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REPORT OF THE PROGRAMME SUBCOMMITTEE

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OPENING OF THE MEETING

1. The Programme Subcommittee met in Harare, Republic of Zimbabwe, from 18 to 22 June 2001. The bureau was constituted as follows:

Chairman:	Dr J. Zinsou Amegnigan (Benin)
Vice-Chairman:	Dr Alimata Jeanne Diarra-Nama (Cote d'Ivoire)
Rapporteurs:	Dr Themba L. Moeti (Botswana)
	Dr Mbaiong Malloum Eloi (Chad)

2. The list of participants is attached as Annex 1.

3. The Regional Director, Dr Ebrahim M. Samba, welcomed the participants and reminded them of the revised role of the Programme Subcommittee, which is to discuss in detail the Proposed Programme Budget and all the technical documents to be presented to the fifty-first session of the Regional Committee. He commended the staff of the Regional Office for the timely completion and despatch of documents to the members of the Programme Subcommittee. This allowed them time to discuss the documents with their colleagues at home and to make fruitful contributions during the discussions. He added that donor confidence had increased due to the transparent and credible performance of WHO staff.

4. Dr Samba gave a brief historical background of the temporary relocation of the Regional Office to Harare, and thanked the Government of Zimbabwe for the hospitality it continued to extend in spite of the economic difficulties the country was facing. He reiterated that Brazzaville was still the base of the Regional Office, and commended the efforts of His Excellency, President Denis Sassou Nguesso, and the Government of Congo in facilitating the phased return of the Regional Office.

5. The Regional Director stated that during the Regional Committee meeting in Ouagadougou last year, a proposal was made for a team of ministers of health to visit Brazzaville in order to guide the Regional Committee on the venue of its fifty-first session. Based on their positive report, the Regional Committee this year would meet in Brazzaville.

6. Dr J. Zinsou Amegnigan expressed his gratitude for being elected as Chairman of the Programme Subcommittee. He repeated that the objective of the Programme Subcommittee was to discuss the Proposed Programme Budget and other technical subjects submitted to the Committee. He called on members to be dynamic and concise in their deliberations in order to achieve fruitful and high-quality results.

7. The provisional programme of work (Annex 2) was adopted with the following amendment: Agenda item 4 - WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3) would be discussed as the last item.

8. The Programme Subcommittee adopted the following working hours: 9.00 a.m. to 12.30 p.m. and 2.00 p.m. to 5.00 p.m., both periods inclusive of tea breaks. The Agenda, as approved, is attached as Annex 3.

WHO PROGRAMME BUDGET 2002-2003: COUNTRY ORIENTATIONS

(document AFR/RC51/3)

9. Dr L.G. Sambo of the Secretariat introduced this document.
10. He reminded the Programme Subcommittee that the last Regional Committee had discussed the draft Programme Budget (PB) document and adopted the orientations for its implementation in the African Region. The current document was meant to provide country orientations for the Programme Budget 2002-2003 as the final stage of its preparation. WHO headquarters and regional offices addressed all the areas of work (AOWs), while the countries selected only those they considered relevant according to their priorities, needs and the funds allocated.
11. Dr Sambo briefly explained the five sections of the document which comprised the Regional Director's Foreword, the Background, Budget Summary Tables, Programme Budget for each country and the Programme Budget Analysis.
12. He recalled that the selection of country office AOWs was guided by national health priorities taking into account:
 - (a) the WHO Corporate Strategy (the General Programme of Work for 2002-2005);
 - (b) the eleven global priority areas for 2002-2003 adopted by the 106th session of the Executive Board;
 - (c) the Regional Health-for-All Policy for the 21st Century: Agenda 2020; and
 - (d) the regional priorities for the period 2002-2003 endorsed by the 50th session of the Regional Committee.
13. The Programme Budget 2002-2003 for each country resulted from productive interactions between WHO country teams and their counterparts in ministries of health. The proposals resulting from these interactions constituted the main agenda item of the 27th session of the Regional Programme Meeting (RPM27). RPM27 had provided an opportunity for close interaction between the Regional Office staff and the WHO representatives in order to ensure consistency of the Programme Budget with the WHO Corporate Strategy and the Strategic Programme Budget 2002-2003 and its regional orientations.
14. In relation to Programme Budget Analysis, Dr Sambo pointed out the following:
 - (a) the total Regular Budget (RB) for the African Region was US\$ 186,472,000, of which 64% representing a total of US\$ 119,533,000, was allocated to the countries;
 - (b) countries in turn, allocated 62% of the RB to programmatic areas of work and 38% to WHO country office operations (COO); the latter was consistent with the earlier orientation to WHO country offices that they should not allocate more than 40% to COO;
 - (c) the total amount earmarked for global priorities was US\$ 38.5 million, i.e. 52%, while US\$ 49.15 million, i.e. 66%, was earmarked for regional priorities.

15. The Programme Subcommittee was invited to consider the document which would be submitted to the Regional Committee for adoption in order to guide operational planning and implementation for the period 2002-2003.

16. Commenting on the introduction made by Dr Sambo, the Regional Director highlighted the following points:

- (a) Governments have the responsibility for the health of the populations in their countries and the WHO budget was meant to complement their efforts.
- (b) While the WHO budget was never enough, the African Region had been fortunate that its share of the Regular Budget had increased over the last four years. This was due to the recognition of the increased burden of specific health problems in the African Region compared to other parts of the world, and also to the good relationship and healthy collaboration between the Regional Office and headquarters. Personnel handling funds at the Regional Office and country offices had worked hard and transparently in accounting for all monies. Following improved financial accountability, donors had developed more confidence in the management capacity of the WHO African Region, which had resulted in the increased flow of funds from other sources.
- (c) In its management of financial resources, WHO had decentralized authority to the country level where the budget would be spent once it was approved. The Regional Director concluded his remarks by commending his staff for their hard work.

17. In the discussions that followed, the Programme Subcommittee made the following comments and suggestions:

- (a) In order to avoid “unplanned” activities, there was need to enhance coherence of expected results and coordination of activities at country level;
- (b) Clarification was sought on when countries would be informed of the amount of funds available to them from other sources and the criteria used for their allocation;
- (c) Clarification was needed on the management of WHO fellowships.

18. Dr Samba explained that the Regular Budget consists of predetermined contributions from the 191 Member States of WHO. Its distribution was based on a formula agreed at the World Health Assembly. While the contribution of the African Region was small, the benefits accruing to its countries were substantial. On the other hand, funds from other sources consisted of voluntary donations and targeted specific areas of interest to the donors, e.g. poliomyelitis and malaria. However, donors were being persuaded to allow greater flexibility in the use of these funds. The figure that appeared in the budget was therefore only an indicative figure.

19. Commenting on the issue of prioritization, the Regional Director reminded the Subcommittee that identification of priorities started at the country level going up to the regional and global levels. He pointed out that within the 2002-2003 Programme Budget, WHO had proposed a menu of 35 AOWs from which countries could make their choice. The budget was, therefore, allocated on the basis of country-specific priorities while at the same time maximizing the impact of the Organization.

20. Dr Samba gave a historical perspective of the problems faced with regard to WHO fellowships in the past, which almost prompted the Executive Board to suspend the programme. He went on to explain that remedial measures were put in place which resulted in an increase in the fellowships budget.

21. The Secretariat assured the Subcommittee that, as long as Member States adhered to the established procedures, there would be no problem in the award of fellowships. Monthly reports were being produced on the fellowships awarded, those in the pipeline, as well as the budget expended.

22. The Subcommittee was informed that during the operational planning stage at country level, the indicative figures for funds from other sources would be communicated. A working group had been set up at headquarters to ensure that funds from other sources would be shared more adequately.

23. Members of the Subcommittee made the following specific suggestions for improving the document:

- (a) In the Background, paragraph 3, last sentence, after “Member countries”, add “*as expected*”. In the last paragraph, first sentence, replace “Table 1” by “Table 3”.
- (b) Under Table 1, insert “*” at the end of DGO and DDP and add a footnote reading as follows: “Budget allocations under these Areas of Work pertain only to the Regional Director’s Office.”
- (c) Delete the footnote to Table 2.
- (d) In Table 3, second column, replace the heading with “All the Member countries plus Reunion and St. Helena”.
- (e) In Table 3, delete all the figures in the Human Resources Development (HRS) row.
- (f) In Table 4, under Organization of Health Services (OSD), change the RB figure in column 2 from “22,835,710” to “22,865,710”. Delete all the figures in the HRS row.
- (g) In “V. Programme Budget Analysis”, paragraph 6, second sentence, replace “non-priority” with “Other areas”.

24. In “IV. Programme Budget for Each Country Office”, the Subcommittee was informed that item 19.5 (Human Resources Development) was being deleted and the amount of US\$ 30,000 reflected there moved to item 19.14 (Organization of Health Services), increasing the allocation for OSD to US\$ 340,000.

25. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption (Annex 4).

BLOOD SAFETY: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC51/9)

26. Dr R. Chatora of the Secretariat introduced this document.

27. He explained that several years after relevant resolutions had been adopted by the World Health Assembly and the Regional Committee, there still remained a lot to be done to improve blood safety in the African Region.

28. Dr Chatora noted that 70% of the countries in the Region did not have a national policy or strategy on blood transfusion, that 25% of the blood transfused in Africa was not tested for HIV, and that the percentage was even higher for hepatitis B and C. Lack of qualified personnel, inadequate facilities and shortage of funds were other problems faced by Member States in their efforts to improve the safety of blood.

29. He highlighted the main objectives of the strategy, the guiding principles to achieve the objectives and the principal interventions proposed. The main thrusts of a national blood transfusion policy would include the following:

- (a) Development of a strategy for the recruitment of voluntary, regular and non-remunerated blood donors;
- (b) Development of norms to be followed in the screening and processing of blood;
- (c) Development of guidelines for the prescription of blood and blood products;
- (d) Review of ethical and regulatory issues;
- (e) Financing and cost-recovery.

30. In the implementation framework of the strategy, Member States were invited to:

- (a) Include blood safety among the priorities of their health programmes;
- (b) Make available a specific budget for blood transfusion services;
- (c) Develop plans of action and coordinate blood transfusion activities nationwide;
- (d) Play a normative role and ensure adherence to the set rules in the public and private sectors.

31. Lastly, the document emphasized the role of WHO in establishing a consultation framework for all stakeholders working in the field of blood transfusion, and in collaborating with countries in the implementation, monitoring and evaluation of the strategy.

32. The Programme Subcommittee was invited to examine the document and provide guidance to facilitate its adoption.

33. In his introductory remarks, the Regional Director highlighted the following as some of the reasons why the issue of blood safety was important:

- (a) It is inconceivable to carry out proper hospital work without safe blood;
- (b) There is widespread existence of blood transfusion-related diseases such as HIV/AIDS, hepatitis B, malaria, syphilis, etc.;

- (c) The Member States need to optimally utilize the excellent services of WHO collaborating centres on blood safety in the African Region;
- (d) There is a need to view the issue of blood safety as a problem which can be effectively tackled and easily solved;
- (e) Adequate resources exist within the Region to significantly improve blood safety.

34. Members of the Subcommittee congratulated the Secretariat for developing a strategy on blood safety. They discussed various aspects of the document and raised the following issues:

- (a) Blood safety strategies should be incorporated into national health policies;
- (b) The technical capacity of health professionals involved in blood safety procedures, including clinicians and nurses prescribing blood and blood derivatives, should be strengthened;
- (c) Necessary and appropriate infrastructure should be developed and conditions should be created for motivation and retention of relevant staff;
- (d) The role of voluntary blood donors as a key component of the blood safety strategy should be emphasized. In addition, there was need to set up networks of regular donors, as well as find ways and means of attracting new and retaining regular donors especially in countries with high HIV/AIDS prevalence;
- (e) Member States, whatever their economic status, should contribute to the global HIV/AIDS special fund in order to be able to influence decisions on its utilization, including its use for blood safety;
- (f) The need for advocacy at all levels of government for the implementation of the many resolutions that had been adopted on the subject since 1975;
- (g) Positive experiences from more advanced countries in the area of blood safety should be documented and shared in the countries of the Region as evidence-based tools for advocacy;
- (h) Special attention should be given to the role of religious leaders in reducing myths related to blood donations and transfusions.

35. The Programme Subcommittee proposed some changes in the strategy document. These were:

- (a) Paragraph 25(c) should be reformulated as follows: “One hundred per cent of the blood units transfused will be screened, beforehand, for HIV and other transfusion-transmissible infections.”
- (b) Paragraph 25(d) should be rephrased to read: “At least 80% of blood donors in all countries of the Region will be voluntary and regular donors.”
- (c) Paragraph 28, line 1, the words “...drawing up or implementing national blood transfusion policies” should be replaced by: “...drawing up and/or implementing national blood transfusion policies and action plans...”

- (d) Paragraph 34, add the following sentence at the end: “There is need for research into the optimal use of blood products, including blood from sero-positive persons.”
 - (e) Paragraph 35, the second sentence should read: “Guidelines for the prescription and use of blood and blood products, including for research on the technique of auto-transfusion, must be produced and made available to them.”
 - (f) Paragraph 39, the last sentence should read: “Furthermore, WHO, in collaboration with Member States, will develop a database on blood safety and make it available to them.”
 - (g) Paragraph 40, the last sentence should read: “At the regional level, a mid-term review will be conducted after five years of implementation, and progress reports submitted to the Regional Committee every two years”.
36. The Secretariat assured members of the Subcommittee that their comments and suggestions would be incorporated in the document and that a resolution would be formulated to seek support for the strategy.
37. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption (Annex 5).

ADOLESCENT HEALTH: A STRATEGY FOR THE AFRICAN REGION

(document AFR/RC51/10)

38. Dr D. Oluwole of the Secretariat introduced this document.
39. She recalled that a report on the health situation of adolescents and youths in the African Region had been presented to the Regional Committee in 1995. While adopting resolution AFR/RC45/R7, the Regional Committee had requested the Regional Director to develop a strategy to address the health and development issues of adolescents and youths in the African Region.
40. Dr Oluwole highlighted health problems common among this age group as well as some of the factors that constrained access to and utilization of available health services by young people.
41. She noted that adolescence was also a period of opportunities. Given a conducive environment in which they could explore, learn and feel connected to the family and the community, their energy and resourcefulness could be harnessed to overcome current challenges, such as poverty, that undermine health development, and to increase their standard of living and that of their families.
42. Dr Oluwole explained that the aim of the strategy was to guide Member States in the formulation of policies and programmes that addressed the health and development needs of adolescents. The main thrust was: response to the health needs of adolescents and promotion of their healthy development. It underscored the roles of psychosocial support systems, particularly from the family and the community at large, in modulating healthy adolescent behaviour and development. The strategy also emphasized the role of the health sector in responding to the health needs of young people, identified through a participatory process, and in providing them basic but good-quality health services.

43. Priority interventions in Member States should use strategic approaches to reach adolescents in different settings and circumstances. The interventions should include, but not be limited to, the following:

- (a) Advocacy and creation of awareness about adolescent health and development issues;
- (b) Undertaking participatory situation analyses in collaboration with young people and key stakeholders;
- (c) Reorientation of health services to make them user-friendly and more accessible to young people;
- (d) Building of the capacity of all categories of personnel who deal with and care for young people;
- (e) Research to support the development of appropriate programmes and policies.

44. The Programme Subcommittee was invited to review the document and give necessary orientations for its improvement for subsequent adoption by the Regional Committee.

45. The Regional Director pointed out that the health of adolescents had always been taken for granted, which resulted in the absence of facilities in health institutions for this important group. In addition, lack of specialized skills and the negative attitude of health workers inhibit young people from seeking help.

46. He reminded the Subcommittee that, in the African Region, adolescents constituted a significant proportion of the population, and that the future of Africa depended on them. However, that future was now threatened by alcoholism, drug abuse and HIV/AIDS. The Regional Director acknowledged the peculiarities of the problems of adolescents in Africa, the fact that parents were ill-equipped to handle those problems, and the fact that traditions varied within and between countries. Given the gap in knowledge, he stressed the need for more fundamental and operational research which would facilitate a holistic and “African” approach to the problem.

47. Members of the Subcommittee expressed satisfaction with the comprehensiveness and coherence with which the Secretariat had tackled this complex issue. The following points were underscored by them:

- (a) There was need to reorient existing health systems to the special requirements of adolescents and to ensure that health workers had the relevant knowledge and skills to meet those requirements;
- (b) The issue of adolescent health should be approached from a multisectoral perspective and guidelines developed on the respective roles of different sectors;
- (c) There was need to take cognizance of the wide cultural variations that existed within and among countries;
- (d) The resolution on adolescent health should contain concrete recommendations for action at country level, and the Regional Director should regularly update the Regional Committee on progress made.

48. The following were some of the specific amendments to the document proposed by the Subcommittee:

- (a) In the Executive Summary, paragraph 1 should be rephrased as follows: *“The health of adolescents is a component of public health which is of major concern globally, and in the African Region in particular.”*
- (b) In the Introduction to the main document, in paragraph 3, add at the end of the first sentence: *“...due to a better understanding of the adaptations to the changes they are undergoing”*.
- (c) Paragraph 11, line 6, the sentence should be reformulated as follows: *“In some countries of the Region, 25% to 27% of first births occur among adolescents.”*
- (d) Paragraph 15, the last sentence should be reformulated to read as follows: *“The setting up of services that address adolescent reproductive health needs, and their endorsement by health professionals, parents and communities will increase their utilization by young people.”*
- (e) Paragraph 17, line 2, second sentence, should read as follows: *“Adolescents can also be reached through social structures such as families, peers, NGOs and civil society, as this has been proven to be effective in situations where the reach of the media is limited.”*
- (f) Paragraph 21 should be rephrased to read as follows: *“The aim of this strategy is to identify and respond to the health needs of adolescents as well as promote their healthy development in Member States.”*

49. The Subcommittee also proposed that paragraph 32 of the document should be deleted and replaced by the following: *“The strategy clearly recalls the importance of the problems of adolescent health and their determinants. It reflects the multisectoral and multidisciplinary nature of the issues and the solutions relating to adolescent health and its development. It underscores the roles and the collective will of different levels in society (family, community, and adolescents themselves) to change the situation using all feasible means and approaches. Coherent and coordinated actions are required now in order to achieve the aim of the strategy.”*

50. The Secretariat provided clarifications on the various issues raised by members of the Subcommittee, and thanked them for their valuable comments and suggestions which had been duly noted for action.

51. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption (Annex 6).

INFANT AND YOUNG CHILD NUTRITION: SITUATION ANALYSIS AND PROSPECTS IN THE AFRICAN REGION (document AFR/RC51/11)

52. Dr M. Belhocine of the Secretariat introduced this document.

53. He recalled that, in 2000, the Fifty-third World Health Assembly had reaffirmed the importance Member States had given to activities connected with the feeding of the infant and

the young child. The Health Assembly has now decided that WHO should embark, jointly with UNICEF, on a new initiative to adopt an updated strategy to improve the nutrition of the infant and the young child.

54. Dr Belhocine explained that the preparation of this strategy would be concluded in 2002 when a document that would include amendments and contributions from all the WHO regions would be submitted to the Health Assembly. The preparatory process had now reached an active phase, and in order to guarantee the widest possible consensus, two courses of action had been embarked upon as follows:

- (a) Holding of two regional consultations to carry out a detailed technical analysis of the content of the proposed strategy by experts;
- (b) Informing the regional committees so that they would be fully aware of the facts before they endorsed the process and the content.

55. Dr Belhocine drew the attention of the Subcommittee to document AFR/RC51/11 that was being considered and said that after the Introduction, paragraphs 5-9 presented a situation analysis of the feeding practices of the infant and the young child in the Region, while paragraph 10 recalled the three strategic

objectives. Paragraphs 11-16 highlighted concrete actions that could be taken in the areas of maternal breast-feeding, HIV transmission and supplementary feeding and infant nutrition in exceptional situations.

56. He added that paragraphs 17 and 18 mentioned conditions to be fulfilled in order to guarantee the success of the new strategy, particularly the need to coordinate the efforts of governments, partners and the civil society. There was also need to strengthen the performance of health services, especially the setting up of a system to monitor and provide information on the nutritional status of the infant and the young child.

57. Dr Belhocine said that the concluding paragraph reiterated the strategic nature of the control of malnutrition in general, which should be very closely linked to the fight against poverty. It also confirmed the support of the African Region for the ongoing WHO/UNICEF initiative.

58. The Regional Director indicated that nutrition was a very important issue in the African context for the following reasons:

- (a) At least 50% of the population live below the poverty line;
- (b) Africa is the only region where poverty is projected to increase;
- (c) At least 55% of morbidity and mortality, especially among children, was related to malnutrition;
- (d) Malnutrition was not given the importance it deserved at national and global levels;
- (e) Apart from the problems caused by artificial feeds, the latter were not always available or affordable in Africa;
- (f) Breast-feeding of children by HIV-positive mothers was still a grey area that required further research.

59. The Subcommittee commended the Secretariat for the quality of the document, and highlighted the following issues:

- (a) The nutritional status of mother and child was dependent on the availability and distribution of food in the household; therefore, the role of men was crucial;
- (b) A multisectoral approach, especially the role of the ministry of agriculture, was important;
- (c) Nutrition should be considered a top priority in Africa;
- (d) There was need for the establishment of consumer committees to control artificial feeds;
- (e) There was need for a strong component of research into the mother-to-child transmission of HIV/AIDS;
- (f) Exclusive breast-feeding of the child for the first six months was recommended, according to a WHO Expert Committee recommendation adopted by the Fifty-fourth World Health Assembly;
- (g) Cognizance should be taken of the realities in Africa (e.g. high prevalence of HIV/AIDS, illiteracy, rampant poverty and widespread malnutrition) when dealing with issues related to HIV/AIDS and nutrition;
- (h) The African Region should present a common and strong stand on the global question of infant feeding during the forthcoming meeting of the Executive Board and during the discussions at the World Health Assembly on the global strategy for infant and young child nutrition.

60. In addition, members of the Subcommittee made the following specific comments to improve the document:

- (a) In paragraph 1, line 1 of the Introduction, substitute "1999" by "2000."
- (b) Page 1, delete the sub-heading "*Scale of nutrition problems in the African Region*" under Situation Analysis.
- (c) Paragraph 16(b) to read as follows: "promotion of the *appropriate storage, packaging and use of local foods to facilitate proper weaning.*"
- (d) Paragraph 17(c), line 4, after "in this respect", add "*..., especially the sensitization of the rural population by the ministry of agriculture on the production of foods with a high nutritional value.*"

61. The Subcommittee was informed that the forthcoming regional consultative meeting as well as the Regional Committee, at its fifty-first session, would be made aware of its concerns. In addition, the Secretariat would submit a draft resolution to the Regional Committee consolidating the position of the African Region on infant and young child nutrition. This would enable the African members of the Executive Board as well as other delegates from the Region to adopt a common stand on the subject at the meetings of the Board and at the World Health Assembly in 2002.

62. The Secretariat thanked members of the Subcommittee for their constructive comments and assured them that these would be incorporated in the revised document.

HEALTH PROMOTION: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/12)

63. Dr M. Belhocine of the Secretariat introduced this document.

64. He stated that paragraphs 1 to 10 of the document provided a brief historical overview, attempted an operational definition and explained how health promotion actions contributed to the achievement of the objectives of priority health programmes. Dr Belhocine drew special attention to paragraph 8 which recalled the information, education and communication (IEC) component of health promotion, but went further to include areas of concern that called for a multidisciplinary and multisectoral approach.

65. Paragraphs 11 to 17 contained the situation analysis which described the main trends of the health situation in the Region, current health promotion policies and practices and major obstacles in the way of effecting these policies and practices.

66. Dr Belhocine said that the justification provided in paragraphs 18 to 26 concentrated mainly on the proven positive contribution that health promotion makes to health development, and how indispensable health promotion was in the implementation of priority health programmes that would bring about health for all in the 21st century.

67. He added that paragraphs 27 to 29 contained an outline of the aims, objectives and guiding principles of the strategy, and stressed the importance of equity and the need for social, environmental and commercial strategies which protect the health of the individual.

68. Dr Belhocine noted that the document proposed five priority interventions listed in paragraphs 30 to 35: advocacy; capacity-building; preparation of action plans; adoption of an intersectoral approach; and strengthening of priority health programmes through the use of health promotion strategies.

69. He drew attention to the section on implementation contained in paragraphs 36 - 37, which focused on what Member States should do to initiate the strategy if they had not already done so, while paragraphs 38-39 focused on the role of WHO and partners. Paragraphs 40 to 43 presented a broad idea of what monitoring and evaluation of the implementation of the strategy entailed, and recommended periodic evaluation of the effectiveness of health promotion.

70. The Regional Director explained that health promotion was included in the agenda because of the recognition by WHO and Member States of the role of non-health actors in health development. In addition, African delegates to the 5th Global Conference on Health Promotion (Mexico City, June 2000), had reported that the conference did not fully reflect the unique conditions in Africa. The high rates of illiteracy and poverty, subsistence-level economies and people's active adherence to religion necessitated responses which addressed these unique circumstances in the Region. He noted that a critical mass of experts was available now in Africa who could develop an appropriate version of health promotion for the Region.

71. Members of the Programme Subcommittee made the following comments on the subject:

- (a) Health promotion should be seen as a cross-cutting component of all health and related development programmes.
- (b) Health promotion is the responsibility of all sectors, with the health sector providing the technical leadership required for its development .
- (c) There is need for a national-level multisectoral coordination mechanism for health promotion in order to identify the specific roles of appropriate sectors.
- (d) There is need to develop a framework to assist countries in the implementation of health promotion activities.
- (e) There is need to emphasize the leadership role of ministries of health in health promotion without negating the important role other ministries could also play.
- (f) There is a need to emphasize the positive contribution that health promotion makes to poverty reduction and general development.
- (g) Health promotion programmes and activities should not be over-centralized; this should avoid their becoming too bureaucratic.

72. After receiving clarifications from the Secretariat on the issues raised by it, the Subcommittee made various comments and suggestions to improve the document.

73. The Secretariat recommended the creation of a task force comprising the delegates of Burundi, Cameroon, Chad, Comoros and Congo, and Dr Belhocine and the Regional Focal Point for Health Promotion, to revise the strategy document in the light of the comments made.

74. The revised document was adopted after some minor amendments.

75. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption (Annex 7).

EMERGING BIOETHICAL ISSUES IN HEALTH RESEARCH: CONCERNS AND CHALLENGES IN THE AFRICAN REGION (document AFR/RC51/19)

76. Dr D. Okello of the Secretariat introduced this document.

77. He explained that the African Advisory Committee for Health Research and Development (AACHRD), at its meeting in April 2001, had noted with concern that despite the significant increase in the volume of health research carried out in the Region during the past decade, especially in the field of HIV/AIDS, the bioethical aspects of these research endeavours had not received due attention by Member States. It was against this background that the Regional Director was bringing issues associated with research bioethics before the Regional Committee so that it could address the challenges faced by the Region.

78. Dr Okello stated that the introductory section of the document presented the background, and pointed out that several factors had changed significantly with regard to the way clinical trials were being performed in the African Region. The section also recalled the essential requirements

for the ethical conduct of research and emphasized the basic ethical principles contained in international guidelines.

79. He said that the second section dealt with the key concerns in the African Region as well as those related to new and major advances in genomics. He observed that WHO was uniquely equipped to consider the new ethical issues that arose from developments in human genetics. Therefore, the fifty-first session of the Regional Committee provided a timely opportunity to express the considered views of the Region, which would be reflected in the report of the Global Advisory Committee on Health Research that was being prepared.

80. Dr Okello pointed out that the third section contained proposals on how to deal with the concerns identified, and stressed the critical role of WHO in disseminating existing information and relevant training materials on research bioethics to Member States, while at the same time providing leadership.

81. The concluding section of the document reiterated the need for research sponsors, countries and researchers to work together to enhance collaboration by creating an atmosphere of trust and respect.

82. The Programme Subcommittee was invited to examine the document and provide orientations for its improvement, and adoption by the Regional Committee.

83. The Regional Director stated that the issue of bioethics had reached a crisis level and needed to be tackled immediately. He noted that research was a priority at all levels in Africa and the volume of research conducted in the Region had increased, resulting in many bioethical problems. The reasons for the increase included the following:

- (a) It was cheaper to do research in Africa;
- (b) The Region had a high prevalence of HIV/AIDS which has become a central topic for research;
- (c) WHO had recently encouraged more research in countries in Africa.

84. The Regional Director emphasized that rampant poverty in the Region had exposed people to ethical abuse and Member countries did not have sufficient mechanisms and skills to protect their people. He urged members of the Subcommittee to be vigilant while advocating for issues of ethics in Member States.

85. The Subcommittee commended the Secretariat for the pertinence, timeliness and quality of the document. The following comments were then made by members:

- (a) There is need for appropriate laws to guide research in the Region.
- (b) There is need for vigilance to follow-up and monitor the entire research process.
- (c) There is need for a regional structure and a mechanism to assist Member States on ethical issues involved in research.
- (d) The capacity in many countries to deal with ethical issues is limited.

- (e) There is need for more advocacy, political sensitization and involvement of sectors other than ministries of health on ethical issues.
- (f) There is need to maintain the independence of ethics review boards in countries.
- (g) The role of scientific review committees should be separated from that of ethical review boards in order to avoid clashes of interest.
- (h) HIV/AIDS has raised conflicting ethical issues, particularly in relation to confidentiality and the rights of individuals.
- (i) There is need for networking and sharing of information on ethical issues in the Region.

86. The Programme Subcommittee adopted the report of the Regional Director with some specific amendments. Members recommended the creation of a working group of African experts to study in greater detail the issue of genomics and health, taking into account the concerns raised in the working document, and emphasized the need to refine the regional contribution to the report of the Global Advisory Committee on Health Research.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE
(document AFR/RC51/5)

87. The Programme Subcommittee observed that in the past, the original working documents discussed were presented to the Regional Committee without revising them to incorporate the comments and suggestions of the Subcommittee.

88. The Secretariat assured the Programme Subcommittee that the working documents would be revised accordingly before presentation to the Regional Committee.

89. After review of the document and some discussions and amendments, the Programme Subcommittee adopted the report as amended.

ASSIGNMENT OF RESPONSIBILITIES FOR PRESENTATION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE TO THE REGIONAL COMMITTEE

90. The Programme Subcommittee decided that its Chairman and the Rapporteurs would present the report to the Regional Committee and that, in the event that any of the Rapporteurs was unable to attend the Regional Committee, the Chairman would present that section of the report.

91. The assignment of responsibilities for presentation of the report to the Regional Committee was as follows:

- (a) WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3):
Dr J. Zinsou Amegnigan (Chairman);
- (b) Blood Safety: A Strategy for the African Region (document AFR/RC51/9):
Dr J. Zinsou Amegnigan (Chairman);
- (c) Adolescent Health: A Strategy for the African Region (document AFR/RC51/10):
Dr Themba Moeti (Rapporteur);

- (d) Infant and Young Child Nutrition: Situation Analysis and Prospects in the African Region (document AFR/RC51/11):
Dr Themba Moeti (Rapporteur);
- (e) Health Promotion: A Strategy for the African Region (document AFR/RC51/12):
Dr Mbaiong Malloum Eloi (Rapporteur);
- (f) Emerging Bioethical Issues in Health Research: Concerns and Challenges in the African:
Dr Mbaiong Malloum Eloi (Rapporteur).

CLOSURE OF THE MEETING

92. The Chairman thanked the Subcommittee for their diligence and active participation in the deliberations of the meeting, and expressed his appreciation for having been elected Chairman.

93. He informed the meeting that Angola, Benin, Botswana, Burkina Faso, Burundi and Cameroon had come to the end of their term as members of the Programme Subcommittee and thanked them for their contribution to the work of the Subcommittee. They would be replaced by Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon and Ghana.

94. The Regional Director assured the Programme Subcommittee that the final documents presented to the Regional Committee would be the documents adopted by the Subcommittee with all their comments and suggestions incorporated.

95. He thanked the Subcommittee for their excellent work, devotion and encouragement, and commended the Chairman for the excellent manner in which he had conducted the meeting. He urged members, on their return to their countries, to be advocates of the WHO Regional Office.

96. The Regional Director thanked the interpreters for making it possible for the delegates to understand each other in the official working languages of the Region. He also thanked the Secretariat for their efforts in making the meeting a success.

97. The Chairman then declared the meeting closed.

ANNEX 1**LIST OF PARTICIPANTS****MEMBER STATES OF THE PROGRAMME SUBCOMMITTEE****ANGOLA**

Dr Augusto Rosa Mateus Neto
 Director do Gabinete de Intercâmbio Internacional
 Ministério da Saude

CENTRAL AFRICAN REPUBLIC*

Dr Emmanuel Nguembi
 Directeur de la Santé familiale et
 de la Population

BENIN

Dr Zinsou Jonathan Amegnigan
 Médecin de Santé publique - Directeur national de
 la Protection sanitaire

COMOROS

Dr Ahamadan Msa Mliva
 Directeur général de la Santé

BOTSWANA

Dr Themba Lebogang Moeti
 Public Health Specialist
 Head Epidemiology and Disease Control Unit

REPUBLIC OF CONGO

Dr André Enzanza
 Conseiller à la Santé, Ministère de la Santé, de la
 Solidarité et de l' Action humanitaire

BURKINA FASO

Dr Arlette Sanou/Ira
 Conseiller technique
 Ministère de la Santé

COTE D'IVOIRE

Dr Alimata Jeanne Diarra-Nama
 Directeur de l'INSP

BURUNDI

Dr Louis Mboneko
 Inspecteur général de la Santé publique

MEMBERS OF THE EXECUTIVE BOARD

Dr Damase Bodzongo
 Directeur général de la Santé
 République du Congo

CAMEROON

Dr Cécile Bomba-Nkolo
 Chef de Division de la Coopération
 Ministère de la Santé publique

Dr Abia Nseng Salvador
 Directeur général de la Santé publique
 Guinée équatoriale

CAPE VERDE

Dr Ildo Augusto de Sousa Carvalho
 Director do Gabinete de Estudo e Planeamento

**AFRICAN ADVISORY COMMITTEE ON
HEALTH RESEARCH AND DEVELOPMENT
(AACHRD)**

Dr Beyene Petros
 President of AACHRD
 c/o WR, Ethiopia

CHAD

Dr Malloum Eloi Mbaïong
 Directeur général adjoint de la Santé publique

* Unable to attend.

PROGRAMME OF WORK

DAY 1: MONDAY, 18 JUNE 2001

Session 1

10.00 a.m. - 10. 10 a.m.	Agenda item 1	Opening of the session
10.10 a.m. - 10.20 a.m.	Agenda item 2	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
10.20 a.m. -10.30 a.m.	Agenda item 3	Adoption of the Agenda
10.30 a.m. - 11.00 a.m.	Tea break	
11.00 a.m. - 12.30 p.m.	Agenda item 4	WHO Programme Budget 2002-2003: Country orientations (Document AFR/RC51/3)
12.30 p.m. - 2.00 p.m.	Lunch break	

Session 2

2.00 p.m. - 3.00 p.m.	Agenda item 4 (cont'd)	
3.00 p.m. - 3.30 p.m.	Tea break	
3.30 p.m. - 4.30 p.m.	Agenda item 4 (cont'd)	

DAY 2: TUESDAY, 19 JUNE 2001

Session 3

9.00 a.m.. - 10.30 a.m.	Agenda item 5: Blood safety: A strategy for the African Region (Document AFRC/RC51/9)	
10.30 a.m. - 11.00 a.m.	Tea break	
11.00 a.m. - 12.30 p.m.	Agenda item 5 (cont'd)	
12.30 p.m. - 2. 00 p.m.	Lunch break	

Session 4

2.00 p.m. - 3.00 p.m.	Agenda item 6: Adolescent health: A strategy for the African Region (Document AFR/RC51/10)	
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3.00 p.m. - 3.30 p.m. **Tea break**
3.30 p.m. - 4.30 p.m. **Agenda item 6** (cont'd)

DAY 3: WEDNESDAY, 20 JUNE 2001

Session 5

9.00 a.m. - 10.30 a.m. **Agenda item 7:** Infant and young child nutrition: Situation
analysis and prospects in the African Region (document
AFR/RC51/11)
10.30 a.m. - 11.00 a.m. **Tea break**
11.00 a.m. - 12.30 p.m. **Agenda item 7** (cont'd)
12.30 p.m. - 2.00 p.m. **Lunch break**

Session 6

2.00 p.m. - 3.00 p.m. **Agenda item 8:** Health Promotion: A strategy for the African
Region (Document AFR/RC51/12)
3.00 p.m. - 3.30 p.m. **Tea break**
3.30 p.m. - 4.30 p.m. **Agenda item 8** (cont'd)

DAY 4: THURSDAY, 21 JUNE 2001

Session 7

9.00 a.m. - 10.30 a.m. **Agenda Item 9:** Emerging bioethical issues in health research:
Concerns and challenges in the African Region (Document
AFR/RC51/19)
10.30 a.m. - 11.00 a.m. **Tea break**
11.00 a.m. - 12.30 p.m. **Agenda item 9** (cont'd)
12.30 p.m. 2.00 p.m. **Lunch break**

DAY 5: FRIDAY, 22 JUNE 2001

Session 8

10.00 a.m.

Agenda items 10, 11, 12:

- Adoption of the report of the Programme Subcommittee
(Document AFR/RC51/5)

- Assignment of responsibilities for the presentation of the
Report of the Subcommittee.

Closing session

AGENDA

1. Opening of the session
2. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
3. Adoption of the Agenda (document AFR/RC51/4 Rev.1)
4. WHO Programme Budget 2002-2003: Country orientations (document AFR/RC51/3)
5. Blood safety: A strategy for the African Region (document AFR/RC51/9)
6. Adolescent health: A strategy for the African Region (document AFR/RC51/10)
7. Infant and young child nutrition: Situation analysis and prospects in the African Region (document AFR/RC51/11)
8. Health promotion: A strategy for the African Region (document AFR/RC51/12)
9. Emerging bioethical issues in health research: Concerns and challenges in the African Region. (document AFR/RC51/19)
10. Adoption of the report of the Programme Subcommittee (document AFR/RC51/5)
11. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee
12. Closure of the session

ANNEX 4

DRAFT RESOLUTION

**WHO PROGRAMME BUDGET 2002-2003: COUNTRY ORIENTATIONS
(document AFR/RC51/3)**

The Regional Committee,

Recalling resolution WHA54.17 of the Fifty-fourth World Health Assembly which stipulated that the contributions of Member States for the biennium 2002-2003 shall be those set out in the annex of the Strategic Programme Budget;

Considering resolution WHA54.20 on appropriations for the financial period 2002-2003;

Noting that the development of the headquarters and regional Programme Budget orientations were guided by the strategic directions of the WHO Corporate Strategy;

Having carefully examined the report submitted by the Programme Subcommittee on the Proposed Programme Budget for the biennium 2002-2003: Country Orientations;

1. COMMENDS the Regional Director for having proposed the Country Orientations in addition to the Regional Orientations, and for continuing to implement the policy and programmatic orientations as defined by the WHO governing bodies;
2. ENDORSES the WHO Programme Budget for the biennium 2002-2003: Country Orientations;
3. URGES Member States:
 - (a) to actively participate in the operational planning, implementation, monitoring and evaluation of the Programme Budget 2002-2003;
 - (b) to proactively coordinate and support efforts of health development partners in countries;
4. REQUESTS the Regional Director:
 - (a) to ensure that the operational planning, implementation, monitoring and evaluation of the Programme Budget 2002-2003 are carried out in close collaboration with national health authorities;
 - (b) to continue to mobilize funds from new sources to ensure adequate funding for the activities of the Programme Budget 2002-2003;
 - (c) to bring this resolution to the attention of the Director-General.

DRAFT RESOLUTION**BLOOD SAFETY : A STRATEGY FOR THE AFRICAN REGION****(document AFR/RC51/9)**

The Regional Committee,

Having considered the report of the Regional Director on the strategy for blood transfusion safety in the African Region;

Considering World Health Assembly Resolution WHA 28.72 recommending that Member States promote the development of national blood transfusion services based on voluntary nonremunerated blood donations and enact legislation governing them;

Recalling resolution AFR/RC44/R12 on HIV/AIDS control which urges Member States to take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals and set goals and targets for the attainment of HIV-free blood transfusion in health care settings;

Noting with concern that only 30% of countries in the Region have, so far, formulated a blood transfusion policy and the need in all countries for systematic screening of blood for the main transmissible infections, especially for blood transfusion;

Recalling also that the transmission of HIV, hepatitis B, hepatitis C, syphilis, malaria and other parasitic infections through the blood can be effectively prevented by adopting a sound blood transfusion policy and carrying out systematic screening for such infections in all units of donated blood;

Concerned by the fact that, since the adoption of resolution AFR/RC44/R12 in 1994, the changes that have taken place in most of the Member States in this area are hardly perceptible and that the current economic situation has contributed to a worsening of the health situation in the countries of the Region;

1. APPROVES the regional strategy for blood transfusion safety as proposed in document AFR/RC51/9:
2. COMMENDS the Regional Director for action already taken to improve blood transfusion safety in the Region;

3. URGES Member States:

- (a) to formulate, adopt and implement a national blood transfusion policy consistent with national needs and WHO technical recommendations, especially for:
 - (i) the establishment of safety norms and standards and a quality assurance programme in order to provide all patients who so require with blood that is safe;
 - (ii) the formulation of human resources policies which ensure the training, promotion and retention of the staff of blood transfusion centres and the training of prescribers in the judicious use of blood;
 - (iii) the promotion of research in the area of blood transfusion safety, including the use of blood and blood products;
- (b) to allocate adequate funds for developing the infrastructure of blood transfusion services and creating an enabling environment for the establishment of a reliable blood transfusion system, including the cold chain;
- (c) to promote voluntary and benevolent blood donation on a regular and permanent basis;
- (d) to mobilize bilateral and multilateral partners as well as NGOs to provide technical and financial support for the establishment of reliable and sustainable blood transfusion services;

4. REQUESTS the Regional Director:

- (a) to play a leadership role in instituting blood transfusion and AIDS control programmes in the WHO African Region;
- (b) to support Member States in drawing up and implementing national blood transfusion policies;
- (c) to promote and support training programmes for the staff of blood transfusion centres and prescribing physicians;
- (d) to mobilize resources from international partners to finance blood transfusion safety in the Region;
- (e) to strengthen technical cooperation and collaboration between Member States and WHO so as to improve the management of blood transfusion centres and the quality of blood and blood products;
- (f) to ensure the follow-up and implementation of this strategy and report to the fifty-fourth session of the Regional Committee.

DRAFT RESOLUTION**ADOLESCENT HEALTH : A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/10)**

The Regional Committee,

Recalling the Regional Committee resolution AFR/RC45/R7 on “The health of youth and adolescents: A situation report and trends analysis” and the concern for the health and well-being of adolescents expressed through various instruments, both globally and regionally;

Cognizant of adolescence as an important phase in human development, characterized by significant changes that typify the transition from childhood to adulthood;

Recognizing that common health problems of adolescents such as early and high-risk pregnancies, complications of abortion, sexually transmitted infections, HIV/AIDS, alcohol and drug abuse, noncommunicable diseases, depression and suicides, are linked to behaviour and are inter-related;

Aware of the critical roles that families, schools, communities, religious institutions, governments, nongovernmental organizations (NGOs) and work, leisure and recreational places play in contributing to the health and development of adolescents;

Conscious of the multisectoral and multidisciplinary approaches to address adolescent health and development;

Appreciating the efforts of Member States and partners to improve the health and development of adolescents;

1. APPROVES the regional strategy on adolescent health as proposed in document AFR/RC51/10;
2. COMMENDS the Regional Director for promoting and supporting adolescent health and development in the Region;
3. URGES Member States:
 - (a) to accord adolescent health and development priority in their national social and economic development agenda;
 - (b) to review, develop, implement and evaluate national policies and programmes on adolescent health and development;
 - (c) to reorient and build the capacity of the health sector to provide basic services to meet the special needs of adolescents, including those in difficult circumstances, through the active participation of young people, families, communities, religious leaders, local NGOs and other relevant partners;

Annex 6

- (d) to build multisectoral partnerships and strengthen collaboration to increase resources for adolescent health and development;
- (e) to equip young people with the requisite skills to enable them to participate meaningfully in the development and implementation of adolescent health policies and programmes;

4. REQUESTS the Regional Director:

- (a) to continue to advocate for adolescent health programmes and to mobilize adequate resources for their implementation;
- (b) to provide technical support to Member States for the development and implementation of national policies and programmes on adolescent health;
- (c) to mobilize governments, agencies of the United Nations, NGOs and other stakeholders to organize youth seminars and conferences to discuss the problems and challenges of adolescents in order to improve their health and development;
- (d) to support institutions and national experts to carry out research on the problems and needs of adolescent health;
- (e) to report to the Regional Committee in 2003 on progress made in implementing adolescent health programmes at national and regional levels.

DRAFT RESOLUTION**HEALTH PROMOTION: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/12)**

The Regional Committee,

Aware that the physical, economic, social and cultural factors, known to be the broad determinants of health, underlie the double burden of communicable and noncommunicable diseases and are responsible for the general health conditions in the Region;

Convinced about the necessity to apply, in an integrated manner, various health promotion approaches and techniques to address these factors and reduce their impact on health;

Recalling resolutions WHA27.27, WHA31.42, WHA42.44, WHA51.12 and AFR/RC47/R2, and Executive Board decision EB101.12, which called for the development and implementation of health promotion approaches, and the recommendation by Member States adopted at the 50th session of the Regional Committee, and the WHO Secretariat's report on health promotion to the Fifty-fourth World Health Assembly (A54/A/SR/7);

Appreciating the efforts made so far by Member States and their partners in developing and implementing various approaches which constitute health promotion;

Recognizing the need to integrate and consolidate existing approaches and develop a comprehensive framework for strengthening the application of health promotion in countries of the African Region;

Having carefully examined the Regional Director's report contained in document AFR/RC51/12 which outlines the regional strategy for health promotion;

1. APPROVES the proposed strategy which aims at supporting Member States to foster actions that enhance the physical, social and emotional well-being of the African people and contribute to the prevention of the leading causes of disease, disability and death;
2. URGES Member States:
 - (a) to advocate for increased awareness of and support for the use of health promotion in the health and health-related sectors;
 - (b) to develop national strategies incorporating policy, frameworks and action plans for strengthening the institutional capacity for health promotion as well as provide support at various levels of the health system, as appropriate;
 - (c) to strengthen the health promotion component of health and related development programmes, using available guidelines such as the ones for the Tobacco-Free Initiative, the Health-Promoting Schools Initiative and the Community-Based Interventions for Malaria Control;

Annex 7

- (d) to plan, implement and evaluate health promotion actions which are comprehensive in nature, and focus on the following areas of intervention:
 - (i) increasing individual knowledge and skills;
 - (ii) strengthening community action;
 - (iii) creating environments supportive of health;
 - (iv) developing, implementing and influencing health-related policies;
 - (v) reorienting health services;
 - (e) to mobilize new resources and players for health action from the public and private sectors, nongovernmental organizations, communities and international and bilateral bodies;
3. REQUESTS the Regional Director:
- (a) to develop a generic framework and guidelines for the implementation of the regional strategy and to provide technical leadership to Member States to enhance the development and application of health promotion, including strengthening of the technical capacity of national focal points;
 - (b) to facilitate operational research on health promotion and dissemination to Member States of the results on best practices through consultations, networks and workshops;
 - (c) to mobilize additional resources and encourage partnerships among key actors for supporting the implementation of the Health-Promoting Schools Initiative and related regional interventions;
 - (d) to draw up operational plans for the period 2002-2012;
 - (e) to report on progress made in the implementation of the regional strategy to the fifty-fourth session of the Regional Committee in 2004, and thereafter, every two years.