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**CORRELATION BETWEEN THE WORK OF THE REGIONAL COMMITTEE, THE  
EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY**

**Report of the Regional Director**

**Executive Summary**

1. The Sixty-third World Health Assembly and the one-hundred-and-twenty-sixth session of the Executive Board adopted resolutions on certain issues of regional interest. This document proposes ways and means of implementing these resolutions.
2. The document also includes the provisional agenda of the Sixty-first session of the Regional Committee and the draft provisional agenda of the one-hundred-and-twenty-eighth session of the Executive Board.
3. The Regional Committee is invited to examine the proposals and adopt related procedural decisions.

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## INTRODUCTION

1. This document aims at achieving three objectives:
  - (a) To propose ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board;
  - (b) To propose the provisional agenda of the sixty-first session of the Regional Committee, and issues that should be recommended for consideration as items on the agenda of the one-hundred-and-twenty-eighth session of the Executive Board and the Sixty-fourth World Health Assembly;
  - (c) To propose the draft procedural decisions designed to facilitate the work of the Sixty-fourth World Health Assembly in accordance with relevant decisions of the Executive Board and the World Health Assembly, concerning the method of work and duration of the World Health Assembly.

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

2. The Sixty-third session of the World Health Assembly and the one-hundred-and-twenty-sixth session of the Executive Board adopted a number of resolutions of regional interest. This document contains the requirements of the relevant operative paragraphs of those resolutions, followed by an indication of actions already taken or planned.
3. In conformity with World Health Assembly Resolution WHA33.17 and in pursuance of operative paragraph 5 of Resolution AFR/RC30/R12, the Regional Committee is invited to examine the proposed ways and means of implementing the resolutions and provide guidance, taking into account the related resource and managerial implications. Summaries of the resolutions of regional interest and the ways and means for their implementation are presented below.

### **WHA63.1 Pandemic influenza preparedness: Sharing of influenza viruses and access to vaccines and other benefits**

#### **Requirements**

4. To continue to work with Member States and relevant regional economic integration organizations on the Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and other Benefits; to undertake technical consultations and studies as necessary in order to support the work of the Open-Ended Working Group in reaching a final agreement.

#### **Actions taken or planned**

5. To facilitate the sharing of influenza viruses, 11 countries<sup>1</sup> in the WHO African Region are participating in the Shipment Fund Project established in 2005. Through this project, countries with laboratory capacity to detect influenza are supported to send non-typable or representative influenza

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<sup>1</sup> Countries that participated in sending isolates of influenza samples to WHO Global Collaborating Centres in 2009 are Algeria, Cameroon, Côte d'Ivoire, Ghana, Kenya, Madagascar, Mauritius, Senegal, South Africa, Uganda and Zambia.

virus isolates, or influenza specimens to one of the four WHO Global Collaborating Centres<sup>2</sup> (WCC) for Reference and Research on influenza. A total of 103 influenza specimens were sent by laboratories in the African Region in 2009.

6. It is planned that during the 2010 annual conference of the National Influenza Centres all the 21 countries in the Region with laboratory capacity to detect influenza will be sensitized to the Shipment Fund Project support and will be able to share more samples with the WCC.

7. For access to influenza vaccines all Member States submitted Letters of Intent following the November 2009 deployment capacity building workshop held in Nigeria. Letters of Agreement were submitted by 41 Member States. As of the end of May 2010, four countries had started providing H1N1 vaccines (Algeria, Kenya, South Africa and Togo); 29 national vaccine deployment plans had been approved by the Regional Office and delivery of vaccines and ancillary supplies effected in Gambia, Ghana, Lesotho, Liberia, Namibia, Niger, Sao Tome and Principe and Seychelles. Lesotho launched its campaigns on 26 May while pre-campaign activities have started in Botswana and Swaziland.

### **WHA63.3 Advancing food safety initiatives**

#### **Requirements**

8. To contribute to the development of the International Food Safety Authorities Network and strengthen its emergency function; to continue providing technical assistance and tools for scientific estimations of foodborne risks and foodborne disease burden from all causes; to provide technical support to Member States and international agencies for considering food safety, nutrition and food security issues in a comprehensive and integrated manner; to monitor and report regularly on the burden of foodborne and zoonotic diseases from the country and regional perspectives; to promote research to support evidence-based strategies for the control and prevention of foodborne and zoonotic diseases; to provide support to Member States in building capacity to improve cross-sectoral collaboration and action along the whole food-chain production; to develop guidance on the public health aspects arising from zoonotic diseases; to provide support for the development of the international food standards that protect the health and nutritional well-being of consumers.

#### **Actions taken or planned**

9. The global food crisis was addressed through an information note for ministers of health and key stakeholders; guidelines for strengthening national food control were prepared and field-tested in six countries; a training manual on food safety risk analysis was developed and field-tested using 34 participants from eight countries; regional and national guidelines on foodborne disease surveillance were developed; ten countries conducted workshops on Hazard Analysis Critical Control Point (HACCP) and food inspection including capacity building, sensitization activities, adaptation of guidelines, decentralization of services, and evaluation of a slaughterhouse.

10. Level II courses in laboratory-based foodborne diseases surveillance were organized for eleven countries and respective laboratories were provided with laboratory supplies; the capacity of Food Control Laboratories was strengthened in Botswana and Rwanda; support was provided for

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<sup>2</sup> The four WHO Global Influenza Collaborating Centres are based in Atlanta, London, Melbourne and Tokyo.

investigation of outbreaks in many countries including an unknown liver disease in Ethiopia, typhoid fever in Malawi, aflatoxicosis in Kenya, and Salmonellosis in Mauritius; research was conducted on *Salmonella concord* and *Salmonella* Hiduddify; the Cysticercosis Working Group for East and Southern Africa was supported to develop intervention research on *Taenia solium*.

11. National authorities were informed on food-related incidences including Melamine contamination of milk and were supported to test milk; South Africa conducted studies on microbiological safety of infant foods; the CCAFRICA Coordinator, Ghana, was supported to organize the CCAFRICA biennial meeting, Pre-CCAFRICA training on Codex requirements on mycotoxins in foods was organized jointly with FAO and countries were given technical support during the Codex Alimentarius Commission; a Regional Seminar on the work of Codex was organized for 40 delegates from seven countries collaboratively with partners; National Codex Committees were strengthened in five countries.

12. Sixteen countries evaluated their national food safety programmes and five countries elaborated national food safety plans. Kenya, Uganda and Rwanda drafted national food safety policies and bills; Kenya and Gambia trained food control officers in prosecution and food regulators in the Food Act; sensitization in food safety norms and standards was conducted in Sierra Leone and the food safety legal framework was reviewed in Malawi; 20 countries expanded food safety education using the WHO Five Keys to Safer Food.

13. Planned activities include continued support to countries to finalise the various tools and make them available to countries; evaluate their food control systems for development of food safety policies and legal frameworks; strengthen foodborne diseases surveillance including level III training courses on laboratory-based foodborne disease surveillance; strengthen National Codex Committees for effective participation in international standard setting; strengthen food safety information, education and communication.

## **WHA 63.10 Partnerships**

### **Requirements**

14. To continue collaboration with organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, private sector entities in implementing the Medium Term Strategic Plan 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work 2006–2015; to create an operational framework for WHO's hosting of formal partnerships; to apply the policy on WHO's engagement with global health partnerships to current hosting arrangements with a view to ensuring compliance of these partnerships with the policies embodied in the policy.

### **Actions taken or planned**

15. The Regional Office is increasingly working with organizations of the UN system and development partners. Partnership is one of the Strategic Directions for the work of WHO in the African Region covering the period 2010–2015 with a view to ensuring WHO leadership in health matter which is country-focus, taking into account Aid Effectiveness in the context of the Paris Declaration. In this regard, Harmonization for Health in Africa (a partnership among WHO, UNICEF, UNFPA, UNAIDS, WB, ADB and USAID) will be organizing before the end of this year a

Ministerial Conference with the African Ministers of Health and Finance. The aim of the Ministerial Conference is to stimulate dialogue and enhance collaboration around effective financing of the health sector to accelerate progress toward achieving health MDGs.

16. With a view to reinforcing and expanding partnerships, the Regional Office has developed two strategies on Partnership and Resource Mobilization. Moreover, in the context of the UN Reform, the Region is hosting four out of the eight “Delivery as One” pilot countries, and a number of self-starter countries. Furthermore, in order to better position and engage WHO offices in the UNDAF process a Virtual UNDAF Support Team will be established.

### **WHA63.12 Availability, safety and quality of blood products**

#### **Requirements**

17. To guide Member States to meet internationally-recognized standards in updating legislation, national standards and regulations for effective control of the quality and safety of blood products; to strengthen national coordinated and sustainable blood and plasma programmes by sharing best practices; to support Member States in developing and strengthening their national regulatory authorities and control laboratories; to improve access by Member States to international biological reference materials (WHO International Standards); to develop, provide and disseminate guidance and technical support to strengthen national coordinated blood and plasma programmes; to promote effective regulatory oversight of blood services and implementation of good manufacturing practices in plasma-fractionation programmes; to provide guidance, training and support to Member States in safe and rational use of blood products to support the introduction of transfusion alternatives.

#### **Action taken or planned**

18. Since the adoption of the regional strategy for blood safety by the Fifty-first session of the Regional Committee in 2001, the Regional Office has been supporting countries to implement this strategy. Forty-four countries have so far developed a National Blood Policy, but only 23 are implementing their policy; 20 countries have achieved the target of collecting at least 80% of blood from voluntary blood donors and more than 98% of blood transfused in the Region is tested for HIV, but efforts need to be made to achieve 100% testing for HIV and other transfusion transmissible infections. In addition special efforts have been made to build capacities in all areas of blood transfusion, develop and implement national guidelines and strengthen partnership.

19. Two surveys have been conducted on the “*Status of blood safety in the WHO African Region*” and the results were published in 2007 and 2009. The Regional Office plans to support countries to address the main gaps highlighted in the reports. These include poor coordination and fragmentation of national blood programmes, lack or poor quality of systems and reliance on replacement donations in some countries, inappropriate use of blood and blood products, poor clinical transfusion practices at bedsides and high residual risk. Project proposals will be developed in collaboration with WHO headquarters to raise funds for providing technical support to Member States.

### **WHA63.13 Global strategy to reduce the harmful use of alcohol**

#### **Requirements**

20. To give sufficiently high organizational priority to prevention and reduction of harmful use of alcohol and implementation of the global strategy to reduce the harmful use of alcohol; to collaborate with and provide support to Member States as appropriate, in implementing the global strategy to reduce the harmful use of alcohol and strengthening national responses to public health problems caused by the harmful use of alcohol; to monitor progress in implementing the global strategy to reduce the harmful use of alcohol and to report progress.

#### **Actions taken or planned**

21. Member States in the African Region participated in all the stages of development of the draft global strategy including the technical regional consultation organized by the Regional Office in March 2009, which gathered Member States' views about existing evidence-based strategies and their applicability in the Region, taking into account local needs and different national, religious and cultural contexts. This helped in building consensus and securing a coherent approach between global and regional actions on alcohol.

22. Existing documents approved at the 57th and 58th WHO Regional Committee for Africa as well as the Regional strategy to be presented at the 60th WHO Regional Committee provide a vital contribution to the implementation of the global strategy

23. The Regional Office has been providing guidance and support on evidence-based policy options which can be implemented by Member States, taking into consideration national circumstances and contexts. Moreover, the Regional Office is preparing a status report on alcohol, health and policy responses in the African Region as a follow-up to the regional survey covering the 46 countries in the Region that will contribute to facilitate the evaluation of the actions implemented in the Region in order to reduce the harmful use of alcohol.

### **WHA63.14 Marketing of food and non-alcoholic beverages to children**

#### **Requirements**

24. To provide technical support to Member States in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children and in monitoring and evaluating their implementation; to support existing regional networks and to facilitate the establishment of new ones in order to strengthen international cooperation to reduce the impact on children of the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salts; to cooperate with civil society and public and private stakeholders in implementing the set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children; to use existing methodologies for evaluating the action plan of the global strategy for the prevention and control of noncommunicable diseases to monitor policies on marketing of foods and non-alcoholic beverages to children.

### **Actions taken or planned**

25. A number of subregional workshops on Diet and Physical Activity and the prevention of noncommunicable diseases emphasizing the need for adopting, throughout the life course, a healthy diet and for creating an enabling environment for this to be possible, have been carried out.

26. Policy makers and health professionals of Member States will be sensitized to the harmful health effect of the consumption by children of foods and non-alcoholic beverages that are rich in sugars, fats, salt and trans fatty acids and will be supported to take the recommended measures. A few Member States have already taken some of these measures and have, for example, restricted the sale in school cafeterias of fizzy beverages and foods that are high in calories and low in nutrients.

### **WHA63.15 Monitoring of the achievement of the health-related Millennium Development Goals**

#### **Requirements**

27. To continue to monitor the achievement of the health-related Millennium Development Goals and, to that end to continue collaborating closely with all the other United Nations and international organizations involved in the process of achieving the Millennium Development Goals in the framework of the Medium Term Strategic Plan 2008–2013; to provide support to the Member States in their effort to strengthen their health system, address the problem of lack of health workers, reaffirming the values and principles of primary health care and to address the social determinants of health; to work with all relevant partners in order to achieve high immunization coverage rates with affordable vaccines of assured quality; to continue to collect and compile scientific evidence to achieve health-related Millennium Development Goals.

#### **Actions taken or planned**

28. A workshop was organized in collaboration with other United Nations and international organisations involved in the process of monitoring the MDGs to strengthen the capacity of more than 60 participants from seven countries to monitor health MDGs, track results and enhance the analytical component of country health sector reviews and health statistical reporting including data quality assessment.

29. To adequately monitor MDGs 4 and 5, a tool to improve the quality and use of birth, death and cause-of-death statistics generated by civil registration systems was developed and shared with experts to finalize the guidance for a standards-based review of country practices in civil registration and vital statistics.

30. The capacity of fourteen French-speaking and Portuguese-speaking countries was strengthened to monitor progress in achieving MDG 5 during a workshop aimed at introducing methods for capturing maternal mortality from recent national population censuses and sharing country experiences in the inclusion of adult and pregnancy-related mortality questions in national population censuses.

31. Progress in achieving the goals of the health-related MDGs is very slow in the African Region. Countries and their development partners should increase resources significantly and explore new

and innovative ways to ensure progress. Countries should allocate at least 15% of public expenditure to the health sector as set out in the *Abuja Declaration 2001* and should strengthen their health systems by fully implementing the 2008 *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa*.

### **WHA63.16 International Recruitment of health personnel: draft global code of practice**

#### **Requirements**

32. To give all possible support to Member States, as and when required, for the implementation of the WHO Global Code; to cooperate with all stakeholders concerned with the implementation and monitoring of the WHO global code of practice; to rapidly develop, in consultation with Member States, guidelines for minimum data sets, information exchange and reporting on the implementation of the WHO global code of practice.

#### **Actions taken or planned**

33. A minimum database to regularly monitor trends in the international migration of health personnel will be developed and the availability and comparability at national and regional level data on international migration of health personnel will be improved by promoting the use of the minimum data set for reporting. Countries will be supported in documenting evidence-based retention strategies.

### **WHA63.17 Birth defects**

#### **Requirements**

34. To promote the collection of data on the global burden of mortality and morbidity due to birth defects, and to consider broadening the groups of congenital abnormalities to be included in the International Statistical Classification of Diseases and Related Health Problems; to continue collaboration with the international clearinghouse for birth defects and research in order to improve collection of data on global burden of mortality and morbidity due to birth defects.

35. To support Member States in the provision of appropriate community genetic services within the primary health-care system; to support Member States in developing the ethical and legal guidelines in relation to birth defects; to promote technical cooperation among Member States, nongovernmental organizations and other bodies on prevention of birth defects; to support and facilitate research efforts on prevention and management of birth defects.

#### **Actions taken or planned**

36. A Framework for Developing Model Integrated Community-level Health Promotion Interventions in Support of WHO Priority Programmes has been drawn up. This includes ensuring healthy and balanced diet during pregnancy, avoiding risk factors like alcohol and tobacco use in pregnancy to prevent some of the birth defects.

37. The Regional Office Generic Guidelines on Focus Antenatal Care (FANC) is being developed and is expected to be available to countries this year. It will give guidance to improving the quality of

antenatal care (ANC) to prevent some of the environment-related birth defects. Minimizing missed opportunities for syphilis screening and management, iron and folic acid supplementation are covered in this FANC guidelines.

38. Countries are encouraged to include diagnosis, care and prevention of births defects as an integral component of comprehensive maternal and child health programme. This will improve the existing maternal and child health service including family planning.

39. Countries will be supported to implement the Community Strategy of the Maternal, Newborn and Child Health (MNH) Road Map and to avail guidelines on how to engage families and communities in MNH services including health promotion. Member States will also be supported to improve routine immunization and increase the coverage of specific preventive measures such as universal measles, mumps and rubella immunization; and in developing, implementing and expanding universal salt iodization programmes to reach populations at risk.

### **WHA63.18 Viral hepatitis**

#### **Requirements**

40. To establish in collaboration with Member States the necessary guidelines, time bound goals, strategies and tools for the prevention and control of viral hepatitis; to support the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis; to encourage international organisations and financial institutions to assign resources for the prevention and control of viral hepatitis, and for providing technical support to countries.

#### **Action taken or planned**

41. A draft Regional Strategy for the prevention and control of viral hepatitis infections in the WHO African Region has been developed and a Regional hepatitis B control goal proposed for 2015.

42. Forty-five Member States have introduced hepatitis B vaccine into their routine immunization schedules. Support has been given to Equatorial Guinea, to develop a comprehensive multi-year plan (cMYP) for immunization that includes introduction of hepatitis B vaccine into immunization programme in 2010; the administration of the first dose of hepatitis B vaccine within 24 hours of birth is being promoted in all national immunization programmes; the Democratic Republic of Congo, Ghana and South Africa have been supported to initiate serological surveys of hepatitis B antigen surface (HBsAg) prevalence as a means of monitoring the impact of immunization activities.

43. Member States have been supported to use auto-disabled syringes and safety boxes in all injections. Training sessions in safe injection practices and appropriate management of immunization waste as well as wider infection-control practices are planned in the second half of this year.

## **WHA63.19 WHO HIV/AIDS Strategy for 2011-2015**

### **Requirements**

44. To develop a WHO HIV/AIDS strategy for 2011–2015 which will guide WHO's support to Member States; to encourage and promote the translation of research results into efficient public health policies for HIV/AIDS.

### **Actions taken or planned**

45. The process of development of the WHO Global HIV/AIDS strategy 2011–2015 is in progress at WHO headquarters. The first draft was shared with WHO regions for comments. The Regional Office for Africa provided its comments and inputs on this first draft to the WHO headquarters. The second draft is awaited for further inputs.

## **WHA63.21 WHO's role and responsibilities in health research**

### **Requirements**

46. To identify global priorities for research for health; to implement the strategy within the Organization at all levels and with partners, and in line with the references to research for health in the Global strategy and plan of action on public health, innovation and intellectual property;

47. To improve the quality of research within the Organization; to ensure that the highest norms and standards of good research are upheld within WHO including technical, ethical and methodological aspects and their translation into practice, use and dissemination of results; to review and align the architecture and governance of the Organization's research activities and partnerships.

48. To provide support to Member States upon request and as resources permit; to strengthen the role of WHO collaborating centres as a well-established, effective mechanism for cooperation between the Organization and countries in the field of research for health.

### **Actions taken or proposed**

49. Member States of the Region have, through the *Abuja Declaration on Health Research* (2006), the *Accra Declaration on Health Research for Disease Control and Development* (2006), and the *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa* (2008), committed themselves to giving priority to health research.

50. WHO coordinated the process of mapping the status of health research, information and knowledge systems in 2007-2008. Nine technical reports were produced describing the status of research, information and knowledge systems in 44 countries in the Region.

51. During the Algiers Conference in June 2008, Member States of the Region adopted *the Algiers Declaration on Research for Health in the African Region*, thereby committing themselves to providing the necessary impetus to strengthen national health research systems and national information and knowledge management systems through optimization of investments. The key

elements of the Algiers Declaration were fully incorporated in the *Bamako Call for Action* that was adopted during the *Global Ministerial Forum on Research for Health* in Bamako in November 2008.

52. Following the adoption by the Fifty-ninth session of the Regional Committee for Africa in 2009 of the Framework for the implementation of the Algiers Declaration, the Regional Office has established the African Health Observatory which is composed of a web-portal, an integrated database, thematic working groups, integrated country health profiles and a range of information products.

### **WHA63.22 Human organ and tissue transplantation**

#### **Requirements**

53. To disseminate the updated Guiding Principles on Human Cell, Tissue and Organ Transplantation as widely as possible to all interested parties; to review the Guiding Principles on Human Cell, Tissue and Organ Transplantation periodically in the light of national experiences with their implementation and developments in the field of transplantation of human cells, tissues and organs; to continue collecting and analysing global data on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation of human cells, tissues and organs.

54. To facilitate Member States' access to appropriate information on the donation, processing and transplantation of human cells, tissues and organs including data on severe adverse events and reactions; to provide to Member States upon request, technical support for developing national legislation and regulation on, and suitable and traceable coding systems for, donation and transplantation of human cells, tissues or organs in particular by facilitating international cooperation.

#### **Actions taken or planned**

55. A regional consultation on *cells, tissue, and organ donation and transplantation: legal and organizational aspects*, was held in Abuja, Nigeria, from 29 to 31 July 2009. Eighteen specialists and policy-makers from 12 countries participated in the consultation. The participants were given guidance on the development of the legal framework and regulatory oversight for organ transplantation to avoid unethical practices such as commercialism, organ trafficking and transplant tourism. The WHO Guiding Principles were disseminated and explained to the participants.

### **WHA63.23 Infant and young child nutrition**

#### **Requirements**

56. To strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition; to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions in the context of the reform of primary health care; to continue and strengthen collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition.

**Action taken or planned**

57. Capacity building was undertaken for 30 facilitators from eight countries on *Integrated Community and Facility-based Management of Severe Malnutrition*. Consequently nine countries developed national guidelines and conducted training on facility-based management of severe malnutrition; fifteen countries adapted the new child growth standards, bringing to 21 the total number of countries that have done so; training was given to over 85 national facilitators and 13 regional facilitators from 20 countries on child growth standards.

58. In collaboration with UNICEF, FAO, World Food Programme, National Institute of Health (NIH/ USA) and International Atomic Energy Agency (IAEA), WHO organized two regional consultations on nutrition and HIV. Three other regional consultations will be held on the new 2009 WHO guidelines on HIV and infant feeding. Five countries are currently integrating Nutrition into HIV programmes.

59. Nine countries translated the Global Strategy on Infant and Young Child Feeding (IYCF) into national strategies with implementation plans and four countries reassessed the level of implementation of their national strategies on IYCF. Reassessments are underway in four other countries.

60. Twelve countries revitalized the Baby Friendly Hospital Initiative (BFHI) in the context of HIV. Six countries conducted BFHI assessments and reassessments, which led to the designation of Baby-friendly Facilities.

61. Three countries enacted the International Code of Marketing of Breastmilk Substitutes into national laws and three others are in the process of doing so. Over one hundred participants from 19 countries were trained in implementation and monitoring of the Code.

**WHA63.24 Accelerating progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia**

**Requirements**

62. To strengthen human resources for prevention and control of pneumonia at country level; to improve coordination between different stakeholders in the fight against pneumonia; to mobilize resources to promote the availability of Hib and pneumococcal vaccines.

**Action taken or planned**

63. In the WHO African Region pneumonia prevention and treatment is one of the key interventions in *Child Survival: A Strategy for the African Region* which was developed by WHO, UNICEF and the World Bank. As of December 2009, 22 countries had expanded geographical coverage of the Integrated Management of Child Illness (IMCI) implementation to 75% of the districts. The strategy promotes the recognition of danger signs of pneumonia and encourages appropriate care-seeking practices.

64. A Global Action Plan for Pneumonia prevention and control was developed by WHO and UNICEF and launched in November 2009. The priority interventions for pneumonia control include

increased immunization coverage of measles and pertussis; introduction of Haemophilus influenzae type b vaccine and Pneumococcal Conjugate vaccine; case management, particularly community case management; and promotion of care-seeking practices. As of December 2009, 43 out of the 46 countries in the WHO African Region had introduced Haemophilus influenzae vaccine in their routine immunization schedule.

65. Gambia and Rwanda have introduced the *Pneumococcal Conjugate* vaccine countrywide. South Africa has started introducing the vaccine in some provinces of the country. Ten countries in the Region have been approved for GAVI support and plans are underway to introduce the vaccine.

### **WHA63.25 Improvement of health through safe and environmentally sound waste management**

#### **Requirements**

66. To collaborate with Member States and other organizations to strengthen the implementation of the Bali Declaration on Waste Management for Human Health and Livelihood with the aim to promote awareness of the link between waste management, health and the environment; to strengthen subregional and regional cooperation on waste and health issues by promoting national, regional and international human and appropriate technical capacities; to continue supporting the work of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the Stockholm Convention on Persistent Organic Pollutants; to explore the development of strategies aimed at minimizing the generation of health care waste.

#### **Actions taken or planned**

67. In 2008 an Interministerial Conference on Health and Environment adopted the Libreville Declaration which addresses issues of international and policy frameworks as well as ecosystem, economic and development dimensions including impact assessments in regard to the environment and its impact on health. Safe management of the environment in terms of hazardous substances including waste was largely discussed at the Conference. Currently the situation analysis and needs assessment process as set out in the Libreville Declaration is at different stages of implementation in fourteen countries.

68. Fifteen countries of the Economic Community of West African States (ECOWAS) met in Abuja during the same year (2008) to deliberate on how best to manage chemical substances under the Strategic Approach to International Chemicals Management (SAICM). As a result countries sourced funds from the Quickstart project in SAICM to address safe management of chemicals including transboundary movement of waste with three countries benefiting from the proceeds; two of the countries are able to address the management of severely hazardous pesticides formulations in accordance with the Rotterdam Convention. Furthermore, 39 countries of the Region have ratified the Basel Convention on Transboundary Movement of Wastes.

**WHA63.26 Improvement of health through sound management of obsolete pesticides and other obsolete chemicals****Requirements**

69. To support the development of appropriate and efficient strategies at national, regional and international levels for minimizing the risks of obsolete pesticides and other obsolete chemicals; to facilitate implementation of the strategies on sound management of obsolete pesticides and other obsolete chemicals; to work with the UNEP, UNDP, FAO, World Bank and other relevant institutions to assist Member States to implement their national strategies; to reduce and prevent risks to human health and the environment from the adverse effects of obsolete pesticides and other obsolete chemicals and to support their safe disposal.

**Actions taken or planned**

70. WHO has developed an approach for the sound management of pesticides in order to reduce their associated health risks. This approach is now being implemented in several countries with national action plans being developed by all stakeholders under the coordination of national registration authorities; staff from the relevant institutions have been trained in post-registration monitoring and evaluation of public health pesticides and in the use of WHO specifications for pesticides including the principles of pesticides equivalence.

71. Pesticide quality control laboratories are being assessed and recommendations are being provided on actions to strengthen and create the capacity for effective quality control of pesticides on national basis. Currently, Cameroon, Kenya, Madagascar, Mozambique, Senegal and Tanzania are implementing projects based on the above-mentioned approach and plans are underway to support more countries to initiate similar projects.

**WHA63.27 Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services****Requirements**

72. To provide technical assistance to Member States, upon request, in their efforts to strengthen the capacity of health ministries and other regulatory agencies in order to improve engagement with public and private health care providers.

73. To convene technical consultations to facilitate intercountry exchange of experience in order to obtain better shared understanding and documentation of the consequences of the growing diversity of health care providers; and to facilitate intercountry exchange of experience in order to obtain a better shared understanding of the potential of various strategies to build up the institutional capacity for regulation, oversight and sound cooperation among various types of health care providers.

**Actions taken or planned**

74. A number of countries in the Region have succeeded in involving private partners in increasing access to reproductive health services and in the fight against malaria and HIV/AIDS. For example, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Tanzania and Zambia have strengthened

partnerships for maternal, newborn and child health. Furthermore, Cameroon, Chad, and Equatorial Guinea have succeeded in involving private care providers in increasing the uptake of insecticide-treated nets (ITNs). Similar initiatives are being implemented in Nigeria and Ghana. Burundi, Niger and Rwanda have reported on health-related contracting practices. The private sector has also been participating in HIV prevention, care and treatment, and the expansion of directly-observed treatment, short-course (DOTS).

75. The African Health Workforce Observatory is working to complete country information on health care personnel in the public and private sectors. Advocacy to encourage Member States to set up their National Health Workforce Observatories is ongoing.

### **DRAFT PROVISIONAL AGENDA OF THE ONE-HUNDRED-AND-TWENTY-EIGHTH SESSION OF THE EXECUTIVE BOARD AND PROVISIONAL AGENDA OF THE SIXTY-FIRST SESSION OF THE REGIONAL COMMITTEE**

76. The World Health Assembly, in its Resolution WHA33.17, determined that WHO directing, coordinating and technical functions are mutually supportive and that the work of the Organization at all levels should be interrelated. Thus, the provisional agenda of the Regional Committee is drawn up so as to harmonize it, to the extent possible, with those of the Executive Board and the World Health Assembly.

#### **Draft Provisional Agenda of the one-hundred-and-twenty-eighth session of the Executive Board**

77. The agenda of the one-hundred-and-twenty-eighth session of the Executive Board is presented in Annex 1.

#### **Provisional agenda of the Sixty-first session of the Regional Committee**

78. The provisional agenda of the Sixty-first session of the Regional Committee proposed by the Secretariat is presented in Annex 2.

79. The Regional Committee is invited to decide on the provisional agenda of the Sixty-first session of the Regional Committee and on issues that should be recommended to the one-hundred-and-twenty-eighth session of the Executive Board and the Sixty-fourth World Health Assembly.

### **PROCEDURAL DECISIONS**

80. The procedural decisions are designed to facilitate the work of the one-hundred-and-twenty-eighth session of the Executive Board and the Sixty-fourth session of the World Health Assembly.

#### **Method of work and duration of the Sixty-fourth World Health Assembly**

81. It is proposed that the Sixty-fourth World Health Assembly should be convened from 16 to 25 May 2011 in Geneva.

82. In line with Resolution WHA52.21 on the reform of the World Health Assembly, by which the Director-General is requested to make appropriate arrangements for a shortened plenary meeting, delegates at the Health Assembly will be:

- (a) requested to limit, to five minutes, their statements in such debates;
- (b) encouraged to make group or regional statements;
- (c) invited to submit written statements of not more than 600 words for inclusion in the verbatim records of the plenary meeting in lieu of taking the floor.

83. Delegates wishing to have their names placed on the list of speakers for the general discussion should notify the WHO Governing Bodies Department in advance. They should send notification of this wish to fax number: 41 22 791 41 73.

84. Copies of the statements to be made during the general discussion should be submitted to the Office of the Assistant to the Secretary of the Health Assembly by the morning of the commencement of the Assembly.

85. The credentials of delegates, alternates and advisers should be delivered to the Secretariat, Governing Bodies Department, by the first week of May 2011. Credentials shall be issued by the Head of State, the Minister of Foreign Affairs, the Minister of Health or any other appropriate authority. Not more than three (3) delegates shall represent a Member State at the Health Assembly. Alternates and advisers may accompany delegates. Only original documents will be examined and considered as formal credentials by the Committee on Credentials. Though not considered as formal credentials, faxes and e-mails may be sent to the Governing Bodies Department (Fax: +41 22 791 41 73; e-mail: [credentials@who.int](mailto:credentials@who.int)) for advance information prior to delivery of the original document. For each participant, the credentials should provide the following information: last name (in capital letters), first name, title, function, institution, city and gender (unless implicit in title).

86. Resolution WHA50.1 provides that only Member States that are classified as least developed countries (LDCs) by the United Nations shall be reimbursed for the actual travel expenses of one delegate each. In accordance with WHO policy, tickets will be provided or reimbursed for travel by the most direct route.

#### **Countries designated to serve on committees of the Sixty-fourth World Health Assembly**

87. The Chairman of the Sixtieth session of the Regional Committee will be proposed as Vice-President of the Sixty-fourth World Health Assembly, schedule for May 2011.

88. The Director-General in consultation with the Regional Director shall, if necessary, consider before the Sixty-fourth World Health Assembly, delegates of Member States of the African Region who may serve effectively as:

- (a) Chairmen of the Main Committees A or B;
- (b) Vice-Chairmen and Rapporteurs of the Main Committees.

89. Based on the English alphabetical order and the subregional geographical grouping it is proposed that the following Member States be designated to serve on the General Committee: Botswana, Eritrea, Ethiopia, Gambia and Guinea.

90. Likewise, it is proposed that the following Member States be designated to serve on the Credentials Committee: Guinea-Bissau, Gabon and Malawi

### **Meetings of African Delegations to the World Health Assembly and the Executive Board**

91. The reference document for the meetings of the African Delegations to the World Health Assembly and the Executive Board is document AFR/RC59/13 entitled *Terms of Reference of the Meetings of African Delegations to the World Health Assembly and the Executive Board*. This document is a revised version of document AFR/RC57/INF.DOC/5 with regard to the assignment of responsibilities and coordination among Member States during World Health Assemblies and Executive Board sessions of the World Health Organization.

92. Before the opening of the Sixty-fourth World Health Assembly, the Regional Director will convene a meeting of the delegations of Member States of the African Region on Saturday 14 May 2011, at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixtieth session and discuss agenda items of the Sixty-fourth World Health Assembly with specific interest to the African Region.

93. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 8.00 a.m. to 9.00 a.m. at the *Palais des Nations*, Geneva.

### **Countries designated to serve on the Executive Board**

94. The one-hundred-and-twenty-eighth session of the Executive Board is scheduled to take place from 17 to 25 January 2011 at WHO headquarters, Geneva. The provisional agenda is presented in Annex 1.

95. The Executive Board consists of 34 persons designated by as many Member States. The African Region has seven (7) members on the Board. The term of office of each member is three (3) years; new members are designated during the World Health Assembly and their term of office starts at the Executive Board session immediately following that session of the Health Assembly. Their term as members of the Executive Board ends after the closing of the third consecutive Health Assembly, during which the member is replaced.

96. In September 2004, the Regional Committee, by Decision 8 of its Fifty-fourth session, established that for the purpose of ensuring geographical balance of Member States of the African Region serving on the Executive Board, the regional membership should be divided into three subregions: Subregion I, Subregion II and Subregion III, corresponding to the African Region's geographical groupings. Each subregion is allocated two seats out of the seven to which the Region is entitled. The seventh seat rotates between the subregions.

97. Following these new arrangements and in accordance with Decision 8 of the Fifty-ninth session of the Regional Committee, Mozambique and Seychelles (subregion III) designated a representative

each to serve on the Executive Board in replacement of Malawi and Sao Tome and Principe, respectively, starting with the one-hundred-and-twenty-seventh session in May 2010, immediately after the Sixty-third World Health Assembly.

98. The term of office of Mauritania, Mauritius, Niger and Uganda will end with the closing of the Sixty-fourth session of the World Health Assembly. In accordance with Decision 8 of the Fifty-fourth session of the Regional Committee, Mauritania, Mauritius, Niger and Uganda will be replaced by Cameroon, Nigeria, Senegal and Sierra Leone, respectively.

99. Cameroon, Nigeria, Senegal and Sierra Leone will attend the one-hundred-and-twenty-ninth session of the Executive Board, immediately after the Sixty-fourth session of the World Health Assembly in May 2011. They should confirm their availability to attend that session at least six (6) weeks before the Sixty-fourth World Health Assembly.

**Nomination of representatives to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) Membership, Category 2 of the Policy and Coordination Committee (PCC)**

100. The term of office of Ghana on the HRP's Policy and Coordination Committee (PCC) will come to an end on 31 December 2010. Ghana will be replaced by Kenya for a period of three (3) years with effect from 1 January 2011. Kenya will thus join Ethiopia, Guinea and Guinea-Bissau on the PCC.

**Special Programme for Research and Training in Tropical Diseases- Joint Coordinating Board (JCB)- Membership**

101. The term of office of Comoros will expire on 31 December 2010. Following the English alphabetical order, Comoros will be replaced by Côte d'Ivoire for a four-year period as from 1 January 2011. The other member of the Region serving the JCB as approved by the Regional Committee is the Republic of Congo.

**Nomination of Representatives of the African Region to serve on the European and Developing Countries Clinical Trials Partnership General Assembly**

102. The European and Developing Countries Clinical Trials Partnership (EDCTP) aims to develop new clinical interventions to fight HIV/AIDS, malaria and tuberculosis. In order to ensure greater African participation in research policy-making, ownership and leadership, the General Assembly of the EDCTP has, through the Regional Director, requested the Regional Committee to nominate representatives who will become Associate Members without liability. The Representative and his or her Deputy will serve at the EDCTP General Assembly with effect from 1 October 2010, for a period of two years. The Regional Committee decided that Ghana and Zambia will respectively nominate the Representative and Deputy Representative to the EDCTP General Assembly for a period of two years.

**Nomination of Consultative Expert Working Group on Research and Development:  
Financing and Coordination**

103. The Sixty-third World Health Assembly requested the Director-General to establish a Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination. The CEWG, which is results-oriented and time-limited, will examine the current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development. Following consultations with countries, the Regional Committee decided that Burundi, Kenya, Madagascar, Malawi, Mauritania, Senegal, South Africa and Zimbabwe will each propose a representative to the CEWG; on this basis, the Director-General will select and submit a proposal to the 128th session of the Executive Board.

104. The Regional Committee is invited to adopt the proposed procedural decisions.



**World Health  
Organization**

**EXECUTIVE BOARD**

**128th Session**

**Geneva, 17–25 January 2011**

**EB128/1 (draft)**

**5 June 2010**

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**DRAFT PROVISIONAL AGENDA**

- 1. Opening of the session and adoption of the agenda**
- 2. Report by the Director-General**
- 3. Report of the Programme, Budget and Administration Committee of the Executive Board**
- 4. Technical and health matters**
  - 4.1 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
  - 4.2 Implementation of the International Health Regulations (2005)
  - 4.3 Public health, innovation and intellectual property  
Consultative Expert Working Group on Research and Development: Financing and Coordination
  - 4.4 Health system strengthening
  - 4.5 Global immunization vision and strategy
  - 4.6 Draft WHO HIV/AIDS strategy 2011–2015
  - 4.7 Substandard/spurious/false-labelled/falsified/counterfeit medical products
  - 4.8 Infant and young child nutrition: implementation plan
  - 4.9 Child injury prevention
  - 4.10 United Nations Decade for Action for Road Safety: draft action plan
  - 4.11 Smallpox eradication: destruction of variola virus stocks
  - 4.12 Cholera: mechanism for control and prevention
  - 4.13 Malaria
  - 4.14 Eradication of dracunculiasis
  - 4.15 Leprosy (Hansen disease)

## **5. Programme and budget matters**

- 5.1 Programme budget 2008–2009: performance assessment
- 5.2 Implementation of Programme budget 2010–2011: update
- 5.3 The future of financing for WHO
- 5.4 Medium-term strategic plan 2008–2013 and Proposed programme budget 2012–2013

## **6. Financial matters**

- 6.1 Scale of assessments for 2012–2013
- 6.2 Amendments to the Financial Regulations and Financial Rules

## **7. Management matters**

- 7.1 Reports of committees of the Executive Board
  - Standing Committee on Nongovernmental Organizations
  - Foundations and awards
- 7.2 Provisional agenda of the Sixty-fourth World Health Assembly and date and place of the 129th session of the Executive Board

## **8. Staffing matters**

- 8.1 Human resources: annual report
- 8.2 Report of the International Civil Service Commission
- 8.3 Amendments to the Staff Regulations and Staff Rules [if any]
- 8.4 Statement by the representative of the WHO staff associations

## **9. Matters for information**

- 9.1 Reports of advisory bodies
  - Expert committees and study groups
  - Advisory Committee on Health Research
- 9.2 Progress reports
  - A. The Capital Master Plan (resolution WHA63.7)
  - B. Safety and security of staff and premises (resolution WHA63.6)
  - C. Improvement of health through sound management of obsolete pesticides and other obsolete chemicals (resolution WHA63.26)
  - D. Improvement of health through safe and environmentally sound waste management (resolution WHA63.25)
  - E. Monitoring of the achievement of the health-related Millennium Development Goals (resolution WHA63.15)
  - F. Climate change and health (resolutions WHA61.19 and EB124.R5)
  - G. Female genital mutilation (resolution WHA61.16)
  - H. Eradication of poliomyelitis (resolution WHA61.1)
  - I. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)
  - J. Progress in the rational use of medicines (resolution WHA60.16)

- K. Implementation of recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (resolution WHA59.12)
- L. Working towards universal coverage of maternal, newborn and child health interventions (resolution WHA58.31)
- M. Prevention and control of influenza pandemics and annual epidemics (resolution WHA56.19)
- N. Onchocerciasis control through ivermectin distribution (resolution WHA47.32)

**10. Closure of the session**

ANNEX 2



AFR/RC61/1

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-first session

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Provisional agenda item 4

**DRAFT PROVISIONAL AGENDA**

- 1. Opening of the meeting**
- 2. Constitution of the Subcommittee on Nominations**
- 3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs**
- 4. Adoption of the agenda**
- 5. Appointment of members of the Subcommittee on Credentials**
- 6. The Work of WHO in the African Region 2010: Annual report of the Regional Director**
- 7. Report of the Programme Subcommittee:**
  - 7.1 Measles elimination by 2020: A strategy for the African Region
  - 7.2 Emergency preparedness and response to humanitarian crises: A strategy for the African Region
  - 7.3 Updating the Regional Strategy for Health Promotion: Progress report and the way forward
  - 7.4 Report of the Commission on Women's Health in the African Region
  - 7.5 WHO Programme Budget 2012-2013: Orientations for implementation in the African Region
  - 7.6 Human resources for health: meeting the needs for universal access to quality health care
- 8. Information**
  - 8.1 Report on WHO staff in the African Region
  - 8.2 WHO internal and external audit reports
- 9. Progress reports**
  - 9.1 Progress report on poliomyelitis eradication in the African Region
  - 9.2 Progress in the implementation of the Libreville Declaration on Health and Environment in Africa

- 9.3 Progress report on the implementation of Food Safety and Health: A Strategy for the WHO African Region
- 9.4 Progress report on the implementation of child survival: A strategy for the African Region and the Road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn mortality in Africa
- 9.5 Progress report on the implementation of the WHO Framework Convention on Tobacco Control in the African Region
- 9.6 Traditional medicine decade in the African Region: progress report
- 10. [to be completed with matters of global concern usually added by HQ]**
- 11. Round tables/Panel Discussions**
  - Health Financing: Sharing experiences in securing funding to achieve national health development goals
- 12. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly**
- 13. Dates and places of the Sixty-second and Sixty-third sessions of the Regional Committee**
- 14. Adoption of the Report of the Regional Committee**
- 15. Closure of the Sixty-first session of the Regional Committee.**