

VIRTUAL SESSION

SEVENTY-FIRST SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA, 24–26 AUGUST 2021

FINAL REPORT



World Health
Organization

REGIONAL OFFICE FOR

Africa

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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
BRAZZAVILLE • 2021**

Report of the Seventy-first session of the WHO Regional for Africa

AFR/RC71/15

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ABBREVIATIONS

ACs	Assessed contributions
AMA	African Medicines Agency
ARCC	Africa Regional Certification Commission for Polio Eradication
AVAREF	African Vaccine Regulatory Forum
AVAT	African Vaccine Acquisition Trust
cVDPV2	circulating vaccine-derived poliovirus type 2
EPI	Expanded Programme on Immunization
EVIPNet	Evidence-Informed Policy Network
Gavi	Gavi, the Vaccine Alliance
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPW 13	Thirteenth General Programme of Work, 2019–2023
IHR	International Health Regulations (2005)
IPPPR	Independent Panel for Pandemic Preparedness and Response
mOPV2	monovalent oral poliovirus type 2
NCDs	noncommunicable diseases
nOPV2	novel oral polio vaccine type 2
NTDs	neglected tropical diseases
PHC	primary health care
RCCE	risk communication and community engagement
RRTs	Rapid Response Teams
SDGs	Sustainable Development Goals
TB	tuberculosis
STIs	sexually transmitted infections
UHC	universal health coverage
UNICEF	United Nations Children’s Fund
WGPR	Working Group on Strengthening WHO Preparedness and Response to Health Emergencies
WGSF	Working Group on Sustainable Financing
WHO	World Health Organization
WHO AFRO	WHO Regional Office for Africa

PART I
PROCEDURAL DECISIONS

PROCEDURAL DECISIONS

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

The Seventy-first 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 to this decision; and
2. DECIDED that the said special procedures should apply to the Seventy-first session of the Regional Committee for Africa held from 24 to 26 August 2021.

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, the Seventy-first session of the Regional Committee unanimously elected the following officers:

Chairperson:	Professor Moustafa Mijiyawa Minister of Health Togo
First Vice-Chairperson:	Mr Edwin Dikoloti Minister of Health and Wellness Botswana
Second Vice-Chairperson:	Mr Edgar Manuel Azevedo Agostinho das Neves Minister of Health Sao Tome and Principe
Rapporteurs:	Mrs Peggy Vidot (English) Minister of Health Seychelles Mr Pierre Somse (French) Minister of Health and Population Central African Republic Dr Arlindo Nascimento do Rosário (Portuguese) Minister of Health Cabo Verde

Decision 3 Credentials

The Regional Committee, acting on the reports of the Chairpersons of the Seventieth and Seventy-first sessions of the Regional Committee, who, in accordance with paragraph 11 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 10 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, Mauritius, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Sudan, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Decision 4 Replacement of Members of the Programme Subcommittee

The terms of Cabo Verde, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea and Lesotho came to an end at the Seventy-first session of the Regional Committee for Africa. It was therefore decided that they should be replaced by Mauritania, Niger, Seychelles, South Africa, South Sudan and Uganda. The full membership of the PSC will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. The Gambia (2019–2022)	7. Congo (2019–2022)	13. Malawi (2019–2022)
2. Guinea (2019–2022)	8. DR Congo (2019–2022)	14. Mauritius (2019–2022)
3. Liberia (2020–2023)	9. Central African Republic (2020–2023)	15. Mozambique (2020–2023)
4. Mali (2020–2023)	10. Eritrea (2020–2023)	16. Namibia (2020–2023)
5. Mauritania (2021–2024)	11. South Sudan (2021–2024)	17. Seychelles (2021–2024)
6. Niger (2021–2024)	12. Uganda (2021–2024)	18. South Africa (2021–2024)

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

The term of office of Burkina Faso and Kenya on the Executive Board will end with the closing of the Seventy-fifth World Health Assembly in May 2022.

In accordance with resolution 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 World Health Assembly at the Executive Board, it is decided as follows:

- (a) **Ethiopia** and **Senegal** to replace Burkina Faso and Kenya in serving on the Executive Board starting with the one hundred fifty-first session in May 2022, immediately after the Seventy-fifth 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
Ghana (2020–2023)	Rwanda (2021–2024)	Botswana (2020–2023)
Guinea-Bissau (2020–2023)	Ethiopia (2022–2025)	Madagascar (2020–2023)
Senegal (2022–2025)		

- (b) **Botswana** to serve as **Rapporteur of the Executive Board** as from the one hundred fifty-first session of the Executive Board.
- (c) **Ethiopia** to replace Ghana to serve on the Programme Budget and Administration Committee (PBAC) from the one hundred fifty-first session of the Executive Board. The PBAC will therefore be composed of Ethiopia and Madagascar from the African Region.
- (d) **Rwanda** to replace Burkina Faso to serve on the Nelson Mandela Award for Health Promotion selection panel from the one hundred fifty-first session of the Executive Board.

Decision 6 Method of work and duration of the Seventy-fifth World Health Assembly

Vice-President of the World Health Assembly

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

Main Committees of the Assembly

- (a) Nigeria to serve as Vice-Chair of Committee B;
- (b) Angola, Benin, Burkina Faso, Cameroon and Congo to serve on the General Committee; and
- (c) Chad, Eswatini and Sierra Leone 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 Niger and Nigeria will come to an end on 31 December 2021. In accordance with the English alphabetical order, it is decided that Niger and Nigeria be replaced by Senegal and Seychelles for a period of three years with effect from 1 January 2022 to 31 December 2024. Senegal and Seychelles will thus join Rwanda and Sao Tome and Principe on the Policy and Coordination Committee.

Decision 8 Draft Provisional Agenda, place and dates of the Seventy-second session of the Regional Committee

The Seventy-first session of the Regional Committee for Africa decided to hold its Seventy-second session in Lomé, Togo, from 22 to 26 August 2022. The Committee reviewed and adopted the provisional agenda for the Seventy-second session.

Decision 9 Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa

The Seventy-first session of the Regional Committee for Africa approved the procedure for the Accreditation of regional Non-State Actors not in official relations with WHO to participate in the WHO Regional Committee for Africa, as set out in the Annex of Document AFR/RC71/2.

PART II

**REPORT OF THE
REGIONAL COMMITTEE**

OPENING OF THE MEETING

1. The Seventy-first session of the WHO Regional Committee for Africa was officially opened on Tuesday, 24 August 2021 by Her Excellency **Victoire Tomegah Dogbé**, Prime Minister of Togo on behalf of the President of Togo, His Excellency **Faure Essozimna Gnassingbé**. 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; members of the diplomatic corps; representatives of United Nations agencies and nongovernmental organizations; and a representative of the African Union Commission. The Honourable Minister of Health and Public Hygiene and Universal Access to Health Care of Togo, Professor Moustafa Mijiyawa welcomed Member State delegations to the Seventy-first session of the WHO Regional Committee for Africa (RC71) which Togo was pleased to host virtually due to the ongoing COVID-19 pandemic. He expressed the hope that the next session would take place face to face in Lomé once the global health situation improves.

2. The Honourable Minister acknowledged the measures taken by the Government of Togo on the instructions of the Head of State, and his constant concern to ensure the well-being of all, especially the most vulnerable population groups in Togo. The concern was addressed, among other things, in the creation of a ministry responsible for universal access to health care. He commended the WHO Director-General and the Regional Director for the multifaceted technical support provided to Togo including managing the challenges posed by the outbreaks. Professor Mijiyawa explained that Togo was privileged to host the WHO regional public health training school which provides training to middle-level health professionals. By a joint order of the Ministries of Health and Higher Education, the school has been elevated to the undergraduate level, thereby integrating it within the Faculty of Sciences in line with the higher education reform in Togo.

3. The Honourable Minister concluded his remarks by congratulating the outgoing Chairperson and Vice-chairperson of the Seventieth session of the Regional Committee, Mrs Jacqueline Lydia Mikolo and Dr Benjamin Hounkpatin respectively, for their steadfast conduct of deliberations and for successfully steering the affairs of the Regional Committee for the past two years.

4. **Dr Benjamin Hounkpatin, Minister of Health of Benin and First Vice-Chairperson of the Seventieth session** of the WHO Regional Committee for Africa noted that the meeting was being held in a very particular context marked by the COVID-19 pandemic which has spared no country and continues to evolve from wave to wave, some more deadly than others, especially with the upsurge of the Delta variant [[AFR-RC71-CONF.DOC-2](#)]. He encouraged all countries to strengthen integrated and concerted response strategies so that together and as quickly as possible, countries can control the spread of the devastating virus. Dr Hounkpatin commended all initiatives undertaken by WHO, the African Union and the COVAX Facility to facilitate equitable access to COVID-19 vaccines and vaccination programme particularly for countries of the African Region. He emphasized that the COVID-19 crisis has demonstrated the usefulness of information and communication technology in managing health emergencies, including the flipside of misinformation or fake news that has complicated the response. The Honourable Minister expressed the

need for this topic to be the subject of an in-depth reflection during the deliberations by Member States, so that countries can seek appropriate solutions to deal with the infodemic and vaccine hesitancy.

5. The Honourable Minister of Health urged other Member States to learn from the Region's experiences in managing the COVID-19 crisis and work to improve the collective capacity to respond to international health threats and emergencies of international concern, to ensure that populations are better protected. He cautioned participants that the fight against the COVID-19 pandemic should not allow countries to lose sight of the challenges that lie ahead especially with the re-emergence of epidemics in several countries in the Region such as the Marburg and Ebola outbreaks and other emergencies. He concluded his statement by thanking the Regional Director, Dr Moeti, for her leadership and tenacity in coordinating the Region's common action and reassured her of his continued support.

6. The statement of the African Union Commissioner for Social Affairs was delivered by **Dr Margaret Agama-Anyetei, Head of the Health, Population and Nutrition Division within the Social Affairs Commission of the African Union** [[AFR-RC71-CONF.DOC-3](#)]. Dr Agama-Anyetei highlighted the African Vaccine Acquisition Trust (AVAT) initiative of the African Union that was launched to facilitate COVID-19 vaccines acquisition, providing a unique opportunity for the continent to deliver on promises, noting that the first batches of vaccines were delivered to countries in the month of August. The African Union Commission representative informed the Committee that 22 Member States had signed the African Medicines Agency (AMA) Treaty which would enter into force once the ratification instruments of at least 15 Member States were received at the African Union. Dr Agama-Anyetei indicated that consultations for the designation of the host country of the AMA Secretariat were underway. She concluded her statement by pointing out the inequalities which continue to undermine regional and global health, especially the fight against COVID-19.

7. **The WHO Regional Director for Africa, Dr Matshidisho Moeti**, welcomed all delegations to the Seventy-first session of the WHO Regional Committee for Africa [[AFR-RC71-CONF.DOC-4](#)]. She expressed her sincere gratitude to His Excellency President Faure Essozimna Gnassingbé and the people of Togo for honouring WHO and hosting the virtual session. Dr Moeti expressed her appreciation to the Honourable Minister of Health and Government of Togo for their active engagement in the preparations for the Regional Committee session. She also thanked the Vice-Presidents of the Seventieth session of the Regional Committee, Professor Benjamin Hounkpatin, Minister of Health of Benin, and Dr Lia Tadesse, Minister of Health of Ethiopia for their leadership and dedication in preparations for governing body events.

8. The Regional Director commended African governments for their unwavering commitment under the leadership of their Heads of State and Government to the COVID-19 pandemic response and for continuing to implement interventions for other priorities to ensure hard-fought gains achieved over the years were maintained. She noted that although 44 million doses of COVID-19 vaccines were delivered to African Member States by 30 June 2021 through the support of the Access to COVID-19 Tools (ACT) Accelerator and the COVAX Facility, that figure represented only a small fraction of the vaccines needed across the continent. Dr Moeti deeply regretted the delays and difficulties in keeping to agreements, due to unforeseen factors as the pandemic unfolded. The Regional Director informed participants that WHO was strongly

advocating at the regional and global levels for greater dose sharing and transfer of technology as a matter of urgency. She stressed the need for Member States to ensure that the required human, material and financial resources were on the ground ahead of time to get people vaccinated when the vaccine shipments arrive, to reduce wastage.

9. Dr Moeti welcomed the recent establishment of a hub for technology transfer of mRNA vaccines in South Africa and emphasized the need for the work to be expanded to serve broader vaccine needs. She called on Ministers to advocate for companies and governments to produce vaccines and share the manufacturing technology and knowledge with countries that need them most. She further called on Member States to combat inequities exacerbated by policies such as restrictions on movement and travel for citizens coming from continents that have been denied fair access to life-saving vaccines as a result of inequitable global supply systems. The Regional Director noted that the COVID-19 pandemic represented both an opportunity and a stark warning of the need to re-think systems that reinforce injustices, as well as a chance to invest more in building a healthier and fairer world. Dr Moeti also highlighted the fact that the pandemic had sparked a movement among Member States to develop a pandemic treaty for international commitment to invest in preparedness. She noted that the treaty would ensure Member States fulfil their obligations under the International Health Regulations and considering that the African Region faced more outbreaks each year than any other WHO region, it was crucial that African perspectives be brought forward in these negotiations.

10. The Regional Director commended Togo and Côte d'Ivoire for eliminating human African trypanosomiasis in the past year, and the Gambia for eliminating trachoma as a public health problem. She noted that a year on, from the remarkable milestone of kicking wild poliovirus out of the Region, almost 100 million children had been vaccinated since campaigns resumed in July 2020, after a pause due to the COVID-19 restrictions. She commended Guinea and the Democratic Republic of the Congo for swiftly and skilfully containing outbreaks of Ebola, with Guinea launching a full-throttled response to West Africa's first case of Marburg virus disease and quickly containing an outbreak of Lassa fever. Dr Moeti reiterated the need to enhance resilience and prepare for the next threat by adopting approaches and increasing investments that facilitate rapid response to external shocks while building local capacities. She, however, recognized the huge challenges relating to prioritization of funds amid many competing priorities, with funding from external sources often deciding the focus.

11. Dr Moeti informed the Committee of the broader work of the Secretariat to re-imagine strategies for priority diseases, learning from the all-of-society, multisectoral response to COVID-19 and using primary health care as a key strategy. She noted that the Secretariat was moving to more integrated approaches, as demonstrated in the regional Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis. Dr Moeti emphasized that more investment was also imperative to ensure availability of data and information that shape policies and decisions, including using technology and exploring big data, making sure delivery of interventions is guided by expertise, while monitoring for quality assurance and outcomes. She stressed that as part of the WHO Transformation, the Secretariat was continuously adjusting to provide better support in the highlighted areas by reinforcing country office capacities in response to Member State recommendations to increase WHO's country focus. Meanwhile, to bridge the current funding gap for staffing,

multicountry assignment teams were being deployed as a transitional measure to ensure Member States could readily access WHO's technical support across different programme areas.

12. Dr Moeti commended Heads of State of the Region for the establishment of the AMA treaty at continental level, an initiative that will improve access to quality, safe and efficacious medical products needed to combat health threats. In concluding her remarks, the Regional Director projected that in the coming year, the response to the COVID-19 pandemic, particularly the vaccine roll-out, will remain at the heart of the Secretariat's and Member States' work, and advised that these two issues should be addressed within the framework of building robust, resilient health systems, and ultimately to attain universal health coverage.

13. The **WHO Director-General, Dr Tedros Adhanom Ghebreyesus** echoed other speakers' sentiments of deep regret that for the second year, Members of the Regional Committee were not able to meet in person [[AFR-RC71-CONF.DOC-5](#)]. He recalled that when he addressed the Seventieth Regional Committee last year, the African Region had just experienced its first large wave of COVID-19 cases and deaths. In the year since then, the Region had seen two more large waves, each worse than the last, with more than 5.4 million cases reported and almost 130 000 deaths.

14. The Director-General stressed that WHO continues to call for a comprehensive approach, including a tailored and consistent use of public health and social measures, in combination with equitable vaccination. He explained that one year ago, the expectation was for a safe and effective vaccine to be developed, and if realized, would be available equitably to all countries. Even though the expectation was realized with the development and approval of several safe and effective vaccines in record time and giving the world real hope of bringing the pandemic under control, the distribution of vaccines had been inequitable. The Director-General confirmed that more than 4.8 billion doses of vaccine had been administered globally but only 87 million of these doses had been administered in the African Region, less than 2% of the global total. Globally, 140 countries had vaccinated at least 10% of their populations, but in the African Region, only four countries had been able to reach that target, owing to the shocking disparity in access to vaccines. He underscored WHO's global targets to support every country to vaccinate at least 10% of its population by the end of September, at least 40% by the end of 2021, and 70% of the world's population by the middle of 2022. WHO and its partners were doing everything possible to find ways to extensively and rapidly scale up production. More than 44 million doses had been distributed to 40 countries in the African Region through the COVAX Facility, which aims to deliver around 475 million more doses in the Region by the end of December 2021.

15. The Director-General recognized and congratulated the African Union's African Vaccine Acquisition Trust as a very important complement to the COVAX Facility in achieving WHO's targets. He also commended the progress made towards increasing production of vaccines in Africa, through the recent establishment of a technology transfer hub for mRNA vaccines in South Africa. The Director-General warned that the vaccine crisis illustrated the fundamental weakness at the root of the pandemic, to wit, the lack of global solidarity and particularly the sharing of information and data, biological samples, resources, technology and tools. He emphasized that there was an emerging global consensus on the need for an

international treaty or other legal instrument, to provide the basis for improved international cooperation to prepare for, detect and respond to epidemics and pandemics. He further emphasized the need for all African Member States to support this important initiative.

16. The Director-General informed participants that WHO was also committed to further scientific studies to understand the origins of the COVID-19 pandemic with the recent announcement of a proposal for a permanent International Scientific Advisory Group for Origins of Novel Pathogens (SAGO) that will facilitate the establishment of a more systematic way of identifying the source of new outbreaks. The draft terms of reference were shared the previous week with Member States, and an open call for experts to join SAGO had been issued by WHO; he encouraged experts from Africa to apply. The Director-General emphasized that SAGO was not only about the next phase of studies into the origins of SARS-CoV-2 but also a long-term initiative to support studies into the origins of all future emerging pathogens, recognizing that COVID-19 was just one of the challenges faced.

17. The Director-General noted that it was one year since the WHO African Region had been certified free of wild poliovirus and warned that COVID-19 had put that achievement at risk due to millions of children missing out on vaccines against polio and other preventable diseases because of disruptions to essential health services in the past year. He emphasized the need for Member States to reflect on the importance of an integrated, multisectoral approach to TB, HIV, STIs and hepatitis as they deliberate on the wide range of challenges faced by the Region including ageing, immunization, cervical cancer and meningitis.

18. The Director-General reminded participants of the unique global mandate, global reach and global legitimacy of WHO and the need to avoid creating competing institutions and structures. He underscored that a strong WHO demands that the longstanding challenge of sustainable financing be discussed, and solutions identified since currently, only 16% of WHO funds come from assessed contributions. Adjusted for inflation, WHO's assessed contributions currently translate to US\$ 340 million less than they were in 1980, with the remaining funds, about 80%, earmarked. This imbalance effectively makes WHO a contractor for donors and means that the Secretariat cannot do the long-term programming at country level that the biggest health challenges require. It also means that WHO has a culture of overreliance on consultants and temporary contracts, which destabilizes our workforce and makes it difficult for WHO to train and retain the experts needed to deliver on its mandate. The Director-General stressed the historic opportunity presented by the establishment of the Member State working group on sustainable financing, to put WHO's finances on a new track and urged Member States to seize it.

19. In his concluding remarks, the Director-General reiterated WHO's commitment to continue supporting countries to effectively respond to the pandemic and to build back better. Finally, he outlined the following three specific requests: (1) that Member States commit to continue implementing proven public health and social measures tailored to country-specific contexts with the support of WHO; (2) that Member States fully support the idea of a treaty or other international instrument on pandemic preparedness and response; and (3) that they continue advocacy and support for the proposal on building a stronger WHO that is empowered and sustainably financed.

20. In opening the Seventy-first session of the Regional Committee, the Prime Minister of Togo, Her Excellency Victoire Tomegah Dogbé, representing President Faure Gnassingbé, warmly welcomed delegates to the virtual session and decried the human and material cost of the ongoing COVID-19 pandemic [[AFR-RC71-CONF.DOC-6](#)]. The Prime Minister cited Togo's response to the pandemic, which involved a holistic approach and a vaccination pillar. She commended African Heads of State for establishing the African Vaccine Acquisition Trust, while calling for the inclusion of the fight against substandard and falsified medicines in all health initiatives.

21. The Prime Minister recalled the crucial importance of skilled human resources and commended WHO's role as a facilitator and catalyst in initiating and promoting human resource training initiatives, through its multifaceted and constant technical support. She expressed confidence in the expertise and determination of the delegates to address all the important public health issues besetting the continent, and declared the Seventy-first session of the Regional Committee open.

ORGANIZATION OF WORK

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

22. Following the presentation of the special procedures for the conduct of the virtual session of the Regional Committee and in accordance with Rule 10 of the Rules of Procedure of the Regional Committee and Resolution AFR/RC40/R1, the Regional Committee unanimously elected its Chairperson, Vice-Chairpersons and Rapporteurs. The details of the election are provided in Decision 2 above.

Adoption of the Agenda and Programme of Work

23. The Chairperson of the Seventy First session of the Regional Committee, **Professor Moustafa Mijiyawa**, Honourable Minister of Health of Togo, tabled the provisional agenda [[AFR/RC71/1](#)] and the draft annotated programme of work [[AFR/RC71/1 Add.1](#)]. They were adopted on the understanding "*that issues emanating from WHA be considered under Item 9 (which is item 8 of the adopted agenda) as well as during the Special session on the COVID-19 response in the African Region*". The Regional Committee adopted the following hours of work: 09:00 to 17:00, including 60 minutes of break in the afternoon.

Report on Credentials

24. The Regional Committee, acting on the reports of the Chairpersons of the Seventieth and Seventy-first sessions of the Regional Committee, who, in accordance with paragraph 11 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 10 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, Mauritius, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Sudan, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC71/2)

25. In his statement to the Seventy-first session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Cherif Baharadine from Chad (assisted by the PSC Vice-Chairperson, Dr Mustapha Bittaye from the Gambia), reported that the PSC held a virtual meeting from 14 to 15 June 2021. The PSC reviewed nine documents on public health matters of regional concern and recommended them for consideration by the Seventy-first session of the Regional Committee. The Regional Committee commended the work of the PSC and the quality of the documents presented by the Secretariat. The Regional Committee observed that strengthened synergies and collaboration were needed in implementing the various key public health matters highlighted. The Committee also noted the need for greater investment, especially in areas in which the Region is still lagging, such as the use of evidence, information and research for policy-making, healthy ageing and digital health.

26. The Regional Committee considered and adopted the proposals for the designation of Member States to serve on WHO committees that require representation from the African Region. The Regional Committee also adopted the procedure for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa, as recommended by the Programme Subcommittee.

ANNUAL REPORT OF THE REGIONAL DIRECTOR ON THE WORK OF WHO IN THE AFRICAN REGION (Document AFR/RC71/3)

EXECUTIVE SUMMARY OF THE REPORT

27. This report of WHO's work in the African Region between 1 July 2020 and 30 June 2021, comes at a time when health and health emergencies are in the global spotlight. The need for a strong, effective, results-driven and accountable WHO has never been greater.

Creating the WHO that we all want

28. Within the Organization's Secretariat, WHO Transformation is putting people at the centre of change and driving a values-based culture for higher quality results across all programmes and managerial areas. The regional Transformation Agenda has been a key influence shaping the global Transformation and is now merging with it. Regional best practices, such as leadership training, are being expanded across WHO and adapted for



interested Member States. The number of staff volunteers in the Regional Change Network rose from 237 in 2019 to 280 in 2020.

Sustaining and capitalizing on gains against polio

29. Wild poliovirus has now been kicked out of Africa after a 25-year struggle. Investments are needed to finish polio once and for all, by ending outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) and maintaining post-certification surveillance. More than 58 million children have been vaccinated against polio since July 2020, including 58 million with monovalent oral poliovirus (mOPV) vaccine. Another 24 million were vaccinated with novel oral polio vaccine type 2 (nOPV2) in 2021. Hundreds of polio staff are playing key roles in the COVID-19 response, including the vaccine roll-out, as well as supporting the delivery of other high-impact health interventions. More than 64% of polio staff spent over 50% of their time on the COVID-19 response in 2020.

Fighting COVID-19 and other crises

30. To support national authorities in leading the response against COVID-19, WHO has been in a constant response mode. Amid global supply chain disruptions, huge quantities of essential commodities have been procured for African countries, using the UN Supply Portal, coordinated by WHO. Diagnostic and clinical care capacities have been dramatically scaled up and hundreds of thousands of health workers have been trained in key response areas.

31. While there were delays in rolling out COVID-19 vaccines due to global inequities, this time was used to plan and prepare thoroughly, enabling several countries to race ahead quickly in using the vaccine doses when they arrived. So far, more than 65 million vaccine doses have been shipped to the African continent, including 25 million through the COVAX Facility. Fifty million doses have been administered in African countries.

32. COVID-19 was one of 50 public health emergencies in response to which WHO supported countries, deploying more than 2000 experts. These include the swift control of outbreaks in Guinea and the Democratic Republic of the Congo, where experience from past epidemics was mobilized and vaccination was quickly rolled out to save countless lives. Support was also provided to vulnerable communities in humanitarian crises in northern Ethiopia and Mozambique. We have also invested continuously in readiness capacities to comply with the International Health Regulations, including strengthening Integrated Disease Surveillance and Response (IDSR). Massive demands for information to detect acute health events and inform response operations have been managed using agile approaches, new tools and by leveraging partnerships with academic institutions.

Key achievements in the COVID-19 response in the African Region

33. Ninety-seven million items of personal protective equipment, 31 million laboratory tests and 3850 oxygen concentrators were deployed to Member States through the UN Supply Portal. Fifty-one additional

oxygen plants were established, increasing the number from 68 to 119. A total of 790 COVID-19 testing laboratories are operational in the African Region. Over 200 000 health workers participated in WHO COVID-19 training webinars. Fifteen Member States received international Emergency Medical Teams (EMTs) to enhance their case management capacity. Nine hundred WHO staff were repurposed to the COVID-19 response and 300 experts were deployed to countries.

Reaffirming the need for resilient health systems

34. Disruptions to essential services and barriers to accessing quality care are threatening progress in priority areas. WHO has assisted countries to monitor service access and utilization and supported the implementation of a range of approaches to overcome bottlenecks. More broadly, we have guided countries on implementing integrated approaches to improve the efficiency and quality of services needed by communities throughout the life course.

35. The Regional Reproductive, Maternal, Newborn, Child and Adolescent Health Technical Advisory Group was launched in November 2020 to guide accelerated action to prevent deaths among mothers and children. The evaluation of a six-year effort to boost comprehensive sexuality education in East and Southern Africa showed increased political will, youth mobilization, and a decrease in new HIV infections among young people in recent years. The decline in deaths among under-five children between 2015 and 2019 in the African Region is from 83 to 74 per 1000 live births. However, the annual average rate of reduction of 3% is still far off the 10% mark required to achieve the SDG target of 25 per 1000 live births in every country.

36. Countries have invested in improving access to quality-assured medical products, including through the pooled procurement initiative for Small Island Developing States. Momentum towards local production has rapidly increased. Understanding of the prevalence of substandard and falsified medicines has improved, and clinical research on traditional medicines has been scaled up.

37. To compensate for the immense demands on front-line health workers during the pandemic, some countries have offered incentives such as insurance and transport allowances. Health labour market analyses and health workforce accounts are among the strategies being used to make the case for sustainably addressing workforce shortages. In Namibia and other countries, this has translated into additional allocations in health sector budgets for recruitment. WHO has also supported countries through evidence generation and use of costing tools to reallocate funds to COVID-19 response operations and to expand the fiscal space for health.

Preventing and controlling diseases

38. Vaccines are among the most cost-effective tools for protecting public health and through the African Vaccine Regulatory Forum (AVAREF), timelines have been expedited for these life-saving products to reach those in need. However, routine immunization coverage remains a challenge in the Region, stagnating in the past 10 years at between 70% and 75%. Strong progress in introducing rubella vaccines – exceeding the regional target for 2020 – and impressive efforts by countries to scale up supplementary immunization

campaigns after disruptions due to COVID-19, indicate that with more investment, routine immunization coverage can improve. This should be a priority, to protect every child from vaccine-preventable diseases. Thirty countries have introduced rubella-containing vaccines, exceeding the regional target of 25 countries by 2020.

39. Eighty per cent of people living with HIV in the African Region now know their status and 70% are receiving life-saving antiretroviral therapy. Tuberculosis incidence declined by 16% between 2015 and 2019, but more needs to be done to scale up access to screening for this disease. Rwanda and Uganda have established free testing and treatment programmes for hepatitis, and other countries are starting pilot projects in this direction.

40. The Region continues to account for 94% of the global malaria burden and overall was off track for the 2020 milestones towards elimination. Investment and innovation are urgently needed to prevent the hundreds of thousands of malaria deaths that occur every year in African countries.

41. Through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), more than 221 million donated medicine tablets reached communities affected by these debilitating diseases. Countries are making progress in eliminating neglected tropical diseases (NTDs) such as human African trypanosomiasis and trachoma. Dracunculiasis cases dropped from 39 to 11 between July 2020 and June 2021, compared to the same period last year, with a 50% reduction between 2019 and 2020, from 54 to 27 cases.

42. Twenty-six countries are using the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings (WHO PEN) and the technical package for cardiovascular disease management in primary health care (HEARTS). Ten countries have scaled up cervical cancer screening and treatment.

Advancing equity and improving well-being

43. Vulnerable groups such as low-income households, women, young people, older people, ethnic minorities and people with disabilities, bear the brunt of the social and economic impacts of health crises. Health inequity analyses in 20 countries have helped to build capacities to monitor and address these disparities. For example, in response to increases in gender-based violence during the pandemic, WHO has provided policy guidance to countries and training to front-line workers. One hundred and fifty front-line health workers and programme managers from 11 countries were trained on the integration of gender-based violence services as part of sexual and reproductive health care.

44. COVID-19 has reaffirmed the need for action across sectors and for engaging all stakeholders to advance health. Collaboration with the University of Pretoria has led to the development of health-in-all-policies modules, which are being adapted and rolled out in four African universities, so that future public health experts can appreciate the value of all-of-society approaches. To improve adherence to COVID-19

preventive measures, a range of tools have been developed, and community feedback is regularly collected to adjust and refine health messaging.

45. Climate change and health projects are underway in countries to improve early warning and surveillance of climate-sensitive diseases and develop climate-resilient water safety plans. Timely support was provided to Mauritius to assess the environmental risks of an oil spill in July 2020, and in Ghana assessments of air pollution led to a report on the health and economic impacts of transport interventions in the capital city, Accra.

46. The International Code of Marketing of Breastmilk Substitutes has now been in effect for 40 years, but only 13 countries in the African Region have enshrined the Code's full provisions into national law. In the past year WHO has supported Kenya, Nigeria and Burkina Faso in this difficult process, which is fraught with industry interference. Overall, in the East and Southern Africa subregion, a 5% increase in the number of under-five children screened for wasting was achieved in 2020 compared to 2019, in part, thanks to advocacy and support from partners for implementing technical guidance to maintain services during the pandemic.

47. WHO initiated efforts to improve food safety in markets in African countries in 2020 and pilot projects are underway in Mali and Senegal. In Burkina Faso and Guinea, education campaigns reached 162 food businesses.

48. Support has also been stepped up to address risk factors for noncommunicable diseases. Chad, the Gambia and Mauritania have adopted regulations to introduce pictorial health warnings on cigarette packages, and Burkina Faso issued a decree to ban the sale of alcohol and tobacco within a 400-metre radius of schools during school hours. Several Member States have updated national guidelines on physical activity to integrate recent evidence, and Kenya is researching priority actions to prevent nutrition-related noncommunicable diseases. To improve road safety, particularly for vulnerable groups like pedestrians, WHO is partnering with Bloomberg Foundation to support five countries to strengthen their legislation.

Integrated action and innovations for health

49. In cross-cutting areas such as innovation, digital health, research, laboratories, health information, primary health care and antimicrobial resistance, WHO has a dedicated team providing integrated support across technical programme areas.

50. A database of more than 1000 technological innovations for COVID-19 was created to improve access to information on new approaches and tools, so that countries can consider adapting and scaling them up. Kenya, Namibia and Rwanda have started preparations to introduce digital health platforms as part of strengthening information systems. The African Advisory Committee on Health Research and Development (AACHRD) supported young scientists from 20 countries to develop scientific papers related to universal health coverage and the Sustainable Development Goals.

51. Capacity to diagnose COVID-19 was scaled up rapidly in 2020, from South Africa and Senegal being the only countries able to do so at the start of the pandemic, to all 47 countries with that capacity after a few months. Four countries introduced polymerase chain reaction testing for the first time ever with WHO support. With the development of reliable antigen-detecting rapid diagnostic tests, countries are now being urged to scale up access to these easy-to-use tools. WHO and Africa CDC, working in collaboration, launched the COVID-19 network of genome sequencing laboratories, and support is being provided to rapidly expand genetic surveillance capacities across the continent.

52. There has been a tremendous amount of work under data and use of information. To better monitor health service disruptions and utilization by communities during the pandemic, a regional dashboard was created and is being used by 27 countries, reflecting data from almost 7000 health facilities. Gaps in mortality surveillance and civil registration and vital statistics, which have been highlighted over the past year, are being addressed through the development of roadmaps, training and integrating the use of electronic medical certificates for cause of death. Primary health care is central to attaining universal health coverage, and countries such as South Africa, Eswatini and Botswana have intensified action at the district level to improve the quality of care provided in communities.

53. Analyses of national COVID-19 clinical management protocols in African countries revealed that most of them recommended using antibiotics. In response, WHO has increased advocacy efforts to highlight the dangers of antimicrobial resistance and key ways of preventing it, such as evidence-based prescribing.

Communicating, coordinating and delivering better

54. Public demand for information on COVID-19 has burgeoned with weekly WHO press conferences, over 600 media engagements and rapid growth on social media platforms. Concerted efforts are being made to counter misinformation, including through the Africa Infodemic Response Alliance (AIRA) and the “Viral Facts” brand, both launched in the past year.

55. Partnerships with the African Union, Africa CDC, regional economic communities, the African Development Bank and other UN agencies have been strengthened through joint approaches. New private sector partners have also played important roles in supporting the response to COVID-19.

56. Efforts to ensure that WHO’s country offices are well-resourced have continued with the support of a dedicated group of partners. This has led to the recruitment of 22 programme management officers, 22 external relations and partnerships officers and 31 health policy, planning and coordination staff at the country level. To bridge the current funding gap for staffing, multi-country assignment teams (MCATs) are being deployed as a transitional measure to ensure Member States can readily access WHO’s technical support. The Secretariat has strengthened country-level leadership by empowering WHO representatives to set priorities, coordinate, and broker for health, including engaging in UN reform and policy dialogue.

Effective resource management

57. The approved WHO Programme budget 2020–2021 for the African Region is US\$ 992.3 million. To assess performance in a transparent and standardized way, the “output scorecard” approach has been introduced.

58. Gender parity has been reached in the WHO Executive Management Team in the Region for the first time in 2021, and through the Africa Young Women Health Champion’s Initiative, 40 young women have been recruited towards building the next generation of health leaders. The number of UN volunteers contributing to WHO’s work in the African Region has more than doubled from 60 in 2019 to 125 in 2021.

59. Reports of alleged sexual exploitation and abuse by WHO staff during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo have triggered the creation of an Independent Commission at the global level. It has also led to initiatives to raise awareness and improve enforcement of WHO’s zero tolerance policy.

60. To better manage risks associated with the use of cash payments in the field, the rollout of mobile money has been stepped up to pay over 100 000 polio campaign workers in West Africa. In the Democratic Republic of the Congo, 80 000 workers have been enrolled in a national database to facilitate future digital payments.

61. With the shift to teleworking during the pandemic, cloud-based services and the use of other internet applications have increased. More than 400 webinars have been convened with interpretation services. These virtual approaches have contributed to cost containment and enabled WHO to reach and engage much wider and more diverse audiences.

Challenges

62. The results achieved in the past year have taken place in a context of unprecedented challenges. The demands placed on WHO continue to expand, outpacing the funds made available to the Organization to deliver on its mandate. There is growing momentum and recognition, from global discussions and the findings of global review groups, such as the Independent Panel on Pandemic Preparedness and Response, of the urgent need for sustainable financing of the WHO Secretariat. Distribution of resources across WHO’s three levels also needs to be done in ways that will maximize the Organization’s impact. At the regional level, we are pursuing approaches to strengthen multicountry support, until enough funding is made available to allocate dedicated expertise to countries with complex settings and a disproportionate share of global health issues.

63. With many competing demands, prioritization is also a huge challenge, and governments and communities need to be firmly in the driver’s seat to push for changes that are evidence-based, relevant and respond to the greatest needs. More investment is also imperative to ensure data and evidence informs

policies and decisions in countries and that delivery of interventions is guided by expertise, with monitoring for quality assurance.

Looking ahead

64. In the year ahead, our determined effort to fight COVID-19 will continue to be a top priority, both in rolling out the vaccines and sustaining other preventive and public health measures to avoid a resurgence of cases. At the same time, action should be prioritized to catch up on other programmes that have suffered setbacks due to disruptions induced by the pandemic, and areas where accelerated progress is needed to realize our collective goals. The principles of equity, international solidarity, and multisectoral collaboration will be key to mobilizing the needed resources and networks to improve health outcomes.

65. Learning from this crisis, preparedness needs to be taken up as a core element of national development and security agendas. Building on the collaboration around COVID-19, enabling environments for innovation and partnerships should also be created to facilitate all-of-society approaches towards realizing better health. The WHO Secretariat stands ready to support Member States in these areas, to make health a reality for all people in the African Region, and globally.

66. The Regional Committee delegates commended the Regional Director and the Secretariat for the quality of the report. They expressed their appreciation to the Director-General and the Regional Director for the quality of their leadership in the COVID-19 response and transformation process, and in ensuring continuity of other priority programmes despite the many challenges faced. Member States lauded the support provided by WHO and partners in the form of technical assistance and essential supplies, such as test kits, PPE, equipment and vaccines for the COVID-19 response. While appreciating the role that the COVAX Facility has played in facilitating access to vaccines, Member States highlighted the global inequities in access to vaccines. They underscored the need for local manufacturing of diagnostics, PPE, COVID-19 vaccines and medicines, and equipment and supplies for priority programmes. Member States also advocated for technology transfer and for systems that would fast-track regulatory processes to enable local manufacturing. The need to build resilient health systems was emphasized, as was the need to address critical care gaps, experienced by most countries. WHO was called upon to strengthen its support and reporting on its work with countries in humanitarian settings.

67. The following recommendations were made to Member States:

- (a) Actively engage in discussions on sustainable and flexible funding of WHO to enable the Organization to tailor its support to Member States' priorities.
- (b) Advocate for global solidarity and equity in vaccine access and deployment.
- (c) Engage and keep up the momentum towards local manufacturing of COVID-19 vaccines and other priority products in the Region, including ratification of the treaty to establish the African Medicines Agency (AMA).
- (d) Strengthen regional partnerships, solidarity and pooling of resources.

- (e) Build on the COVID-19 pandemic response to strengthen countries' health systems and preparedness capacities in anticipation of subsequent emergencies.
 - (f) Focus on building resilient health systems applying home grown solutions as essential tools to achieve universal health coverage and ensure continuity of priority programmes.
 - (g) Invest more in health information for more evidence-based decision making.
68. The following recommendations were made to WHO and partners:
- (a) Support the development of local production of medicines, commodities and vaccines, including technology transfer. In this regard, WHO should, in collaboration with the AU, Africa CDC, AMA and partners, continue to advocate for the realization of that goal while accelerating the creation of mechanisms to deal with regulatory aspects, including capacity building.
 - (b) Continue supporting countries to address gaps and build capacity in critical health care.
 - (c) Further advocate for COVID-19 vaccine equity to ensure better coverage of populations in the African Region and support countries with the vaccine rollout, including strengthening the COVAX Facility.
 - (d) Strengthen support to Member States in humanitarian crises and dedicate a section in the next annual report to health and humanitarian crises.
 - (e) Continue supporting Member States in mobilizing resources for the health sector.
 - (f) Support countries in countering misinformation in the health sector, particularly on the COVID-19 pandemic.

69. The Regional Committee adopted the report as contained in "The Work of WHO in the African Region, 2020–2021: Report of the Regional Director" (Document AFR/RC71/3).

SIXTH PROGRESS REPORT ON THE IMPLEMENTATION OF THE TRANSFORMATION AGENDA OF THE WHO SECRETARIAT IN THE AFRICAN REGION (Document AFR/RC71/4)

70. The Director, Office of the Regional Director, Dr Felicitas Zawaira, presented the document entitled "***Sixth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015-2020***". The Transformation Agenda is a five-year roadmap for the transformation of the Organization into an effective and accountable leader in public health. The sixth progress report on the Transformation Agenda (July 2020–June 2021) presents the progress made in driving transformation forward across the six broad workstreams of the second phase of the Agenda, namely: (1) strengthening change management processes and enhancing a values-based culture; (2) enhancing the country-focus approach for greater impact; (3) delivering quality results and value for money; (4) promoting efficiency and accountability; (5) broadening engagement with Member States and partners; and (6) ensuring more effective communication of the work of the Secretariat. The report also considers the COVID-19 pandemic and the ensuing disruption of planned transformation activities.

71. The Regional Committee members expressed great appreciation of the progress made by the Regional Director and her team in delivering on the transformation pledge of improved efficiency, accountability and transparency, empowerment, innovation, and resource optimization, especially in the last 12 months, amid a global pandemic. They highlighted other achievements such as putting staff at the centre of change, aligning regional priorities with country needs for greater impact at country level, delivery of high-quality technical assistance and developing regional key performance indicators (KPIs) that are well aligned with the GPW 13 targets. The Regional Committee members recommended paying attention to the specificities of island States and countries facing protracted humanitarian crises. They noted with appreciation that the innovative Pathways to Leadership for Health Transformation programme was being implemented beyond the Regional Office and urged the Regional Director to fully implement the outcomes of the functional review and sustain a culture of accountability, transparency, value for money, gender equality and diversity. They also suggested that the outstanding achievements recorded in the fight against polio should be harnessed to provide fresh impetus to the fight against vaccine-derived poliovirus type 2. Finally, they recommended continued focus on the infodemic crisis by sustaining the excellent collaboration with Africa CDC and by working with non-State actors.

72. The Regional Committee adopted without amendments Document AFR/RC71/4: Sixth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015-2020.

WHO PROGRAMME BUDGET 2022–23 (Document AFR/RC71/5)

73. Dr Joseph Cabore, Director of Programme Management (DPM), introduced the Programme budget 2022–2023, which is elaborated in alignment with the priorities of the Thirteenth General Programme of Work. He emphasized that the funding structure of the WHO budget does not enable the Organization to respond effectively to the demands of Member States. Only 16% of the Organization's funds come from assessed contributions paid by Member States. This means that about 80% of budget funding is made up of voluntary contributions from various donors, which explains the enormous difficulties faced by the Organization in aligning its funds with the priority needs of Member States, and in planning long-term support for countries. Dr Cabore then introduced the “**Meeting Report of the Working Group on Sustainable Financing**”. The document enumerates the process adopted by the Working Group on Sustainable Financing (WGSF) to arrive at some actionable recommendations that will ensure sustainable financing of the Organization, supported by the emerging consensus on the need for a global health architecture and governance, a stronger WHO supported by sustainable finance, IHR implementation and observance, global financing for public common goods, research and development regulations, manufacturing medical countermeasures, equitable access, and adopting a One Health approach. The Working Group also raised five questions for consultation during this year's regional committee sessions.

74. Mr Hollo Imre, the Director of Planning, Resource and Coordination in headquarters, presented the scope and process of the revision of the Programme budget 2022–2023 approved by the Seventy-fourth World Health Assembly (WHA) in May 2021. The scope of the budget revision includes: the short and medium-term implications of the recommendations and resolution of the Independent Panel for Pandemic Preparedness and Response (IPPPR) and other reviews; the needed foundational actions for the longer-term implications; the resolutions of the Seventy-fourth WHA related to other issues, such as WHA74.14 on protecting, safeguarding and investing in the health and care workforce, WHA75.15 on strengthening nursing and midwifery; investments in education, jobs, leadership and service delivery; as well as the implementation of new initiatives designed to respond to the COVID-19 pandemic and apply the lessons learnt. The revision process will include internal and external actions. Mr Imre confirmed that the ongoing budget revision would be concluded before December 2021 for presentation to the January 2022 session of the Executive Board.

75. The Chair of the Working Group, Mr Bjorn Kümmel of the German Federal Ministry of Health, in his presentation reiterated the budgetary status quo of the Region and the need to revise it to meet its increasing health needs in terms of emerging outbreaks. He explained that in the face of the current pandemic, WHA74 called on Member States to provide sustainable financing to WHO to enable the Organization deliver on its mandate and core functions. Mr Kümmel stressed that all independent experts, including the IPPPR under the leadership of former President Sirleaf of Liberia, share the same assessment: WHO's financing is fundamentally flawed, and that assessment is not new! He appealed for consensus on a concrete proposal to overcome the historic challenge and change the status quo which keeps WHO vulnerable and limits its ability to support Member States in preventing the next crisis and implementing the health-related SDGs, while warning that inaction would diminish WHO's role over time, giving rise to other actors who might be less inclusive and transparent, and who would be mandated for important tasks in global health security because of their financial capabilities.

76. Mr Iddrisu Yakubu, the Vice-Chair of the Working Group from the Ghana Ministry of Health, in his remarks echoed the sentiments of his colleagues when he underscored that allowing WHO to be financed through donor funding could shift WHO's priorities to suit those of donors and thus undermine the credibility and independent mandate of the Organization. To avoid such an outcome, the WHA established the WGSF and mandated the Group to identify funding pathways for WHO's essential functions. The Regional Committee was informed that the WGSF had met three times thus far and funding gaps had been mapped, including areas such as NCDs, NTDs and emergency preparedness. Mr Yakubu called on all Member States to use the historic opportunity to address the issue of WHO's sustainable financing through the five questions proposed by the Working Group, given that the Region receives a fair share of the overall WHO budget.

77. The Regional Committee considered the five questions proposed by the WGSF, to wit: (1) Do the Member States share the view that WHO's base segment of the programme budget should be at least 50% funded by ACs in order to ensure integrity and safeguard the independence of WHO? (2) Do the Member States share the view of the IPPPR that the entire base budget should be fully funded by unearmarked flexible contributions? (3) Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for AC increase and adopting an incremental implementation schedule? (4) Do the Member

States agree to explore the IPPPR recommendation for a replenishment model to cover the remaining part of the base segment of the programme budget both by Member States and non-State actors? and (5) What are the best practices and lessons learned for prioritization in the regions?

78. Members of the Committee welcomed the initiative and agreed to support the sustainable financing of WHO by aligning resources with the programme budget to improve the Organization's performance, while increasing its efficiency by relieving it of financial constraints. They emphasized that sustainable financing would enable WHO to provide the necessary preparedness and response capacity, attract and retain the desired human resources, talents and produce better results at country level. However, they unanimously agreed that in view of the severe financial constraints that most countries are currently experiencing, a pragmatic approach that involves an incremental schedule for implementation should be adopted. Members supported proposals made by the Working Group on full funding of the base segment of the programme budget with assessed contributions, increasing Member States' assessed contribution to at least 50% of the budget and introducing a replenishment mechanism to cover the remaining 50%. Member States requested information on the proposed replenishment mechanism, how it relates to other initiatives like the WHO Foundation, and the criteria that would be used for allocating increases to Member State contributions.

79. Member States recommended: (1) an incremental approach to the proposed increase of contributions, starting from the biennium 2024–2025, taking into consideration the economic consequences of the pandemic and other factors; (2) an assessment of the status of Member States' economies to design a contribution model based on equity and taking into account each country's GDP as well as its ability to honour its financial commitments while promoting the idea of sustainable financing for health at national level, drawing on domestic financing opportunities such as tobacco taxation; (3) holding regular intersectoral discussions among the ministries of health, finance and planning to build consensus on sustainably financing health in general and WHO in particular.

80. The Members called on the Secretariat to provide additional information on the replenishment mechanism and to learn from other existing successful models such as that of Gavi and Global Fund. They requested clarification of the definition of alternative financing measures that would allow for mobilization of alternative funding and more flexible voluntary contributions, whether from Member States or nongovernmental entities. In conclusion, they recommended that the Secretariat share additional information with Member States on how the new proposed contributions should be realized.

81. The Regional Committee requested the transmission of its recommendations on the five questions raised in the "**Meeting Report of the Working Group on Sustainable Financing**" to the Bureau of the Working Group on Sustainable Financing.

FRAMEWORK FOR AN INTEGRATED MULTISECTORAL RESPONSE TO TB, HIV, STIs AND HEPATITIS IN THE WHO AFRICAN REGION (Document AFR/RC71/6)

82. The Director, Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster, Dr Benido Impouma presented the document entitled “**Framework for an integrated multisectoral response to TB, HIV, STIs, and hepatitis in the WHO African Region 2021–2030**”. It underscores the persistent high burdens of HIV, TB, viral hepatitis and STIs in the African Region. The framework, which is aligned with the WHO Thirteenth General Programme of Work, proposes the prioritization of integrated interventions using a primary health care approach in the context of achieving universal health coverage and other health-related SDG targets. It also proposes evidence-based interventions and actions to be delivered using a life-cycle approach to respond to TB, HIV, STIs and hepatitis in the WHO African Region.

83. The Regional Committee lauded the extensive consultative process adopted during the development of the framework and the integrated approach to TB, HIV, STIs and hepatitis programmes, noting that such an approach would increase the potential for accelerated results, considering the devastating impact of these diseases in the African Region. Members observed that for integration to be successful, significant investments were required, as well as a clear understanding of the risk posed by these diseases, to facilitate their control and ultimate elimination. They pledged to adopt innovative technologies and research to support the control of these diseases that remain a public health threat in the Region. Member States recommended that the framework also address the issue of gender-based violence, which is a driver of HIV, especially in the current pandemic.

84. Members requested WHO to continue to provide technical support in the adaptation of the framework at country level, including monitoring progress in its implementation. Another recommendation requested WHO to support the strengthening of local systems that produce treatment commodities, to increase access to treatment and mitigate overreliance and dependence on international sources. Member States recommended documentation and sharing of best practices in the implementation of the integrated response to TB, HIV, STIs, and hepatitis. Lastly, they recommended that WHO actively engage with other United Nations agencies and partners to address antimicrobial resistance for alignment to, and implementation of the framework, especially in humanitarian settings, and for strong advocacy to increase funding to build resilient health systems, and for adoption of the integrated approach to ensure sustainability.

85. The Regional Committee adopted without amendments Document AFR/RC71/6: Framework for an integrated multisectoral response to TB, HIV, STIs, and hepatitis in the WHO African Region 2021–2030.

FRAMEWORK FOR THE IMPLEMENTATION OF THE IMMUNIZATION AGENDA 2030 IN THE WHO AFRICAN REGION

(Document AFR/RC71 /7)

86. The Director, Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster, Dr Benido Impouma, presented the “**Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region**”. The framework prioritizes core system-level strategic actions to meet the target of leaving no one behind and ensuring universal access to immunization. There are about 7.3 million zero-dose children in the African Region, of whom 86% are in 10 Member States.

87. The status of essential immunization delivery has been disrupted by the COVID-19 pandemic. As a result, several immunization campaigns and new vaccine introductions have also been postponed. The Regional framework for the implementation of the Immunization Agenda 2030 (IA2030) was developed through a rigorous consultative process, based on the global vision for immunization and aligns well with the Regional Committee resolution on UHC. At the same time, the framework addresses the disruptive impact of COVID-19, and integrates the lessons learnt from the response to the pandemic.

88. The Regional Committee commended the Secretariat for the quality of the report and for the progress made in immunization. They noted that vaccination is essential for the health of the African population, thus, immunization programmes to improve vaccine coverage should be prioritized. Member States recognized that COVID-19 was having a negative impact on immunization coverage due to disruption of service delivery and affirmed that steps were being taken to redress the situation. They stressed that the COVID-19 pandemic should serve as an opportunity to strengthen and build resilient immunization systems. In addition, delivery of vaccinations offers an opportunity to strengthen health systems across the Region.

89. Members emphasized the need to accelerate the process of new vaccine introduction, and to strengthen capacity for vaccine delivery. Data management equally needs to be strengthened, along with vaccine procurement, pharmacovigilance, and logistics and infrastructure, including maintaining and ensuring the sustainability of cold-chain facilities. They also emphasized the need to strengthen community health facilities and the use of community health workers to help in vaccinating children and in identifying unvaccinated children, including those in the most remote areas.

90. Members noted the challenges posed by the proliferation of misinformation about vaccines and increasing vaccine hesitancy, recommending enhanced provision of authoritative and credible information, involving affected communities and strengthening community-based surveillance. They stressed the need for increased commitment from the highest national authorities, as well as domestic resource mobilization and collaboration with development partners for sustainable investment for implementation of immunization programmes.

91. Member States recommended improving immunization programmes in emergency and humanitarian settings, including building resilience as a priority for the continuity of immunization programmes. They requested WHO and partners to support countries in developing technical assistance plans and to continue supporting Member States in achieving the targets of the Immunization Agenda 2030. Lastly, delegates proposed the inclusion in the framework of an objective on controlling and halting the transmission of cVDPV2.

92. The Regional Committee adopted without amendments Document AFR/RC71/7: Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region.

FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY TO DEFEAT MENINGITIS BY 2030 IN THE WHO AFRICAN REGION (Document AFR/RC71/8)

93. The Director, Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster, Dr Benido Impouma, presented the document entitled “***Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region***”. The paper argues that despite the significant progress made in combating meningitis over the past 20 years, it remains a major public health challenge globally, and its occurrence is worse in the African meningitis belt, with an estimated population of 500 million in 26 Member States. A global strategy to defeat meningitis by 2030 was developed by WHO and partners, and this regional framework serves to guide Member States on the implementation of the Global strategy in the African Region.

94. The Members of the Regional Committee applauded the robustness of the framework and its relevance in eliminating meningitis in the African Region by 2030. The Committee acknowledged that meningitis remains a major public health issue that deserves attention. They noted that the success of control measures was being hindered by the challenges of weak health financing and limited partner support for meningitis risk assessment, case identification, surveillance and vaccine distribution. Members re-emphasized the importance of strengthening integrated disease surveillance, laboratory capacity and response mechanisms in the African Region, moving forward. They also stressed the need to strengthen and expedite sample transportation systems and requested the development of a robust risk assessment simulation tool to effectively predict the occurrence and scale of future outbreaks, including their causative agents.

95. Member States requested WHO's support in strengthening access to, and inclusion of new generation and affordable vaccines to prevent meningitis and facilitate the total elimination of bacterial meningitis. They also recommended the enhancement of systems for meningitis case-based surveillance, case management and vaccination, as well as enforcing good antibiotics stewardship to ensure appropriate clinical outcomes across countries. The Regional Committee requested partners' support and collaboration through integrated, multisectoral approaches in order to defeat meningitis by 2030. Members further requested WHO to ensure that the ongoing COVID-19 vaccination does not interfere with or stop meningitis vaccine advocacy and operations in the African Region, which are intended to increase vaccination uptake, and WHO support to

countries in harmonizing transborder meningitis surveillance activities, including the generation and use of evidence-based research to inform prevention and control initiatives.

96. The Regional Committee adopted with amendments Document AFR/RC71/8: Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region.

FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER AS A PUBLIC HEALTH PROBLEM IN THE WHO AFRICAN REGION (Document AFR/RC71/9)

97. The Director, Universal Health Coverage/Communicable and Noncommunicable Diseases Cluster, Dr Benido Impouma, presented the document entitled “***Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region***”. The document reveals that the African Region has the highest burden of cervical cancer globally due to health system weaknesses, poor health and cancer literacy as well as social, cultural, economic and gender-based barriers that are prevalent in the Region. WHO has developed a Global strategy with cost-effective interventions to accelerate the elimination of cervical cancer as a public health problem. The Regional framework was developed to facilitate the implementation of the Global strategy to accelerate the elimination of cervical cancer by Member States of the African Region.

98. Members of the Regional Committee emphasized the need to support the framework, given the burden of cervical cancer in the African Region. They called upon the international community and developmental partners to further support cervical cancer prevention and control efforts, arguing that it was possible to eliminate it through synergizing actions among all stakeholders. The Regional Committee agreed that cervical cancer remained a public health threat could be eliminated through such simple and cost-effective approaches as education, vaccination against human papillomavirus, screening and treatment of precancerous lesions as well as other gender-based initiatives that uphold the rights of women. Members highlighted some of the challenges faced in cervical cancer prevention and control in the Region and called for a consolidated, integrated approach. The Committee also observed that women living with HIV are more at risk of cervical cancer than those who are HIV-negative, and called for a holistic approach, including designing cervical cancer programmes that are all-inclusive.

99. Members recommended collaboration with other UN agencies and partners to support cervical cancer prevention and control. They recommended further technical and financial support from WHO and partners to strengthen cervical cancer control efforts, especially for countries with a high burden of the disease. They also requested WHO to support the building of robust health systems in countries, including monitoring, evaluation and validation systems through innovative approaches, strategies and methodologies that are gender-sensitive.

100. The Regional Committee adopted without amendments Document AFR/RC71/9: Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region.

FRAMEWORK FOR IMPLEMENTING THE GLOBAL STRATEGY ON DIGITAL HEALTH IN THE WHO AFRICAN REGION (Document AFR/RC71/10)

101. Dr Lindiwe Makubalo, Assistant Regional Director, presented the document entitled “**Framework for implementing the global strategy on digital health in the WHO African Region**”. The paper notes that although there has been significant progress in the utilization of digital health solutions with the development of digital health strategies in 33 Member States in the Region, most of these Member States use digital health solutions in pilot mode only. In addition, only a few Member States have complied with the implementation methodology recommended in the WHO national eHealth strategy toolkit, which is aimed at ensuring scale-up and sustainability of digital health use.

102. The gap is attributed to several persisting challenges, including limited digital health leadership capacity at national level, limited multisectoral arrangements for digital health, inconsistent adoption of standards and interoperability frameworks, limited data protection and system security regulations, among others. To mitigate these challenges, WHO adopted a global digital health strategy in 2020. WHO in the African Region thus developed a framework to guide implementation of the global strategy in Member States. It outlines guiding principles, including action points to ensure effective implementation among Member States.

103. The Regional Committee commended the advances in digital health in the Region and lauded the Secretariat for the timeliness and quality of the document. Member States highlighted the fact that the COVID-19 pandemic response had underscored the importance of digital health by reinforcing eHealth and telemedicine facilities, which have shown their usefulness in mitigating the impacts of lockdowns and the additional costs due to the new emergencies. They recommended the domestication at national level of the global digital health strategy, noting that several countries already had digital health strategies that are aligned with the actions proposed in the framework.

104. Members States noted efforts by the Secretariat to foster the development of national digital health strategies and its support in establishing strategic eHealth platforms such as the one that facilitates identification and scale-up of needs-driven innovations geared towards strengthening national health systems. Members States recommended the continued strengthening of digital health in the Region, including digital infrastructure up to health facility level, national data repositories, eHealth governance and interoperability platforms, and capacity development of health care personnel in digital health.

105. Member States called for legislative adaptation to facilitate the use of digital technologies in health, the use of technological solutions for health information dissemination and awareness raising, and the digitization of health data in the Region to facilitate access and exchange. They recommended the establishment of centres of excellence for digital health training and the creation of mechanisms for experience sharing across countries in the Region. They requested WHO to build on existing efforts and support partnerships for digital health in the Region. In this regard, they called on partners to support sustainable digital health solutions, resource mobilization, capacity development and knowledge transfer for the implementation of digital health systems in the Region.

106. The Regional Committee adopted without amendments Document AFR/RC71/10: Framework for implementing the global strategy on digital health in the WHO African Region.

FRAMEWORK FOR IMPROVING ACCESS TO ASSISTIVE TECHNOLOGY IN THE WHO AFRICAN REGION (Document AFR/RC71/11)

107. Dr Kasonde Mwinga, Director, Universal Health Coverage/Life Course Cluster, presented the document entitled “**Framework for improving access to assistive technology in the WHO African Region**”. The paper notes that with an estimated 15.6% prevalence of disabilities in the WHO African Region, over 200 million of the one billion population of the Region would need at least one assistive product. Currently, only about 15% to 25% of people in need of assistive products have access to them. Access to assistive technology services and products is not effectively ensured by Member States due to several challenges, including weak governance and inadequate domestic funding for assistive technology. Other challenges include weak promotion of public-private partnerships, insufficient regulatory capacity and fragmented supply of assistive products, combined with the shortage of skilled personnel and insufficient service provision.

108. The regional framework, which is a response to the call for action by the Sixty-ninth session of the WHO Regional Committee for Africa, aims to guide Member States in planning and implementing priority interventions to promote access to assistive technology. It provides Member States with effective policy actions to increase availability and affordability of assistive technology according to their specific needs and contexts.

109. The Regional Committee commended the Secretariat for developing the important framework to address the existing gap in assistive technology in the African Region. Member States highlighted the importance of assistive technology for the African population and the need to mainstream it in health interventions, including in emergency and preparedness plans. Member States noted that tools had been developed to support the implementation of assistive technology policies and plans, and also for the monitoring and evaluation of those plans. They underscored the importance of legislation and policies in improving access to assistive technology. They stressed the need to empower people living with disabilities and to facilitate their access to assistive technology at an affordable cost. Delegates welcomed the availability of tools, which are already being used in some Member States to assess assistive technology needs and

identify obstacles encountered by users. Member States noted the existing gap in human resources for assistive technology. In that regard, it was reported that human resource needs assessments and training programmes were being conducted in some Member States.

110. Member States emphasized the need for priority setting in the face of constantly emerging technologies, while recommending the use of health technology assessment (HTA) systems to ensure value for money. They called for multilateral cooperation and regional solidarity and requested WHO and partners to continue supporting them in the implementation and domestication of the framework to improve people's lives in the African Region.

111. The Regional Committee adopted without amendments Document AFR/RC71/11: Framework for improving access to assistive technology in the WHO African Region.

FRAMEWORK FOR IMPLEMENTING THE PRIORITY ACTIONS OF THE GLOBAL PLAN OF ACTION OF THE DECADE OF HEALTHY AGEING 2021–2030 IN THE AFRICAN REGION (Document AFR/RC71/12)

112. Dr Kasonde Mwinga, Director, Universal Health Coverage/Life Course Cluster, presented the document entitled “***Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the WHO African Region***”. The paper notes that following the endorsement of the implementation framework of the Global strategy and action plan on ageing and health 2016–2030 by the Sixty-sixth Regional Committee for Africa in 2016, Member States had made progress in implementing the priority interventions of the framework. However, their health and social systems are at different stages and very few (11%) have started on the processes of creating age-friendly environments.

113. The paper also notes that national health and social systems that should foster healthy ageing in the African Region are beset by various issues and challenges, including ageism and other forms of discrimination towards older persons; shortage of resources; poor organization and management; and weak governance, among others. Consequently, a framework for implementing the priority actions of the Decade of Healthy Ageing in the context of the SDGs in the African Region was developed to provide guidance to Member States on developing policies and building collaborative, multisectoral partnerships to combat ageism and promote age-friendly environments.

114. Commending the Secretariat for the quality of the document, the Regional Committee observed that with the increase in life expectancy in the Region, which also has the fastest growing proportion of older persons globally and given the disproportionate vulnerability of older persons to health risks including COVID-19, healthy ageing needed to remain a priority on the health agenda. Several Member States indicated that progress was already being made towards protecting the rights of older persons. They also recommended developing long-term policies and strategies for deliberate integration of older persons in society, mobilizing resources for integrated and long-term care, generating health data on ageing, promoting research on older people, and prioritizing older persons in accessing health and social services, including the promotion of age-

friendly communities. Regional Committee members approved the five recommended actions and endorsed the implementation of the framework.

115. The Regional Committee adopted without amendments Document AFR/RC71/12: Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the WHO African Region.

FRAMEWORK FOR STRENGTHENING THE USE OF EVIDENCE, INFORMATION AND RESEARCH FOR POLICY-MAKING IN THE AFRICAN REGION (Document AFR/RC71/13)

116. The Assistant Regional Director, Dr Lindiwe Makubalo presented the document titled “***Framework for strengthening the use of evidence, information and research for policy-making in the African Region***”. The document recognizes the imperative of ensuring the availability and use of sound data, information and knowledge for health policy formulation, for attainment of the Sustainable Development Goals and universal health coverage in the African Region. Health policies in the Region continue to be suboptimally informed by the range of health research evidence produced and processed for use globally due to the weak capacity to use evidence, and failure to produce locally relevant health evidence, information and research directed at local needs and priorities, as well as inadequate domestic financing for health research. The framework provides a guide for strengthening the use of evidence, information and research for health policy-making in the WHO African Region and focuses on clarifying guiding principles and priority interventions that articulate the use of evidence, information and research for health policy-making. The interventions proposed are focused and deliberately inclusive in order to ensure fairness, transparency and gender equity as well as advocacy for investments in domestic funding for research and civic participation in health policy-making.

117. The Regional Committee members welcomed the framework on the use of research, evidence, and information for policy-making and agreed with the proposed priority actions, targets, and milestones. They commended the Secretariat for a comprehensive report and the progress made despite the prevailing challenges. They recognized the weak utilization of evidence in policy planning and formulation, inadequate funding for research, weak national health information systems, absence of national health research institutes and systems, lack of human resources, the importance of eHealth implementation and the research capacity shortfall in African countries as demonstrated by the COVID-19 pandemic and the need to have locally generated data to help respond to local conditions. The members then recommended that WHO support Member States to drive regional progress in 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. Such support would be required to establish national research centres, institutionalize health research and set up knowledge translation at all levels of health care, facilitate data sharing and policy dialogue and elevate advocacy for strengthening generation and use of evidence to the highest level of Heads of State. Member States also recommended strengthening funding mechanisms for research for health.

118. The Evidence-Informed Policy Network (EVIPNet) launched by WHO in 2006 to facilitate knowledge translation and use of evidence for policy-making in countries was highly lauded. Some Member States announced their intention to join the Network.

119. The Regional Committee members adopted without amendments Document AFR/RC71/13: Framework for strengthening the use of evidence, information and research for policy-making in the African Region.

INFORMATION DOCUMENTS

120. The Regional Committee considered 11 information documents through written statements, in accordance with Article 15 of the Special procedures. A statement was submitted on Document AFR/RC71/INF.DOC/6: Progress report on the implementation of the Framework for health systems development towards UHC in the context of the SDGs in the African Region, suggesting that a resolution on hand hygiene in the context of UHC be proposed at the Seventy-fifth World Health Assembly. The Regional Committee noted the information documents.

DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SEVENTY-SECOND SESSION OF THE REGIONAL COMMITTEE

(Document AFR/RC71/14)

121. The Regional Committee adopted the draft provisional agenda of the Seventy-second session of the Regional Committee and decided that the session would be held in Lomé, Togo, from 22 to 26 August 2022.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE

(Document AFR/RC71/15)

122. In accordance with Article 16 of the Special Procedures to regulate the conduct of a virtual session of the Regional Committee, the Committee adopted its report through a written silence procedure.

CLOSURE OF THE SEVENTY-FIRST SESSION OF THE REGIONAL COMMITTEE

Closing remarks by the Regional Director

123. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her closing remarks, thanked the Chairperson and the Vice-Chairpersons for efficiently conducting the deliberations of the session. She expressed her sincere gratitude to the Honourable Ministers of Health and Heads of Delegation of Member States for finding the time to attend and for actively participating in the work of the Regional Committee.

124. Dr Moeti affirmed that the Secretariat had taken careful note of the very important decisions of the Seventy-first session of the Regional Committee. Specifically, she noted that the Member States had asked the Secretariat to support them in driving progress towards universal health coverage and leveraging technology and innovations as well as the Region's capacities to improve the health of all people in the Region without leaving anyone behind. New ways were proposed for tackling long-standing health issues like immunization, HIV, TB, cancers and other noncommunicable diseases, as well as recommendations for strengthening the prevention and control of hepatitis and STIs, including new issues like healthy ageing. She noted that issues of equity and access ran through all the discussions; while there was a movement towards self-determination in local production of vaccines and other health products. She stated that in the current context, the WHO African Region would continue to build on the existing capacities that had proven to be successful in managing one health emergency after another and work jointly to transition the polio capacity to ensure it is retained and used to strengthen countries' health systems. She was grateful for the keen interest shown by the Regional Committee in the sustainable financing of the Organization and reiterated the resolve of the Secretariat to ensure a good return on every penny invested.

125. In concluding her address, Dr Moeti thanked the WHO Secretariat and all those who contributed in diverse ways in making the Seventy-first session of the Regional Committee a success. She thanked all delegates and diplomats in Geneva for their role in creating linkages between the global and regional levels. She wished all health professionals success in their efforts to contribute to the improvement of the health of the people of the African Region, and safety in the face of the COVID-19 pandemic. Dr Moeti thanked Dr Tedros Ghebreyesus, the WHO Director-General, for his kind support. She also congratulated Togo on successfully chairing the Seventy-first session of the Regional Committee in 2021 and looked forward to a physical session in Togo for the Seventy-second session in 2022, as decided by the Regional Committee.

Closing remarks by the Chairperson of the Regional Committee

126. In his closing remarks, the Chairperson of the Regional Committee, Professor Moustafa Mijiyawa, the Honourable Minister of Health of the Republic of Togo, on behalf of the Togolese Prime Minister, thanked all participants for their understanding and patience with the new normal of holding the Regional Committee in a virtual format. He thanked the Heads of delegation of Member States for finding the time to join the three-day virtual session despite the challenges imposed by the response to the COVID-19 pandemic. He also thanked the Regional Director and the Secretariat as well as partners, for ensuring the success of the virtual session, during which delegates reflected on major health issues affecting Africa and proposed strategies for improving the health of the people. The Chairperson then declared the Seventy-first session of the Regional Committee closed.

SPECIAL EVENT ON POLIO: UPDATE ON POLIO OUTBREAKS AND POLIO TRANSITION PLANNING IN THE AFRICAN REGION

127. A special session was held with an update about circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks and polio transition planning in the African Region. It was noted that one year ago to

the day, the African Region celebrated the emotional and historic achievement of being certified free of wild poliovirus.

128. Hosted by the WHO Regional Director for Africa, Dr Matshidiso Moeti, the event provided an important opportunity to reiterate commitments to stop the outbreaks by prioritizing them in the midst the COVID-19 pandemic, promptly declaring them as national public health emergencies, improving the quality and speed of the responses and providing operational funds in time. To sustain the gains, there was needed to further strengthen routine immunization and build strong, integrated primary health care systems.

129. It was observed that polio transition planning that aims at sustaining the polio gains and ensuring an integrated approach to broader public health activities was not a new issue as it had been discussed in previous Regional Committees. Member States were alerted that starting from January 2022, the Global Polio Eradication Initiative (GPEI) would shift its focus to fund only the two remaining wild poliovirus-endemic countries and outbreak responses in the African Region. It was therefore imperative that Member States accelerate implementation of their national polio transition plans through financing and mobilization of adequate domestic resources.

130. During the event moderated by Professor Rose Leke, Chairperson of the Africa Regional Certification Commission for Poliomyelitis Eradication, and Dr Djamila Cabral, WHO Representative for Angola, Member States reaffirmed their commitment to stop the outbreaks in a timely manner and advocated for continued financial support to the African Region, including prioritizing it for supply of the novel oral polio vaccine type 2 from the global stockpile to quickly stop all forms of polio. They also committed to mobilizing resources and shared their various country strategies and innovative approaches.

131. Speaking on behalf of global polio partners, Dr Chris Elias, Chairperson of the GPEI Polio Oversight Board, reassured Member States that nOPV2 will continue to be prioritized for the African Region for outbreak responses and the planned synchronized campaign rescheduled for the first half of 2022. He re-emphasized the need to conduct speedy, high-quality outbreak responses with available vaccines.

132. In closing, the Regional Director appealed to Member States to honour their commitments and use all opportunities to mobilize resources for their national polio transition plans. She also urged them to advocate for increased contributions by Member States to WHO so that the base budget can support the integrated activities, beyond GPEI.

133. A scorecard that was relaunched during the session will be used to periodically monitor implementation of Member State commitments and performance.

SPECIAL EVENT ON COVID-19

Session Moderator: Anne Soy, BBC Senior Africa Correspondent

PART I: OPENING SESSION

Session introduction: Professor Moustafa Mijiyawa, Honourable Minister of Health of Togo and Chairperson of the Seventy-first Regional Committee

134. The Honourable Minister of Health of Togo and Chairperson of the Seventy-first Regional Committee welcomed Member States to the event. He stated that the special session would take stock of the African Region's response to the COVID-19 thus far, as the pandemic continued to pummel health systems and with only 2% of the population having been fully vaccinated against the virus. The Chairperson outlined that the session would share approaches in tackling the pandemic and discuss how African countries could learn from COVID-19 to build more sustainable systems to prevent, detect and respond to future health emergencies.

Opening Remarks: Dr Matshidiso Moeti, WHO Regional Director for Africa

135. After welcoming participants, Dr Moeti discussed the impact of COVID-19. While COVID-19 cases and deaths in Africa remained low compared to other continents, she highlighted that several countries were experiencing a resurgence in the Region with significant socioeconomic impacts and limited access to vaccines. She commended the swift action and tough decisions taken by governments and the drive to procure essential supplies using all possible means. The important role played by Africa CDC by linking politics to health action was appreciated as well as the generosity and solidarity of partners in supporting the ACT Accelerator and COVAX Facility. She also recognized the heroic role played by health workers and the contributions of communities, leaders and other members of society to support people in very difficult situations. Dr Moeti also highlighted the importance of multisectoral coordination for health, which is one of the important lessons learnt to date from the COVID-19 response for future health threats.

136. The Regional Director underscored the need to accelerate the vaccine roll-out, ensure people implement preventive measures, and mobilize resources to promote research and innovations through international scientific collaboration, including African traditional medicines and digital technologies. While noting the huge gaps in international solidarity, Dr Moeti invited countries to prioritize the most at-risk populations to be fully vaccinated in order to achieve the greatest impact in curbing transmission. While acknowledging complexities, the Regional Director highlighted the urgent requirement for countries, WHO and partners to plan and support vaccine delivery management. She encouraged all governments to use the costing tools and financing mechanisms available to ensure there are adequate resources for the vaccine roll-out. She also highlighted the need to boost local production of vaccines and essential supplies.

137. Dr Moeti concluded her remarks by thanking participants and encouraging all Member States to continue strengthening their national capacities under the International Health Regulations, to ensure they are functional and scalable when a pandemic occurs. She called for the strengthening of preparedness and response capacities at country level, including ensuring sustainable and predictable financing from domestic budgets.

Keynote Address: Mr Pierre Dimba, Honourable Minister of Health, Côte d'Ivoire

138. The Honourable Minister of Health, representing the President of Côte d'Ivoire, expressed his appreciation to WHO for the support provided to his country and commended the efforts of WHO and partners to make COVID-19 vaccines available to countries. While indicating that Côte d'Ivoire was implementing strategies to increase vaccine uptake, the Minister stressed that access continued to constitute a major challenge. The Minister concluded his remarks by calling for collective efforts and invited Member States to stay vigilant while also building resilient health systems.

PART II: COVID-19 IN THE AFRICAN REGION

Presentation: Dr Abdou Salam Gueye, Regional Emergency Director

139. The Regional Emergency Director presented the COVID-19 situation and response in the African Region. Since the start of the pandemic, the Region had recorded 5.4 million cumulative COVID-19 cases and 130 300 deaths with a case fatality ratio of 2.4%. Dr Gueye highlighted that the northern and southern African subregions have higher attack rates and case fatality ratios. He also pointed out that Africa had experienced three waves thus far, with each new wave more severe than the last. The third wave is characterized by the emergence and spread of variants of international concern (Alpha, Beta, Delta and Gama).

140. The Director elaborated on the status of vaccination, citing low vaccination coverage with four doses administered per 100 population compared to the global coverage of 62 doses. The African Region has administered only 45 million doses of the 4.8 billion doses administered globally. A recent vaccine readiness assessment revealed challenges with intra-action reviews, supervision at the operational level, updating district microplans and pandemic fatigue resulting in poor adherence to public health and social measures.

141. To respond to the pandemic, Member States in collaboration with WHO AFRO and Africa CDC established preparedness and response plans, carried out resource mobilization and built partnerships through various networks and platforms. For capacity building and operations, over 720 experts were deployed, and 1282 staff repurposed. WHO supported health worker training and provided medical supplies and equipment to strengthen case management. Building on genomic sequencing capacity from Ebola, a network of 12 laboratories and a regional centre of excellence had been set up. The laboratories are carrying out genomic surveillance and sequencing for 50 countries. Vaccine roll-out had been initiated in 45 countries with 45 million vaccines administered out of the 66 million doses received.

142. Key challenges in the Region include poor coordination for a multisectoral response, weak health system capacity including gaps in case management and medical supplies, gaps in surveillance data and information management, low vaccination rates and vaccine hesitancy, limited impact of RCCE campaigns and limited funding. It was also noted that some countries were not effectively utilizing available opportunities for funding through multilateral banks and Gavi.

Case Study: Dr Edgar Manuel Azevedo A. das Neves, Honourable Minister of Health, Sao Tome and Principe

143. The Honourable Minister of Health of Sao Tome and Principe shared the country's experience in responding to the COVID-19 pandemic. He described his country's efforts to transform the pandemic into an opportunity for strengthening its health system and improving preparedness to respond to public health emergencies. In addition, the following interventions were showcased: establishment of the Health Emergency Operations Centre; capacity building of health workers; training on Integrated Disease Surveillance and Response (IDSR) and Rapid Response Teams (RRTs); and building laboratory capacity including procuring laboratory equipment and materials. The implementation of the integrated strategy of active case finding had been applied for COVID-19, acute flaccid paralysis (AFP), malaria and unvaccinated children, resulting in improved routine Expanded Programme on Immunization (EPI) vaccine coverage. The close support of partners was decisive in reducing the consequences of the pandemic and pointed to the need for strong coordination, information sharing and awareness-raising. The integrated response supported by WHO and partners, based on intervention pillars, had enabled the country to effectively control the outbreak and further prevent the spread of the disease.

PART III: ADDRESSING THE CHALLENGES

144. Part III of this session was structured into three fireside chats, during which a minister of health was paired with a key partner to dive more deeply into a specific challenge. Each fireside chat was followed by comments, questions and answers.

TOPIC 1: A HOLISTIC PUBLIC HEALTH APPROACH TO CONTROLLING THE THIRD WAVE

Speakers: Dr Guy Patrick Obiang Ndong, Honourable Minister of Health, Gabon; Dr Anthony Fauci, Director, US National Institute of Allergy and Infectious Diseases (NIAID) (pre-recorded)

145. Dr Antony Fauci stated that the main lesson learnt from the COVID-19 pandemic was the need for international cooperation. He noted that sub-Saharan Africa shared a greater portion of the global disease burden and therefore bore a double burden with the COVID-19 pandemic. Investments were required for better prepared health systems.

146. He pointed out that in order to control the pandemic, one of the key interventions is COVID-19 vaccination. The US Government had allocated adequate vaccines and resources to get as many people vaccinated as quickly as possible in the United States. Despite this capacity, 90 million people still are not vaccinated because of vaccine hesitancy and politicization of the COVID-19 response.

147. Dr Fauci emphasized that the US Government recognized the importance of vaccine equity and was making a major investment of donating half a billion vaccines to low- and middle-income countries. Two hundred million doses will be donated by the end of 2021 and a further 300 million in 2022. He underscored that the US still needs to do more, including technology transfer and development of capacity so countries in Africa can produce their own vaccines.

148. The Honourable Minister of Health of Gabon shared various strategies his government was implementing in response to the COVID-19 pandemic. One of the biggest challenges Gabon is facing is access to vaccines. He commended COVAX and US commitments to support African countries with vaccines. However, he pointed out that the application procedures are complicated. He highlighted that while African countries struggle to access vaccines, they also struggle with vaccine hesitancy that has been influenced and worsened by the prevailing infodemic. He called for the easing of COVAX procedures and for support to countries in tackling rumours.

149. On vaccine hesitancy, Dr Fauci emphasized that no one size fits all, noting the importance of understanding the underlying causes of hesitancy. Hesitancy could be due to government mistrust, religious reasons, inadequate information, misinformation, disinformation and more. To address hesitancy, the US had used multiple strategies including bringing vaccination services closer to the people and using trusted messengers at the community level – including clergy, family physicians, athletes and celebrities.

150. Dr Fauci also pointed out that the HIV/TB experience and infrastructure could be leveraged globally in the COVID-19 response, including the PEPFAR infrastructure in Africa.

TOPIC 2: BUILDING COMMUNITY TRUST

Speakers: Dr Henry Mwebesa, Director General of Health Services Uganda; Mr Kojo Boakye, Director of Africa Public Policy, Facebook

151. An overabundance of information, termed infodemic, has been one of the greatest challenges in the COVID-19 response. Discussions focused on how to build trust in communities and online social media platforms. Dr Mwebesa, the representative of the Ugandan Minister of Health, described how his country struggled with vaccine hesitancy when COVID-19 vaccination services were initially introduced. Factors fuelling hesitancy included circulating information on side effects, doubts about vaccine safety due to the short time taken for their development and approval, information from global media on the suspension of use of the AstraZeneca vaccine, and community members negatively influenced by hesitancy among health workers, and misinformation.

152. The Government used various strategies to build trust. For example, leaders were vaccinated in public to promote vaccination, including the President and other political, cultural and religious leaders at various levels. They also used a team of media professionals and gave them a tour of the National Hospital. Following the tour, media personnel opted to get vaccinated and advocated for others to get vaccinated. Village health community resource persons also played an important role in providing information. The second wave has been more serious in Uganda, pushing up demand for vaccines to the extent that demand is now higher than supply.

153. The representative of Facebook underscored that the company's main strength lies in its large number of users. He highlighted the ways in which Facebook had partnered with governments, multilateral institutions and others to take advantage of its large user base to promote access to accurate information about public health. For example, the company had partnered with governments to create links to COVID-19 information centres on Facebook. Facebook developed and launched a survey to gather data on people's experience of COVID-19 and vaccination, which drew responses from 70 million people from 200 countries including in Africa. The information can be used by Member States and others to shape their response. Furthermore, Facebook has established a blood donation service platform in 16 countries to increase blood donations during the COVID-19 pandemic; it is providing advertising credits for health information and is actively removing misinformation. He stressed the commitment of Facebook to work with governments on public health.

TOPIC 3: THE FUTURE OF EMERGENCY RESPONSE

Speakers: Dr Sidi Zahaf, Honourable Minister of Health, Mauritania; Dr John Nkengasong, Director, Africa CDC

154. The director of Africa CDC, Dr John Nkengasong, emphasized that as we look to the future of emergency response, we should be mindful that we have had the pandemic for over a year, beyond its acute phase, and that response activities need to be integrated. He further cautioned that the situation would get tougher before getting easier. In this regard, he raised several key points that needed to be considered for the future of emergency response.

- (a) How do we manage COVID-19 as a programme? Vaccines alone will not get us out of the pandemic.
- (b) Four key areas for local manufacturing of health security commodities are vaccines, therapeutics, diagnostics and medical commodities such as PPE, which are critical for Africa now and in the future. He commended South Africa, Senegal, Rwanda and Morocco for ongoing initiatives towards local manufacturing of vaccines.
- (c) Africa needs to look ahead and focus on what workforce we need for the 21st century. The continent needs to have an elite public health response workforce that will provide local solutions.
- (d) There is a need to carefully consider the appropriate financing for a new architecture for public health emergencies in the Region. There is a need for regional leadership and a regional fund.

Country experience sharing

155. During the question and answer session, Member States appreciated the support received from WHO and commended the WHO Director-General and Regional Director for their efforts. They shared experiences in the coordination of the response, the COVID-19 epidemiological situation in their countries, variants of international concern and experiences with the third wave, vaccination targets, campaigns and coverage. Countries called for vaccine equity and support in addressing gaps in critical care. The following lessons learnt and experiences were shared:

- (a) Using different deployment strategies for different types of vaccines. Examples included: using the J&J vaccine in rural settings since it is single dose and reduces operational costs; using Sinopharm in routine services because it has a long shelf life; and running large-scale campaigns with AstraZeneca;
- (b) Leveraging the pandemic response to build stronger and more resilient health systems including strengthening health infrastructure, the health workforce, laboratory networks, capacity for oxygen delivery and ICU care;
- (c) Using the structures set up for COVID-19 to detect and respond to multiple epidemics including Ebola, Marburg and Lassa fever;
- (d) Several countries had carried out intra-action reviews and noted that they were useful in identifying gaps and shaping the response;
- (e) One Member State shared how vaccination of health workers had significantly reduced COVID-19 infections and deaths among health workers during the third wave.

PART IV: WRAP-UP AND THE WAY FORWARD

156. The event included a musical interlude by Bruno Akani, a Mozambican musician, who composed the song *Standing Still* at the onset of the COVID-19 pandemic and signed an agreement with the WHO Foundation to donate all royalties from his track to the WHO Foundation to support the COVID-19 response. The session was then concluded by the moderator, who expressed her appreciation for the rich and productive discussions of the session.

Briefing session on the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR)

157. The Working Group requested to brief the Regional Committee for Africa on progress made, as part of its commitment to facilitate open and transparent working methods with inclusive participation from Member States. The meeting with the Regional Committee for Africa was the first interaction with a WHO regional committee. The WGPR introduced its bureau which has representation from the six WHO regions with two Co-Chairs. The two Co-Chairs who led the briefing were introduced: Ambassador Grata Edna Werdaningtyas, Deputy Permanent Representative for Indonesia to Geneva Missions and Mr Colin McIff,

Deputy Director, Global Affairs at the US Department of Health and Human Services. In the introduction, it was highlighted that the unprecedented scale of the COVID-19 pandemic underscored the need for fundamental changes in the global architecture for emergency preparedness and response. At WHA74, Member States decided to set up the Working Group through resolution WHA74.4 and decision WHA74(16), tasking it to report to the Seventy-fifth Health Assembly.

158. The Working Group shared its method of work and key expected outputs. The Working Group will hold three meetings; the first was held in mid-July, while the second and third will be two-day meetings scheduled for early September and October respectively. More extensive discussions will be held in the upcoming meetings. The Working Group has the following dual mandate:

- (a) Consider the finding and recommendations of the IPPR, IHR review committee and other relevant WHO reports and submit a report to the Seventy-fifth World Health Assembly that will provide recommendations to the WHO Secretariat, Member States and non-State actors;
- (b) Prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and provide a report to be considered at the special session of the Health Assembly in November.

159. The Co-chairs emphasized that experience sharing from countries would help to shape recommendations. Meanwhile, subgroups will be organized sequentially to enable participation and while they may consult non-State actors, authority rests with the Members States. In conclusion, the members of the WGPR reassured Member States that they were there to listen and reflect their views. Member States were encouraged to read the documents that had been sent to them and visit the platform where they could react to the recommendations that had been made as part of preparations for the upcoming sessions.

160. In concluding the session, Dr Moeti thanked the Working Group for providing the briefing. She expressed the commitment of the WHO Secretariat to support mechanisms to help the two-way flow of information between the Working Group and Member States, and inputs from Member States to the Working Group.

PART III
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.¹

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, as well as nongovernmental organizations 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. For the avoidance of doubt, virtual attendance of representatives of Member States and Associate Members shall be taken into account when calculating the presence of a quorum.

ADDRESSING THE REGIONAL COMMITTEE

4. 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, as well as nongovernmental organizations 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.

5. 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 three minutes in duration in advance of the opening of the session, if possible, by Friday 20 August 2021. Those video statements will be broadcast at the virtual meeting in lieu of a live intervention.

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

- Rule 3 (Credentials);
- 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.

6. Written and video statements, in the language of submission, shall remain posted on the Regional Office website until the adoption of the final report of the Regional Committee, which will reflect the debate in accordance with the usual practice.

7. During the virtual session, 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, as well as nongovernmental organizations shall be provided with the opportunity to take the floor. Statements will be limited to three minutes for Member States and Associate members. Statements by committees of the United Nations and its specialized agencies and other regional international organizations and economic communities and nongovernmental organizations shall be limited to one minute. Any representative wishing to take the floor should signal their wish to speak through the tools made available by the online platform.

COMMITTEES

8. 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

9. Online registration will follow normal practice. Guidance for the online registration is included under the relevant section.

10. 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 2021. 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.

11. The Chairperson of the Regional Committee having assessed, before the opening and during the Seventy-first 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.

MEETINGS

12. 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

13. All decisions of the Regional Committees 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

14. 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.

CONSIDERATION OF INFORMATION DOCUMENTS

15. Information documents will be considered through Written Statements which will be published on the Regional Office website. Written statements on the Information Documents shall be sent electronically to the Secretariat at the following email address afgorcregistration@who.int before the first day of the Regional Committee

FINAL REPORT

16. Following the 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 afgorcregistration@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 Regional Office website.

ANNEX 2

LIST OF PARTICIPANTS

1. REPRESENTATIVES OF MEMBER STATES

ALGERIA

Mr Djamel Fourar
Directeur général de la Prévention et de la
Promotion de la Santé
Ministère de la Santé, de la Population et de la
Réforme Hospitalière
Chef de délégation

Mme Leila Benbernou
Directrice, Direction générale des Services de
Santé et de la Réforme Hospitalière
Ministère de la santé, de la population et de la
Réforme hospitalière

Mr Fawzi Benachenhou
Directeur, Direction générale des Services de
Santé et de la Réforme Hospitalière
Ministère de la santé, de la population et de la
Réforme hospitalière

Mr Youcef Laid
Sous-directeur des Programmes de Vaccination
et de la Promotion de la Santé
Ministère de la santé, de la population et de la
Réforme hospitalière

Mme Djamila Nadir
Sous-directrice des Maladies Non Transmissibles
et de la Lutte contre les Facteurs de Risque
Ministère de la santé, de la population et de la
Réforme hospitalière

Mme Nadia Djeraoune
Sous-directrice, Direction de la Population
Ministère de la santé, de la population et de la
Réforme hospitalière

Mr Hichem Ayadat
Attaché des Affaires étrangères
Mission permanent de l'Algérie à Genève

ANGOLA

Dra Silvia Paula Valentim Lutucuta
Ministra da Saúde
Ministério da Saúde
Head of delegation

BENIN

M. Benjamin I.B. Hounkpatin
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Mr Ali Imorou Bah Chabi
Secrétaire général
Ministère de la Santé

Mme Françoise Sibylle Assavedo
Conseiller Technique à la Médecine Hospitalière
Ministère de la Santé

BOTSWANA

Dr Edwin Dikoloti
Minister of Health and Wellness
Ministry of Health and Wellness
Head of delegation

Ms Grace Muzila
Permanent Secretary
Ministry of Health and Wellness

Mr Moses Kagiso Keetile
Deputy Permanent Secretary
Ministry of Health and Wellness

Dr Malebogo Keabonye
Senior Consultant
Ministry of Health and Wellness

Dr Boitumelo Tau
Health Attaché
Botswana Permanent Mission in Geneva

Ms Judith Nawa
Deputy Director
Ministry of Health and Wellness

BURKINA FASO

Professor Charlemagne Marie Ragnag-Néwendé
Ouedraogo
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Dr Emmanuel Seini
Directeur général de la Santé Publique
Ministère de la Santé

Dr Seydou Ouattara
Directeur de la protection de la santé de la
population
Ministère de la Santé

Dr Issa Ouedraogo
Directeur de la prévention par les vaccinations
Ministère de la Santé

Dr Brice Bicaba
Directeur du Centre des Opérations de réponse
aux urgences sanitaires
Ministère de la Santé

Dr Emmanuelle Zouré
Directrice de la prévention et du contrôle des
maladies non transmissibles
Ministère de la Santé

Dr Boukary Ouedraogo
Directeur des systèmes d'information en santé
Ministère de la Santé

Mme Wendegoudi Jacqueline Ouedraogo
Premier Conseiller à la Mission permanente du
Burkina Faso à Genève
Mission permanente du Burkina Faso à Genève

BURUNDI

Dr Jean Baptiste Nzorironkankuze
Secrétaire permanent
Ministère de la Santé Publique et de la Lutte
contre le Sida
Chef de délégation

Dr Chloé Ndayikunda
Directeur général des Services de Santé et de la
Lutte contre le Sida
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Aimé Ndayizeye
Directeur du Programme Nationale de Lutte
contre le Sida et le IST
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Herménégilde Nzimenya
Directeur du Programme National de Lutte contre
la Tuberculose
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Olivier Nijimbere
Directeur du Programme Elargi de Vaccination
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Ananie Ndacayisaba
Directeur du Programme National de la
Reproduction
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Jean Claude Bizimana
Directeur du Centre des Opérations d'Urgence
en Santé Publique
Ministère de la Santé Publique et de la Lutte
contre le Sida

Dr Olivier Musoni
Directeur du Programme de Gestion de
l'Informatique du Système de Santé
Ministère de la Santé Publique et de la Lutte
contre le Sida

CABO VERDE

Mr Arlindo do Rosário
Ministre de la Santé
Ministério da Saúde e da Segurança Social
Chef de délégation

Mr Jorge Noel Barreto
Directeur National de la Santé
Ministério da Saúde e da Segurança Social

Dr Maria da Luz Lima Mendonça
Président de l'Institut National de Santé Publique
Ministério da Saúde e Segurança Social

CAMEROON

Dr Malachie Manaouda
Ministre de la Santé Publique
Ministère de la Santé Publique
Chef de délégation

Dr Georges Alain Etoundi Mballa
Directeur de la lutte contre la maladie, les
épidémies et les pandémies
Ministère de la Santé Publique

Dr Bachir Hassan Ben
Chef de Division de la Coopération
Ministère de la Santé Publique

CENTRAL AFRICAN REPUBLIC

Dr Pierre Somse
Ministre de la Santé et de la Population
Ministère de la Santé et de la Population
Chef de délégation

Dr Marcel Mbeko Simaleko
Chargé de Mission en matière de suivi de la
politique des Stratégies et de Coopération
Ministère de la Santé et de la Population

Dr Noelly Donon Douma
Directrice Générale de la Recherche,
des Etudes et de la Planification
Ministère de la Santé et de la Population

CHAD

Dr Abdoulaye Sabre Fadoul
Ministre de la Santé Publique et de la Solidarité
Nationale
Ministère de la Santé Publique et de la Solidarité
Nationale
Chef de délégation

Dr Djiddi Ali Sougoudi
Secrétaire d'Etat à la Santé Publique et à la
Solidarité Nationale

Dr Chérif Baharadine
Président du Sous-Comité du Programme
Ministère de la Santé Publique et de la Solidarité
Nationale

COMOROS

Mme Loub-Yakouti Attoumamne
Ministre de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre
Chef de délégation

Dr Aboubacar Said Anli
Directeur Général de la Santé
Ministère de la Santé, de la Solidarité, de la
Protection Sociale et de la Promotion du Genre

Dr Ahamada Said Fazul
Directeur Général de l'ANAMEV
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre

Mr Nadjime-Dine Youssouf M'Bechezi
Conseiller Technique
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre

Dr Soulaïmana Youssouf
Directeur de la Lutte contre le Sida
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre

CONGO

Mr Gilbert Mokoki
Ministre de la Santé et de la Population
Ministère de la santé et de la Population
Chef de délégation

Dr Paul Oyere Moke
Directeur général de la Population
Ministère de la Santé et de la Population

Mr Jule César Botokou
Ministre Conseiller à la Mission permanente du
Congo à Genève

Dr Ludovic Anselme Gnekoumou Libaba
Conseiller technique
Ministère de la santé et de la Population

Dr Jovial Oba
Conseiller à la Population
Ministère de la Santé et de la Population

Mr Saturnin Brice Rich Massana
Directeur des Etudes et de la Planification
Ministère de la Santé et de la Population

Mr Fred Ngakeni Ikia Oboyo
Directeur des Technologies de l'Information et de
la Communication
Ministère de la Santé et de la Population

Mr Euloge Bofoko Ndossa
Attaché Technique
Ministère de la Santé et de la Population

CÔTE D'IVOIRE

Mr Evariste Koffi Yapi
Ambassadeur de Côte d'Ivoire en Ethiopie
Ambassade de Côte d'Ivoire en Ethiopie

Pr Samba Mamadou
Directeur général de la santé
Ministère de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle

Pr Kouadio Daniel Ekra
Directeur Coordonnateur du Programme Elargi
de Vaccination

Mr Bi Zah Patrice Gohi
Conseiller à la Mission Permanente de la
République de Côte d'Ivoire à Genève

DEMOCRATIC REPUBLIC OF THE CONGO

Mr Pierre Lokadi Otete Opetha
Secrétaire général à la Santé Publique
Ministère de la Santé Publique, Hygiène et
Prévention

Mr Thomas Kataba Ndireyata
Directeur de la Direction d'Etudes et Planification
Ministère de la Santé Publique, Hygiène et
Prévention

Mme Elisabeth Mukamba Musenga
Directeur du Programme Elargi de Vaccination
Ministère de la Santé Publique, Hygiène et
Prévention

Mr Paul Pilipili Hangi
Expert Economiste de la Santé DEP
Ministère de la Santé Publique, Hygiène et
Prévention

Ms Anne Marie Tumba Benabiabu
Directrice du Programme National de la Santé de
la Reproduction
Ministère de la Santé Publique, Hygiène et
Prévention

Mr Aimé Lukusa Mwindilay
Expert en Santé Publique à la Direction d'Etudes
et de la Planification
Ministère de la Santé Publique, Hygiène et
Prévention

EQUATORIAL GUINEA

Dr Nsue Milang Diosdado Vicente
Ministro de Sanidad y Bienestar Social
Ministerio de Sanidad y Bienestar Social
Jefe de delegación

Mr Juan Jose Owono
Director General de Coordinacion Hospitalaria y
Enfermedades cronicas
Ministerio de Sanidad y Bienestar Social

Dr Florentino Abaga Ondo Ndoho
Director General de Salud Pública, Prevención
Sanitaria, medicina Tradicional y Natural
Ministerio de Sanidad y Bienestar Social

Mrs Natalia-Josefa Sipi Saka
Jefa de Sección de la Dirección General de
Salud Pública
Ministerio de Sanidad y Bienestar Social

Mr José Osa Osa Mifumu
Jefe de Servicio del Sistema Nacional de
Información Sanitaria (SIS)
Ministerio de Sanidad y Bienestar Social

ERITREA

Dr Anderbrhan Tesfasion Woldendrias
Acting Director General, Department of Public
Health
Minister of Health
Head of delegation

ESWATINI

Ms Bawelile Philomena Simelane
First Secretary/Focal Point
Eswatini Permanent Mission in Geneva

ETHIOPIA

Dr Lia Tadesse Gebremedhin
Minister of Health
Federal Ministry of Health
Head of delegation

Dr Dereje Duguma Gameda
State Minister of Health
Federal Ministry of Health

Mrs Alemtsehay Paulos Atimo
State Minister of Health
Federal Ministry of Health

Dr Ruth Nigatu Belachew
Chief of Staff, Office of the Minister of Health
Federal Ministry of Health

Dr Getachew Tollera Eticha
Deputy Director General, Ethiopian Public Health
Institute
Federal Ministry of Health

Mr Naod Wendrad Abera
Director, Policy, Plan, M&E
Directorate of the Federal Ministry of Health

Mrs Hiwot Solomon Taffese
Director, Disease Prevention and Control
Directorate of the Federal Ministry of Health

Dr Meseret Zelalem Tadesse
Director, Maternal and Child Health
Directorate of the Federal Ministry of Health

Mr Abas Hassen Yesuf
Director, Clinical Service
Directorate of the Federal Ministry of Health

Mr Gemechis Melkamu Gebena
Director, Health Information Technology
Directorate of the Federal Ministry of Health

Mrs Biruk Abate Halallo
Health Attaché
Permanent Mission of Ethiopia in Geneva

Dr Munir Kassa Eshetu
Senior Technical Advisor, Office of the Minister of Health
Federal Ministry of Health

Dr Mizan Kiros Mirutse
Senior Health Financing Advisor to the Minister of Health
Federal Ministry of Health

GABON

Dr Guy Patrick Obiang Ndong
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Dr Marcia Angue
Conseiller Technique
Ministère de la Santé

GAMBIA

Dr Ahmadou Lamin Samateh
Minister of Health
Ministry of Health
Head of delegation

Muhammadou L. Jaiteh
Permanent Secretary I
Ministry of Health

Dr Mustapha Bittaye
Director of Health Services
Ministry of Health

Momodou T. Nyassi
Deputy Director of Health Services
Ministry of Health

Buba Manjang
Director of Public Health
Ministry of Health

Omar Manjang
Director of Nursing and Midwifery
Ministry of Health

Fanta Bai-Secka
Deputy Permanent Secretary
Ministry of Health

Momodou M. Mbenga
Assistant Secretary
Ministry of Health

GHANA

Dr Patrick Kuma-Aboagye
Director General, Ghana Health Service
Ministry of Health

Mr Kwabena Boadu Oku-Afari
Chief Director
Ministry of Health

Dr Martha Gyansa-Lutterodt
Director, Technical Coordination
Ministry of Health

Dr Emmanuel Andrah Odame
Director of Policy Planning
Ministry of Health

Mr Yakubu Iddrisu
Minister-Counsellor for Global Health
Ghana Permanent Mission in Geneva

Ms Rahilu Haruna
WHO Desk Officer
Ministry of Health

Ms Linda Lariba Nanbigne
Personal Assistant to the Minister of Health
Ministry of Health

Dr Franklin Asiedu-Bekoe
Director of Public Health, Ghana Health Service

GUINEA

Médecin Colonel Rémy LAMAH
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Dr Mohamed Lamine Yansané
Conseiller Principal
Ministère de la Santé

Dr Bachir Kanté
Conseiller chargé de mission
Ministère de la Santé

GUINEA-BISSAU

Mr Mamadú M. Baldé
Director Geral da Administração do Sistema da
Saúde
Ministério da Saúde Pública
Head of delegation

Dr Aladje Baldé
Presidente do Instituto Nacional de Saúde
Pública
Ministério da Saúde Pública

KENYA

Mr Sen. Mutahi Kagwe
Cabinet Secretary
Ministry of Health
Head of delegation

Dr Patrick Amoth
Ag Director General for Health
Ministry of Health

Dr Joseph Lenai
Ag. Director of Health Sector Coordination and
Intergovernmental Affairs
Ministry of Health

Dr Francis Kuria
Ag. Director of Public Health
Ministry of Health

Dr Andrew Mulwa
Ag. Director of Preventive and Promotive Health
Services
Ministry of Health

Dr Charles Nzioka
Ag. Director of Health Policy, Research and M&E
Ministry of Health

Dr Daniel Langat
Had, Disease Surveillance and Epidemic
Response
Ministry of Health

Dr Isabel Maina
Head, Division of Health Financing
Ministry of Health

Dr Peace Mutuma
Health Attaché
Kenyan Permanent Mission in Geneva

Dr Grace Ikahu
International Health Relations
Ministry of Health

LESOTHO

Dr Letsie Nyane
Director General of Health Services

Ms Mashoai Palesa
Acting Director of Health Planning and Statistics

LIBERIA

Dr Wilhemina S. Jallah
Minister of Health and Social Welfare
Ministry of Health and Social Welfare
Head of delegation

Mr Paul Wolokollie Tate
Chargé d'Affaires/Head of Mission
Permanent Mission of Liberia in Geneva

MADAGASCAR

Pr Arivelo Randriamanantany Zely
Ministre de la Santé Publique
Ministère de la Santé Publique
Chef de délégation

Mr Fidiniaina mamy Randriatsarafara
Directeur général de la Médecine Préventive
Ministère de la Santé Publique

Mr Dominique Claude Rabeherifara
Conseiller
Mission permanente de Madagascar à Genève

MALAWI

Hon. Khumbize Kandodo Chiponda
Minister of Health and Population
Ministry of Health and Population
Head of delegation

Hon. Chrissie Kalamula Kanyasho
Deputy Minister of Health and Population
Ministry of Health and Population

Dr Charles Mwansambo
Secretary for Health
Ministry of Health and Population

Dr Queen Dube
Chief of Health Services
Ministry of Health and Population

Dr Storn Binton Kabuluzi
Director of Preventive Health Services
Ministry of Health and Population

Dr Jones Kaponda Masiye
Deputy Director of Clinical Services for non-Communicable Diseases and Mental Health
Ministry of Health and Population

MALI

Mme Diéminatou Sangaré
Ministre de la Santé et du Développement Social
Ministère de la Santé et du Développement
Sociale
Chef de délégation

Dr Youma Sall
Conseiller Technique Santé Publique
Ministère de la Santé et du Développement
Sociale

Dr Moussa Kamissoko
Directeur de la Cellule de Planification et de
Statistiques
Ministère de la Santé et du Développement
Sociale

Colonel Boubacar Ouologuem
Directeur des Finances et du matériel
Ministère de la Santé et du Développement
Sociale

Mr Ousmane Fomba
Directeur général de l'ANTIM
Ministère de la Santé et du Développement
Sociale

Mr Mory Coulibaly
Conseiller en charge des questions de santé
Mission permanente du Mali à Genève

MAURITANIA

Dr Sidi Mohamed Lemine Zahaf
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Dr Ba Halima Yaya
Secrétaire générale
Ministère de la Santé

Professor Cheikh Baye Mkheitiratt
Chargé de mission
Ministère de la Santé

Mr Maham Babou Bouna Kotob
Chargé de mission
Ministère de la Santé

Dr Diop Cheikh Oumar
Coordinateur de la Cellule de Planification et de
la Coopération
Ministère de la Santé

MAURITIUS

Dr Ashwamedsing Dinassing
Director Health services (Temporary)
Ministry of Health and Wellness
Head of delegation

Mrs Hema Bhunjun-Kassee
Leade Analyst (Acting)
Ministry of Health and Wellness

MOZAMBIQUE

Mr Daniel Armindo Tiago
Minister of Health
Ministry of Health
Head of delegation

Mrs Maria Benigna Matsinhe
Deputy National Director for Public Health
Ministry of Health

Dr Francelina Romão
Health Advisor
Permanent Mission of Mozambique in Geneva

NAMIBIA

Dr Kalumbi Shangula
Minister of Health and Social Services
Ministry of Health and Social Services
Head of delegation

Ms Petronella Masabane
Deputy executive Director
Ministry of Health and Social Services

Ms Shoopala Naemi
Director
Ministry of Health and Social Services

Mr Nicholus Mutenda
Acting Director
Ministry of Health and Social Services

Ms Juliet Karirao
Control Health Programme Officer
Ministry of Health and Social Services

Dr Theo-Ben Kandetu
Minister Counsellor on Health
Permanent Mission of Namibia in Geneva

NIGER

Dr Idi Illiassou Mainassara
Ministre de la Santé Publique
Ministère de la Santé Publique, de la Population
et des Affaires Sociales
Chef de délégation

Dr Daouda Saley
Directeur général de la Santé
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

Dr Amadou Moustapha
Directeur de la Surveillance et de la Riposte
contre les Epidémies
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

Dr Barira Dan Nouhou
Directrice de la Pharmacie et de la Médecine
Traditionnelle
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

Dr Soumana Alphazazi
Coordonnateur du Programme National de Lutte
contre la Tuberculose
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

Dr Amadou Nouhou Diallo
Coordonnateur du Programme National de Lutte
contre le Sida et les Hépatites
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

Dr Harouna Aida Mounkaila
Directrice des Statistiques
Ministère de la Santé Publique, de la Population
et des Affaires Sociales

NIGERIA

Mr Emmanuel Osagie Ehanire
Minister of Health
Federal Ministry of Health
Head of delegation

Omobolanle Olowu
Director, Special Project
Federal Ministry of Health

Obi Adigwe
Director General, National Institute of
Pharmaceutical Research and Development
Federal Ministry of Health

Mr Musa O. Ibrahim
Head International Cooperation
Federal Ministry of Health

Dr Ada Okonkwo
Head, Policy and Plan
Federal Ministry of Health

Mr Olufunmilola J. Alaka
Chief Populaton Programme Offier
Federal Ministry of Health

RWANDA

Dr Daniel Mandandi Ngamije
Minister of Health
Ministry of Health
Head of delegation

Dr Theophile Dushime
Chief Technical Advisor
Ministry of Health

Dr Corneille Killy Ntihakose
Head of Clinical and Public Health Department
Ministry of Health

Dr Albert Tuyishime
Head of Institute of HIV/AIDS Disease Prevention
and Control
Department/Rwanda Biomedical Center

SAO TOME AND PRINCIPE

Dr Edgar Manuel Azevedo Agostinho das Neves
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Dr Carlos Alberto Bandeira d'Almeida
Directeur du Centre National d'Endémie
Ministère de la Santé

SENEGAL

Mr Sarr Abdoulaye Diouf
Ministre de la Santé et de l'Action Sociale
Ministère de la Santé et de l'Action Sociale
Chef de délégation

Dr Babacar Gueye
Directeur de la Lutte contre la Maladie
Ministère de la Santé et de l'Action Sociale

Dr Youssoupha Ndiaye
Directeur de la Planification, de la Recherche et
des Statistiques
Ministère de la Santé et de l'Action Sociale

Dr Alioune Badara Ly
Directeur du Centre des Opérations d'Urgence
Sanitaire
Ministère de la Santé et de l'Action Sociale

Mr François Michele Moundor Diene
Premier Conseiller
Mission permanente du Sénégal à Genève

Dr Ibrahima Khaliloulah Dia
Coordonnateur de la Santé Digitale
Ministère de la Santé et de l'Action Sociale

SEYCHELLES

Mrs Peggy Vidot
Minister of Health
Ministry of Health
Head of delegation

Dr Jude Gedeon
Public Health Commissioner
Ministry of Health

Dr Danny Louange
Chief Executive Officer, Health Care Agency
Ministry of Health

Dr Agnes Chetty
Director General of Health, Policy Development
Ministry of Health

Dr Susan Fock-Tave
Chief Medical Officer
Ministry of Health

SIERRA LEONE

Dr Austin Demby
Minister of Health and Sanitation
Ministry of Health and Sanitation
Head of delegation

Dr Francis Smart
Director, Policy Planning and Information
Ministry of Health and Sanitation

Dr Santigie Sesay
Director Mental Health and Non-communicable
Disease
Ministry of Health and Sanitation

Dr Lynda Foray
Manager, Tuberculosis
Ministry of Health and Sanitation

SOUTH AFRICA

Dr Joseph Mathume Phaahla
Minister of Health
Ministry of Health
Head of Delegation

Dr Maxwelle Sibongiseni Dhlomo
Deputy Minister of Health
Ministry of Health

Dr Sandile Buthelezi
Director-General: Health
Ministry of Health

Dr Thamizhanban Pillay
Deputy Director-General, Health Regulations and
Compliance
Ministry of Health

Dr Nonhlanhla Makanya
Chief Nursing Officer
Ministry of Health

Ms Aneliswa Priscilla Revival Cele
Acting Deputy Director-General: Primary Health
Care
Ministry of Health

Dr Lesley Bramford
Acting Chief Director: Child Youth School Health
Ministry of Health

Dr Manala Makua
Chief Director: Maternal Health
Ministry of Health

Ms Tsakani Grissel Mnisi
Director: International Health Liaison
Ministry of Health

Ms Sandhya Singh
Director: Communicable Diseases
Ministry of Health

SOUTH SUDAN

Dr John Pasquale Rumunu
Director General for Preventive Health and
Acting Incident Manager

TOGO

Mme Victoire Tomegah-Dogbe
Premier Ministre

Professor Moustafa Mijiyawa
Ministre de la Santé, de l'Hygiène publique et de
l'Accès Universel aux Soins
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins
Chef de délégation

Mr Yackoley Kokou Johnson
Ambassadeur et Représentant permanent
Mission permanente du Togo à Genève

Dr Afèignindou Gnassingbe
Ministre Conseiller
Mission permanente du Togo à Genève

Dr Kokou Wotobe
Secrétaire général
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

Pr Ahoefa Vovor
Directrice générale des Etudes, de la
Planification et de l'Information Sanitaire
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

Dr Essotoma Beweli
Directeur général de l'Action Sanitaire
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

Mr Kaledjora Banassim
Conseiller en Communication
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

Dr Mahamouda Teouri
Directeur du Système National d'Information
Sanitaire et de l'Informatique par intérim
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

Mr Bouzoum Kawele
Chef de Division Programmation et Coopération
Ministère de la santé, de l'Hygiène publique et de
l'Accès Universel aux Soins

UGANDA

Ms Eunice Kigenyi
Deputy Permanent Representative
Permanent Mission of Uganda in Geneva

Dr Henry Gatyang Mwebesa
Director General of Health Services
Ministry of Health

Dr Joseph Okware
Director, Health Governance and Regulation
Ministry of Health

Dr Sarah K. Byakika
Commissioner Health Services (Financing,
Planning and Policy)
Ministry of Health

Dr Jesca S. Nsungwa
Commissioner Health Services (Reproductive
and Child Health)
Ministry of Health

Dr Timothy Musila
Assistant Commissioner Health Services (Private
Sector Coordination)
Ministry of Health

UNITED REPUBLIC OF TANZANIA

Dr Leonard Subi
Director of Prevention Services
Ministry for Health, Community Development,
Gender, Elderly and Children

Comm. Ndaki Shilungu
Director of Social Development
Ministry of Health, Community Development,
Gender, Elderly and Children

Dr Ntuli Kapologwe
Director of Health, Social Welfare and Nutrition
President's Office Regional Administration
and Local Government

Mr James Charles Kiologwe
Assistant Director NCD
Ministry for Health, Community Development,
Gender, Elderly and Children

Dr Beatrice Mutayoba
Manager of HIV/AIDS
Ministry for Health, Community Development,
Gender, Elderly and Children

Dr Azma Simba
Acting Assistant Director Epidemiology and
Disease Control
Ministry for Health, Community Development,
Gender, Elderly and Children

Dr Vida Mmbaga
Coordinator-Influenza Project
Ministry for Health, Community Development,
Gender, Elderly and Children

Ms Asha Khamis Ussi
Head of Epidemiology
Ministry of Health, Zanzibar

Dr Witness Mchwampaka
Member of IHR NFP
Ministry for Health, Community Development,
Gender, Elderly and Children

Dr Catherine Joachim
Coordinator of SDGS Issues
Ministry for Health, Community Development,
Gender, Elderly and Children

Ms Neema Camara
Coordinator of IHR 2005 and WHAWHO RC
Resolutions
Ministry for Health, Community Development,
Gender, Elderly and Children

Ms Neema Manongi
First Secretary
Permanent Representative of the United
Republic of Tanzania in Geneva

ZAMBIA

Dr Kennedy Malama
Permanent Secretary
Ministry of Health
Head of delegation

Dr Francis Bwalya
Counsellor-Health
Permanent Mission of the Republic of Zambia to
UNOG, Geneva

Dr Andrew Silumesii
Director Public Health
Ministry of Health

Mr Henry Kansembe
Director-Policy and Planning
Ministry of Health

Dr Abel Nketani Kabalo
Director-Health Promotion, Environment and
Social Determinants
Ministry of Health

Dr Patricia Mupeta Bobo
Assistant Director Child Health and Nutrition
Ministry of Health

Dr Tina Chisenga
Assistant Director-Infectious Diseases
Ministry of Health

Dr Richard Nsakanya
Assistant Director-Clinical Care and Diagnostics
Ministry of Health

Dr Aaron Lunda Shibemba
National Coordinator-Laboratory Services
Ministry of Health

Dr Godfrey Biemba
Director-National Health Research Authority
Ministry of Health

Mr Patrick Banda
Assistant Director-Policy and Planning
Ministry of Health

Mr Paul Chishimba
Assistant Director M&E
Ministry of Health

Ms Anne Chafwa Mwiche
Chief Planner-Development Cooperation
Ministry of Health

Mr Liswaniso Liswaniso
Senior ICT Officer
Ministry of Health

Dr Namasiku Siyumwa
National NTD/NCD Manager
Ministry of Health

Dr Francis Dien Mwansa
National EPI Manager
Ministry of Health

Ms Mazaba Mazyanga Liwewe
Head Communication and Research, National
Public Health Institute
Ministry of Health

ZIMBABWE

Dr Jasper Chimedza
Permanent Secretary for Health and Child Care
Ministry of Health and Child Care
Dr Stephen Banda
Director-Policy and Planning
Ministry of Health and Child Care

Dr Wenceslas Nyamayaro
Acting Chief Director-Preventive services
Ministry of Health and Child Care

Dr Simukai T. Zizhou
Director-Electronic Health Records
Ministry of Health and Child Care

Dr Rugare Abigail Kangwende
Director-Monitoring and Evaluation
Ministry of Health and Child Care

Dr Owen Mugurungi
Director-Aids and TB
Ministry of Health and Child Care

Dr Isaac Phiri
Acting Deputy Director-Epidemiology, Disease
and Control
Ministry of Health and Child Care

2. MEMBER STATES FROM OTHER REGIONS

GERMANY

Mr Björn Kümmel
Chair of the Member State Working Group on
Sustainable Financing
Federal Ministry of Health

INDONESIA

Grata Werdaningtyas
Chargé d'affaires a.i
Permanent Mission of Indonesia in Geneva

Mrs Hasan Meutia Hasniatiningsih
First Secretary
Permanent Mission of Indonesia in Geneva

KUWAIT

Mr Ahmed B. Al-Sabah
First Specialist Economist
Kuwait Fund

NORWAY

Mr Bordvik Kjetil
Senior Adviser, Department of Health, Education
and Human Rights-
Section for Global Health
NORAD

SWEDEN

Gorka Fagilde
Regional Advisor Health Systems and SRHR
Embassy of Sweden in South Africa

Francis Mangani
Regional Advisor
Regional SRHR Team
Embassy of Sweden in Zambia

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Mr Sam Beckwith
UK Embassy to DRC

UNITED STATES OF AMERICA

USA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

Dr Samuel Adeniyi-Jones
Director, Africa Regional Office

Dr Elana Clarke
Senior Global Health Officer

Colin Mciff
Deputy Director of the Office of Global Affairs

Ms Sarah Emami
Senior Global Health Officer

Dr Sophia Siddiqui
Health Attaché and HHS Representative in
Southern Africa

Ms Adaugo Mbagwu-Mahlik
Global Health Analyst

USA CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Dr John Vertefeuille
Polio Eradication Chief

Ms Elisabeth Bell
Public Health Advisor

USAID

Cathy Nguyen
Infectious Disease Advisor

Hortense Me
Senior Health Advisor

3. NON-MEMBER STATE OBSERVERS

HOLY SEE

Charles Namugera
Official
Dicastery for Promoting Integral Human Development

4. UNITED NATIONS AND OTHER INTERGOVERNMENTAL ORGANIZATIONS

THE AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION (AFRICA CDC)

Dr John Nkengasong
Director

Ms Akhona Tshangela
Acting Principle Program Officer in the Office of the Director of the Africa CDC

AFRICAN DEVELOPMENT BANK (AfDB)

Mr Wilfrid Abiola
Country Manager in Togo

AFRICAN UNION COMMISSION (AUC)

Dr Margaret Agama Anyetei
Ag Director, Health and Humanitarian Affairs Directorate
Health, Humanitarian Affairs and Social Development

Dr Sheila Shawa
Senior Program Officer
Division of Health Systems, Diseases and Nutrition
Health and Humanitarian Affairs Directorate
Health, Humanitarian Affairs and Social Development

Dr Benjamin Djoudalbaye
Head of Policy and Health Diplomacy

AFRICAN LEADERS MALARIA ALLIANCE (ALMA)

Mrs Joy Phumaphi
Executive Secretary

ECSA-HEALTH COMMUNITY

Mr Sibusiso Sibandze
Director of Operations and Institutional Development

EUROPEAN COMMISSION (EU)

Dr Canice Nolan
Minister Counselor-Health and food safety

GAVI, THE VACCINE ALLIANCE

Mr Thabani Maphosa
Managing Director, Country Programmes

Mr Charlie Whetham
Regional Head, Anglophone Africa

Dr Marthe Sylvie Essengue Elouma
Regional Head, Francophone Africa

Ms Cassandra Quintanilla
Senior Programme Manager

Dr Simbarashe Mabaya
Senior Technical Advisor, Primary Health Care

Mr Yann Folly
Senior Programme Manager

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Dr Petr Alexander Sands
Executive Director

INTERNATIONAL TELECOMMUNICATION UNION (ITU)

Mr Andrew Rugege
Regional Director for Africa

INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

Pr Shaukat Abdulrazak
Director, Division for Africa, Department of Technical Cooperation

Ms Lisa Stevens
Director, Programme of Action for Cancer Therapy

Ms Kirsten Hopkins
Radiation Oncologist

Dr Cornelia Loechl
Section Head in Nutritional and Health-related Environmental Studies Section

Dr Miriam Mikhail Lette
Diagnostic Radiologist

Ms Valentina Varbanova
Programme Management Officer

ORGANISATION INTERNATIONALE DES EPIZOOTIES (OIE)

Dr Chadia Wannous
Regional One Health Officer

Dr Thomas Dulu
Programme Officer

ORGANISATION DE COORDINATION POUR LA LUTTE CONTRE LES ENDEMIES EN AFRIQUE CENTRALE (OCEAC)

Dr Manuel - Nso Obiang Ada
Secrétaire Exécutif

Dr Herman Awono Ambene
Direction des Programmes et Recherche

Dr Nicolas Felicien Dologuele
Directeur des Programmes et de la Recherche

ORGANISATION AFRICAINE DE LA PROPRIETE INTELLECTUELLE (OAPI)

Mr Jean-Baptiste Noël Wago
Directeur Général Adjoint

Mme Solange Dao Sanon
Chef du service droit d'auteur et Gestion collective chargée du suivi des questions émergentes

Mr Guy Francis Boussafou
Directeur des Brevets et autres créations techniques

SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)

Dr Nchabi Kamwi
SADC E8 Ambassador
RBM Partnership to End Malaria Board Member

UNAIDS

Mr Mamadou Sakho
Regional Adviser/UNAIDS/RST/WCA

UNITED NATIONS ENVIRONMENT PROGRAMME (UNEP)

Mr David Ombisi
Programme Officer

UNITED NATIONS POPULATION FUND (UNFPA)

Mr Mabingue Ngom
Regional Director, WCARO

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Dr Aboubacar Kampo
Director of Health

**UNION ECONOMIQUE ET MONETAIRE
OUEST- AFRICAINE (UEMOA)**

Dr Mahamane Hamidine
Directeur de la Sante et de la Protection Sociale

Mr Mamadu Serifo Jaquite
Commissaire chargé du département du
développement humain

**WEST AFRICAN HEALTH ORGANISATION
(WAHO)**

Mr Okolo Stanley
Director General

**5. NON-STATE ACTORS AND
OTHER INVITED PARTNERS**

**AFRICA CENTRE FOR HEALTH POLICY
(ACHP)**

Mr Ahmed Farhan Abubakr
Executive Director

**AFRICA HEALTH RESEARCH
ORGANIZATION (AHRO)**

Dr Abubakar Yaro
CEO and Chair, Board of experts

**ASSOCIATION AFRICAINE DES
CENTRALES D'ACHATS DE MEDICAMENTS
ESSENTIELS (ACAME)**

Mr Aser Minoungou
Coordinator

**BILL AND MELINDA GATES FOUNDATION
(BMGF)**

Dr Christopher Elias
President, Global Development Program

Dr Steve Landry
Director Multilateral Partnerships

Dr Kamel Senouci
Deputy Director, Polio
Mr Thomas Hurley
Deputy Director, Multilateral Partnerships

BRAC INTERNATIONAL

Ms Nelly Enwerem-Bromson
Senior Director, Programme Development,
Mobilization and Learning

Ms Ruth Okowa
Regional Director for Africa

CATEL

Dr Pierre Traineau
Directeur général

DAI GLOBAL HEALTH

Dr Jeffrey Mecaskey
Team Leader

Dr Salif Samake
Technical Lead, Governance and Accountability

Dr Omer Njajou
Technical Lead, International Health Regulations

DANGOTE FOUNDATION

Mr Ahmed Iya
Head of Community Engagement/Polio Project

**EUROPEAN AND DEVELOPING
COUNTRIES CLINICAL TRIALS
PARTNERSHIP (EDCTP)**

Dr Leonardo Simaõ
High Representative for Africa

Pr Moses Bockarie
Director of International Cooperation (Africa) and
Head of Africa Office

Dr Thomas Nyirenda
Strategic Partnerships and Capacity
Development Manager

**FEDERATION OF AFRICAN MEDICAL
STUDENTS ASSOCIATIONS (FAMSA)**

Mr Philemon Kojo-Woode
President
Mr Ayodeji Ogunleye
Vice Regional Coordinator for External Affairs

Dr Emma Nalianya
Ex-official

HANDICAP INTERNATIONAL

Dr Cyrille Dayambo
Coordinateur Santé

HELPAGE INTERNATIONAL AFRICA

Mrs Carole Ageng'o
Regional Representative

**INTERNATIONAL ALLIANCE OF PATIENTS
ORGANIZATIONS (IAPO)**

Mr Kawaldip Sehmi
Chief Executive Officer

Mr Ellos Lodzeni
Hon. Treasurer Governing Board

Mrs Bisi Bright
Committee Member

**INTERNATIONAL FEDERATION OF
MEDICAL STUDENTS ASSOCIATIONS
(IFMSA)**

Dr Joël Béni-Victoire Anani
Medical Doctor

Ms Ekene Nnagha

Mr Armand Sallah
Medical Student

**INTERNATIONAL FEDERATION OF
PHARMACEUTICAL MANUFACTURERS
AND ASSOCIATIONS (IFPMA)**

Ms Belinda Bhoodoo
IFPMA Africa Engagement Committee

Mr Charles Kwanin
Africa Engagement

**INTERNATIONAL FEDERATION OF RED
CROSS AND RED CRESCENT SOCIETIES
(IFRC)**

Ms Florine Clomegah
Deputy Director, IFRC Africa

Dr Adeiza Adinoyi
Head of Africa Health and Care Unit

**INTERNATIONAL PHARMACEUTICAL
STUDENTS FEDERATION (IPSF)**

Mr Yaw Asamoah Mfofo
Chairperson of the African Regional Office

Danielle Afaribea Ofori
AFRO Regional Relations Officer

Mr Noah Sesay
AFRO Regional Project Officer

MEDECINS SANS FRONTIERES (MSF)

Ms Candice Sehome
Advocacy Officer

Ms Kate Stegeman
Researcher

MOVENDI INTERNATIONAL

Mr William Melau Ntakuka
Regional Representative to the UN

NCD ALLIANCE

Ms Linda Markova
Capacity Development Consultant

Dr George Msengi
Member of Secretariat, Africa NCDs Network
Mr Labrum Musah
National Coordinator of the Ghana NCD Alliance
and Director at the Accra-based Vision for
Alternative Development

Mr Henry Ndhlovu
Member of Secretariat, Africa NCDs Network

NUTRITION INTERNATIONAL

Dr Richard Pendame
Regional Director

PUBLIC SERVICES INTERNATIONAL (PSI)

Mr Sani Baba Mohammed
Regional Secretary for Africa & Arab countries

Ms Ritta Msibi
PSI Titular for Africa (& Deputy President of
DENOSA, South Africa)

Ms Perpetual Ofori-Ampofo
Chairperson West Africa sector Unions' Network
WAHSUN (& President of the Ghana Registered
Nurses and Midwives Association)

ROTARY INTERNATIONAL

Mrs Marie-Irène Richmond Ahoua
Past Rotary International District Governor and
Past Côte d'Ivoire National PolioPlus Committee
Chair

SIGHTSAVERS

Mr Simon Bush
Director Neglected Tropical Diseases

THE TASK FORCE FOR GLOBAL HEALTH

Ms Courtenay Anne Dusenbury
Director, Global and Federal Affairs

Dr Carl Reddy
Director, Training Programs in Epidemiology and
Public Health Interventions Network (TEPHINET)

UNION FOR INTERNATIONAL CANCER CONTROL (UICC)

Mr Ferdinand Sonyuy Mbiydzenyuy
President/CEO, Reconciliation and Development
Association

Ms Rowena Tasker
Global Advocacy Manager

Dr Mélanie Samson
Senior Manager, Capacity Building

Ms Elizabeth Joubert
Cancer Association of South Africa

UNITING TO COMBAT NTDs

Mrs Thoko Elphick-Pooley
Director

WEST AFRICAN ALCOHOL POLICY ALLIANCE (WAAPA)

Mr Issah Ali
Head of Secretariat

Ms Hajara Musah
Programs Officer

WATERAID

Ms Dedo Mate-Kodjo
Regional Advocacy Manager

Mr Lloyd Mtalimanja
Policy and Sector Engagement Coordinator

WONCA

Pr MOOSA Shabir
President, Africa Region

WORLD COUNCIL OF CHURCHES (WCC)

Dr Mwai Makoka
Programme Executive for Health & Healing

Dr Miriam Burnett
Medical Director

WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS (WFSA)

Mr Stuart Halford
Head of Development

Dr Philippe Mavoungou
Board Member

WORLD HEART FEDERATION (WHF)

Mr Jeremiah Mwangi
Director of Policy and Advocacy

Ms Kelcey Armstrong-Walenczak
Policy and Advocacy Manager
Chair

Professor Pamela Naidoo
Advocacy Committee Member, AFRO
Representative

WORLD OBESITY FEDERATION (WOF)

Ms Margot Neveux
Senior Policy Manager

Mr Moses Amonje
Founder and Executive Director of Wellness for
Greatness Kenya

6. GUESTS

AFRICA REGIONAL COMMISSION FOR CERTIFICATION OF POLIO ERADICATION (ARCC)

Professor Rose Leke

BBC

Ms Anne Soy
Senior Africa Correspondent

BHAVANI ENTERTAINMENT AND INVESTMENTS

Mr Bruno Akani
Music Artist

FACEBOOK

Mr Kojo Boakye
Director, Public Policy, Africa

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 provisional annotated programme of work (Documents [AFR/RC71/1](#) and [AFR/RC71/1 Add.1](#))
4. Appointment of the Committee on Credentials
5. Statement of the Chairperson of the Programme Subcommittee (Document [AFR/RC71/2](#))
6. Annual Report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC71/3](#))
7. Sixth progress report on the implementation of the Transformation Agenda of the WHO Secretariat in the African Region (Document [AFR/RC71/4](#))
8. WHO Programme Budget 2022–23
 - Sustainable financing (Document [AFR/RC71/5](#))
9. Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region (Document [AFR/RC71/6](#))
10. Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region (Document [AFR/RC71/7](#))
11. Framework for the implementation of the Global strategy to defeat meningitis by 2030 in the WHO African Region (Document [AFR/RC71/8](#))
12. Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region (Document [AFR/RC71/9](#))
13. Framework for implementing the Global strategy on digital health in the WHO African Region (Document [AFR/RC71/10](#))
14. Framework for improving access to assistive technology in the WHO African Region (Document [AFR/RC71/11](#))
15. Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the African Region (Document [AFR/RC71/12](#))
16. Framework for strengthening the use of evidence, information and research for policy-making in the African Region (Document [AFR/RC71/13](#))
17. **Information Documents**
 - 17.1 Progress report on the Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document [AFR/RC71/INF.DOC/1](#))
 - 17.2 Progress towards measles elimination by 2020 (Document [AFR/RC71/INF.DOC/2](#))

- 17.3 Progress report on the Regional strategy and Strategic plan for Neglected Tropical Diseases in the African Region 2014–2020 (Document [AFR/RC71/INF.DOC/3](#))
- 17.4 Progress report on the Regional framework for integrating essential NCD services in primary health care (Document [AFR/RC71/INF.DOC/4](#))
- 17.5 Progress report on the implementation of the Regional Strategy on Regulation of Medical Products in the African Region, 2016–2025 (Document [AFR/RC71/INF.DOC/5](#))
- 17.6 Progress report on the implementation of the Framework for health systems development towards UHC in the context of the SDGs in the African Region (Document [AFR/RC71/INF.DOC/6](#))
- 17.7 Progress report on research for health: a strategy for the African Region (Document [AFR/RC71/INF.DOC/7](#))
- 17.8 Progress report on the implementation of the Regional strategy for health security and emergencies, 2016–2020 (Document [AFR/RC71/INF.DOC/8](#))
- 17.9 Progress report on the Regional framework for the implementation of the global Strategy for cholera prevention and control 2018–2030 (Document [AFR/RC71/INF.DOC/9](#))
- 17.10 Report on WHO staff in the African Region (Document [AFR/RC71/INF.DOC/10](#))
- 17.11 Regional Matters arising from reports of WHO internal and external audits (Document [AFR/RC71/INF.DOC/11](#))
18. Draft Provisional Agenda, place and dates of the Seventy-second session of the Regional Committee (Document [AFR/RC71/14](#))
19. Adoption of the Report of the Regional Committee (Document [AFR/RC71/15](#))
20. Closure of the Seventy-first session of the Regional Committee