

**SEVENTY-SECOND SESSION
OF THE WHO REGIONAL COMMITTEE
FOR AFRICA, LOMÉ, TOGO,
22–26 AUGUST 2022**



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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
BRAZZAVILLE • 2022**

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

AFR/RC72/14

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ABBREVIATIONS

ACAME	African Association of Central Medical Stores for Generic Essential Medicines
Africa CDC	Africa Centres for Disease Control and Prevention
AFTCOR	African Coronavirus Task Force
AI	artificial intelligence
AMA	African Medicines Agency
AVoHC-SURGE	African Health Volunteer Corps-Strengthening and Utilizing Response Groups for Emergencies
CWH	Community health worker
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FCDO UK	Foreign, Commonwealth and Development Office, United Kingdom
HEPR	Health emergency preparedness, response and resilience
IPC	infection prevention and control
LMICs	low- and middle-income countries
MNS disorders	mental, neurological and substance use disorders
mRNA vaccines	messenger ribonucleic acid vaccines
NAPHS	National action plans for health security
PHEOC	Public health emergency operations centre
PHSM	public health and social measures
PRSEAH	Prevention of and response to sexual exploitation, abuse and harassment
PROSE	Promoting Resilience of Systems for Emergencies
SAFER Initiative	Acronym for the five most cost effective interventions to reduce alcohol-related harm
SCD	sickle cell disease
SIDS	Small Island Developing States
TASS	Transforming African Surveillance Systems
UHC	universal health coverage
WASH	Water, hygiene and sanitation
WGIHR	Working Group on amendments to the International Health Regulations (2005)
WPV1	wild poliovirus type 1

PART I
PROCEDURAL DECISIONS
AND RESOLUTIONS



PROCEDURAL DECISIONS AND RESOLUTIONS

Decision 1 Special Procedures to regulate the conduct of the hybrid session of the Regional Committee

The Regional Committee for Africa,

1. ADOPTED the special procedures to regulate the conduct of the hybrid session of the Regional Committee for Africa as set out in Annex 1 to this decision; and
2. DECIDED that the said special procedures should apply to the Seventy-second session of the Regional Committee for Africa held from 22 to 26 August 2022.

Decision 2 Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and paragraph 7 of the Special procedures to regulate the conduct of the hybrid session of the Regional Committee, the Regional Committee for Africa unanimously elected the following officers:

Chairperson: Professor Moustafa Mijiyawa
Minister of Health Public Hygiene and Universal Access to Health Care
Togo

First Vice-

Chairperson: Dr Khumbize Kandodo Chiponda
Minister of Health and Population
Malawi

Second Vice

Chairperson: Dr Jane Ruth Ocero Aceng
Minister of Health
Uganda

Rapporteurs: Dr Francis Kateh
Deputy Minister of Health
Chief Medical Officer and Head of delegation of Liberia
for English

Dr Francine Mbaidedji Dekandji
Secretary of State for Public Health and National Solidarity
and Head of Delegation of Chad
for French

Dr Farida Algy Urci
Vice-Minister of Health and Head of Delegation of Mozambique
for Portuguese

Decision 3 Composition of the Committee on Credentials

In accordance with Rule 3 (c) of the Rules of Procedure of the Regional Committee for Africa and paragraph 10 of the Special Procedures to regulate the conduct of the hybrid session of the Regional Committee, the Regional Committee for Africa appointed a Committee on Credentials consisting of the representatives of the following Member States: Benin, Burkina Faso, Central African Republic, Kenya, Madagascar, Namibia, Zimbabwe.

Decision 4 Credentials

The Regional Committee for Africa, acting on the report of the Committee on Credentials, which, in accordance with Rule 3 of the Rules of Procedure of the Regional Committee for Africa and paragraph 10 of the Special Procedures to regulate the conduct of the hybrid session of the Regional Committee, assessed the credentials submitted electronically by Member States in accordance with paragraph 9 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 5 Replacement of Members of the Programme Subcommittee

The terms of Congo, the Democratic Republic of the Congo, the Gambia, Guinea, Malawi and Mauritius will come to an end at the Seventy-second session of the Regional Committee for Africa. The Regional Committee for Africa therefore decided that they will be replaced by Burundi, Eswatini, Nigeria, Sao Tome and Principe, Sierra Leone and United Republic of Tanzania. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Liberia (2020–2023)	7. Central African Republic (2020–2023)	13. Mozambique (2020–2023)
2. Mali (2020–2023)	8. Eritrea (2020–2023)	14. Namibia (2020–2023)
3. Mauritania (2021–2024)	9. South Sudan (2021–2024)	15. Seychelles (2021–2024)
4. Niger (2021–2024)	10. Uganda (2021–2024)	16. South Africa (2021–2024)
5. Nigeria (2022–2025)	11. Burundi (2022–2025)	17. Eswatini (2022–2025)
6. Sierra Leone (2022–2025)	12. Sao Tome & Principe (2022–2025)	18. Tanzania (2022–2025)

Decision 6 Proposals for Member States of the African Region to serve on the Executive Board and in posts of the Executive Board

The term of office of Botswana, Ghana, Guinea-Bissau and Madagascar on the Executive Board will end with the closing of the Seventy-sixth World Health Assembly in May 2023.

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 Health Assembly, the Regional Committee for Africa decided to propose as follows:

- (a) Cameroon, Comoros, Lesotho and Togo to replace Botswana, Ghana, Guinea-Bissau and Madagascar in serving on the Executive Board starting with the one-hundred and fifty-third session, immediately after the Seventy-sixth World Health Assembly. The Executive Board would therefore be composed of the following Member States of the African Region as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Senegal (2022–2025)	Rwanda (2021–2024)	Comoros (2023–2026)
Togo (2023–2026)	Ethiopia (2022–2025)	Lesotho (2023–2026)
	Cameroon (2023–2026)	

The Regional Committee for Africa also decided to propose to the Executive Board:

- (b) Rwanda for election to serve as Vice-Chair of the Executive Board as from the one-hundred and fifty-third session of the Executive Board.
- (c) Senegal for appointment to replace Madagascar to serve on the Programme Budget and Administration Committee (PBAC) as from the one-hundred and fifty-third session of the Executive Board. The PBAC would therefore be composed of Senegal and Ethiopia from the African Region.
- (d) Botswana and Rwanda for appointment to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response as from the first meeting of the Standing Committee to be held in 2022. Lesotho for appointment to replace Botswana to serve on the Standing Committee as from the one-hundred and fifty-third session of the Executive Board.

Decision 7 Proposal for posts of the Seventy-sixth World Health Assembly

With regard to posts of the Seventy-sixth session of the World Health Assembly, the Regional Committee for Africa decided to propose:

- (a) The Chairperson of the Seventy-second session of the Regional Committee for Africa for election as Vice-President;
- (b) Gabon for election to serve as Vice-Chair of Committee A;
- (c) Cabo Verde, Côte d'Ivoire, Democratic Republic of the Congo, Malawi and Mauritius for election to serve on the General Committee; and
- (d) Algeria, Eritrea and Zambia to serve on the Committee on Credentials.

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

The Regional Committee for Africa decided to hold its Seventy-third session in Gaborone, Botswana, from 28 August to 1 September 2023. The Committee reviewed and adopted the provisional agenda of the Seventy-third session with amendments.

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

The Regional Committee for Africa:

- (1) approved the following regional non-State actors recommended by the Programme Subcommittee for accreditation to participate in sessions of the WHO Regional Committee for Africa: PROMETRA, Stichting BRAC International; Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA);
- (2) deferred the decision on the application of the Federation of African Medical Students' Associations (FAMSA) to its Seventy-third session.

RESOLUTIONS

AFR/RC72/R1 Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032

The Regional Committee,

Having considered document AFR/RC72/10 entitled “Updated regional strategy for the management of environmental determinants of human health in the African region 2022–2032”;

Considering that almost 29% of the total disease burden in Africa which is due to environmental factors could largely be prevented;

Concerned that a changing climate is further threatening our water and food resources and that a healthier environment will greatly reduce the burden on our health systems and alleviate the hardship faced by populations;

Noting that Member States of the African Region are currently the most vulnerable to the negative impacts of climate change and, at the same time, the least prepared to address them effectively;

Recognizing that interventions continue to be very limited in their scale and impact and that COVID-19 has markedly slowed down the implementation of the previous strategy but provided lessons and opportunities for renewed action;

Seizing the opportunity to revitalize action on environmental determinants of human health and contribute to sustainable development in phase with the WHO manifesto for a healthy and green recovery from the pandemic;

Recalling the Libreville Declaration on Health and Environment in Africa (2008) which establishes a strategic alliance between the health and environment sectors as the basis for plans of joint action;

Recalling the Joint Statement on Climate Change and Health adopted at the Second Interministerial Conference on Health and Environment in Africa (2010); Recalling the Strategic action plan 2019–2029 that was adopted to scale up “health and environment” interventions (2018),

1. APPROVES the updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032;
2. URGES Member States to:
 - (a) Provide stewardship and leadership, forge partnerships with donors, multilateral agencies, the private sector and civil society.
 - (b) Increase allocation of resources and scale up domestic investments on platforms, initiatives and programmes addressing the impact of environmental factors on health.
 - (c) Champion intercountry stakeholders’ dialogue and promote public-private partnerships.
 - (d) Set the research agenda, consolidate scientific evidence, and share experiences and lessons learnt on managing health and environment in the African Region.
 - (e) Implement key priority actions and interventions.

3. URGES WHO and partners to:

- (a) Set and disseminate norms and standards, policy advice and implementation guidance, including methodologies and protocols to support country actions.
- (b) Facilitate capacity building and technical assistance for the development and implementation of national plans of joint action.
- (c) Catalyse mobilization of domestic and external resources by supporting the development of national business cases for investment in priority health and environment interventions.
- (d) Advocate for heightened commitment, increased visibility, prioritization, and understanding of health and environment linkages within and beyond WHO.
- (e) Promote regional stakeholders' dialogue and public-private partnerships.
- (f) Report on the implementation of this strategy to the WHO Regional Committee every two years starting in 2024.

AFR/RC72/R2 PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities

The Regional Committee,

Having considered the document entitled “PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities”;

Recalling the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/73/2); resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020; decision WHA72(11) (2019) which extended the global action plan until 2030 in order to ensure its alignment with the 2030 Agenda for Sustainable Development; resolution AFR/RC62/R7 on the consideration and endorsement of the Brazzaville Declaration on Noncommunicable Diseases; the Thirteenth General Programme of Work, 2019–2023 and its triple billion targets of “one billion more people benefiting from universal health coverage, one billion more people protected from health emergencies and one billion more people enjoying better health and well-being”; document AFR/RC67/12 on the Regional framework for integrating essential noncommunicable disease services in primary health care;

Also recalling resolution WHA61.14 (2008) on the implementation of the Global Strategy for the prevention and control of noncommunicable diseases to reduce premature mortality and improve quality of life, and the General Assembly Political Declaration of the High-level Meeting on Universal Health Coverage (A/RES/74/2);

Deeply concerned that despite sustained efforts, the African Region is highly impacted by the burden of noncommunicable diseases (NCDs) with only two countries in the Region on track to meet Sustainable Development Goal 3 target 4 on reducing by one third premature mortality from NCDs, and that severe NCDs such as rheumatic heart disease, sickle cell disease, and type 1 diabetes mellitus contribute to the burden of premature mortality in all countries across the Region;

Also deeply concerned that only 21 Member States are implementing the WHO Package of Essential NCD interventions for primary health care in low-resource settings (WHO PEN) and the limited availability in the public sector of NCD essential medicines and basic technologies for diagnosing and monitoring NCDs;

Noting that as part of the district health system, district hospitals are the main referral facilities at district level providing both administrative and operational oversight to primary health care facilities and other health

institutions within the district and that the capacity of district hospitals to manage severe NCDs is often underutilized due to the non-availability of essential medicines, technologies and limited skills and capacity of mid-level health-care workers;

Also noting that private sector facilities including faith-based hospitals also serve as first-level referral facilities and improving care in these setting will ensure broader population coverage;

Reaffirming the commitments made in the Brazzaville Declaration on Noncommunicable Diseases, the Regional framework for integrating essential noncommunicable disease services in primary health care and the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region;

Recognizing that strengthening and implementing protocol-based management of severe NCDs at district hospitals will bridge the access gap in treatment and care of patients with chronic and severe NCDs as well as strengthen the implementation of standardized and integrated protocol-based management of NCDs at primary health care level,

1. ADOPTS “PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities”
2. URGES Member States to:
 - (a) Develop and implement comprehensive national integrated and standardized protocol-based programmes for management of chronic and severe NCDs, by ensuring availability of essential medicines, technologies and diagnostics needed for management of severe and chronic NCDs at health district hospitals, based on outcomes of the situation analysis of policy, infrastructure and human resource barriers identified.
 - (b) Engage non-publicly-funded facilities through their associations and other platforms to ensure that interventions are offered to populations accessing non-public hospitals, including skilling through continuing education requirements for the relevant cadres.
 - (c) Mobilize and allocate additional resources for standardized and integrated protocol-based programmes for management of chronic and severe NCDs, ensuring that their implementation strengthens and complements WHO PEN.
 - (d) Establish mentorship programmes to strengthen standardized and integrated protocol-based management of chronic NCDs to ensure that the knowledge and skills of trained health care workers are maintained.
 - (e) Develop management tools and protocols on integrated management of severe NCDs including sickle cell disease, rheumatic heart disease and type 1 diabetes mellitus at district hospitals.
 - (f) Integrate surveillance within the national health information system and invest in digital health platforms for scaling up programmes.
 - (g) Collaborate with partners to undertake basic and applied research in the area of NCD management.
3. REQUESTS the WHO Secretariat and partners to:
 - (a) Mobilize the international community to support the prevention and effective management of severe NCDs and facilitate effective linkages, collaboration and coordination among partners and stakeholders.
 - (b) Advocate for increased resource allocation to support implementation of standardized and integrated protocol-based management of chronic and severe NCDs.
 - (c) Support Member States to improve the affordability and availability of essential medicines, diagnostics and monitoring devices for chronic and severe NCDs.
 - (d) Promote and support partnerships to improve the training and expertise of health personnel and to undertake research.

AFR/RC72/R3 Regional strategy for health security and emergencies, 2022–2030

The Regional Committee,

Having considered document AFR/RC72/8 entitled “Regional strategy for health security and emergencies, 2022–2030”

Recalling World Health Assembly resolutions WHA58.1,¹ WHA64.10,² WHA71.1,³ WHA74.7⁴; and Regional Committee resolutions AFR/RC61/R3 on the Framework document for the African Public Health Emergency Fund (APHEF) and AFR/RC66/R3 on the Regional strategy for health security and emergencies 2016–2020 adopted by Member States of the WHO African Region;

Deeply concerned about the continued occurrence of numerous health and humanitarian emergencies and the heavy toll they exact on African health systems and economies, threatening to erase decades of hard-earned gains;

Aware that each year, the World Health Organization (WHO) African Region contends with over 100 health and humanitarian emergencies, including infectious diseases originating from the human-animal-environmental interface and climate-related events such as prolonged droughts, destructive floods, and cyclones;

Concerned about the devastating effects of the COVID-19 pandemic, which is a wake-up call for all Members States to prioritize the building of resilient health systems capable of providing quality health care while coping with health emergencies;

Recognizing the need to strengthen emergency preparedness and response capacities as an integral part of building resilient health systems that can better address the potential impacts of pandemics, epidemics, and other public health emergencies;

Noting the negative impact of misinformation, disinformation and stigmatization on preparedness and response to health emergencies, and on people’s physical and mental health, and the need to counter them in the context of health emergencies;

Noting also that for all stakeholders to be part of the response, they need to have access to timely and accurate information and be involved in decisions that affect them;

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

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

Cognizant that recent recommendations from global reviews, including the Independent Panel for Pandemic Preparedness and Response (IPPPR), the Independent Oversight and Advisory Committee (IOAC), the International Health Regulations Review Committee (IHR-RC) and the lessons learnt from the response to the Ebola epidemics and the COVID-19 pandemic are unique opportunities for strengthening national health security capacities as an integral part of building resilient health systems;

Acknowledging the need for a negotiated global mechanism to address issues of equity in accessing medical countermeasures, timely information and knowledge sharing and better compliance with the IHR (2005);

1 WHA58.1 on health action in relation to crises and disasters

2 WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems

3 WHA71.1 on the Thirteenth General Programme of Work, 2019–2023 and the triple billion targets

4 WHA74.7 on strengthening WHO preparedness for and response to health emergencies

Noting that WHO is undertaking major reforms to make it fit for purpose to address global health security and ensure predictable and sustainable funding and that Member States need to invest additional resources to strengthen national and subnational capacity for prompt detection and response to health and humanitarian emergencies;

Reaffirming its commitment to support the World Health Organization as the United Nations agency with the mandate to coordinate and guide all stakeholders in building resilient health systems that are able to prevent, predict, rapidly detect, and promptly and effectively respond to health emergencies from all hazards;

Noting the need for whole-of-government and whole-of-society Member State coordination and inclusive collaboration among all stakeholders during public health emergencies,

1. ADOPTS the Regional strategy for health security and emergencies 2022–2030, as proposed in Document AFR/RC72/8;
2. URGES Member States to:
 - (a) commit political will and provide technical leadership to implement this strategy;
 - (b) mobilize domestic and external resources and ensure sustainable financing to facilitate the implementation of this strategy;
 - (c) provide adequate human and logistic resources to support the implementation of this strategy;
 - (d) review and make available the structures, health system components and tools required at national and subnational levels to support the implementation of this strategy;
 - (e) raise the profile of the One Health approach and strengthen the coordination mechanism to oversee its implementation;
 - (f) conduct needs assessments and build capacity at the national and decentralized levels;
 - (g) work towards meeting the targets set out in this strategy by 2030;
 - (h) monitor, evaluate and periodically review progress.
3. REQUESTS the WHO Secretariat and partners to:
 - (a) continue to coordinate and provide leadership for preparedness and response to health emergencies in the African Region;
 - (b) continue to provide support to Member States during health emergencies, in accordance with WHO's constitutional mandate;
 - (c) disseminate recommendations from global/regional reviews;
 - (d) disseminate technical guidelines, guidance and review recommendations to support the implementation of this strategy;
 - (e) provide technical and financial support to Member States to develop evidence-led plans that are regularly monitored and evaluated;
 - (f) ensure that the regional pool of trainers is operational and serves as a platform for coordinated action to cascade country-level training;
 - (g) provide support to countries to strengthen IHR capacities and facilitate synergy and complementarity in partnerships for IHR implementation;
 - (h) establish regional teams of experts to build country capacities;
 - (i) coordinate and mobilize partners and all actors towards implementing the strategy and achieving its objectives;
 - (j) implement the supranational actions stipulated in this strategy.

AFR/RC72/R4 Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Togo to ensure the success of the Seventy-second session of the WHO Regional Committee for Africa, held in Lomé, Togo, from 22 to 26 August 2022;

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

1. THANKS the President of the Republic of Togo, His Excellency Faure Essozimna Gnassingbé, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement that he delivered at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and people of the Republic of Togo for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to the President of the Republic of Togo, His Excellency Faure Essozimna Gnassingbé.

PART II
REPORT OF THE
REGIONAL COMMITTEE



OPENING OF THE MEETING

1. The Seventy-second session of the World Health Organization (WHO) Regional Committee for Africa was officially opened on Monday 22 August 2022 by the President of the Republic of Togo, His Excellency Faure Essozimna Gnassingbé. In attendance 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; the African Union Commissioner for Health, Humanitarian Affairs and Social Development, H.E. Minata Samaté Cessouma; members of the diplomatic corps; and representatives of United Nations agencies and nongovernmental organizations (see Annex 1 for the list of participants).
2. The Honourable Minister of Health, Public Hygiene and Universal Access to Health Care of Togo, Professor Moustafa Mijiyawa in welcoming Member State delegations, highlighted his country's efforts to improve health service delivery and health indicators. He also noted the important role played by the national health policy in the achievement of these goals and the need to make progress on all the health pillars, through a coordinated and multisectoral approach, and by increasing the health workforce through the creation of additional faculties of medicine and health sciences.
3. Her Excellency, Ambassador Minata Samaté Cessouma appreciated the leadership of WHO in the African Region in promoting quality health care for all. She highlighted the new public health order for Africa spearheaded by Africa CDC with the support of WHO and partners, based on five pillars, namely the strengthening of public health institutions; capacity building; promotion of locally produced vaccines; win-win partnerships; and increasing domestic resources for health. Her Excellency Samaté Cessouma commended the 23 Member States that had ratified the African Medicines Agency (AMA) treaty, leading to its effective establishment, with Rwanda chosen to host the Agency. The African Union Commissioner stressed the importance of sustainable funding for health and the need to work together to advance the implementation of the African Union Agenda 2063. She also noted the relevance of the nexus between peace, security, health and humanitarian development on the continent for the achievement of better health outcomes. Ambassador Cessouma concluded by reminding all Member States of the importance of ratifying the Treaty for the establishment of AMA, to ensure local production and manufacturing of medicines and other health products on the continent.
4. In her opening statement, the WHO Regional Director for Africa, Dr Matshidiso Moeti, expressed her gratitude to the President of the Republic of Togo, the Minister of Health, Public Hygiene and Universal Access to Health, as well as the government and people of Togo for hosting the WHO annual governing body meeting for the African Region. She commended the President of Togo for leading a response that allowed Togo to transform the challenges posed by COVID-19 into opportunities for inclusive socioeconomic innovation. The Regional Director noted the impressive transportation sector reform project which has positioned Togo as a major West African aviation hub, while transforming its economy and promoting digital development.
5. Dr Moeti thanked the Vice-Chairpersons of the Seventy-first session of the Regional Committee for Africa: the Honourable Minister of Health of Botswana and the former Minister of Health of Sao Tome and Principe, whose leadership greatly facilitated the preparation of governing body discussions and events throughout the past year. The Regional Director welcomed the ministers of health, Member State and other delegations, development partners and participants to the Regional Committee. Dr Moeti deplored the impact of the COVID-19 pandemic on development with 22 million jobs lost and 30 million people in Africa pushed to extreme poverty in 2021, making the imperative case for prioritizing investments in the health sector. She noted that equity is a key factor in health outcomes in Africa and globally, thus demonstrating the urgent need to address it comprehensively and effectively. The inequity in access to COVID-19 vaccine supplies and the impact of the virus on vulnerable populations in terms of higher infection and death rates, and the inequitable distribution of health-care workers are illustrative of this problem. Despite the progress made in COVID-19 vaccination in the first semester of 2022 with scaled-up support, eight of the 20 priority countries still have less than 10% coverage, thereby pointing to the need for increased efforts to ensure that Africa's coverage catches up with that of the rest of the world.

6. The WHO Regional Director highlighted the ongoing Ukraine crisis with its consequences on food prices, along with climate change that is driving the protracted drought in the Horn of Africa, as a stark reminder of the importance of addressing the determinants of health. She also noted that food insecurity, conflicts, climate shocks and poverty are seriously affecting the populations of the Sahel and the Horn of Africa and increasing the risk of widespread malnutrition and starvation, with over 33 million people in need of humanitarian assistance and protection. She pointed out that these humanitarian crises negatively impact all aspects of health, from routine immunization and maternal and child health, to infectious and noncommunicable diseases, and called for special attention to be paid to these countries, including mobilization of resources for recommended actions. Furthermore, Dr Moeti underscored the role of WHO in responding to other outbreaks in the Region, such as monkeypox, polio (including the reappearance of wild poliovirus), measles, Marburg, as well as the persistent HIV epidemic. She thanked the Director-General, Dr Tedros for his continued advocacy and support for the improvement of health in Africa.
7. Dr Moeti recognized the ongoing global and national discussions to strengthen readiness for future epidemics and pandemics, including the work of the Intergovernmental Negotiating Body (INB) to draft and negotiate a worldwide convention or other international instrument for pandemic prevention, preparedness and response. She called on African Member States to engage vigorously in these discussions to ensure that the outcomes fully address the needs of the African Region. She also advocated for a global system that works effectively in tandem with the continental mechanisms being put in place, including the Africa Centres for Disease Control (Africa CDC).
8. The Regional Director appreciated the increase in life expectancy in the African Region since 2019, from an average of 46 to 56 years. This is a direct result of improvements in essential health service provision; gains in reproductive, maternal, newborn and child health; as well as progress in the fight against infectious diseases, notably HIV, tuberculosis and malaria. Dr Moeti congratulated Ghana, Kenya and Malawi for piloting the malaria vaccine, RTS,S, through the joint efforts of their governments and communities, the private sector, with the technical support of WHO and partners and the financial support of the Global Fund, Unitaid and Gavi, the Vaccine Alliance. She called on Member States to continue advocating for more financing for the rapid production of the malaria vaccine. The Regional Director congratulated Togo on eliminating four neglected tropical diseases (NTDs) -- human African trypanosomiasis, dracunculiasis, lymphatic filariasis and trachoma --; Rwanda and Uganda for eliminating human African trypanosomiasis; and Botswana, a high-burden HIV country, for its advances towards eliminating mother-to-child transmission of HIV.
9. In concluding, Dr Moeti proposed that Member States strengthen health financing and health coordination; strive for greater integration of primary health care; ensure equitable access to services and minimize out-of-pocket payments for health services; detect outbreaks promptly; and place health promotion and prevention at the centre of efforts to reduce the disease burden. All these actions are intended to empower people to take control of their health and boost healthy lifestyles that would prevent diseases and protect the health of the African population.
10. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, thanked the Government and people of Togo for hosting the meeting. He congratulated the country on the achievement of eliminating four NTDs and the progress made in improving the management and efficiency of hospitals, as well as on increasing access to services for the population. The Director-General expressed his deep appreciation to African Member States for their trust in re-electing him for a second term as WHO Director-General.
11. Dr Tedros announced the construction of a new Africa Logistics Hub in Kenya as WHO's commitment to enhancing health security in the Region and to better prepare for future epidemics and pandemics. He noted the encouraging advancements in vaccine delivery and coverage in the African Region and stated that WHO was working with countries and manufacturers to facilitate equitable access to vaccines, including for monkeypox in Africa. Dr Tedros urged Member States, in the context of weak surveillance and testing capacities, to vaccinate all health workers and all persons aged 60 years and above against COVID-19, to save lives, ensure sustainable recovery and quickly restore immunization services disrupted by the pandemic, with 11 million children unvaccinated or under-vaccinated. He underscored that WHO was greatly concerned about the crises in the Horn of Africa, the Sahel Region, the Central

African Republic and South Sudan, where millions of people are facing starvation due to a convergence of factors such as drought, climate change, conflict and increasing prices for food, fuel and fertilizer.

12. The Director-General highlighted the five priorities for his new term: promoting health and well-being through educating the population and addressing the root causes of diseases to prevent them and create conditions for health to prosper; providing health by reorienting health systems towards primary health care as the foundation of universal health coverage; protecting health by strengthening the global architecture for health emergency preparedness, response and resilience; powering health through harnessing science, research, digital technologies and innovation; and performing and partnering for health by building a stronger and empowered WHO that delivers results, and is reinforced to play its leading role.
13. Dr Tedros thanked all Member States for their commitment to increasing the Organization's assessed contributions to 50% of the base budget over the next decade, with a 20% increase in the 2024–2025 budget. He also informed the Member States of the progress made in improving the conditions of interns and recruiting new workers through the Young Professionals Programme, including eight from the African Region in the first cohort. Dr Tedros reassured Member States of his commitment to building a more accountable WHO with zero tolerance for sexual exploitation and abuse, with enforcement measures and resources to prevent a recurrence of these unacceptable behaviours during responses to emergencies. In this regard, a Memorandum of Understanding had been signed with UNFPA for comprehensive services to all victims, while a fund for survivors had been established, and dedicated teams set up in countries, regions and headquarters. The Director-General lauded the establishment of the mRNA Technology Transfer Hub in South Africa, which is currently serving 15 country recipients around the world. Dr Tedros concluded his remarks by stressing WHO's commitment to supporting Member States in promoting health, keeping the world safe and serving the vulnerable.
14. The Director-General officially presented to the President of the Republic of Togo a certificate recognizing Togo's efforts in eliminating four NTDs. The certificate recognizes the commitment of the country in working towards the elimination of NTDs, despite the burden of the COVID-19 pandemic. He also encouraged President Gnassingbe to maintain his leadership and advocacy to support other countries in eliminating NTDs. A congratulatory plaque was also presented to the President of Togo by the Regional Director on behalf of the NGO, Uniting to Combat Neglected Tropical Diseases, representing international partners that supported Togo in achieving the milestone.
15. In opening the Seventy-second session of the Regional Committee, the President of the Republic of Togo, His Excellency Faure Essozimna Gnassingbe welcomed all participants on behalf of the people of Togo and appreciated the fact that Togo was finally hosting the Seventy-second session in a physical setting after two years of virtual editions, and following Togo's designation in 2019 to host the current session. The President congratulated the WHO Director-General on his re-election and on his choice of Togo for his first visit after officially starting his second term. He highlighted the impact on health inequalities, climate change, conflicts and crises. He called for the expansion of universal health coverage and social protection and appealed for the eradication of substandard and falsified medicines on the continent. The President noted that health is a priority for social cohesion in Togo for the achievement of UHC. He mentioned the enhancement of the regulatory and institutional framework for this purpose, as well as the integration of the One Health concept in the delivery of health services.
16. The President highlighted the importance of geographical accessibility to primary health care and called on all Member States to adhere to the Lomé Initiative launched on 18 January 2020 to implement an action plan to combat substandard and falsified medicines in the African Region. The President lauded Togo's partnership with WHO, which has transcended institutional cooperation and supports health systems strengthening, coordinates responses to emergencies and upholds vaccine equity. President Faure Essozimna Gnassingbé encouraged Member States and partners to continue to be Africa's voice on issues affecting the continent. He concluded by underlining the importance of multilateralism and international solidarity to protect and serve the most vulnerable and promote the requisite actions to improve health outcomes as demonstrated by the WHO African Region Transformation Agenda initiated by the Regional Director, Dr Matshidiso Moeti.

ORGANIZATION OF WORK

ADOPTION OF THE SPECIAL PROCEDURES TO REGULATE THE CONDUCT OF THE HYBRID SESSION OF THE SEVENTY-SECOND REGIONAL COMMITTEE FOR AFRICA AND ELECTION OF THE CHAIRPERSON, THE VICE CHAIRPERSONS AND THE RAPPOORTEURS (DOCUMENT [AFR/RC72/Decision 1](#))

17. The Regional Committee adopted a Decision on the Special procedures to regulate the conduct of the hybrid session of the Seventy-second Regional Committee, which were briefly presented by the Legal Counsel.

ELECTION OF THE CHAIRPERSON, THE VICE-CHAIRPERSONS AND THE RAPPOORTEURS

18. In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and paragraph 7 of the Special procedures to regulate the conduct of the hybrid session of the Regional Committee, the Regional Committee for Africa unanimously elected its Chairperson, Vice-Chairpersons and Rapporteurs. The details of the election are provided in Decision 2 above.

ADOPTION OF THE PROVISIONAL AGENDA AND PROVISIONAL PROGRAMME OF WORK (DOCUMENT [AFR/RC72/1](#) AND DOCUMENT [AFR/RC72/1 Add.1](#))

19. The Chairperson of the Seventy-second session of the Regional Committee, Professor Moustafa Mijiyawa, Minister of Health, Public Hygiene and Universal Access to Health Care of Togo, tabled the provisional agenda (Document [AFR/RC72/1](#)) and the draft programme of work (Document [AFR/RC72/1 Add.1](#)) (see Annexes 2 and 3 respectively). They were adopted without amendments.

APPOINTMENT AND MEETINGS OF THE COMMITTEE ON CREDENTIALS

20. The Regional Committee appointed the Committee on Credentials consisting of the representatives of the following Member States: Benin, Burkina Faso, Central African Republic, Kenya, Madagascar, Namibia, and Zimbabwe.
21. The Committee on Credentials met on 22 August 2022 and elected Ms Petronella Masabane, Deputy Executive Director of the Ministry of Health and Social Services and Alternate Head of Delegation of Namibia, as its Chairperson.

REPORT ON CREDENTIALS

22. The Regional Committee, acting on the report of the Committee on Credentials, recognized the credentials submitted by the following 47 Member States to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa and paragraph 10 of the Special Procedures adopted to regulate the conduct of this hybrid session: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT [AFR/RC72/2](#))

23. In his statement to the Seventy-second session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Mustapha Bittaye from the Gambia, reported that the PSC met in Brazzaville, Congo, from 20 to 21 June 2022. The PSC reviewed eight documents on public health matters of regional concern and

recommended them for consideration and adoption by the Seventy-second session of the Regional Committee. The Regional Committee lauded the PSC and the Secretariat for the work accomplished and adopted the statement of the Chairperson of the PSC.

24. The Regional Committee also considered and adopted the proposals for designation of Member States on councils and committees that require representation from the African Region, the accreditation of five non-State actors not in official relations with WHO to participate in sessions of the Regional Committee, and the deferral of the decision on the accreditation of one such actor, as recommended by the Programme Subcommittee.

ANNUAL REPORT OF THE REGIONAL DIRECTOR ON THE WORK OF WHO IN THE AFRICAN REGION (DOCUMENT [AFR/RC72/3](#))

25. The COVID-19 pandemic was the major factor that defined the work of the WHO Secretariat in the African Region during the period between 1 July 2021 and 30 June 2022. Mid-2021 was the most difficult period of the COVID-19 pandemic, characterized by an aggressive third wave driven by the virulent new Delta variant, with spiralling death and hospitalization rates and shortages of vaccines, oxygen and intensive care beds. The region recorded close to 9 million cases and 172 546 deaths during the period.
26. Coordinating the emergency was a multidimensional process. As co-chair of the African Coronavirus Task Force (AFTCOR), WHO worked closely with Africa CDC, African Union agencies, regional economic communities and other partners, as well as African scientists and experts, to synergize guidance, advocacy, and the provision of assistance and essential commodities to Member States. Strategic actions undertaken by the WHO Secretariat, its country offices and teams, alongside Member State governments and partners, resulted in considerable reductions in pandemic-related disruptions to essential health service delivery by the end of 2021.
27. Early detection of surges in new cases has been significantly bolstered by the widespread use of antigen rapid diagnostic tests in all countries, including the enhancement of community-based surveillance which resulted in a 40% increase in testing capacity in participating countries. COVID-19 laboratory testing capacity has significantly improved across the Region, from only two laboratories in 2020 to over 1000 in 2022. Additionally, the number of countries with laboratories able to sequence viral genomes has more than tripled from 12 to 37 between 2020 and 2022 respectively.
28. The Organization facilitated the procurement and shipment of 144 million items of personal protective equipment (PPE), 95 million laboratory test kits, 1760 monitors, 6921 oxygen concentrators, and 429 ventilators to improve response efforts. This helped to address the severe inequity in the availability of these key tools. Moreover, a regional stockpile of 700 oxygen concentrators, 3100 oxygen cylinders and 595 pulse oximeters was established for agile emergency responsiveness. Local manufacturing capabilities were also supported across 15 countries with the aim of manufacturing, delivering and maintaining oxygen plants. Importantly, where oxygen plants were established, countries saw a 40% reduction in oxygen costs. Extensive training of health care workers to impact entire health systems was organized, with a total of 60 000 health care workers trained in the management of critical and severe patients as well as subsequent cascade trainings of health care workers in all Member States in infection prevention and control.
29. Despite global vaccine supply inequity, WHO adopted a strategy in October 2021 for Member States to vaccinate 40% of their total populations by the end of 2021, and 70% by mid-2022. WHO worked with the COVID-19 Vaccine Delivery Partnership to identify and support 20 priority countries with less than 10% coverage at the beginning of 2022 and by the end of the first quarter of the year, nine countries had been removed due to improved vaccine coverage. WHO provided guidelines to ensure interoperability of digital certification of health and vaccination status, and supported the digital certification process. Currently, nearly 194 million people are fully vaccinated (17% of the Region's population) – up from 31 million at the same period in 2021. This was achieved through combined advocacy

efforts for equitable access to COVID-19 vaccines, with the support of the COVAX Facility, African Union leaders, Africa CDC and other partners. Importantly, nearly half of all health workers, and people aged 60 years and older, are now fully vaccinated in 31 African countries.

30. Besides the COVID-19 response, Member States were supported to respond to 130 new public health events, relying mostly on the gains from their strengthened capacities as a result of the COVID-19 response. This included the first wild poliovirus outbreaks in more than five years. Every effort is being made to vaccinate all eligible children, with tens of millions of polio vaccine doses administered in Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe. More than 1000 experts were also deployed to support response operations at country level to outbreaks of Ebola and Marburg virus diseases, cholera and yellow fever, as well as floods, droughts and fires. WHO established command centres for responding to cholera in Togo, yellow fever in Burkina Faso, and the Sahel crisis in Senegal. This has informed the development of the Regional strategy for health security and emergencies 2022–2030. The strategy focuses on creating resilient systems, boosting surveillance systems, and establishing dedicated response groups for emergencies.
31. From the WHO surveys conducted at the end of 2021 across Member States, more than 91% of countries reported some disruption of at least one essential health service out of the 66 indicators. The regional average disruption was 47%. WHO supported the designing of mitigation measures, which contributed to 94% of countries enhancing community communications, 92% investing in surge commodities, 77% introducing rapid training and job aids for new roles, and 61% boosting provision of home-based care. Women, children and the elderly were prioritized for enhanced service delivery, which resulted in an increase in skilled birth attendance of 65% in 2021 and about 85% of countries receiving guidance in integrated care for older persons. A number of approaches have been developed to enhance service delivery in the future, including integrating various services in a single visit, the use of self-care where appropriate, expanding health facility opening hours, and telemedicine.
32. Efforts towards eradicating neglected tropical diseases (NTDs) resulted in remarkable progress, with Benin, Equatorial Guinea, Rwanda and Uganda validated for the elimination of human African trypanosomiasis (HAT). Gambia, Ghana and Togo have been validated for the elimination of trachoma; Malawi and Togo for the elimination of lymphatic filariasis, while Togo was validated for elimination of dracunculiasis as a public health problem.
33. Botswana also became the first high-burden country to be certified by WHO for achieving the “silver tier” status in recognition of the country’s efforts in eliminating mother-to-child HIV transmission (MTCT). Notably, Botswana, Cabo Verde, Eswatini, Namibia, Malawi, Rwanda, Seychelles, Uganda and Zimbabwe are all close to achieving the milestones of a less than 5% HIV MTCT rate, and new paediatric HIV infections due to MTCT of less than 50 per 100 000 live births.
34. Mental health has emerged as a priority, although it was an often neglected issue during the pandemic. Countries have made substantial progress in using the road map developed in 2021. Uganda became the first country globally to implement the SAFER Initiative. Furthermore, Kenya, Uganda and Zimbabwe all developed mental health investment cases, in partnership with the UN Interagency Task Force on Noncommunicable Diseases. Ghana and Zimbabwe implemented the Director-General’s Special Initiative for Mental Health; while Ethiopia, Ghana and Nigeria integrated mental health into NCD multisectoral plans to increase service coverage at primary health care level.
35. Innovation in health has increasingly become important for improving health care delivery and outcomes and it remains important for countries to foster an enabling environment for further development and adoption of local innovations in a sustainable way. WHO was an unwavering supporter of several initiatives to capacitate countries to strengthen their health innovation ecosystems. After a study of over 1000 new or modifications of existing technologies targeting different areas of the COVID-19 response, more than 120 have been piloted or adopted by Member States. Leveraging innovation has contributed enormously to improving programme delivery at country level. For instance, the geographic information system (GIS) technology is central to polio elimination efforts in the African Region and is being expanded to guide delivery of essential services in health facilities. A young innovator

from Cameroon founded a company that developed a technology using artificial intelligence to enable hospitals, pharmacies, pharmaceutical laboratories and quality control centres to detect counterfeit drugs. This innovation has since been scaled up in Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo and Nigeria, leading to the recognition and inclusion of this young innovator in Forbes Africa's 30 UNDER 30 Class of 2022. The digital track-and-trace system was also developed to track tobacco products towards eliminating illicit trade in these products.

36. The strong political commitment and strategic investment made by Member States and the African Union led to the establishment of the Partnership for African Vaccine Manufacturing (PAVM) in 2021. Its goal is to ensure that 60% of Africa's vaccine needs are manufactured on the continent by 2040. In terms of progress, the global mRNA technology transfer hub was launched in South Africa in 2021, to capacitate low- and middle-income countries to manufacture these vaccines at scale, in accordance with global standards. Egypt, Kenya, Nigeria, Rwanda, Senegal and Tunisia will also be among the first group of countries on the continent to receive this critical technology. The African Vaccine Regulatory Forum (AVAREF), established to support regulatory approval of new vaccines, played a critical role in strengthening and connecting the institutional capacity of regulatory authorities and ethics committees across countries. The Secretariat will step up efforts to promote a culture of research and innovation in the Region. This will be achieved through an annual African research round table, and the development of a collaboration framework to chart a road map for research in Africa.
37. Twenty Member States are implementing multisectoral actions to promote healthy lifestyles, healthy ageing and physical activity. Following a WHO workshop for policy-makers from government and civil society, the United Republic of Tanzania is also implementing an integrated, sector-wide approach to address the determinants of health. Implementation research to explore the impacts of the COVID-19 pandemic on health and social inequities among vulnerable people, conducted in collaboration with the University of Pretoria, will inform future efforts to conduct similar studies. The Secretariat will leverage these important lessons on how best to address health inequities among marginalized groups. Malnutrition and food security are currently among the top priorities, due to the protracted emergency situation in the Sahel region, with millions of people at risk of starvation in the greater Horn of Africa. WHO will continue to work with Member States to define and deliver evidence-informed interventions to address determinants of health (economic, environmental, social and structural), and to support adaptation and implementation of technical packages that promote health and reduce the risk of disease.
38. WHO is accelerating, consolidating, and institutionalizing the various achievements of the Transformation Agenda with a view to sustaining change and making the Organization ever more fit for purpose and responsive to the rapidly changing needs of our Member States. This phase involves the implementation of global transformation recommendations, including the alignment of WHO at all three levels. In this transformation consolidation phase, promoting values that achieve results is imperative. WHO has continued to develop a respectful work environment. The root causes of inequality, sexual exploitation, abuse and harassment are being addressed through an integrated approach, enhanced capacity and increased resources. Women are being empowered to take on leadership roles, through a variety of initiatives to improve skills, knowledge, and networks. Today, women account for 48% of the WHO Africa Leadership Programme alumni, and women outnumber men in our executive team. Greater efficiency, accountability and transparency have been achieved as a result of cost saving measures, consistent use of key performance indicators, and improved supply chain management.
39. Consolidation requires us to take stock of our transformation experience. Learning and documentation activities were conducted to identify achievements and best practices in order to scale up high-impact change initiatives. WHO in the African Region is developing a Health Transformation Database, which will store, structure and facilitate access to essential data about health transformation in Africa. Member States will be able to learn from our experience, as well as that of other organizations, use our training materials and tools, as well as enjoy access to a network of experts and the most recent studies on health transformation in Africa. The WHO Secretariat also supported countries to develop capacity in transformative leadership and the management of innovation ecosystems. The leadership programme has been extended to Congo, Ghana and Lesotho.

40. To enhance technical support to countries, WHO country offices were strengthened to better respond to Member States' priorities, through high-calibre technical expertise. This included the creation of 11 Multicountry Assignment Teams (MCATs). Capabilities for strengthening partnerships, mobilizing resources, and managing programmes were enhanced. Increased engagement with non-State actors has also broadened the partner base, including the establishment of new partnerships with the private sector, nongovernmental organizations, and professional associations, in accordance with the Framework of Engagement with Non-State Actors (FENSA). WHO is fostering partner trust by demonstrating a high level of accountability through consistent, quality and timely reporting to partners. US\$ 580 million was raised for the COVID-19 response in the biennium 2020–2021, with more than 40% (US\$ 246 million) raised at the country level.
41. The key lesson learnt from the pandemic is that it has exposed the vulnerabilities in national health systems. Addressing these vulnerabilities requires extensive work to engage sectors beyond health. These are the under-resourced areas of work of the Secretariat. Critically, the vertical, disease-oriented and inflexible funding model reduces opportunities for integration and the achievement of greater efficiencies. Furthermore, despite the strategic decisions made in various governing body meetings to strengthen the country focus, inadequate/earmarked funding has become the reality, with country offices lacking the full range of staff required to meet country needs.
42. Moving forward, the Secretariat will use the lessons learnt from the COVID-19 response to work with partners in supporting Member States to recover from disruptions to health service delivery and access as a result of the pandemic, reverse the negative trends and make progress towards the health-related Sustainable Development Goals (SDGs), and ultimately improve the health and well-being of all people, regardless of where they live. The Secretariat will be guided by the five interconnected WHO priorities, including prevention of noncommunicable diseases; improving health system resilience with a focus on primary health care; preparing for health and humanitarian emergencies; investing in research innovation and technology; and strengthening WHO as a whole to enhance its support for Member States towards more robust pandemic preparedness, leveraging interventions such as surge missions and specialist hubs. There will also be a renewed focus on boosting health promotion and addressing health determinants. These efforts will require joint mobilization of resources with Member States.
43. Issues raised during the discussions included renewed calls for Member States to invest in emergency preparedness and response, improve primary health care, and reorganize and revamp quality health services. There was a suggestion for countries to promote the procurement of commodities manufactured within the African continent as well as the development of a new instrument for safeguarding equitable access to health services. The importance of digital health and leveraging technological innovation to strengthen health systems and achieve UHC was also highlighted. Delegates observed that there were still human capacity gaps in health systems, requiring more investment in capacity building, while climate change continued to undermine health resilience. Member States expressed concern over the low COVID-19 vaccination levels in the Region, while commending the Secretariat for the support provided to them through technical expertise, guidance and financial assistance, especially during responses to health emergencies. The Transformation Agenda was commended for being able to proactively deal with the COVID-19 pandemic and for investments made, especially in the installation of oxygen plants in several Member States. Delegates finally stressed the importance of psychosocial support for health workers during emergencies as they suffered from post-traumatic stress and discrimination at the hands of their communities at the beginning of the pandemic.
44. The following recommendations were made to Member States:
- (a) advocate for the strengthening of WHO's leadership role to support Member States especially in countries affected by protracted emergencies;
 - (b) guarantee proper allocation of funds within the State budget for the health sector;
 - (c) broaden partnerships, multisectoral collaboration, use science, evidence and innovation;
 - (d) invest in the prevention of noncommunicable diseases;
 - (e) focus on primary health care as key to achieving UHC;
 - (f) increase readiness to better prepare and respond to health and humanitarian emergencies;

- (g) invest in building more resilient health systems;
 - (h) invest in boosting health promotion and prevention;
 - (i) increase psychosocial support to health workers during emergencies;
 - (j) adhere to the Kigali Declaration on Neglected Tropical Diseases.
45. The following recommendations were made to WHO and partners:
- (a) increase technical support for the improvement of COVID-19 vaccination in the Region to bridge the gap with the rest of the world, including the transfer of technology for local mRNA vaccine production;
 - (b) assist Member States in the development of preferential procurement mechanisms;
 - (c) continue to support capacity building and training in Member States;
 - (d) support Member States facing protracted emergencies to address the linkage between humanitarian crises and the impact of conflicts on health system resilience;
 - (e) include a policy or strategy document on alcohol abuse prevention for consideration at the next session of the Regional Committee;
 - (f) produce regular reports from the Ombudsman and PRSEAH (Prevention and Response to Sexual Exploitation, Abuse and Harassment) Coordinator on their work, including progress on tackling PRSEAH in the Region, and particularly in emergency settings;
 - (g) maintain financial support to Member States to allow for an efficient transition to the post-pandemic era, in particular for countries severely affected by climate change, such as Small Island Developing States (SIDS);
 - (h) promote a strategy for psychological and psychosocial support and counselling of front-line health workers.
46. The Regional Committee noted “*Annual Report of the Regional Director on the work of WHO in the African Region 2021–2022 as contained in Document AFR/RC72/3.*”

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

PEN-PLUS – A REGIONAL STRATEGY TO ADDRESS SEVERE NONCOMMUNICABLE DISEASES AT FIRST-LEVEL REFERRAL HEALTH FACILITIES (AFR/RC72/4 AND DOCUMENT AFR/RC72/WP2)

47. The Secretariat presented the document, which highlights the challenges associated with the current systems of care for severe noncommunicable diseases (NCDs) such as type 1 diabetes, advanced rheumatic heart disease, and sickle cell disease at tertiary facilities. Some of the challenges include worsening health inequities and high rates of premature mortality from NCDs in the Region.
48. Considering that WHO has been providing support to Member States to implement the WHO Package of Essential NCD interventions for primary health care (WHO PEN) since 2008, this strategy aims to address the burden of severe NCDs among rural and unreached populations through decentralized, integrated outpatient services in first-level referral health facilities. It proposes priority interventions covering training and mentoring of staff, resource mobilization, multisectoral action, service delivery, data collection, innovation, and research, among others.
49. The Regional Committee members thanked the Secretariat for the high quality and timeliness of the PEN-Plus strategy, as well as the progress made in the prevention and control of NCDs with WHO/AFRO technical and financial support. Members discussed the document at length, noting the availability of data and the increasing burden of NCDs in countries, alongside that of communicable diseases, and the need to address them adequately at primary health care level. Recognizing that some progress has been made in countries including through various initiatives, the delegates emphasized the need to strengthen health systems, including comprehensive decentralization of

services and integration of NCDs in primary health care. They highlighted the need for mobilization of resources for increased capacity building, infrastructure development, and delivery of essential care packages and essential medicines while ensuring sustainability. Regional Committee members also noted the expanding harmful use of tobacco and alcoholism, especially among young persons. They proposed strengthening health promotion in school curriculums and health education for risk protection, promotion of healthy lifestyles, case management, evaluation of social determinants and risk factors and focusing on the most vulnerable populations in the face of limited resources, curriculum development for health workers, and local production of needed materials. They also recommended increased data collection and use of digital platforms. Members also proposed increasing taxes on tobacco and alcohol, and instituting community health insurance to avert catastrophic expenditure and reduce mortality from severe and complicated NCDs. They recognized the importance of solidarity, a multisectoral approach, the involvement of the private sector and civil society, and appealed for inclusion of NCDs in global initiatives supporting the COVID-19 response. They suggested the inclusion of oral health, eye health, mental health and psychosocial support, obesity, epilepsy and physical rehabilitation in the group of NCDs targeted by the PEN-Plus strategy. They also called for increased investment in radiotherapy, radiology and nuclear medicine in comprehensive cancer control and the involvement of the youth and people with NCDs in control strategies. Finally, they requested WHO's technical support in the implementation of the strategy, including for resource mobilization.

50. The Regional Committee adopted without amendments Document [AFR/RC72/4](#) and its related Resolution [AFR/RC72/WP2](#): PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities.

FRAMEWORK TO STRENGTHEN THE IMPLEMENTATION OF THE COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030 IN THE WHO AFRICAN REGION (DOCUMENT [AFR/RC72/5](#))

51. The Secretariat introduced the framework, which aims at strengthening effective leadership, governance and financing for the management of mental, neurological and substance use (MNS) disorders in the Region. The huge burden of MNS disorders is aggravated by the weak mental health systems in the Region.
52. The Mental Health Atlas 2020 reports that while 76% of Member States have policies and strategic plans, only 49% of Member States in the African Region have mental health legislation, and less than US\$ 0.5 per person is invested in mental health. The goal of the framework is to strengthen mental health at community and primary health care levels, promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights, and reduce mortality, morbidity, and disability among persons with mental disorders.
53. The Regional Committee highlighted the importance of the framework, which provides much needed guidance on reducing mortality and morbidity and increasing the vitality of persons with mental, neurological and psychosocial disorders. It was noted that the implementation of the action plan relies on government ownership. Regional governance and leadership should be strengthened, including at national and subnational levels, to ensure the provision of equitable services for mental health, especially in rural areas. Member States advocated for increased regional collaboration and information sharing, while calling on governments and development partners to make psychotropic medicines available and ensure they are included in the list of essential medicines. They also underscored the importance of strengthening collaboration between health services and traditional medicine practitioners, experience sharing, as well as utilizing experts in the fields of psychiatry, psychology and caregivers to increase interventions and provide proper care and support to those in need, thereby ensuring that no one is left behind.
54. Member States lamented the persistent increase in mental health disorders, the shortage of mental health practitioners, the stigma associated with mental illness, unequal distribution of mental health resources, insufficient training and supervision, inadequate funding and mental care services, especially in rural areas. Delegates expressed grave concern on the increasingly high rate of substance abuse and alcohol intake among adolescents and young

persons in the Region. It was noted that alcohol and drug abuse is a key social determinant of mental health, especially among young persons. Delegates further observed that factors such as insecurity, violence against women and substance abuse by child soldiers equally increase mental health problems, especially in countries experiencing conflict, thereby requiring specific attention to curb these dynamics.

55. Accordingly, the Regional Committee proposed the establishment of a regional body to monitor and evaluate the use of psychoactive substances to address these dynamics. It was further proposed that due to the financing deficit in mental health interventions, ministries of health should allocate a specific budget line to mental health services and integrate them in primary health care. Additionally, Member States noted a lot of data gaps around mental health and the absence of indicators in national health systems. They therefore requested the Secretariat to develop a regional monitoring and evaluation framework to complement the mental health action plan. It was also proposed that Member States increase taxation on tobacco and alcohol to fund mental health services. More notably, delegates recommended that the action plan equally consider the nexus between peace and mental health, and the specific situation of conflict-affected countries.
56. Finally, Member States recommended the establishment of an integrated programme for schools with curricula aligned towards the prevention and management of mental health disorders. They also recognized the role played by civil society organizations in supporting governments to deliver mental health services, raise awareness and educate the population, and requested additional support from civil society for training and capacity building for community-adapted mental health programmes, mental health literacy and suicide prevention.
57. The Regional Committee adopted with amendments Document AFR/RC72/5: Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region.

FINANCIAL RISK PROTECTION TOWARDS UNIVERSAL HEALTH COVERAGE IN THE WHO AFRICAN REGION (DOCUMENT [AFR/RC72/6](#))

58. The Secretariat presented the document which, inter alia, enumerates the challenges to financial risk protection in the Region. Using such indicators as the incidence of “catastrophic health spending” and the proportion of the population “impoverished” due to out-of-pocket health spending, WHO and partners have monitored country progress in reducing financial hardship incurred while accessing essential health services since 2015.
59. A recent report revealed that while the service coverage index has been improving globally from an average of 45 in 2000 to 68 in 2019, only six Member States in the African Region have managed to simultaneously increase service coverage and reduce catastrophic health spending. Ten Member States have a very high level of catastrophic health spending while their service coverage remains very low. The paper also proposes actions that WHO and Member States can take to address the financial burden of out-of-pocket health spending and therein advance the attainment of UHC in Africa.
60. The Regional Committee commended the WHO Secretariat for a well-written document. Member States also highlighted the importance of alternative and innovative financing mechanisms, including tax and health insurance reforms, as a way of improving health financing and ensuring access to quality health services. Regional Committee delegates requested the WHO Secretariat to continue supporting Member States in generating data to inform the designing and implementation of health financing reforms as well as negotiations with ministries of finance, with a view to reducing the financial hardship caused by out-of-pocket payments for health care. They also proposed that WHO support countries in monitoring the progress of these reforms using country-specific analyses and information, and to coordinate with partners in providing support to Member States, using an adequate approach to scale up support for health financing in countries.
61. Delegates recommended the mainstreaming of the multisectoral approach, including partnerships with the private sector and nongovernmental organizations to mobilize financial resources, as a means of reducing the burden of

financing health services for households. They also underscored the importance of strengthening accountability and transparency in resource allocation and utilization to advance the achievement of UHC. The Regional Committee further requested the Secretariat to support the selection, regulation, and procurement of essential medicines at affordable prices as well as local production, to improve the supply of essential medicines and health services as a strategy to lower financial barriers.

62. The Regional Committee noted the amended Document AFR/RC72/6: Financial risk protection towards universal health coverage in the WHO African Region, and adopted the actions proposed in it.

FRAMEWORK FOR THE INTEGRATED CONTROL, ELIMINATION AND ERADICATION OF TROPICAL AND VECTOR-BORNE DISEASES IN THE AFRICAN REGION 2022–2030 (DOCUMENT AFR/RC72/7)

63. The document was introduced by the Secretariat. It reveals that the African Region currently bears a heavy burden of communicable diseases. WHO has developed several technical strategy documents in response to the current burden of communicable diseases globally. However, by the end of 2020, progress towards elimination of these diseases was based on vertical programmes, and the narrow approach defined in multiple pre-existing frameworks has not allowed for significant progress in achieving the Sustainable Development Goals, while the neglected tropical disease road map targets for 2020 were also not met.
64. These shortcomings have created the need for a holistic approach and integrated platforms for disease interventions. This integrated framework builds on the progress made over the last two decades in the control, elimination and/or eradication of tropical and vector-borne diseases and addresses major programme deficiencies that drive the persistently high burden of these diseases. Adopting an “integration approach” to strengthen synergies between these different programmes remains the best way of contributing substantially to accelerating achievement of the Sustainable Development Goals.
65. The Regional Committee commended WHO for the well elaborated document. Member States agreed that tropical and vector-borne diseases contribute significantly to the global burden of communicable diseases. They observed that these diseases were a concern in their countries and agreed on the need for standards and norms in addressing them. Key standards and norms proposed in the framework include approaching tropical, vector-borne and neglected tropical diseases broadly as a socioeconomic issue that necessitates community-wide and multisectoral strategies, instead of the current strategies that focus on individual patients. Furthermore, Member States advocated for noma to be included as a priority NTD, considering its health and psychological impact. They requested for continued technical support, especially in terms of human resource development and mapping of NTDs.
66. Finally, they recommended adopting appropriate vector-control measures for the elimination and eradication of malaria and neglected tropical diseases; developing training materials dedicated to capacity building of community actors; and collaborating with entomologists. They further emphasized the strengthening of surveillance as well as cross-border collaboration. They also highlighted the need for a strengthened multisectoral approach, collaboration, and resource mobilization to combat NTDs.
67. The Regional Committee adopted with amendments Document AFR/RC72/7: Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES 2022–2030 (DOCUMENT [AFR/RC72/8](#) AND DOCUMENT [AFR/RC72/WP3](#))

68. The document was presented by the Secretariat. It highlights the heavy toll of health emergencies, such as the increasing occurrence and severity of climate-related events, among others, on African health systems and economies, and the threat they pose to decades of hard-earned gains in ensuring health security. Such gains include the implementation of the Regional strategy for health security and emergencies 2016–2020, which reduced the median time used to contain outbreaks.
69. However, the devastating effects of COVID-19 require building resilient health systems capable of providing quality health care while coping with health emergencies. The new strategy incorporates lessons learnt from COVID-19, aims to reduce the health and socioeconomic impacts of health emergencies, and emphasizes the building of responsive and resilient health systems to effectively manage health emergencies while ensuring the continuity of essential health services.
70. Regional Committee members stressed that the implementation of the strategy will help strengthen health care systems and make them efficient, responsive, people-oriented and adaptive to crises and local contexts. They proposed that intra-action and after-action reviews should be undertaken during and after emergencies to document best practices, identify challenges and harness lessons learnt to serve as guiding principles and reinforce the preparedness and readiness of countries to respond to health emergencies. Socioeconomic considerations, gender equity and political will are needed to effectively manage emergencies. Coordination and multisectoral response structures were noted to be of critical importance in responding to emergencies, while support was requested by Member States, particularly those with specific fragilities and vulnerabilities, such as Small Island Developing States and countries facing humanitarian crises. It was also proposed that Member States define resilience at national, subnational and community levels for effective response and recovery.
71. Member States were urged to continue mobilizing domestic and external resources, build their capacities and ensure innovative and sustainable financing to facilitate the implementation and domestication of the strategy. An appeal was made for equitable distribution of resources across the Region in order to strengthen capacities for surveillance, detection and control. Regional Committee members highlighted the importance of the One Health approach that needs to be further operationalized to strengthen coordination between the human, animal and environmental health sectors, including cross-border coordination. Finally, they recommended that WHO should strengthen the rapid response teams and establish regional teams of experts to support capacity strengthening of countries for preparedness, readiness, response and recovery, as well as mobilize technical and financial partners to achieve country objectives. Moreover, support is needed to build tools for surveillance, IPC, WASH and implementation of the strategy, while the use of tools that are available and adapted to the context was recommended, as well as the training of teams and health workers on the ground. Support was also requested to strengthen capacities for the implementation of the International Health Regulations (IHR, 2005) and the relevant instruments for supporting implementation, monitoring and evaluation in Member States.
72. The Regional Committee adopted without amendments Document AFR/RC72/8: Regional strategy for health security and emergencies 2022–2030 and its accompanying Resolution: AFR/RC72/R3.

INTERGOVERNMENTAL NEGOTIATING BODY: UPDATE AND CONSULTATION ON THE WORKING DRAFT (DOCUMENT [AFR/RC72/9](#))

73. The Co-Chair of the Intergovernmental Negotiating Body (INB) tasked with drafting and negotiating a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, Ms Precious Matsoso, presented the Working draft that was considered by the Intergovernmental Negotiating Body at its second meeting, which served as the basis for the discussion. She provided a brief overview of the establishment of the INB and progress achieved, including the outcomes of the second meeting held from 18 to 22 July 2022. She invited the Committee to provide further oral comments on the working draft as well as written inputs before 15 September, and encouraged Member States to actively participate in the intercessional process which will culminate in the development of a conceptual zero draft to be considered at the third meeting of the INB scheduled for 5–7 December 2022. The document outlined the methodology, vision, principles, objectives, general obligations, institutional arrangements, and final provisions. The timeline of the INB and WGIHR processes were also presented, including the need to ensure alignment and avoid duplication in the two areas of work.
74. The Regional Committee members welcomed the quality and flexibility of the working draft document as a good basis to facilitate further discussions. Member States appreciated the work and leadership of the INB Bureau and expressed their commitment to continue to be actively engaged in the process. It was highlighted that the new instrument was expected to contribute to improved international solidarity and efficiency in responding to and managing health crises. Noting that inequity was at the core of the COVID-19 response, Member States welcomed the inclusion of equity as a principle and theme, and also requested that equity be operationalized across the different components of the new instrument. The Committee expressed support for a legally binding instrument under Article 19 of the WHO Constitution as determined by the second meeting of the INB. They also stressed the importance of ensuring strong leadership and governance for a legally binding instrument, adequate systems and tools, as well as sufficient, sustainable and flexible financial resources. Other key suggestions included the need to avoid duplication and overlaps with the International Health Regulations (2005) and other international instruments such as the Nagoya Protocol to the Convention on Biological Diversity. The need for a multisectoral and multidisciplinary approach to addressing emergencies, in a spirit of transparency and solidarity was also stressed. The Committee expressed support for research and development as well as building local and regional manufacturing capacity and also raised the need for access and benefit sharing. The need to ensure clear responsibilities before, during and after the declaration of a pandemic was pointed out, as well as incentivizing timely sharing of information, compliance, accountability and transparency and respect for the new instrument. Finally, Member States expressed their willingness to provide more written inputs and noted the working draft document.

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

UPDATED REGIONAL STRATEGY FOR THE MANAGEMENT OF ENVIRONMENTAL DETERMINANTS OF HUMAN HEALTH IN THE AFRICAN REGION 2022–2032 (DOCUMENT [AFR/RC72/10](#) AND DOCUMENT [AFR/RC72/WP1](#))

75. The Secretariat presented the document, which notes that nearly one in four deaths in Africa is reportedly due to environmental causes, including the impacts of climate change. The regional strategy for the management of environmental determinants of human health (2017–2021) focused on safe drinking-water, sanitation and hygiene, air pollution and clean energy, chemicals and wastes, climate change, vector control and health in the workplace.
76. However, limited investments and the COVID-19 pandemic slowed down the implementation of the previous strategy but provided lessons and opportunities for renewed action. The updated strategy seeks to revitalize action on environmental determinants of human health. It integrates recommendations from the WHO manifesto for a healthy recovery from the COVID-19 pandemic.

77. The Regional Committee acknowledged that the 10-year time frame of the strategy will allow enough time for its implementation, monitoring and evaluation. Member States recognized the devastating effects of environmental degradation and climate change on human health, and efforts by governments to address the attendant challenges. They noted that the strategy reflects the actual situation of Member States and constitutes a fundamental tool for the implementation of the Libreville Declaration of 2008 and the 2010 Luanda Commitment on Health and Environment in Africa. In addition, it will contribute to the achievement of SDG targets and universal health coverage. Delegates expressed their view of the strategy as a collaborative regional approach to addressing preventable environmental risks to human health and strengthening health system resilience to climate change. Member States highlighted their key priorities, namely strengthening coordination at national and subnational levels, and intercountry collaboration; developing policies and frameworks that mainstream climate change into health programmes and interventions; establishing multidonor partnerships and interministerial committees; and undertaking situational analyses and needs assessments to tackle the challenges posed by environmental health determinants.
78. Member States pointed out that adopting a multisectoral approach that cuts across sectors such as water, sanitation, health, education and finance, as well as strengthening participatory community health and hygiene would be crucial in achieving the targets set out in the strategy. They requested WHO and partners to provide technical and financial support for the implementation of the strategy. They called for the strengthening of the One Health approach in countries, as well as early warning systems, climate information services and weather forecasting for climate-related hazards, including disease prevention and health impact mitigation.
79. Finally, they recommended the formation of global partnerships for technology transfer and funding that will help Member States in mitigating the effects of climate change. They highlighted a number of priorities, including the analysis and development of joint plans for the reduction of emissions and gases, the use of climate-smart technologies and clean energy, education and awareness raising campaigns, and health sector financing to address inequalities due to environmental determinants of health. The WHO Secretariat pledged to support Member States to access available resources for climate and health, and reiterated the role of non-State actors and the community as partners in, and co-owners of interventions.
80. The Regional Committee adopted with amendments Document AFR/RC72/10: Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 and its accompanying Resolution: AFR/RC72/R1.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

SEVENTH PROGRESS REPORT ON THE IMPLEMENTATION OF THE TRANSFORMATION AGENDA OF THE WHO SECRETARIAT IN THE AFRICAN REGION (DOCUMENT [AFR/RC72/11](#))

81. The seventh progress report on the Transformation Agenda (July 2021–June 2022) as presented by the Secretariat, details the status of implementation and results achieved over the past year across its four focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective partnerships and communications. The report notes the concrete, systemic measures taken by the Secretariat to prevent and address harassment and abuse of authority, including the recruitment of an Ombudsman and a Regional Coordinator for prevention and response to sexual exploitation, abuse, and harassment (PRSEAH).
82. Meanwhile, in the prevailing COVID-19 context, the Secretariat has adopted new ways of virtual and hybrid working and introduced proactive measures to promote mental well-being, as well as workplace mental health initiatives to support staff members in improving their productivity. Nonetheless, the COVID-19 pandemic has threatened to set back achievements of the Transformation Agenda and amplified the critical need to accelerate the ‘unfinished agenda’ of WHO’s transformation, which will require adequate staffing and resources to fast-track progress.

83. The Regional Committee commended the Secretariat for the well-structured report and lauded the progress achieved. They also appreciated the lessons learnt over the seven years of implementation of the Agenda, especially in terms of continued improvement in diversity, equity, and inclusion. Member States noted with appreciation the efforts of the Secretariat to support staff in unlocking their full potential and commended the work done to sustain the culture of accountability, transparency, and value for money. Furthermore, they welcomed the ongoing drive to ensure gender equity. They welcomed the partnership with Africa CDC and proposed that the African Medicines Agency be strengthened to promote synergy.
84. The Regional Committee recommended that the report of the investigation into allegations of sexual exploitation, abuse and harassment be shared with Members States. In addition, Member States requested continued support in the areas of strengthening public health security, recruitment of a younger workforce, and elimination of sexual harassment. They further recommended that the Secretariat continue with the great work proposed in the next steps and underscored the need to sustain the gains made, create opportunities for young people, and speed up actions aimed at achieving universal health coverage.
85. The Regional Committee noted Document AFR/RC72/11: Seventh progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region, and the proposed next steps.

PROGRAMME BUDGET 2024–2025 AND EXTENDING THE THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023 TO 2025 (DOCUMENT AFR/RC72/12 and DOCUMENT AFR/RC72/12b)

86. In presenting the document, the Secretariat emphasized that the objective of the session was to consult Member States on two documents entitled “Extending the Thirteenth General Programme of Work, 2019–2023 to 2025” and “Draft Proposed Programme Budget 2024–2025 – Concept Note”. The Secretariat further noted that achievement of GPW 13 results is linked to three key legacies anchored on results delivery, sustainable finance, and governance reforms.
87. Concerning the GPW 13 extension, the Secretariat dwelt on the rationale for extension, which is primarily to intensify support to countries towards accelerating achievement of GPW 13 objectives, align WHO priorities with the triple billion targets and the UN planning cycle, as well as apply the delivery approach and the results framework for accountability and reporting.
88. On the Programme Budget 2024–2025 document, the Secretariat explained the prioritization process and criteria, alignment of funding commitment with priorities, distribution of the proposed budget by segments and major offices, and the timeline for further consultations.
89. In conclusion, the presentation provided a description of the African Region planning context – macro level trends, the epidemiological situation, risk factors, UHC, and the rationale for greater resource allocation based on income status, Sustainable Development Goal index and UHC score.
90. During the discussion, Member States commended the quality of the GPW 13 extension and Draft Proposed Programme Budget 2024–2025 documents, and acknowledged the current efforts of the Secretariat to strengthen governance. They expressed general consensus on the following:
- (a) Extending the GPW 13 for two more years is an opportunity to support countries, accelerate progress and achieve the WHO priorities outlined in the GPW 13, as well as align with the United Nations planning cycle;
 - (b) Prioritization should continue to be a bottom-up, inclusive and evidence-driven process that complements the delivery approach with strategic selection of priorities and development of acceleration scenarios; and
 - (c) Strengthening regional and country offices, including integrating solutions to reduce fragmentation, is fundamental to the Region’s commitment to achieving the GPW 13 results.

91. Moreover, Member States identified some focus areas that should be further advanced in the proposed Programme Budget 2024–2025. A complete list of focus areas for PB 2024–2025 in the African Region will be generated based on the ongoing prioritization process in the countries and the Region, and integrated in the Executive Board version of the PB 2024–2025. The following are the focus areas identified by Member States:
- (a) Universal health coverage, primary health care and financial hardship;
 - (b) Human resources for health, global code of recruitment of health personnel, embedding staff through the WHO system to support ministries of health;
 - (c) Noncommunicable diseases and their risk factors;
 - (d) Health emergencies and re-emerging diseases, strengthening IHR (2005) core capacities for preparedness, prevention, detection and response to health emergencies;
 - (e) Strengthening the Regional Office to support countries in achieving the GPW 13 strategic priorities and extend multicountry assistance;
 - (f) Investment in addressing data gaps to inform budgeting, strengthening the health data architecture and measurement frameworks;
 - (g) Integration of services and advancing innovations;
 - (h) Mapping of health risks and additional UHC indicators; and
 - (i) Implementation of the Transformation Agenda.
92. Member States of the African Region made the following recommendations to the Secretariat:
- (a) consistently use evidence and country priorities to inform decisions in PB 2024–2025 planning, resource mobilization, resource allocation, and tracking of progress and reporting of results;
 - (b) apply the delivery approach and results framework for accountability and reporting;
 - (c) apply equity as a value in decision-making on resource allocation at headquarters, regional offices and country offices;
 - (d) operationalize equitable resource distribution through at least the following approaches:
 - (i) Reversing the inverted pyramid by shifting human and financial resources to countries;
 - (ii) Implementing an incremental plan towards capping the allocation of the Programme Budget to headquarters at 20% by PB 2026–2027, starting with a decrease of 25% in PB 2024–2025;
 - (e) respect the roles and responsibilities of regional offices in ensuring responsive, effective, and efficient programme management;
 - (f) support and closely collaborate with Member States on strengthening the health data architecture and improving indicators (UHC billion, mental health, physical activity, etc.);
 - (g) further advance innovations and integration; and
 - (h) advocate/negotiate more flexibility on voluntary contributions to address country-specific priorities.
93. On the Programme Budget 2024–2025, Member States proposed amendments that would reflect the following elements:
- (a) To strengthen country and regional offices in supporting Member States achieve the GPW 13 objectives and SDGs considering the impact of COVID-19 and emerging health challenges, the proposed budget should be further increased as the one proposed in the draft is inadequate given the needs of WHO country offices, fragile health systems and current health issues;
 - (b) Implement the WHA decision on strategic budget space allocation (SBSA) to ensure that resources are not allocated away from regions and countries with the greatest need, and to take account of SBSA biennial reporting;
 - (c) Include a report on a replenishment model suited to WHO as a complementary financing mechanism of the programme budget;

- (d) Allocate the increase in assessed contributions starting in 2024 primarily to fund countries and regions;
 - (e) Include progress on governance reform as this is a precondition for increasing assessed contributions, which is a source of financing the PB 2024–2025;
 - (f) Respect the focus areas resulting from the bottom-up and evidence-based prioritization process in budgeting and financing.
94. Regarding the PB 2024–2025, the Secretariat recognized the need for further increasing the budget and funding share of countries, but highlighted the challenges in doing so when the overall programme budget remains constant.
95. The Chairperson concluded the session by stating that the Secretariat acknowledged the views and recommendations expressed during the discussion, and promised that they would be reflected in the documents of the 152nd session of the Executive Board in January 2023.

DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SEVENTY-THIRD SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC72/13)

96. Building on the discussions held during the various sessions and side events, Member States proposed that items on digital health, a multisectoral approach to health, as well as nutrition and food security be added to the draft provisional agenda of the Seventy-third session of the Regional Committee. The Secretariat took note of the requests and agreed to include the proposed topics on the agenda either through new strategies or frameworks or through reporting on the progress achieved in implementing existing ones.
97. The Regional Committee adopted the amended agenda of the Seventy-third session of the Regional Committee and confirmed that the session would be held in Gaborone, Botswana, from 28 August to 1 September 2023.
98. Several Member States commended Mauritius for also expressing interest in hosting the Seventy-third session and proposed that it host the Seventy-fourth session instead. However, the Regional Committee was reminded that the place of the Seventy-fourth session was not under discussion under this agenda item.

INFORMATION DOCUMENTS

99. The Regional Committee discussed and took note of the following 10 information documents:

Pillar 1: One billion more people benefitting from universal health coverage

- (a) Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (Document AFR/RC72/INF.DOC/1);
- (b) Progress report on the African regional framework for the implementation of the Global strategy on human resources for health: Workforce 2030 (Document AFR/RC72/INF.DOC/2);
- (c) Progress report on the Global strategy on women’s, children’s and adolescents’ health 2016–2030: implementation in the African Region (Document AFR/RC72/INF.DOC/3);
- (d) Progress report on the Global strategy to accelerate tobacco control 2019–2025: implementation in the African Region (Document AFR/RC72/INF.DOC/4);
- (e) Progress report on the Framework for the implementation of the global vector control response (GVCR) in the WHO African Region (Document AFR/RC72/INF.DOC/5);

Pillar 2: One billion more people better protected from health emergencies

- (f) Progress report on the implementation of the Regional strategy for integrated disease surveillance and response 2020–2030 (Document AFR/RC72/INF.DOC/6);

Pillar 4: More effective and efficient WHO providing better support to countries

- (h) Progress report on the Africa Health Observatory (AFR/RC72/INF.DOC/8);
- (i) Report on WHO staff in the African Region (AFR/RC72/INF.DOC/9); and
- (j) Regional Matters arising from reports of the WHO internal and external audits (AFR/RC72/INF.DOC/10).

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC72/14)

100. In accordance with paragraph 1d of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-second session of the Regional Committee for Africa, the Committee adopted the report through a written procedure.

CLOSURE OF THE SEVENTY-SECOND SESSION OF THE REGIONAL

Vote of thanks

101. The vote of thanks was delivered by the Honourable Minister of Health of Benin, Mr Benjamin I.B. Hounkpatin, who started by thanking the Government of Togo, in particular His Excellency President Faure Gnassingbe and the Minister of Health of Togo, Professor Mijiyawa, for the warm welcome and kind hospitality extended to the delegates.
102. The Honourable Minister from Benin considered the Seventy-second session a special event and thanked his colleagues for contributing to its successful outcome. He extended his gratitude, on behalf of his colleagues, to Dr Moeti for her excellent leadership.

Closing remarks by the Regional Director

103. The WHO Regional Director for Africa, in her remarks, thanked His Excellency the President of Togo for hosting the remarkable event, and for sharing his vision and achievements. She also thanked the National Organizing Committee for the excellent organization of the session. Dr Moeti expressed her sincere gratitude to the honourable ministers of health and heads of delegation for their valuable contributions and especially the Chairperson and Vice-Chairpersons for skilfully chairing the deliberations of the Seventy-second session of the Regional Committee. Furthermore, she acknowledged the delegates who attended the event virtually, a practice learnt from COVID-19, but which requires an extra effort. She further recognized the delegates' active participation in a busy programme, with side events during the lunch break and in the evenings.
104. She noted the inspiring country experiences in implementing multisectoral approaches and the emphasis put by Member States on the need for resilient health systems, greater equity and integration as well as promotion of primary health care and partnerships in the Region. She also acknowledged Member States' commitment to utilizing the investments made to tackle the COVID-19 pandemic and respond to other health problems in the Region. In that regard, sharing the results of research and innovations was considered essential. Dr Moeti promised that the above expectations would be considered by the Secretariat, which would also work hard to address the current challenges related to polio eradication.
105. Dr Moeti stressed that the Secretariat had taken keen note of the very important decisions of the Seventy-second session of the Regional Committee, which address a range of issues, from noncommunicable diseases to the impact of environmental determinants on health.

106. In concluding her remarks, Dr Moeti thanked the WHO Secretariat and all those who worked in the background to ensure the smooth and successful conduct of the main sessions and side events. She thanked Botswana for offering to host the Seventy-third session of the Regional Committee in 2023 and expressed deep gratitude for the recognition expressed by delegates for her work.

Closing remarks by the Chairperson of the Regional Committee

107. Before delivering his closing remarks, the Chairperson reminded the Regional Committee that the draft report of the Seventy-second session would be shared electronically for consideration by Member States and that comments must be submitted within 14 days. The finalized and approved report would then be published on the Secretariat's website.
108. In his closing remarks, the Chairperson, Professor Moustafa Mijiyawa, Minister of Health, Public Hygiene and Universal Access to Health Care of the Republic of Togo, thanked, on behalf of the Head of State and Government of Togo, the Regional Director for her remarkable work and the Secretariat for the excellent collaboration in the organization of the session. He also thanked the people of Togo for their support and in particular the National Organizing Committee led by General Ayeva that worked tirelessly on the logistics of the meeting.
109. He further thanked Dr Fatoumata Binta Diallo, the WHO Representative in Togo, for her hard work and dedication in organizing the session. The Chairperson ended by thanking all participants and declared the Seventy-second session of the Regional Committee closed.

PART III
SPECIAL AND
SIDE EVENTS



Organisation mondiale de la Santé
Région africaine

LOMÉ
LOMÉ INTERNATIONAL
CONFERENCE CENTRE



CABO VERDE

BURUNDI

MALAWI

BURUNDI

SPECIAL EVENTS

BUILDING BACK BETTER: RETHINKING AND REBUILDING RESILIENT HEALTH SYSTEMS IN AFRICA TO ACHIEVE UNIVERSAL HEALTH COVERAGE AND HEALTH SECURITY

110. Most of the countries in the African Region have been able to implement rapid and effective responses to the COVID-19 pandemic. However, the Region still faces significant challenges, notably in the detection and characterization of cases as well as in the timely provision of quality clinical services. The pandemic also disrupted essential health services. The special event aimed at initiating and launching a collective continental process to identify and address the major challenges faced by Member States and to build stronger and more resilient health systems.
111. In the first session, some Member States and partners were asked about challenges they faced in responding to the COVID-19 pandemic and its impact, and to suggest solutions for addressing these challenges. Dr Marie Khémesse Ngom Ndiaye, Honourable Jane Ruth Aceng Ocerro and Honourable Khumbize Kadondo Chiponda, Ministers of Health, Senegal, Uganda and Malawi respectively, made presentations on the experiences from their countries. They highlighted the relevance of coordinating the different stakeholders, the multisectoral approach, innovative strategies for resource mobilization and use. Dr Jean Jacques Bungani Mbanda, Honourable Minister of Health, Democratic Republic of the Congo emphasized the need to put communities at the centre of outbreak prevention and response.
112. Ms Martha Phiri, Director of Human Capital, Youth and Skills Development, representing the African Development Bank (AfDB), stressed the weaknesses in health systems, poor access to safe water and importation of most of our medicines and pharmaceutical products, including vaccines, among other issues. Dr Christopher Elias, President of the Global Development Division, Bill and Melinda Gates Foundation (BMGF) shared the contributions of BMGF in supporting response and preparedness strategies in the Region, including support to building resilient health systems in Africa.
113. The WHO Regional Director, Dr Moeti, summarized the contributions of the panellists on five main points, and responded to concerns of Member States by highlighting the need for an agile monitoring system that can provide data to inform rapid decision-making on lockdowns and other measures. She also stressed the need to establish measures to mitigate the negative impact of lockdowns, especially for vulnerable populations.
114. Presenting on innovative product development and manufacturing, Honourable Joe Phaahla, Minister of Health of South Africa, highlighted the inequalities in access to technologies, exposed by the COVID-19 outbreak. He deplored the dependence of African countries on external sources for medical equipment and products for emergency response. Ambassador Minata Samaté, the AU Commissioner for Health, Humanitarian Affairs and Social Development commended the leadership of the African Union and Member States in establishing partnerships to access vaccines. She called on Member States to consider the African Continental Free Trade Area (AfCFTA) agreement (free movement of goods and services), as an opportunity to engage in industrial development and regulation of health products.
115. Professor Motlalepula Matsabiza noted that Africa is ready to scale up local production of therapeutics for the treatment of priority diseases but advised the Region to start with products in both preclinical and clinical studies. He also called for empowering communities and traditional health practitioners to achieve equity and resilience. Mr Emmanuel Mujuru, Chairperson of the Federation of African Pharmaceutical Manufacturers' Associations, spoke on Africa's capacity to manufacture health products and the need to invest in technology transfer and regulation.
116. Mr Anthony Taubman from the World Trade Organization addressed the relevance of cooperation, systematic transfer of technology and a policy-driven approach and called for a pragmatic approach to technology transfer. Member States expressed the need to improve access to the market for pharmaceutical products and a broader, coordinated response.

117. In concluding the event, the Regional Director commended the leadership demonstrated in the Region and highlighted the importance of factoring in the lessons learnt from the COVID-19 pandemic experience; continuing interactions with Member States and partners, and strengthening collaboration, to pool resources and use them optimally for the development of resilient health systems to achieve UHC and health security in Africa. The Regional Director also underscored the need to take into account the contribution of traditional medicine and to approach the issue of intellectual property with some flexibility.

RESPONDING WITH SPEED AND QUALITY — ADDRESSING THE ONGOING THREAT OF POLIO IN THE AFRICAN REGION

118. The high-level special event on “Responding with speed and quality – addressing the ongoing threat of polio in the African Region” was organized to advance the fight against polio in the African Region, responding to the wild poliovirus type 1 (WPV1) cases reported in Malawi and Mozambique. The Secretariat also gave a brief presentation on polio priorities, including quality responses, surveillance and transition, as well as the need to strengthen routine immunization to ensure every last child is fully vaccinated. Discussions centred on the ongoing threat of polio in the African Region, celebrating the eradication of indigenous wild poliovirus, and efforts to eradicate all types of polio once and for all.

INTRODUCTION AND OPENING REMARKS

119. Professor Moustafa Mijiyawa, Minister of Health of Togo, kicked off the special polio event, noting that two years had elapsed since the African Region was certified free of indigenous wild poliovirus, but stressed that the virus was now back in the continent and that the eradication process would not stop until every child is vaccinated. The WHO Regional Director for Africa, Dr Matshidiso Moeti congratulated everyone assembled for the joint effort that allowed WHO’s successful closure of 32 outbreaks in 13 African countries at the end of the first quarter of 2022. She announced that 13 additional emergencies in five countries had since been closed. She pointed out that despite these milestones, there were ongoing outbreaks that still demanded our full attention and the highest levels of political commitment to ensure the job was finished. Further, she warned that persistent transmission and spread threatened the certification status of the Region and could potentially reverse hard-won gains.
120. Dr Moeti commended the Government of Malawi for its rapid response to the threat, for notifying the case internationally, and for declaring the outbreak a national public health emergency. She noted that the declaration on 17 February 2022 enabled the deployment of a rapid response team within 48 hours. She further thanked the Minister of Health of Malawi, Honourable Khumbize Kandodo Chiponda, for her personal involvement in prioritizing the outbreak response. She concluded her remarks by reiterating the commitment of WHO and partners to supporting ongoing efforts in the African Region with all available resources.

PRESENTATIONS

121. The opening session was followed by two presentations on the outbreak response and the ongoing priorities.

Outbreak response

122. Dr Richelot Ayangma, acting Coordinator of the Rapid Response Team, WHO Regional Office for Africa, made a presentation on the outbreak response. He provided a comprehensive update on the significance of the WPV1 importation in the African Region and the need for continued vigilance; the ongoing circulation of non-wild polio in the African Region and a call for joint efforts to end all forms of polio, as well as the need for political commitment to finish the job by ending all polio outbreaks in Africa. He recommended that governments should continue to prioritize polio outbreak responses, resources and vaccines from the global stockpile, and strengthen routine immunization.

Ongoing priorities

123. Dr Modjirom Ndoutabe, acting Polio Programme Coordinator, WHO Regional Office for Africa, made a presentation on polio priorities. It focused on lessons learnt from polio to be leveraged for other public health emergencies; maintaining the highest level of surveillance for rapid detection; and transitioning of essential functions and routine activities for integrated public health. He stressed that a collective effort is necessary to achieve global eradication through strengthening routine immunization systems to prevent outbreaks; maintaining sensitive surveillance to detect any new cases; and implementing rapid and high-quality campaigns to respond to outbreaks.

Discussions

124. During the discussions, the urgent need to ensure that polio eradication remains a key priority in governments' agendas was emphasized. Participants stressed the need to intensify efforts to this end, including in resource mobilization, community, environmental and cross-border surveillance, clean drinking water, adequate sanitation and hygiene. They also suggested strengthening communication to enhance acceptance of preventive measures, including immunization, intensifying the search for zero-dose children and focusing more on populations in conflict and hard-to-reach areas, as well as cross-border campaigns.

CLOSING SESSION

Call to Action

125. Dr Moeti thanked the Member States for the wide ranging and profound sharing of experiences, challenges, and the recommended interventions, noting that Member States could draw inspiration from strategies previously adopted by others. She called on Member States to focus on vaccination and sanitation to avert vaccine-derived variants within the population.

Partner remarks

126. Talking on behalf of partners, Dr Chris Elias, Polio Oversight Board Chair and President, Global Development, Bill & Melinda Gates Foundation, congratulated WHO and Member States on the ongoing efforts towards eradication of polio, and reiterated the Foundation's commitment to supporting these efforts. He observed that the longer the virus was allowed to circulate, the more it evolved and adapted.

Closing remarks

127. Professor Moustafa Mijiyawa, Minister of Health of Togo, closed the special event by thanking everyone for a fruitful session with much cross-learning from shared experiences.

SIDE EVENTS

THE CONTRACT-BASED APPROACH TO MANAGING PUBLIC HEALTH FACILITIES IN TOGO

128. Delegates to the Seventy-second session of the WHO Regional Committee for Africa discussed the contract-based approach to managing public health facilities in Togo during a side event organized on Monday 22 August 2022, on the sidelines of the Regional Committee session, by Professor Moustafa Mijiyawa, Minister of Health, Public Hygiene and Universal Access to Care of the Republic of Togo.
129. The contract-based approach was adopted on the basis of several findings, specifically: (i) the gap between the resources allocated to health facilities and the services provided; and (ii) the lack of patient satisfaction owing to the low quality of health care provided to them. The situation was compounded by disrespect for public property and noncompliance with the medical code of ethics and professional practice.

130. Faced with this situation, the Government of Togo introduced the contract-based approach in the country to address the low quality of health services provided in public health facilities, in spite of increased investment in human resources and product safety at all levels, from tertiary institutions to health facilities in rural areas.
131. Contracting is governed by an agreement between the Ministry of Health, Public Hygiene and Universal Access to Health Care and a non-State entity. It is based on the following considerations:
- (a) the health facility maintains its status as a public facility;
 - (b) the State maintains its role and prerogatives;
 - (c) the organization chart of the health facility remains unchanged;
 - (d) the contracting company defines its role in the organization chart and provides management support to the facility;
 - (e) a Treasury Committee is set up and decides by consensus on the expenditure of the facility, based on its priorities and the revenue earned.
132. The implementation of this approach began in June 2017 with a pilot phase carried out in two health facilities (the Atakpamé Regional Hospital and the Blitta Prefectural Hospital), followed by other facilities within the three levels of the health pyramid, as follows:
- (a) central level – Sylvanus Olympio University Hospital (CHUSO) and Kara University Hospital (2018);
 - (b) intermediate level – Dapaong (2018), Sokodé (2018) and Atakpamé Regional Hospitals;
 - (c) peripheral level: Blitta and Notsè Prefectural Hospitals (March 2022) and Siou Medical and Social Centre (2018).
133. Some of the achievements were listed to include ability of health facilities to increase their own revenue; improvement in health care delivery; greater availability of pharmaceutical products; and a convincing patient satisfaction rate in the contracted hospitals: more than 80% of the people surveyed expressed their satisfaction.
134. Discussions during the event revolved around issues such as the need to pay greater attention to the allocation and use of resources in public hospitals for enhanced efficiency. It was noted that the country now recognizes that public hospitals are a drain on the public budget and often provide care of unsatisfactory quality. It was stressed that considering the results obtained, the contract-based approach as implemented in Togo has been recognized as a solution for the sound and efficient management of health facilities, in the spirit of public-private partnership. However, this approach needs to be better documented and supervised. The need for guidance documents, as well as the more urgent need for overall adjustment of the management of public property in countries were emphasized. The contract-based approach, which is a good prerequisite for the leasing system, should be adopted to strengthen the health system. Furthermore, a call was made for Member States to promote similar initiatives in countries and to share these initiatives to improve Togo's approach and enable it to be replicated. However, some challenges were equally identified to include the development of a national policy or strategy on the contract-based approach in Togo; extending the approach to all public health facilities; and overcoming the reluctance of health workers.
135. Going forward, participants at the event suggested an external review to be carried out as part of an assessment that would allow for adjustments and for gradually extending the approach to all public health facilities. Other suggestions included the idea of establishing a communication system for regular sharing of the results obtained; an incentive system for health workers to improve their productivity; development of policy and strategic frameworks to frame the contract-based approach; and considering the lessons learnt from the approach when planning and developing health facilities in the broadest sense.
136. In conclusion, it was noted that WHO stands ready to support Member States to ensure greater efficiency in the management of health facilities.

MARSHALLING A REGIONAL CAMPAIGN AGAINST SICKLE CELL DISEASE (SCD)

137. This side event was held on Tuesday 23 August 2022. Professor Jean-Marie Dangou, Team Leader for Noncommunicable Diseases at WHO AFRO, introduced the event and set the scene. He framed the SCD burden globally and focused

on the poor outcomes of SCD in the African Region. He then moderated the entire session. In her opening remarks, the WHO Regional Director for Africa, Dr Matshidiso Moeti, reminded participants that SCD is the most important genetic disease in the African Region. She noted that progress had been made since the side event devoted to the same subject at the Seventieth Regional Committee, with the main outcome being that SCD has been included in the health sector strategic plans of all the high burden countries.

138. Ministers of health who were panellists each shared their country's experience on predetermined aspects of SCD. The Minister of Health of Ghana, Honourable Kwaku Agyeman-Manu, shared his country's experience of rolling out the use of hydroxyurea through national health insurance. The story started with a professor who lost his son to SCD, then decided to champion the cause of increasing access to medical care for SCD. Through the Ghana SCD Foundation that he founded to mobilize resources; research was undertaken, with its findings informing the initiation of newborn screening services. Currently, SCD interventions, including the use of hydroxyurea, are available to all patients.
139. Sharing Uganda's experience, Honourable Minister Ruth Aceng explained how the country had leveraged domestic and external resources, including those from the World Bank to increase access to SCD treatment. She briefly narrated the country's journey from 2013 to 2014, when a survey to establish the burden of the disease was conducted and recorded a prevalence of 1% and 13% for SCD and sickle cell trait respectively. The survey informed the establishment of countrywide newborn screening for SCD using dry blood spot as the means of sample collection. In 2018, a study was conducted on the use of hydroxyurea. Based on the study results, hydroxyurea was approved for use in children and adults. Resources were mobilized from Government and partners. Partnership was established with Novartis to make hydroxyurea available for children in Uganda. The existing World Bank loan for maternal and child health was made to include SCD management with hydroxyurea. As a result of all these efforts: newborn screening services for SCD are now available countrywide; the Novartis formulation of hydroxyurea has been approved by the drug regulatory authority for use in children aged above 5 years; and the country has seven centres of excellence for the management of SCD. More resources are required to sustain and scale up services, as well as introduce new interventions.
140. The Minister of Public Health of Cameroon, Dr Malachie Manouada, shared his country's success in integrating SCD into other programmes. The country has a referral centre and efforts have been made to decentralize care. Key challenges include late diagnosis and limited access, with care available only in referral facilities. Going forward, the country is prioritizing primary prevention, focusing on couple counselling and integration of SCD into other programmes and services, early screening, and community-based management.
141. The host, Minister of Health of Togo, Professor Moustafa Mijiyawa shared his country's innovative approach of using sports to raise awareness. The focus is on the youth for primary prevention. There is strong collaboration between the health and education sectors. Various platforms are being used to reach out to the population, including markets. Other priorities include skilling of health workers, increasing access to medicines, and scientific research on SCD.
142. Professor Julie Makani of SickleInAfrica, an NGO that operates programmes in several African countries, during her virtual presentation as panellist explained that her organization's support focused on research, training of service providers and comprehensive care at various levels of health facilities. Key recommendations included the need for integration into existing programmes and service platforms, avoiding a vertical SCD programme, striving for broader programming for UHC through PHC, scaling up advocacy, partnerships and working towards increased access to curative treatment, including bone marrow transplantation.
143. In his contribution as a virtual panellist, Mr Collin McLiff, from the US Department of Human and Health Services/ OGA, updated participants on the Global SCD Coalition. He also reminded participants of the actions taken by the former Deputy Secretary of Health of the US Government, who lobbied international pharmaceutical companies to reduce the cost of medicines.

144. Other Member State delegations that participated and contributed to the question and answer session included those of Burundi, Central African Republic, Niger, and the Gambia. They shared their experiences in SCD prevention and control, including the main challenges they encountered.
145. In her closing remarks, the WHO Regional Director for Africa, Dr Moeti, recognized the richness of experiences and the various strategies shared by the different countries. She reminded the participants of the purpose of the event, which was to conduct advocacy and raise awareness on the prevention and control of SCD. She reminded participants of the need to build on what had been started, and to integrate SCD into the programming and service delivery platforms of the affected population groups. Looking ahead, she underscored the need to mobilize additional resources to increase access to known interventions, enhance research, and explore curative treatments, including gene therapy.

MEETING OF SIDS MINISTERS OF HEALTH

146. WHO is supporting the Small Island Developing States (SIDS) in the WHO African Region, namely Cabo Verde, Comoros, Guinea-Bissau, Mauritius and Sao Tome and Principe, as well as Madagascar, to implement pooled procurement. Upon signing the SIDS Pooled Procurement Agreement in September 2020, SIDS Ministers of Health requested the Secretariat to define and finalize all requirements for the first pooled procurement tender.
147. The Secretariat undertook country missions for this purpose, during which it also assessed the local production capacity of Cabo Verde as well as compliance with good warehousing and distribution practices by SIDS procuring entities. The procurement and technical committees discussed the mission outcomes during a meeting in Cabo Verde in May 2022.
148. During the Seventy-second Regional Committee (RC72) in Lomé, SIDS Ministers were briefed on the outcome of the missions with regard to the following: requirements for pooled procurement; assessment of local production in Cabo Verde; assessment of compliance with good warehousing and distribution practices by SIDS procuring entities; selection criteria for the host country of the SIDS pooled procurement secretariat.
149. The Ministers noted the consensus reached by the procurement and technical committees on the following points during their Cabo Verde meeting:
- (a) List of 67 priority medicines, specifications and quantities for pooled procurement;
 - (b) Regulatory requirements to be complied with, including for labelling;
 - (c) Use of open tendering as the default method of procurement;
 - (d) Use of EXW as well as DAP prices [air and sea routes];
 - (e) Joint tendering, with individual countries responsible for contracting and paying suppliers.
150. Ministers noted that for the first pooled procurement tender, opening and evaluation are still pending. Ministers also noted that some SIDS are facing challenges with funding, procurement planning, storage space and other supply chain management issues and need support from the Secretariat.
151. Ministers also noted that Cabo Verde produces 84 products locally, representing 35% of national needs, and capacity is being increased to cover unmet needs and for export. Finally, Ministers noted the proposed criteria for the selection of the host country of the SIDS pooled procurement secretariat. After deliberations, the Ministers took the following decisions:
- (a) Endorsed the 67 priority products for pooled procurement;
 - (b) Endorsed the pooled procurement regulatory and other requirements;
 - (c) Approved open tendering to be used as the default method of procurement;
 - (d) Approved the criteria for the selection of the host country of the SIDS pooled procurement secretariat with a two-week grace period for additional comments from the SIDS.

152. Next steps for the Secretariat: opening and evaluation of the pooled procurement tender; initiation of the selection process of the host country for the secretariat; finalizing of outstanding programme documents and tools; supporting the SIDS to address other pharmaceutical challenges identified during the missions.

COMBATING SUBSTANDARD AND FALSIFIED MEDICINES IN AFRICA: A COLLABORATIVE AND INTEGRATIVE APPROACH

153. In line with the Lomé Initiative launched in January 2020, a side event on substandard and falsified medical products was held during the Seventy-second WHO Regional Committee for Africa on the theme “Combating substandard and falsified medicines in Africa: a collaborative and integrative approach”. The panellists comprised Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, Dr Joseph Caboré, Director of Programme Management of WHO AFRO, Professor Moustafa Mijiyawa, Minister of Health of Togo, Dr Daniel Ngamiye, Minister of Health of Rwanda, Ambassador Minata Samaté Cessouma, Commissioner for Health, Humanitarian Affairs and Social Development of the African Union, Dr Mamessilé Aklah Agba-Assih, Deputy Minister of Health in charge of Universal Health Coverage of Togo. Mr Richard Amalvy, Director General of the Brazzaville Foundation, moderated the panel. The discussion focused on the supply chain, the levers to organize the fight against substandard and falsified medical products, harmonization and cooperation.
154. On the pharmaceutical supply chain, it was stressed that reliable suppliers are critical, and the distribution chain needs to be strengthened due to the complexity of the pharmaceutical supply chain. The continent imports more than 70% of its medical products. Underused African industries and production units need to be leveraged to reduce external dependence. Dr Tedros underlined that substandard and falsified medical products exist only because quality and affordable products are not accessible. He urged countries to collaborate on local production and quality assurance of locally produced medicines, vaccines and devices. The African Medicines Agency (AMA) will play a critical role in working with national regulatory authorities to curtail substandard and falsified medical products.
155. Participants noted that the main levers to optimize the fight include updating laws and regulations, improving multisectoral coordination within countries and strengthening cross-boarder collaboration to promptly detect and remove substandard products to protect public health. They also emphasized the importance of instruments such as the AU model law for medical product regulation and the AMA treaty in achieving effective harmonization and cooperation in the fight against substandard and falsified medical products. The panellists urged countries to accelerate the ratification of the AMA treaty.
156. Some the challenges enumerated included the complexity of the supply chain, which makes it vulnerable to substandard and falsified medical products in most African countries; such vulnerability engenders corruption and weak governance in the health system, a situation that is aggravated by the lack of multisectoral coordination. To address these challenges, Member States recommended the need to develop transparent procedures for selecting reliable suppliers; strengthen intercountry collaboration including pooled procurement; and support local production of health products.

TOWARDS POLITICAL LEADERSHIP TO END CHILDHOOD TB BY 2030 – EVENT BY THE AU IN COLLABORATION WITH WHO AND EGPAF

157. The Minister of Health of South Africa, Dr Joseph Phaahla, moderated the opening session. The AUC Commissioner for Health, Humanitarian Affairs and Social Development, Ambassador Minata Cessouma, highlighted the nexus between tuberculosis (TB) and nutrition. She noted that childhood tuberculosis coupled with malnutrition poses major health challenges in African Union Member States, and that undernourished children with tuberculosis are susceptible to developing extensive and severe complications. She underscored the need for urgent innovative interventions to integrate tuberculosis diagnosis in nutrition programmes to allow for early identification of the disease in children.

158. The WHO Regional Director for Africa, Dr Matshidiso Moeti, stressed the need to ensure that the needs of children were addressed, and that was only possible if the relevant data were disaggregated to ensure a focused response. She stated: “The epidemic of tuberculosis among children in Africa has been occurring in the shadows and has until now been largely ignored.” She highlighted the need for strong political leadership, accountability, financial support and global solidarity to increase access to effective diagnostics, medicines, vaccines and other tools for tuberculosis control.
159. The Minister of Health of Senegal, Dr Marie Khemesse Ngom Ndiaye, pointed out that children were still being left behind in the TB response, and expressed satisfaction that the session was being held to focus attention on the critical issues of childhood TB and nutrition.
160. WHO AFRO then made a presentation on “Inequalities children face in the TB response in Africa – Overview of the status of childhood TB and nutrition in the African Region”, which highlighted existing data and gaps in the response to childhood TB. The presentation noted that two thirds of children in the Region are unreported or undiagnosed for the disease, leading to increased risk of rapid disease progression and mortality, especially in younger children. Among children aged below five years, just around a third (32%) are diagnosed – the smallest proportion globally.
161. The reasons identified for the low detection of tuberculosis included, among others, poor specimen collection as well as the need for bacteriological confirmation of the disease among children who can display non-specific clinical symptoms that overlap with those of other common childhood diseases. Additionally, children and young adolescents usually seek primary health care or child health services in facilities where the capacity to diagnose tuberculosis is often limited.
162. The next session was a panel discussion moderated by Honourable Khumbize Kandodo Chiponda, Minister of Health of Malawi. During the discussion, the Minister of Health of Burundi, Dr Sylvie Nzeyimana, stated that in 2021 in her country, children aged below five years accounted for 24% of TB cases, while the country had a prevalence rate of 5% for malnutrition. This situation required that attention be paid to malnutrition both at facility and community levels. Part of the solution was to focus on integrating nutrition in over 90% of primary health care facilities and adopting community case management, as well as involving CHWs in the management of adults living with TB.
163. The Minister of Health of Ethiopia noted that children are vulnerable and socially disadvantaged; therefore, steps must be taken to protect their rights by reducing poverty at the micro level and ensuring that they enjoy social protection. Evidence should be generated for policy-makers to take the right decisions. There was also the need to scale up domestic investments to ensure targeted interventions; however, if such interventions remain in project mode, they will lag behind.
164. A representative of EGPAF shared some best practices for countries striving to achieve a TB-free generation. They include scaling up systematic TB screening at relevant child health entry points and implementing appropriate active case-finding strategies among children and adolescents at risk, and scaling up treatment prevention therapy (TPT) regimens for children at risk.
165. The representative of the Stop TB Partnership pointed out that lack of resources and lack of attention are the main reasons why children are left behind, and these issues can be addressed by increased political attention to address childhood TB. He noted that maintaining the status quo and doing business as usual will not end TB. He called for bold leadership from Africa on TB and childhood TB
166. In the ensuing discussion, there were interventions from Togo, Kenya and Congo.
167. The meeting adopted a Call to Action for immediate and comprehensive measures to end the significant toll of TB among children in Africa. The Call also requests swift measures to accelerate recovery from the impact of COVID-19 and urges countries to facilitate the scale-up of child-friendly tuberculosis diagnosis, treatment and care. It urges

Member States of the African Region to prioritize funding for tuberculosis prevention and control and to allocate sufficient financial, technical, and human resources to accelerate progress towards ending the disease in children and adolescents.

168. The side event was closed by the Minister of Health of Togo.

ENSURING HEALTH SECURITY IN AFRICA - MINISTERIAL DINNER TO DISCUSS WHO AFRO EMERGENCY PREPAREDNESS AND RESPONSE FLAGSHIP PROGRAMMES

169. The Minister of Health of Togo, Professor Mijiyawa, welcomed participants and emphasized the importance of taking a One Health approach to managing outbreaks, citing the example of Europe's success in eliminating many infectious diseases before the invention of antibiotics. He urged the discussants to engage with the topics that would be discussed, taking lessons learnt from recent outbreaks, including COVID-19.

170. Dr Makubalo welcomed guests and explained that the evening's discussions would focus on the shared vision of enhancing emergency preparedness and response (EPR) on the African continent to better prepare for the next shock. She pointed out that COVID-19 and recent outbreaks of Ebola and Marburg virus diseases, and wild poliovirus had revealed health systems weaknesses, including in financing, infrastructure, and workforce capacity, all of which demand collective, urgent action.

171. Dr Ihekweazu shared the WHO Director-General's 10 proposals to strengthen the health emergency, resilience, and response architecture. The proposals centre on three key pillars — governance, systems, and financing — and entail five critical measures, including emergency coordination, collaborative surveillance, community protection, access to countermeasures, and clinical care. Dr Fiona Braka summarized the three WHO AFRO EPR flagship programmes, noting that PROSE aims to build coherent national action plans for preparedness, prevention, risk reduction, and operational readiness; while TASS aims to ensure scalable alert and response coordination through a standardized and commonly applied Emergency Response Framework; and SURGE builds country and regional health emergency alert and response teams that are interoperable and rapidly deployable. She drew special attention to PROSE, which focuses on building the capacities of countries to anticipate risks, plan for contingencies, and prepare to mobilize human and material resources to stabilize emergency situations rapidly and effectively address humanitarian crises.

172. Dr Chungong cautioned that most countries in the African Region are ill-equipped to prevent, prepare for, and respond to pandemics. For example, while 45 countries have developed National Action Plans for Health Security (NAPHS), none has been fully implemented or financed. She noted that to strengthen the capacity of countries to prepare for pandemics, WHO and the World Bank estimate that an additional US\$ 10.5 billion per year is needed at country, regional, and global levels – a critical resource gap that will be partly filled by the newly-launched Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (PPR FIF). She explained that the PPR FIF will provide catalytic, gap-filling funding to strengthen HEPR capacities and investments towards health system resilience in LMICs, with a focus on scaling up the implementation of NAPHS.

173. The session began with a ceremonial presentation of 50 Togolese elite emergency responders drawn from across government ministries. This was followed by a panel discussion comprising representatives from various Ministries in Togo, focusing on how Togo's One Health approach to emergencies works in practice and the country's plans for AVoHC-SURGE and multisectoral engagement moving forward.

174. The representative from the Ministry of Agriculture added that a One Health approach means working closely with communities to ensure proper use of pesticides and animal health surveillance to quickly identify and contain zoonotic diseases. Similarly, the representative from the Ministry of Environment acknowledged that the African Region is facing an increase in climate-related emergencies and that Togo has taken important steps to address these crises. For instance, through a project funded by the World Bank, the Government has instituted cross-

sector, nationwide epidemiological surveillance with the Ministries of Health and Agriculture working in close collaboration.

175. The Minister of Grassroots Development, Honourable Myriam Dossou, began by explaining that her Ministry works to sustainably reduce poverty as a fundamental cause, and focuses on educating, sensitizing, and organizing grassroots communities. For example, to manage the COVID-19 pandemic, the Ministry engaged, trained, and mobilized 5000 young volunteers through the National Volunteering Agency, to distribute masks and transmit key prevention messages, reaching approximately 5 million people across the country. She emphasized the importance of risk communication and community engagement (RCCE), a sentiment that was echoed by the Ministry of Communications, which liaised across ministries during COVID-19 to collect and convey information to manage the crisis.
176. Finally, the representatives from the Armed Forces, Higher Education, and Civil Protection underscored the need to strengthen logistics during health emergencies, channel human and financial resources toward research, and strengthen cross-governmental coordination.
177. The conversation with Dr Chiwenga kicked off with a discussion on the dual role that he plays within the Government by holding two senior positions as Vice President and Minister of Health. Dr Chiwenga stressed that his dual role empowers him to apply a whole-of-government, whole-of-society approach in dealing with health emergencies. He gave the example of the Government's approach to managing the COVID-19 pandemic, where he oversaw a cross-sectoral government response. He added that the concept of One Health fits well with how the country has been managing health emergencies, explaining that Zimbabwe's Public Health Emergency Operations Centre (PHEOC) acts as a central hub through which all emergencies are coordinated.
178. Dr Chiwenga also highlighted the Government's response to the recent measles outbreak that has claimed the lives of more than 100 children. Of note, the Government has rolled out supplementary immunization programmes financed by local resources mobilized from the National Disaster Fund, and has taken urgent steps to strengthen routine immunization. In closing, Dr Chiwenga appreciated the support provided by WHO and other partners in helping the country battle the outbreak.
179. Dr Dikoloti opened the floor with a discussion on the outstanding gains Botswana has made in strengthening its EPR architecture. Notably, the country has dramatically cut down the median time from outbreak detection to containment, from 418 days in 2016 to 51 days in 2018. Botswana has also made significant progress in recruiting and training a team of 70 elite emergency experts from the national and subnational levels, as well as from different sectors while ensuring strong gender balance – 44% of the responders are women. Dr Dikoloti underlined the importance of ensuring gender parity, noting that at the height of COVID-19, disruptions in health services led to a sharp decline in the uptake of sexual and reproductive health and rights (SRHR) services, leading to an uptick in gender-based violence and maternal mortality, and exacerbating poverty. In a continent where women make up 70% of the health workforce, Dr Dikoloti urged countries and partners to ensure gender parity is mainstreamed in emergency response.
180. Professor Mkheitiratt explained that Mauritania's health emergency response has had to consider the fact that in addition to receiving many migrants and refugees, the country is vast, and many areas remain hard to reach. To address these challenges, the country has already selected and trained a team of 52 multisectoral experts that are ready for deployment to any region of the country to deal with health emergencies and humanitarian crises. He outlined key lessons learnt in implementing this initiative, including the need for countries to adapt their EPR approaches to local contexts, cultures, and experiences.
181. On the role of Africa CDC, Dr Djoudalbaye highlighted that AVoHC, which was launched following the 2014–2016 Ebola crisis in West Africa, has been integrated with SURGE to ensure better regional coordination. He drew attention to the importance of response, noting that in the Regional Strategy for Health Security and Emergencies (2022-2030)

adopted during the Regional Committee, a major target for 2030 is for “80% of districts in each Member State [to] have capacities for rapid response to high-threat pathogens.” However, critical gaps remain. Dr Djoudalbaye noted that Africa has 2000 epidemiologists who have been trained to the Master’s level, but still needs at least 6000 for effective surveillance and response. AVoHC-SURGE will therefore serve to build capacity at the country and regional levels.

182. Dr Gueye closed the session by reiterating the vision to train 3000 responders who are ready for deployment within 24 to 48 hours of any emergency. He clarified that while most countries will have a team of 50 multidisciplinary responders, countries such as Nigeria, Ethiopia, and the DRC will have at least 150 each. He disclosed that the goal was to have 1000 responders ready for deployment by the end of 2022, and 3000 by the end of 2023. This, he noted, was the equivalent of a brigade in the army – an elite team that will be poised to defend Africa against an enemy that is small but very tough.

BUILDING RESILIENT HEALTH SYSTEMS IN AFRICA THROUGH IMPROVED LEADERSHIP, MANAGEMENT, AND GOVERNANCE: THE WHO AFRO PATHWAYS TO LEADERSHIP PROGRAMME FOR MEMBER STATES

183. The high-level side event presented contextual information and experiences related to the genesis and implementation of the WHO Pathways to Leadership for Health Transformation Programme in the WHO Regional Office, Ghana and Niger. Speakers included the WHO AFRO Director of Programme Management, Dr Joseph Cabore, the Deputy Director General of Ghana Health Services, Dr Anthony Ofori, and the Minister of Health, Population and Social Affairs of the Republic of Niger, Dr Idi Mainassara. Dr Cabore kicked off the moderated discussion by describing the genesis of the Programme, which emerged as an initiative of the Transformation Agenda of WHO in the African Region and aims to increase the personal and interpersonal awareness of WHO staff, sharpen their analytical skills, and enhance their understanding of the complex issues facing WHO managers and leaders today. He described the option chosen by WHO to develop public health leaders from within, which has positioned the Organization to effectively drive and deliver the Transformation Agenda in Africa’s complex health environment.
184. Both Dr Idi Mainassara and Dr Anthony Ofori shared their experiences as beneficiaries of the WHO AFRO Pathways to Leadership Programme in Niger and Ghana respectively, while underscoring the added value of the dynamic leadership programme in strengthening the focus on results, accountability, teamwork and systems thinking to achieve health sector transformation. Dr Idi Illiassou Mainassara highlighted the impact of the Programme on the leadership skills of senior health personnel in Niger. He noted that a new people-centred vision for managing and directing health teams and delivering services has emerged as a result of the application of the leadership principles adopted by the senior level staff who participated in the Programme. He went on to mention the notable improvements in the coordination and management of interventions within the Ministry of Health in Niger. He called for the renewal of the focus on strengthening the management cadre within health systems, while stressing the critical importance of leadership development for improving population health. Niger intends to increase the number of programme beneficiaries by launching a second cohort for senior health leaders. Supporting Niger’s aspirations, Dr Denisa Ionette, the European Union Ambassador to Niger, intervened virtually to reaffirm the European Union’s commitment to strengthening health governance in Niger. She described the potential of the Programme to not only strengthen leadership skills and competencies but also to improve the COVID-19 response and recovery actions.
185. As a participant in the first cohort of the Programme in Ghana, Dr Anthony Ofori described its usefulness in helping to identify and enhance personal strengths as a leader and the increased self-awareness and emotional intelligence gained. He expressed his appreciation of some of the programme tools, including the ‘Gallup Strengths Finder’ and the 360 degree feedback assessment, which provide insights into one’s leadership style. Dr Ofori encouraged health leaders to engage a professional coach, describing his experience with the coaching component of the Programme, which has supported a number of participants in engaging in courageous conversations that address team underperformance and steer teams towards a common vision. He articulated how the Programme helped

participants to rethink the traditional ways of addressing change and challenges in the health ecosystem by adopting a growth mindset and systems thinking. The WHO Representative in Ghana, Dr Francis Kasolo, intervened virtually to further expound on the collaboration between Ministry of Health Ghana, Ghana Health Services, WHO in Ghana and FCDO UK, which has translated into a commitment to cascade the Programme to mid-level health and women leaders in two additional cohorts. Dr Kasolo further presented efforts to sustain the Programme through collaborations with academic institutions in Ghana, so it can be integrated in their professional development curricula.

186. The major outcomes of the well-attended side event included: increased interest among Member States in participating in the Programme, including the Central African Republic, the Democratic Republic of the Congo and Kenya; and consensus among participants on the potential value of the Programme in enabling system change towards stronger and more resilient health systems in Africa.

MINISTERIAL CONFERENCE DINNER ON THE USE OF ARTIFICIAL INTELLIGENCE FOR HEALTH IN THE AFRICAN REGION

187. The side event was organized as a follow-up to a technical workshop held in June 2021 on the use of artificial intelligence (AI) in health in the African Region conducted by WHO AFRO and the ITU, with support from USAID. The ministerial side event brought together high-level government policy-makers across Africa to discuss the critical policy dimensions of strengthening health systems through AI and other relevant digital solutions. The event was held to showcase AI-driven health solutions developed and implemented by the Member States of the African Region and to identify concrete actions for shaping policy and creating enabling environments to foster digital technologies for accelerated improvements in health and related development programmes.
188. Ms Cina Lawson, Minister for Digital Economy and Digital Transformation of Togo, who chaired the event, welcomed participants, and thanked them for attending the session. She used the opportunity to share with participants the digitization strategy of Togo and how AI transformed Togo's economy and health system during the pandemic. She urged participants to take the subject seriously and prioritize it in all countries to advance the digital transformation of the continent.
189. Dr Matshidiso Moeti, WHO Regional Director for Africa, highlighted the WHO AFRO survey on the digital health of Member States. She said it was clear from the results that more than half of the Member States have policies to implement digital health programmes to improve health care in the Region. She stressed that while we celebrate these achievements, we need to address some challenges of implementing AI in our countries, ranging from inadequate legal frameworks, limited human resources, lack of funding, and insufficient capacity to adopt these emerging technologies. Dr Moeti urged ministers to unite behind the bid to make eHealth programmes accessible to all our countries, further emphasizing that a firm foundation can be laid for responsible development, adoption, and upscaling of innovations, including AI, while keeping equity at the centre.
190. Professor Moustafa Mijiyawa, Minister of Health and Public Hygiene of Togo, also remarked that Member States needed to recognize the relevance of technology over the years, and urged them to seek ways and means of improving and using artificial intelligence to help achieve economies of scale.
191. The ITU director for the African Region also highlighted the fact that many people are still offline in the developing world, and recalled the need for improved digital infrastructure and increased access to digital technologies. He explained that the only means of achieving that objective was by working together through multistakeholder partnerships to adopt digital technologies sustainably. She highlighted joint initiatives with WHO, like the Digital Health Leadership Course. She also mentioned ongoing initiatives with WHO to advance the implementation of AI for health in Africa, namely: the ITU and WHO Focus Group on Artificial Intelligence, the AI4Good series, Be Mobile Initiative, to provide diverse health information to address noncommunicable diseases (NCDs) and other risk-related factors. She emphasized that in achieving SDG 3 on ensuring healthy lives and promoting well-being for all

at all ages, digital technologies play a critical role in tediagnosis and health care, as demonstrated by the different initiatives.

192. Dr Lisa Baldwin, Division Chief USAID Africa Bureau, also remarked that the US had developed AI strategies for all sectors and was ready to work with partners. She pointed out that the USA AI plan outlines concrete steps to strengthen digital ecosystems that support the responsible use of AI, and emphasized the importance of partnerships to shape a responsible global AI agenda. The USA supports innovative AI-driven solutions that can strengthen the efficiency and effectiveness of health systems and empower countries and communities. She urged Member States and partners to work together to actively decide when and where they consider it appropriate to incorporate health systems. She stated that it was necessary to ensure that the digital ecosystem was strong enough to support the development and deployment of AI technologies equitably for the benefit of all.
193. There was a technical briefing on the AI technological environment in the African Region and the opportunities it offers in the fight against COVID-19. During this session, Mr Derrick Muneene, Unit Head of Digital Health Collaboration and Partnership in WHO, presented the global perspective on digital health. He highlighted that AI is one of the emerging technologies, requiring a concerted effort from everyone involved in the sector. He also elaborated on various projects that WHO is implementing with partners to strengthen Member States' digital health governance and leadership.
194. Mr Housseynou Ba, WHO AFRO Digital Health Focal Point, also briefed participants on the progress of ICT and digital health development in Africa. He also used the opportunity to highlight the Region's recent survey on digital health. He said there had been significant progress in governance, but implementation remained slow.
195. The Minister of Health and Sanitation of Sierra Leone shared the experience of how digital health is improving health care in his country. He said digitization and artificial intelligence should no longer be considered luxuries, but rather as necessary tools for everyone. He shared his country's use of digital tools to help decrease the high burden of maternal mortality. He said that with data and tools deployed, the country would achieve highly impactful results that drastically reduce maternal mortality.
196. The Minister of Health of Malawi also shared her country's experience. The minister highlighted that Malawi had developed a national health strategy, which promotes the need to leverage predictive analytics and big data to improve health service delivery. She emphasized that Malawi used artificial intelligence in various situations like population health and big data to make decisions on its health system.
197. The Minister of Health of Cabo Verde also shared that AI has been used extensively in the field of health, which has greatly contributed in several aspects, including the implementation of technological solutions for mapping and better provision of health services, such as improved diagnosis, infrastructure, health surveillance, since the country's islands do not have an excellent response capacity. He shared the various improvement capacities in the small island country since 2014. Cabo Verde has several programmes that benefit young people with financial skills in digitization to serve the health sector.
198. The Honourable Minister of Posts, Telecommunications and Digital Economy of Congo also shared the importance of AI and improvements in his country's health sector. He recommended that all countries support the idea and initiative to transform the African Centre on AI Research into a university. Secondly, he called for support for the vision and initiative to establish an African observatory for artificial intelligence within this institution and actively support training, research, development, and enhancement of African talent around artificial intelligence.
199. The key outcome of the event was that Member States expressed their readiness to work on the progress of AI in health care in Africa. The ministers and all stakeholders stated that they were prepared to work together to foster an enabling environment for using digital technologies such as artificial intelligence in the health sector at country level. Member States declared that they were ready to develop sound policies to enhance the adoption of AI and other digital technologies to transform the health sector in the African Region.

SEVENTH GLOBAL FUND REPLENISHMENT SIDE EVENT WITH AFRICAN MINISTERS OF HEALTH – EVENT BY THE GOVERNMENT OF THE DEMOCRATIC REPUBLIC OF THE CONGO

200. The African Constituency Bureau, in collaboration with the Global Fund Secretariat, WHO AFRO and the Ministries of Health of the Democratic Republic of the Congo and Togo, held successful Seventh Global Fund replenishment advocacy discussions on the margins of the Seventy-second session of the WHO Regional Committee for Africa in Lomé, Togo on 26 August 2022. The meeting was convened to mobilize the support of African ministers of health for the seventh replenishment by encouraging their governments to pledge and honour their commitments to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), and thus advance the goal of ending these diseases by 2030. The meeting also highlighted the importance of domestic resource mobilization in the fight against the three diseases. The discussions promoted a shared understanding of the Global Fund investment case at a high level that will enable leaders to better champion replenishment efforts within their governments. The shared understanding will increase political commitment and visibility in the last mile before the pledging conference that was scheduled for 19–21 September 2022 in New York. The pledging conference is intended to mobilize the US\$ 18 billion required to continue the fight against AIDS, tuberculosis, and malaria, while building stronger health systems that can withstand the test of COVID-19 and future pandemics.
201. During the event, the importance of global partnership and leadership to end the three epidemics was strongly articulated by Dr Matshidiso Moeti as well as by Ambassador Minata Samaté Cessouma of the African Union Commission, emphasizing the need to ensure that replenishment efforts and the fight to end the three epidemics remain anchored in strategic visions such as the catalytic framework, the African Union Agenda 2063, and the achievement of universal health coverage.
202. Many speakers emphasized the important role of the Global Fund as a game changer in the prevention and control of the three diseases, as evidenced by the more than 44 million deaths averted over the Fund's 20-year history. That achievement underscores the need to increase funding for malaria and tuberculosis for the next GF New Funding Mechanism cycle. Although good progress has been made in the control of these diseases, the COVID-19 pandemic has negatively impacted programmatic gains, and replenishment efforts are required to bring the programmatic goals back on track.
203. Fourteen Ministers of Health, representing Guinea-Bissau, Sierra Leone, Central African Republic, Ethiopia, Kenya, Malawi, Gambia, Congo, Mauritania, Chad, Rwanda, Burundi, Democratic Republic of the Congo and Comoros, spoke with one voice to underscore the importance of the Seventh Replenishment by declaring their readiness to pledge and honour commitments from their respective governments. They also acknowledged the need to increase domestic resources for health and for building resilient health systems through efforts such as local manufacturing and strengthening supply chains based on lessons learnt from the COVID-19 response. They further commended the Global Fund's flexibility in assisting countries to respond to the three diseases based on their local contexts.
204. In closing, the Minister of Health of Togo thanked the Global Fund for its commitment to ending the three epidemics and pledged Togo's support for the replenishment.

PART IV

ANNEXES



Organisation
mondiale de la Santé

Région africaine Região Africana

72^e session du Comité régional de l'OMS pour l'Afrique (RC72)
2022, Centre international des Conférences de Lomé, Lomé - Togo

72^a sessão do comité regional da OMS para a África (RC72)
2022 - 26 Agosto 2022, Centro Internacional de Conferências de Lomé, Lomé - Togo

72^a sessão do comité regional da OMS para a África (RC72)
26 de Agosto de 2022, Centro Internacional de Conferências de Lomé, Lomé - Togo



REPUBLIQUE TOGOLAISE



ANNEX 1

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6. GUEST**AFRICAN REGIONAL CERTIFICATION COMMISSION**

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GHANA HEALTH SERVICE

Anthony Ofosu
Deputy Director-General

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REDMA

Masao Kindiano
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UNIVERSITY OF THE FREE STATE

Motlalepula Matsabisa
Professor and Chairperson of the WHO Regional Expert
Advisory
Committee on Traditional Medicines for COVID-19
Response

**WHO INTERGOVERNMENTAL
NEGOTIATING BODY**

Precious Matsoso
Co-Chair

Mr Ahmed Salama Soliman
Vice-Chair

ANNEX 2

AGENDA

1. Opening of the meeting
2. Adoption of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-second Regional Committee for Africa and election of the Chairperson, the Vice Chairpersons and the Rapporteurs (Document [AFR/RC72/Decision 1](#))
3. Adoption of the provisional agenda and provisional programme of work (Document [AFR/RC72/1](#) and Document [AFR/RC72/1 Add.1](#))
4. Appointment of the Committee on credentials
5. Statement of the Chairperson of the Programme Subcommittee (Document [AFR/RC72/2](#))
6. Annual report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC72/3](#))

Pillar 1: One billion more people benefitting from universal health coverage

7. PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities (Document [AFR/RC72/4](#) and Document [AFR/RC72/WP2](#))
8. Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region (Document [AFR/RC72/5](#))
9. Financial risk protection towards universal health coverage in the WHO African Region (Document [AFR/RC72/6](#))
10. Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030 (Document [AFR/RC72/7](#))

Pillar 2: One billion more people better protected from health emergencies

11. Regional strategy for health security and emergencies 2022–2030 (Document [AFR/RC72/8](#) and Document [AFR/RC72/WP3](#))
12. Intergovernmental Negotiating Body: update and consultation on the Working Draft (Document [AFR/RC72/9](#))

Pillar 3: One billion more people enjoying better health and well-being

13. Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 (Document [AFR/RC72/10](#) and Document [AFR/RC72/WP1](#))

Pillar 4: More effective and efficient WHO providing better support to countries

14. Seventh progress report on the implementation of the Transformation Agenda of the WHO Secretariat in the African Region (Document [AFR/RC72/11](#))
15. Programme budget 2024–2025 and Extending the Thirteenth General Programme of Work, 2019–2023 to 2025 (Document [AFR/RC72/12](#))
16. Draft provisional agenda, place and dates of the Seventy-third session of the Regional Committee (Document [AFR/RC72/13](#))

17. Information documents

Pillar 1: One billion more people benefitting from universal health coverage

- 17.1 Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (Document [AFR/RC72/INF.DOC/1](#))
- 17.2 Progress report on the African regional framework for the implementation of the Global strategy on human resources for health: Workforce 2030 (Document [AFR/RC72/INF.DOC/2](#))
- 17.3 Progress report on the Global strategy on women's, children's and adolescents' health 2016–2030: implementation in the African Region (Document [AFR/RC72/INF.DOC/3](#))
- 17.4 Progress report on the Global strategy to accelerate tobacco control 2019–2025: implementation in the African Region (Document [AFR/RC72/INF.DOC/4](#))
- 17.5 Progress report on the Framework for the implementation of the global vector control response (GVCR) in the WHO African Region (Document [AFR/RC72/INF.DOC/5](#))

Pillar 2: One billion more people better protected from health emergencies

- 17.6 Progress report on the implementation of the Regional strategy for integrated disease surveillance and response 2020–2030 (Document [AFR/RC72/INF.DOC/6](#))

Pillar 3: One billion more people enjoying better health and well-being

- 17.7 Progress report on the implementation of the technical paper on reducing health inequities through intersectoral action on the social determinants of health in the African Region (Document [AFR/RC72/INF.DOC/7](#))

Pillar 4: More effective and efficient WHO providing better support to countries

- 17.8 Progress report on the African Health Observatory (Document [AFR/RC72/INF.DOC/8](#))
- 17.9 Report on WHO staff in the African Region (Document [AFR/RC72/INF.DOC/9](#))
- 17.10 Regional Matters arising from reports of the WHO internal and external audits (Document [AFR/RC72/INF.DOC/10](#))
- 18. Adoption of the report of the Regional Committee (Document [AFR/RC72/14](#))¹.
- 19. Closure of the Seventy-second session of the Regional Committee

¹ Pending adoption of the Special Procedures to regulate the conduct of the hybrid session of the Seventy-second Regional Committee for Africa, which provide for the circulation of the draft final report for comment and consideration following closure of the session. If adopted as circulated, this item will not be further considered at this meeting.

ANNEX 3

DRAFT PROVISIONAL AGENDA OF THE SEVENTY-THIRD SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the provisional agenda and provisional programme of work
4. Appointment of the Committee on credentials
5. Statement of the Chairperson of the Programme Subcommittee
6. Annual report of the Regional Director on the work of WHO in the African Region
7. **(Matters of global concern related to World Health Assembly decisions and resolutions)**

Pillar 1: One billion more people benefitting from universal health coverage

8. African regional action framework for the Global strategic directions for nursing and midwifery 2021–2025
9. Framework for sustaining resilient health systems to achieve universal health coverage and promote health security in the WHO African Region
10. Turning plans into action - developing a regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance in the WHO African Region
11. Regional strategy on diagnostics and laboratory services

Pillar 3: One billion more people enjoying better health and well-being

12. Action plan to strengthen the implementation of the Global strategy to reduce the harmful use of alcohol in the WHO African Region
13. Framework for public health adaptation to climate change in the African Region

Pillar 4: More effective and efficient WHO providing better support to countries

14. Eighth progress report on the implementation of the Transformation Agenda of the WHO Secretariat in the African Region
15. Programme budget
16. Draft provisional agenda, place and dates of the Seventy-fourth session of the Regional Committee
17. **Information documents**

Pillar 1: One billion more people benefitting from universal health coverage

- 17.1 Progress report on the 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
- 17.2 Progress report on the research for health: a strategy for the African Region, 2016–2025
- 17.3 Progress report for the implementation of the Regional strategy for scaling up health innovations in the WHO African Region
- 17.4 Progress report on utilizing eHealth solutions to improve national health systems in the WHO African Region
- 17.5 Progress report on the implementation of the health promotion strategy for the African Region 2012–2022

Pillar 3: One billion more people enjoying better health and well-being

- 17.6 Progress report on the framework for the implementation of the Global action plan for physical activity 2018–2030 in the WHO African Region
- 17.7 Progress report on the implementation of the decade of action for road safety in the African Region
- 17.8 Progress report on the implementation of the strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)
- 17.9 Progress report on addressing the challenge of women’s health in Africa: report of the Commission on Women’s Health in the African Region

Pillar 4: More effective and efficient WHO providing better support to countries

- 17.10 Report on WHO staff in the African Region
- 17.11 Regional matters arising from reports of the WHO internal and external audits
- 18. Adoption of the report of the Regional Committee
- 19. Closure of the Seventy-third session of the Regional Committee.

ANNEX 4

LIST OF DOCUMENTS

AFR/RC72/1	Provisional agenda
AFR/RC72/1 Add.1	Provisional programme of work
AFR/RC72/2	Statement of the Chairperson of the Programme Subcommittee
AFR/RC72/3	Annual report of the Regional Director on the work of WHO in the African Region
AFR/RC72/4	PEN-Plus — A regional strategy to address severe noncommunicable diseases at first-level referral health facilities
AFR/RC72/5	Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region
AFR/RC72/6	Financial risk protection towards universal health coverage in the WHO African Region
AFR/RC72/7	Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030
AFR/RC72/8	Regional strategy for health security and emergencies 2022–2030
AFR/RC72/9	Intergovernmental Negotiating Body: update and consultation on the Working Draft
AFR/RC72/10	Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032
AFR/RC72/11	Seventh progress report on the implementation of the Transformation Agenda of the WHO Secretariat in the African Region
AFR/RC72/12	Programme budget 2024–2025 and Extending the Thirteenth General Programme of Work, 2019–2023 to 2025
AFR/RC72/13	Draft provisional agenda, place and dates of the Seventy-third session of the Regional Committee
AFR/RC72/14	Adoption of the report of the Regional Committee (Document)

INFORMATION DOCUMENTS

AFR/RC72/INF.DOC/1	Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases
AFR/RC72/INF.DOC/2	Progress report on the African regional framework for the implementation of the Global strategy on human resources for health: Workforce 2030
AFR/RC72/INF.DOC/3	Progress report on the Global strategy on women's, children's and adolescents' health 2016–2030: implementation in the African Region
AFR/RC72/INF.DOC/4	Progress report on the Global strategy to accelerate tobacco control 2019–2025: implementation in the African Region
AFR/RC72/INF.DOC/5	Progress report on the Framework for the implementation of the global vector control response (GVCR) in the WHO African Region
AFR/RC72/INF.DOC/6	Progress report on the implementation of the Regional strategy for integrated disease surveillance and response 2020–2030
AFR/RC72/INF.DOC/7	Progress report on the implementation of the technical paper on reducing health inequities through intersectoral action on the social determinants of health in the African Region
AFR/RC72/INF.DOC/8	Progress report on the African Health Observatory

- [AFR/RC72/INF.DOC/9](#) Report on WHO staff in the African Region
[AFR/RC72/INF.DOC/10](#) Regional Matters arising from reports of the WHO internal and external audits

PROCEDURAL DECISIONS

- [AFR-RC72 Decision 1](#) Special Procedures to regulate the conduct of the hybrid session of the Regional Committee
[AFR-RC72 Decision 2](#) Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee
[AFR-RC72 Decision 3](#) Composition of the Committee on Credentials
[AFR-RC72 Decision 4](#) Credentials
[AFR-RC72 Decision 5](#) Replacement of Members of the Programme Subcommittee
[AFR-RC72 Decision 6](#) Proposals for Member States of the African Region to serve on the Executive Board and as officers of the Board
[AFR-RC72 Decision 7](#) Proposal for officers of the Seventy-sixth World Health Assembly
[AFR-RC72 Decision 8](#) Draft provisional agenda, place and dates of the Seventy-third session of the Regional Committee
[AFR-RC72 Decision 9](#) Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa

RESOLUTIONS

- [AFR/RC72/R1](#) Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032
[AFR/RC72/R2](#) PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities
[AFR/RC72/R3](#) Regional strategy for health security and emergencies, 2022–2030
[AFR/RC72/R4](#) Vote of thanks



**World Health
Organization**

African Region