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**WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF
REGIONAL INTEREST ADOPTED BY THE
WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD**

Report of the Regional Director

EXECUTIVE SUMMARY

1. The Fifty-sixth World Health Assembly and the 111th Executive Board adopted resolutions on certain issues of regional interest as set out below:

- (a) WHO Framework Convention on Tobacco Control (WHA56.1)
- (b) International Conference on Primary Health Care, Alma-Ata: twenty-fifth anniversary (WHA56.6)
- (c) Real Estate Fund: Regional Office for Africa (WHA56.14)
- (d) Human resources: gender balance (WHA56.17)
- (e) Reducing global measles mortality (WHA56.20)
- (f) Strategy for child and adolescent health and development (WHA56.21)
- (g) Implementing the recommendations of the *World report on violence and health* (WHA56.24)
- (h) The role of contractual arrangements in improving health systems performance (WHA56.25)
- (i) Elimination of avoidable blindness (WHA56.26)
- (j) Intellectual property rights, innovation and public health (WHA56.27)
- (k) Traditional medicine (WHA56.31)

2. The ways and means of implementing these resolutions of regional interest have been set out for consideration by the Regional Committee. The report contains only the relevant operative paragraphs that appear in the resolutions concerned. Each resolution is followed by the measures already taken or planned to be taken.

3. The Committee is invited to examine and comment on the proposed strategies for implementing the resolutions of interest to the African Region and to provide guidance for their implementation.

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INTRODUCTION

1. The World Health Assembly at its Fifty-sixth session and the Executive Board at its one-hundred-and-eleventh session adopted a number of resolutions of regional interest. The ways and means of implementing the resolutions of interest to the African Region are contained in document AFR/RC53/3 which the Regional Director hereby submits to the fifty-third session of the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of resolution AFR/RC30/R12.
2. Following the Regional Committee's decisions, guidelines and resolutions, a plan of work will be prepared to facilitate the monitoring of the implementation of the resolutions as part of the WHO regional programme of technical cooperation.
3. Document AFR/RC53/3 is presented in a format designed to facilitate discussion. It contains only the relevant operative paragraphs of the resolutions of regional interest adopted at the fifty-sixth session of the World Health Assembly and the one-hundred-and-eleventh session of the Executive Board. Each resolution is followed by measures already taken or planned to be taken.
4. In conformity with World Health Assembly Resolution WHA33.17, the Regional Committee is invited to examine in detail the proposals of the Regional Director as contained in this document and provide clear guidelines for optimal use of resources, taking into account the related managerial implications. The resolutions of regional interest and the ways and means of implementing them are presented below.

WHA56.1: WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

The Fifty-sixth World Health Assembly,

Operative paragraph 10.1

5. *REQUESTS the Director-General: to provide secretariat functions under the Convention until such time as a permanent secretariat is designated and established.*
6. The Regional Office continues to play, in close cooperation with headquarters, the secretariat role prescribed in the Convention.

Operative paragraph 10.2

7. *REQUESTS the Director-General: to take appropriate steps to provide support to Member States, in particular developing countries and countries with economies in transition, in preparation for entry into force of the Convention.*
8. Technical support will be provided through development and distribution of kits on the Framework Convention to all Member States with a view to increasing awareness of the requirements of the Framework Convention. In addition, specific support will continue to be provided upon request to allow countries to adopt or adapt comprehensive policies and regulations on tobacco control as prescribed in the Framework Convention.

Operative paragraph 10.3

9. *REQUESTS the Director-General to convene, as frequently as necessary, between 16 June 2003 and the first session of the Conference of the Parties, meetings of the Open-ended Intergovernmental Working Group.*
10. The Regional Office has supported the travel and participation of NGOs from Member States in the meetings of the Intergovernmental Negotiating Working Group and will continue to do so.

Operative paragraph 10.4

11. *REQUESTS the Director-General: to continue to ensure that WHO plays a key role in providing technical advice, direction and support for global tobacco control.*
12. A training of trainers' manual will be developed for all Member States to assist in policy promotion. A regional training of trainers' session has been organized for 12 countries for policy promotion. This will be progressively extended to the other countries. In addition, support will be provided to six countries (Kenya, Mozambique, Namibia, Rwanda, Senegal and Zambia) to help them develop comprehensive tobacco control legislation. Furthermore, innovative research for tobacco control will be promoted in the region by issuing a request for proposals and providing financial assistance to successful candidates.

Operative paragraph 10.5

13. *REQUESTS the Director-General: to keep the Health Assembly informed of progress made toward entry into force of the Convention and of preparations under way for the first session of the Conference of the Parties.*
14. The Regional Office will help monitor progress made toward entry into force of the Convention and provide update to headquarters.

WHA56.6: INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE, ALMA-ATA: TWENTY-FIFTH ANNIVERSARY

The Fifty-sixth World Health Assembly,

Operative Paragraph 2.1

15. *REQUEST the Director-General: to celebrate the twenty-fifth anniversary of the Alma-Ata Declaration by convening a meeting with input from all stakeholders in order to examine the lessons of the past 25 years, review definitions and strategies, and identify future strategic directions for primary health care, and to provide support to the meeting through an extensive prior review of successes and failures, and factors that impact on primary health care.*
16. The Regional Office coordinated the Regional Primary Health Care Review which came up with a Regional Report submitted to the global review process and resulting in the production of documents considered at the Fifty-sixth World Health Assembly. The Regional Report will be published and widely disseminated. It is expected that countries will use the report in updating their

national health policies in keeping with orientations provided in the Regional Health-for-All Policy for the 21 Century: Agenda 2020.

Operative paragraph 2.2

17. *REQUESTS the Director-General: to continue to incorporate the principles of primary health care into the activities of all WHO's programmes, to ensure that the strategies to attain the Development Goals of the United Nations Millennium Declaration are implemented, and to respond to the recommendations of the Commission on Macroeconomics and Health, assuring that they are consistent with the principles of primary health care.*

18. Primary Health Care has always been the cornerstone of health development efforts in the WHO African Region. The targets set in the Regional Health-for-All Policy for the 21st Century are consistent with the Millennium Development Goals (MDGs) and the policy emphasizes monitoring of implementation. Harmonization of Agenda 2020 targets with MDG targets is underway. The fifty-third Regional Committee will discuss issues related to the Commission on Macroeconomics and Health.

WHA56.14: REAL ESTATE FUND – REGIONAL OFFICE FOR AFRICA

The Fifty-sixth World Health Assembly,

Operative paragraphs 1 and 2

19. *AUTHORIZES the Director-General: to proceed with the construction within the Djoué Compound of both new office space to accommodate some 180 staff members and new conference facilities, including a conference room with capacity for 600 people and office amenities, at a total estimated cost of US\$ 2 330 000 to be financed from the Real Estate Fund.*

20. *AUTHORIZES the Director-General: to proceed with the purchase and renovation of 10 new villas, together with the related acquisition of land, the construction of 24 apartments in two blocks of flats and of related facilities, and the refurbishment and extension of existing residential homes, at a total estimated cost of US\$ 3 000 000 to be financed from the Real Estate Fund.*

21. Plans will be made at the Regional Office to use the allocation as directed by the Health Assembly.

WHA56.17: HUMAN RESOURCES: GENDER BALANCE

The Fifty-sixth World Health Assembly,

Operative paragraph 2

22. *REQUESTS the Director-General: to redouble efforts in order to achieve the target of parity in gender distribution among professional staff, and to raise the proportion of women at senior level and to report back on an action plan for recruitment that integrates gender and geographical balance to the Executive Board in January 2004.*

23. The Regional Office is actively seeking to improve gender balance as part of its current recruitment policy. Among other measures, the Regional Director has decided that all shortlists of candidates for professional posts should include at least one female candidate. As a result of this and other measures, the proportion of women in professional and higher-category posts has increased steadily from 17 per cent in 1996 to 26 per cent in 2002. In addition, the Regional Office has spared no effort in implementing World Health Assembly Resolution WHA48.28.

WHA56.20: REDUCING GLOBAL MEASLES MORTALITY

The Fifty-sixth World Health Assembly,

Operative paragraphs 2.1

24. *REQUESTS the Director-General: to work with Member States through regional offices to strengthen national immunization programmes and disease-surveillance systems, using the status of measles control as one of the leading indicators of progress in reducing child mortality.*

25. The Regional Office, with support from its partners, has, to date, supported not only measles control activities including routine measles vaccination in all 46 countries of the region but also the provision of a second opportunity through measles mass campaigns in 21 of the 46 countries. The acceleration of measles control through mass campaigns has provided opportunities for: improved awareness of the importance of routine immunization; provision of cold chain equipment; and training and policy-making for safe injection practices.

26. Furthermore, the intensified measles surveillance initiated as part of the overall strategy complements the regional integrated disease surveillance system and serves to provide opportunities for training, supervision and regular review meetings to strengthen the overall national surveillance capacity. In the countries where this complete strategy has been implemented, measles deaths have declined dramatically. In fact, the Regional Office intends to scale up implementation to cover the entire Region, and to utilize measles control as an entry point in the re-vitalization of routine immunization.

Operative paragraph 2.2

27. *REQUESTS the Director-General: to strengthen partnerships at global, regional and subregional levels with UNICEF and other international bodies, non-governmental organizations and the private sector to mobilize the additional resources needed to implement fully the WHO-UNICEF strategy for the expanded programme on immunization and measles mortality-reduction strategies.*

28. Under the auspices of the US-based Measles Partnership involving United Nations Foundation (UNF), the American Red Cross, the US Centers for Disease Control, WHO and UNICEF, the Regional Office has, since 2001, advocated for increased allocation of non-earmarked resources to reduce measles deaths. The Africa Task Force on Immunization (TFI) has recognized the consultative and flexible working mechanisms of this partnership as an exemplary approach to disease control and child survival initiatives in the African region. As a result, the core partners have

joined other partners including the Canadian International Development Agency (CIDA), International Federation of the Red Cross/Red Crescent (IFRC), Right to Play, USAID, and a private company (Becton-Dickinson) in this endeavour.

29. Furthermore, under the leadership of the Regional Director, the Regional Office will continue to utilize its presence at national and international levels to forge such partnerships to improve resource mobilization and provide greater technical support to country immunization programmes. In this regard, WHO and UNICEF are co-sponsoring the Global Measles Meeting to be hosted by the WHO Regional Office in October 2003. The meeting will provide a forum to review progress in measles control at global level and to chart the way forward, better identify resource requirements and operational linkages and assign responsibilities based on the comparative advantages of each participating partner.

WHA56.21: STRATEGY FOR CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT

The Fifty-sixth World Health Assembly,

Operative paragraph 2.1

30. *REQUESTS the Director-General: to give the fullest possible support to achievement of the internationally agreed child-health and development goals;*

31. The Regional Office has produced advocacy tools for the promotion of newborn, child and adolescent health and development. The tools include AFRICA's newborns: the forgotten children; the Adolescent Health Regional Strategy as well as its Implementation Framework; and Adolescent Health Briefing Kit. Plans are underway to develop the regional adolescent health advocacy tool – "REDUCE" model.

Operative paragraph 2.2

32. *REQUESTS the Director-General: to continue to advocate a public-health approach to reduction of common diseases, including the simple and effective strategies of immunization, integrated management of childhood illnesses, improved maternal, adolescent and child nutrition, and supply of water and sanitation;*

33. The Regional Office will contribute to improve health-seeking behaviour of adolescents, and promote interaction between parent and child/adolescent. Communication on child/adolescent health and development will also be promoted. Adolescent-friendly health services will continue to be provided.

Operative paragraph 2.3

34. *REQUESTS the Director-General: to promote needed research, including on the determinants of behaviour, and to prepare guidelines and best practices for use by Member States in the full implementation of cost-effective approaches to achieving international goals for neonate, child and adolescent health;*

35. The Regional Office is conducting situation analyses in newborn, child and adolescent health

policies, strategies and programmes. It will document best practices in newborn care, child and adolescent health and development, and strengthened collaboration of key sectors in the development of communication for behaviour change in newborn care, child and adolescent health and development. A situation analysis has been conducted on traditional and cultural practices in the prevention of HIV/AIDS in adolescents and young people, and the process will be documented.

Operative paragraph 2.4

36. *REQUESTS the Director-General: to maintain the Organization's commitment to, and support for, achieving and sustaining high levels of coverage with proven interventions, through efficient, integrated or combined delivery mechanisms;*

37. The Regional Office is promoting integrated approaches to adolescent health and development. It is also building newborn health into existing maternal and child health programmes. Strategies will be developed for accelerating the reduction of HIV/AIDS among young people. Advocacy for the use of primary health care approaches in newborn care, child and adolescent health and development interventions will continue.

Operative paragraph 2.5

38. *REQUESTS the Director-General: to advocate higher priority for maternal and neonatal health and adolescent health and development;*

39. The Regional Office has ensured that country plans of action include programmes on newborn care as well as child and adolescent health activities and has provided adequate resources for the regional programmes on newborn, child and adolescent health and development.

Operative paragraph 2.6

40. *REQUESTS the Director-General: to provide support for further research into determinants of adolescents' life styles and efficient interventions leading to better health for adolescents;*

41. The Regional Office has promoted and expanded coverage of life skills education.

WHA56.24: IMPLEMENTING THE RECOMMENDATIONS OF THE WORLD REPORT ON VIOLENCE AND HEALTH

The Fifty-sixth World Health Assembly,

Operative paragraph 5.1

42. *REQUESTS the Director-General: to cooperate with Member States in establishing science-based public health and programmes for the implementation of measures to prevent violence and to mitigate its consequences at individual and societal levels;*

43. The Regional Office will provide technical support to countries for establishing a system of epidemiological surveillance of involuntary injury and violence as part of the overall surveillance system. As is the case of South Africa which has already established a surveillance system with

support given by the Regional Office, other countries would benefit from WHO's technical expertise to formulate and establish such policies and programmes in the 2003-2004 biennium.

Operative paragraph 5.2

44. *REQUESTS the Director-General: to encourage urgent research to support evidence-based approaches for prevention of violence and mitigation of its consequences at individual, family and societal levels, particularly research on multilevel risk factors for violence, and evaluation of model prevention programmes.*

45. The Regional Office has helped establish two collaborating centres, one in South Africa and the other in Uganda. The centres will facilitate operational research and the evaluation of programmes for prevention of involuntary injury and violence in Africa.

Operative paragraph 5.3

46. *REQUESTS the Director-General: in collaboration with other organizations of the United Nations system and other international agencies, to continue work on integrating a science-based public health approach to violence prevention into other global prevention initiatives.*

47. The Regional Office gave a presentation on violence during the meeting of ministers of health of countries of the African Union held in Tripoli in April 2003. The Office also participated in formulating a draft decision for implementing the recommendations contained in the *World report on violence and health*. The draft decision was submitted to the summit of Heads of State of the African Union in Maputo in July 2003. Furthermore, the Regional Office continues to promote the health systems of African countries with a view to improving quality of service and prevention of violence.

Operative paragraph 5.4

48. *REQUESTS the Director-General: using the resources available and benefiting from opportunities for cooperation:*

- (a) to support and coordinate efforts to draw up or revise normative documents and guidelines for prevention policies and programmes, as appropriate;*
- (b) to provide technical support for strengthening of trauma and care services to survivors or victims of violence;*
- (c) to continue advocating the adoption and expansion of a public health response to all forms of violence;*
- (d) to establish networks to promote the integrated prevention of violence and injuries.*

49. The Regional Office will facilitate the dissemination of the *World report on violence and health* in countries of the Region, and encourage them to implement the nine recommendations contained in that report and to formulate cohesive policies on violence prevention. It will also provide support to countries for disseminating and enforcing the rules issued by the United Nations in favour of persons with disabilities as contained in the document entitled: "The Standard Rules on the Equalization of Opportunities for Persons with Disabilities". The Regional Office will, in addition, provide support to the various injury and violence prevention networks being established in the

Region.

WHA56.25: THE ROLE OF CONTRACTUAL ARRANGEMENTS IN IMPROVING HEALTH SYSTEMS PERFORMANCE

The Fifty-sixth World Health Assembly,

Operative paragraph 2.1

50. *REQUESTS the Director-General: to create an evidence base so as to permit evaluation of the impact of differing types of contractual arrangements on the performance of health systems and identification of best practices, taking account of sociocultural differences;*

51. The Regional Office systematically records, analyzes and files all contractual documents it receives from the countries. That has already helped identify interesting examples that can serve as models. Furthermore, the Regional Office has carried out rapid surveys in all Member States to determine the extent of implementation of the contractual arrangements, identify possible difficulties and chart the way forward.

Operative paragraph 2.2

52. *REQUESTS the Director-General: to provide, in response to requests from Member States, technical support in strengthening capacities and expertise in the development of contractual arrangements.*

53. The Regional Office, in collaboration with headquarters, provided support for organizing the intercountry meeting on contractual arrangements in decentralized health services in Africa, held in Dakar from 19 to 22 June 2000. A similar meeting, bringing together Anglophone countries, was organized in Addis-Ababa in February 2002. Support was also provided for the organization of the national workshop on contractual arrangements in the health sector, held in Abidjan from 25 to 28 June 2002. Such activities will continue.

Operative paragraph 2.3

54. *REQUESTS the Director-General: to develop, in response to requests from Member States, methods and tools tailored to country realities to provide support to Member States in establishing a system of supervision to ensure the provision of high-quality health services, for example by accreditation, licensing and registration of public and private-sector and nongovernmental organizations in the health sector;*

55. The Regional Office, in collaboration with WHO headquarters, *Centre africain d'études supérieures en gestion (CESAG)*, Dakar-based regional management training institution, and the World Bank Institute (WBI), organized a workshop on contractual arrangements between NGOs/Associations and the Ministry of Health in Dakar from 3 to 8 March 2002. That workshop paved the way for the establishment of a consensus programme specific to Senegal. In collaboration with headquarters, the Regional Institute of Public Health, Cotonou, Benin, and the World Bank, the Regional Office is participating in the development of a training programme and module for various

categories of potential actors involved in contractual arrangements. These activities will continue depending on requests and available resources.

Operative paragraph 2.4

56. *REQUESTS the Director-General: to facilitate the exchange of experience among Member States.*

57. The meetings held in Dakar in June 2000 and Addis Ababa in February 2002 enabled the participating countries to share their ongoing experiences and discuss the subject.

WHA56.26: ELIMINATION OF AVOIDABLE BLINDNESS

The Fifty-sixth World Health Assembly,

Operative paragraph 2.1

58. *REQUESTS the Director-General: to maintain and strengthen WHO's collaboration with Member States and the partners of the Global Initiative for the Elimination of Avoidable Blindness.*

59. The Regional Office will recruit an ophthalmologist to continue to implement the blindness control programme in the Region.

Operative paragraph 2.2

60. *REQUESTS the Director-General: to ensure coordination of the implementation of the Global Initiative, in particular by setting up a monitoring committee grouping all those involved, including representatives of Member States.*

61. The Regional Office participated in the organization of a regional workshop on prevention of blindness among children and will provide technical support to countries to set up a blindness epidemiological surveillance and information system.

Operative paragraph 2.3

62. *REQUESTS the Director-General: to provide support for strengthening national capability, especially through development of human resources, to coordinate, assess and prevent avoidable blindness.*

63. The Regional Office will continue to support the countries to strengthen their health systems and improve health care. That will impact positively on the training of care providers and the quality of management of visual impairment.

Operative paragraph 2.4

64. *REQUESTS the Director-General: to document, from countries with successful blindness prevention programmes, good practices and blindness prevention systems or models that could be modified or applied in other developing countries.*
65. The Regional Office will organize training of trainers' workshops on systems of rapid assessment of blindness. The workshops will enable Malawi and Tanzania, in particular, to carry out surveys on blindness prevalence, using rapid assessment techniques.

WHA56.27: INTELLECTUAL PROPERTY RIGHTS, INNOVATION AND PUBLIC HEALTH

The Fifty-sixth World Health Assembly,

Operative paragraph 2.1

66. *REQUESTS the Director-General: to continue to support Member States in the exchange and transfer of technology and research findings, according high priority to access to antiretroviral drugs to combat HIV/AIDS and medicines to control tuberculosis, malaria and other major health problems, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer.*
67. WHO will continue its efforts to assist Member States in improving access to drugs for HIV/AIDS, tuberculosis, malaria and other major health problems. By assisting countries to introduce new regulations, and adhering to the spirit of paragraph 7 of the Doha Declaration, affordable medicines will be made available and accessible. Pooled procurement efforts in collaboration with regional bodies will be intensified.

Operative paragraph 2.2

68. *REQUESTS the Director-General: by the time of the 113th session of the Executive Board (January 2004), to establish terms of reference for an appropriate time-limited body to collect data and proposals from the different sectors involved and produce an analysis of intellectual property rights, innovation, and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries, and to submit a progress report to the Fifty-seventh World Health Assembly and a final report with concrete proposals to the Executive Board at its 115th session (January 2005).*
69. The data collection body which is coordinated at headquarters, has yet to be established. The Regional Office will make appropriate contribution.

Operative paragraph 2.3

70. *REQUESTS the Director-General: to cooperate with Member States, at their request, and with international organizations in monitoring and analyzing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member*

States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements.

71. WHO will continue to disseminate documents and organize sensitization workshops for Member States with a view to explaining the implications of trade and other international agreements, and helping them to develop policies and legislation that address their concerns, in order to maximize the positive and mitigate the negative impact of those agreements.

Operative paragraph 2.4

72. *REQUESTS the Director-General: to encourage developed countries to make renewed commitments to investing in biomedical and behavioural research, including, where possible, appropriate research with developing country partners.*

73. WHO will intensify its efforts in contacting WHO's traditional and other partners such as UNICEF, World Bank, DFID, European Union and African Development Bank to stimulate interest and mobilize resources for such research.

WHA56.31: TRADITIONAL MEDICINE

The Fifty-sixth World Health Assembly,

Operative Paragraph 3.1

74. *REQUESTS the Director-General: to facilitate the efforts of interested Member States to formulate national policies and regulations on traditional and complementary and alternative medicine, and to promote exchange of information and collaboration on national policy and regulation of traditional medicine among Members States;*

75. The Regional Office is developing five documents as guidelines to facilitate the formulation, implementation, monitoring and evaluation of national policies and national strategic plans on traditional medicine, and the institution of an appropriate legal framework for regulating the practice of traditional medicine and traditional medicinal products. A regional meeting on Integration of Traditional Medicine in Health Systems: Strengthening Collaboration Between Traditional and Modern Health Practitioners was organized in Zimbabwe in November 2001. Another regional meeting on Regulation of Traditional Medicines was organized in South Africa in April 2003. Support was provided for traditional medicine policy formulation and regulation.

Operative paragraph 3.2

76. *REQUESTS the Director-General: to provide technical support, among others, for development of methodology, preparation of guidelines, and promotion of exchange of information.*

77. A Regional Workshop on Evaluation of Traditional Medicines, which agreed on a methodology for evaluation of traditional medicines used for the management of HIV/AIDS and malaria, was organised in Madagascar in November 2000. A number of guidelines for institutionalisation of

traditional medicine in the health systems of countries and research tools on appropriate methodology for ensuring quality, efficacy and safety of traditional medicines are being developed. A regional workshop on research and development of traditional medicines and intellectual property rights relating to traditional medical knowledge has been scheduled for 2003.

Operative paragraph 3.3

78. *REQUESTS the Director-General: to provide technical support to Member States in defining indications for treatment of diseases and conditions by means of traditional medicine.*

79. In research and development, the Regional Office for Africa has identified five priority diseases for whose treatment the local production of traditional medicines must be accelerated. These diseases are malaria, HIV/AIDS, diabetes, sickle-cell anaemia and hypertension. The Office is currently developing research tools to guide countries in the treatment of diseases that have been identified. These tools are already being used by some Member States to validate traditional medicines used for the treatment of malaria (Ghana, Kenya, Madagascar and Nigeria), HIV/AIDS (Burkina Faso, Nigeria and Zimbabwe), diabetes (Ghana, Madagascar and Mali) as well as sickle cell anaemia (Benin and Nigeria). Broad management guidelines for the treatment of the identified diseases will be developed during 2004-2005.

Operative paragraph 3.4

80. *REQUESTS the Director-General: to seek, together with WHO collaborating centres, evidence-based information on the quality, safety and cost-effectiveness of traditional therapies so as to provide guidance to Members States on the definition of products to be included in national directives and proposals on traditional-medicine policy as used in national health systems;*

81. Five research tools are being developed to support countries for the generation of evidence-based safety, efficacy and quality of traditional medicines used for treating respectively, HIV/AIDS, malaria, sickle-cell anaemia, diabetes and hypertension. Support is ongoing for evaluation of traditional medicines used for treating malaria (Ghana, Kenya and Nigeria); HIV/AIDS (Burkina Faso, Ghana, Cote d'Ivoire, Nigeria and Zimbabwe); diabetes (Madagascar) using WHO draft protocols. Partnerships established with these research institutions will be intensified during the rest of the biennium and beyond. It is envisaged that these institutions would also undertake research on cost-effectiveness of traditional medicines.

Operative paragraph 3.5

82. *REQUESTS the Director-General: to organize regional training courses where appropriate on quality control of traditional medicines;*

83. A Regional workshop on regulation of traditional medicines, which included establishment of quality requirements for registration of traditional medicines was held in Johannesburg, South Africa in April 2003. A training workshop on good preparation practices (GPPs), good manufacturing practices (GMPs) and good agricultural and collection practices (GACPs) for traditional health practitioners is planned to take place next year. It is envisaged that the training workshop will include a topic on quality control of traditional medicines. Training manuals on Primary Health Care for

Traditional Health Practitioners and on Traditional Medicine for Conventional Health Practitioners and Health Science Students, which include quality control of traditional medicines, are being developed.

Operative paragraph 3.6

84. *REQUESTS the Director-General: to collaborate with other organizations of the United Nations system and nongovernmental organizations in various areas related to traditional medicine, including research, protection of traditional medical knowledge and conservation of medicinal plants;*

85. Two documents have been developed to support countries for documenting African traditional medicine practices and protection of traditional medical knowledge. Support was provided to Ethiopia, Gabon, Ghana, Madagascar and Mali for documenting, and hence protecting, traditional medicine. Technical support was jointly provided to countries by WHO and partners such as the African Union, the African Regional Industrial Property Organization and the African Organization for Industrial Property, during the aforementioned Regional Meeting on Integration of Traditional Medicine in Health Systems: Strengthening Collaboration Between Traditional and Conventional Health Practitioners. Promotion, conservation and cultivation of medicinal plants are ongoing in some countries such as Cote d'Ivoire, Ghana, Madagascar and Tanzania.

Operative paragraph 3.7

86. *REQUESTS the Director-General: to promote the important role of WHO collaborating centres on traditional medicine in implementing WHO's traditional medicine strategy, particularly in strengthening research and training of human resources;*

87. Research institutions in Ghana and Madagascar were evaluated to determine if they could be designated as WHO collaborating centres and some other research institutions were strengthened to conduct relevant research and develop inventories and monographs of African medicinal plants. A Regional Expert Committee on Traditional Medicine has been established to support the monitoring and evaluation of the progress made in the implementation of the Regional Strategy on Traditional Medicine particularly in the strengthening of research and training of human resources.

Operative paragraph 3.8

88. *REQUESTS the Director-General: to allocate sufficient resources to traditional medicine at the global, regional and country levels of the Organization;*

89. The Regional Office stepped up efforts to mobilise resources for assisting countries to implement, monitor and evaluate the regional strategy on traditional medicine from partners such as Canadian International Development Agency through a project on "Strengthening traditional health systems for the prevention and treatment of malaria". Short-term consultants were engaged to assist with the development of technical documents on specific subjects related to institutionalisation of traditional medicine in national health systems.