Seventy-fifth session of the WHO Regional Committee for Africa, Lusaka, Republic of Zambia, 25–27 August 2025

Final report

World Health Organization
African Region

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AFR/RC75/13

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Abbreviations

AfCFTA	African Continental Free Trade Area
ALMA	African Leaders Malaria Initiative
AUC	African Union Commission
AUDA-NEPAD	African Union Development Agency–New Partnership for Africa's Development
AVoHC-SURGE	A deployable workforce combining Africa CDC's Africa Volunteer Health Corps (AVoHC) and WHO AFRO's Strengthening and Utilizing Response Groups for Emergencies (SURGE)
DDT	dichloro-diphenyl-trichloroethane
EPG	External Relations, Partnerships and Governing Bodies (AFRO Unit)
EPR	emergency preparedness and response
Gavi	Gavi, The Vaccine Alliance
IFRC	International Federation of Red Cross and Red Crescent Societies
IVI	International Vaccine Institute
mRNA	messenger ribonucleic acid (vaccine technology)
RC75	Seventy-fifth session of the Regional Committee for Africa
RMNCAH	reproductive, maternal, newborn, child and adolescent health
The Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
UK FCDO	United Kingdom Foreign, Commonwealth and Development Office
UNECA	United Nations Economic Commission for Africa
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
Unitaid	International Drug Purchase Facility
WFP	World Food Programme

Part I

Procedural decisions and resolutions

Procedural decisions

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

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

Chairperson: Dr Elijah Julaki Muchima
Minister of Health
Republic of Zambia

First Vice-Chairperson: Med. Col. Assa Badiallo Touré
Minister of Health and Social Development
Republic of Mali

Second Vice-Chairperson: Professor Adrien Mougougou
Minister of Health
Republic of Gabon

Rapporteurs: Dr Babacar Guèye
Director of Planning, Research and Statistics,
Ministry of Health and social Action,
Senegal
for French

Dr Alegnta Gebreyesus Guntie
Health Diplomat
Permanent Mission of Ethiopia to the United Nations Office in Geneva
Ethiopia
for English

Mr Júlio de Carvalho
Director, Exchange and Cooperation Office,
Ministry of Health,
Republic of Angola
for Portuguese

Decision 2 Composition of the Committee on Credentials

In accordance with Rule 3(c) of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Botswana, Burundi, Guinea-Bissau, Lesotho, Mozambique, Niger and Uganda. The Committee on Credentials met on 25 August 2025 and elected Dr Makhoase Ranyali, from the delegation of Lesotho, as its Chairperson.

Decision 3 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:

Having considered and noted the report of the Secretariat on the accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa, as set out in Annex 1 of document AFR/RC75/2,

Decided:

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

2. to renew the accreditation of the following three regional non-State actors for participation in sessions of the WHO Regional Committee for Africa: Uniting to Combat NTDs; Wellbeing Foundation Africa (WBFA); and West African Alcohol Policy Alliance (WAAPA);

3. to discontinue the accreditation of the following two regional non-State actors for participation in sessions of the WHO Regional Committee for Africa: PROMETRA and Stichting BRAC International.

Decision 4 Criteria for selection of a Member State desirous of hosting a session of the Regional Committee

The Regional Committee for Africa,

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

Decided:

1. to adopt the proposed criteria for selection of a Member State desirous of hosting a session of the Regional Committee as contained in Annex 2 of document AFR/RC75/2;

2. that the foregoing criteria for selection of a Member State desirous of hosting a session of the Regional Committee shall become effective upon the closure of the Seventy-fifth session of the Regional Committee.

Decision 5 Replacement of members of the Programme Subcommittee

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

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

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

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

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 decided as follows:

(a) **Côte d'Ivoire, Guinea, Mozambique and South Sudan** to replace Togo, Cameroon, Comoros and Lesotho, respectively, beginning with the one-hundred and fifty-ninth session of the Executive Board in May 2026, immediately following the Seventy-ninth World Health Assembly. The Executive Board 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
Cabo Verde (2025–2028)	Central African Republic (2025–2028)	Zimbabwe (2024–2027)
Côte d'Ivoire (2026–2029)	**South Sudan (2026–2029)**	**Mozambique (2026–2029)**
Guinea (2026–2029)		

(b) **Cote d'Ivoire for election** to serve as **Vice-Chair of the Executive Board** as from the one-hundred and fifty-ninth session of the Executive Board.

(c) **Cabo Verde for appointment to replace Comoros** to serve on the Programme Budget and Administration Committee (PBAC) as from the one-hundred and fifty-ninth session of the Executive Board. The PBAC would therefore be composed of Cabo Verde and Zimbabwe from the African Region.

(d) **Mozambique for appointment to replace Togo** to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) as from the one-hundred and fifty-ninth session of the Executive Board. The SCHEPPR would therefore be composed of the Central African Republic and Mozambique from the African Region.

Decision 7 Proposals for officers of the Seventy-ninth session of the World Health Assembly

The Regional Committee for Africa decided to propose that the Chairperson of the Seventy-fifth session of the Regional Committee for Africa be designated as Vice-President of the Seventy-ninth session of the World Health Assembly.

Furthermore, based on the English alphabetical order and subregional geographic groupings, the Regional Committee for Africa decided to propose the following countries to serve on the Main Committees of the Seventy-ninth World Health Assembly:

(a) Uganda to serve as Rapporteur of Committee A;

(b) Ghana to serve as Chair of Committee B;

(c) South Africa, Sierra Leone, Kenya and United Republic of Tanzania to serve on the General Committee;

(d) Senegal, Sao Tome and Principe and Eswatini to serve on the Committee on Credentials.

Decision 8 Special Programme of Research, Development and Research Training in Human Reproduction (HRP), membership category 2 of the Policy and Coordination Committee (PCC)

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

31 December 2028. South Sudan and Togo will thus join Sierra Leone and South Africa on the Policy and Coordination Committee.

Decision 9 Membership of the Special Programme for Research and Training in Tropical Diseases (TDR) Joint Coordinating Board (JCB)

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

Decision 10 Reconstitution of the Monitoring Committee of the African Public Health Emergency Fund (APHEF)

The term of office of the last Monitoring Committee of APHEF (MCF) ended in 2015. To revitalize the Fund and bolster oversight, the Regional Committee decided to reconstitute the MCF in accordance with Section 2.3 of the APHEF Operations Manual.

In line with resolution AFR/RC54/R11, which outlines the subregional division of Member States from the African Region, the Regional Committed appointed the following countries and ministers:

1. Burkina Faso: Minister of Finance
2. Cabo Verde: Minister of Health
3. Eritrea: Minister of Health
4. Kenya: Minister of Finance (Cabinet Secretary for the National Treasury)
5. Angola: Minister of Health
6. Seychelles: Minister of Finance.

The term of service shall be two years, with members serving only one term.

Decision 11 Credentials

The Regional Committee, acting on the report of the Committee of Credentials, decided to:

1. Recognize the credentials submitted by the following 45 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia,

Gabon, 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, Gambia, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Decision 12 Draft provisional agenda, place and dates of the Seventy-sixth session of the Regional Committee

The Regional Committee for Africa decided to hold its Seventy-sixth session in Ethiopia from 24 to 28 August 2026.

The Committee reviewed and adopted the provisional agenda of the Seventy-sixth session as contained in document AFR/RC75/12 and requested an agenda item on emergency medical teams (EMTs) to be included.

Resolutions

Resolution 1 Regional strategy to strengthen rehabilitation in health systems 2025–2035

The Regional Committee,

Having considered the document entitled "Regional strategy to strengthen rehabilitation in health systems 2025–2035";

Recalling World Health Assembly resolution WHA76.6 on strengthening rehabilitation in health systems;

Deeply concerned about the significant and growing need for rehabilitation in the African Region due to the epidemiological shift from communicable to noncommunicable diseases, the burden of injuries and communicable diseases compounded by high-threat infectious hazards;

Profoundly troubled that rehabilitation needs are largely unmet in the Region, and more than 63% of people do not receive the rehabilitation services they require;

Mindful of the poor integration of rehabilitation into health sector planning and funding, the extremely low density of the rehabilitation workforce, the limited availability of health system data to inform policies, and the poor understanding of the benefits of rehabilitation as a public health approach;

Recognizing that rehabilitation requires more attention by policy-makers and domestic and international actors when setting health priorities and allocating resources for full integration of services in health systems;

Noting that rehabilitation interventions strive to ensure individuals live longer, healthier lives, and as such contribute to healthy life expectancy and attainment of Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages);

Reaffirming that rehabilitation should be prioritized as an essential health service across the continuum of care, at all levels of health care in life course programmes (early childhood to elderly), and in all phases of emergencies,

1. **Adopts** the Regional strategy to strengthen rehabilitation in health systems 2025–2035;

2. **Urges** Member States:

   (a) to strengthen national planning and political commitment for rehabilitation, ensuring integration into national health plans and policies, and engaging stakeholders from health and non-health sectors;

   (b) to identify financial mechanisms to integrate rehabilitation into essential health benefit packages;

   (c) to expand rehabilitation services at all levels of care and build capacity for a multidisciplinary workforce that includes primary health care workers;

   (d) to enhance health information systems to collect rehabilitation data, including system-level rehabilitation data and functioning profiles;

   (e) to promote quality rehabilitation research, including health policy and system research;

3. **Requests** the Regional Director:

   (a) to ensure coordination among national and international partners to strengthen rehabilitation efforts at the regional level;

   (b) to develop and update technical and strategic guidance to support Member States in capacity-building and advocacy towards the integration of rehabilitation into health systems;

   (c) to engage with global, regional and national partners, including civil society organizations, the private sector and WHO collaborating centres, to establish capacity- building networks for training, research and innovation.

Resolution 2 Addressing threats and galvanizing collective action to meet the 2030 malaria targets

The Regional Committee,

Having considered the technical report entitled "Addressing threats and galvanizing collective action to meet the 2030 malaria targets" (AFR/RC75/8);

Recalling the global commitments outlined in the Global technical strategy for malaria 2016–2030 (GTS) through resolution WHA68.2 (2015), and the subsequent endorsement of the updated GTS in resolution WHA74.9 (2021);

Referring to resolution AFR/RC59/R3 (2009) of the WHO Regional Committee for Africa on accelerated malaria control and the Regional framework for the integrated control, elimination and eradication of tropical and vector-borne diseases 2022–2030 (AFR/RC72/7), which provide guidance to Member States on accelerating implementation of integrated person-centred interventions, including malaria prevention and control strategies towards eventual elimination;

Recognizing the critical contributions of development partners such as the Global Fund to fight AIDS, Tuberculosis and Malaria, the US President's Malaria Initiative; the RBM Partnership to End Malaria; the Governments of France, the United Kingdom, China, Monaco, Spain and others, philanthropists such as the Gates Foundation and others, as well as regional partners, including the African Union and the African Leaders Malaria Initiative (ALMA), that have supported endemic countries to mobilize over US$ 50 billion since 2002;[1]

Cognizant of the progress made by countries over the past years in responding to malaria and opportunities and lessons learnt from the response to the COVID-19 pandemic, as reflected in the new vision and strategy for ending disease in Africa, including best practices in malaria elimination as recently witnessed in Cabo Verde;

Recognizing the opportunity to further reduce malaria by building on the unprecedented demand for malaria vaccine currently being rolled out across Africa, and through the deployment of dual active ingredient insecticide-treated nets;

Acknowledging with deep concern that despite the progress made, the 2024 WHO World Malaria Report presents sobering annual accounts since 2017, revealing an alarming stalling of progress in the WHO African Region, where approximately 95% of malaria morbidity and mortality persist, with 11 African countries bearing the heaviest burden and together accounting for more than 70% of the global malaria burden;

Recognizing the urgency of addressing the root causes of this stagnation, such as changing ecology and vector behaviour; low access to and insufficient quality of health services, including

[1] WHO, World Malaria report 2024

gender-related and financial barriers within households; humanitarian crises, including conflicts, natural disasters and migration; climate change; and biological threats, such as insecticide and drug resistance as well as emerging malaria vectors; limited adaptation of guidance, and insufficient technical support to countries;

Deeply concerned about the extensive, unprecedented and unplanned reductions in official development assistance for malaria and other health programmes in low-income, high-endemic countries, which have opened up critical gaps in life-saving commodities and interventions, reversing two decades of hard-won malaria control gains, and potentially endangering millions of lives in endemic areas;

Deeply alarmed by the accelerating spread of partial resistance to artemisinin across Africa, gravely concerned by inadequate real-time surveillance systems to track its expansion and warning with utmost urgency that these converging threats could catastrophically reverse two decades of hard-won malaria control gains, placing millions of lives at immediate risk across endemic countries in the Region;

Recalling the renewed commitment by Ministers of Health of the 10 highest burden malaria endemic countries[2] in the Region, through their signing of the Yaoundé Declaration for accelerated malaria mortality reduction in March 2024, in which they agreed on a multifaceted strategic approach to reignite the momentum of malaria elimination efforts and achieve the goal of zero malaria across Africa;

Subscribing *to* the fundamental principle that, despite the prevailing high case incidence and threats, no one should die from malaria, which is preventable and curable,

1. **Adopts** the technical report on "Addressing threats and galvanizing collective action to meet the 2030 malaria targets", which highlights challenges and issues currently faced by the Region and recommends actions that should be taken by Member States to galvanize the fight against malaria, principally comprising system strengthening for improved programme performance and resilience, strengthening country leadership in coordination and resource mobilization for malaria, and implementing flagship multisectoral initiatives to ensure a whole-of-society response;

2. **Recommits** to concerted action to end malaria deaths by implementing the commitments and key actions of the Yaoundé Declaration which include: strengthening political will; ensuring the strategic use of information for action; providing better technical guidance; enhancing coordination and multisectoral action; strengthening national health systems, building collaborative partnerships for resource mobilization, research and innovation and ensuring a functional national malaria accountability mechanism;

[2] Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, United Republic of Tanzania, Uganda.

3. **Resolves** to adopt an agenda for malaria investment optimization to enhance the efficient use of the limited resources for malaria and improve the performance of malaria programmes by adopting the most cost-effective strategies with the greatest potential to achieve set targets. This includes aligning malaria investments with a single costed and optimized operational plan; increasing the use of digital technologies for capacity-building, service delivery, reporting and communication; and strengthening malaria programme performance and governance;

4. **Commits** to foster country ownership and promote equitable and resilient health systems to deliver quality services, including innovative tools such as next-generation vector control tools, diagnostics, antimalarials and malaria vaccines, which are adaptive to local situations; analyse and use high-quality data to target interventions and guide decision-making to ensure no one is left behind; and better address the wider determinants that potentially disrupt or facilitate access to and the quality of services, particularly for vulnerable people, including women and children under five years old;

5. **Urges** Member States:

(a) to map key drivers of malaria mortality in their respective contexts, develop mitigation strategies, and implement targeted approaches to reduce malaria-related deaths as part of their national malaria strategy, targeting young children, pregnant women, hard-to-reach communities and other vulnerable groups;

(b) to strengthen health systems by investing in comprehensive capacity-building and retention of skilled health care workers, including community health workers, to permit continuous access to diagnostic and treatment services at all levels within the framework of primary health care and quality integrated person-centred health services;

(c) to extend investments in integrated, accessible, affordable, acceptable and quality prevention, detection, diagnosis and treatment services, including the expansion of malaria vaccine coverage, the use of technology-based solutions at facility and community levels to improve access for the most rural, remote and marginalized populations that have the lowest access and coverage of interventions;

(d) to invest in the deployment of efficient and reliable health information systems, including analytics and geographic information system technologies to support data-driven tailoring and targeting of interventions for enhanced impact and efficient use of resources;

(e) to adopt and implement strategies to respond to insecticide and antimalarial drug resistance, which comprise strengthening institutional capacity to conduct insecticide resistance testing, therapeutic efficacy studies, malaria molecular surveillance, and scale-up of novel vector control tools and multiple first-line treatment policies;

(f) to accelerate domestic resource mobilization by working with parliamentarians and communities and through the promotion of national advocacy initiatives such as End Malaria Councils and End Malaria Funds involving the private sector, to bridge financial gaps and ensure the efficient and effective use of funds;

6. **Requests** the Regional Director:

(a) to conduct a rigorous evaluation of current strategies to ensure interventions deliver the greatest health impact for their cost, and to determine the resources needed to achieve the malaria targets;

(b) to mobilize sufficient resources to deliver on WHO's mandate to lead and coordinate malaria stakeholders, disseminate global and regional normative and technical guidance, technical tools and services, and provide quality country support;

(c) to support local manufacturing of malaria commodities and regional pooled procurement initiatives to ensure a greater supply of affordable quality-assured antimalarials;

(d) to promote a regional mechanism to support malaria epidemic containment by strengthening coordination with humanitarian partners such as UNICEF, UNHCR and WFP, prepositioning malaria commodities in conflict-prone and disaster areas, and ensuring integration of malaria services into emergency response systems;

(e) to support the generation and use of data to monitor threats to malaria tools, by establishing or strengthening subregional resistance monitoring networks and continentwide tracking of the spread of the invasive species, *Anopheles stephensi*, and changes in vector behaviour;

(f) to support research and innovation by strengthening coordination and building partnerships in research and development, promoting the introduction of locally appropriate, cost-effective novel malaria tools and strategies by Member States and fostering the exchange of best practices among Member States making exceptional progress;

(g) to monitor the implementation of the Regional framework for the integrated control, elimination and eradication of tropical and vector-borne diseases 2022–2030, and evaluate its impact in terms of progress towards set milestones and targets for malaria elimination;

(h) to roll out a malaria advocacy campaign on "Ending malaria deaths in Africa", identifying regional champions and providing technical, logistical and communications resources to the campaign actors.

Resolution 3 Vote of thanks

The Regional Committee,

Considering the immense efforts made by the Head of State, the Government and people of the Republic of Zambia to ensure the success of the Seventy-fifth session of the WHO Regional Committee for Africa held in Lusaka, Republic of Zambia, from 25 to 27 August 2025;

Appreciating the particularly warm welcome that the Government and people of the Republic of Zambia extended to the delegates,

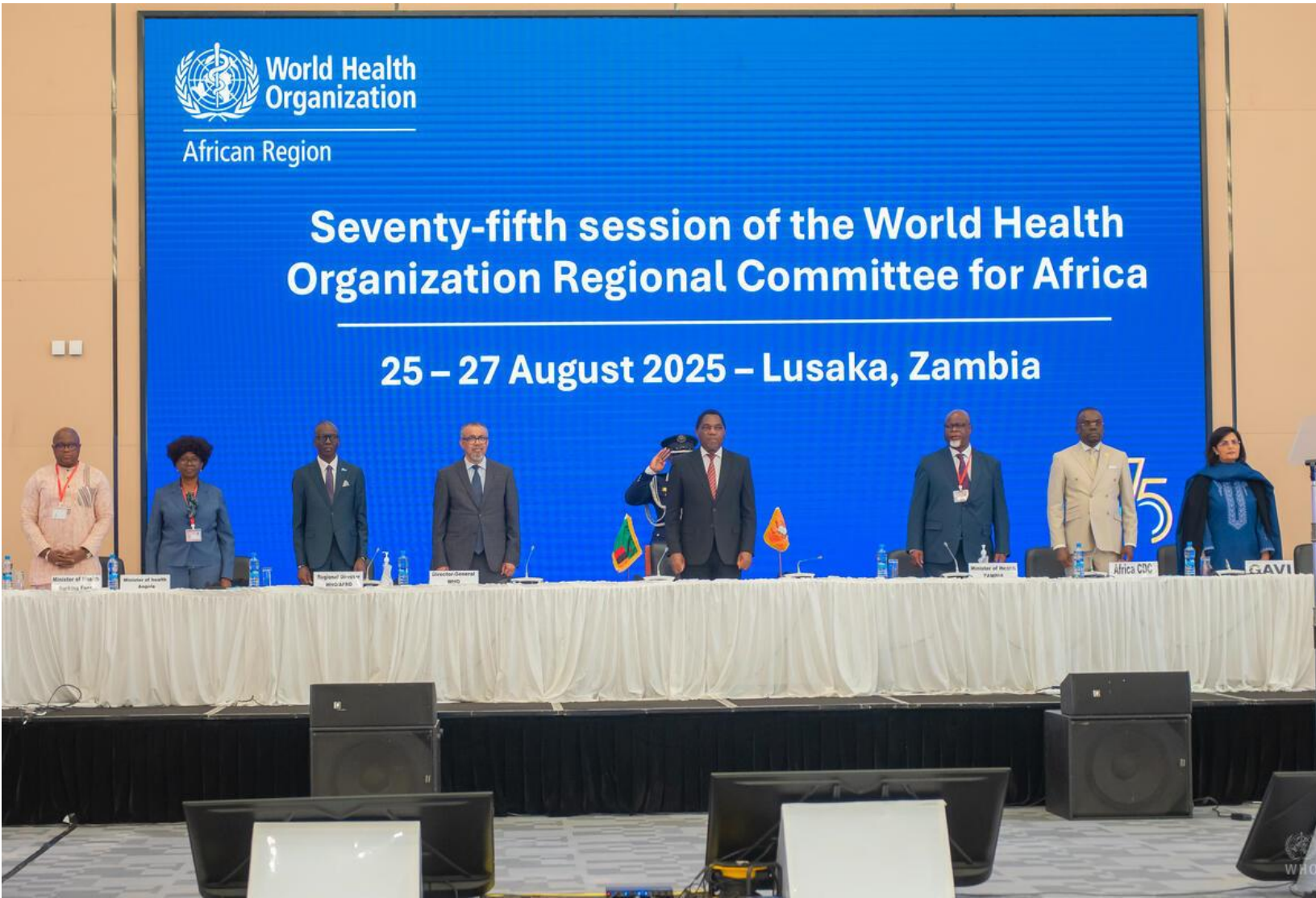
1. **Thanks** the President of the Republic of Zambia, **His Excellency Hakainde Hichilema,** for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement that he delivered at the official opening ceremony;

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

3. **Requests** the Regional Director to convey this vote of thanks to the President of the Republic of Zambia, **His Excellency Hakainde Hichilema.**

Part II

Report of the Regional Committee



Opening of the meeting

1. The Seventy-fifth session of the World Health Organization (WHO) Regional Committee for Africa was officially opened on Monday, 25 August 2025, by His Excellency Hakainde Hichilema, President of the Republic of Zambia.

2. The Honourable Minister of Health of Zambia, Dr Elijah Muchima, welcomed Member State delegations and other participants to the Regional Committee session. He emphasized the unprecedented nature of the gathering that brought together political leaders and experts to advance health in Africa. The session was expected to address critical challenges, including shifting disease profiles, emerging medical threats, climate change, and geopolitical tensions. He concluded by underscoring the importance of collaboration and collective action.

3. Dr Louise Kpoto, Minister of Health of Liberia and outgoing First Vice-Chairperson of the Regional Committee, thanked President Hichilema and his Government for their warm hospitality and meticulous preparations. She congratulated Dr Mohamed Yakub Janabi on his election as the new WHO Regional Director for Africa and praised his vision and leadership. She further stressed the importance of home-grown solutions to ensure self-reliance and sustainability.

4. Dr Jean Kaseya, Director General of Africa CDC, called for solidarity and unity in confronting continental health challenges, highlighting the success of joint efforts in responding to outbreaks of mpox and cholera. He urged renewed financing for health security, and stronger support for the African Medicines Agency.

5. His Excellency Mahamoud Ali Youssouf, Chairperson of the African Union Commission, addressing the Committee by recorded video, described the session as a decisive health moment for Africa, marked by both progress and pressing challenges. He commended the WHO–African Union partnership and outlined priority areas, including universal health coverage, local vaccine production, and strengthening of the health workforce.

6. In his opening statement, the WHO Regional Director for Africa, Dr Mohamed Yakub Janabi, acknowledged the profound challenges facing the Region, including shifting financial models, geopolitical instability, accelerating climate change, fragile health systems, and rising antimicrobial resistance. Addressing his first Regional Committee as Regional Director, he expressed deep faith and optimism in Africa's collective capacity to transform its health future. He underscored the importance of unity, collaboration and Member State engagement as the guiding principles for shaping regional priorities.

7. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, expressed his gratitude to President Hichilema and the Government of Zambia for hosting the Regional Committee session. He praised Zambia's commitment to public health and characterized the Regional Committee as a vital platform for addressing persistent health challenges in Africa. Dr Tedros emphasized the need for sustained political commitment, stronger collaboration among Member States, and greater efficiency in delivering results.

8. In his keynote address, President Hakainde Hichilema thanked WHO for its service to humanity and reaffirmed Zambia's commitment to advancing public health. He stressed the need to strengthen health diplomacy, build resilient health systems, and promote well-being. Citing Zambia's achievements in health reforms, he reaffirmed his commitment to cholera elimination and the One Health approach, concluding with a pledge to work with African partners in building a healthier and more prosperous continent. President Hakainde Hichilema conferred on Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Dr Jean Kaseya, Africa CDC Director-General, the Order of the Eagle of Zambia – 3rd Division, in recognition of their services to humanity and improving health in Africa.

Organization of work

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

9. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee elected its officers by acclamation. The Minister of Health of Zambia, Honourable Elijah Julaki Muchima, was elected as Chairperson, while Professor Adrien Mougougou, Honourable Minister of Health of Gabon, and Medical Colonel Assa Badiallo Touré, Honourable Minister of Health and Social Development of Mali, were elected as First and Second Vice-Chairpersons respectively. The Regional Committee also elected its rapporteurs in accordance with Rule 15 of the Rules of Procedure, with Dr Alegnta Gebreyesus Guntie from Ethiopia, Dr Babacar Guèye from Senegal and Mr Júlio de Carvalho from Angola as English, French and Portuguese rapporteurs respectively.

Adoption of the provisional agenda and provisional programme of work

10. The Chairperson of the Seventy-fifth session of the Regional Committee, Honourable Elijah Julaki Muchima, Minister of Health of Zambia, tabled the provisional agenda (Document AFR/RC75/1) and the draft programme of work (Document AFR/RC75/1 Add.1). They were adopted without amendments.

Appointment and meeting of Members of the Committee on Credentials

11. The Regional Committee appointed the Committee on Credentials, in accordance with Rule 3(c) of the Rules of Procedure, consisting of the representatives of the following Member States: Botswana, Burundi, Guinea-Bissau, Lesotho, Mozambique, Niger and Uganda.

12. The Committee on Credentials met on 25 August 2025 and elected Dr Makhoase Ranyali from the delegation of Lesotho as its Chairperson.

Report of the Committee on Credentials

13. The Regional Committee, acting on the report of the Committee on Credentials, decided to accept original and electronic credentials and recognized the credentials submitted by the following 45 Member States to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, 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.

14. The Chairperson of the Committee on Credentials indicated she would continue to report to Regional Committee if needed.

Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC75/2)

15. In her statement, the Chairperson of the Programme Subcommittee (PSC), Dr Ada Okonkwo from Nigeria, provided an overview of the 10 documents reviewed by the PSC during its virtual meeting held from 23 to 25 June 2025. The PSC recommended seven technical documents on regional public health matters and three other documents for consideration and adoption by the Seventy-fifth session of the Regional Committee for Africa, including strategies and frameworks for expanding access to oral health, improving the health of women, children and adolescents, integrating rehabilitation into health systems, and providing guidance on improving blood availability and safety. Actions to achieve malaria control targets, strengthen the emergency workforce and improve health security, were also discussed.

16. The PSC recommended the adoption of all the reviewed documents, as well as proposals on regional representation, accreditation of non-State actors not in official relations with WHO to participate in sessions of the Regional Committee, and criteria for selection of a Member State desirous of hosting a session of the Regional Committee. The Regional Committee noted the statement of the Chairperson of the PSC.

17. Member States expressed their appreciation to the Secretariat for the quality of the documents presented for consideration by the Seventy-fifth session of the Regional Committee. On the criteria for hosting sessions of the Regional Committee, there was recognition of the opportunity for countries to express interest in hosting future sessions of the Committee, reinforcing the spirit of transparency, inclusion and participation.

18. Member States emphasized several key priorities during the discussions. They underscored the critical importance of ensuring universal access to safe blood products and advocated for the integration of oral health into primary care, particularly through school-based programmes and community-driven initiatives to broaden coverage. Additionally, Member States reaffirmed the urgency of strengthening health systems to promote equity, with a particular focus on women, children and adolescents. The expansion of malaria vaccination was also recognized and praised

as a high-priority agenda item, alongside efforts to reinforce the public health and emergency response workforce.

19. The Regional Committee adopted Document AFR/RC75/2: Statement of the Chairperson of the Programme Subcommittee, without amendments and fully endorsed the proposed actions and recommendations.

Report of the Regional Director on the work of WHO in the African Region (Document AFR/RC75/3)

20. The Regional Director's report for the period 1 July 2024–30 June 2025 highlights the Region's resilience in the face of financial and operational challenges. Despite a high volume of public health emergencies and leadership transitions, WHO sustained essential services and advanced strategic priorities across all 47 Member States. The report emphasizes progress in universal health coverage, with 17 countries implementing essential health service packages and 19 others rolling out malaria vaccines. Over 221 million children were reached through immunization campaigns. WHO coordinated responses to 168 emergencies, including cholera, mpox, and Marburg virus disease, deploying over 400 surge experts, training 2300 responders and strengthening preparedness systems. Digital innovations, community engagement, and multisectoral collaboration were central to maintaining service delivery. The Region validated the elimination of several neglected tropical diseases and expanded mental health and nutrition services. The report urges stronger domestic funding, integrated systems, and African-led innovation, with a focus on workforce investment and aligning national strategies with WHO frameworks to ensure continued impact and equity.

21. Member States commended the Regional Director for the comprehensive report and expressed appreciation for the leadership and collaboration demonstrated during a year of significant operational and financial challenges. They acknowledged the significant progress achieved in promoting universal health coverage (UHC), the efficient response to public health emergencies, and the measures implemented to encourage innovation and collaboration throughout the Region. Additionally, multiple country success stories were highlighted as exemplary best practice models. Delegates emphasized the importance of aligning national strategies with regional and global priorities, while highlighting the need for local manufacturing and digital health technologies to bring services closer to communities. The critical importance of revitalizing primary health care (PHC) systems and ensuring sustainable domestic financing to strengthen resilience and regional solidarity was underscored.

22. Member States restated their commitment to equity, solidarity and health advancements steered by African leadership, noting the changing global health context and the need for adaptive and innovative strategies. They stressed the value of strong partnerships in enhancing community resilience and achieving health for all, leaving no one behind. Key priorities raised included the integration of digital and mental health services within PHC, investing in local production of medicines to ensure access and self-reliance, and the role of innovation and collaboration in accelerating positive health outcomes. Delegates also commended the Regional

Director's leadership in advancing the well-being of women, children and adolescents, and in sustaining the momentum on health security initiatives. Member States also requested continued WHO support in building regional cooperation, mobilizing resources, and financing mechanisms to address ongoing and emerging health concerns. Countries affected by security and military conflicts and significant population movements reiterated their request for WHO assistance in health monitoring within refugee camps and in economic prevention and control.

23. The Committee noted the report as a comprehensive reflection of progress and actions taken, reaffirming its collective commitment to advancing the African health agenda through sustainable financing, regional collaboration, inclusive innovation, and full implementation of the WHO Fourteenth General Programme of Work (GPW 14) to accelerate progress towards regional and global health goals.

24. The Regional Committee noted the Annual report of the Regional Director on the work of WHO in the African Region as contained in Document AFR/RC75/3.

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

Regional framework for accelerating implementation of the global oral health action plan: addressing oral diseases as part of noncommunicable diseases towards universal health coverage and health for all by 2030 (Document AFR/RC75/4)

25. The Regional Committee discussed the document titled "Regional framework for accelerating implementation of the Global oral health action plan: addressing oral diseases as part of noncommunicable diseases towards universal health coverage and health for all by 2030", which highlights the urgent need to address the high burden of oral diseases in the WHO African Region. Affecting nearly half of the Region's population, oral diseases remain largely preventable, yet oral health services are underfunded and poorly integrated into health systems. The Framework builds on the 2016–2025 regional strategy and aligns with the Global oral health action plan 2023–2030 and resolution WHA74.5 on oral health, offering strategic guidance to achieve universal oral health coverage by 2030. It promotes a people-centred approach, calling for strong political commitment, resource mobilization and inter- and multisectoral collaboration. Key targets include providing access to essential oral health services for 50% of the population and achieving a 10% reduction in major oral diseases by 2030. By 2028, 60% of Member States are expected to have national oral health policies with the attendant budgets and staff. WHO and partners will support implementation through advocacy, technical assistance and capacity building.

26. Member States emphasized the critical importance of oral health, particularly in underserved rural communities where access remains limited. They highlighted the urgent need for stronger political commitment and substantially increased funding to overcome significant systemic barriers. These barriers include an inadequately trained health workforce, poor

geographic access to services, insufficient equipment, and limited availability of essential medicines.

27. Recognizing the interconnected nature of health challenges, Member States advocated for an integrated approach that addresses oral diseases alongside other noncommunicable diseases. They stressed the importance of tackling the underlying social determinants of health while ensuring sustained, long-term financing mechanisms. Prevention emerged as a key priority, with Member States calling for enhanced efforts focused on improving health literacy, promoting healthy diets with reduced sugar consumption, and strengthening community engagement and outreach programmes. Delegates also called for the scale-up of oral health at primary care level by integrating oral diseases into the WHO Package of Essential Noncommunicable disease interventions for primary health care (WHO-PEN) to improve equitable access to oral health services.

28. Member States underscored the critical need for comprehensive capacity building initiatives, particularly emphasizing the training and development of dental hygienists and therapists and task sharing with other health professionals, including community health workers, to respond to unmet needs for oral health services. They identified several key areas for strengthening oral health systems, including enhanced monitoring and evaluation frameworks, strategic public-private partnerships, and the systematic sharing of best practices and evidence-based interventions across countries and regions.

29. The Regional Committee adopted Document AFR/RC75/4: Regional framework for accelerating implementation of the Global oral health action plan: addressing oral diseases as part of noncommunicable diseases towards universal health coverage and health for all by 2030, without amendments and endorsed the proposed actions and recommendations.

Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region
(Document AFR/RC75/5)

30. The technical paper notes that, despite a 40% and 55% reduction respectively in the maternal mortality ratio and under-five mortality rate between 2000 and 2023, there remains an urgent need to accelerate progress in the health and well-being of women, children and adolescents. The African Region still accounts for 70% of global maternal deaths and 55% of under-five deaths. Key challenges include limited access to essential services, substandard quality of care, issues related to broader social determinants of health, contextual challenges such as fragile and conflict-affected settings, and health systems that are unable to meet population needs.

31. To meet the SDG targets by 2030, the paper calls for strategic actions based on three flagships to “stimulate investments," “capacitate health systems,” and “deliver services for everyone” in the WHO African Region. The paper highlights the importance of integrated, people-

centred primary health care, with a focus on reproductive, maternal, newborn, child and adolescent health (RMNCAH). This involves strengthening governance, expanding the health workforce, improving access to medicines and technologies, and harnessing digital innovations. It also emphasizes the importance of sustainable financing and reduced out-of-pocket costs to promote equity and improve outcomes.

32. Member States appreciated the technical paper and expressed support for its recommendations, emphasizing the urgent need to accelerate efforts to improve the health and well-being of women, children and adolescents in the WHO African Region. They acknowledged progress in reducing maternal mortality but emphasized that the pace remained slow and uneven. Delegates called for high-impact, innovative interventions to meet SDG targets 3.1 and 3.2 by 2030. The discussion focused on strengthening integrated, people-centred health systems, especially in relation to RMNCAH, and stressed that collective action, innovation and sustained investment were vital to accelerating progress.

33. Member States reaffirmed their commitment to ensuring that women, children and adolescents survive and thrive through equitable access to quality health services and called on WHO and partners to:

- provide technical support and capacity building to strengthen national health systems
- facilitate learning exchanges and accountability, and
- support resource mobilization efforts, particularly advocacy for increased domestic financing to bridge existing funding and implementation gaps.

34. The Regional Committee adopted Document AFR/RC75/5: Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region with amendments and endorsed its recommendations to improve health outcomes for women, children and adolescents in the Region.

Regional strategy to strengthen rehabilitation in health systems, 2025–2035 (Document AFR/RC75/6)

35. The strategy highlights the urgent need to expand access to rehabilitation services across the WHO African Region as a cornerstone of universal health coverage. Rehabilitation is underfunded and poorly integrated, despite its vital role in improving quality of life, tackling rising noncommunicable diseases, enhancing functioning in ageing populations, and alleviating injuries. The strategy provides a framework for Member States to integrate rehabilitation into national health policies and emergency preparedness and response. Key targets include ensuring that by 2035, sixty per cent of countries have national rehabilitation strategies with dedicated budgets and rehabilitation is included in essential health benefit packages. Priority actions focus on strengthening national planning, expanding service coverage, strengthening the workforce, enhancing data and research, and leveraging digital technologies. The strategy promotes a people-centred, inclusive and resilient approach to improve health outcomes and increase

functioning and participation in society. WHO and partners will support implementation through advocacy, technical assistance, and capacity building.

36. The Regional Committee welcomed the first regional strategy to strengthen rehabilitation in health systems (2025–2035) as a timely and necessary step to adopting rehabilitation as an investment in human capital and a core element of health system transformation. They noted persistent challenges, including the extremely low numbers of rehabilitation professionals, inadequate prioritization of assistive technologies, and weak integration of rehabilitation into national health policies and financing frameworks. These gaps limit equitable access to essential services and reduce the contribution of rehabilitation to improving health outcomes, productivity and social participation.

37. Member States shared their progress and innovations and expressed their commitment to embedding rehabilitation as an essential health investment. They called for the development of a sustainable rehabilitation health workforce and financing models, and collaboration with communities to ensure equitable access. They highlighted the urgent need to train more rehabilitation professionals, and proposed the creation of a regional hub to drive training, research and knowledge sharing. Member States requested the support of the WHO Secretariat and partners in developing financing mechanisms, scaling up capacity building efforts, ensuring access to, and regulation of assistive technologies to accelerate the integration of rehabilitation into health systems and strengthen its role in delivering resilient, inclusive and people-centred care.

38. The Regional Committee adopted Document AFR/RC75/6: Regional strategy to strengthen rehabilitation in health systems, 2025–2035 without amendments and fully endorsed the proposed actions and recommendations.

Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030 (Document AFR/RC75/7)

39. Blood transfusion is an essential component of life-saving health care, yet half of blood needs in the African Region remain unmet, with an average donation rate of only 5.2 per 1000 population. The framework aims to increase donations to seven per 1000 population, achieve 80% voluntary non-remunerated donations, and ensure 100% screening for transfusion-transmitted infections by 2030. It outlines strategic priorities to strengthen governance, financing, infrastructure, workforce capacity, and haemovigilance, while promoting culturally appropriate donor mobilization, innovative technologies, and integration of blood products into essential medicines and health emergency preparedness across the Region.

40. Member States welcomed the framework, commending its accurate diagnosis and the pertinence of the proposed priority interventions. They highlighted positive practices already under way, including improved coordination of blood transfusion services, steady increases in domestic financing, engagement of leaders in awareness campaigns and donation drives, expansion of voluntary non-remunerated blood donors, inclusion of blood products in national

essential medicines lists, surveillance of emerging diseases, and adoption of innovative technologies. Delegations underscored the need to expand the recruitment and retention of voluntary donors, strengthen haemovigilance systems, build human resource capacity, and ensure secure and sustainable financing through dedicated budget lines and innovative resource mobilization.

41. Member States requested continued WHO and partner support to reinforce advocacy, facilitate cross-country exchange of innovations, and support pooled procurement and local production of blood-related commodities. They also called for assistance in the implementation of policy and regulatory reforms, training and capacity-building, technology transfer, plasma fractionation to increase access to plasma-derived medicinal products, and the development of robust data systems. Member States specifically requested recognition of sickle cell disease as a special transfusion need.

42. The Secretariat acknowledged the contributions of Member States and non-State actors, noted the request from Member States regarding sickle cell disease, and reaffirmed its abiding commitment to provide technical support.

43. The Regional Committee adopted Document AFR/RC75/7: Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030 without amendments and endorsed the proposed actions.

Addressing threats and galvanizing collective action to meet the 2030 malaria targets (Document AFR/RC75/8)

44. The strategy outlines the urgent need to accelerate malaria control in the WHO African Region, as it still accounts for 94% of global cases and 95% of deaths. Progress has been slow, with declines of only 5% in incidence and 16% in mortality since 2015. Key challenges include weak health systems, inadequate financing, climate disruptions, and drug/insecticide resistance. The strategy calls for strengthened surveillance, resilient supply chains, resistance management, local institutional capacity strengthening and increased domestic resource mobilization. It promotes the implementation of strategic initiatives previously endorsed by Member States, recommending multisectoral collaboration, climate and outbreak modelling, and innovation in tools and treatments. WHO and partners will support technical capacity strengthening and emergency preparedness while encouraging local manufacturing. A coordinated, data-driven approach is essential to meet the 2030 malaria elimination targets.

45. The Regional Committee acknowledged that malaria continues to pose a significant public health challenge, contributing to persistently high levels of morbidity and mortality across several African countries. It was noted that the disease disproportionately affects vulnerable groups, particularly rural populations, pregnant women and children. In some countries, progress towards eradication has stalled due to factors such as climate change, humanitarian crises, mining activities, resistance to drugs and insecticides, and shrinking financial resources.

46. Member States emphasized the need to strengthen surveillance systems to detect potential resurgence, prevent re-establishment of malaria in malaria-free countries and called for a multisectoral approach that includes the active participation of the private sector. They also highlighted the importance of improving health literacy and fostering community engagement. Regarding vector control, Member States recommended a cautious phasing out of residual spraying with DDT to preserve the gains achieved, while promoting local manufacturing of alternatives. The involvement of young people in malaria prevention and control efforts, including through school-based initiatives, was also underscored.

47. Furthermore, Member States reaffirmed their commitment to mobilizing additional resources for malaria, scaling up both traditional and innovative interventions, such as malaria vaccines, the deployment of next-generation insecticide-treated bed nets and the use of digital health tools to improve service delivery. They called for continued technical support from WHO, particularly in the areas of surveillance, managing drug and insecticide resistance, enhancing cross-border collaboration, and regional coordination.

48. The Regional Committee adopted Document AFR/RC75/8: Addressing threats and galvanizing collective action to meet the 2030 malaria targets without amendments and endorsed the proposed priorities for action in the Region.

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

Status of public health and emergency workforce in Africa (Document AFR/RC75/9)

49. The report highlights the urgent need to strengthen the health workforce to achieve universal health coverage and health security across the WHO African Region. With a workforce density of 1.55 per 1000 population, the Region faces a shortage of 6 million health workers. Key challenges include limited training, poor planning, high attrition and geographic maldistribution, especially in emergency response. The report proposes digital integration, continental protocols for workforce mobility, expanded training, and fair employment conditions. WHO will lead regional coordination and capacity building, with partners investing in training, technology and workforce absorption. The document further emphasizes collaboration, innovation and sustained investment to build a resilient, well-distributed and emergency-ready health workforce.

50. Member States welcomed the technical paper on the status of the public health and emergency workforce and underscored its centrality to health security and emergency preparedness. The Regional Committee expressed appreciation for the coordinated efforts of WHO and partners to strengthen public health and emergency workforce capacities in Africa, with Member States sharing key progress updates from their countries. A number of lingering critical challenges were also noted, including acute shortages and uneven distribution of the workforce, limited retention due to low remuneration and career prospects, and continued migration of health workers. Despite ongoing progress through field epidemiology, “One Health” training,

digital health innovations and the AVoHC-SURGE initiative, financing and sustainability remain major concerns.

51. Member States called for the integration of emergency workforce capacities into national health workforce plans, expansion of training and recruitment, and retention strategies that include incentives and improved working conditions. They emphasized the importance of institutionalizing AVoHC-SURGE within health systems, leveraging technology, and recognizing the contribution of community health workers. They requested WHO technical support for financing models, capacity building, cross-border deployment mechanisms and regional collaboration to strengthen the resilience of the emergency workforce.

52. The Regional Committee adopted Document AFR/RC75/9: Status of public health and emergency workforce in Africa without amendments and endorsed its proposed areas for action to build an emergency-ready workforce.

Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships (Document AFR/RC75/10)

53. The document outlines a comprehensive approach to improving health security across the WHO African Region. It highlights the urgent need to strengthen health security in the WHO African Region, which faced 251 public health events in 2024. The strategy aligns with regional frameworks to improve event detection, build resilient systems and forge strategic partnerships. Key challenges include limited subnational implementation of the integrated disease surveillance and response (IDSR) strategy, weak laboratory and genomic surveillance, cross-border gaps, and low uptake of digital tools. The Region also faces workforce shortages, infrastructure gaps, and fragmented coordination. The strategy calls for accelerated implementation, focusing on surveillance, workforce expansion, system resilience and sustainable financing.

54. Member States expressed appreciation for the proper presentation of the strategy and commended the Secretariat for the timely report, noting its strong alignment with regional and global frameworks to strengthen health security. They highlighted the urgency of accelerating action, particularly in light of the 251 public health events recorded in 2024, and emphasized the importance of building robust, sustainable systems to detect, respond to, and prevent future health emergencies. Member States called for the accelerated implementation of the strategy, targeting the milestones for 2028, 2031, and 2035, with a focus on strengthening integrated surveillance, expanding and upskilling the health workforce, building resilient systems, and securing sustainable financing.

55. Member States highlighted the need to mainstream the One Health approach to address the human-animal-environment interface, particularly for zoonotic threats; integrate mental health into health security strategies during emergencies; and establish regional training hubs to build a skilled workforce and facilitate peer learning and knowledge exchange across the Region. They reiterated the importance of a multisectoral, equitable and integrated approach, underpinned by strong partnerships at the national (public-public and public-private), regional

and international levels. In conclusion, Member States urged WHO to provide technical assistance, targeted capacity building, and support resource mobilization to accelerate the implementation of the strategy and ensure that health security becomes a core pillar of resilient health systems.

56. The Regional Committee adopted Document AFR/RC75/10: Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships without amendments, and endorsed the proposed actions.

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

Programme budget (Document AFR/RC75/11)

57. The document emphasizes the urgent need to safeguard health delivery in the WHO African Region amid global budget cuts. The base budget for the African Region has dropped by 14%, from US$ 1.326 billion to US$ 1.139 billion, consistent with adjustments seen across the Organization. Despite these constraints, the Region has preserved US$ 447 million in flexible funding, 70% of which is allocated to countries. The Programme budget advances universal health coverage and emergency preparedness, while addressing equity and gender disparities. Coupled to this approach is a transformation anchored in primary health care and results-driven implementation.

58. To prepare for the next biennium, the Secretariat has taken strategic measures, including workforce realignment, operational streamlining, efficiency measures, and resource mobilization campaigns. To effectively deliver the Programme budget results, Member States are urged to: enhance engagements such as joint planning, regular monitoring/reviews and reporting; further advance the role of WHO in the national health architecture; sustain political and financial advocacy; and continue support to country offices through cost-saving mechanisms. A multisectoral and country-focused approach is essential to sustain impact and ensure delivery under fiscal constraints.

59. Member States commended the emphasis placed on results-based management, equity and primary health care, and welcomed the Secretariat's steadfast commitment to advancing a healthier Africa. They underscored the importance of strengthening the resilience of health systems, promoting health literacy, fostering community engagement, and addressing the health-related impacts of climate change.

60. Considering the reduced fiscal space, Member States underscored the importance of increased assessed contributions, the investment round, and other innovative, predictive funding mechanisms to ensure long-term sustainability. They recommended further augmenting responsiveness, enhancing transparency, and adopting efficient financial management practices to ensure that countries receive timely and comprehensive updates on funding availability to support strategic planning, optimize staffing, and boost investments in preventive health

measures. Additionally, they proposed the establishment of a joint planning, review, monitoring and evaluation mechanism to reinforce the successful implementation of the Programme budget.

61. Finally, Member States advocated for a forward-looking perspective, encouraging the transformation of existing constraints into opportunities for innovation and system improvement, to ensure sustained progress in people's health and well-being.

62. The Regional Committee noted Document AFR/RC75/11: Programme budget 2026–2027: from prioritization to implementation.

Draft provisional agenda, place, and dates of the Seventy-sixth session of the Regional Committee (Document AFR/RC75/12)

63. The Chairperson of the Seventy-fifth session of the Regional Committee, Honourable Elijah Julaki Muchima, tabled the draft provisional agenda, place, and dates of the Seventy-sixth session of the Regional Committee (AFR/RC75/12). Following the proposal by the Federal Democratic Republic of Ethiopia on the need to strengthen surge capacity for resilient health systems, the Committee requested the inclusion of an agenda item on a regional strategy for emergency medical teams (EMTs).

64. The Regional Committee also considered the official written request from the Federal Democratic Republic of Ethiopia to the WHO Regional Director to host the Seventy-sixth session of the Regional Committee. In the absence of any objection, the Committee confirmed the adoption of the provisional agenda, including the requested addition, and decided that the Seventy-sixth session would be held in the Federal Democratic Republic of Ethiopia from 24 to 28 August 2026.

Information documents

65. The Regional Committee considered and noted the following 17 information documents.

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

(a) Report on the Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/1)

(b) Progress report on the implementation of the Strategy for scaling up health innovations in the African Region (Document AFR/RC75/INF.DOC/2)

(c) Mid-term review of PEN-PLUS – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities (Document AFR/RC75/INF.DOC/3)

(d) Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (Document AFR/RC75/INF.DOC/4)

(e) Progress report on the Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/5)

(f) Progress report on the Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (Document AFR/RC75/INF.DOC/6)

(g) Progress report on the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (Document AFR/RC75/INF.DOC/7)

(h) Progress report on the Regional strategy on regulation of medical products in the African Region, 2016–2025 (Document AFR/RC75/INF.DOC/8)

(i) Progress report on the Regional framework for integrating essential noncommunicable disease services in primary health care (Document AFR/RC75/INF.DOC/9)

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

(j) Progress report on the Framework document for the African Public Health Emergency Fund (Document AFR/RC75/INF.DOC/10)

(k) Progress report on the Regional Framework for the implementation of the Global strategy for cholera prevention and control 2018–2030 (Document AFR/RC75/INF.DOC/11)

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

(l) Progress report on the Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/12)

(m) Progress report on the Regional strategy for community engagement, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/13)

(n) Final report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document AFR/RC75/INF.DOC/14)

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

(o) Progress report on the Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document AFR/RC75/INF.DOC/15)

(p) Report on WHO staff in the African Region (Document AFR/RC75/INF.DOC/16)

(q) Regional matters arising from reports of WHO internal and external audits (Document AFR/RC75/INF.DOC/17).

Adoption of the report of the Regional Committee (Document AFR/RC75/13)

66. The Regional Committee adopted the report through a written procedure.

Closure of the Seventy-fifth session of the Regional Committee

67. The closure of the Seventy-fifth session of the Regional Committee for Africa (RC75) was marked by expressions of heartfelt appreciation and reflections on the week's achievements and challenges. Speakers reaffirmed the Region's commitment to strengthening health systems, advancing health security, and accelerating progress towards the Sustainable Development Goals.

68. The Chairperson of the Regional Committee, Honourable Elijah Muchima, presided over a gift presentation ceremony in which the host, the Republic of Zambia, presented tokens of appreciation to all attending Ministers of Health. Ms Pamela Drameh, head of the External Relations, Partnerships and Governing Bodies (EPG) team, was specially recognized as she was retiring after years of dedicated coordination of the Regional Committee, while Dr Mohamed Yakub Janabi, the Regional Director, was recognized for his outstanding service and contribution to RC75.

Vote of thanks

69. On behalf of Member States, the Minister of Health and Social Action of Senegal delivered a vote of thanks, commending Zambia for its warm hospitality, the seamless organization of the session, and the strong technical support provided by the WHO Secretariat. The Minister also highlighted the collaborative spirit displayed by delegates, underscoring the importance of solidarity in advancing health priorities across the Region.

Closing remarks by the Regional Director

70. Dr Mohamed Yakub Janabi expressed gratitude to His Excellency Hakainde Hichilema, President of the Republic of Zambia, for his visionary leadership and steadfast support of public health. He thanked all Ministers, the Regional Committee Chairperson, Vice-Chairpersons and Rapporteurs, Heads of delegation and partners for their constructive discussions and commitment to implementing the resolutions adopted. Dr Janabi emphasized the urgency of accelerating the implementation of decisions, transforming commitments into actions, strengthening partnerships and innovation, and ensuring equity and sustainability in health programmes.

Closing remarks by the Chairperson of the Regional Committee

71. Honourable Elijah Muchima, in his closing statement, extended his appreciation to President Hichilema, the Regional Committee Vice-Chairpersons, Honourable Assa Badiallo Touré and Honourable Adrien Mougougou, Ministers of health of Mali and Gabon respectively, the Regional Director Dr Janabi, and all Ministers and Heads of delegation. He thanked Zambia for its warm hospitality and the WHO Secretariat for their technical and logistical support. The Chairperson then urged Member States to translate RC75 resolutions into tangible actions and to sustain collaboration in monitoring and reporting progress ahead of RC76.

72. With deep gratitude to the Government and people of Zambia, Member States, partners and the WHO Regional Office for Africa, the Chairperson officially declared RC75 closed. The session concluded with a renewed sense of unity and determination to improve the health and well-being of populations across the African Region.

Part III

Special and side events during the Regional Committee

Special event

Eradication, transition and sustainability: the African Region's Polio Endgame

Introduction

73. The high-level special event on "Eradication, transition and sustainability: the African Region's Polio Endgame", was held during the Seventy-fifth session of the WHO Regional Committee for Africa, with the aim of reaffirming Member States' commitment to eradicating all forms of poliovirus and accelerating the strategic transition of polio assets. With panellists from the Democratic Republic of the Congo, Madagascar, Malawi and partners of the Global Polio Eradication Initiative (GPEI), the session focused on reviewing progress, identifying risks and mobilizing support to integrate polio infrastructure into the broader health system for lasting public health resilience.

Key issues

74. While wild poliovirus has been successfully eradicated in the Region, variant poliovirus type 2 remains a threat, with over 200 detections in 16 countries in 2025. Type 3 has also re-emerged in five countries. Key challenges include shrinking global funding, immunity gaps, and weak routine immunization in fragile settings. However, the Region benefits from a strong surveillance infrastructure, increased laboratory capacity and innovative solutions to reach inaccessible areas and mobile populations.

75. Although 32 countries have transitioned polio functions into national health systems, challenges remain, including competing development priorities, humanitarian emergencies and reduced domestic funding. Meanwhile, transitioning in the midst of an ongoing outbreak equally presents challenges. Fifteen priority countries are still financially supported by the GPEI, and are expected to prioritize and accelerate transition planning and domestic resource mobilization as funding declines. Polio assets are being repurposed to deliver other health services, including responses to other emergencies and integrated disease surveillance.

Recommendations and next steps

76. Member States were urged to sustain political commitment to synchronize and implement rapid and quality response activities, strengthen cross-border collaboration, accelerate routine immunization, review gaps in surveillance, reinforce detection capacity, integrate polio into other health interventions, absorb polio assets into the national health system and increase domestic resource mobilization to reduce reliance on external funding for both eradication and transition efforts.

Side events

Partnerships for strengthening an ecosystem approach to production of medicines, vaccines and other health technologies in Africa and the "Gavi leap"

Introduction

77. The high-level side event, which was held during the Seventy-fifth session of the WHO Regional Committee for Africa, aimed to accelerate Africa's journey towards health sovereignty through end-to-end production of vaccines, medicines and health technologies. Co-hosted by WHO AFRO, the International Drug Purchase Facility (Unitaid), the International Vaccine Institute (IVI) and Gavi, the event convened political leaders, health ministers and global partners to explore sustainable partnerships, regulatory frameworks and innovation ecosystems to drive local manufacturing and pandemic preparedness across the continent.

Key issues discussed

78. His Excellency Hakainde Hichilema, President of Zambia, emphasized that Africa must move from dependency to self-reliance by investing in local production and regional integration. He reaffirmed Zambia's commitment to regional collaboration.

79. WHO Director-General, Dr Tedros, emphasized Africa's opportunity to achieve self-reliance by expanding local production of medical products. He highlighted WHO initiatives, including the mRNA technology transfer hub in Cape Town, as well as the Organization's support in operationalizing the African Medicines Agency. He also welcomed partnerships and investments of over US$ 4 billion.

80. Dr Jean Kaseya, Director General of Africa CDC, highlighted the need for African-led research and development, regulatory strengthening, and workforce development. Dr Mohamed Yakub Janabi, WHO Regional Director for Africa, stressed that health sovereignty could not be imported, and that vaccine production required a cohesive ecosystem.

81. Panellists discussed the importance of harmonized regulatory systems, cross-sectoral partnerships, effective coordination, and the need to treat Africa as a single market. Challenges such as fragmented efforts, limited clinical trials, and barriers to financing were acknowledged, while opportunities included the African Medicines Agency (AMA), Gavi's new "Leap" strategy, and growing political will.

82. The panel discussion highlighted the growing momentum in Africa towards end-to-end manufacturing of vaccines, medicines and diagnostics, with South Africa showcasing advances in biotechnology, genomics, proteomics and mRNA vaccine partnerships, and Senegal underscoring the critical vaccine role of the Pasteur Institute of Dakar. Speakers emphasized that achieving

vaccine sovereignty required a continental vision, strong regulatory systems led by the AMA, and harmonized standards integrated with trade to ensure that products reach populations.

Recommendations and next steps

83. Across all interventions, the panel underscored the fact that Africa's path to health sovereignty depended on partnerships, coordinated strategies and investments that link manufacturing with research, regulation and market access. It was recommended that concrete commitments and strategies targeted at meeting the needs of the continent be implemented.

84. WHO AFRO, IVI and Unitaid agreed to convene a two-day technical meeting in early 2026 to strengthen their partnership for end-to-end production. Stakeholders from the side event would be invited to co-create actionable pathways towards vaccine and medicine self-reliance in Africa.

From commitment to action: accelerating domestic investment and multisectoral leadership for health in Africa

85. On the margins of the Seventy-fifth session of the WHO Regional Committee for Africa, the WHO Liaison Office to the African Union and the United Nations Economic Commission for Africa (UNECA), together with the WHO AFRO Health Systems and Services Cluster, co-hosted a high-level side event entitled *From commitment to action: accelerating domestic investment and multisectoral leadership for health in Africa.* The event, which was co-convened with the AUC Department of Health, Humanitarian Affairs and Social Development, AUDA–NEPAD, UNECA and the European Investment Bank (EIB), brought together ministers, senior officials, partners and private sector leaders to deliberate on innovative pathways for mobilizing domestic resources and advancing health sovereignty. The session was moderated by Dr Francis Kasolo, Director of the WHO Liaison Office to the AU and UNECA.

86. Speaking at the event, the WHO Regional Director for Africa, Dr Mohamed Janabi, and the Zambian Minister of Health, Honourable Elijah Muchima, underscored the urgency of moving beyond traditional health financing models and placing primary health care at the centre of reforms. They emphasized the importance of political leadership, multisectoral action and innovative financing approaches for health security.

87. Partners presented opportunities for action. The AUC highlighted the potential of the African Continental Free Trade Area in expanding cross-border insurance and pharmaceutical production. Africa CDC recalled the Abuja commitment and urged renewed political leadership. UNECA framed health as a sovereignty and development issue, proposing tax reforms, debt swaps and digital innovation. The Global Fund stressed sustained engagement as countries transition to self-reliance, while the EIB showcased the Health Impact Investment Platform, aiming to channel €1.5 billion into primary health care. AUDA–NEPAD presented its Programme for Investments and

Financing in Africa's Health Sector, and the Africa Business Council emphasized the role of private sector leadership in manufacturing, innovation and infrastructure.

88. The Ministers of Health of Cabo Verde, Ethiopia, Rwanda and Zambia shared country experiences, ranging from community-based health insurance and tariff reforms to bankable health projects, macroeconomic measures, and domestic manufacturing. These examples highlighted diverse pathways to achieving universal health coverage while reducing reliance on external funding.

89. A major highlight of the event was the launch of the Lusaka Call to Action by the Zambian Health Minister, which reaffirmed Member States' commitment to mobilize domestic resources, strengthen multisectoral leadership, and expand innovative financing for health. The Call further urged partners, including WHO and UNECA, to support countries in implementing financing strategies and sustaining political momentum to achieve their health objectives.

90. Closing the session, the Director of Health Systems and Services at WHO AFRO called for bold action, innovation and collaboration, noting that Africa's health sovereignty depended on sustained political will and partnerships.

PEN-Plus approach and integrating breast and cervical cancer in the African Region

Introduction

91. Noncommunicable diseases account for 75% of global deaths, with Africa's burden rising from 24.2% in 2000 to 35% in 2021. Severe NCDs like sickle cell disease, rheumatic heart disease and type 1 diabetes kill over half a million young people every year. Breast and cervical cancers assume a significant proportion of the cancer burden among women, with most cases diagnosed late. The side event highlighted key initiatives – the PEN-Plus strategy, the Women's Integrated Care for Cancer Services (WICS), and BEAT Breast Cancer in Africa (BBC) – to foster shared learning, regional collaboration, and increased investment in integrated NCD services across the WHO African Region.

Highlight of key issues discussed, including challenges and opportunities

92. Delegates from Côte d'Ivoire, Ghana, Kenya, Malawi and United Republic of Tanzania shared experiences in implementing the PEN-Plus strategy and the WICS and BBC projects, offering insights into ways and means of strengthening responses to NCDs, especially severe NCDs and women's cancers. Key challenges included low political commitment, inadequate funding, limited capacity, poor surveillance systems, fragmented programming, stigma, and late-stage diagnosis. Gender inequities and poor health-seeking behaviours were also noted. Despite these barriers, opportunities were also identified. The regional PEN-Plus strategy offers a scalable framework for strengthening first-level referral facilities to manage severe NCDs, in alignment with Sustainable Development Goal targets. A three-year grant from the Hemsley Charitable Trust supports

implementation of the PEN-Plus strategy in 20 countries, aiming to reduce premature mortality from severe NCDs. Delegates emphasized the need to accelerate the Global Breast and Cervical Cancer Initiatives, leveraging the WICS and BBC projects to integrate cancer care into primary health systems. Overall, Member States and partners – including Roche, Jhpiego, and the NCDI Poverty Network – reaffirmed their commitment to ending the neglect of NCDs and accelerating efforts to expand access to integrated, people-centred care across the Region.

Recommendations and next steps

93. To advance NCD control strategies, delegates recommended strengthening early detection, patient navigation, and rehabilitation in primary health care. Key actions include building health workforce capacity, including mentoring, improving access to essential medicines and technologies, and mobilizing sustainable financing. Enhancing health literacy and health service demand creation through media and community engagement, investing in digital surveillance systems, and expanding integrated NCD services using WHO PEN, PEN-Plus, the Mental Health Gap Action Programme (mhGAP), the Global Breast Cancer Initiative, and cervical cancer elimination frameworks, were emphasized. Integrating NCDs into national priorities, fostering partnerships, and empowering women to improve health-seeking behaviours were also highlighted.

Emergency preparedness and response in resource-constrained contexts: paradigm shifts

Introduction

94. The high-level side event was convened by the Secretariat at the Seventy-fifth Regional Committee in Lusaka to provide updates on developments in regional and global emergency preparedness and response (EPR), engage Member States on the resilience and sustainability of their EPR capacities, and align country priorities with regional mechanisms and partner investments to advance health security. The event discussed Africa's vulnerability to recurrent health emergencies, in the face of dwindling public health financing and the strategic shifts that Member States should adopt.

Highlights of key issues discussed

95. The Regional Emergency Director, on behalf of the Regional Director, stressed the need for transformational change, calling for country ownership, domestic financing, decentralized support, and innovation. The Chairperson of the EPR Technical Advisory Group (TAG), Dr Deo Nshimirimana, dwelt on the issue of priorities by citing survey findings that identified WHO AFRO as a trusted partner, while insisting that Member States needed to enhance multisectoral coordination, inclusion of local actors, preparedness, and workforce development.

96. During the panel discussion among Member States, Uganda reflected on the rapid containment of its recent Ebola outbreak through innovation and strong coordination, despite pressures from managing concurrent humanitarian crises with the influx of refugees from

neighbouring countries. Mozambique described compounding climate shocks and concurrent mpox and cholera outbreaks, stressing how contingency planning and community engagement had improved preparedness and response. Senegal highlighted its leadership role in hosting the WHO Emergency Hub in Dakar and showcased its WHO-certified Emergency Medical Team, a first in Africa, as well as the recent rapid detection and control of mpox, linking EMTs to routine services and positioning the country for regional vaccine production. Other Member States, including Kenya, Gambia, Ethiopia and Nigeria, highlighted progress in surveillance, laboratory capacity and integration of preparedness into universal health coverage. They also emphasized community health programming and cross-border collaboration as critical components of health security.

97. Partners, including Africa CDC, the Gates Foundation, UK FCDO, and the IFRC, emphasized country-led approaches, sustainable financing, surge workforce models, and integration of community volunteers into national systems.

Key takeaways

98. Panellists unanimously agreed that health sovereignty required institutional capacity and sustainable financing, while WHO and partners were urged to facilitate and support country-led emergency responses. Regional hubs and national public health institutes were also recognized as being essential to sustainability, while the central role of community engagement in building trust and countering misinformation was also identified.

Recommendations and next steps

99. Member States agreed that health sovereignty was essential in the era of declining funding. The next steps included institutionalizing resilient, country-owned EPR systems supported by regional hubs; aligning EPR restructuring and support with IHR amendments and the Pandemic Agreement; and scaling up domestic financing. The side event concluded by underscoring the need for paradigm shifts in the Region's EPR systems, and the need to place sustainability, solidarity and national ownership at the centre of health security.

Part IV

Annexes

Annex 1

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Ministry of Health

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Ministry of Health

Dr Simon Kunda
Provincial Health Director
Ministry of Health

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Head Clinical Care
Ministry of Health

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Ministry of Health and Child Care

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2. Member States from other regions

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Fundação Oswaldo Cruz (Fiocruz)
Head of delegation

Qatar

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Head of delegation

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Ministry of Public Health

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Ministry of Public Health

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Head of delegation

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Foreign, Commonwealth and Development Office

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Dr Ashley Sharp Ukhsa
UKHSA Country Lead for Zambia
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3. United Nations and other intergovernmental organizations

African Continental Free Trade Area (AfCFTA)

Mr Themba Cyril Khumalo
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Dr Claudia Shilumani
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External Relations & Strategic Engagement

Mr Landry Dongmo Tsague
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Special Ambassador

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Mr Sibusiso Sibanze
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Food and Agriculture Organization of the United Nations (FAO)

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Gavi, the Vaccine Alliance

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Mr Olakunle Atanda
Senior Manager

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Regional Head

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Director Strategic & Programmatic Engagement

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Global Financing Facility Country Coordinator
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International Federation of the Red Cross and Red Crescent Societies

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African Tobacco Control Alliance (ACTA)

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AMREF Health Africa

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Anesvad FOUNDATION

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Association Africaine des Centrales d'achats de Médicaments Essentiels

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Delegate

Handicap International Federation

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STO Rehab-Prog SAO

Helpage International

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HelpAge Global Member

International Association for Communication Sciences and Disorders

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Individual Member

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Medecins Sans Frontieres International

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PATH

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Speak Up Africa

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Delegate

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Mr Wolfgang Grisold
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Professor Lawrence Tucker
President
Delegate

World Heart Federation

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Advocacy Committee Member

World Obesity Federation

Mr Stephen Ogweno
Board-member

International Hospital Federation

Dr Abel Mwale
Delegate

5. Guests

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Mr Kenly Sikwese
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Ms Zouera Youssoufou
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Jhpiego

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MD
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Meditech

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Mohamed bin Zayed Foundation for Humanity

Mr Amir Berenjian
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Rem5 Studios

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Resilience Action Network Africa

Dr Rebecca Martin
President
EPR TAG
Sabin Vaccine Institute

Dr Tewodros Endailalu
Senior Director of Global Programs
Susan Thompson Buffet Foundation.

Annex 2

Agenda

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the provisional agenda and provisional programme of work
4. Appointment of Members 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

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

7. Regional framework for accelerating implementation of the global oral health action plan: addressing oral diseases as part of noncommunicable diseases toward universal health coverage and health for all by 2030
8. Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region
9. Regional strategy to strengthen rehabilitation in health systems, 2025–2035
10. Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030
11. Addressing threats and galvanizing collective action to meet the 2030 malaria targets

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

12. Status of public health and emergency workforce in Africa
13. Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships

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

14. Programme budget
15. Draft provisional agenda, place, and dates of the Seventy-sixth session of the Regional Committee
16. **Information documents**

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

16.1 Report on the Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region

16.2 Progress report on the implementation of the Strategy for scaling up health innovations in the African Region

16.3 Mid-term review of PEN-PLUS – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities

16.4 Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases

16.5 Progress report on the Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region

16.6 Progress report on the Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs

16.7 Progress report on the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region

16.8 Progress report on the Regional strategy on regulation of medical products in African Region, 2016–2025

16.9 Progress Report on the Regional framework for integrating essential noncommunicable disease services in primary health care

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

16.10 Progress report on the Framework document for the African Public Health Emergency Fund

16.11 Progress report on the Regional framework for the implementation of the Global strategy for cholera prevention and control 2018–2030

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

16.12 Progress report on the Regional Multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region

16.13 Progress report on the Regional strategy for community engagement, 2023–2030 in the WHO African Region

16.14 Final report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)

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

16.15 Progress report on the Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030

16.16 Report on WHO staff in the African Region

16.17 Regional matters arising from reports of WHO internal and external audits

17. Closure of the Seventy-fifth session of the Regional Committee.

Annex 3

Programme of work

(Time: GMT/UTC+2)

Sunday, 24 August 2025		
07:30–10:00	***Walk the Talk***	

Day 1: Monday, 25 August 2025		
09:00–11:30	**Agenda item 1**	Opening ceremony
11:30–12:00	**Agenda item 2**	Election of the Chairperson, the Vice-Chairpersons, and the Rapporteurs
	Agenda item 3	Adoption of the provisional agenda and provisional programme of work (Document AFR/RC75/1 and Document AFR/RC75/1 Add.1)
	Agenda item 4	Appointment of Members of the Committee on Credentials
12:00–14:00	**Lunch break**	Meeting of the Committee on Credentials
12:15–13:45	***Side event 1***	*Closed-door meeting with Ministers of Health from focus countries on a sexual and reproductive health and rights initiative (by invitation only)*
14:00–14:30	**Agenda item 5**	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC75/2)
14:30–16:00	**Agenda item 6**	Annual report of the Regional Director on the work of WHO in the African Region (Document AFR/RC75/3)
Pillar 1: One billion more people benefitting from universal health coverage		
16:00–17:15	**Agenda item 7**	Regional framework for accelerating implementation of the global oral health action plan: addressing oral diseases as part of noncommunicable diseases toward universal health coverage by 2030 (Document AFR/RC75/4)
17:15–18:30	**Agenda item 10**	Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030 (Document AFR/RC75/7)
18:30	**End of the day's session**	
18:45	***Reception hosted by the Government of Zambia and the WHO Regional Director for Africa***	

Day 2: Tuesday, 26 August 2025		
07:15–08:30	***Breakfast meeting 1***	*Closed-door session with Ministers of Health on polio in the Lake Chad Basin countries (by invitation only)*
08:45–09:00	**Agenda item 4 (contd)**	Report of the Committee on Credentials (Document AFR/RC75/Decision 2)
Pillar 1: One billion more people benefitting from universal health coverage		
09 :00–09:45	**Agenda item 10 (contd)**	Framework to advance universal access to safe, effective and quality-assured blood products in the WHO African Region: 2026–2030 (Document AFR/RC75/7)
Pillar 4: More effective and efficient WHO providing better support to countries		
09:45–11 : 00	**Agenda item 14**	Programme budget
Pillar 1: One billion more people benefitting from universal health coverage		
11:00–12:00	**Agenda item 9**	Regional strategy to strengthen rehabilitation in health systems, 2025–2035 (Document AFR/RC75/6)
12:00–14:00	***Lunch break***	
12:15–13:45	***Side event 2***	*Partnerships for strengthening an ecosystem approach to production of medicines, vaccines, and other health technologies in Africa and the "Gavi-leap"*
14:00–15:30	**Agenda item 8**	Accelerating progress in the health and well-being of women, children and adolescents by transforming health systems in the African Region (Document AFR/RC75/5)
15:30–16:45	**Agenda item 11**	Addressing threats and galvanizing collective action to meet the 2030 malaria targets (Document AFR/RC75/8)
16:45–18:45	***Special event***	*Eradication, transition and sustainability: the African Region's Polio Endgame*
18:45	**End of the day's session**	
19:00–20:30	***Side event 3***	*From commitment to action: accelerating domestic investment and multisectoral leadership for health in Africa*

Day 3: Wednesday, 27 August 2025		
07:30–08:45	***Breakfast meeting 2***	*Closed-door session with Ministers of Health from countries with active cholera outbreaks (by invitation only)*
Pillar 1: One billion more people benefitting from universal health coverage		
09:00–10:00	**Agenda item 11 (contd)**	Addressing threats and galvanizing collective action to meet the 2030 malaria targets (Document AFR/RC75/8)
Pillar 2: One billion more people better protected from health emergencies		
10:00–11:00	**Agenda item 12**	Status of public health and emergency workforce in Africa (Document AFR/RC75/9)
11:00–12:00	**Agenda item 13**	Strengthening Africa's health security: enhancing event detection, building resilient systems, and fostering strategic partnerships (Document AFR/RC75/10)
12:00–14:00	**Lunch break**	
12:15–13:45	***Side event 4***	*PEN-Plus approach and integrating breast and cervical cancer in the African Region*
14:00–14:30	**Agenda item 15**	Draft provisional agenda, place, and dates of the Seventy-sixth session of the Regional Committee (Document AFR/RC75/12)
14:30–17:30	**Agenda item 16**	Information documents
Pillar 1: One billion more people benefitting from universal health coverage		
	Agenda item 16.1	Report on the Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/1)
	Agenda item 16.2	Progress report on the implementation of the Strategy for scaling up health innovations in the African Region (Document AFR/RC75/INF.DOC/2)
	Agenda item 16.3	Mid-term review of PEN-PLUS – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities (Document AFR/RC75/INF.DOC/3)
	Agenda item 16.4	Progress report on the Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (Document AFR/RC75/INF.DOC/4)

	Agenda item 16.5	Progress report on the Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/5)
	Agenda item 16.6	Progress report on the Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (Document AFR/RC75/INF.DOC/6)
	Agenda item 16.7	Progress report on the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (Document AFR/RC75/INF.DOC/7)
	Agenda item 16.8	Progress report on the Regional strategy on regulation of medical products in African Region, 2016–2025 (Document AFR/RC75/INF.DOC/8)
	Agenda item 16.9	Progress report on the Regional framework for integrating essential noncommunicable disease services in primary health care (Document AFR/RC75/INF.DOC/9)
Pillar 2: One billion more people better protected from health emergencies		
	Agenda item 16.10	Progress report on the Framework document for the African Public Health Emergency Fund (Document AFR/RC75/INF.DOC/10)
	Agenda item 16.11	Progress report on the Regional Framework for the implementation of the Global strategy for cholera prevention and control 2018–2030 (Document AFR/RC75/INF.DOC/11)
Pillar 3: One billion more people enjoying better health and well-being		
	Agenda item 16.12	Progress report on the Regional multisectoral strategy to promote health and well-being, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/12)
	Agenda item 16.13	Progress report on the Regional strategy for community engagement, 2023–2030 in the WHO African Region (Document AFR/RC75/INF.DOC/13)
	Agenda item 16.14	Final report on the implementation of the Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025) (Document AFR/RC75/INF.DOC/14)

Pillar 4: More effective and efficient WHO providing better support to countries		
	Agenda item 16.15	Progress report on the Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document AFR/RC75/INF.DOC/15)
	Agenda item 16.16	Report on WHO staff in the African Region (Document AFR/RC75/INF.DOC/16)
	Agenda item 16.17	Regional matters arising from reports of WHO internal and external audits (Document AFR/RC75/INF.DOC/17)
18:00–18:30	**Agenda item 17**	Closure of the Seventy-fifth session of the Regional Committee
18:45–20:45	***Side event 5***	*Emergency preparedness and response in resource-constrained contexts: paradigm shifts*

The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

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