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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**

1. The Fifty-fourth World Health Assembly and the 107th Executive Board adopted resolutions on certain issues of regional interest as set out below:

- (a) Health systems performance assessment (EB107.R8)
- (b) Infant and young child nutrition (WHA54.2)
- (c) Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution (WHA54.5)
- (d) Special arrangements for settlement of arrears (WHA54.6)
- (e) Scaling up the response to HIV/AIDS (WHA54.10)
- (f) WHO medicines strategy (WHA54.11)
- (g) Strengthening nursing and midwifery (WHA54.12)
- (h) Strengthening health systems in developing countries (WHA54.13)
- (i) Global health security: epidemic alert and response (WHA54.14)
- (j) Transparency in tobacco control process (WHA54.18)
- (k) Schistosomiasis and soil-transmitted helminth infections (WHA54.19)
- (l) International classification of functioning, disability and health (WHA54.21)

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. Each resolution is followed by measures already taken or to be taken.

3. The Committee is invited to examine and comment on the proposed strategies for implementing resolutions of interest to our Region and provide guidance for the implementation of the regional programmes of WHO technical cooperation.

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## **INTRODUCTION**

1. The World Health Assembly at its Fifty-fourth session and the Executive Board at its 107th session had adopted a number of resolutions of regional interest. The ways and means of implementing those resolutions of interest to the African Region are contained in document AFR/RC51/6 which the Regional Director hereby submits to the fifty-first 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 concerning the WHO regional programme of technical cooperation.
3. Document AFR/RC51/6 is presented in a format designed to facilitate discussion. It contains only the relevant operative paragraphs of the resolutions adopted at the Fifty-fourth session of the World Health Assembly and the one-hundred-and-seventh session of the Executive Board. Each resolution is followed by measures already taken or to be taken.
4. In conformity with 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.

## **EB107.R8: HEALTH SYSTEMS PERFORMANCE ASSESSMENT**

*The Executive Board,*

### **Operative paragraph 2.1**

5. *REQUESTS the Director-General to initiate a scientific peer review of health systems performance methodology as part of the technical consultation process including updating on methodology and new data sources relevant to the performance of health systems;*
6. The Regional Office will organize a meeting of African experts from various fields from 18 to 20 July 2001 in order to carry out a scientific review of health systems performance assessment methodology. These experts will make recommendations for the updating of the methodology, especially to facilitate its use in Africa.
7. The Regional Office will propose five experts who will participate in the global scientific review.
8. The Regional Office will also set up an advisory group of African experts who will assure follow up and give orientations in regard to the utilization of the methodology by the countries.

### **Operative paragraph 2.2**

9. *REQUESTS the Director-General to ensure that WHO consults with Member States and shares the results of the scientific peer review and its recommendations;*

10. The Regional Office will establish a system of technical consultation with Member States and will communicate to them the results and recommendations of the scientific peer review.

11. The Regional Office will communicate the outcomes and recommendations of the expert consultation to the fifty-first session of the Regional Committee and the round table discussion on health systems so that it can have the views and orientations of the ministers of health.

### **Operative paragraph 2.3**

12. *REQUESTS the Director-General to develop a multi-year plan for further research and development of the framework and its relevant indicators to assess the effectiveness and efficiency of health systems as part of the technical consultation process;*

13. The Regional Office will, in collaboration with countries and in consultation with the African Advisory Committee on Health Research and Development (AACHRD), prepare a research plan as well as relevant indicators that will enable the evaluation of the effectiveness and efficiency of health systems. In addition, the Regional Office will, in this regard, strengthen its collaboration with regional collaborating centres.

14. The Regional Office will also put in place an Observatory for monitoring the implementation of the reforms in the Region, to assure the necessary feedback to the countries.

### **Operative paragraph 2.4**

15. *REQUESTS the Director-General to develop a plan to improve data quality to be used to assess health systems performance;*

16. The Regional Office will increase its support to the health information systems of the countries with a view to improving the collection and control of data in general, and data specifically related to health systems' performance in particular.

### **Operative paragraph 2.5**

17. *REQUESTS the Director-General to report to Member States on the impact of health systems performance reports on Member States' policy and practice.*

18. The Regional Office will report to Member States, every other year, as regards the impact of health systems performance reports on the policy and practice of Member States. It will, in this respect, draw upon the assistance of the Observatory which will be put in place.

### **Operative paragraph 2.6**

19. *REQUESTS the Director-General to provide the reports to health authorities of Member States 15 days before the intended date of publication.*

20. The Regional Office will assure that Member States of the Region receive the reports 15 days before the scheduled date of publication.

#### **WHA54.2: INFANT AND YOUNG CHILD NUTRITION**

*The Fifty-fourth World Health Assembly,*

##### **Operative paragraph 3.1**

21. *REQUESTS the Director-General to give greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;*

22. The 2000-2001 plan of action (POA) provides for support to be given to ten countries for the strengthening of national capacities in this area. Within the framework of the preparation of the new WHO/UNICEF global strategy for "Infant and Young Child Feeding", a regional consultation was organized in June 2001 by the Regional Office. That meeting recommended the establishment, by 2004, of a plan of action for infant and young child nutrition in all the countries of the African Region; the plans of action for 2000-2003 and 2004-2005 of the nutrition unit of the Regional Office will take account of those recommendations. The fifty-first session of the WHO Regional Committee for Africa in August 2001 is called upon to adopt the contribution of the Region to this new comprehensive global strategy. At the end of the process, the Regional Office will put in place a regional framework for the promotion of infant and young child feeding.

##### **Operative paragraph 3.2**

23. *REQUESTS the Director-General to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;*

24. The WHO Regional Office for Africa will continue to implement the various resolutions adopted by the Regional Committee since 1974 (AFR/RC39/R4; AFR/RC41/R11) on the orientation of nutrition programmes and to support the countries for the purpose of strengthening breast-feeding programmes. In 1999, eleven countries benefited from a training session on the "Baby-Friendly Hospital" initiative. In 2001, the activities of the plan of action for nutrition made it possible to conduct training for English- and French- speaking countries and countries with Portuguese as their official language, on breast-feeding and the monitoring of the International Code of Marketing of Breast-milk Substitutes. In the course of this process, a fruitful partnership was established between WHO, UNICEF, FAO and some non-governmental organizations in this area.

##### **Operative paragraph 3.3**

25. *REQUESTS the Director-General to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into*

*account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,<sup>1</sup> the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;*

26. In the area of breastfeeding, the African Region will continue to strengthen actions for Member countries through the activities of the plans of action for 2000-2001 and 2002-2003. Many workshops on lactation management, monitoring of the implementation of the International Code of Marketing of Breastmilk Substitutes and the "Baby-friendly Hospital" initiative have already taken place with the support of the Regional Office and UNICEF. Under the 2000-2001 plan of action, support will be provided to at least four countries to formulate, in 2001, a national strategy on the promotion of infant and young child feeding. Reports from countries indicate that infant feeding promotion activities are continuing with actions regarding fortification of cereals for infant feeding with micronutrients (iron and vitamin A). Sensitization activities in the communities regarding food hygiene and weaning have been undertaken with the support of the different sectors, using several communication channels. Again, collaboration with the different sectors was initiated in each country for this.

#### **Operative paragraph 3.4**

27. *REQUESTS the Director-General to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;*

28. This appeal has, in part, been heeded with the preparation of national plans of action for nutrition. The process embarked upon since 1992 with the International Conference on Nutrition (ICN) has brought together WHO, UNICEF, FAO and other partners in joint activities to support the countries for a good infant and young child feeding. Two sub-regional workshops (for English- and French- speaking countries) to discuss and adopt orientations on "HIV and Breastfeeding" in the African Region were included in the 2000-2001 plan of action. An evaluation of the implementation of national plans of action for nutrition (NPAN) is ongoing. The evaluation will provide accurate information on the efforts that remain to be made in each country. The 2002-2003 plan of action will assure the implementation of the recommendations contained in the Global Strategy and those regarding the follow up of the International Conference on Nutrition.

#### **Operative paragraph 3.5**

29. *REQUESTS the Director-General to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;*

30. Research on the mode of transmission of HIV through breastmilk is important and is part of the global fight against the AIDS epidemic. The Regional Office, through many of its units (NUT, IMCI, CAH) continues to support ongoing efforts in the countries to find the best messages to direct at mothers infected with HIV. By organizing technical workshops on this subject, the Regional Office will contribute to a better understanding of the issues relating to the problem of mother-to-child transmission of HIV. Two workshops planned for the year 2001 target the training of health workers, who are confronted with these problems every day. Workshops for the training of health workers in counselling have been planned in the 2002-2003 plan of action.

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<sup>1</sup>As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

**WHA54.5: MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH WOULD JUSTIFY INVOKING ARTICLE 7 OF THE CONSTITUTION**

*The Fifty-fourth World Health Assembly,*

**Operative paragraph 1**

31. *DECIDES that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-fifth World Health Assembly, Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;*

**Operative paragraph 2**

32. *DECIDES that any suspension which takes effect as aforesaid shall continue at the Fifty-fifth and subsequent Health Assemblies, until the arrears of Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;*

**Operative paragraph 3**

33. *DECIDES that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.*

34. The resolution does not require action from the Regional Director. However, the resolution has been mailed to those countries concerned advising them to settle their arrears by taking advantage of the provisions in the new financial regulations to pay assessments in local currency.

**WHA54.6: SPECIAL ARRANGEMENTS FOR SETTLEMENT OF ARREARS**

*The Fifty-fourth World Health Assembly,*

**Operative paragraph 1**

35. *INVITES Members that are in arrears to an extent which would invoke the provisions of Article 7 of the Constitution, or that expect difficulties in meeting their obligations to the Organization, to contact the Director-General to review the status of their accounts;*

**Operative paragraph 2**

36. *FURTHER INVITES those Members in arrears who wish to reschedule the payment of their arrears as part of an arrangement to have their voting rights restored to address requests in writing to the Director-General, to be received no later than 31 March, including at least the following information: (i) the total amount due, including the current year's assessment; (ii) the period over which payment is proposed; (iii) the minimum amount of payment that the Member State intends to make each year; and (iv) an indication of whether the Member State expects to request approval from the Director-General to make the payment in local currency, in accordance with the Financial Regulations and Financial Rules;*

**Operative paragraph 3**

37. *REQUESTS the Director-General to review such requests with the Member States concerned and to submit proposals to reschedule payment of arrears to the Administration, Budget and Finance Committee of the Executive Board at its meeting immediately before the Health Assembly; and*

**Operative paragraph 4**

38. *REQUESTS the Administration, Budget and Finance Committee, on behalf of the Executive Board, to make appropriate recommendations to the Health Assembly, for consideration.*

39. The resolution does not require action from the Regional Director. However, the countries concerned have been advised to take advantage of this resolution in order to settle their arrears.

**WHA54.10: SCALING UP THE RESPONSE TO HIV/AIDS**

*The Fifty-fourth World Health Assembly,*

**Operative paragraph 2.1**

40. *URGES the Director-General to provide Member States and other health and development partners with high quality, normative, health-related guidance and sustained and comprehensive technical support that will enable countries to intensify their national responses to HIV/AIDS in line with their particular circumstances and priorities.*

41. WHO headquarters, in collaboration with regional offices, is developing a toolkit of guidelines and modules for the essential package of HIV/AIDS prevention and care interventions. The Regional Office for Africa will promote the package in countries and provide technical support for its adaptation and utilization at country level. Working in collaboration with WHO headquarters, partners and countries, the Regional Office will continue to generate evidence on effective interventions and approaches in the health system. In addition, it will continue to provide technical support to countries through missions by staff, deployment of consultants and convening of intercountry meetings, where necessary.

**Operative paragraph 2.2**

42. *URGES the Director-General to assist in the development and implementation of integrated and comprehensive prevention and care strategies.*

43. The Regional Office will accelerate its support to countries for the development of national strategic plans, focusing on health system actions for prevention and care. Ongoing activities to integrate HIV/AIDS into primary health care services, with emphasis on TB and reproductive health programmes, will be expanded.

**Operative paragraph 2.3**

44. *URGES the Director-General to expand, with urgency, support for the development of necessary health system capacities and structures, and to provide normative guidance and technical cooperation in order to enhance prevention, clinical management, nursing care, counselling, and social and psychological support to people living with HIV/AIDS.*

45. The Regional Office already supports the countries in the development of guidelines and training modules for HIV/AIDS care. This support will be expanded and accelerated, with emphasis on the training of health workers and the strengthening of the systems and institutions for delivery of prevention and care interventions.

**Operative paragraph 2.4**

46. *URGES the Director-General to foster research, including ethical, controlled, clinical trials on HIV vaccines, microbicides, and new antiretroviral therapies, and on necessary commodities such as testing kits.*

47. WHO headquarters will, in collaboration with the Regional Office and international partners, expand ongoing activities to promote research on vaccines in the African Region. Advocacy and partnership for research on antiretrovirals (ARVs), kits and other necessary commodities will be expanded.

**Operative paragraph 2.5**

48. *URGES the Director-General to give guidance and support to the building of national capacity for surveillance of adverse drug reactions and emergence of resistance in connection with antiretroviral medicines.*

49. The Regional Office has carried out an inventory of laboratories that can carry out tests on sensitivity of antiretrovirals (ARV). This inventory is being shared with countries as the first step to establishing mechanisms for building the capacity to monitor resistance to antiretrovirals in the Region. Guidelines and strategies for the use of ARVs as part of the package of prevention and care interventions will be prepared and national capacity building in the surveillance of adverse drug reactions supported.

**Operative paragraph 2.6**

50. *URGES the Director-General to maintain close collaboration with the international community and the private sector with the aim of improving the availability of medicines for HIV/AIDS, including antiretroviral therapy.*

51. The World Health Organization is a leading member of the “Accelerating Access” endeavour aimed at improving the access of people living with HIV/AIDS to care, including access to antiretrovirals. Collaboration with international partners and private sector organizations will be maintained and strengthened, including facilitation of discussions between countries and the private sector.

**Operative paragraph 2.7**

52. *URGES the Director-General to take an active part, together with other international actors, in the development and establishment of a global HIV/AIDS and health fund, including promoting mechanisms for a transparent and participatory governance structure including representatives of civil society.*

53. The World Health Organization was co-convener of a global meeting of stakeholders that considered the proposals for the Global HIV/AIDS and health fund. Activities to consult globally and within the Region and to disseminate information on the development of the Fund, as necessary, will be continued.

## **WHA54.11: WHO MEDICINES STRATEGY**

*The Fifty-fourth World Health Assembly,*

### **Operative paragraph 2.1**

54. *REQUESTS the Director-General, jointly with Member States, non-governmental and other partners involved in public health, to keep under review the effectiveness of the current strategy for essential drugs, and to stimulate the development of drugs for diseases whose burden lies predominantly in poor countries.*

55. The Regional Office will assist Member States to formulate, review and implement national drug policies and to review essential drug programmes.

### **Operative paragraph 2.2**

56. *REQUESTS the Director-General to explore the feasibility and effectiveness of implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring of drug prices and for reporting global drug prices with a view to improving equity in access to essential drugs in health systems, and to provide support to Member States in that regard.*

57. The Regional Office will participate in international conferences on drug price monitoring systems for the purpose of improving access to essential drugs and will provide support to the Association of Central Medical Stores for Generic Essential Drugs (ACAME) as well as compile and publish the *AFRO Drug Price Indicator*.

### **Operative paragraph 2.3**

58. *REQUESTS the Director-General to provide support for implementation of drug monitoring systems in order to better identify development of resistance, adverse reactions and misuse of drugs within health systems, thus promoting rational use of drugs.*

59. The Regional Office will facilitate the development of national standard treatment guidelines for priority diseases; support countries to develop and revise essential drug lists; develop and adapt the protocols for monitoring adverse drug reactions; establish drug information centres and therapeutic committees; review medical education curricula and incorporate the concept of rational drug use. Countries will also be supported to implement information, education and communication (IEC) activities in collaboration with partner organizations and to conduct operational research within the framework of Malaria and TB joint activities for the control of resistance to antimicrobials.

### **Operative paragraph 2.4**

60. *REQUESTS the Director-General to continue and to enhance efforts to study and report on existing and future health implications of international trade agreements in close cooperation with relevant intergovernmental organizations.*

61. The Regional Office will recruit national advisors to enhance implementation of the AFRO intensified essential drug programme.

### **Operative paragraph 2.5**

62. *REQUESTS the Director-General to provide enhanced support to Member States that need and request support in achieving the priorities set out in the WHO medicines strategy.*

63. The Regional Office will organize a series of meetings on trade-related intellectual property rights (TRIPS) to build its technical capacity to provide support to countries on access to essential drugs and to implement TRIPS safeguards.

### **Operative paragraph 2.6**

64. *REQUESTS the Director-General to provide support to Member States to set up efficient national regulatory mechanisms for quality assurance that will help ensure compliance with good manufacturing practices, bioavailability and bioequivalence.*

65. The Regional Office will support national drug regulatory authorities to develop norms and standards; train laboratory managers; and implement good manufacturing practices. Furthermore, it will assist countries to implement computer-assisted drug registration systems (SIAMED) and support activities of the African Drug Regulatory Authority Network (AFDRAN).

### **Operative paragraph 2.7**

66. *REQUESTS the Director-General to continue WHO's work in the field of traditional medicines.*

67. The Regional Office will select centres of excellence for evaluation of traditional medicines; strengthen WHO collaborating centres for traditional medicine; and publish a regional framework document on situation analysis of local production and registration of traditional medicines. The Regional Office will provide technical and financial support to countries for evaluation of herbal preparations used for the treatment of malaria and HIV/AIDS and technical support to selected countries for local production of traditional medicines.

## **WHA54.12: STRENGTHENING NURSING AND MIDWIFERY**

*The Fifty-fourth World Health Assembly,*

### **Operative paragraph 2.1**

68. *REQUESTS the Director General to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration, and in developing human resources plans and programmes, including ethical international recruitment;*

69. The Regional Office has commissioned a study on migration of health personnel, including nursing and midwifery personnel. The study will systematically assess the effects of migration of health workers in the African Region, examine existing policies that seek to influence retention of health workers as well as the potential for developing more effective policies.

70. The nursing and midwifery dimensions will be extracted from the research results to contribute to the global evidence on patterns and effects of migration of health workers and for feedback to the Executive Board and World Health Assembly in 2003.

### **Operative paragraph 2.2**

71. *REQUESTS the Director General to provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the populations and to take the necessary measures to increase the number of WHO collaborating centres for nursing and midwifery in developing countries;*

72. In regard to strengthening the institutional capacity of nursing and midwifery training institutions in the African Region:

- (a) A meeting jointly planned by WHO and the World Bank will take place in November 2001 to address nursing and medical education as part of the health sector reforms initiatives.
- (b) The Regional Office will advocate for the establishment of more WHO collaborating centres (WCC) and centres of excellence in the Region, particularly in French-speaking countries and countries with Portuguese as their official language.
- (c) The Regional Office will strengthen the contribution of nursing and midwifery services to the health of the population by supporting efforts such as distance education, curriculum review, integration of priority areas like HIV/AIDS, adolescent health care and malaria into the nursing and midwifery curriculum and the strengthening of teaching capacity, etc.

### **Operative paragraph 2.3**

73. *REQUESTS the Director-General to ensure the involvement of nursing and midwifery experts in the integrated planning of human resources for health, including support to Member States undertaking programmes of village skilled birth attendants, by developing guidelines and training modules, as an expanded role of nurses and in particular midwives;*

74. The Regional Office will revisit the issue of utilization of village skilled birth attendants and will provide technical assistance during the development of relevant training guidelines and modules to be used by the countries.

### **Operative paragraph 2.4**

75. *REQUESTS the Director General to continue to cooperate with governments to promote effective coordination between all agencies and organizations concerned with the development of nursing and midwifery;*

76. The Regional Office will organize consultation meetings and conferences with stakeholders such as chief nursing officers and directors of nursing divisions, regional networks, national associations, WHO collaborating centres and training institutions in order to strengthen coordination and implementation of the activities envisaged in the draft plan of action.

### **Operative paragraph 2.5**

77. *REQUESTS the Director General to provide continuing support to the work of the Global Advisory Group on Nursing and Midwifery, and to take account of the interest and contribution of nursing and midwifery in wider aspects of the development and implementation of WHO's policy and programme;*

78. The chairman of the Global Advisory Group on Nursing and Midwifery (GAG/NM) for the next three years (2000-2003) is from the WHO African Region. The Regional Office has reiterated and confirmed its support for the chairman in fulfilling her functions.

#### **Operative paragraph 2.6**

79. *REQUESTS the Director General to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure, and report progress in achieving these goals;*

80. In collaboration with WHO headquarters, the Regional Office will develop performance indicators to monitor the progress made in the achievement of these goals and will contribute to the preparation of the progress report to be presented at the World Health Assembly in 2003.

#### **Operative paragraph 2.7**

81. *REQUESTS the Director General to rapidly prepare a plan of action for strengthening nursing and midwifery practice and to provide for external evaluation at the conclusion thereof;*

82. The Regional Office will prepare and discuss the draft plan of action with countries and partners and assist in the development of strategies for its implementation.

#### **Operative paragraph 2.8**

83. *REQUESTS the Director General to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the fifty-sixth World Health Assembly in 2003;*

84. The Regional Office will contribute to the Director-General's report on progress made in the implementation of this resolution.

### **WHA54.13: STRENGTHENING HEALTH SYSTEMS IN DEVELOPING COUNTRIES**

*The Fifty-fourth World Health Assembly,*

#### **Operative paragraph 5.3**

85. *REQUESTS the international community and multilateral institutions according to their mandate and particular expertise, to provide support for efforts aimed at strengthening the health systems of developing countries.*

86. In the WHO programme of work, attention was paid to the strengthening of health systems. The plans of action that are being prepared will be oriented to giving more substantive support to health systems development within the framework of the Health-for-all policy for the 21st century in the African Region. The Country Cooperation Strategy (CCS) will be more oriented to providing support to health systems development.

#### **Operative paragraph 5.6**

87. *REQUESTS the international community and multilateral institutions to support the establishment of a global HIV/AIDS and health fund.*

88. The Regional Office will build mechanisms to enhance its capacity to advocate, catalyze and mobilize resources for such a fund, participate in the management of resources mobilized and contribute to the assessment of country needs.

#### **Operative paragraph 6.1**

89. *REQUESTS the Director-General to continue to support Member States in their efforts to meet the health needs of their people, especially those who are most vulnerable.*

90. The Regional Office will support the strengthening of the capacity of Member States to participate in discussions on poverty reduction strategies and in defining appropriate health strategies and interventions aiming at reducing the burden of disease, particularly among the poorest. The Regional Office will develop a framework for the provision of affordable basic health services targeting the needs of the poorest.

#### **Operative paragraph 6.2**

91. *REQUESTS the Director-General to cooperate with Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies.*

92. The Regional Office will continue to support countries to develop and implement relevant drug policies and to advocate for cheaper and efficacious drugs. In addition, it will promote the best purchasing policies and procedures and enhance the implementation of the traditional medicine strategy, especially as regards the production of traditional medicines.

#### **Operative paragraph 6.3**

93. *REQUESTS the Director-General to strengthen the capacity of the health sector to participate effectively in multisectoral efforts which seek to address the root causes of ill health.*

94. The Regional health-for-all policy for the 21st century paid attention to the inter-sectoral and multi-sectoral aspects of health development. The Regional Office will contribute to strengthening dialogue and partnership between ministries of health and other stakeholders.

#### **Operative paragraph 6.4**

95. *REQUESTS the Director-General to continue to provide support for the work being undertaken by institutions in developing countries in the area of health sector reforms, and to validate and collate the work of these and other institutions, in order to ensure that future policies and advice are founded on the best available evidence.*

96. Guidelines for monitoring and evaluating health sector reform, assessing the operability of district health systems and training modules for district health teams have been developed by the Regional Office. These guidelines will serve to assess and document ongoing health sector reforms throughout the African Region in order to provide guidance to countries and enhance the exchange of best practices. The Regional Office will expand its work with other partners through implementation of the Country Cooperation Strategy (CCS) and development of SWAs in order to create more synergy and efficiency for health sector development.

#### **Operative paragraph 6.5**

97. *REQUESTS the Director-General to expand on the opportunities for interaction with Members of the Non-Aligned Movement and other developing countries, aimed at facilitating and enhancing the work of WHO.*

98. The Regional Office was represented at the EU/ACP joint parliamentary meeting and the Non-Aligned Movement meeting. It will expand its relationship with other groups (for example, the Commonwealth, SADC, ECOWAS) and make this relationship formal by obtaining formal observer status and regularly attending statutory meetings organized by the different institutions. In addition, the Regional Office will develop an agenda of cooperation with each of the institutions, based on common interest.

### **Operative paragraph 6.6**

99. *REQUESTS the Director-General to report to the Fifty-sixth World Health Assembly on the steps taken and progress made in implementing this resolution.*

100. The Regional Office will prepare and submit to the fifty-second session of the Regional Committee the contribution of the African Region to the Global Report.

### **WHA54.14: GLOBAL HEALTH SECURITY: EPIDEMIC ALERT AND RESPONSE**

*The Fifty-fourth World Health Assembly,*

### **Operative paragraph 3.1**

101. *REQUESTS the Director-General to devise relevant international tools, and to provide technical support to Member States for developing or strengthening preparedness and response activities against risks posed by biological agents, as an integral part of their emergency management programmes;*

102. Prior to the adoption of Resolution WHA54.14, the Regional Office had developed a regional integrated disease surveillance (IDS) strategy as a step towards strengthening national surveillance systems with an overall guiding principle of “information for action” (resolution AFR/RC48/R2). In order to facilitate the implementation of the strategy, the Regional Office has developed the following tools: Technical Guidelines for Integrated Disease Surveillance and Response in the African Region; Protocol for the Assessment of National Communicable Disease Surveillance and Epidemic Preparedness and Response Systems; Guidelines for Plans of Action Development.

103. The Regional Office has also provided technical support to several Member States for the assessment of their communicable disease surveillance systems and for the preparation of national integrated disease surveillance and response (IDSR) plans. This support will continue for the establishment of effective and sustainable national IDSR systems in the Region.

### **Operative paragraph 3.2**

104. *REQUESTS the Director-General to provide technical support to Member States for developing intervention programmes that prevent epidemics and respond to communicable disease threats and emergencies, particularly with regard to epidemiological investigations, laboratory diagnoses and community and clinical management of cases;*

105. The key steps for the implementation of the Regional Strategy on Integrated Disease Surveillance and Research (IDSR) include sensitization of all stakeholders, assessment of national communicable disease surveillance systems, preparation of national strategic IDSR plans, implementation of the strategic plans and evaluation of activities.

106. The Regional Office has provided technical support to Member States to carry out assessment of existing surveillance and epidemic preparedness and response (EPR) systems as well as to draw up a

multi-year IDSR plan. As at the end of June 2001, 25 countries had completed assessment and 16 had prepared strategic plans. The Regional Office will continue its support to Member States until the completion of the process. The Regional Director has established an IDSR task force in order to regularly review progress in the implementation of the IDSR and provide advice for the improvement of the process.

### **Operative paragraph 3.3**

107. *REQUESTS the Director-General to make appropriate arrangements for the development of regional preparedness and response plans;*

108. In order to improve epidemic preparedness and response throughout the African Region, the Regional Office established five epidemiological blocs in collaboration with Member States during the period 1996 to 1999. The Protocols of Cooperation, signed by ministers of health and interior or local government, provide an essential framework for collaboration. Intercountry teams located in West Africa, Central Africa, the Great Lakes, the Horn of Africa and the southern African epidemiological blocs are already providing technical support in the area of rapid response to epidemics.

109. The Regional Office will maintain intercountry teams and increase sub-regional contingency stocks of vaccines, drugs and essential supplies for epidemic response. It will continue to provide technical support to Member States for the strengthening of laboratory capacity for early diagnosis and for improving communications for rapid transmission of epidemiological information. Furthermore, the Regional Office will develop operational procedures to facilitate and coordinate response to major outbreaks in the Region.

### **Operative paragraph 3.4**

110. *REQUESTS the Director-General to provide support to Member States for strengthening their capacity to detect and respond rapidly to communicable disease threats and emergencies, especially by developing the laboratory skills needed for diagnosis and providing training in epidemiological methods for use in the field, particularly in the most exposed countries;*

111. As part of the strengthening of national public health laboratories, the Regional Office has helped to train 102 laboratory technicians from 25 countries on standard operating procedures regarding common bacterial diseases such as meningococcal meningitis, cholera and dysentery. Essential laboratory reagents have been provided to enable the confirmation of the above-mentioned diseases.

112. The Regional Office has also made plans to establish functional national, sub-regional and regional public health laboratory networks aimed at improving the detection of priority communicable diseases including epidemic-prone ones. These networks will also help in monitoring the development and spread of resistance to anti-microbials in the Region.

113. The Regional Office is preparing training modules aimed at enabling district health teams to: (i) detect priority diseases; (ii) analyze and interpret data; (iii) investigate and respond to suspected outbreaks as well as other priority diseases; (iv) be prepared to provide response in the event of epidemic outbreak; (v) supervise, monitor and evaluate the implementation of IDSR. The Regional Office will also provide technical support to Member States for the adaptation of training materials and implementation of training activities.

### **Operative paragraph 3.5**

114. *REQUESTS the Director-General to make available relevant information on public health risks to Member States, relevant intergovernmental organizations and technical partners;*

115. The Regional Office regularly compiles epidemiological information from Member States, provides feedback accordingly and shares with all countries at risk, information on outbreaks of communicable diseases. In addition, the Regional Office facilitates the organization of cross-border meetings for the exchange of epidemiological information and to discuss common strategies for the effective and rapid control of outbreaks affecting more than one Member State.

116. The Regional Office has plans to hold regular ministerial meetings to review the implementation of the protocols of cooperation for the prevention and control of epidemics, signed by the Member States in each of the five epidemiological blocs, and to issue a regional communicable disease epidemiological report on a monthly basis.

#### **WHA54.18: TRANSPARENCY IN TOBACCO CONTROL PROCESS**

*The Fifty-fourth World Health Assembly,*

##### **Operative paragraph 1**

117. *URGES WHO and its Member States to be alert to any efforts by the tobacco industry to continue this practice and to assure the integrity of health policy development in any WHO meetings and in national governments;*

118. The Regional Office will give its technical support to the Member States to put the facilities in place for monitoring the activities of the tobacco industry, especially to prepare and adopt regulatory texts aimed at preventing and reducing the epidemic of tobacco use.

##### **Operative paragraph 2**

119. *URGES Member States to be aware of affiliations between the tobacco industry and members of their delegations;*

120. The Regional Office will systematically make use of the declaration of interest in regard to every recruited expert.

121. The Regional Office will support the Member States in the efforts to investigate their nationals about their possible affiliation with the tobacco industry and will draw their attention to the need to utilize the most appropriate and relevant criteria in selecting members of their national delegations to participate in the meetings of the different bodies of WHO.

##### **Operative paragraph 3**

122. *CALLS ON WHO to continue to inform Member States on activities of the tobacco industry that have negative impact on tobacco control efforts.*

123. The Regional Office will continue to disseminate information that it has on the activities of the tobacco industry in Member countries and will support the Member countries in their efforts to monitor all the activities of the tobacco industry, using the communication network of country offices.

#### **WHA54.19: SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTH INFECTIONS**

*The Fifty-fourth World Health Assembly,*

**Operative paragraph 4.1**

124. *REQUESTS the Director-General to combat schistosomiasis and soil-transmitted helminth infections by advocating new partnerships with organizations of the United Nations system, bilateral agencies, nongovernmental organizations and the private sector, and by continuing to provide international direction and coordination;*

125. The Regional Office, in collaboration with the WHO headquarters, has, in the past two years, worked with the Member States to initiate national programmes for the control of schistosomiasis and soil-transmitted helminth infections. This has been done through (i) the development of regional strategy documents on schistosomiasis and intestinal helminths control; (ii) the development of guidelines for the preparation of national plans for schistosomiasis and intestinal parasite control and project proposals for mass distribution of praziquantel and albendazole or mebendazole; and (iii) the provision of technical support to the Member countries for developing their national plans for the control of schistosomiasis and soil-transmitted helminths, and by strengthening their capacity for control of these diseases.

126. The Regional Office will continue to provide technical support to strengthen capacity in all the countries of the Region, paying special attention to the endemic countries.

127. A crucial factor for the implementation of the national plans is availability of financial resources to meet programme costs that are not provided for in the budgets of the health care delivery systems of the ministries of health. The Regional Office recognizes the crucial importance of collaborating with the stakeholders, in the Member States, that address public health problems indirectly through developmental programmes or directly through specific interventions such as school health programmes, and with other stakeholders that target common high risk sectors of the communities.

128. The Regional Office participated in June 2001 in the first meeting of partners for parasite control facilitated by WHO headquarters, and will promote the implementation of the recommendations of this meeting as well as forge additional partnerships with local stakeholders in the Member States.

**Operative paragraph 4.2**

129. *REQUESTS the Director-General to continue to seek the resources required to support advocacy, coordination programmes, and research activities;*

130. The Regional Office is planning to develop project proposals for funding by the private sector, bilateral agencies, nongovernmental organizations, while the Tropical Diseases Research Programme of WHO headquarters will support advocacy, coordination programmes and research in schistosomiasis and soil-transmitted helminth control.

131. The Regional Office will also, within its financial and technical capacity, continue to support advocacy, coordination programmes and research by including in its plan of action, specific activities such as participation in policy and scientific meetings, provision of technical support and development of guidelines, conduct of training workshops and coordination of multi-country studies.

**Operative paragraph 4.3**

132. *REQUESTS the Director-General to continue to promote the strengthening of health systems and services as an important component of successful disease control programmes;*

133. The success of morbidity control through the treatment of a large proportion of communities relies heavily on efficient health systems and services and an efficient surveillance system. The Regional Office plans to continue to support the strengthening of these components of health care delivery in Member States by identifying partners who can provide the required financial support, developing surveillance tools and building capacity for data base management.

**WHA54.21: INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH**

*The Fifty-fourth World Health Assembly,*

**Operative paragraph 2**

134. *URGES Member States to use the ICF in their research, surveillance and reporting as appropriate, taking into account specific situations in Member States and, in particular, in view of possible future revisions;*

**Operative paragraph 3**

135. *REQUESTS the Director-General to provide support to Member States, at their request, in making use of ICF.*

136. The Regional Office will disseminate the International classification of functioning, disability and health (ICF) to all Member States including to relevant academic institutions and NGOs. This will be followed by strong advocacy for its use in research and surveillance, starting with the use of the results of the situation analysis on disabilities now underway in some countries.