

REGIONAL COMMITTEE FOR AFRICA**ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024Agenda item 5**STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE
TO THE REGIONAL COMMITTEE****Opening of the Meeting**

1. The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 24 to 28 June 2024. The meeting was chaired by Dr Oscar Ntihabose, from Burundi, and reviewed 11 documents, seven of which were devoted to public health matters of regional concern, such as the local production of vaccines and other health technologies; integrating country and regional health data; control of noncommunicable diseases, notably diabetes; health emergency preparedness and response; climate change adaptation and mitigation, and food safety. The PSC reviewed four additional documents, including 10 years of implementation of the Transformation Agenda in the African Region; proposals for accreditation of non-State actors not in official relations with WHO to participate in sessions of the Regional Committee; and amendments to the Rules of Procedure of the Regional Committee. The revised documents will be presented to the Seventy-fourth session of the Regional Committee for Africa.

2. The Regional Director, Dr Matshidiso Moeti, opened the meeting by welcoming all members of the Programme Subcommittee to the Regional Office. She congratulated the incoming Chairperson of the PSC, Dr Oscar Ntihabose from Burundi, and thanked Ms Petronella Masabane from Namibia for her service as outgoing Chairperson of the PSC. Dr Moeti expressed special greetings to the new PSC members from Algeria, Angola, Benin, Gabon, Kenya, and Zambia, and recognized Executive Board members from Lesotho and Cameroon.

3. Dr Moeti highlighted the success of the Seventy-seventh World Health Assembly and the 155th Executive Board, noting the adoption of resolutions on equity, the historic, critical passage of amendments to the International Health Regulations, commitments to complete negotiations on the global pandemic agreement within a year, the upcoming WHO investment round and the WHO Fourteenth General Programme of Work, 2025–2028. She urged PSC members to be active in WHO processes, especially the pandemic agreement and the WHO investment round. She reported that preparations for the Seventy-fourth Regional Committee for Africa (RC74) were underway, with three special events planned on the WHO investment round, the Transformation Agenda, and polio. She acknowledged African leadership on the investment round, recalled that she was addressing the PSC for the final time as Regional Director, and expressed gratitude for the support she had received over the past decade.

4. The PSC elected Dr Oscar Ntihabose from Burundi as its Chairperson, and Dr Adaeze Ogochukwu Okonkwo from Nigeria as its Vice-Chairperson, and the representatives of South

Sudan, Mauritania and Angola as its English, French, and Portuguese rapporteurs, respectively. The PSC adopted its agenda and programme of work without any objections.

Technical and health matters

5. The PSC discussed the document titled *Framework for the implementation of the Global Diabetes Compact in the WHO African Region*. In relation to the global average, the prevalence of diabetes in the African Region is lower, while premature mortality from the disease is higher. Furthermore, the African Region has the highest proportion of undiagnosed diabetes. The regional framework aims to support the implementation of localized, cost-effective programmes for the prevention and control of diabetes. It emphasizes access to equitable, comprehensive and quality treatment and care, essential medicines, including insulin, and the integration of diabetes care into tuberculosis services. It also underscores the need for regular monitoring, evaluation, and adaptability for sustained progress. The framework outlines priority interventions, which include diabetes programme development; capacity strengthening; integration of diabetes services into primary health care and priority disease programmes; enhancement of access to diabetes medications, including insulin; partnership, advocacy and resource mobilization; monitoring and evaluation; and operational research.

6. The PSC members raised questions on the outcome of previous strategies on diabetes and their delayed implementation. A number of comments focused on revising and improving the objectives, with suggestions to make them smarter by including preventive measures such as reducing risk factors and improving detection to ensure continuum of care. Regarding determinants of health, members agreed on the need to include a separate paragraph on commercial determinants – such as food and beverage industries – to emphasize the idea of prevention. There was strong consensus on directing efforts towards prevention of modifiable risk factors and improving efficiencies in education and self-care. Additionally, members suggested that benefits packages and funding be urgently rechannelled towards noncommunicable diseases within an integrated approach.

7. PSC members also emphasized the linkage between civil society organizations and the public health system for diabetes mellitus control, as well as the use of community health workers in prevention efforts for integrated care at the community level. Additionally, the local production of medicines such as insulin for diabetes control was identified as crucial to improving access to medicines in Africa.

8. The PSC recommended the revised document, *Framework for the implementation of the Global Diabetes Compact in the WHO African Region*, for consideration by the Seventy-fourth session of the Regional Committee.

9. The PSC discussed the document titled *Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035*. Member States of the WHO African Region import between 70% and 100% of finished pharmaceutical products, 99% of vaccines, and between 90% and 100% of medical devices and active pharmaceutical ingredients. The framework supports the implementation of the World Health Assembly resolution WHA74.6 which mandated the WHO Secretariat to continue supporting Member States, at their request, in promoting quality and sustainable production of medicines and other health technologies. It presents a unitary vision, goal, objectives, regional targets and milestones, aimed at facilitating the monitoring and evaluation of progress towards addressing the gaps identified in the regional manufacturing ecosystem. The framework aims to guide Member States in the planning and implementation of strategic actions to establish and scale up local production to increase access to medicines, vaccines, and other health technologies.

10. The PSC members underscored the great importance of the document, which outlines a framework to support local pharmaceutical manufacturing in Africa. While commending the quality of the document, the PSC members requested the WHO Secretariat to conduct assessments of individual country capabilities and readiness for local manufacturing. Such assessments would enable countries to better understand their situation and identify those with existing manufacturing capacity and potential that can be supported to enhance local production of medicines. The PSC members encouraged Member States to promote collaboration and joint investments in the local production of vaccines, medicines, and medical products. They also called for strengthened coordination with other similar continental mechanisms and between WHO, the African Union, Africa CDC and regional economic communities. PSC members urged the Secretariat and Member States to support the production of vaccines on the African continent, given the COVID-19 experience, and to set up mechanisms for pooled procurement, while deepening regional collaboration to combat substandard and falsified medical products.

11. The PSC members requested that the introductory section of the framework reflect not only the impact of COVID-19, but also the negative effects of global conflicts that are raising the prices of medicines and vaccines, as well as supply chain disruptions that are delaying deliveries. The PSC members requested the WHO Secretariat to review and align the objectives, targets, and milestones of the framework, as some objectives for 2035 are scheduled to be achieved as milestones in 2030. The PSC members also assessed the objective of having 10 countries reach WHO Maturity Level 3, and agreed to maintain the target. However, they highlighted the need for continued support from the Secretariat to help more countries achieve Maturity Level 3 status. In this regard, the PSC members encouraged countries that have not yet achieved Maturity Level 3 to learn from the experience of those that have attained that status. Finally, the PSC members requested the Secretariat to take into account the Lusaka Agenda, to ensure sustainable financing for the implementation of the framework.

12. The PSC recommended the revised document titled *Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035* for consideration by the Seventy-fourth session of the Regional Committee.

13. The PSC reviewed the document titled *Framework for integrating country and regional health data in the African Region: Regional Health Data Hub 2024–2030*. The framework highlights the importance of establishing a regional hub that brings together data from different programmes and health domains, integrates data systems at national and regional levels, and provides an environment that can house and host different data and information platforms.

14. The PSC welcomed the timeliness of the framework and commended the Secretariat for the high-quality document and comprehensive coverage of data sharing gaps and challenges in the Region. During the review, the PSC stressed the importance of integrating health data and systems in an interoperable manner, with particular emphasis on integrating existing databases for routine surveillance and services, especially at the country level. Members also stressed the need for capacity building in Member States on data management and data use to generate evidence, given the plethora of existing data systems at the country level. The PSC emphasized the importance of the linkage and connection between the regional hub and country data systems, and of assisting countries to develop common methods of housing data at the national level. Emphasis was also given to developing country capacities.

15. PSC members made a number of recommendations in relation to data governance to address concerns raised on issues such as data sovereignty, data security, cybersecurity, ethics, data sharing, data privacy and rights. They emphasized the need for rules on data security. Overall, the PSC

stressed the need for strong emphasis to be placed on addressing various areas of data governance for the Region, which should be reflected in the framework. The PSC identified a critical issue of data silos created by partner organizations developing independent systems. These silos hinder the development of organized, coherent health information systems in countries, and equally compromise interoperability and integration, leading to limited collaboration for informed decision-making, impeding evidence-based practices, and slowing down innovation and adaptability.

16. In addition, members recommended the definition of the minimum datasets and indicators that would be requested from countries for integration into the Regional Health Data Hub, as well as planning for the progressive development of the Regional Hub. Another recommendation focused on finding ways to integrating private sector data within the framework. It was also proposed that the progress report on the implementation of the framework be annual, given its critical importance and the rapid technological advancements in this area.

17. The PSC recommended the revised document titled *Framework for integrating country and regional health data in the African Region: Regional Health Data Hub 2024–2030* for consideration by the Seventy-fourth session of the Regional Committee.

18. The PSC discussed the document titled *An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region*. The paper provides an update to Member States on the implementation of innovative approaches to strengthening the global architecture for health emergency preparedness, prevention, response and resilience in the WHO African Region over the past two years. The update is in compliance with the Regional strategy for health security and emergencies 2022–2030, which was adopted at the Seventy-second session of the Regional Committee for Africa. It outlines the launch of flagship initiatives, subregional Emergency Preparedness and Response hubs, and stronger partnerships with Africa CDC and other regional and subregional entities, which have led to more timely detection and more effective responses to emergencies. However, the Region still faces challenges in terms of its preparedness capacity, as well as from factors related to health systems and non-health determinants. The document further outlines actions for Member States and partners to improve emergency preparedness and response in the Region.

19. PSC members lauded the innovative approach adopted for emergency preparedness and response. Additionally, the PSC stressed the importance of addressing noncommunicable diseases alongside communicable diseases, and the necessity for research and sustainable financing for emergencies, proposing the establishment of a special fund for outbreaks, as well as innovative taxation methods to tackle health emergencies in countries. The PSC commended the Secretariat for its strengthened capacity in preparing for and responding to health emergencies, which is reflected in the improved outcomes in countries. However, the resurgence of diseases such as measles and polio underscores the need for continuous efforts and improved preparedness for future outbreaks.

20. The PSC members requested the Secretariat to revise paragraph 5 on the scope of implementation by Member States, and to provide additional details on interventions, including target numbers for achieving specific milestones. They recommended that the document emphasize cross-border collaboration, given the fact that diseases transcend borders, and highlighted the need to communicate surveillance trends from the Transforming Africa's Surveillance System (TASS) flagship programme. PSC members also requested that more information be provided on the success of the flagship initiatives, specifically the number of countries that have started or are implementing them. Members touched on the need for enhanced coordination and collaboration at

the regional level, while also recommending stronger partnership with Africa CDC, intersectoral collaboration, and documentation of best practices and successes in preparedness and emergency responses. Additionally, the PSC called for improved notification of cases through online platforms, linkage of the data hub with national public health institutes (NPHIs), support for local manufacturers of health products, and an assessment of countries' preparedness levels so as to categorize and support those in need. The PSC mentioned the need for training of community health workers to prepare for and mount early responses to emergencies.

21. The PSC recommended the revised document entitled *An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region* for consideration by the Seventy-fourth session of the Regional Committee.

22. The PSC reviewed the document titled *Framework for building climate resilient and sustainable low-carbon health systems in the WHO African Region 2024–2033*. This framework aims to guide Member States in building climate-resilient health systems to cope with the adverse effects of climate change on health. Its specific objectives are to: (1) strengthen core national capacities for the building of resilient and low-carbon sustainable health systems; (2) support Member States to conduct vulnerability and adaptation assessments, formulate Health National Adaptation Plans and health system decarbonization road maps; (3) facilitate resource mobilization and the implementation of integrated, essential climate-related health interventions; and (4) disseminate lessons learnt from the implementation process to enhance collective learning and understanding. The framework further outlines 10 core interventions for building climate-resilient health systems.

23. The PSC noted that health systems are not just victims but also contributors to carbon emissions. Members pointed to the direct impact of climate change on health, as manifested in droughts, increased rainfall, and disease outbreaks. They stressed the need to invest in new technologies for improved waste management, low-carbon energy sources for health systems, such as solar energy, and also advocate for climate justice and measure the sector's carbon footprint. They further called for clearer documentation of how health systems can reduce greenhouse gas emissions and better address climate-related diseases. The PSC emphasized the need to build climate-resilient health systems, strengthen capacity for preservice training in learning institutions and academia, and continued evidence generation. Members underscored the importance of transitioning to renewable energy, and stronger intersectoral collaboration with clear roles for each sector. The need for technical know-how and political will to address these issues was also highlighted. Lastly the Secretariat was requested to revise the title of the framework, to better align it with the African context by focusing mainly on health system adaptation and resilience building.

24. The PSC recommended the revised document currently entitled *Framework for building climate resilient and sustainable health systems in the WHO African Region 2024–2033* for consideration by the Seventy-fourth session of the Regional Committee.

25. The PSC discussed the document titled *Framework for implementing the WHO Global strategy for food safety 2022–2030 in the African Region*. National food control systems in the African Region face multiple challenges, including weak food monitoring and surveillance, limited capacity of food testing laboratories, weak food inspection capacities and outdated regulations. The regional framework aims to guide Member States in implementing the Global strategy to accelerate actions towards strengthening national food safety systems in the African Region. It outlines priority interventions, which include developing food safety policies, legislation and standards for the formal and informal food sectors; reinforcing capacity for risk-based food inspection; establishing food safety incident response systems; raising public awareness; strengthening the capacity of the food safety workforce; improving the capacity of food business operators;

continuous review and improvement of food control systems; mobilizing resources for food safety programmes; strengthening food monitoring, surveillance and capacity for risk assessment; establishing a coordination mechanism; and enhancing partnerships.

26. The PSC members welcomed the framework, agreeing that it addressed key food safety issues related to health. They sought clarity on the role of the health sector in driving multisectoral actions to address food safety. The PSC members emphasized the need for a robust resource mobilization framework to accelerate the implementation of priority actions. The inclusion of food safety in national action plans for health security and joint external evaluations was suggested, with emphasis on adopting a global and regional perspective and raising it high on the implementing agenda of the One Health approach. Clarification was equally sought on the adoption of the framework of actions and the inclusion of a monitoring and evaluation framework to monitor implementation. Members suggested the expansion of the definition of food safety to include food components that cause chronic diseases, not just pathogens. They suggested that it would be important to address the risks of malnutrition and obesity in the document. They also highlighted issues such as the misuse of pesticides in agriculture and the need to prevent food fraud and address the causes of unhealthy diets. It was proposed that the health sector work with the education sector (to raise awareness among school children), civil society, consumer associations and municipalities.

27. The PSC recommended the revised document titled *Framework for implementing the WHO Global strategy for food safety 2022–2030 in the African Region* for consideration by the Seventy-fourth session of the Regional Committee.

28. The PSC reviewed the document titled *A decade of transformation: achievements and lessons learnt*. The report presents the key actions, achievements, and lessons of the Transformation Agenda over the past decade of its implementation and highlights the next steps for sustaining change and propelling further advancements in health development throughout the Region. It highlights achievements in public health, including improved outbreak detection and response times, containment of acute outbreaks, progress in polio eradication, reduction of maternal mortality rates and the elimination of neglected tropical diseases. The document further outlines the organizational culture achievements of the Transformation Agenda, which include strengthened staff recruitment processes; the launch of leadership development initiatives and staff engagement programmes; integration of the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) network in the Regional Office and country offices; and an increase in resource allocation for country offices, owing to improvements in donor reporting, compliance and enhanced transparency in the utilization of funds.

29. The PSC had no comments or observations, and as such, recommended the document titled *A decade of transformation: achievements and lessons learnt* for consideration by the Seventy-fourth session of the Regional Committee.

30. The PSC considered the *Proposals for designation of Member States on committees that require representation from the African Region*, which were developed in line with resolution AFR/RC54/R11 that provided for the establishment of three subregional groupings. The PSC recommended the following proposals for adoption by the Regional Committee:

Membership of the Programme Subcommittee

31. The terms of Mauritania, Niger, South Sudan, Uganda, Seychelles and South Africa will come to an end at the Seventy-fourth session of the Regional Committee for Africa. It is therefore proposed that they will be replaced by Burkina Faso, Chad, Equatorial Guinea, Ghana, Malawi and

Mauritius. The full membership of the Programme Subcommittee will therefore be composed of the following Member States:

Subregion 1	Subregion 2	Subregion 3
1. Nigeria (2022–2025)	7. Burundi (2022–2025)	13. Eswatini (2022–2025)
2. Sierra Leone (2022–2025)	8. Sao Tome and Principe (2022–2025)	14. Tanzania (2022–2025)
3. Algeria (2023–2026)	9. Gabon (2023–2026)	15. Zambia (2023–2026)
4. Benin (2023–2026)	10. Kenya (2023–2026)	16. Angola (2023–2026)
5. Burkina Faso (2024–2027)	11. Equatorial Guinea (2024–2027)	17. Malawi (2024–2027)
6. Ghana (2024–2027)	12. Chad (2024–2027)	18. Mauritius (2024–2027)

Membership of the Executive Board

32. The terms of office of Ethiopia and Senegal on the Executive Board will end with the closing of the Seventy-eighth World Health Assembly in May 2025.

33. In accordance with resolution AFR/RC54/R11, which decided the arrangements to be followed in putting forward each year the Member States of the African Region for election by the Health Assembly, it is proposed as follows:

- (a) **Cabo Verde and Central African Republic** to replace Ethiopia and Senegal in serving on the Executive Board starting with the one-hundred and fifty-seventh session in May 2025, immediately after the Seventy-eighth World Health Assembly. The Executive Board will therefore be composed of the following Member States of the African Region as indicated in the table below:

Subregion 1	Subregion 2	Subregion 3
Togo (2023–2026)	Cameroon (2023–2026)	Comoros (2023–2026)
Cabo Verde (2025–2028)	Central African Republic (2025–2028)	Lesotho (2023–2026)
		Zimbabwe (2024–2027)

- (b) **Togo for election** to serve as **Vice-Chair of the Executive Board** as from the one-hundred and fifty-seventh session of the Executive Board.
- (c) **Zimbabwe to replace Senegal** to serve on the Programme Budget and Administration Committee (PBAC) as from the one-hundred and fifty-seventh session of the Executive Board. The PBAC will therefore be composed of Comoros and Zimbabwe from the African Region.
- (d) **Central African Republic to replace Lesotho** to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) as from as from the one-hundred and fifty-seventh session of the Executive Board. The SCHEPPR will therefore be composed of Togo and Central African Republic from the African Region.

Officers of the Seventy-eighth session of the World Health Assembly

34. It was proposed that the Chairperson of the Seventy-fourth session of the Regional Committee for Africa be designated as Vice-President of the Seventy-eighth session of the World Health Assembly to be held in May 2025.

35. With regard to Main Committees of the Assembly, it is proposed as follows:

- (a) Namibia to serve as Chair of Committee A;
- (b) Cameroon, Ethiopia, Liberia, and Gambia to serve on the General Committee; and
- (c) Mauritania, Malawi and Chad to serve on the Committee on Credentials.

36. The document was validated for submission to the Regional Committee without any comment.

37. The PSC reviewed the document titled *Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa*. Twenty-six applicants responded to the call for applications before the extended deadline of 15 December 2023. Consistent with the Framework of Engagement with Non-State Actors (FENSA) and the approved procedure for accreditation, the Regional Office reviewed the applications for accreditation to ensure that the established criteria and other requirements, including due diligence, were fulfilled.

38. The Regional Office excluded 19 entities for several reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, and failure to pass a due diligence check. One was recommended for deferral to the PSC in 2025.

39. The Regional Office considered that the applications of six entities fulfilled the approved criteria. In certain cases, the criterion regarding active engagement with the Regional Office was considered fulfilled when an applicant had conducted research or advocacy activities pertaining to WHO meetings, policies, norms and standards for at least three years, in accordance with paragraph 53 of FENSA. The following six entities were presented for consideration by the Programme Subcommittee: The African Forum for Research and Education in Health (AFREhealth); Africa Health Budget Network AHBN; The Alliance for International Medical Action (ALIMA); Children's Investment Fund Foundation (CIFF); African Media and Malaria Research Network (AMMREN); Speak Up Africa.

40. The Programme Subcommittee validated the recommendation to defer the decision on the application of one entity, the International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR), to its Seventy-fifth session in 2025. PSC members highlighted the need for more dissemination of criteria for application of non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa. In accordance with the usual practice, the PSC members recommended the document entitled *Accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa* to be considered as part of the statement of the Chairperson of the PSC, and not as a standalone document.

41. The PSC reviewed the *Proposed amendments to the Rules of Procedure of the Regional Committee for Africa*, which were developed in accordance with Article 49 of the WHO Constitution and Rule 54 of the Rules of Procedure of the Regional Committee for Africa. Amendments were proposed to different rules as attached in the annex to the Statement of the Chairperson of the PSC. The proposed amendments aim to streamline operations, improve transparency, and reflect current practices. Minor non-substantive amendments were also made to various rules. The amendments were guided by the following considerations:

- (a) the need to reflect the accreditation procedure of non-State actors not in official relations with WHO to participate in sessions of the Regional Committee, in line with the Framework of Engagement with Non-State Actors (FENSA);
- (b) to authorize credentials to be sent electronically or hand-delivered and to allow the Chairperson of the Committee on Credentials to recommend the acceptance of the formal credentials of representatives received after the initial meeting of the Committee;
- (c) for proposals related to items on the agenda to be introduced not later than ten days before the opening of a special session and the process of convening a special session in the event that the Regional Director is unable to perform the functions of his/her office or the post falls vacant unexpectedly in between sessions;
- (d) the need to reflect the current Regional Committee practice of allowing the Secretariat reasonable time to prepare the final report of the Regional Committee following its closure; and
- (e) to introduce several changes that set out the process of election of the Regional Director to reflect current practice.

42. The PSC members underscored the need to ensure timely preparation of the Regional Committee report and emphasized its importance. A proposal for a turnaround time not exceeding 60 days for adoption of the final report, after Member State comments and corrections, was suggested and approved by PSC members. Further clarification was sought on other provisions of the Rules of Procedure. PSC members appreciated the fact that the revisions aim to ensure harmony with other regions and the global level, and to formalize existing practices.

43. The PSC recommended the document, *Proposed amendments to the Rules of Procedure of the Regional Committee for Africa* with its corresponding decision, for consideration by the Seventy-fourth Regional Committee as part of the report of the Chairperson of the Programme Subcommittee.

Discussion on other items proposed by Members of the Programme Subcommittee

44. Members of the PSC raised a number of key items for discussion, with additional briefing from the Secretariat. They included the amendments to the International Health Regulations (IHR, (2005)), the Intergovernmental Negotiating Body (INB), the WHO Investment Round, and an update on the process of election of the Regional Director during the Seventy-fourth Regional Committee. The Secretariat provided an update on the amendments to the IHR (2005), which was approved at the Seventy-seventh World Health Assembly, and the processes of the Intergovernmental Negotiating Body on a global pandemic agreement. The challenges experienced by Member States of the African Region during the negotiation sessions in Geneva were outlined.

45. PSC members congratulated Member States of the Region, led by South Africa, on the efforts deployed, including during the Seventy-seventh Health Assembly, to uphold the interests of the Region. They also congratulated diplomatic missions in Geneva, the WHO Secretariat and the African Union for their collaboration and vigilance. The PSC emphasized the need to work together to produce medicines, improve industrialization, and market products internationally. Suggestions were made on establishing mechanisms for reporting back to health ministers, including by providing summaries on the status of negotiations and next steps, as well as organizing briefing sessions.

46. The Secretariat equally updated PSC members on the WHO investment round, highlighting the important contributions of the African Region to the process. The Secretariat reported that a special event on this item was planned during the Seventy-fourth session of the Regional

Committee. The Secretariat also updated the PSC members on the processes related to the nomination of the Regional Director.

Closing

47. The Chairperson of the PSC, Dr Oscar Ntihakose of Burundi, informed participants that the Secretariat would share the draft report with PSC members within 10 days in all three working languages of WHO in the African Region, after which PSC members would have five days to provide feedback. The Secretariat would address all the revisions requested. Once cleared by the Chairperson of the PSC, the final report would be posted on the RC74 webpage.

48. In his concluding remarks, the Chairperson thanked the PSC members for the rich discussions and also thanked the Vice-Chairperson, Dr Adaeze Okonkwo from Nigeria, Executive Board members from the Region, the outgoing PSC members and the Secretariat for the proper organization of the meeting and the high quality of the documents submitted for review. He especially thanked the Regional Director for her exemplary leadership over the years.

49. In her closing remarks, the Regional Director, Dr Moeti, thanked participants for their valuable contributions and made special mention of the Chairperson and Vice-Chairperson for their skilful conduct of the deliberations. She bid farewell to the outgoing PSC members, noting that she was attending her final PSC meeting as Regional Director. She thanked all staff members for engaging in the diligent process of peer review of documents intended for consideration by the PSC, and thanked the PSC for its thorough review and suggestions. She noted that during her tenure spanning the past 10 years, the PSC had strongly contributed to the connection between the discourse at the global level and actions at the regional level, and thanked members for the progress achieved.

50. The Regional Director highlighted key cross-cutting themes, emphasizing connection and synergy despite limited resources and the importance of a multisectoral approach. She stressed the need to engage policy-makers, especially in resource allocation, and promised to recommend best practices to her successor. Noting that 90% of essential health services can be delivered at the primary health care level, she stressed on building local capacities, adaptable emergency response strategies, and cross-learning among countries. She also emphasized the need to advocate for investing in primary health care.

51. The Regional Director highlighted the need for regional and cross-border collaboration for sustainability, strategic use of health technologies, and the critical role of data and financing. She concluded by applauding members for their contributions and declared that they could leave with pride and satisfaction on the basis of the progress being made.

52. The Chairperson of the PSC closed the meeting by reiterating his gratitude to PSC members for their participation.

ANNEX 1

**ACCREDITATION OF REGIONAL NON-STATE ACTORS NOT IN OFFICIAL
RELATIONS WITH WHO TO PARTICIPATE IN SESSIONS OF THE WHO
REGIONAL COMMITTEE FOR AFRICA**

Report of the Secretariat

CONTENTS

	Paragraphs
INTRODUCTION.....	1–7
REVIEW OF APPLICATIONS	8–12
ACTION BY THE PROGRAMME SUBCOMMITTEE	13

SUB-ANNEX

REGIONAL NON-STATE ACTORS RECOMMENDED FOR ACCREDITATION TO PARTICIPATE IN THE WHO REGIONAL COMMITTEE FOR AFRICA	14–37
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INTRODUCTION

1. At its Seventy-first session, the WHO Regional Committee for Africa (the Regional Committee) approved¹ the procedure for granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the Regional Committee, in accordance with the terms of the Framework of Engagement with Non-State Actors (FENSA).² All accredited non-State actors are able to participate, upon invitation and without the right to vote, in sessions of the Regional Committee and to submit written and/or oral statements.³
2. To be eligible to apply for accreditation, a non- State actor shall meet the following criteria: (a) its aims and purposes shall be consistent with the WHO Constitution and in conformity with the policies of the Organization; (b) it shall be actively engaged with the Regional Office; (c) it shall operate at regional or subregional level; (d) it shall be non-profit in nature and in its activities and advocacy; (e) it shall have an established structure, a constitutive act and accountability mechanisms.
3. In August 2022, at its Seventy-second session,⁴ for the first time, the Regional Committee granted accreditation to five non-State actors followed by the accreditation of eight non-State actors at the Seventy-third session⁵ in August 2023.
4. In October 2023, the third call for applications was launched in English, French and Portuguese through the website of the WHO Regional Office for Africa (the Regional Office) and its social media accounts. Additionally, the call was widely disseminated by email to interested parties. The initial deadline for applications was set for 30 November 2023. It was then extended to 15 December 2023 due to the low volume of applications received by the first deadline.
5. To facilitate understanding of the application process, the Regional Office organized a virtual briefing session on 15 November 2023 for potential applicants and the registration link was included in the call for applications. A total of 140 non-State actors operating within the health sector in Africa registered to join the virtual briefing, with 58 actively participating.
6. In line with paragraph 9 of the adopted procedure,⁶ the Regional Office is mandated to review requests for accreditation by non-State actors and make recommendations to the Programme Subcommittee on their eligibility for accreditation.

¹ [WHO, *Regional Committee for on Africa decision on Accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*. Virtual session, WHO Regional Office for Africa; 2021 \(AFR/RC71/Decision 9\)](#)

² [WHO, *Framework for the Engagement with Non-State Actors \(FENSA\)*. Geneva, World Health Organization, 2016 \(Resolution WHA69.10\)](#)

³ [WHO, *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*, virtual, World Health Organization Regional Office for Africa, 2021 \(AFR/RC71/2\)](#)

⁴ [WHO, *accreditation of non-state actors at the 72nd Regional Committee*, Lomé, World Health Organization Regional Office for Africa, 2022 \(AFR/RC72/Decision 9\)](#)

⁵ [WHO, *accreditation of non-state actors at the 73rd Regional Committee*, Botswana, World Health Organization Regional Office for Africa, 2023 \(AFR/RC73/Decision 11\)](#)

⁶ [WHO, *Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa*, virtual session, World Health Organization Regional Office for Africa, 2021 \(AFR/RC71/2\)](#)

7. In accordance with paragraph 10 of the approved procedure,⁷ Non-State actors that have been denied accreditation may submit a new application no sooner than two years after the Regional Committee's decision.

REVIEW OF APPLICATIONS

8. Twenty-six (26) applicants responded to the call for applications before the 15 December 2023 deadline. Consistent with FENSA and pursuant to the procedure for accreditation, the Regional Office reviewed the applications for accreditation to ensure that the established criteria and other requirements for eligibility, including due diligence, were fulfilled. As a result of the review, the Regional Office excluded 19 entities for a number of reasons, including non-compliance of their legal status with the accreditation procedure, their limited geographical scope, and failure to pass a due diligence check.

9. The Regional Office determined that the applications of six entities fulfilled the eligibility criteria. In certain cases, the criterion regarding active engagement with the Regional Office was considered fulfilled when an applicant had conducted research or advocacy activities around WHO meetings and WHO's policies, norms and standards for at least three years, in accordance with paragraph 53 of FENSA.

10. The following six entities are presented for consideration by the Programme Subcommittee: **The African Forum for Research and Education in Health (AFREhealth); Africa Health Budget Network AHBN; The Alliance for International Medical Action (ALIMA); Children's Investment Fund Foundation (CIFF); African Media and Malaria Research Network (AMMREN); Speak Up Africa.**

11. Additionally, the Regional Office received an application for accreditation from *Fos Feminista*. *Fos Feminista* is "the external-facing name for International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR)" and not the legal name of the entity. The Programme Subcommittee is therefore invited to defer the decision on the application of this entity to the Seventy-fifth session of the Programme Subcommittee in 2025, in order to allow the entity, the International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR), to submit an application.

12. A summary of each non-State actor recommended for accreditation by the Regional Committee at its Seventy-fourth session in 2024 is contained in the **Sub-annex to this report**.

ACTION BY THE PROGRAMME SUBCOMMITTEE

13. The Programme Subcommittee recommends to the Seventy-fourth session of the WHO Regional Committee for Africa the adoption of the following decision:

The Regional Committee for Africa,

Having considered and noted the report of the Secretariat on the accreditation of regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa,

⁷ [WHO, Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa, virtual session, World Health Organization Regional Office for Africa, 2021 \(AFR/RC71/2\)](#)

- (1) Decided to approve the following six regional non-State actors recommended by the Programme Subcommittee for accreditation to participate in sessions of the WHO Regional Committee for Africa: **The African Forum for Research and Education in Health (AFREhealth); Africa Health Budget Network AHBN; The Alliance for International Medical Action (ALIMA); Children's Investment Fund Foundation (CIFF); African Media and Malaria Research Network (AMMREN); Speak Up Africa.**

- (2) Decided to defer the decision on the application of the International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR) to its Seventy-fifth session.

SUB-ANNEX

REGIONAL NON-STATE ACTORS RECOMMENDED FOR ACCREDITATION TO PARTICIPATE IN SESSIONS OF THE WHO REGIONAL COMMITTEE FOR AFRICA

The African Forum for Research and Education in Health (AFREHealth)

14. The African Forum for Research and Education in Health (AFREHealth), established in 2016 and headquartered in Kumasi, Ghana, is an interdisciplinary health professional grouping based on membership of individuals, institutions, associations, and networks from all the geographic and linguistic regions of Africa.

15. AFREHealth aims to improve the quality of health care in Africa. Its mission is to provide services in education, training, research, and service delivery through: (a) partnership/collaboration; (b) networking; (c) advocacy; (d) resource mobilization; (e) strategic communication; (f) sharing of best practices; (g) capacity building; and (h) transforming the education of responsive health professions. AFREHealth was initially launched in Nairobi following a symposium jointly organized by the Education Partnership Initiative (MEPI) and Nursing Education Partnership Initiative (NEPI), which resulted in the adoption of a resolution to establish AFREHealth.

16. AFREHealth is a member and strategic partner of WHO's Global Network of WHO Collaborative Centres for Nursing and Midwifery.⁸ It is also an ex-officio member of the Network's executive committee. At the WHO Regional Office for Africa (AFRO), AFREHealth collaborated with the Universal Health Coverage, Life Course (ULC) Cluster on workforce planning and development.

17. It is governed by an Executive Committee, a General Assembly, and a Governing Council with elected members. There are 23 Governing Council members representing different universities in sub-Saharan Africa.

Africa Health Budget Network (AHBN)

18. AHBN, founded in 2013 in Nigeria, is a network of organizations and individuals that use budget advocacy to improve health service delivery in Africa. The Network aims to bridge the gap in civil society's participation in advocacy for health budgeting across Africa. It believes that there is a need to have an African-led and African-based organization dedicated to health budget accountability and advocacy.

19. AHBN is open to the membership of all African nongovernmental organizations and individuals who aim to include budget advocacy, accountability, and transparency in their activities to improve health service delivery in Africa. The Network promotes transparent, accountable, sustainable, and innovative health financing for Africa by capacitating civil society organizations in Africa to advocate for health financing and influence an investment approach that improves overall health and well-being.

20. AHBN has been a participant in WHO's Partnership for Maternal, Newborn and Child Health (PMNCH) since 2014, collaborating with fellow partners to facilitate financial commitments for adolescents and youth worldwide, with a special focus on Africa, where their needs remain unmet.

⁸ WHO Collaborative Centers: partners, (<https://www.globalnetworkwhocc.com/partners/>, accessed on 1 March 2024).

Its founder serves as a board member. Additionally, AHBN has engaged in health budget advocacy and capacity building initiatives with WHO Nigeria, supported by WHO headquarters.

21. The Network is governed by an advisory board comprising eight members who serve for a two-year renewable term. Members serve voluntarily and work to expand the Network, advise on the strategic direction, and support business development.

The Alliance for International Medical Action (ALIMA)

22. ALIMA is a medical humanitarian organization founded in 2009 that focuses its work on emergency response in Africa. ALIMA has its headquarters in Dakar, Senegal, its administrative headquarter is in Paris, France, while it has a support office in New York, United States. The organization is also registered in Australia and the United Kingdom and these offices support advocacy and fundraising activities.

23. ALIMA's approach is to create partnerships and promote collaboration between local health workers, national medical organizations and researchers. Its aim is to transform the provision of humanitarian health care by promoting research and innovation to improve health care and build the resilience of communities. To this day, it has provided medical emergency assistance to more than 10 million people with 80% beneficiaries being women and children, and initiated over 30 research projects on malnutrition, maternal and child health, malaria, Ebola, and COVID-19, among others. ALIMA is equipped to rapidly deploy teams for emergency humanitarian response through a network of local nongovernmental organizations and health workers.

24. ALIMA works in 11 countries within the WHO African Region and is currently supporting WHO in leading the health cluster to manage the multisectoral humanitarian crisis in Mali.

25. ALIMA is governed by a Board of Directors that has 22 humanitarian experts. The members represent various organizations and are elected based on their health expertise and leadership. The Board elects a Chief Executive Officer, who liaises between the executive team and the Board.

African Media and Malaria Research Network (AMMREN)

26. AMMREN is a nongovernmental organization founded in 2006 that promotes the communication of malaria research and diseases in Africa by fostering collaboration between health researchers and journalists. The Network is comprised of a network of African journalists and scientists working towards the elimination of malaria through media advocacy. It is based in Accra, Ghana. AMMREN commenced operations with chapters established in 10 African countries, including Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique, Nigeria, Senegal, United Republic of Tanzania, and Gambia, boasting a database that currently exceeds 300 members across the continent.

27. AMMREN builds partnerships globally with organizations, malaria programmes, academic institutions and civil society with the vision of building a malaria-free Africa. The organization conducts training and capacity building workshops for journalists, equipping them with tools to interpret malaria-related data for more efficient reporting. AMMREN produces and publishes *Eye On Malaria*,⁹ a magazine dedicated to the dissemination of information and research on malaria. In 2012, AMMREN-plus was launched to expand the organization's scope of work to include COVID-19, Ebola, and noncommunicable diseases.

⁹ Eye On Malaria Magazine, African Media and Malaria Research Network (AMMREN), <https://www.ammren.org/eye-on-malaria-magazine/>, accessed on 1 March 2024.

28. It is actively engaged with the WHO Ghana Country Office since 2018 on malaria and COVID-19 information dissemination. The organization is instrumental in working with senior editors and journalists on effective communication and media engagement on the malaria vaccine roll-out, immunization and COVID-19 vaccination with funding received from the WHO Regional Office.

29. AMMREN is governed by a Board of Directors, a General Assembly composed of members and a management team. The country chapters have County Coordinators who oversee day-to-day operations.

Children's Investment Fund Foundation (CIFF)

30. CIFF is a philanthropic foundation created in 2002 to address challenges related to child health, education, nutrition, and welfare. Its mission is to transform the lives of poor and vulnerable children and adolescents in developing countries through grant making.

31. It aims to support the implementation of activities with lasting impact in communities in sub-Saharan Africa, India, China, and Europe. CIFF provides funding to both the private sector and non-profit organizations for the execution of projects in the African Region. In the African Region, CIFF relies on local expertise and capacity and has reached 29 countries through the provision of large-scale and high impact grants.

32. CIFF participated in the Seventy-third Regional Committee for Africa and is a donor that provides funds at the headquarters level for HIV biomedical prevention and school health. CIFF is collaborating with the Reproductive and Maternal Health and Healthy Ageing team at the Regional Office on self-care interventions for sexual and reproductive health and rights in Botswana, Burkina Faso, Ethiopia, Kenya, Mozambique, Nigeria, South Africa, Uganda and Zambia. CIFF has also collaborated with the Child and Adolescent Health team through the WHO headquarters award that supports global standards for health-promoting schools.

33. The Foundation is governed by a Board of Trustees, an Executive Team and a Finance Audit and Investment Committee. The three organs are respectively responsible for oversight and governance, day-to-day activities, and financial advice.

Speak Up Africa

34. Speak Up Africa, founded in 2008 in Dakar Senegal, is a not-for-profit organization dedicated to sustainable development in Africa through policy change, advocacy, and leadership. Speak Up Africa's mission is to promote the health and well-being of all and support the achievement of Sustainable Development Goals 1 to 6.

35. It supports African leaders, governments, media, and civil society organizations to work towards the identification and development of solutions to tackle challenges in Africa. These challenges include health, development, and gender equality. In the health sector, Speak Up Africa focuses on malaria, neglected tropical diseases, sanitation, immunization, and research. Speak Up Africa aims to create spaces for dialogue and inspire long-lasting change by building relationships with the identified stakeholders.

36. Speak Up Africa works in five countries in the WHO African Region and is actively engaged with the Regional Office. Speak Up Africa is currently supporting the Expanded Special Project for Elimination of Neglected Tropical Diseases (AFRO-ESPEN) through advocacy, donor relations, development of reference documents, and resource mobilization until 2025. At the global

level, Speak Up Africa works with the Global Malaria Programme and the Global Neglected Tropical Diseases Programme to foster policy changes at the regional level.

37. Speak Up Africa is governed by a Board of Directors, a General Assembly and an Executive Committee comprised of its founding members.

ANNEX 2

**PROPOSED CHANGES TO THE RULES OF PROCEDURE
OF THE REGIONAL COMMITTEE**

Report of the Regional Director

CONTENTS

	Paragraphs
I. INTRODUCTION.....	1-8
II. PROPOSED CHANGES TO THE RULES OF PROCEDURE	9-18
III. ACTION BY THE PROGRAMME SUBCOMMITTEE.....	19

SUB-ANNEX

	Page
FULL TEXT OF THE PROPOSED AMENDED RULES OF PROCEDURE.....	5

I. INTRODUCTION

1. Throughout its history, the World Health Organization (WHO) has undertaken a number of reform initiatives. The Transformation Agenda of WHO in the African Region was initiated in 2015 to convey the Regional Director's vision of change and to facilitate health sector reform. Over the past nine years, the WHO Secretariat in the African Region has made significant progress¹⁰ in delivering high-quality results and improving health in the Region. This progress has been realized through the transformation of the organizational culture, programmes and operations, with a focus on prioritizing staff engagement and involvement in driving change.

2. In decision EB136(16),¹¹ the Executive Board decided to establish an inclusive Member State consultative process on governance reform, providing recommendations on how to improve WHO governance efficiency. This process led to the establishment of a list of prioritized items on the methods of work of the governing bodies.¹²

3. In January 2023, the Executive Board at its 152nd session considered the Report of the Agile Member States Task Group on strengthening WHO's budgetary, programmatic and financing governance,¹³ with recommendations for long-term improvements, including the review of the Organization's methods of work, inter alia, agenda management and the sessions of the governing bodies.

4. In the context of its governance reform, WHO is engaged in a global effort to improve its methods of work, efficiency, accountability, promotion, and the effectiveness of its governing bodies. One of the issues addressed by the reform is ensuring coherence between WHO headquarters and regional offices in terms of their procedures and methods of work with Member States,¹⁴ while maintaining the specificities of each region.

5. The terms of reference of the Programme Subcommittee¹⁵ underwent revision in 2016. Furthermore, the Rules of Procedure were last updated¹⁶ in 2018 in preparation for the election of the Regional Director for Africa scheduled for 2019. Since then, no changes have been made to the Rules of Procedure. However, special rules and procedures were developed for the virtual and hybrid sessions of the Seventieth, Seventy-first, Seventy-second and Seventy-third Regional Committees.

¹⁰ WHO, Eighth progress report on the implementation of the Transformation Agenda, Gaborone, World Health Organization Regional Office For Africa, 2023 (AFR/RC73/11). (<https://www.afro.who.int/sites/default/files/2023-08/AFR-RC73-11%20EighthprogressreportontheimplementationoftheTransformationAgenda.pdf>, accessed 28 February 2024)

¹¹ Decision 16, Overview of reform implementation, In: 136th Executive Board Resolution and Decisions annexes Geneva, World Health Organization, 2015 EB136/2015/REC/1). (https://apps.who.int/gb/ebwha/pdf_files/EB136-REC1/B136_REC1-en.pdf#page=1, accessed 21 June 2024).

¹² WHO, *Report of the Working Group on Governance Reform*, Geneva, World Health Organization, 2015(EB/OMSMGR/1/2). (https://apps.who.int/gb/OMSMGR/pdf_files/EB_OMSMGR1_2-en.pdf, accessed 21 June 2024)

¹³ WHO, *Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance*, Geneva, World Health Organization, 2023, (EB152/33). (https://apps.who.int/gb/e/e_eb152.html, accessed 21 June 2024).

¹⁴ Decision 16, Overview of reform implementation, In: 136th Executive Board Resolution and Decisions annexes, Geneva, World Health Organization, 2015 (EB136/2015/REC/1). (https://apps.who.int/gb/ebwha/pdf_files/EB136-REC1/B136_REC1-en.pdf#page=45, accessed 21 June 2024). 33- paragraph 1(a)(ii)

¹⁵ WHO, *New terms of reference of the program Sub-Committee of the WHO Regional Committee for Africa*, Addis Ababa, World Health Organization Regional Office for Africa, 2016 (AFR/RC66/16). (<https://www.afro.who.int/sites/default/files/2018-05/Revised%20terms%20of%20reference.pdf> accessed 21 June 2024).

¹⁶ WHO, *Code of conduct for the nomination of the Regional Director and amendment to rule 52 of procedure of the Regional Committee for Africa*, Dakar, World Health Organization Regional Office for Africa, 2018 (AFR/RC68/R1). (<https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC68-R1%20Code%20of%20conduct%20for%20the%20nomination%20of%20RD-En.pdf>, accessed 21 June 2024).

6. In accordance with Article 50(b) of the WHO Constitution, a key governance function of the Regional Committee is “to supervise the activities of the regional office”. In that perspective, the present report focuses on the revision of the Rules of Procedure of the Regional Committee for Africa. To this end, and in line with similar exercises undertaken in the other regions, the Regional Office for Africa conducted a review of the relevant institutional documents. The present report should be read in conjunction with its annex.

7. The proposed amendments are presented to the Programme Subcommittee in June 2024. The Programme Subcommittee is hereby requested to consider and recommend the following amendments in accordance with Article 49 of the WHO Constitution¹⁷ and Rule 54 of the Rules of Procedure.

8. The following section presents a short synopsis of the substantive amendments proposed and is followed by the proposed revised text of the Rules of Procedure of the Regional Committee, tracked to show the amendments.

II. PROPOSED CHANGES TO THE RULES OF PROCEDURE

9. The Seventy-second World Health Assembly adopted the Framework of Engagement with Non-State Actors (FENSA),¹⁸ providing a framework for strengthening engagement with non-State actors at all levels of the Organization. At its Seventy-first session, the Regional Committee approved a procedure, implemented in accordance with FENSA, for accreditation of non-State actors not in official relations with WHO to participate in sessions of the Regional Committee. Accordingly, to reflect these developments, the Secretariat is proposing amendments to Rule 2 on attendance of observers and accreditation of non-State actors.

10. In the interest of efficiency, the proposed amendment to Rule 3 authorizes credentials to be sent electronically or hand-delivered. An additional amendment to this rule would allow the Chairperson of the Committee on Credentials to recommend to the Regional Committee the acceptance of the formal credentials of representatives received subsequent to the initial meeting of the Committee on Credentials.

11. In relation to special sessions, Rule 5 has been amended to provide for proposals related to items on the agenda to be introduced not later than ten days before the opening of a special session. This provision is included to ensure the orderly management of special sessions and is based on a provision in the Rules of Procedure of the Health Assembly, but provides for greater advance notification. Additionally, another amendment is proposed to better reflect in practice how a special session would be convened in the event that the Regional Director is unable to perform the functions of his/her office or the post falls vacant unexpectedly in between sessions.

12. Rule 20 has been revised to reflect current Regional Committee practice, allowing the Secretariat, in close collaboration with the rapporteurs and Member State representatives, to prepare the final report of the Regional Committee as soon as possible following its closure. Such reports will be subject to corrections requested by representatives within a time period specified by the Regional Director.

¹⁷ WHO, *World Health Organization Constitution*. Geneva, World Health Organization, 1946. (<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>, accessed 21 June 2024).

¹⁸ WHO, *Framework of engagement with non-State actors*, Geneva, World Health Organization, 2016 (WHA69.10). (https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf, accessed 21 June).

13. The amendment to Rule 26 proposes calculating the quorum based on Members represented at the session rather than the total number of Member States in the Region.

14. Rule 45 has been amended to allow for the possibility of electronic voting for recorded votes, where appropriate systems are available. This is consistent with the amendments made to the Rules of Procedure of the World Health Assembly in decision WHA72(23).

15. Rule 46 has been amended to incorporate the term “abstention”. This addition aims to align the Rules of Procedure with the standard practice of indicating roll-call abstentions in the record.

16. In accordance with Article 52 of the WHO Constitution, Regional Directors are appointed “by the Board, in agreement with the regional committee”. The process of election of the Regional Director is set out in Rule 52 of the Rules of Procedure. A number of substantive changes have been introduced. The amendment in paragraph 6 reflects the current practice whereby, if more than five candidates are presented for the position of Regional Director, a shortlist is created through a secret ballot conducted in a private meeting. The amendment in paragraph 7 is in line with the recent practice in several regions and supports the promotion of transparency and accountability. It proposes that the interview of candidates for the position of Regional Director for Africa be conducted in an open meeting of the Committee. In this regard, it reflects the decision made during the first coordination meeting of African ministers of health, held on 25 May 2024, ahead of the Seventy-seventh Health Assembly, that the interview of candidates for the election of the Regional Director be conducted in an open meeting.

17. Several amendments are proposed under paragraph 8 of Rule 52, including an amendment reflecting the current voting practice, which involves indicating the candidate's name on pre-printed ballot sheets rather than representatives writing out the name of their chosen candidate. Another proposed amendment seeks to resolve what appeared to be an inconsistency in the original text, which first stated that there would be “as many ballots as necessary” and then in the next sentence limited the ballots to three; subparagraph (d) has been added to paragraph 8 to clarify the terms of appointment of the Regional Director in line with current practice and Rule 108 of the Rules of Procedure of the World Health Assembly¹⁹ relating to the appointment of the Director-General. Finally, a provision has been included in the event that the Regional Director is unable to perform the functions of his/her office or the position becomes vacant.

18. Minor amendments, which do not change the substance of the Rules of Procedure, have been made to various rules throughout.

III. ACTION BY THE PROGRAMME SUBCOMMITTEE

19. The Programme Subcommittee recommended the following draft decision for adoption by the Regional Committee:

The Regional Committee for Africa, having examined and noted the report of the Chairperson of the Programme Subcommittee, decided:

1. to adopt the amendments to its Rules of Procedure contained in Annex 2 to document AFR/RC74/2 in accordance with Rule 54 of the Rules of Procedure of the Regional Committee for Africa;
2. that the foregoing amendments to the Rules of Procedure shall become effective upon the closure of the Seventy-fourth session of the Regional Committee.

¹⁹ WHO, *Rules of Procedures of the World Health Assembly*, Geneva, World Health Organization, 2008. (https://apps.who.int/gb/edg/pdf_files/Ref-docs/rules-of-procedure-en.pdf, accessed 21 June 2024).

**SUB-ANNEX: RULES OF PROCEDURE OF THE REGIONAL COMMITTEE
FOR AFRICA**

RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR AFRICA

I. MEMBERSHIP AND ATTENDANCE

Rule 1

The Regional Committee for Africa (hereinafter referred to as the “Regional Committee” or the “Committee”) shall consist of representatives (hereinafter referred to as the “representatives”), one from each of the Member States and Associate Members of the African Region (hereinafter referred to as the “Region”) of the World Health Organization (hereinafter referred to as the “Organization” or “WHO”). The representatives may be accompanied by alternates and advisers.

Commented [A1]: Technical change meant to better reflect usage throughout the Rules.

Rule 2

Subject to the terms of existing agreements, the Committee may arrange for consultation with respective Committees of the United Nations and its specialized agencies; and with other regional international organizations and economic communities having interests in common with the ~~World Health Organization~~ and for their participation, without vote, in its discussions. ~~The Committee may invite States from other regions as well as nongovernmental organizations to participate without vote in the sessions of the Committee. Nongovernmental organizations shall participate in accordance with the principles adopted by the Health Assembly, and in those of committees or sub-committees convened or established under its authority.~~

The Regional Director, in consultation with the Regional Committee, may invite States not members of the Committee from other regions as well as nongovernmental organizations to participate without vote in the sessions of the Committee. Nongovernmental organizations shall participate in accordance with the principles adopted by the Health Assembly.

Commented [A2]: Amendments proposed to reflect how such invitations are usually conveyed. The language is identical or very similar to that included in EMR, EUR, SEAR and WPR RoPs, see, e.g., EMR RoP R 2: “The Regional Director, in consultation with the Regional Committee, may invite States not members of the Committee to participate without vote in the sessions of the Committee.”

Non-State actors admitted into official relations with the World Health Organization pursuant to the Framework of Engagement with Non-State Actors are invited to participate without vote in the sessions of the Regional Committee, as provided for in paragraph 55 of the Framework.

Commented [A3]: Proposed edits in this paragraph and the one immediately below are to align with the terminology used in FENSA.

Other international, regional and national nongovernmental organizations, international business associations and philanthropic foundations not in official relations with the Organization but accredited to participate in meetings of the Committee in accordance with paragraph 57 of the Framework of Engagement with Non-State Actors may also participate without vote in the deliberations of the Regional Committee, as provided for in the Framework.

This language is drawn from the recently amended WPR RoP 2, however, EMR R 2 includes a very similar provision as the first paragraph, and EUR RoP 2 contains the same provision as the second paragraph.

II. CREDENTIALS

Rule 3

- (a) The Members shall communicate to the Regional Director if possible fifteen days before the date fixed for the opening of the session of the Committee, the names of their representatives, including all alternates and advisers ~~and secretaries~~. Similarly, the States and organizations referred to in Rule 2, invited to be represented at the session, shall communicate the names of the persons by whom they shall be represented.

Commented [A4]: Proposed addition to ensure that States not member of the AFR region are directed to provide information regarding attendance. EMR, SEAR, and WPR RoPs include references to States in their similar provisions (R 3).

- (b) The credentials of representatives of Members and Associate Members shall be delivered to the Regional Director, if ~~possible~~ possible, not less than one day before the opening of the session of the Committee. Such credentials shall be issued by the Head of State, the Head of Government, the Minister for Foreign Affairs, the Minister of Health or any other appropriate authority. Such credentials may be sent electronically or hand delivered to the Regional Director.
- (c) A Committee on Credentials consisting of representatives of seven Member States shall be appointed at the beginning of each session by the Committee on the proposal of the Chairperson of the Committee. The Committee on Credentials shall elect its own officers. It shall examine the credentials of representatives of Member States and Associate Members and report to the Committee thereafter. Any representative to whose admission a Member State has made objection shall be seated provisionally with the same rights as other representatives, until the ~~Credentials~~ Committee on Credentials has reported, and the Committee has given its decision. The Chairperson of the ~~Credentials~~ Committee on Credentials shall be empowered to recommend to the Committee on behalf of the ~~Credentials~~ Committee on Credentials the acceptance of ~~the formal~~ credentials of representatives received subsequent to the meeting of the Committee on Credentials, seated on the basis of provisional credentials already accepted by the Committee. Meetings of the ~~Credentials~~ Committee on Credentials shall be held in private.

Commented [A5]: The proposed amendment is based on WHA RoP 23 ("Such credentials may be sent electronically or hand-delivered to the Director-General."). This is a practical suggestion that was added to EUR and WPR RoP in 2023.

Commented [A6]: Amendment is proposed in the interest of efficiency. While the provision would not prevent the Credentials Committee from holding subsequent meetings as needed in a particular case, this provision would allow the Chairperson to recommend the Regional Committee accept credentials received subsequent to the initial meeting of the Credentials Committee. This would include, but not be limited to, formal credentials for representatives seated on the basis of provisional credentials already accepted by the Committee on Credentials. WHA RoP R 24 has a somewhat analogous provision: "The President [of the Health Assembly] shall be empowered to recommend to the Health Assembly the acceptance of credentials received after the Committee on Credentials has met."

III. SESSIONS

Regular sessions

Rule 4

The Committee shall hold at least one session a year. It shall determine at each session the time and place of its next regular session. Notices convening the Committee shall be sent by the Regional Director at least six weeks before the commencement of the session to the Members and the Associate Members, to the ~~WHO~~ Director-General of the Organization (hereinafter referred to as the "Director-General") and to the organizations referred to in Rule 2 invited to be represented at the session.

Special sessions

Rule 5

The Regional Director, in consultation with the Chairperson of the Committee (hereinafter referred to as the "Chairperson"), shall, ~~if necessary~~, also convene the Committee in special session at the joint request of any ten Members; such request shall be addressed to the Regional Director in writing and shall state the reason for the request. In this case, the Committee shall be convened within thirty days of receipt of the request and the session shall be held at the WHO Regional Office unless the Regional Director, in consultation with the Chairperson ~~of the Committee~~, determines otherwise. The agenda of such a session shall be limited to the issue(s) having necessitated that session. Formal proposals related to items on the agenda may be introduced not later than ten days before the opening of a special session.

Commented [A7]: Consider including a provision along these lines for orderly conduct of special sessions. This is drawn from WHA RoP R 49 but provides for greater advance introduction of proposals. This provision was also added to WPR RoP R 5 in 2023

The Director-General, in consultation with the Chairperson, ~~of the Committee~~ may also convene an ad hoc session of the Committee for purposes of nominating a Regional Director in the event that the Regional Director is unable to perform the functions of his/her office or the post falls vacant unexpectedly in between sessions.

Commented [A8]: Amendment proposed to better reflect in practice how such a session would be convened.

Rule 6

Meetings of the Committee shall be held in public unless the Committee decides otherwise.

IV. AGENDA

Rule 7

The provisional agenda of each session shall be drawn up by the Regional Director in consultation with the Chairperson. It shall be dispatched together with the notice of convocation to be sent in accordance with ~~the~~ Rule 4 or Rule 5, as the case may be.

Rule 8

Except in the case of sessions convened under Rule 5, the provisional agenda of each session shall include, inter alia:

- (a) all items the inclusion of which has been prescribed by the World Health Assembly (hereinafter referred to as the “Health Assembly”);
- (b) all items the inclusion of which has been prescribed by the Executive Board of the Organization;
- (c) any item proposed by the Director-General;
- (d) any item proposed by a Member or an Associate Member of the Region.

Rule 9

Subject to the provisions of Rule 5, the Regional Director may, in consultation with the Chairperson, include any question suitable for the agenda which may arise between the dispatch of the provisional agenda and on the opening day of the session in a supplementary agenda, which the Committee shall examine together with the provisional agenda.

V. OFFICERS OF THE COMMITTEE

Rule 10

The Committee shall elect its officers, comprising a Chairperson and two Vice-Chairpersons, from among the representatives each year at its first session held during that year. The officers shall hold office until their successors are elected. The Chairperson shall not become eligible for re-election until two years have elapsed since ceasing to hold office.

Rule 11

In addition to the powers conferred upon him/her under other provisions of these Rules, the Chairperson shall declare the opening and closing of each meeting of the Committee, direct the discussions, ensure observance of these Rules, accord the right to speak, put issues to the vote and announce decisions. He/She shall rule on points of order and, subject to these Rules, control the proceedings at all meetings and maintain order thereat. The Chairperson may, in the course of the discussion of any item, propose to the Committee the time limit allowed for each speaker or the closure of the list of speakers.

Commented [A9]: Proposal is a technical edit to recognize that such questions may arise before the first day of the meeting. It is drawn from EMR RoP R 9 (“[T]he Regional Director may, in consultation with the Chair include any question suitable for the agenda which may arise between the dispatch of the provisional agenda and the opening day of the session in supplementary agenda, which the Committee shall examine together with the provisional agenda.”), and the EUR RoP and the SEAR RoP contain very similar language.

Rule 12

If the Chairperson is absent from a session or a meeting or any part thereof, he/she shall designate one of the Vice-Chairpersons to preside over that session or that meeting.

If the Chairperson is unable to make this designation, the Committee shall appoint one of the Vice-Chairpersons to preside over the session or the meeting.

If neither the Chairperson nor the Vice-Chairpersons ~~are~~ available to preside over a session or a meeting, the Committee shall ~~have the power to~~ designate an additional Vice-Deputy Chairperson ad interim to preside over the deliberations.

Rule 13

If the Chairperson, for any reason, is unable to complete his/her term of office, one of the Vice-Chairpersons shall ~~act in his or her place~~ act as Chairperson for the remaining period of his/her term. The order in which the Vice-Chairpersons shall be requested to serve shall be determined by lot at the session at which the election takes place.

Rule 14

The Chairperson or a Vice-Chairperson acting as Chairperson shall not vote but may, if necessary, appoint another representative or an alternate from his/her delegation to act as representative of his/her government.

VI. RAPPORTEURS

Rule 15

The Committee shall elect one or more Rapporteurs whose functions shall be to prepare and present the report of the meetings of the Committee.

VII. SUBCOMMITTEES OF THE COMMITTEE

Rule 16

The Committee may establish such subcommittees as it may deem necessary to study, and report on, any item on its agenda.

The Committee shall, from time to time, but at least once a year, re-assess the need to maintain any subcommittees established under its authority.

VIII. SECRETARIAT

Rule 17

The Regional Director shall act as the Secretary to the Committee and of any subdivision thereof. He/she may delegate these functions.

Rule 18

The Regional Director shall report to the Committee on the technical, administrative, and financial implications, if any, of all items on the Committee's agenda.

Rule 19

The Regional Director or a member of the Secretariat designated by him/her may, at any time, make either oral or written statements concerning any question under consideration.

Rule 20

The Secretariat shall, in close collaboration with the rapporteurs and other representatives of the Member States, prepare the final report of the Committee as soon as possible following the closure of the Committee, no later than 60 days.

Commented [A10]: Amendment proposed by PSC

The final report of the Committee shall be shared with Member States in the three working languages for adoption before the end of every session. Representatives shall inform the Secretariat in writing of any corrections they wish to have made within such period of time as shall be indicated by the Regional Director, having regard to the circumstances.

Commented [A11]: Included to align with current practice.

Rule 21

All resolutions, recommendations and other important decisions of the Committee shall be communicated by the Regional Director to the representatives, to all Members and Associate Members of the Region and to the Director-General.

IX. LANGUAGES

Rule 22

English, French and Portuguese shall be the working languages of the Committee.

Rule 23

Speeches made in one of the working languages shall be interpreted into the other working languages and, if a Member or Associate Member so requests in sufficient time before a session of the Committee, also into Spanish. This provision shall apply, in like manner, to interpretation into the working languages of speeches made in Spanish.

Rule 24

Any representative may speak in a language other than the working languages. In that event, the representative concerned shall provide for interpretation into any one of the working languages. Interpretation shall then be done into the other working languages by an interpreter of the Secretariat and may be based on the interpretation given in the first working language.

Rule 25

All resolutions, recommendations and other important decisions of the Committee shall be ~~written~~ drawn up in the working languages.

X. CONDUCT OF BUSINESS

Rule 26

A ~~m~~Majority of the Members States represented at the session shall constitute a quorum.

Commented [A12]: Amendment proposed to calculate quorum based on those Members represented at the session rather than the overall number of Member States in the Region. EMR, EUR and WPR RoP similarly qualify quorum, see, e.g., EMR RoP R 25 ("A majority of the Member States represented at any session shall constitute a quorum for the conduct of business at meetings of the Committee.")

Rule 27

No representative ~~shall~~ may address the Committee ~~meeting~~ without the permission of the Chairperson. The Chairperson shall give the floor to speakers in the order in which they

signify~~express~~ their desire to speak. The Chairperson may call a speaker to order if his/her remarks are not relevant to the subject under discussion.

Rule 28

Any representative may, at any time, request his/her alternate designated in accordance with Rule 3 to speak and vote on his/her behalf on any question. Moreover, at the request of the representative or his/her alternate, the Chairperson may allow an adviser to speak on any particular issue, but the latter shall not have the right to vote.

Rule 29

During the discussion of any matter, a representative may raise a point of order and the point of order shall immediately be decided upon by the Chairperson. A representative may appeal against the decision of the Chairperson in which case the appeal shall immediately be put to the vote. A representative raising a point of order shall not speak on the substance of the matter under discussion but on the point of order only.

Rule 30

In the course of the deliberations, the Chairperson may announce the list of speakers and, with the consent of the Committee, declare the list closed. He/she may, however, accord the right of reply to any representative if, in his/her opinion, a statement made after he/she has declared the list closed makes that desirable.

Rule 31

During the discussion of any matter, a representative may move the suspension or the adjournment of the meeting. Such motions shall not be debated but shall be immediately put to the vote.

For the purpose of these Rules, “suspension of the meeting” means the temporary postponement of the business of the meeting and “adjournment of the meeting”, means the termination of all business until another meeting is called.

Rule 32

During the discussion of any matter, a representative may move the adjournment of the deliberations on the item under discussion. In addition to the proposer of the motion, one speaker may second the motion, and another speaker may object to it, after which the motion to adjourn the debate shall be immediately put to the vote.

Rule 33

A representative may, at any time, bring a motion to close deliberations on an item under discussion whether or not any other representative had expressed a wish to speak. If a request is made for permission to speak against the closure, the permission may be accorded to not more than two representatives, after which the motion shall be immediately put to the vote. If the Committee decides in favour of closure, the Chairperson shall declare the debate closed.

The Committee shall thereafter vote only on the one or more proposals moved before the closure.

Rule 34

With the exception of a point of order, the following motions shall have precedence, in the following order, over all other proposals or motions before the meeting:

Commented [A13]: Proposal included for clarity. R 32 of the EMR and WPR RoPs also contain this language.

- (a) to suspend the meeting;
- (b) to adjourn the meeting;
- (c) to adjourn deliberations on ~~the an agenda~~ item under discussion; and
- (d) for the closure of deliberations on ~~the an agenda~~ item under discussion.

Rule 35

Subject to Rule 34, any motion calling for a decision on the competence of the Committee to adopt a proposal submitted to it shall be put to the vote before a vote is taken on the proposal in question.

Rule 36

Any representative may request that parts of a proposal or an amendment be voted on separately. If objection is made to the request for separate vote, the motion for separate vote shall be voted upon. Permission to speak on the motion for separate vote shall be given only to two speakers in favour and two speakers against. If the motion for separate vote is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote in their entirety. If all operative parts of a proposal or an amendment are rejected, the proposal or the amendment shall be considered to have been rejected in its entirety.

Rule 37

When an amendment to a proposal is tabled, the amendment shall be voted on first. When two or more amendments to a proposal are tabled, the Committee shall first vote on the amendment deemed by the Chairperson ~~man~~ to be most unrelated in substance to the original proposal and then on the amendment next unrelated thereto, and so on, until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter amendment shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted upon. If an amendment to a proposal has been accepted by the original proposer, such an amendment shall be deemed to be an integral part of the original proposal and no separate vote shall be required thereon.

A motion is considered as an amendment to a proposal if it merely adds to, deletes from or revises part of that proposal. A motion which constitutes a substitution for a proposal shall itself be considered as a proposal.

Rule 38

If two or more proposals are moved, the Committee shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

Rule 39

A motion may be withdrawn by its proposer at any time before voting on it has commenced, provided that the motion has not been amended, or, if amended, that the proposer of the amendment agrees to the withdrawal. A motion thus withdrawn may be reintroduced by any representative.

Rule 40

Commented [A14]: Proposal included for clarity. It is drawn from R 36 of the EMR and WPR RoPs and WHA RoP R 65.

A proposal adopted or rejected shall not be reconsidered at the same session of the Committee, unless the Committee, by a two-thirds majority of the representatives present and voting, so decides. Permission to speak on a motion to reconsider shall be accorded to only two speakers opposing the motion, after which it shall be immediately put to the vote.

Rule 41

The Chairperson may, at any time, ~~demand~~ require that a proposal, motion, resolution or amendment be seconded.

XI. VOTING

Rule 42

Each representative entitled to vote shall have one vote. For the purpose of these Rules, the phrase “representatives present and voting” means representatives casting an affirmative or negative vote. Representatives abstaining from voting are considered as not voting. In a secret ballot, all invalid votes shall be so reported to the Committee and shall be counted as abstentions.

Rule 43

Except as otherwise provided by the WHO Constitution or decided by the Health Assembly or as laid down in these Rules of Procedure, the decisions of the Committee shall be made by a majority of the representatives present and voting.

Rule 44

If the votes are equally divided on a matter other than an election, the proposal voted upon shall be regarded as not adopted.

Rule 45

The Committee shall normally vote by show of hands, except that any representative may request a recorded vote. Where an appropriate electronic system is available, the Committee may decide to conduct any vote under this Rule by electronic means.

When the Committee conducts a recorded vote without using electronic means, the vote shall be conducted by vote by roll-call which shall then be taken in the English alphabetical order of the names of the Members. In the case of a roll-call vote, the name of the Member to vote first shall be determined by lot. ~~The name of the Member to vote first shall be determined by lot.~~

Rule 46

The vote or abstention of each representative participating in any vote by roll call shall be inserted in the records.

Rule 47

After the Chairperson has announced the beginning of voting, no representative shall interrupt the voting except on a point of order in connection with the actual conduct of voting.

Rule 48

Elections shall normally be held by secret ballot. However, except as concerns the nomination of the Regional Director, if the number of candidates for elective office does not exceed the number of the offices to be filled, no ballot shall be required and such candidates shall be

Commented [A15]: Amendment is proposed to allow the Committee to adopt electronic voting, should an appropriate system become available in the future. Decision WHA72(23) allowed for the possibility of electronic voting for recorded votes, where appropriate systems are available. WHA RoP 73 makes provision for this, and, recently, WPRO RoP R 44 was amended to take this possibility into account.

Commented [A16]: The addition of “or abstention” is drawn from EMRO RoP R 45 and is meant to reflect the common practice of recording roll-call abstentions in the record. WPRO RoP R 45 also includes “or abstention”.

declared elected. Where ballots are required, two ~~tellers polling officers~~ appointed by the Chairperson from among the representatives shall assist in the counting of votes. The nomination of the Regional Director shall be decided by secret ballot in accordance with Rule 52.

Rule 49

Except as otherwise provided under these Rules of Procedure, the Committee may vote on any matter by secret ballot if it has been so decided beforehand by the majority of the representatives present and voting provided that no secret ballot shall be taken on budgetary matters.

A decision by the Committee under this Rule whether or not to hold a secret ballot shall be taken only by a show of hands; should the Committee decide to vote on a particular question by secret ballot, no other mode of voting shall be requested or decided upon.

A motion for a secret ballot takes precedence over other motions for a vote.

Commented [A17]: Amendment proposed for clarity. The proposal is drawn from EMR RoP 47 and WPR RoP 48.

Rule 50

Subject to the provisions of Rule 52, if only one elective post is to be filled and no candidate obtains in the first ballot a majority of votes cast by those entitled to vote, a second ballot shall be taken and shall be restricted to the two candidates having obtained the largest number of votes; if in the second ballot the votes are equally divided, the Chairperson shall decide between the candidates by drawing lots.

Rule 51

If two or more elective posts are to be filled at one time under the same conditions, those candidates having obtained in the first ballot a majority of votes cast shall be elected. If the number of candidates having obtained such majority is less than the number of posts to be filled, there shall be as many additional ballots as are necessary to fill the remaining posts, the ballots being restricted to the candidates having obtained the greatest number of votes in the previous ballot to a number not more than twice the posts remaining to be filled.

Rule 52

1. Not less than six months before the date fixed for the opening of a session of the Committee at which the Regional Director is to be nominated, the Director-General shall inform each Member State that he/she will receive proposals ~~for~~ of the names of persons for nomination by the Committee for the post of Regional Director. In the information sent to Member States, the Director-General shall attach the Code of Conduct for the nomination of the Regional Director and draw the attention of the Member States to the need to honour and adhere to the provisions set out in the Code.
2. Any Member State may propose for the post of Regional Director the name of one suitably qualified and experienced citizen of that State with a medical background, by submitting with the proposal a curriculum vitae and other supporting information of not more than 2000 words (statement of vision, priorities and strategies). Such proposals shall be sent to the Director-General, including in electronic format, so as to reach him/her at the Headquarters

of the Organization in Geneva, Switzerland, not less than twelve weeks before the date fixed for the opening of the session.

3. If the incumbent Regional Director is available and eligible for reappointment in accordance with Rule 48 of the Rules of Procedure of the Executive Board, the Director-General shall inform each Member accordingly at the time when he/she invites proposals for names of nominees for the post of Regional Director. The name of the Regional Director in office thus available shall automatically be submitted to the Committee and shall not require a proposal from any Member State.
4. The Director-General shall, not less than ten weeks before the date fixed for the opening of the session of the Committee, cause copies of all proposals for nomination for the post of Regional Director (with the curriculum vitae of each person and other supporting information) received by him/her within the period specified to be sent to each Member under confidential cover.
5. If no proposals have been received by the Director-General in time for transmission to Member States in accordance with this Rule, Member States shall be informed accordingly not less than ten weeks before the opening of the session of the Committee. The Committee shall itself establish a list of candidates composed of the names proposed in secret by the representatives present and voting.
6. If the Director-General receives more than five candidatures within the period specified in paragraph 2, the Committee shall draw a short list of five candidates at a private meeting at the commencement of its session. For this purpose, the Committee shall hold a secret ballot, and the five candidates obtaining the highest number of votes shall make up the short list. In the event of a tie between two or more persons such that there are more than five persons identified for inclusion on the short list, there shall be additional ballots between those persons receiving the tie votes, with those receiving the highest number of votes filling the remaining place or places on the shortlist.
7. The persons referred to in paragraph 2 or 3 or — in the case of paragraph 6 being applicable — those persons on the shortlist, shall be interviewed by the Committee in a private meeting. The interview shall consist of a presentation by each candidate in addition to answers to questions from Members of the Committee. The Committee shall determine, as appropriate, the modalities for the interviews.
- 7.8. The nomination of the Regional Director shall take place in a private meeting of the Committee. The Committee shall make a selection by secret ballot from among the persons referred to in paragraphs 2 or 3 or — in the case of paragraph 6 being applicable — those persons on the shortlist, in the following manner:
 - (a) Each representative entitled to vote shall indicate on his/her ballot paper ~~write on the ballot paper~~ the name of a single candidate chosen from among the persons proposed.
 - (b) The candidate who obtains at a ballot the majority required shall be declared nominated.
 - (c) At a ballot when no candidate obtains the majority required, the candidate who obtains the least number of votes shall be eliminated.
 - (d) If the number of the candidates is reduced to two, there shall be not more than three further ballots. In the event of a tie after the third such ballot, the whole voting procedure established by this paragraph shall be recommenced based on the shortlist of candidates.

~~When the number of candidates is reduced to two, there shall be as many ballots as are necessary to secure the majority for either candidate.~~

Commented [A18]: For the sake of clarity, the Committee may wish to specify that the creation of the short list, which involves a secret ballot, will take place in a private meeting. EMRO and WPRO RoP contain this clarification. See EMRO RoP R 51(f bis); WPRO RoP R 51.

Commented [A19]: Proposal for interviews to take place in an open meeting of the Committee is consistent with the promotion of transparency and accountability.

Commented [A20]: Amendment suggested to reflect the current practice of voting taking place through selection of candidate's name on pre-printed ballot sheets rather than representatives handwriting the name of their chosen candidate.

Commented [A21]: Amendment proposed to resolve what appeared to be an inconsistency in the original text, which first stated that there would be "as many ballots as necessary" and then in the next sentence limited the ballots to three. The language proposed is drawn from EMR and WPR RoPs, see, e.g., EMR RoP R 51(h) and WPR RoP R 51.

~~(e) In the event of a tie between the two remaining candidates after three such ballots, the established procedure shall be recommenced on the basis of the original list of candidates~~

8.9. The name of the person so nominated shall be announced at a public meeting of the Regional Committee and submitted to the Executive Board.

9.10. The appointment of the Regional Director shall be for five years, and he/she shall be eligible for reappointment only once.

11. If the Regional Director is unable to perform the functions of his/her office or if his/her office becomes vacant before his/her term of office is completed, the Committee shall nominate a person for the post of Regional Director at its next session, provided that the other provisions of this Rule are met. If the other provisions of this Rule cannot be met, the Committee shall take a decision at its next session or in an ad hoc session with a view to nominating a person and submitting his/her name to the Executive Board as soon as possible. In the Interim, the Director-General shall designate an acting Regional Director until the appointment of a new incumbent

Commented [A22]: The proposed amendment is based on EMR, EUR and WPR RoP precedent and meant to capture general practice. See, e.g., EMRO RoP R 51(i) (“The name of the person so nominated shall be announced at a public meeting of the Regional Committee and submitted to the Executive Board.”); EURO RoP 47.14 (“The name of the person or persons so nominated shall be announced at a public meeting of the Regional Committee and submitted to the Executive Board.”).

Commented [A23]: This proposal is to clarify the terms of appointment and close to EMRO RoP R 51(j) and EURO RoP R 47.16: “The appointment of the Regional Director shall be for five years and he or she shall be eligible for reappointment only once.” It is also very similar to WPRO RoP R 51, as amended. A similar provision is included in WHA RoP R 108 with respect to the Director-General.

Commented [A24]: This proposal clarifies the process that ensues should the RD be unable to perform his/her functions or the post become unexpectedly vacant. It is drawn from similar provisions in the EMR and WPR RoP:

EMR RoP 51(f): “If the Regional Director is unable to perform the functions of his or her office or if his or her office becomes vacant before his or her term of office is completed, the Committee shall nominate a person for the post of Regional Director at its next session, provided that the other provisions of this Rule are met. If the other provisions of this Rule cannot be met, the Committee shall take a decision at its next session or in a special session with a view to nominating a person and submitting his or her name to the Executive Board as soon as possible. In the Interim, the Director-General shall designate an acting Regional Director until the appointment of a new incumbent.”

WPR RoP R 51: “If the Regional Director is unable to perform the functions of his/her office or if his/her office becomes vacant before his/her term of office is completed, the Committee shall nominate a person for the post of Regional Director at its next session, provided that the other provisions of this Rule are met. If the other provisions of this Rule cannot be met, the Committee shall take a decision at its next session with a view to nominating a person and submitting his/her name to the Executive Board as soon as possible. For the interim period until the appointment of a new Regional Director can be made through the process outlined by this provision, and to ensure business continuity, the Director-General shall designate an acting Regional Director.”

Commented [A25]: Proposed amendment aims to provide greater flexibility in the drafting of the report proposing amendment of the RoP. It is drawn from, but not identical to, EMR RoP R 53 (“Amendment of, or addition to, these Rules may be adopted by the Committee by a two-thirds majority, provided that the Committee had received and considered a report thereon by the Regional Director or an appropriate subcommittee.”).

XII. SUSPENSION AND AMENDMENT OF RULES OF PROCEDURE

Rule 53

Subject to the provisions of the WHO Constitution, any of these Rules may be suspended by the Committee provided that at least forty-eight hours’ notice of the proposal for such suspension has been given to the Chairperson and communicated by him/her to the representatives twenty-four hours before the meeting at which the proposal is to be submitted. If, however, on the advice of the Chairperson, the Committee is unanimously in favour of such a proposal, it may adopt it immediately and without notice.

Rule 54

Amendments of, or additions to, these Rules may be adopted by the Committee, provided that the Committee has received and considered a report thereon by the Regional Director or an appropriate subcommittee.

XIII. GENERAL PROVISIONS

Rule 55

The Committee may at its discretion apply such Rules of Procedure of the World Health Assembly or of the WHO Executive Board as it may deem appropriate to particular circumstances which are not covered by these Rules of the Committee.