked the Secretariat for ensuring the success of the virtual session, which was the first of its kind in the history of the Regional Committee and acknowledged the contribution of various other players, including the rapporteurs, interpreters, translators, drivers, and members of the press.

66. She thanked Dr Tedros Ghebreyesus, Director-General of WHO, for his advocacy and support in advancing health priorities and addressing challenges in African countries. She stated that the resumed session of the Regional Committee was scheduled for November 2020, and would focus on the implementation of the programme budget, planning for the next biennium, and evaluation of the COVID-19 response.

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

67. In her closing remarks, the Chairperson of the Seventieth session of the Regional Committee, Mrs Jacqueline Lydia Mikolo, Minister of Health, Population, and Women's Promotion and Integration in Development of the Republic of Congo, thanked participants for their contributions. She noted the record participation of 47 countries and the important highlights from the meeting, including: the need to improve decentralization of health services;

resource mobilization for the implementation of health programmes; the use of modern technology for the COVID-19 response; greater community participation and engagement; improved epidemiological surveillance and management of travellers in line with the International Health Regulations (IHR, 2005); and the move towards more resilient health systems and universal health coverage. She expressed her confidence in the WHO Regional Office for Africa and the ongoing Transformation Agenda, and appreciation for the support of all partners, including non-State actors.

68. The Chairperson referred to resolution AFR/RC70/R2 on the suspension of the Seventieth session of the Regional Committee, as adopted by the Regional Committee (resolution AFR/RC70/R2), and declared the Seventieth session of the Regional Committee suspended.

### **CLOSURE OF THE RESUMED VIRTUAL SESSION**

69. The WHO Regional Director for Africa, Dr Matshidiso Moeti, expressed her sincere gratitude to the honourable ministers of health and heads of delegation for their valuable contributions and made special mention of the Chairperson and Vice-Chairpersons for skilfully chairing the deliberations of the virtual resumed Seventieth session of the Regional Committee. She called for enhanced solidarity and collaboration for the achievement of greater public health improvements in the Region, as well as safety in the face of the COVID-19 pandemic.

70. The Regional Director also conveyed her thanks to Member States for supporting the extension of WHO's Thirteenth General Programme of Work through to 2025, including their understanding of the necessity for sustainable, flexible and predictable funding to enable WHO fulfil its mandate, especially at the country level. She also thanked Member States for the lively discussion during the special event on the COVID-19 response and pledged to regularly update Member States on COVAX facility developments, especially those pertaining to COVID-19 vaccines, starting with joint COVID-19 vaccine briefings to be jointly organized by Africa CDC and WHO/AFRO.

71. Dr Moeti then thanked the Secretariat for ensuring the success of the virtual resumed session. She also acknowledged the contributions of various other players, including the interpreters, translators, rapporteurs and members of the press.

72. She ended her closing remarks by taking the opportunity to wish delegates safe and restful year-end and new year celebrations and urged them to remain vigilant as the Region prepares for a potential COVID-19 resurgence, including by scaling up precautions in risky situations, such as festive gatherings.

73. The meeting ended with the First Vice-Chairperson, Professor Benjamin Hounkpatin, Honourable Minister of Health of Benin, also thanking the honourable ministers of health, heads of delegation and other stakeholders for the rich discussions. He iterated that the next session of the Regional Committee would take place in Togo in August 2021, on the understanding that the COVID-19 pandemic would have been brought under control within the African Region by that date.

74. The Vice-Chairperson referred to resolution AFR/RC70/R2 on the suspension of the Seventieth session of the Regional Committee, as adopted by the Regional Committee (resolution AFR/RC70/R2) and declared the Seventieth session of the Regional Committee closed, as delegates danced to the *#Wearefamily* campaign soundtrack.

## **SPECIAL EVENTS DURING THE VIRTUAL SESSIONS**

### *Special event on the COVID-19 response in the WHO African Region – First virtual session*

75. The Seventieth session of the WHO Regional Committee for Africa held a special virtual event on the COVID-19 response in the African Region on 25 August 2020 from 12.30 to 15.30. The special event covered the introductory and opening remarks by the Chairperson of the Seventieth session of the Regional Committee, Honourable Jacqueline Lydia Mikolo, Minister of Health, Population and Women's Promotion and Integration in Development of the Republic of Congo; the keynote address by the Honourable Prime Minister of Ethiopia (Laureate of the 2019 Nobel Peace Prize), His Excellency Abiy Ahmed Ali; and an overview of the COVID-19 situation in the African Region by Dr Matshidiso Moeti.

76. In her opening remarks, the Chairperson of the Seventieth session of the Regional Committee, Honourable Mikolo commended the efforts made by governments in the WHO African Region and emphasized the need for sustained action to curb the pandemic through strengthened surveillance systems and testing capability in order to document the true extent of infections. She highlighted the extensive collateral and economic impact of the pandemic, especially as many African countries have taken precautions that involve shutting down economic activities and public services. Honourable Mikolo acknowledged the efforts of national governments in the African Region to coordinate COVID-19 response actions in order to contain the pandemic, reduce morbidity and mortality and protect essential health services. She also acknowledged the coordinating role of WHO in ensuring a strategic response across the Region. She noted that the tools available to contain the spread of COVID-19 are limited to non-

pharmaceutical interventions, as we await the development of an effective vaccine against the virus.

77. The Honourable Minister noted that African countries are balancing the introduction of lockdown measures with the need to protect the national economy, employment, the social safety net, supplies and other essential services. The COVID-19 pandemic has highlighted weaknesses in health systems in the African Region and elsewhere, including gaps in infrastructure such as water and sanitation facilities, inadequate health staffing levels and limited access to personal protective equipment. Against this backdrop, Honourable Mikolo stressed that attention needs to be given to health care workers' increased vulnerability to acquiring COVID-19 and to burnout due to long working hours. In concluding she reminded participants of the need to learn from one another through the sharing of country experiences in combating COVID-19, and to deliberate on how to use the COVID-19 response platform to build resilient health systems for achieving universal health coverage.

78. Honourable Mikolo proceeded to introduce the Guest Speaker of the special event, His Excellency Abiy Ahmed, Prime Minister of the Federal Democratic Republic of Ethiopia, who addressed the Committee via a pre-recorded video. His Excellency Abiy Ahmed expressed regret for not being able to join the live session. In his remarks, he noted that for the past eight months, the world had been challenged and shaped in a profound way by the COVID-19 pandemic, which had rapidly spread across the world in a short period, affecting millions and claiming the lives of thousands of people. The Prime Minister noted that the virus had not only affected population health but also tested our way of life as individuals and communities, societal norms, and economies at large. The pandemic was preventing children from going back to school, limiting societal gatherings, and inhibiting the holding of collective worship services. It was also gravely impacting the economies of countries, with a decline in gross domestic product (GDP), growing inflation, high unemployment, reduction in household income, increasing poverty and other problems.

79. His Excellency Abiy Ahmed noted that COVID-19 does not recognize borders, does not differentiate between villages, economic status or skin colour, and is a common enemy of mankind. The Prime Minister commended the World Health Organization for declaring COVID-19 a global pandemic on 11 March 2020. To respond to this global health threat, the Government of Ethiopia took certain measures to minimize the impact of the pandemic on the society and economy. The measures taken were intended to protect Ethiopia from the devastating virus and to contain its spread across the continent. He noted that as early as January 2020, the Government successfully activated all necessary precautionary measures at the Bole International Airport, one of the largest hubs on the continent.

80. Similarly, the actions the country took to control the spread of the disease once it was detected in Ethiopia were inspired by the concept of solidarity and collective leadership, embodying the spirit of synergy, which the Prime Minister has been championing nationally and globally. Guided by the spirit of solidarity, the Government of the Federal Democratic Republic of Ethiopia and the Jack Ma Foundation mobilized five rounds of COVID-19 prevention materials in support of numerous countries in the African Region. Ethiopian Airlines, which has proven to be an African airline, is providing cargo services to deliver lifesaving emergency medical supplies to the continent from the rest of the world. The participants were reminded of the challenging days ahead as the pandemic continues to race through the continent, and the need to minimize its effects. His Excellency Abiy Ahmed made three proposals as a way forward in fighting the pandemic:

81. First, the WHO African Region needs to enhance its efforts in a more coordinated manner, while optimizing cooperation in a spirit of solidarity. Secondly, the Region needs to speak with one voice to ensure fair and equitable access to COVID-19 vaccines, diagnostics, and treatment. The Prime Minister commended the World Health Organization for initiating the Access to COVID-19 Tools Accelerator (ACT) programme together with Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI). He reiterated the need for Africa to be placed at the centre of the COVID-19 Vaccine (COVAX) initiative, the global collaboration established to accelerate the development, production and equitable access to COVID-19 vaccines, and the global COVID-19 Vaccine Readiness and Delivery (CRaD) initiative.

82. He also stressed that countries in the African Region should take this opportunity to strengthen their health systems and further enhance their public health emergency preparedness and response capacity. The Guest Speaker noted that COVID-19 has taught the Region that strong health systems are germane to national security and survival. He proposed that the health security agenda be elevated to the top of priorities at the African Union and other regional intergovernmental organizations. He recognized the important work and leadership role of the World Health Organization and its ongoing support to Member States during the pandemic. The Prime Minister commended the WHO Director-General, Dr Tedros and the WHO Regional Director for Africa, Dr Moeti for their steadfast and crucial support. He also thanked Her Excellency Amira Elfadil Mohammed Elfadil, the African Union Commissioner for Social Affairs and Dr John Nkengasong, the Director of Africa CDC for their relentless follow-up and action which helped countries to minimize the dire impact of the pandemic on the African continent. He finally expressed his utmost appreciation to all the ministers of health and health workers in general for their invaluable role and wished the Regional Committee successful deliberations.

83. The second part of the special event was moderated by Ms Julie Gichuru, a passionate pan-Africanist, communicator and member of the Mastercard Foundation. The session entailed regional updates on the COVID-19 response in the African Region and the country experiences of South Africa, Senegal, and the Central African Republic.

84. Dr Matshidiso Moeti, the WHO Regional Director for Africa, presented the situation of COVID-19 in the African Region: tracking progress and impact. The Regional Director started her presentation by underscoring the grave predictions and projections on the impact of COVID-19 in the African Region, which created anxiety in terms of the Region's response to the pandemic, considering its weak health systems. Dr Moeti acknowledged that the high-level political leadership and courageous decisions taken by Member States helped avert the type of outcomes predicted by different models developed by WHO and other institutions. She noted that the continent had surpassed one million cases as of 25 August 2020, recording 1 190 000 cases and 28 000 deaths. In the WHO African Region, the number of cases totalled over 1 million, with about 179 000 active symptomatic cases and 20 000 deaths. The number of active cases implied that many of those infected had not developed serious symptoms even though the Region is still facing huge challenges.

85. The Regional Director explained the pandemic evolution graph that showed a rapid increase in cases among countries that initially were reporting few cases. However, she noted that following an initial rapid increase, the Region was currently witnessing a reduction in cases, though varying from one country to another, and required close monitoring using real-time data to quickly curb rebounds. She emphasized the need for countries to manage the pandemic on a day-to-day basis using data and other measures that have been put in place. Dr Moeti noted that the decisions to restrict the movement of people contributed to containing the spread of the pandemic. Some countries implemented nationwide lockdowns, while others imposed partial lockdowns. The easing of lockdowns, although necessary due to economic concerns, is contributing to the spread of the outbreak and an increase in cases in some countries with limited implementation of preventive measures.

86. The Regional Director presented key achievements which she attributed to the high level of political leadership coordinated at the level of the African Union, together with a continental approach involving partnership, solidarity and collaboration among African countries. She recognized the expanded capacities and COVID-19 response readiness both at the national and subnational levels in most countries amidst tremendous problems in procuring some of the vital supplies that are needed for testing and protecting health care workers. For example, the testing capacity in the Region increased from two to 750 laboratories decentralized to subnational levels, facilitating the conduct of more than 7 million tests; oxygen capacity expanded from 68 to 119

plants and 3000 to 6000 concentrators; and COVID-19 treatment beds grew from 13 700 to 43 000. In terms of case management platforms in countries with limited intensive care unit (ICU) capacity due to emphasis on primary health care, ICU beds grew from 4700 to 10 000, including functional ventilators that increased from 2900 to 6900. The Region mobilized over 345 000 community health workers across countries, and community engagement training with local leaders and influencers was undertaken in 45 countries with 250 000 participants expected to reach 3 million people each month with key risk communication messages. The Regional Director emphasized the importance of action not only in the health care area but also at the community level between governments, the public health systems, and other sectors that play a significant role in enabling individuals and communities to engage and adopt the kind of behaviours that are vital in controlling the pandemic, such as wearing masks, practising social distancing and maintaining hygiene measures.

87. Another achievement that Dr Moeti underlined was the integration of emerging technologies and innovations into the COVID-19 response, including the development of pharmaceuticals and the need for countries to be involved in the identification of vaccines intended to make a huge difference in the evolution of the pandemic. Currently, there are nine candidate vaccines in Phase II or III trials. South Africa is one of the African countries executing a Phase III vaccine trial, while other countries are encouraged to participate. In terms of therapeutics, Dexamethasone is being used for severe COVID-19 and WHO is working with a network called FIND to evaluate 82 diagnostics including 15 in emergency use. Meanwhile, WHO will continue to provide guidelines to countries on how to find the best diagnostics.

88. Dr Moeti noted the current and future challenges to include adjusting the risk inherent in the easing of lockdowns; limited financing and the need to mobilize resources for health and to mitigate the socioeconomic impact of the pandemic; inadequate personal protective equipment (PPEs) and laboratory supplies due to the distorted global supplies market; lengthy turnaround times for laboratory results with the attendant impact on timely contact tracing, isolation and quarantine; information sharing as well as data to drive the response.

89. The Regional Director concluded her presentation by highlighting the strategic outlook and way forward. She stressed that the opening of economies and societies should use decentralized, data-driven, and risk-based approaches to inform decisions; cross-border cooperation should be strengthened using standard protocols and leveraging technologies; older and vulnerable people and those with comorbidities should be shielded; the pandemic should be used as an opportunity to build health system resilience and strengthen capacities; countries should engage in research for new technologies and adjust the response as the evidence evolves; and more importantly,

communities should be enabled to play their role as individual actions are critical in stopping transmission.

90. The Honourable Minister of Health of the Republic of South Africa, Dr Zwelini Mkhize presented South Africa COVID-19 Experience. The Honourable Minister pointed out that South Africa is the most affected country on the continent, accounting for over 50% of all reported cases (611 450 cases) as of 24 August 2020 and representing 90% of cases and 91% of deaths in the Southern African Development Community (SADC). Dr Mkhize stressed that South Africa's case fatality rate stands at 2.1% (13 226 deaths), which is still lower than the global rate. A total of 516 494 (84.5%) cases had recovered. Since the beginning of the pandemic, over 3.6 million people had been tested for COVID-19. The doubling time which was only days before the lockdown in March, increased to 15 days in April, then reduced a bit in May (12 days) and June (14 days) before going up to 18 days in July and finally 79 days in August. In terms of disaggregation of cases by gender, women were more affected than men.

91. To curb the outbreak, South Africa has imposed a range of restrictions including the banning of international and local (interprovincial) travel; prohibition of large gatherings (religious, musical, sports and others of a social nature); limitation of the number of attendants at funerals to 50; a ban on alcohol; temporary closure of schools, hotels and restaurants; as well as the imposition of a curfew. The easing of the restrictions and the reopening of sectors of the economy is being undertaken through a phased, risk-adjusted approach that balances lives and livelihoods. Dr Mkhize stated that the pandemic peaked in mid-July and the pattern of positivity and symptoms are all on a downward trend. However, the country remains vigilant to contain any rebound such as those observed in the United States of America and Europe.

92. Best practices outlined by the Honourable Minister include: high-level political and Government commitment with the President leading the multisectoral response resulting in quick and decisive actions; the community screening and testing strategy adopted in South Africa, which has helped to enhance rapid case finding and isolation; the quick decentralization of the response to the provincial, district and subdistrict levels which is yielding results; the adoption of a "whole-of-government and whole-of-society" approach to the response with the involvement of all sectors; and finally coordination of action and collaboration between the various government departments with a centrally coordinated response at national level supporting the provincial emergency management teams.

93. Dr Mkhize also outlined lessons learnt to include the national lockdown and the risk-adjusted strategy of easing restrictions, which contributed to limiting the spread of the coronavirus and helped buy time to build capacities for case management. He emphasized the

need for striking a balance between saving lives and livelihoods as there are serious risks associated with lifting lockdown restrictions too soon, or in an unsystematic and disorderly manner. The Honourable Minister also highlighted the importance of information and data management for planning and management; transparency in building public trust, inclusivity in planning as well as buy-in by different stakeholders; coordination of action and collaboration between the various government departments.

94. Despite these best practices and good lessons learnt, Dr Mkhize noted that challenges persist in the response to the pandemic. These include: mobilization of the society for behavioural change to promote the adoption of non-pharmaceutical interventions as a new way to cope with COVID-19; focusing attention on rebuilding the economy and creating jobs; addressing the issues of humanitarian relief, poverty, starvation, food security, with special attention to vulnerable communities and groups; combating the escalation of crime and gender-based violence; implementing programmes for psychosocial support, including counselling for health workers, families, management of bereavement, grief and anxiety; striking a balance between responding to the increasing COVID-19 burden while maintaining essential health services, especially in the face of increasing health worker infections; ensuring adequate information flow from the district to the provincial and national levels in order to enhance efficiency and productivity; undertaking surveillance to monitor the risk of resurgence and excess deaths, changing case definitions, testing strategies, testing capacity affecting analysis and interpretation of data; and allocating resources in response to COVID-19, taking into account the building of the future health care system to promote universal health coverage.

95. The Honourable Minister concluded his presentation by thanking the WHO Regional Director and the WHO Director-General for the technical support recently deployed to South Africa. He noted that the presence of the surge staff at national and provincial levels is already being felt. He acknowledged the need to suppress the virus, limit hospitalizations and deaths and called on WHO to provide guidance on what level of suppressed transmission of the virus can be termed safe because COVID-19 will continue to exist for some time and there is need to balance the public health actions of saving lives with ensuring normal conditions – the “new normal” – in which people can earn their livelihoods.

96. The Minister of Health and Social Action of Senegal, Honourable Abdoulaye Diouf Sarr, presented The Senegal COVID-19 Experience. After a brief presentation of the country’s three-level health system, the Honourable Minister lauded the high-level coordination and leadership of the President of Senegal who held two presidential sessions with the National Outbreak Management Committee on the funding of the preparedness and response plan, leading to its full financing by the Government. He noted that there are two levels of coordination in Senegal,

namely the weekly Strategic Coordination led by the General Director for Public Health and the daily Operational Coordination at the Public Health Emergency Operations Centre (PHEOC), activated since 2 March 2020. Mr Sarr underscored the multisectoral approach of the coordination, with the involvement of different ministries (health, transport, justice, defence, interior, education, social and community development, youth, trade and finance and budget); United Nations system agencies, civil society, nongovernmental organizations (NGOs), the Senegalese Red Cross and other developmental, technical and financial partners.

97. Honourable Abdoulaye Sarr presented the epidemiological situation of COVID-19 in Senegal, pointing out that the Dakar region constituted the epicentre. According to him, the total number of confirmed cases as of 24 August stood at about 13 013 and 272 deaths reported (case fatality rate of 2.0%) including 348 health workers infected. Of the confirmed cases, 8595 people had recovered (64.8%) from the disease. Overall 141 814 tests had been conducted and the laboratory capacity for surveillance and case detection had increased to 17 laboratories decentralized to subnational regions. The Government of Senegal had introduced outbreak containment measures since March including: lockdown measures and declaration of a state of emergency including a curfew; a ban on gatherings; closure of public places (schools, places of worship, restaurants, markets); a ban on transport between cities; institution of non-pharmaceutical measures with the mandatory wearing of a face mask. Since May, some lockdown measures had been lifted, but the mandatory wearing of face masks in public places and the ban on large gatherings (family and religious ceremonies, outings to beaches and funerals) remain in force.

98. The Honourable Minister also highlighted key achievements that include: in-depth consultations and involvement of all stakeholders in the easing of the lockdown measures and reopening of the country to international air travel; risk communication and community engagement (RCCE) in health districts to strengthen awareness; home care which reduced the pressure on treatment centres; and decentralization of laboratories at the peripheral level. The main lessons learnt from Senegal's experience include: leadership and multisectoral collaboration; public-private partnership; the dynamics of the pandemic requires implementation of a multisectoral preparedness and contingency plan that is tested, validated and regularly updated; the critical role of social sciences in adapting RCCE; preparedness of countries is a determining factor in responding to major public health emergencies in accordance with the recommendations of the International Health Regulations (IHR, 2005); there is need to develop adequate strategies to sustain continuity of care for essential health services and health programmes such as malaria, tuberculosis, NCDs, neglected tropical diseases, and immunization.

99. Honourable Sarr concluded his presentation by thanking WHO for its unwavering support, especially that provided by Dr Lucile Imboua-Niava, the WHO Representative and her team, who have consistently worked with the Government from the onset of the pandemic. He cited his country's preparedness with the support of partners (the African Union, WHO, WAHO/ECOWAS, civil society, other developmental, technical and financial partners) as a determining factor in containing the pandemic. Finally, Honourable Sarr stressed the importance of resource mobilization for the implementation of the multisectoral contingency plan, continuity in the delivery of other essential health services and strengthening of countries' preparedness for health emergencies and other emerging public health threats.

100. The Honourable Minister of Health and Population of the Central African Republic, Dr Pierre Somse, presented The Response to the COVID-19 pandemic in the context of humanitarian response in the Central African Republic. The Honourable Minister started by thanking the WHO Regional Director for including the Central African Republic in various initiatives to address the situation in his country. He stressed that as a landlocked country with large foreign communities moving and being displaced regularly, the risk of importation of the disease remained high.

101. Dr Somse indicated that his country had implemented a partial lockdown with no repressive measures, and the overall response was centred on a public health approach with continuous analysis, monitoring and operational review using the "zero regret policy", while ensuring no one is left behind. According to him, there were six principal operational strategies for the response: detect, isolate, treat, monitor, community approach and decentralization to districts. The first four main strategies (detect, isolate, treat and monitor) were implemented in two phases and all are now in phase two with key strategic actions such as community-based surveillance using integrated disease surveillance and response (IDSR), seroprevalence surveys, home isolation, monitoring and care in addition to treatment centres and close monitoring of contacts with comorbidities.

102. The Honourable Minister summarized the epidemiological situation of COVID-19 in the Central African Republic (CAR) by indicating that overall, a total of 30 911 tests had been conducted with 4688 confirmed cases of which 4132 cases were classified as local transmission and 556 as imported, and 1771 people had recovered from the disease. As of 24 August 2020, the CAR had recorded 61 deaths with a case fatality rate of 1.3%. Disaggregation of cases by gender showed that males (73%) were more affected than females at 29%, and over 50% of the cases were reported from Bangui Region.

103. Honourable Somse identified the main best practice to be continuity of other health services while responding to the pandemic. A plan for continuity of essential health services and

national guidelines for the implementation of mass vaccination campaigns in the context of COVID-19 had been developed, leading to the conduct of a measles vaccination campaign. Furthermore, personnel were recruited outside of health structures to support the implementation of emergency activities such as investigation, contact tracing and community-based surveillance.

104. The Honourable Minister outlined some challenges to the response. On financing, he noted that there was insufficient funding of the response plan, most of the funding committed was not received and the amounts allocated were not managed by the Government. The security-compromised areas (presence of armed groups) could not be reached by the response teams and borders were only partially closed due to economic interdependence. Other challenges listed included: inadequate human resources and screening capacity in health facilities; persistent denial of the disease; stigmatization of affected people, particularly foreigners and humanitarian workers; the difficulty of practising social and physical distancing in overcrowded schools; and risk of importation of the disease due to frequent rotation of peace mission teams and trade with neighbouring countries.

105. The Honourable Minister concluded his presentation by thanking all stakeholders involved including the public sector, the private sector, the United Nations system and subregional organizations.

106. During the discussions, Member States briefly shared their COVID-19 response experiences. Overall, they applauded WHO technical leadership and thanked all partners for their unwavering support. Member States stressed the need for their governments to invest additional resources in the health system using public-private-partnerships to ensure systems were resilient enough and had the ability to resist future shocks. The health ministers called for equitable access to safe therapeutics and vaccines and greater investment by the international community through additional resource mobilization. Finally, Member States requested WHO and partners to urgently address the response challenges identified, especially those related to COVID-19 supplies.

*Special event on the COVID-19 response in the WHO African Region – Resumed session*

107. The resumed Seventieth session of the WHO Regional Committee for Africa held a special virtual event on the COVID-19 response in the African Region on 24 November from 12:30 to 15:00. The special event covered the introductory remarks by the Second Vice-Chairperson of the resumed Seventieth session of the Regional Committee, the Honourable Minister of Health

of Ethiopia, Dr Lia Tadesse, and opening remarks by Dr Matshidiso Moeti, the WHO Regional Director for Africa.

108. In her opening remarks, Honourable Tadesse commended the continued strong leadership of governments in the WHO African Region in responding to the COVID-19 pandemic. She also emphasized the need to maintain sustained action to curb the spread of the pandemic through strengthened surveillance systems and increased testing capabilities to document the true extent of infections. Honourable Tadesse highlighted the need for all Member States to remain vigilant and insisted that there could be no room for complacency as long as the virus continued to circulate. After taking participants through the programme of the special session, Honourable Tadesse concluded that the COVID-19 pandemic was a crisis unlike any other and that it could serve as a catalyst for building a healthier, safer, fairer and more sustainable Africa.

109. Honourable Tadesse then gave the floor to Dr Matshidiso Moeti, the WHO Regional Director for Africa, to provide the opening remarks for the special event. The Regional Director commenced by stating that, thus far, the COVID-19 pandemic had infected over 58 million people and claimed over 1.4 million lives globally, with the WHO African Region accounting for less than 3% of both cases and deaths. She also underscored that the pandemic had led to social, political and economic upheavals throughout Africa, with countries' economies contracting by as much as 30%.

110. The Regional Director then commended Member States on the decisive preparedness actions taken thus far to avert a catastrophic situation, as well as communities adhering to preventive measures, even in challenging circumstances. She stressed that one of the key challenges the Region was currently facing was "pandemic fatigue" with waning observance of public health measures such as wearing of masks, frequent hand hygiene and physical distancing. She also emphasized that attention was needed to ensure communities have the resources and abilities to continue adhering to public health preventive measures.

111. Dr Moeti then highlighted the extensive collateral and economic impact the pandemic has had on many African countries, while pointing out that the toll would increase, unless sufficient mitigation measures are rolled out, which will require domestic investment complemented by external funding. She pointed out that essential services, including health services, had been disrupted by restrictions on movement and gathering, including reduced tax revenues in most Member States, and insisted that the time had come for Member States and other stakeholders to work efficiently and effectively, using the reduced funds available. In terms of opening borders, resuming business activities, and easing travel restrictions, she stressed the need to kick-start

economies and livelihoods in a safe manner, adjusted to the new normal, while ensuring that mechanisms are in place to quickly detect any cases and minimize flare-ups.

112. In terms of availability of COVID-19 vaccines, the Regional Director announced that three vaccines were available with over 70% efficacy for one, and over 90% for the two others. At the global level, she pointed out that considerations and negotiations were underway to determine which vaccines would be easiest to deploy to Africa, considering production capacities, cold chain requirements, and the feasibility of dosing and storage arrangements. COVID-19 would become a defining issue in the coming months and collective and sustained advocacy would be needed to ensure that vaccines were equitably distributed.

113. In concluding, the Regional Director stressed the importance of identifying the best approaches for Member States to bring COVID-19 under control in the African Region, and to maximize the Region's benefit from deploying COVID-19 vaccines in quantities that address countries' vulnerabilities, risks and challenges.

114. The second part of the special session entailed a regional overview of the COVID-19 response in the African Region, lessons learnt by South Africa from COVID-19, and country readiness and delivery of COVID-19 vaccines.

115. Dr Zabulon Yoti, Director *a.i.*, Emergency Preparedness and Response Cluster, WHO/AFRO, presented the situation of COVID-19 in the African Region: tracking progress and impact. Dr Yoti commenced his presentation by confirming that as of 22 November 2020, the total number of COVID-19 cases and deaths reported globally to WHO was over 57 million cases and over 1.36 million deaths respectively, and that the African Region accounted for 2.5% of the global cases and 2.4% of the global deaths. The number of current active cases in Africa implied that many of those infected had not developed serious symptoms. Given the global and regional situations, the risk remained high for all countries.

116. When explaining the pandemic evolution graph, Dr Yoti pointed out that, following an initial rapid increase in cases earlier this year (weeks 15 to 28), the Region witnessed a reduction in cases (weeks 29 to 39), with variations between countries. As of week 39, confirmed cases began to increase slightly except in Central and West Africa. He then reported that a total of 21 Member States had experienced an increase in the reported number of new cases over the preceding four weeks prior to 16 November, while the remaining 25 Member States reported a reduction (with no report from one Member State). The current increase in cases and deaths are primarily from the following four countries: Algeria, Ethiopia, Kenya and South Africa - each of which has reported more than 10 000 cases and 200 deaths in the past four weeks. Health care worker

infections remain an issue with over 1200 cases reported over the past four weeks within the Region.

117. In terms of laboratory testing capacity, Dr Yoti stated that a significant improvement had been witnessed, with a total of over 13.5 million PCR tests conducted so far from the 46 countries reporting; this translates into 130 tests per 10 000 population. Ten Member States are currently meeting the testing target of 10 tests per 10 000 population and 12 Member States currently have positivity rates above 5%. However, the overall testing capacity in the Region is still inadequate and needs to be expanded.

118. Dr Yoti pointed out that the easing of lockdowns, although necessary due to economic concerns, is contributing to the spread of the outbreak and the increase in cases in some countries with limited implementation of preventive measures. He emphasized the need for countries to continue to manage the pandemic on a day-to-day basis using evidence-based data and other measures that have been put in place. That approach would facilitate a carefully-planned and phased easing of lockdowns and resumption of socioeconomic activities.

119. Dr Yoti outlined the following four socioecological factors that are driving variations in COVID-19 across and within African countries:

- Congregation factors (those that facilitate close physical contact among people);
- Environmental factors (those that facilitate longer virus viability in the environment);
- Mobility factors (those that facilitate movement of the population); and
- Sanitation factors (those behaviours that facilitate transfer of the virus across persons).

120. The presenter highlighted some measures for reducing the socioecological risks, including: limiting mass gatherings; reinforcing social distancing measures; limiting indoor activities; reducing unnecessary travel; reinforcing handwashing and sanitizer use; and wearing masks.

121. The presenter then focused on the importance of each Member State preparing for a potential resurgence in COVID-19 cases by: assessing the risk and rapidly adapting and implementing the necessary measures at the appropriate scale to reduce both COVID-19 transmission and economic, public and social impacts; creating ways of involving the public to prevent and control the pandemic in every setting (to include schools, villages, communities, universities, markets, office settings, etc.); and expanding laboratory testing capabilities.

122. Dr Yoti concluded his presentation by highlighting the strategic outlook and way forward. He stressed the need to strengthen and sustain COVID-19 surveillance and control, given the

evolving COVID-19 situation within the Region and to ensure that health care workers, older and vulnerable populations and those with comorbidities are shielded. He also urged Member States to assess and monitor the effects of the COVID-19 pandemic on other essential services by establishing robust systems to monitor health systems resilience and strengthen capacities. He then highlighted the importance for each Member State to plan appropriately for the COVID-19 vaccine introduction and to have a robust system in place to self-monitor readiness against key milestones as reflected in the WHO Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines.

123. The Honourable Minister of Health of the Republic of South Africa, Dr Zwelini Mkhize presented lessons learnt to date by South Africa from the COVID-19 pandemic. Honourable Mkhize pointed out that South Africa remained the most affected country on the continent, accounting for over 36% of all reported cases (769 759 cases) as of 23 November 2020. Dr Mkhize reported that South Africa's national case fatality rate as at 23 November 2020 stood at 2.7% (20 975 deaths), which was still lower than the global rate. A total of 711 195 (92.4%) cases had recovered.

124. The Honourable Minister concluded his presentation by highlighting a number of lessons learnt from the COVID-19 pandemic to date, to include: strengthened command and control was obtained through the establishment of both centralized and decentralized incident management teams; swift evidence-based decision-making was made possible from the highest political levels to institute relevant lockdowns to buy time to prepare the health system; the stringent lockdown provided South Africa with valuable time to increase health care capacity; timely implementation of technologically innovative methodologies increased contact tracing and large-scale community screening and testing; public and private sector collaboration was critical for the provision of isolation and quarantine facilities which facilitated control strategies; despite the successes achieved, the stringent lockdown measures resulted in economic hardship, particularly for the most vulnerable sections of the population; increasing contact tracing is key to containment of the virus; and mass community screening was useful in identifying cases for containment and mitigation.

125. Dr Richard Mihigo, Programme Coordinator, Vaccine Preventable Diseases Programme, WHO/AFRO, presented an update on COVID-19 vaccine country readiness and delivery. He commenced by presenting an overview of the "access to COVID-19 tools (ACT) Accelerator", a global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. Launched at the end of April 2020, the ACT Accelerator brings together governments, scientists, businesses, civil society, and philanthropists and global health

organizations (the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, WHO, and the World Bank). These organizations have joined forces to speed up the end of the pandemic by supporting the development and equitable distribution of the tests, treatments and vaccines the world needs to reduce mortality and severe disease, restoring full societal and economic activity globally in the near term, and facilitating high-level control of COVID-19 disease in the medium term.

126. Dr Mihigo explained that the ACT-Accelerator comprises four pillars: diagnostics, therapeutics, vaccines and health system strengthening. The diagnostics pillar aims to save 9 million lives and avoid 1.6 billion further infections by enabling equitable access to simple, accurate and affordable tests; the therapeutics pillar seeks to develop, manufacture, procure and distribute 245 million treatments for populations in low- and middle-income countries within 12 months; the vaccine pillar – also known as COVAX – aims to ensure that vaccines are developed as rapidly as possible, manufactured at the right volumes without compromising on safety and delivered to those that need them most; and the health systems connector pillar works across the three pillars and aims to strengthen the health systems and local community networks that are struggling to cope with COVID-19. Dr Mihigo confirmed that WHO hosts a support structure known as the ACT Accelerator Hub which performs cross-cutting functions for the ACT Accelerator.

127. Dr Mihigo also presented the WHO/AFRO online COVID-19 vaccine introduction and readiness assessment dashboard where, so far, 40 out of 47 countries in the African Region have reported on their readiness to introduce the COVID-19 vaccine. As of 24 November 2020, a 33% weighted readiness is recorded with 88% of activities either in progress or not yet commenced.

128. Dr Mihigo concluded his presentation by providing the following list of activities that Member States should undertake to ensure readiness to introduce COVID-19 vaccines once they become available:

- (a) Establish a national task force for COVID-19 vaccine introduction readiness;
- (b) Develop a national plan by building on the experience of introducing other new vaccines following the WHO Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines;
- (c) Secure additional financing by working with the World Bank and other multilateral development bank (MDB) financing teams to confirm eligibility and apply for financial resources. In addition, mobilize domestic financial resources as well as explore public-private partnership engagements;

- (d) Prepare for delivery now by priming the vaccine regulatory processes and vaccine safety monitoring as well as managing AEFI and injection safety. Also, focus on vaccine indemnification and liability and prepare for any needed infrastructure; and
- (e) Actively communicate by keeping updated on the COVAX Facility and ensure synergy with the African Union vaccines financing strategy. In addition, seek synergies for revitalization of other essential health services.

129. During the discussions, Member States briefly shared their COVID-19 response experiences. Overall, they commended WHO technical leadership and thanked partners for their unwavering support. Member States stressed the need for their governments to invest additional resources in the health system using public-private partnerships to ensure systems were resilient enough and had the ability to resist future shocks. The health ministers also called for equitable access to safe therapeutics and vaccines and greater investment by the international community through additional resource mobilization. In addition, Member States underscored the need to be self-sufficient by working collectively to locally manufacture COVID-19 essential supplies and commodities.

130. The following recommendations were made to Member States:

- (a) Keep the goal of universal health coverage at the forefront of all efforts during and beyond the COVID-19 pandemic;
- (b) Ensure readiness to introduce COVID-19 vaccines by following the WHO Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines;
- (c) Invest in additional domestic resources to cover costs of “topping up” donor financial resources to enable Member States to procure supplementary COVID-19 vaccine doses to vaccinate additional populations beyond the projected 20% of the population that will be fully subsidized by donor funds for AMC-eligible countries;
- (d) Regularly assess the impact of the COVID-19 crisis on societies, economies and vulnerable populations to inform and tailor the response of Member States and stakeholders and to be ready for a potential resurgence of cases as well as recover from the crisis and ensure no one is left behind;
- (e) Strengthen intercountry public health collaboration, to include the local production of COVID-19 essential supplies and commodities; and
- (f) Maintain sustained action to curb the spread of the COVID-19 pandemic through strengthened surveillance systems and increased testing capabilities to document the true extent of infections.

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

- (a) Organize regular joint Africa CDC/WHO AFRO calls to brief Member States on new developments in the area of COVID-19 vaccine readiness and delivery activities to ensure synergies between the African Union COVID-19 vaccines financing strategy and the COVAX Facility as well as gauge the technical support requirements from each Member State;
- (b) Under the COVAX Facility portfolio, advocate for a specific COVID-19 vaccine country readiness and delivery strategy for small island developing States that is tailored to their specific needs;
- (c) Continue to advocate at the highest levels for global solidarity and equity in the distribution of COVID-19 vaccines to all Member States;
- (d) Develop a policy brief on the use of antigen rapid diagnostic tests for COVID-19, approved under the WHO emergency use listing, with proposed actions to further guide Member States;
- (e) Learn from the best practices instituted by South Africa from the COVID-19 pandemic, to continue to document and share experiences and best practices with Member States in curbing the spread of COVID-19; and
- (f) Advocate and support intercountry collaboration, in the efforts to locally produce essential supplies and commodities.

*Celebrating the certification of wild poliovirus eradication in the African Region*

132. A special event was held as part of the Seventieth Regional Committee, at which the independent Africa Regional Certification Commission (ARCC) for Polio Eradication concluded that indigenous wild poliovirus has been eradicated in the WHO African Region. In August 2019, the Region completed one of the prerequisites for regional certification, after concluding three consecutive years with no detection of any wild poliovirus transmission, in the presence of adequate surveillance, particularly in high-risk areas, and well-performing routine immunization.

133. On that historic day for Africa, a certificate of eradication of wild poliovirus was presented to the WHO Regional Director for Africa, Dr Matshidiso Moeti, who then officially declared to all 47 Member States in the WHO African Region that the Region was free of wild poliovirus. Various speakers highlighted the fact that the historic milestone and public health triumph, which moves the world closer to global polio eradication, would not have been possible without the support of parents, community leaders, community health workers, communities themselves, as well as the contribution of front-line health workers and polio survivors.

134. While celebrating the certification of the eradication of wild poliovirus in the Region, the ARCC highlighted two key challenges the Region still faces: the ongoing outbreaks of circulating vaccine derived poliovirus, and the impact of the COVID-19 pandemic on outbreak response activities and immunization coverage.

135. Member States were encouraged to use the lessons learnt from the polio eradication effort to eradicate other vaccine-preventable diseases and strengthen health systems across the Region. This point was also highlighted by H.E. President Muhammadu Buhari of Nigeria who stated that at a time when the global community was battling the COVID-19 pandemic, the achievement of a wild poliovirus-free region had strengthened his conviction that with the requisite political will, investments and strategies, as well as community commitment, it would be possible to flatten the COVID-19 epidemic curve.

136. The WHO Director-General and the WHO Regional Director for Africa congratulated Member States, partners, community leaders, front-line health workers, polio survivors, caregivers, community volunteers and individuals on rallying together to eradicate wild poliovirus. They paid special tribute to the front-line workers who gave their lives in the fight against polio. They also underscored the fact that the landmark achievement had also been made possible by the power of partnership and innovation, and recognized the work of the Global Polio Eradication Initiative in coordinating that incredible partnership.

137. Statements were then made by Rotary International; the United States Centers for Disease Control and Prevention; the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, and UNICEF. They all recognized the great achievement and commended everyone who played an important role in reaching that regional milestone. All partners stressed the fact that the achievement of wild poliovirus eradication in Africa should serve to re-energize and innovate approaches to attaining primary health care and comprehensive immunization delivery.

138. The Chairman of the Aliko Dangote Foundation then took the floor to commend African leaders, especially H.E. President Muhammadu Buhari of Nigeria, for his leadership, while stressing that young people in Africa needed to drive the African continent to future successes, and that it was the duty of African leaders to invest in their health and well-being.

139. The celebratory session ended with a moving statement by a polio survivor, Senator Harold Kipchumba, who stated that immunization was not a choice but a right and a responsibility, and called upon African leaders to strengthen routine immunization programmes, enhance community engagements, improve disease surveillance and resume vaccination campaigns.

# **PART 3**

# **ANNEXES**

# ANNEX 1

## SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF THE VIRTUAL SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

### RULES OF PROCEDURE

1. The Rules of Procedure of the Regional Committee for Africa shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Regional Committee's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary in accordance with Rule 53 of the Rules of Procedure of the Regional Committee for Africa.<sup>1</sup>

### ATTENDANCE AND QUORUM

2. Attendance by Member States, Associate Members, committees of the United Nations and its specialized agencies and other regional international organizations and economic communities having interests in common with the World Health Organization shall be through a secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely.
3. Attendance by nongovernmental organizations shall be through electronic means allowing representatives to hear other participants.
4. For the avoidance of doubt, virtual attendance of representatives shall be taken into account when calculating the presence of a quorum.

### ADDRESSING THE REGIONAL COMMITTEE

5. Member States and Associate Members, committees of the United Nations and its specialized agencies and other regional international organizations and economic communities having interests in common with the World Health Organization and nongovernmental organizations

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<sup>1</sup> This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee for Africa:

- Rule 3 (Credentials);
- Rule 10 (Officers of the Committee, insofar as Rule 10 concerns the Chairperson);
- Rule 20 (Final Report);
- Rules 45, 48 through 51 (voting by show of hands and secret ballot);
- Rule 54 (amendments of and addition to the Rules of Procedure) insofar as these Special Procedures may be regarded as amendments of or addition to the Rules of Procedure and to the extent that Rule 54 requires receipt and consideration of a report thereon by an appropriate subcommittee.

are invited to provide, in advance of the opening of the Regional Committee, written statements of no more than 600 words in one of the official languages of the African Region, which will be posted on the Regional Office website. The statements can be under any of the following:

- The Work of WHO in the African Region 2019–2020: Report of the Regional Director;
  - Special event on the COVID-19 response in the African Region; and
  - Celebrating the certification of wild poliovirus eradication in the African Region
6. Heads of Member State and Associate Member delegations shall also have the opportunity, if they so wish, to submit pre-recorded video statements of no more than two minutes in duration in advance of the opening of the session, if possible, by Friday 14 August 2020. Those video statements will be broadcast at the virtual meeting in lieu of a live intervention under the item on the Work of WHO in the African Region 2019–2020: Report of the Regional Director; and the Special event on the COVID-19 response in the African Region.
  7. Written and video statements, in the language of submission, shall remain posted on the web site of the Regional Office until the adoption of the final report of the Regional Committee which will reflect the debate in accordance with the usual practice.
  8. During the virtual session Member States, Associate Members, invited representatives of the United Nations and its specialized agencies and other regional international organizations and economic communities having interests in common with the World Health Organization shall be provided with the opportunity to take the floor. Individual statements will be limited to two minutes Any representative wishing to take the floor should signal their wish to speak by raising their hand through the online platform.

## OFFICERS

9. For the purpose of the Seventieth session of the Regional Committee, the Chairperson of the Sixty-ninth Regional Committee may be re-elected as Chairperson of the Seventieth session of the Regional Committee.

## COMMITTEES

10. All business shall be conducted in plenary. Accordingly, the Committee on Credentials shall not be established. Credentials shall be considered as set out below.

## REGISTRATION AND CREDENTIALS

11. Online registration will follow normal practice. Additional information is provided in the related Note verbale.
12. In accordance with Rule 3 the names of representatives, including all alternates, advisers and secretaries which shall take the form of credentials issued by Heads of State, Ministers of Foreign Affairs, Ministers of Health or any other appropriate authority shall be communicated electronically to the Regional Director if possible, no later than 20 August 2020. Given the need to facilitate virtual access to the meeting, all credentials and lists of representatives, including all alternates, advisers and secretaries, should be submitted electronically.
13. The Chairperson of the Sixty-ninth session of the Regional Committee having assessed, before the opening and during the Seventieth session, whether credentials of representatives including all alternates, advisers and secretaries are in conformity with the requirements of the Rules of Procedure, shall report to the Regional Committee accordingly at the opening and at any given time as may be needed with a view to the Regional Committee making a decision thereon.
14. The Chairperson of the Seventieth Regional Committee shall be invited, before the opening of a resumed session, to assess whether new or revised credentials from Members are in conformity with the requirements of the Rules of Procedure and shall report to the Regional Committee accordingly with a view to the Regional Committee making a decision thereon.

## MEETINGS

15. All meetings of the Regional Committee shall be held in public. The virtual Regional Committee shall be broadcast on the Regional Office website.

## DECISION-MAKING

16. All decisions of the Regional Committee taken in virtual session should as far as possible be by consensus. In any event, given the virtual nature of the session, no decision shall be taken by a show of hands vote or by secret ballot.

## LANGUAGES

17. For the avoidance of doubt, Rule 23 continues to apply, whereby speeches made in an official language shall be interpreted into the other official languages.

**FINAL REPORT**

18. Following the suspension and/or closure of the session, the Secretariat shall prepare and share electronically a draft final report for consideration of and comments from the representatives of Member States and Associate Members. Comments shall be sent electronically to the Secretariat at the following email address [afrgorcregistration@who.int](mailto:afrgorcregistration@who.int) not later than fourteen days from the date of dispatch of the draft final report. The Secretariat, following consultations with the Chairperson of the Regional Committee, shall finalize the final report and publish it on the website of the Regional Office.

## ANNEX 2

### COMBINED LIST OF PARTICIPANTS

#### 1. REPRESENTATIVES OF MEMBER STATES

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Guest

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Dr Chikwe Ihekweazu  
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Pr Haroon Saloojee  
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Mr Ifedayo Adetifa  
RITAG Member

## ANNEX 3

### AGENDA

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 (Document AFR/RC70/1)
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 (Document AFR/RC70/2)
6. Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC70/3)
7. WHO Transformation Agenda
  - 7.1 Fifth Progress Report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (Document AFR/RC70/4)
  - 7.2 Transforming for enhanced impact (Document AFR/RC70/17)
8. Strengthening country presence to deliver universal health coverage in Africa (Document AFR/RC70/5)
9. WHO Programme Budget (Document AFR/RC70/6)
10. Certification of wild poliovirus eradication in the African Region and sustaining the gains, post-certification (Document AFR/RC70/7)
11. Ensuring implementation of national polio transition plans in the African Region (Document AFR/RC70/8)
12. Quality, equity and dignity in health services delivery in the WHO African Region: Bridging the quality gap to accelerate progress towards meeting the SDG targets for maternal, newborn and child health (Document AFR/RC70/9)
13. Framework for the implementation of the Global action plan on physical activity 2018–2030 in the WHO African Region (Document AFR/RC70/10)
14. Strategy for scaling up health innovations in the WHO African Region (Document AFR/RC70/11)
15. Status of human organ and tissue donation and transplantation in the WHO African Region (Document AFR/RC70/12)

16. Report on the performance of health systems in the WHO African Region (Document AFR/RC70/13)
17. Draft global patient safety action plan for Member State consultation (Document AFR/RC70/14)
18. **Information Documents**
  - 18.1 Progress report on the implementation of the Global strategy and plan of action on ageing and health 2016–2030 (Document AFR/RC70/INF.DOC/1)
  - 18.2 Progress report on the implementation of the Regional strategy on enhancing the role of traditional medicines in health systems 2013–2023 (Document AFR/RC70/INF.DOC/2)
  - 18.3 Progress in the implementation of the African Region sickle-cell disease strategy 2010–2020 (Document AFR/RC70/INF.DOC/3)
  - 18.4 Progress report on utilizing eHealth solutions to improve national health systems in the WHO African Region (Document AFR/RC70/INF.DOC/4)
  - 18.5 Progress report on the implementation of resolution AFR/RC62/R5 on the African Health Observatory (Document AFR/RC70/INF.DOC/5)
  - 18.6 Report on WHO Staff in the African Region (Document AFR/RC70/INF.DOC/6)
  - 18.7 Regional matters arising from reports of WHO internal and external audits (Document AFR/RC70/INF.DOC/7)
19. Draft provisional agenda, place and dates of the Seventy-first session of the Regional Committee (Document AFR/RC70/15)
20. Adoption of the report of the Regional Committee (Document AFR/RC70/16)
21. Closure of the Seventieth session of the Regional Committee.