



**REGIONAL COMMITTEE FOR AFRICA**

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Provisional agenda item 19

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

- **WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD;**
- **DRAFT PROVISIONAL AGENDA OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE AND DRAFT PROVISIONAL AGENDA OF THE ONE-HUNDRED-AND-THIRTIETH SESSION OF THE EXECUTIVE BOARD; AND**
- **PROCEDURAL DECISIONS.**

**Report of the Secretariat**

**Executive Summary**

1. The Sixty-fourth World Health Assembly and the one-hundred-and-twenty-eighth session of the Executive Board adopted resolutions on issues of regional interest. This document proposes ways and means of implementing these resolutions.
2. Draft Provisional Agenda of the Sixty-second session of the Regional Committee and Draft Provisional Agenda of the One-hundred-and-thirtieth session of the Executive Board.
3. The Regional Committee examined the proposals contained in the document and adopted related procedural decisions.

## CONTENTS

	<b>Paragraphs</b>
INTRODUCTION .....	1

### **PART I**

WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD .....	2–81
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### **PART II**

DRAFT PROVISIONAL AGENDA OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE AND DRAFT PROVISIONAL AGENDA OF THE ONE-HUNDRED-AND-THIRTIETH SESSION OF THE EXECUTIVE BOARD .....	82–85
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### **PART III**

PROCEDURAL DECISIONS .....	86–107
----------------------------	--------

### **ANNEXES**

	<b>Pages</b>
1. Draft Provisional Agenda of the Sixty-second session of the Regional Committee (Document AFR/RC62/1) .....	17
2. Draft Provisional Agenda of the one-hundred-and-thirtieth session of the Executive Board.....	19

## INTRODUCTION

1. This document aims to achieve three objectives:
  - (a) To propose in Part I ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board;
  - (b) To propose in Part II the draft provisional agenda of the Sixty-second session of the Regional Committee, and issues that should be recommended as agenda items of the One-hundred-and-thirtieth session of the Executive Board and the Sixty-fifth World Health Assembly;
  - (c) To propose in Part III the draft procedural decisions designed to facilitate the work of the Sixty-fifth 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.

## PART I

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

2. The Sixty-fourth World Health Assembly and the one-hundred-and-twenty-eighth 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 action already taken and action 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.

#### **WHA64.1: Implementation of the International Health Regulations (2005)**

##### **Requirements**

4. To provide technical support to Member States in implementing the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009.

##### **Action taken and action planned**

5. International Health Regulations (IHR) Core Capacity assessments have been conducted in 12 countries in the African Region. Additionally, the second edition of the Integrated Disease Surveillance and Response Technical Guidelines has incorporated human influenza due to a new subtype as one of the priority conditions for immediate notification to WHO by Member States.

6. A coordination meeting of IHR National Focal Points is scheduled to take place in September 2011 to review the progress made in the implementation of IHRs in the African Region.

### **WHA64.2: The future of financing for WHO**

#### **Requirements**

7. Resolution WHA64.2 requires that three concept papers be prepared on the following issues: the governance of WHO; an independent evaluation of WHO and the World Health Forum.

8. Following Resolution WHA64.2, the one-hundred-and-twenty-ninth session of the Executive Board, which was held immediately after the Sixty-fourth World Health Assembly, requested through its Decision EB129(8), inter-alia, Regional Committees to engage in strategic discussions on the WHO reform process based on the Concept papers.

#### **Action taken and action planned**

9. The Programme Subcommittee meeting of the WHO African Region held from 7 to 10 June 2011 discussed Decision EB129(8) and Resolution WHA.64.2. In addition a team of WHO headquarters and consultants visited the Regional Office in July 2011 to have the views of the staff on the reform agenda and process.

10. A summary report of the discussions of the Programme Subcommittee on this issue together with the updated Concept papers is on the agenda of the Sixty-first Regional Committee meeting for further discussion. Thereafter, the contribution of the Regional Committee will be submitted to the WHO Secretariat for updating the Concept papers which will be considered at a Special Session of the WHO Executive Board scheduled to be held from 1–3 November 2011.

### **WHA64.5: Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits**

#### **Requirements**

11. To support Member States in the implementation, reviewing and monitoring of the Pandemic Influenza Preparedness Framework.

#### **Action taken and action planned**

12. Epidemiological surveillance of severe acute respiratory infection (SARI), Influenza-Like Illness (ILI) and unusual patterns of respiratory disease have been incorporated into the 2nd edition of the Integrated Disease Surveillance and Response (IDSR) technical guidelines of the Regional Office. This strategy is being implemented in 43 countries in the Region. Laboratory capacity for molecular identification of circulating influenza viruses including pandemic influenza (H1N1) 2009 has been built in 24 of the 46 countries in the African Region. In addition all countries in the Region are implementing weekly reporting for monitoring of circulating influenza strains including pandemic influenza (H1N1) 2009.

13. Of the 24 influenza laboratories in the Region, 12 have been designated as National Influenza Centres (NIC). These NICs perform primary virus isolation as well as molecular analysis. All influenza isolates recovered are sent to WHO Collaborating Centres in Mill Hill, United Kingdom and the Centers for Disease Prevention and Control, Atlanta, for further antigenic and genetic analysis. Results from these analyses are used in determining the composition of global influenza vaccine for subsequent years.

14. The African Region does not have influenza vaccine production facilities. Discussions have commenced with, among others, *Institut Pasteur* in Dakar, which currently produces yellow fever vaccine, to develop influenza vaccine production capacity in the Region. In addition to these discussions, the Regional Office in partnership with the Department of Health and Human Services (DHHS) in the USA plans to host an international workshop on enhancing influenza vaccine production capacity in developing and emerging economy countries in November 2011. This workshop will work on identifying the essential needs and gaps in vaccine manufacture.

#### **WHA64.6: Health workforce strengthening**

15. To provide technical support to Member States to scale up education and training and improve the retention of the health workforce; to support Member States in strengthening their capacity for coordination of health workforce issues between ministries of health, other ministries and other relevant stakeholders to maintain or achieve a sufficient and sustainable workforce; to provide technical support to Member States in developing and maintaining a framework for health workforce information systems and research.

#### **Action taken and action planned**

16. Technical support has been provided to Member States for scaling up capacity to improve the retention of the health workforce and to develop Human Resources for Health (HRH) policy and plans.

17. In partnerships with AfDB, technical support for scaling up production of health workers, through expanded capacity of existing medical schools, has commenced in eight countries, namely Botswana, Central African Republic, Congo, Chad, Democratic Republic of Congo, Guinea-Bissau, Liberia and Malawi.

18. In collaboration with WHO headquarters and PEPFAR, the Regional Office is involved with a wide range of stakeholders, including national governments, development partners, professional associations, the private sector, community representatives and academic institutions, to build support for far-reaching reform through the policy guidelines on transformative scale-up of health professional education that must influence education systems and health systems.

19. The regional consultation on scaling up the health workforce for improved health service delivery scheduled for October 2011 will provide inputs to health workforce strengthening actions in the Region; and the WHO African Region is preparing to implement an African initiative for learning and teaching resources for health worker education (AFRITEX) in the WHO African Region.

## **WHA64.7: Strengthening nursing and midwifery**

### **Requirements**

20. To provide technical support and evidence to Member States to optimize the contributions of nursing and midwifery in implementing national health policies; provide support in the ongoing WHO initiatives on scaling up transformative education and training in nursing and midwifery in order to increase workforce numbers and skill mix; provide support in the creation of collaborative mechanisms within the Region and within nursing and midwifery professions to strengthen legislation and regulatory processes that govern these professions including the development of competencies for educational preparation of nurses and midwives; provide support in implementing strategies for enhancement of inter-professional education and collaborative practice including community health nursing; encourage the involvement of nurses and midwives in integrated planning of human resources for health.

### **Action taken and action planned**

21. Continued technical support is being provided to countries for the development of nursing and midwifery as an integral part of national or subnational health plans, as well as to evaluate and update nursing and midwifery training programmes using WHO guidelines for evaluating basic nursing and midwifery programmes including twinning partnership of institutions that will be a key capacity building tool for the network.

22. A draft Professional Regulatory Framework (PRF) which will be used as a tool to promote a common approach to educational preparation and practice of nurses and midwives in the African Region, taking into account country specificities has been developed by the Regional Office. An African Advisory Group on Nursing and Midwifery is about to be created to monitor and provide direction on the implementation of the PRF and other regional initiatives that will advise the Regional Director accordingly.

## **WHA64.8: Strengthening national policy dialogue to build more robust health policies, strategies and plans**

### **Requirements**

23. To support Member States in their efforts to strengthen national policy dialogue in developing and implementing more robust health policies, strategies and plans based on priorities, with harmonization and alignment of partnerships while maintaining national ownership.

### **Action taken and action planned**

24. The guide to the development of a national health policy and a national health strategic plan was revised and disseminated widely. Thirteen countries (Benin, Botswana, Burkina Faso, Burundi, Eritrea, Gabon, Malawi, Namibia, Nigeria, Sierra Leone, Togo, Uganda and Zambia) revised their national health policies while fourteen countries (Benin, Burkina Faso, Burundi, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Guinea-Bissau, Niger, Sierra Leone, Togo, Uganda and Zambia) revised their national health strategic plans.

25. The development and delivery of the Regional Global Learning programme (GLP) on national health policies, strategies and plans is being implemented in the Region and the first phase involves 24 countries. The road map for country follow-up and implementation of the second phase of the programme has been developed.

26. Twenty-four countries will be supported on an accelerated basis through advanced policy dialogue around national health policies, strategies and plans to ensure ownership by Member States and harmonized support from partners. There is active involvement of stakeholders and partners in the health policy dialogue, national health policies, strategies and plans on an on-going basis.

#### **WHA64.9: Sustainable health financing structures and universal coverage**

27. Working closely with other UN agencies and partners to prepare an estimate, by country in the Region, of the number of people covered by a basic health insurance that provides access to basic health care and services; to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of sustainable health financing systems that ensure universal coverage.

#### **Action taken and action planned**

28. The report on *Investing in Health for Africa* has been produced under the overall direction of the Harmonization for Health in Africa. The World Health Report on *Health system financing: the path to universal coverage* was disseminated to all countries. Moreover, five countries (Burkina Faso, Gabon, Lesotho, Rwanda, and Swaziland) undertook a feasibility study on implementation of universal coverage.

29. WHO will continue to encourage Member States to fulfil the Abuja Declaration of allocating at least 15% of the national budget to the health sector and to make a minimum health spending of US\$ 34 per capita as recommended by the Commission on Macroeconomics and Health.

30. Implementation of the health financing strategy entitled: Health financing: a strategy for the African Region, adopted in 2006 by the Regional Committee, will be accelerated. A Panel Discussion on health financing entitled “Health financing: sharing experiences in securing funding to achieve national health development goals” will be organized during the Sixty-first session of the Regional Committee and a joint meeting on health financing to be attended by Ministries of Health, and Finance is planned in early 2012 under the overall direction of Harmonization for Health in Africa.

31. In collaboration with Harmonization for Health in Africa (HHA), Providing for Health (P4H) and Community of practice on universal coverage (CoPUC), the Regional Office will build the capacity of Member States including learning by doing at country level.

## **WHA64.10: Strengthening national health emergency and disaster management capacities and resilience of health systems**

### **Requirements**

32. To strengthen collaboration with and ensure coherence and complementarity of actions with those relevant entities, including those in the public, private, nongovernmental and academic sectors, in order to support country and community health emergency and disaster risk-management.
33. To ensure that WHO at all levels has enhanced capacity and resources and optimizes its expertise across all disciplines in the Organization to provide the necessary guidance and support to Member States and partners for developing health disaster risk management programmes using national evidence-based findings.
34. To support national and subnational assessment of risks and capacities for health emergency and disaster risk- management. And provide support for regional and subregional networks as well as interregional cooperation with WHO in order to strengthen collaboration on health emergency.

### **Action taken and action planned**

35. Action to strengthen the capacity of countries in developing National Health Disaster Risk Management (DRM) Plan and Programme has started and will continue in the 2012-2013 Biennium. The major products planned include the development of tools for Disaster Risk Management for adaptation and use in public, private and NGO facilities. Tools and guidelines will be developed for Vulnerability Risk Assessment and Mapping (VRAM). WHO will provide needed technical support to countries for DRM and VRAM processes. National and subnational surveillance and early warning data are collected, collated, analyzed and disseminated weekly and monthly to guide planning and implementation. The capacity of health workers will be strengthened in risk management operational research.
36. Strategically and in order to effectively implement prompt quality health services during emergencies, the African Public Health Emergency Fund (APHEF) has been approved by the Sixtieth session of the Regional Committee in 2010. Detailed operational aspects of the Fund (APHEF) have been completed through consultations with the technical working group of Member States and the Regional Office. The document was further discussed at the Programme Sub-Committee meeting in June this year and will be submitted to the Sixty-first session of the Regional Committee for consideration.
37. The existing Regional Strategy on Disaster Risk Reduction is being updated and will be on the agenda of the Sixty-second session of the Regional Committee in 2012. It will incorporate new global approaches on adaptation to Climate change using the Libreville Declaration and Luanda Commitment to ensure Health and Environment Strategic Alliance to reduce the health impact of climate change. That will lead to health disaster risk reduction in the medium and long-term.

**WHA64.11: Preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference**

**Requirements**

38. To undertake concerted action and a coordinated response in order to promptly and appropriately address the challenges posed by noncommunicable diseases; and to take into account the outcomes from the Moscow Conference into the preparations of the high-level meeting.

**Action taken and action planned**

39. The Brazzaville Declaration adopted in April 2011 by more than 30 Ministers of Health and Heads of delegations constituted Africa's common position at the Moscow Ministerial meeting. The Declaration has been widely disseminated in all Members States and sent to all African Diplomatic missions in Brazzaville for onwards transmission to their respective countries. The Declaration was recently used by all African delegates during the UN General Assembly President's interactive hearing with Civil Society organizations, the private sector and the academia. This common regional position was also used to sensitize, in June 2011, all African Ambassadors and Permanent Representatives to the United Nations for their active involvement and inputs in the outcome document of the UN High Level Meeting on NCDs.

40. WHO pursued advocacy in countries for the participation of Heads of State in the UN High Level meeting on NCDs, and will support countries in collecting information for the development of country profiles on NCDs.

**WHA64.12: WHO's role in the follow-up to the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010)**

**Requirements**

41. To ensure the effective engagement of all stakeholders in the work of the Commission on Information and accountability for Women's and Children's Health.

**Action taken and action planned**

42. To implement the recommendations of the Commission on Information and Accountability for Women's and Children's Health, WHO and other partners would continue to support countries to: (i) track resources allocated for women's and children's health through the use of Reproductive health sub-accounts within the national health accounts frameworks; (ii) ensure that reproductive health indicators are sufficiently monitored using the Health Information Systems (HIS); (iii) promote the use of innovative information technology to collect vital statistics (births and deaths);

43. WHO and partners would support Member States to strengthen their capacity to mobilize more resources; improve leadership and partnership; reform national health systems through the primary health care approach; scale up effective interventions to reduce maternal and child mortality and control AIDS, tuberculosis and malaria; and tackle the key determinants of health. They will also

assist countries to improve their capacity to produce, share and use information for policy and decision making through the African Health Observatory and a network of national health observatories.

### **WHA64.13: Working towards the reduction of perinatal and neonatal mortality**

#### **Requirements**

44. To strengthen regional and country institutional capacity and human resources to address the main causes of perinatal and neonatal mortality such as prematurity, sepsis, respiratory conditions and infections, in particular of nosocomial origin.

45. To provide Member States with technical assistance and advice with a view to developing and implementing national policies, plans and strategies for the prevention and reduction of perinatal and neonatal mortality, and related maternal morbidity and mortality.

#### **Action taken and action planned**

46. Newborn health is currently included in either the national Road maps for Accelerating the Attainment of Millennium Development Goals Related to Maternal and Newborn Health or in national child survival strategies developed in 43 countries and 38 countries, respectively, in the Region. Member States will be supported to implement these strategies to reduce newborn mortality.

47. The Essential Newborn Care Course (ENCC) aimed at ensuring that health workers have the skills and knowledge to provide appropriate care at the most vulnerable period of the life of a baby and the WHO/UNICEF training package on home-based newborn care for community health workers (CHW) so far introduced in 22 countries and 18 countries, respectively, will be introduced in the remaining countries of the Region.

48. In accordance with Resolution WHA 64.13 and the WHO Strategic Direction related to “*putting the health of mothers and children first*”, WHO will continue to support countries to: (i) develop least-cost packages of maternal and newborn services at each level of the health care delivery system by 2013; (ii) have basic Emergency Obstetric and Neonatal Care services available in 80% of their health districts by 2014; (iii) strengthen capacity in Newborn Care at both health facility and community level; and (iv) monitor the coverage and the quality of newborn care services including incorporation of newborn deaths audits in maternal deaths audits.

### **WHA64.14: Global health sector strategy on HIV/AIDS, 2011–2015**

#### **Requirements**

49. To give support to Member States to implement the global health sector strategy on HIV/AIDS, 2011–2015, including supporting country implementation and reporting on the progress of health sector response to HIV/AIDS; and to monitor and evaluate progress in implementing the global health sector strategy on HIV/AIDS, 2011–2015.

**Action taken and action planned**

50. The Global health sector strategy on HIV/AIDS, 2011–2015 and its corresponding resolution have been sent to WHO country offices for dissemination to all stakeholders in the Member States. In June 2011 the Regional Office published an update on progress towards achieving Universal Access to priority health sector interventions in the Region.

51. The Regional Office is developing a *Strategic Plan for Health Sector Response to HIV/AIDS in the WHO African Region: 2012–2015* to support Member States in the implementation of the strategy. In supporting the implementation of the strategy in the African Region, WHO will focus on strategic planning; prevention; treatment; strategic information; and financing. Support will also be provided to countries for the preparation of scaled up plans for Preventing Mother-to-child Transmission of HIV towards achieving the 2015 elimination goal. The Regional Office will present an updated HIV/AIDS strategy for the African Region at the Sixty-second session of the Regional Committee.

**WHA64.15: Cholera: mechanism for control and prevention****Requirements**

52. To enhance support to countries affected by or at risk of outbreaks of cholera; to provide technical support to countries for building their capacity to undertake effective control and prevention measures including surveillance, early warning and response, laboratory capacity, risk assessment, case management, data collection and monitoring, and effective vaccine deployment.

53. To further promote research on safe, efficacious and affordable cholera vaccines, and develop updated and practical evidence-based guidelines, including feasibility and assessment of the appropriate and cost-effective use of oral cholera vaccines in low-income countries and on the definition of target groups.

**Action taken and action planned**

54. WHO and partners continue to provide support to Member States to update cholera preparedness and response plans. In this regard, Kenya was recently supported to develop a comprehensive national cholera prevention and control plan. Other countries in the Region are expected to benefit from lessons learnt from the implementation of the Cholera plan in Kenya.

55. For increased timeliness of response to cholera outbreaks, contingency stocks of essential logistics have been sent to a number of countries experiencing outbreaks including Cameroon, Côte d'Ivoire, Democratic Republic of Congo and Nigeria. Cholera kits and associated emergency supplies have already been prepositioned in high risk countries.

56. In collaboration with partners, WHO will continue to support Member States in the Region to implement Regional Committee Resolution *AFR/RC57/R1 on Resurgence of Cholera in the WHO African Region: Current Situation and Way Forward*.

## **WHA64.16: Eradication of dracunculiasis**

### **Requirements**

57. To garner support for the remaining countries where dracunculiasis is endemic in their effort to stop its transmission as soon as possible with, inter-alia, provision of adequate resources for interrupting transmission and eventual certification of eradication of the disease.

58. To support surveillance in dracunculiasis-free areas and countries until global certification of eradication.

### **Action taken and action planned**

59. Advocacy, partnerships and information to intensify interventions aimed at interrupting transmission of dracunculiasis in Chad, Ethiopia and Mali by 2012 will be enhanced. This will also include strengthening community-based surveillance in villages that are endemic for dracunculiasis. In non-endemic districts, awareness of communities and health staff nationwide on the need for rapid reporting and containment of every case, will be intensified.

60. A Renewed 'Final Push' Strategic Plan for Dracunculiasis Eradication is being developed by the Regional Office to provide national programmes with the directions, orientations and priorities for action to sustain current progress. Countries will be supported to adapt and implement their 'final push' strategic plans and to monitor programme performance, confirm interruption of transmission and prepare for certification of dracunculiasis eradication in the African Region.

## **WHA64.17: Malaria**

### **Requirements**

61. To support the development and updating of evidenced-based norms, standards, policies, guidelines and strategies for malaria prevention, control and elimination.

62. To provide support to Member States in their efforts to collect, validate and analyze data from malaria surveillance systems; and in defining their human resource needs and strengthening human resource capacity for malaria and vector control at national, district and community levels.

63. To provide support to Member States in identifying new opportunities for malaria control, as well as combating major threats through the development and implementation of the Global Plan for Artemisinin Resistance Containment and a global plan for the prevention and management of insecticide resistance; and to provide support, upon request, to national regulatory authorities, to strengthen their capacity in good manufacturing practices and WHO prequalification standards.

### **Action taken and action planned**

64. The Regional Office supports countries to conduct comprehensive malaria Programme Reviews (MPRs). Seventeen countries (Benin, Botswana, Burkina Faso, Ethiopia, Kenya, Liberia, Malawi, Mozambique, Namibia, Niger, Rwanda, Senegal, South Africa, Togo, Uganda, Zambia, and Zimbabwe) have received assistance to update their Strategic Plans.

65. Resource mobilization initiatives are being supported to improve access to essential interventions in areas including medicines, diagnostics, LLINs, IRS, and where appropriate other effective biological and environmental measures. Active support is being provided for initiatives of multilateral partners (RBM, World Bank, Global Fund for AIDS, Tuberculosis and Malaria, Affordable Medicines Facility for Malaria and UNITAID), bilateral partners (PMI, DFID), and private partners (Bill and Melinda Gates Foundation) as well as initiatives of the Office of the UN Secretary-General's Special Envoy, the African Leaders Malaria Alliance (ALMA), the African Union and regional economic communities (RECs).

66. Collaboration with training and research institutions are being strengthened to build the capacity of national programmes including at district and community level; conduct antimalarial medicines and insecticide resistance monitoring studies; and boost other relevant operational research to guide national policies and programmes.

67. Guidance and provision of technical assistance to strengthen capacity for data collection and analysis in order to monitor progress and contribute to timely national, regional and global reporting will continue. Progress reports on implementation of Resolution AFR/RC 59/R3 on *Acceleration of Malaria Control: Towards Elimination in the African Region*, will be presented at the Regional Committee meetings in 2011, 2013 and 2015.

#### **WHA64.24 Drinking-Water, Sanitation and Health**

##### **Requirements**

68. To develop, in coordination with bilateral and multilateral partners, Member States' capacities by providing guidelines and technical support to develop, implement, monitor and evaluate national action plans for the sustainable management, operation and maintenance of safe drinking-water supply and sanitation systems and services.

69. To further support Member States' capacities in building and maintaining adapted information and monitoring systems in order to facilitate the appropriate and streamlined reporting to relevant global monitoring mechanisms including the WHO World Health Statistics, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation and the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water.

70. To increase technical assistance to countries by facilitating training and adult learning programmes for staff in charge of maintaining catchments, treatment and distribution facilities, water and sanitation networks and for staff and laboratories in charge of water quality monitoring.

##### **Action taken and action planned**

71. The Fourth Edition of the guidelines for Drinking-Water Quality has been finalized and printed. These guidelines will be widely disseminated within the Region for use by Member States. A Region-wide assessment of the quality of drinking water by type of source will be undertaken to provide Member States with information required for decision making for improved drinking water quality and safe sanitation, through sound management of water supply systems.

72. Intercountry workshops will continue to be organized to harmonize and build national capacities for adequate reporting on access to safe drinking water and sanitation, under the WHO/UNICEF Joint Monitoring Programme (JMP). Monitoring of access to safe drinking water and safe sanitation will be continued under the JMP.

73. Technical support will be provided to countries to develop and implement Water Safety Plans focusing on urban areas and to scale up Household Water Treatment and Safe Storage interventions in slums and rural areas. Annual reports of the Global Analysis and Assessment of Sanitation and Drinking-Water will be prepared.

74. A Regional network of laboratories will be launched as part of the regional environment and health surveillance system to, *inter alia*, harmonize indicators and support national capacity building for operations related to safe drinking water supply and safe sanitation.

#### **WHA64.27: Child injury prevention**

75. To collaborate with Member States in improving data collection and analysis systems for child injuries and in establishing science-based public health policies and programmes for preventing and mitigating the consequences of child injury.

76. To support Member States in developing and implementing child injury prevention measures; to provide additional support to national injury prevention focal persons by organizing regular global and regional meetings and providing technical assistance; to provide technical support for strengthening systems and capacities for emergency and rehabilitation services.

#### **Action taken and action planned**

77. Technical support will be provided (i) to undertake advocacy and raise awareness in regard to the magnitude, causes and consequences of child injuries and their inclusion in the broader child health strategy; (ii) to develop data collection and analysis systems that include child injuries; (iii) to build country capacity to strengthen emergency care and rehabilitation of child injuries within the broader context of emergency care improvement; and (iv) to build the capacity of national injury prevention focal persons to improve child injury prevention.

#### **WHA64.28: Youth and health risks**

##### **Requirements**

78. To address the health risks of adolescents and young people in the next Medium-term strategic plan in order to provide sufficient technical support to Member States; and to promote the participation and empowerment of young people as key stakeholders in health development.

79. To identify knowledge gaps and facilitate research that will strengthen the evidence base needed to establish, deliver and monitor effective and age- and gender -appropriate programmes for adolescents and youth.

**Action taken and action planned**

80. WHO will support countries to: (i) advocate for an increase in the level of investments and political commitment to adolescent health, and capacity building in countries in order to improve delivery of quality adolescent and youth-friendly health services; (ii) use on a large scale the 4-S framework (Strategic Information, Supportive Evidence Based Policies, Services and Commodities, Strengthening Other Sectors) with particular emphasis on the two programmatic “entry points” to strengthen the health sector response to adolescent health and development which are: the prevention of HIV in adolescents and reducing teenage pregnancies. The programme will also include protection from the use of illicit substances and tobacco, and harmful use of alcohol.

81. In addition, WHO will support countries to strengthen one of the WHO core functions which is to monitor the health situations in the Region and to contribute adolescent health data and trends to the African Health Observatory. Member States will be supported to use the following survey methods: WHO STEPwise approach to Surveillance (STEPS); Global Youth Tobacco Survey; and the Global School-based Student Health Survey to collect data on risky health behaviours such as alcohol and illicit drug use including sexual behaviours. The survey results will be used to identify areas requiring further research and to design appropriate youth-friendly programmes.

**PART II****DRAFT PROVISIONAL AGENDA OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE AND DRAFT PROVISIONAL AGENDA OF THE ONE-HUNDRED-AND-THIRTIETH SESSION OF THE EXECUTIVE BOARD**

82. 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 Sixty-second session of the Regional Committee**

83. A draft provisional agenda for the Sixty-second session of the Regional Committee proposed by the Secretariat is presented in Annex 1.

84. The Regional Committee is invited to decide on the provisional agenda of the Sixty-second session of the Regional Committee and on the issues that should be recommended to the One-hundred-and-thirtieth session of the Executive Board and the Sixty-fifth World Health Assembly.

**Draft Provisional agenda of the One-hundred-and-thirtieth session of the Executive Board**

85. The draft provisional agenda of the One-hundred-and-thirtieth session of the Executive Board is presented in Annex 2.

### **PART III**

#### **PROCEDURAL DECISIONS**

86. The procedural decisions are designed to facilitate the work of the One-hundred-and-thirtieth session of the Executive Board and the Sixty-fifth World Health Assembly.

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

87. It is proposed to convene the Sixty-fifth World Health Assembly from 21 to 26 May 2012 in Geneva.

88. 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.

89. 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 their notification to fax number: +41 22 791 41 73.

90. 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 Health Assembly.

91. The credentials of delegates, alternates and advisers should be delivered to the Secretariat (Governing Bodies Department) by the first week of May 2012. 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) 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, gender (unless indicated in title).

92. 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 the Sixty-fifth World Health Assembly**

93. The Chairman of the Sixty-first session of the Regional Committee will be proposed as the Chairman of the Sixty-fifth World Health Assembly.

94. The Director-General in consultation with the Regional Director shall, if necessary, consider before the Sixty-fifth 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.

95. Based on the English alphabetical order and the subregional geographical grouping it is proposed to designate the following Member States to serve on the General Committee: Chad, Kenya, Lesotho, Liberia and Mali.

96. On the same basis, it is proposed to designate the following Member States to serve on the Credentials Committee: Madagascar, Mauritania and, Sao Tome and Principe.

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

97. 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 Assembly and Executive Board sessions of the World Health Organization.

98. Before the opening of the Sixty-fifth World Health Assembly, the Regional Director will convene a meeting of the delegations of Member States of the African Region on Saturday 19 May 2012 at 09:30 at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-first session and discuss agenda items of the Sixty-fifth World Health Assembly with specific interest to the African Region.

99. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*, Geneva.

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

100. The One-hundred-and-thirtieth session of the Executive Board is scheduled to take place from 16 to 23 January 2012 at WHO headquarters, Geneva. The draft provisional agenda is presented in Annex 2.

101. 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 elected during the World Health Assembly and their term of office starts at

the Executive Board session immediately following that Health Assembly. The term ends after the closing of the third consecutive Health Assembly during which the Member is replaced.

102. In September 2004, the Regional Committee, by Decision 8 of its Fifty-fourth session, established that for the purpose of ensuring a geographical balance of Member States from the African Region 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 among the subregions.

103. Following these new arrangements and in accordance with Decision 8 of the Sixtieth session of the Regional Committee, Nigeria, Senegal, Sierra Leone and Cameroon each designated a representative to serve on the Executive Board in replacement of Mauritania, Mauritius, Niger and Uganda, starting with the One-hundred-and-twenty-ninth session in May 2011, immediately after the Sixty-fourth World Health Assembly.

104. The term of office of Burundi will end with the closing of the Sixty-fifth World Health Assembly. In accordance with Decision 8 of the Fifty-fourth session of the Regional Committee, Burundi will be replaced by Chad.

105. Chad will attend the one-hundred-and-thirty-first session of the Executive Board, immediately after the Sixty-fifth session of the World Health Assembly in May 2012. They should confirm their availability for attendance at least six (6) weeks before the Sixty-fifth 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)**

106. The term of office of Ethiopia and Guinea on the HRP's Policy and Coordination Committee (PCC) under Category 2 will come to an end on 31 December 2011. They will be replaced by Lesotho and Liberia for a period of three (3) years with effect from 1 January 2012. Lesotho and Liberia will thus join Guinea-Bissau and Kenya on the PCC.

107. The Regional Committee endorsed the document.

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-second session

Provisional agenda item 4

**DRAFT PROVISIONAL AGENDA**

1. Opening of the session
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 2010-2011: Biennial report of the Regional Director
7. Implementation of the WHO Programme Budget 2012-2013 in the African Region
8. Health and Human Rights in the African Region: Current Situation and Way Forward
9. Disaster preparedness and response: updated strategy for the African Region
10. Human resources for health: meeting the needs for universal access to quality health care
11. Monitoring the implementation of health Millennium Development Goals
12. Noncommunicable diseases prevention and control in the African Region: a Regional Strategic Plan for 2012-2016
13. Health Promotion: Updated Strategy for the African Region
14. Women's Health in the African Region: Key to Social and Economic Development
15. HIV/AIDS in the African Region: Updated Strategy.
16. National health observatories as instruments of health systems strengthening in the African Region
17. **[Matters of global concern related to World Health Assembly decisions and resolutions]**
18. **Panel Discussion:** Leveraging eHealth solutions to improve national health systems in the African Region

**19. Progress reports**

- 19.1 Progress report on poliomyelitis eradication in the African Region
- 19.2 Progress report on Reduction of the harmful use of alcohol: A strategy for the African Region
- 19.3 A strategy for addressing key determinants of health in the African Region: Progress report
- 19.4 Implementation of the WHO Framework Convention on Tobacco Control in the African Region: Progress report
- 19.5 Progress report on the implementation of the Regional Child Survival Strategy

**20. Information**

- 20.1 Report on WHO staff in the African Region
- 20.2 WHO internal and external audit reports
- 21. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
- 22. Dates and places of the Sixty-third and the Sixty-fourth sessions of the Regional Committee
- 23. Adoption of the report of the Regional Committee
- 24. Closure of the session

## ANNEX 2



**World Health  
Organization**

**EB130/1 (draft)**

**22 June 2011**

**EXECUTIVE BOARD  
130th Session  
Geneva, 16-23 January 2012**

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**Draft provisional agenda**

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Nomination of the Director-General
  - 3.1 Nomination for the post
  - 3.2 Draft contract
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. WHO reform
6. Technical and health matters
  - 6.1 Prevention and control of noncommunicable diseases
    - Outcomes of the high-level meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control
    - Implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan
      - Implementation of recommendations on marketing of foods and non-alcoholic beverages to children
    - Implementation of the Action plan for the prevention of avoidable blindness and visual impairment
  - 6.2 Nutrition
    - Infant and young child nutrition
      - Comprehensive implementation plan
      - Status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius
    - Nutrition of women in the preconception period, during pregnancy and breastfeeding period

- 6.3 Early marriages, adolescent and young pregnancies
- 6.4 Monitoring of the achievement of the health-related Millennium Development Goals
  - Progress in the achievement of the health-related Millennium Development Goals
    - Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia
    - Reduction of perinatal and neonatal mortality
  - Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health
- 6.5 Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)
- 6.6 Implementation of the International Health Regulations (2005)
- 6.7 Global mass gatherings: implications and opportunities for global health security
- 6.8 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: report of the work of the Advisory Group
- 6.9 Poliomyelitis: intensification of the global eradication initiative
- 6.10 Draft global vaccine action plan: update
- 6.11 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: report of the Working Group of Member States
- 6.12 Consultative expert working group on research and development: financing and coordination
- 6.13 Health in crises: the role of WHO as a cluster lead and functioning of the health cluster
7. Financial matters
  - 7.1 Scale of assessments
  - 7.2 Amendments to the Financial Regulations and Financial Rules [if any]
8. Staffing matters
  - 8.1 Appointment of the Regional Director for the Eastern Mediterranean
  - 8.2 Human resources: annual report
  - 8.3 Report of the International Civil Service Commission
  - 8.4 Amendments to the Staff Regulations and Staff Rules
  - 8.5 Statement by the representative of the WHO staff associations
9. Management matters
  - 9.1 Election of the Director-General of the World Health Organization: report of the working group
  - 9.2 Membership of the Independent Expert Oversight Advisory Committee
  - 9.3 Reports of committees of the Executive Board
    - Standing Committee on Nongovernmental Organizations
    - Foundations and awards
  - 9.4 Provisional agenda of the Sixty-fifth World Health Assembly and date and place of the 131st session of the Executive Board

## 10. Matters for information

### 10.1 Reports of advisory bodies

- Expert committees and study groups

### 10.2 Progress reports

#### **Health systems and research**

- A. Health system strengthening (resolutions WHA64.9, WHA64.8, WHA63.27, WHA62.12 and WHA60.27)
- B. WHO's role and responsibilities in health research (resolution WHA63.21)
- C. Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA61.21)

#### **Disease eradication, prevention and control**

- D. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1)
- E. Eradication of dracunculiasis (resolution WHA64.16)
- F. Chagas disease: control and elimination (resolution WHA63.20)
- G. Viral hepatitis (resolution WHA63.18)
- H. Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis (resolution WHA62.15)
- I. Cholera: mechanism for control and prevention (resolution WHA64.15)
- J. Control of human African trypanosomiasis (resolution WHA57.2)
- K. Global health sector strategy on HIV/AIDS, 2011–2015 (resolution WHA64.14)
- L. Prevention and control of sexually transmitted infections: global strategy (resolution WHA59.19)

#### **Other**

- M. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12)
- N. Advancing food safety initiatives (resolution WHA63.3)
- O. Climate change and health (resolutions EB124.R5 and WHA61.19)
- P. Partnerships (resolution WHA63.10)

## 11. Closure of the session