

Seventy-fourth session of the Regional Committee for Africa, Brazzaville, Congo, 26–30 August 2024

Final report



**Seventy-fourth session of the
Regional Committee for Africa,
Brazzaville, Congo, 26–30 August 2024**

Final report

Report of the Seventy-fourth session of the WHO Regional Committee for Africa

AFR/RC74/14

© World Health Organization, 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Report of the Seventy-fourth session of the WHO Regional Committee for Africa. Brazzaville: WHO African Region, 2024. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Designed in the WHO Regional Office for Africa, Brazzaville, Congo

Contents

	Page
Abbreviations	ix

Part I

Procedural Decisions and Resolutions

Procedural Decisions

Decision 1	Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee	1
Decision 2	Composition of the committee on credentials	1
Decision 3	Credentials.....	2
Decision 4	Replacement of Members of the Programme Subcommittee	2
Decision 5	Proposals for Member States of the African Region to Serve on the Executive Board and in posts of the Executive Board	3
Decision 6	Proposal for officers of the seventy-eighth World Health Assembly	3
Decision 7	Draft provisional agenda, place and dates of the seventy-fifth Session of the Regional Committee	4
Decision 8	Accreditation of regional non-state actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa	4
Decision 9	Proposed changes to the rules of procedure of the Regional Committee	4

Resolutions

Resolution 1	Nomination of the Regional Director	5
Resolution 2	Expression of appreciation to Dr Matshidiso Rebecca Moeti.....	5
Resolution 3	Vote of thanks	6

Part II

Report of the Regional Committee

	Paragraphs
Opening of the meeting.....	1–7
Organization of work	8–12
Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs.....	8
Adoption of the provisional agenda and provisional programme of work (Document AFR/RC74/1 and AFR/RC74/1 Add.1).....	9
Appointment and meeting of Members of the Committee on Credentials	10–11
Report of the Committee on Credentials.....	12
Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC74/2)	13–15
Nomination of the Regional Director (Document AFR/RC74/INF.DOC/1).....	16–18
Report of the Regional Director on the work of WHO in the African Region (Document AFR/RC74/3)	19–23
Process for the nomination and appointment of Regional Director (Document AFR/RC74/4)	24–27
Pillar 1: One billion more people benefitting from universal health coverage	
Framework for the implementation of the Global Diabetes Compact in the WHO African Region (Document AFR/RC74/5).....	28–30

Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035 (Document AFR/RC74/6)	31–33
Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document AFR/RC74/7)	34–36
Pillar 2: One billion more people better protected from health emergencies	
An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region (Document AFR/RC74/8)	37–39
Pillar 3: One billion more people enjoying better health and well-being	
Framework for building climate-resilient and sustainable health systems in the WHO African region 2024–2033 (Document AFR/RC74/9).....	40–42
Framework for implementing the who global strategy for food safety 2022–2030 in the African Region (Document AFR/RC74/10).....	43–45
Pillar 4: More effective and efficient WHO providing better support to countries	
A Decade of Transformation: achievements and lessons learnt (Document AFR/RC74/11)	46–48
Draft proposed Programme Budget 2026-2027 (Document AFR/RC74/12 and AFR/RC74/12 Add.1)	49–53
Draft provisional agenda, place, and dates of the Seventy-fifth session of the Regional Committee (Document AFR/RC74/13)	54
Information documents	55
Adoption of the report of the Regional Committee (Document AFR/RC74/14)	56
Closure of the Seventy-fourth session of the Regional Committee	57
Vote of thanks.....	58
Closing remarks by the Regional Director	59
Closing remarks by the Chairperson of the Regional Committee	60

Part III

Special and side events

Special events

Ten years of the Transformation Agenda of WHO in the African Region	61–65
WHO Investment Round: Making Africa’s voice heard	66–70
Special briefing session on mpox and the Intergovernmental Negotiating Body (INB)	71–75
The Road to Zero: Ending Polio in the African Region	76–81

Side events

Advancing Africa’s Leadership and Unified Voice in GHIs towards the realization of the Lusaka Agenda	82–86
Tackling the public health emergency of preventable child mortality in the WHO African Region	87–92
Accelerating the elimination of cervical cancer in Africa: strategies and partnerships for integrated person-centred prevention and care	93–95
Turning Words into Action: Operationalizing the Africa Health Workforce Investment Charter	96–98
Vaccination for better health in Africa: renewed promise, commitment, and investment	99–102
Promoting equitable and sustainable access to life-saving innovations in Africa, with a focus on malaria vaccines, regional manufacturing and maternal health	103–107

Part IV

Annexes

	Pages
List of participants.....	41
Agenda	62
Programme of work	65

Abbreviations

ADI	Addis Declaration on Immunization
AMA	African Medicines Agency
CEBS	community event-based surveillance
GHI	global health initiatives
GPEI	Global Polio Eradication Initiative
GPW 14	General Programme of Work 2025–2028
HPV	human papillomavirus
HWF	health workforce
IHR (2005)	International Health Regulations (2005)
INB	Intergovernmental Negotiating Body
JEAP	Joint Emergency Action Plan
NCDs	noncommunicable diseases
PHC	primary health care
PSEAH	Prevention of sexual exploitation, abuse and harassment
SIDS	Small Island Developing States
UAE	United Arab Emirates
UHC	universal health coverage
UNSDG	United Nations Sustainable Development Group
WGFSF	Working Group on Sustainable Financing
WHO PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care in low-resource settings

Part I

Procedural Decisions and Resolutions



Procedural Decisions

Decision 1 Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee for Africa unanimously elected the following officers:

Chairperson:	Mr Gilbert Mokoki Minister of Health and Population Republic of the Congo
First Vice-Chairperson:	Dr Louise Mapleh Kpoto Minister of Health and Social Welfare Liberia
Second Vice-Chairperson:	Professor Abdallahi Weddih Minister of Health Islamic Republic of Mauritania
Rapporteurs:	Dr Aaron Motsoaledi Minister of Health South Africa for English Professor Adrien Mougougou Minister of Health and Social Welfare Republic of Gabon for French Ms Angela Rose Da Costa Minister of Health and Women's Rights Republic of Sao Tome and Principe for Portuguese

Decision 2 Composition of the committee on credentials

In accordance with Rule 3(c) of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Algeria, Angola, Democratic Republic of the Congo, Guinea, Nigeria, Seychelles, and South Sudan.

The Committee on Credentials met on 26 August 2024 and elected Dr Andre Bernard Valentin, from the delegation of Seychelles, as its Chairperson.

Decision 3 Credentials

The Regional Committee, acting on the report of the Committee of Credentials, decided to:

1. Partially suspend Rule 3 of the Rules of Procedure to allow acceptance of electronic copies of the credentials of Member States of the Region;

2. Recognize the credentials submitted by the following 46 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Gambia, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Decision 4 Replacement of Members of the Programme Subcommittee

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

Decision 5 Proposals for Member States of the African Region to serve on the Executive Board and in posts of the Executive Board

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.

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 for appointment 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 for appointment 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.

Decision 6 Proposal for officers of the seventy-seventh World Health Assembly

The Regional Committee for Africa decided to propose 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.

Furthermore, based on the English alphabetical order and subregional geographic groupings, the Regional Committee for Africa decided to propose the following countries to serve on the Main Committees of the Seventy-eighth World Health Assembly:

- (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.

Decision 7 Draft provisional agenda, place and dates of the seventy-fifth Session of the Regional Committee

The Regional Committee for Africa decided to hold its Seventy-fifth session in the Republic of Zambia from 25 to 29 August 2025.

The Committee reviewed and adopted the provisional agenda of the Seventy-fifth session as contained in Document [AFR/RC74/13](#) and requested an agenda item on malaria to be included.

Decision 8 Accreditation of regional non-state actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa

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, as set out in the Annex 1 of Document [AFR/RC74/2](#),

Decided:

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

Decision 9 Proposed changes to the Rules of Procedure of 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 as 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.

Resolutions

Resolution 1 Nomination of the Regional Director

The Regional Committee,

Considering the provisions of Article 52 of the WHO Constitution; and

In accordance with Rule 52 of the Rules of Procedure of the Regional Committee for Africa,

1. NOMINATES Dr Faustine Engelbert Ndugulile as Regional Director for Africa;
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Faustine Engelbert Ndugulile as from 4 February 2025.

Resolution 2 Expression of appreciation to Dr Matshidiso Rebecca Moeti

The Regional Committee,

Appreciating the commitment of Dr Matshidiso Rebecca Moeti to international health and her contributions and achievements during her tenure as Regional Director for Africa for 10 years;

1. THANKS Dr Matshidiso Rebecca Moeti for her dedicated leadership and invaluable contribution to health development in the African Region;
2. DECIDES that, in view of her immense contribution, she be made Regional Director Emeritus.

Resolution 3 Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of the Congo to ensure the success of the Seventy-fourth session of the WHO Regional Committee for Africa held in Brazzaville, Republic of the Congo, from 26 to 30 August 2024;

APPRECIATING the particularly warm welcome that the Government and people of the Republic of the Congo extended to the delegates,

1. **THANKS** the President of the Republic of the Congo, **His Excellency Denis Sassou Nguesso**, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement that he delivered at the official opening ceremony;
2. **EXPRESSES** its sincere gratitude to the Government and people of the Republic of the Congo for their outstanding hospitality;
3. **REQUESTS** the Regional Director to convey this vote of thanks to the President of the Republic of the Congo, **His Excellency Denis Sassou Nguesso**.

Part II

Report of the Regional Committee



Opening of the meeting

1. The Seventy-fourth session of the World Health Organization (WHO) Regional Committee for Africa was officially opened on Monday, 26 August 2024, by His Excellency Denis Sassou Nguesso, President of the Republic of the Congo, at the Palais des Congrès. The ceremony included speeches from the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, the WHO Regional Director for Africa, Dr Matshidiso Moeti, the African Union Commissioner for Health, Humanitarian Affairs and Social Development, Ambassador Minata Samaté Cessouma, and other dignitaries.
2. Speakers highlighted the significant health challenges Africa has faced in recent years, which have weakened health care systems across the continent. The various speakers emphasized the need to learn from these experiences and strengthen health systems to achieve universal health coverage (UHC), address noncommunicable diseases, and respond effectively to future health emergencies. They lauded the commendable efforts of the WHO leadership at global and regional level.
3. Ambassador Minata Samaté Cessouma noted that the challenges facing the Region related to the vulnerability of the health systems in the context of climate change, and stressed the importance of increased investments for developing health infrastructure and scaling up human resources for health.
4. The outgoing Chairperson of the Regional Committee, Dr Edwin Dikoloti of Botswana, and the incoming Chair, Honourable Gilbert Mokoki, Minister of Health and Population of the Republic of the Congo, acknowledged the achievements of the WHO leadership and the progress made in health service delivery across the Region. They reiterated the need for strong leadership and collective action to overcome the challenges posed by climate change, civil conflicts and urbanization to achieve the goals of UHC and primary health care (PHC). The Republic of the Congo announced a 50% increase in its financial contribution to WHO.
5. In her address, the WHO Regional Director for Africa, Dr Matshidiso Moeti, expressed gratitude to the Republic of the Congo for hosting the WHO Regional Office over the years. She highlighted progress achieved in UHC, life expectancy and maternal and child health during her tenure and called for continued commitment to health financing and a global pandemic agreement. Dr Moeti stressed the importance of addressing health worker migration and ensuring sustainable health care across the Region.

6. The WHO Director-General, Dr Tedros, provided an update on the ongoing mpox epidemic, noting the funding need of US\$ 135 million to support surveillance and response efforts. He reflected on his leadership, which has seen the launch of 50 new initiatives since 2018 and urged Member States to engage in global pandemic agreement discussions and contribute to health investment based on their capacities.

7. President Nguesso urged participants to focus on prevention through vaccination, healthy lifestyles and regular exercise as key strategies to combat diseases. He also called for international support in adapting African health systems to climate change, addressing health inequities, and expanding UHC and social protection. The President was awarded an honorary distinction by WHO in recognition of his contributions to the improvement of health outcomes in Congo, particularly maternal and child health and combating substandard and falsified medicines.

Organization of work

Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs

8. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee for Africa elected its officers by acclamation. The Minister of Health and Population of the Republic of the Congo, Honourable Gilbert Mokoki, was elected as chairperson, while Dr Louise Mapleh Kpoto, Honourable Minister of Health and Social Welfare of Liberia, and Professor Abdallahi Weddih, Honourable Minister of Health of Mauritania, were elected as first- and second Vice Chairpersons respectively. The Regional Committee also elected its rapporteurs in accordance with Rule 15 of the Rules of Procedure, with Dr Aaron Motsoaledi, Honourable Minister of Health of South Africa, Professor Adrien Mougougou, Honourable Minister of Health and Social Affairs of Gabon, and Dr Ângela dos Santos Ramos José da Costa, Honourable Minister of Health and Women's Rights of Sao Tome and Principe as English, French and Portuguese rapporteurs respectively.

Adoption of the provisional agenda and provisional programme of work

(Document [AFR/RC74/1](#) and [AFR/RC74/1 Add.1](#))

9. The Chairperson of the Seventy-fourth session of the Regional Committee, Honourable Gilbert Mokoki, Minister of Health and Population of the Republic of the Congo, tabled the provisional agenda ([AFR/RC74/1/Rev](#)) and the draft programme of work ([AFR/RC74/1 Add.1](#)). They were adopted without amendments.

Appointment and meeting of Members of the Committee on Credentials

10. The Regional Committee appointed the Committee on Credentials, in accordance with Rule 3 (c) of the Rules of Procedure, consisting of the representatives of the following Member States: Algeria, Angola, Democratic Republic of the Congo, Guinea, Nigeria, Seychelles and South Sudan.

11. The Committee on Credentials met on 26 August 2024 and elected Dr Andre Bernard Valentin from the delegation of Seychelles, as its chairperson.

Report of the Committee on Credentials

12. The Regional Committee, acting on the report of the Committee on Credentials, decided to accept original and electronic credentials and recognized the credentials submitted by the following 46 Member States to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Sudan, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Statement of the Chairperson of the Programme Subcommittee (Document [AFR/RC74/2](#))

13. In his statement to the Seventy-fourth session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Oscar Ntihabose from Burundi, provided an overview of the meeting of the PSC that convened in Brazzaville, Congo, from 24 to 28 June 2024. The PSC reviewed 11 documents, seven of which were devoted to public health matters of regional concern, and recommended them for consideration and adoption by the Seventy-fourth session of the Regional Committee. The Regional Committee adopted the statement of the Chairperson of the PSC.

14. As recommended by the PSC, the Regional Committee also considered and adopted the accreditation of six non-State actors not in official relations with WHO to participate in sessions of the Regional Committee. The six entities accredited were: 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. Furthermore, the Regional

Committee considered and adopted the amended *Rules of Procedure of the Regional Committee for Africa*, which were developed under Article 49 of the WHO Constitution and Rule 54 of the Rules of Procedure of the Regional Committee for Africa.

15. The Regional Committee further considered and adopted proposals for the designation of Member States on councils and committees that require representation from the African Region.

Nomination of the Regional Director (Document [AFR/RC74/INF.DOC/1](#))

16. The nomination of the Regional Director by the Regional Committee was conducted in two parts: (i) interviews of the four candidates; and (ii) voting to nominate a candidate. In the afternoon of 26 August 2024, the Regional Committee decided on the modalities for the interviews, notably their conduct in a public meeting on 27 August 2024. The vote to nominate the Regional Director took place by secret ballot in a private meeting of Member States, in accordance with Rule 52 of the Rules of Procedure.

17. Following the vote, Dr Faustine Engelbert Ndugulile, from the United Republic of Tanzania, was nominated as the next Regional Director for Africa. The name of the nominee will be submitted to the 156th Executive Board for appointment starting from 4 February 2025.

18. The Regional Committee also recognized Dr Matshidiso Moeti for her contribution to health development in Africa and designated her Regional Director Emeritus.

Report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC74/3](#))

19. The report details the work of the WHO Secretariat in the African Region from July 2023 to June 2024, focusing on COVID-19 recovery and health-related Sustainable Development Goal targets. Key achievements include a 98% reduction in overdue direct financial cooperation reports and increased resource allocation for country offices. Progress towards universal health coverage (UHC) is equally highlighted, with the service coverage index rising from 23 in 2000 to 41 in 2021, and 88% of Member States now anchoring their policies on primary health care and UHC. Significant strides were made in malaria elimination, with Cabo Verde becoming the third country in the Region to be certified for malaria elimination. WHO also supported Member States in health emergency preparedness, including pandemic response and climate-related crises. Efforts to promote health and well-being included the development of an implementation plan for the Regional strategy for community engagement and the signing of the UAE Declaration on climate and health by 29 African Member States. The report also highlights WHO's collaboration with partners to address antimicrobial resistance and enhance health research capacity.

20. The Regional Committee expressed profound gratitude to the Regional Director for her outstanding leadership over the past decade. Members were unanimous that as the first female Regional Director, her transformative leadership had significantly improved health outcomes and operational efficiency across the WHO African Region. They commended her for guiding the Region through the COVID-19 pandemic, the International Health Regulations (2005) amendment process, and Africa's contribution to the ongoing Pandemic Treaty negotiations. Her instrumental role in adopting a holistic approach to regional health challenges was recognized, and Member States wished her all the best in her future endeavours upon retirement.

21. Member States noted that the Regional Director's report highlighted the successful implementation of the Transformation Agenda, which has led to enhanced resource allocation to country offices, improved operational efficiency, and increased the responsiveness of the Secretariat to the needs of Member States. Notable achievements include the reduction in outbreak response times, the establishment of the Small Island Developing States (SIDS) pooled procurement mechanism – which is expected to reduce costs and improve access to essential medicines and health products – and the adoption of the Africa Health Workforce (HWF) Investment Charter to strengthen the Region's health workforce. Additionally, the Regional Committee acknowledged the support of the Secretariat in helping countries develop key policies and strategies to address health issues, advance universal health coverage and combat disease outbreaks, including by strengthening immunization programmes and introducing malaria vaccines. Member States also highlighted the need for local production of vaccines and medicines, which plays a key role in safeguarding countries' sovereignty.

22. Looking ahead, Member States called on the WHO Secretariat to continue advancing research and development, strengthening emergency preparedness and response, and ensuring resilient health systems. They also highlighted the challenges posed by financial austerity on resource allocation to health, urging the WHO Secretariat to support Member States in the establishment of health financing mechanisms, including health insurance schemes, to protect populations from catastrophic health spending.

23. The Regional Committee noted the “Report of the Regional Director on the work of WHO in the African Region 2022–2023” as contained in Document [AFR/RC74/3](#).

Process for the nomination and appointment of Regional Directors (Document [AFR/RC74/4](#))

24. The Secretariat presented the consultation document on possible measures to enhance the transparency, accountability, and integrity of the process for nominating Regional Directors. The 154th session of the Executive Board requested consultations with Member States for the development of a document to be presented to the 157th session of the Executive Board. Suggestions for possible measures include: setting specific minimum criteria for candidates; formalizing live candidates' forums which would be broadcast publicly; broadcasting candidate interviews held at regional committee meetings; amending codes of conduct to include provisions on sexual misconduct, due diligence, and strengthening campaign activity disclosures; and establishing evaluation groups to assess candidates' qualifications and oversee the nomination process.

25. Member States were generally positive about establishing an evaluation group but had reservations about empowering it to disqualify candidates or to extend the window for submission of candidacies. It was also noted that some measures (candidates' forums and public interviews) had already been used on an ad hoc basis in the last election in the African Region and another (evaluation/search group) had been used in a previous election in the Region.

26. Member States were informed that the outcome of the regional consultations would be reviewed by an informal meeting of WHO Member States with a view to informing the report to be submitted to the 157th Executive Board. The outcome of the Executive Board's discussion will be submitted for consideration and action, if any and as appropriate, to all Regional Committees.

27. The Regional Committee noted Document [AFR/RC74/4](#): Process for the nomination and appointment of Regional Directors.

Pillar 1: One billion more people benefitting from universal health coverage

Framework for the implementation of the Global Diabetes Compact in the WHO African Region (Document [AFR/RC74/5](#))

28. The framework highlights the growing burden of diabetes, with 1 in 22 adults affected and 54% of cases in the Region remaining undiagnosed. The regional framework is designed to support the implementation of context-appropriate, cost-effective programmes and initiatives for diabetes prevention and control. It emphasizes equitable access to comprehensive, quality treatment and care, including essential medicines such as insulin, and the integration of diabetes care into HIV and tuberculosis services. The framework also stresses the importance of regular

monitoring, evaluation, and adaptability to ensure sustained progress. Key priority interventions outlined include diabetes programme development, capacity strengthening for diabetes management, integration of diabetes services into primary health care and priority disease programmes, enhanced access to diabetes medications, partnership, advocacy, and resource mobilization, as well as monitoring, evaluation, and operational research.

29. Member States welcomed the framework as a timely and vital tool, highlighting the concrete actions proposed for preventing diabetes and reducing its high burden in the African Region. They emphasized the importance of early detection to prevent complications that are more difficult and costly to manage, noting that addressing diabetes requires a multisectoral approach. Member States shared several ongoing actions to mitigate the increasing burden of diabetes and other noncommunicable diseases (NCDs), including the implementation of WHO STEPwise approach to NCD risk factor surveillance (STEPS) surveys to assess the diabetes situation in countries, integrating diabetes prevention, detection, and management into national health strategies through initiatives such as PEN, HEARTS, and PEN-Plus, and decentralizing NCD services into primary health care. They also highlighted multisectoral approaches, integrating diabetes and other NCDs into TB and HIV services, and increasing funding. Additionally, Member States called for improved access to essential diabetes medicines and technologies, enhanced community engagement, and awareness campaigns to address the growing diabetes burden. The Regional Committee emphasized the need for continued collaboration, increased resource mobilization and allocation, and strengthened health systems to effectively tackle diabetes, its risk factors, and other NCDs.

30. The Regional Committee adopted Document [AFR/RC74/5](#): Framework for the implementation of the Global Diabetes Compact in the WHO African Region without amendments and endorsed the proposed actions and recommendations.

Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035
(Document [AFR/RC74/6](#))

31. 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 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. It sets objectives, including increasing the market share of locally produced medicines and vaccines to 55% and 50%, respectively, by 2035. The framework aims to guide Member States in the planning and implementation of strategic actions to scale up local production to increase access to quality medicines, vaccines, and other health technologies. The framework suggests regional targets that included at least 15 national regulatory authorities supported to have stable and well-functioning regulatory systems corresponding to WHO Maturity Level 3 as measured by the WHO Global Benchmarking Tool.

32. Member States emphasized the need for robust legal frameworks and strengthened regulatory agencies. They called for functional procurement mechanisms and WHO support in sustaining medicine and vaccine quality. Member States underscored the need to scale up local production backed by strong political support, including a strategic vision for research and development and innovation. Investments to foster a conducive manufacturing environment, including biosimilar production, were deemed critical for reducing dependence on imports. The Committee also discussed the vulnerabilities faced by countries in relying on imports, the need for WHO to prequalify products and provide support to enhance the capacity of quality control laboratories. Member States advocated for improved regulatory frameworks to support the production of quality essential medicines, including cancer treatments. They underscored the importance of coordination and information sharing among countries and partners to ensure sustainability of the regional pharmaceutical industry. Member States further highlighted the important role of natural products, the need to improve infrastructure, and incentives to stimulate sector investment. The establishment of the African Medicines Agency (AMA) was discussed, with a focus on harmonization, standard-setting and improving access to technology to scale up local production. The Committee called for acceleration of regulatory harmonization and implementation of the African Medicines Agency.

33. The Regional Committee adopted Document [AFR/RC74/6](#): Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035 without amendments and endorsed the proposed actions and recommendations.

Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document [AFR/RC74/7](#))

34. The document highlights the importance of health data for evidence-based decision-making, programme management and management of health events, emphasizing the efforts of WHO and Member States to improve information systems, data tools and data systems. The WHO triple billion targets and the SDGs stress the need for timely, integrated, quality, and reliable data. However, data fragmentation, limited use of data, and inadequate capacity hinder

effective decision-making. The adoption of innovative and new technologies, including artificial intelligence and machine learning in the health sector, offer opportunities for advanced analytics but also pose risks related to data security and privacy. To address these challenges, the framework proposes a Regional Health Data Governance Protocol and the establishment of a Regional Health Data Hub that brings together data from different programmes and health domains, integrates data sets at national and regional levels, and provides an environment that can house and host different data and information platforms. The Hub will provide interoperability of previously vertical data sets and enable enhanced and enriched analytics, such as disease forecasting.

35. Member States acknowledged that data challenges were widespread and systemic across all countries in the Region and the Hub would serve as a means of overcoming the challenges of data fragmentation in the Region and support the generation of information and evidence for decision-making and other crucial actions for health. They stressed the importance of ensuring that the Hub is interoperable with existing systems, to maximize its utility while adhering to data exchange. Some Member States raised concerns about cybersecurity, data ownership, data usage, and standardization. A phased implementation approach was suggested for achieving the milestones in the framework. Member States also highlighted the necessity of building capacity in using the Hub and its artificial intelligence tools to fully harness its potential. By integrating diverse data sources, the Regional Data Hub could democratize information access, enhance early warning systems, identify health disparities, and improve resource allocation efficiency. Furthermore, it was seen as a valuable platform for knowledge sharing and research, contributing significantly to strengthening health outcomes across the Region. Member States expressed their commitment to supporting and using the hub actively, seeing it as a critical tool for improving public health management and outcomes.

36. The Regional Committee adopted Document [AFR/RC74/7](#): Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030, without amendments and endorsed the proposed actions and recommendations.

Pillar 2: One billion more people better protected from health emergencies

An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region (Document [AFR/RC74/8](#))

37. This document provides an update to Member States on the implementation of innovative approaches to strengthening health emergency preparedness, prevention, response, and resilience in the WHO African Region. It aligns with the Regional strategy for health security and emergencies 2022–2030, adopted at the Seventy-second session of the Regional Committee for

Africa. Key regional developments include the launch and implementation of flagship initiatives, the establishment of subregional emergency preparedness and response hubs, and enhanced partnerships with Africa CDC and other regional and subregional entities, which have led to more timely detection and more effective responses to emergencies. Nonetheless, these efforts have also highlighted ongoing challenges in preparedness capacity and health system resilience. The document further outlines actions for Member States and partners to improve emergency preparedness and response in the WHO African Region.

38. Member States commended the significant progress made through multistakeholder collaboration, particularly the efforts to enhance cross-border communication and information exchange. They praised the establishment of regional hubs in Senegal, Kenya, and South Africa, recognizing their crucial role in bolstering the Region's emergency response capabilities. Additionally, Member States encouraged the full implementation of the Joint Emergency Action Plan (JEAP) to sustain and expand the gains achieved, calling for continued strengthening of collaboration with Africa CDC and other key regional and subregional entities. They called for a coordinated and comprehensive approach to health emergency preparedness and response. Member States emphasized the critical importance of tackling the underlying challenges related to health systems and non-health determinants in building the Region's resilience to future emergencies. They appealed for the mobilization of domestic financing to address antimicrobial resistance and mitigate adverse events caused by climate change.

39. The Regional Committee adopted Document [AFR/RC74/8](#): An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region without amendments and fully endorsed the proposed actions and recommendations to advance health security in the Region.

Pillar 3: One billion more people enjoying better health and well-being

Framework for building climate-resilient and sustainable health systems in the WHO African region 2024–2033 (Document [AFR/RC74/9](#))

40. 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 climate-resilient and sustainable health systems; (2) support Member States in conducting vulnerability and adaptation assessments, and developing health national adaptation plans aligned with comprehensive national adaptation plans, including any relevant health and environment co-benefit actions; and (3) facilitate efforts to accelerate leadership, governance and financing to support the implementation of integrated, essential climate-related health interventions informed by vulnerability and adaptation

assessments and health national adaptation plans. The framework further outlines 10 core interventions for building climate-resilient and sustainable health systems.

41. Member States commended the Secretariat for developing the framework and highlighted the burden of climate change on health as seen through droughts, increased rainfall, and disease outbreaks in countries, and the need for a more collaborative approach to strengthening and building climate-resilient health systems. They recognized the critical importance of coordinated actions in addressing the impact of climate on health. They also advocated for more community engagement and sustainable funding for climate adaptation and building climate-resilient health systems.

42. The Regional Committee adopted Document [AFR/RC74/9](#): Framework for building climate-resilient and sustainable health systems in the WHO African Region 2024–2033 without amendments and endorsed the framework for implementation in the Region.

Framework for implementing the WHO global strategy for food safety 2022–2030 in the African Region (Document [AFR/RC74/10](#))

43. 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 for food safety 2022–2030, in order 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 programmatic integration.

44. Member States commended the development of the framework, acknowledging WHO's work in supporting Member States to enhance food safety. They appreciated the comprehensive approach and emphasized the importance of continued collaboration to strengthen national food control systems. Country experiences were shared and included strengthening of regulatory frameworks in alignment with the Codex Alimentarius; developing strategic plans; reinforcing coordination mechanisms; establishing risk-based inspection programmes; promoting food safety awareness; and operationalizing the One Health approach. Member States highlighted the need

for stronger partnerships, joint resource mobilization, cross-border information sharing and sustained efforts to implement the framework effectively, recognizing its critical role in addressing food safety challenges in the Region. Furthermore, Member States expressed the need for technical assistance to strengthen food testing laboratory capacities.

45. The Regional Committee adopted Document [AFR/RC74/10](#): Framework for implementing the WHO global strategy for food safety 2022–2030 in the African Region without amendments and endorsed the framework for implementation in the Region.

Pillar 4: More effective and efficient WHO providing better support to countries

A Decade of Transformation: achievements and lesson learnt

(Document [AFR/RC74/11](#))

46. The Secretariat presented a report outlining the key actions, achievements, and lessons of the Transformation Agenda over the past decade of its implementation and proposing the next steps for sustaining change and propelling further advancements in health development throughout the Region. The report documents achievements in public health, including improved health security capacities, progress towards universal health coverage, and several disease control initiatives. It 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 increased resource allocation for country offices, owing to improvements in donor reporting and compliance, and enhanced transparency in the utilization of funds.

47. Member States commended the Regional Director for initiating the Transformation Agenda in the African Region, recognizing its significant achievements and positive impact on health services and the promotion of universal health coverage. Several countries testified that the initiative contributed to the reduction of preventable maternal and child deaths. The Agenda played a crucial role in polio eradication efforts and the response to several public health emergencies. Member States further requested the support of the Secretariat in implementing the lessons of the Transformation Agenda to strengthen their national financial management systems. Member States underscored the need to scale up innovations to accelerate progress towards universal health coverage. They also highlighted the need to document the lessons learnt, share best practices, and evaluate the impact of the Transformation Agenda.

48. The Regional Committee adopted Document [AFR/RC74/11](#): A decade of transformation: achievements and lessons learnt without amendments.

Draft proposed Programme Budget 2026-2027 (Document [AFR/RC74/12](#) and [AFR/RC74/12 Add.1](#))

49. The draft Proposed programme budget 26–27 is the first to be fully developed under the Fourteenth General Programme of Work (GPW 14), focusing on health equity and system resilience. The results framework, with 18 outcomes and 42 draft outputs of GPW 14, is still under development. The purpose of the session was to solicit guidance from Member States on the Proposed programme budget 2026–2027 in relation to the draft budget figures, scenarios for the emergency operations and appeals segment, and increase in accessed contributions.

50. Member States highlighted enhancements expected in the subsequent versions of the Proposed programme budget 2026–2027. With regard to the results framework, monitoring, assessment, and evaluation, they asked for a switch to a formulation of outputs that emphasizes changes expected at country level consistent with the United Nations Sustainable Development Group (UNSDG) results-based management guidelines. They also called for proactive engagement with Member States during the development of indicators. They further requested that the document should elaborate on how the lessons emerging from reviews and evaluations are considered, and to systematically adopt and use key performance indicators (KPIs) in the results framework, monitoring, assessment, and evaluation. Member States also reflected on the priority-setting process, asking for output-level prioritization, given that the process constitutes the basis of identification of priority areas of focus between Member States and the Secretariat, and that it brings a better level of granularity required for optimal resource allocation. They also requested the Secretariat not to put a hard ceiling on the number of outcomes that can be prioritized as high by countries, considering that the prioritization exercise should be country-specific and based on needs.

51. Member States expressed their commitment to subsequent increases in assessed contributions within the context of sustainably financing the programme budget. They endorsed scenario 1 of the projected funding involving no increase in the emergency operations and appeals budget.

52. Member States further advocated for equity in resource allocation through the reversal of the current inverted pyramid so that budgeting and resource allocation would involve countries even more and be informed by the country prioritization results. Equity-based allocation of the budget and resources should be based on the 20-20-60 rule covering both human and financial resources such that 20% of the budget and resources go to headquarters, another 20% to

regional offices and 60% to country offices. Finally, they supported the increase in the budget to the areas of data/innovation and accountability, with 90% of the budget for each area going to countries and regions where the needs and ability to create impact are greater.

53. The Regional Committee noted Document [AFR/RC74/12](#): Draft Proposed programme budget 2026–2027.

Draft provisional agenda, place, and dates of the Seventy-fifth session of the Regional Committee (Document [AFR/RC74/13](#))

54. The Regional Committee, in accordance with its Rules of Procedure, decided to hold its Seventy-fifth session from 25 to 29 August 2025 in the Republic of Zambia. The Committee discussed and adopted the draft provisional agenda with amendments.

Information documents

55. The Regional Committee considered and took note of the following 17 information documents.

Pillar 1: One billion more people benefitting from universal health coverage

- (a) Progress report on the Framework for strengthening the use of evidence, information and research for policy-making in the African Region (Document [AFR/RC74/INF.DOC/2](#))
- (b) Progress report on the Framework for implementing the Global strategy on digital health in the WHO African Region (Document [AFR/RC74/INF.DOC/3](#))
- (c) Progress report on the African Health Observatory (Document [AFR/RC74/INF.DOC/4](#))
- (d) Progress report on the Framework for implementing the priority actions of the global plan of action of the Decade of Healthy ageing (Document [AFR/RC74/INF.DOC/5](#))
- (e) Progress report on the Framework for improving access to assistive technology in the WHO African Region (Document [AFR/RC74/INF.DOC/6](#))
- (f) Progress report on the Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region (Document [AFR/RC74/INF.DOC/7](#))
- (g) Progress report on the Framework for the integrated control, elimination, and eradication of tropical and vector-borne diseases in the African Region (Document [AFR/RC74/INF.DOC/8](#))

Pillar 2: One billion more people better protected from health emergencies

- (h) Progress report on the Regional strategy for health security and emergencies 2022–2030 (Document [AFR/RC74/INF.DOC/9](#))

- (i) Progress report on the Framework for implementing the Global strategy to eliminate yellow fever epidemics (EYE) 2017–2026 (Document [AFR/RC74/INF.DOC/10](#))
- (j) Progress report on the status of country engagement and implementation of the Universal Health and Preparedness Review (UHPR) in the African Region (Document [AFR/RC74/INF.DOC/11](#))
- (k) Progress report on the Framework for the implementation of the Global Strategy to defeat Meningitis by 2030 in the WHO African Region (Document [AFR/RC74/INF.DOC/12](#))

Pillar 3: One billion more people enjoying better health and well-being

- (l) Progress report on the Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem (Document [AFR/RC74/INF.DOC/13](#))
- (m) Progress report on the Framework for the implementation of the Global vector control response in the WHO African Region (Document [AFR/RC74/INF.DOC/14](#))
- (n) Progress report on the Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region 2021–2030 (Document [AFR/RC74/INF.DOC/15](#))
- (o) Progress report on the updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 (Document [AFR/RC74/INF.DOC/16](#))

Pillar 4: More effective and efficient WHO providing better support to countries

- (p) Report on WHO staff in the African Region (Document [AFR/RC74/INF.DOC/17](#))
- (q) Regional matters arising from reports of the WHO internal and external audits (Document [AFR/RC74/INF.DOC/18](#)).

Adoption of the report of the Regional Committee (Document AFR/RC74/14)

56. The Committee adopted the report through a written procedure.

Closure of the Seventy-fourth session of the Regional Committee

57. The closing session of the Seventy-fourth Regional Committee was marked by reflections on the key discussion points and decisions of the meeting. The session underscored the ongoing commitment to health development in the Region and set the stage for future initiatives.

Vote of thanks

58. The Minister of Health from Cameroon delivered the vote of thanks on behalf of Ministers of Health of the African Region, expressing gratitude to the President of the Republic of Congo, His Excellency President Denis Sassou Nguesso, for his hospitality, and to the Minister of Health of Congo and current Chairperson of the Regional Committee, Mr Mokoki, for skilfully steering the fruitful discussions of the session. He further commended the outgoing Regional Director, Dr Moeti, for her leadership and significant contributions to the Region's health sector, and congratulated the Regional Director Nominee.

Closing remarks by the Regional Director

59. In her closing remarks, the Regional Director noted the successful investment round session, which garnered a total of US\$ 45 million in pledges by Member States, out of a total of US\$ 250 million pledged overall by partners. She expressed appreciation for the support provided to her over the last 10 years by Member States and partners. She noted the thematic highlights of the session and acknowledged that a number of items had time overruns, while thanking participants for their endurance and contributions. She highlighted the significance of the deliberations and the decisions taken, which will guide future work, including the ongoing Transformation Agenda, to be taken forward by the incoming Regional Director. She also thanked the organizing committee and all persons who supported the logistical preparations for the session, the Secretariat for their efficient work, and all the delegates for their responsible engagement and participation in the nomination process.

Closing remarks by the Chairperson of the Regional Committee

60. In his closing remarks, the Chairperson of the Seventy-fourth Regional Committee expressed appreciation for the deep reflections shared during the session, which was held in the context of the mpox outbreak, and acknowledged the opportunity presented by the epidemic to refine health policies. He extended his congratulations to the Regional Director Nominee, Dr Ndugulile, and his heartfelt thanks to the outgoing Regional Director for her 10 years of unwavering public health commitment and commendable transformative progress.

Part III

Special and side events during the Regional Committee



Special events

Ten years of the Transformation Agenda of WHO in the African Region

61. The Transformation Agenda of WHO in the African Region was initiated to address health system weaknesses and poor health outcomes, as exemplified by the failure to meet the health-related Millennium Development Goals. Launched in 2015 amid crises such as the Ebola outbreak, the Agenda aimed to reform and rebuild trust in WHO by enhancing efficiency, accountability, and health outcomes. The Transformation Agenda also enhanced leadership, teamwork, partnerships and contributed to the successful implementation of priority health programmes.

62. Its key objectives included strengthening management practices, achieving gender parity, and fostering leadership across the Region to improve public health resilience. The achievements made during the 10-year tenure of Dr Matshidiso Moeti as the WHO Regional Director for Africa reflect significant progress in public health outcomes and infrastructure in the Region.

63. The WHO African Region's Transformation Agenda encountered numerous challenges, including managing major disease outbreaks such as Ebola and COVID-19. Key issues discussed included the need for improved accountability, gender parity, and leadership development. Delegates agreed that despite the challenges, significant progress had been achieved, such as enhanced emergency preparedness and response, improved audit outcomes, and increased gender parity among staff. Other speakers pointed to collaborative efforts with partners that have created opportunities to enhance public health infrastructure and capacity, as evidenced by faster outbreak detection and increased health worker numbers.

64. Participants, including Member States and non-State actors, spoke about the impact of the Transformation Agenda. These include Liberia's experience of community event-based surveillance (CEBS), strengthened primary health care through decentralization in Congo, the United Nations Volunteers initiative, which empowered over 100 women, and Namibia's steps towards a One Health approach through a tripartite partnership. Sierra Leone committed to collaborating with WHO and other countries to develop solutions and bridge the gap between health security and PHC.

65. Speakers pointed to gaps in access to surgical care services and the need to follow up with a person-centred approach to the delivery of interventions. They mentioned the need to enhance investment in health workforce training and leverage technology and innovation for more efficient service delivery. A number of speakers argued that emphasis should also be placed on

expanding health insurance schemes to increase domestic resource mobilization and reduce out-of-pocket expenses. The proposed next steps included scaling up successful initiatives, addressing the remaining gaps in health equity, and further promoting accountability and transparency in health governance across the Region.

WHO Investment Round: Making Africa's voice heard

66. The World Health Assembly decision WHA76(19) (2023), which called for the full financing of the base budget segment of the Fourteenth General Programme of Work (GPW 14) 2025–2028, paved the way for the first-ever WHO investment round. Member States of the African Region have demonstrated unprecedented leadership and support, particularly within the Working Group on Sustainable Financing (WGSF), to advocate for sustainable financing of WHO. Their decisive leadership was crucial in securing the approval of the investment round, aligning with the shared objective of placing WHO's finances on a sustainable and flexible path, ensuring the promotion, provision, and protection of health and well-being globally.

67. As part of the inaugural WHO investment round, a key pledging event was held during the Seventy-fourth session of the WHO Regional Committee for Africa (RC74). This high-level forum brought together African Member States, other global Member States, philanthropic institutions, private sector organizations, and non-State actors, all united in their commitment to support GPW 14 in promoting and protecting health for all. The discussions centred on securing predictable and flexible resources to bolster WHO's support for countries in the African Region.

68. The Regional Director described the event as historic for Africa, with the presence of all ministers, and emphasized that securing strong and predictable funding was essential for sustaining health in the Region, marking a significant part of her legacy. The Director-General highlighted the fact that implementing the strategy would generate an enormous return on investment of US\$ 35 for each dollar invested and could save 4 million lives by ensuring delivery of primary health care, preventing emergencies, and addressing the root causes of climate-related health issues. The WHO investment round is supported by South Africa, the African Union (AU), Mauritania as the serving Chair of the AU, Namibia, Botswana, and other countries.

69. At the end of the session, about US\$ 45 million was pledged from Member States and partners. In particular, several countries made significant financial commitments: Cabo Verde pledged US\$ 5000; Namibia US\$ 500 000; Niger US\$ 2 million; Botswana US\$ 1 million; South Africa US\$ 1 million; Seychelles US\$ 50 000; Senegal US\$ 700 000; Gambia US\$ 50 000; Mauritius US\$ 110 000; United Republic of Tanzania US\$ 500 000; Chad US\$ 500 000; and Ethiopia US\$ 2 million. Rwanda committed to doubling its annual contribution immediately, while the Republic of Congo committed to increase its annual contribution to WHO by 50% immediately. Other

countries, including Mauritania and Nigeria, pledged to contribute to the investment round and indicated that they would specify their commitments at a later date.

70. Additionally, non-State actors recognized the critical importance of investing in health as a driver of economic growth. The African Development Bank pledged US\$ 10 million to support the Health Impact Investment Platform (HIIP); the Children's Investment Fund Foundation (CIFF) committed US\$ 10 million; the Helmsley Charitable Trust pledged US\$ 5.6 million; Roche US\$ 1.6 million; the Kuwait Fund for Arab Economic Development US\$ 5 million; the World Diabetes Foundation US\$ 3.8 million; and the Bill and Melinda Gates Foundation US\$ 3.8 million. The Arab Bank also committed to supporting the initiative, with further details to be announced.

Special briefing session on mpox and the Intergovernmental Negotiating Body (INB)

Introduction

71. The special briefing session was held to discuss the ongoing mpox epidemic and the work of the Intergovernmental Negotiating Body (INB). Its objectives were to: (a) share a comprehensive view of the mpox outbreak at the global and continental level and obtain detailed insights into the most affected countries to inform targeted response strategies; (b) outline a coordinated continental strategy, co-led by Africa CDC and WHO, to enhance preparedness and response, ensuring alignment and effective action against the virus; and (c) encourage Member States to engage actively in the INB negotiations to shape a binding international instrument, fostering collaboration and commitment to managing pandemics.

Highlight of key issues discussed

72. Member States appreciated the unified continental approach, acknowledged the critical role of national leadership, and encouraged Africa CDC and WHO to strengthen collaboration under the Joint Emergency Action Plan and continental mpox plan. There was consensus on the need for community engagement, with an appeal for provision of accurate information to communities and the need to involve them in the response. The need for political engagement was highlighted, with an appeal for political intervention to prevent travel bans and stigma. There was consensus on the need for further research to focus on virus mutation, the importance of equitable vaccine distribution, and targeted vaccination strategies. Further, emphasis was placed on the importance of strengthening local laboratory capacity and surveillance to accurately and rapidly identify and report cases.

73. There was an appeal to provide support for affected countries such as the Democratic Republic of the Congo, Burundi and other high-risk countries. Finally, the importance of

prioritizing the continuity of health services and integrating emergency response within health systems strengthening was reiterated.

74. The update on the INB discussed the importance of achieving a binding international agreement by year-end, following the approval of amendments to the International Health Regulations (2005). The top issues for the African Region include technology transfer, equity, pathogen access and benefit sharing, overcoming language barriers, and ensuring the agreement is actionable. Expert consultations are scheduled for September and November 2024.

Recommendations and next steps

75. The Regional Committee commended the collaboration between Africa CDC and WHO in developing a continental response and preparedness plan for mpox and recommended enhancing local diagnostic capacity and research on mpox, especially on its mutations. The Committee also encouraged case reporting, called for the acceleration of the process of procuring vaccines, and recommended targeted vaccination and the use of other countermeasures such as community-based surveillance.

The Road to zero: ending polio in the African Region

Introduction

76. The aim of the polio special event was to bolster Member State commitment, targeting under-immunized and hard-to-reach groups and securing partner support to finish the job of polio eradication in Africa. Panellists included Dr Matshidiso Moeti, WHO Regional Director for Africa; Dr Jamal Ahmed, WHO Polio Eradication Programme Coordinator; Dr Chris Elias, Chair of the Polio Oversight Board of the Global Polio Eradication Initiative (GPEI); Dr Mekdes Daba, Minister of Health of Ethiopia and Ms Femi Oke moderator of the event. A

Key issues

77. Dr Moeti celebrated progress toward polio eradication in Africa, noting the halt of wild poliovirus type 1 in Malawi and Mozambique as of May 2024. Despite the 2020 declaration of the African Region as being free of indigenous wild poliovirus, she highlighted ongoing challenges with variant poliovirus type 2 in the Lake Chad Basin, the Sahel and East Africa. Dr Moeti called for global health unity to ensure robust surveillance, strong immunization systems, and effective outbreak responses.

78. Dr Ahmed presented a situation update and called on Ministers to continue to lead from the front to end outbreaks, praising political ownership, and stressing the need for sustained

political support to finish the job. Key points included cross-border cooperation, rapid and high-quality polio responses, and strategies for vaccinating vulnerable and mobile populations.

79. Member States discussed intercountry technical collaboration, swift response as key to success, the expansion of environmental surveillance for early detection, and challenges imposed by resource constraints, mobile populations and porous borders, as well as conflict. Member States shared effective strategies and emphasized the importance of community engagement and integrating health campaigns to enhance polio eradication efforts.

Recommendations and next steps

80. The session concluded with Dr Elias praising Dr Moeti's leadership and urging coordinated efforts to eradicate polio in Africa by December 2025. He emphasized the critical leadership role of Member States and the ongoing support of the GPEI partnership. He acknowledged future funding gaps but insisted that the current funding is stable and advocated for countries to finish the job with the resources secured.

81. Dr Moeti closed the event by celebrating collective successes and detailing future strategies, including enhancing cross-border coordination, population immunity, surveillance, and vaccination efforts. She expressed optimism about achieving a polio-free Africa, while acknowledging the challenges ahead. All agreed that Africa had kicked out wild polio twice, so kicking out the remaining variant polioviruses could be done.

Side events

Advancing Africa's Leadership and Unified Voice in GHIs towards the realization of the Lusaka Agenda

Introduction

82. The side event was a joint effort by the WHO Regional Office for Africa, the African Constituency Bureau for the Global Fund, the African Union Commission, and Africa CDC, and built on the June 2024 Technical Consultation on Advancing Africa's Leadership and Unified Voice towards Realization of the Lusaka Agenda. A key output of the technical consultation was a road map to guide implementation of the Lusaka Agenda in the Region. The specific objectives of the side event were to: (a) facilitate socialization of the Lusaka Agenda among African health leaders; and (b) facilitate consensus on a *road map* for realizing the Lusaka Agenda in Africa.

Highlight of key issues discussed

83. The side event provided a platform for highlighting the role of global health initiatives (GHIs) in supporting progress towards universal health coverage and the importance of advancing the realization of the Lusaka Agenda for Africa. WHO has already included Lusaka Agenda-related components in its Fourteenth General Programme of Work (GPW 14). There is need to leverage the comparative advantage of each of the three key regional actors in providing coordinated support to countries.

84. The Ministerial panel afforded countries the opportunity to share their experiences and challenges in advancing the five shifts and near-term priorities of the Lusaka Agenda, with Ethiopia, Malawi, Senegal, and the Central African Republic presenting their respective experiences in terms of initiatives implemented and future priorities related to the Lusaka Agenda. Member States emphasized the need for strengthening domestically financed, integrated and sustainable health systems, and highlighted the importance of partner and donor alignment with national plans, while enhancing coordination between ministers of health, GHIs and partners to maximize resources and impact.

85. The *road map* was endorsed by all participants as a pathway for moving towards concrete country-led actions for realizing the Lusaka Agenda in the African Region. The WHO Regional Office for Africa and the African Constituency Bureau highlighted their commitment to support the implementation of the *road map*, while the role of the African Union Commission and Africa CDC in leading the accountability mechanism was recognized.

Recommendations and next steps

86. The *road map* will inform the development of a plan for facilitating country-level action and pave the way towards country-led concrete actions. Ministers of health on the boards of global health initiatives will continue to promote the implementation of the Lusaka Agenda in the African Region through the various board platforms. The forthcoming United Nations General Assembly side event on 26 September 2024 will provide an opportunity to share ongoing progress in the African Region to advance the Lusaka Agenda.

Tackling the public health emergency of preventable child mortality in the WHO African Region

Introduction

87. The side event, co-organized with the Government of Sierra Leone and the Child Health Task Force, was the continuation of an African Health Ministers' movement for child survival which began with a roundtable discussion at the Seventy-fifth World Health Assembly. It builds on the momentum generated by resolution WHA77.5 on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2. It sought to generate renewed commitment and build consensus on a manageable set of strategic actions, to be implemented and monitored across Member States, in accordance with national contexts and priorities.

Highlight of key issues discussed

88. Minister Austin Demby of Sierra Leone made a compelling case that the widespread loss of life among women and children each year be regarded as a public health emergency. Drawing parallels from the ongoing response to the mpox outbreak, Dr Moeti, the WHO Regional Director for Africa, concurred with that view of maternal and child mortality, while calling for a rethink of our approaches and strategies, building on the lessons learnt from the integrated management of childhood illness strategy.

89. In a moderated panel discussion, Ministers Robert Lucien Jean Claude Kargougou (Burkina Faso), Ilesh Jani (Mozambique), and Ibrahim SY (Senegal), showcased their countries' experiences, achievements and lessons learnt. The Ministers from Cabo Verde, Namibia and Niger also shared their experiences. Partners representing the Child Health Task Force, UNICEF and the World Bank/Global Financing Facility also expressed their support.

90. Countries and partners reviewed a range of approaches, programmes, innovations, and providing equitable access to interventions (contraception, antenatal care, skilled health personnel at birth, newborn care, immunization, nutrition, malaria, HIV control, water, sanitation and hygiene) across the life course. Experiences included intentional targeting of populations in conflict settings as well as multisectoral collaboration.

Recommendations and next steps

91. The preventable deaths of women and children is just as deserving of the swift reaction reserved for emergencies that pose a potential threat to our communities. Minister Demby read out a five-point call to action to unlock acceleration, in alignment with resolution WHA77.5. There was no objection by the Ministers of Health.

92. In her closing remarks, the Regional Director reiterated the fact that to deal with an emergency, we pool together our national resources, rally behind a collective response, and hold each other accountable for outcomes. She recommitted WHO's support to Member States in implementing the call to action.

Accelerating the elimination of cervical cancer in Africa: strategies and partnerships for integrated person-centred prevention and care

Introduction

93. The WHO African Region bears the highest burden of cervical cancer globally, and the Seventy-first WHO Regional Committee for Africa adopted the Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region, which supports Member States to eliminate cervical cancer as a public health problem by improving access to primary prevention (human papillomavirus (HPV) vaccination), secondary prevention (HPV-based screening test) and treatment at all levels of care. The aim of the side event was to share experiences, strengthen collaboration, and explore effective integrated approaches in line with the framework and renew all stakeholders' commitment to eliminate cervical cancer.

Highlight of key issues

94. The WHO African Region accounts for 23% of global cervical cancer mortality. Following the adaptation of the Global strategy through the Regional framework to address this alarming situation, some progress has been made. For example, 28 countries have introduced HPV vaccination into national routine immunization programmes; however, only four countries have achieved over 90% single-dose HPV vaccine coverage. Thus, the Region is required to accelerate actions to achieve the WHO 90-70-90 global elimination strategy by 2030. Cervical cancer survivors underscored the burden of the disease on their families and the importance of advocacy. Faith-based organizations were urged to use their platforms to communicate to the wider population and empower people to take actions appropriate to their local context. Côte d'Ivoire shared its comprehensive initiative on cervical cancer screening, integrating with HIV care and promoting HPV vaccination in schools and the community. The issue of sustainable financing

was also raised by partners. To move forward, multisectoral stakeholders, including countries, international organizations, donors, people with lived experience and civil society organizations were urged to close ranks so as to amplify their voice for increased financial and political commitment, scale-up of vaccination, screening, and treatment, including financial protection, and adoption of a women-centred approach.

Recommendations and next steps

95. The Minister of Health of Cabo Verde made a number of recommendations, including the need to leverage diverse lived experiences to co-create cervical cancer policies and services. Member States were urged to adopt the use of a single-dose HPV vaccination schedule and improve availability of HPV testing through partnerships. Faith-based networks were considered a vital channel through which to expand vaccination coverage and promote HPV-based screening, to expand community outreach. Cervical cancer services should be part of **the UHC benefit package** throughout the life course and be integrated into existing health services such as HIV, sexual and reproductive health. Moreover, the establishment of a monitoring and evaluation system was considered critical to tracking progress.

Turning Words into Action: operationalizing the Africa Health Workforce Investment Charter

Introduction

96. The Ministerial side event was convened by the Honourable Minister of Health of the Central African Republic, Dr Pierre Somse. It focused on mobilizing multisectoral leadership to make strategic investments in the health workforce, with the aim of reducing health care inequalities and supporting the achievement of the African Union's Agenda 2063. The WHO Regional Director for Africa, Dr Matshidiso Moeti, opened the side event with a call to all countries to adopt the Africa Health Workforce Investment Charter to strengthen their health workforce development and retention. The side event featured key presentations, including one on the Africa Health Workforce Investment Charter by Dr Somse, another on the Windhoek Statement by the Honourable Minister of Health of Namibia, Dr Kalumbi Shangula, and a country experience on Zimbabwe's health workforce investment compact by the Honourable Minister of Health of Zimbabwe, Dr Douglas Mombeshora.

Highlight of key issues

97. A panel discussion, moderated by Dr Ngoy Nsenga, WHO Representative in the Central African Republic, drew insights from various leaders, including the Honourable Minister of Public Service of the Central African Republic, Mr Marcel Djimasse, Dr Charles Oloro, Uganda's Director

for Curative Services, and the Honourable Minister of Health and Public Hygiene of Burkina Faso, Dr Robert Lucien Jean-Claude Kargougou. The panellists discussed the practical implementation of the Charter's principles in their respective countries, highlighting challenges and opportunities. Since the launch of the Charter at the inaugural Africa Health Workforce Investment Forum in Namibia, 10 countries have taken bold steps towards implementing it, in particular, Zimbabwe's upcoming US\$ 166 million health workforce investment compact, the Central African Republic's plan to train over 2000 mid-level cadres and 850 unemployed health workers in 2024, and Uganda's policy dialogues aimed at enhancing health workforce planning.

Recommendations and next steps

98. Countries were urged to conduct health labour market analyses, adopt a whole-of-society approach to health workforce development, transform health profession education curricula, and increase fiscal space for employing health workers. The Regional Director reiterated the commitment of the WHO Secretariat to supporting countries in generating evidence, developing costed health workforce strategies and investment plans, and facilitating policy, investment, and accountability dialogues with health ministries.

Vaccination for better health in Africa: renewed promise, commitment, and investment

Introduction

99. The side event aimed to review progress made in implementing the commitments assumed under the Addis Declaration on Immunization (ADI), identify barriers to sustaining routine immunization in high-impact countries, and review responses to current vaccine-preventable disease outbreaks in Africa. As the Regional Director emphasized to underscore the significant strides made in immunization in Africa: "The Region has witnessed sharp declines in meningitis deaths, and maternal and neonatal tetanus has been eliminated in 43 out of 47 Member States". This progress is a powerful reminder of our collective commitment to ensure every child receives the vaccines they need to live a full and productive life.

Key issues discussed

100. The ADI was crafted by African Ministers of Health in 2016 and endorsed by African Heads of State in 2017. This landmark initiative has garnered support from the African Union, WHO, UNICEF, and Gavi. Key efforts backing the ADI include the African Union Health Strategy 2016–2030, Partnerships for African Vaccine Manufacturing, and the Framework for implementing the Immunization Agenda 2030 in the WHO African Region. These collective actions aim to build

resilient health systems capable of sustaining high vaccination coverage and responding effectively to emerging health threats.

101. Country-specific immunization efforts were also highlighted. In Burkina Faso, immunization remains a central pillar of the country's health strategy, maintaining over 90% coverage since the 1980s. Seychelles has achieved high immunization coverage thanks to its robust health system. In Cabo Verde, significant reductions in child mortality are attributed to high vaccination coverage, with the government prioritizing immunization. However, many countries face challenges such as decreasing financial support and ongoing outbreaks of vaccine-preventable diseases. There is an urgent need for flexible funding mechanisms, particularly for countries transitioning from Gavi support.

Recommendations and next steps

102. To revitalize immunization efforts, governments must renew their commitment to the ADI. The significant progress made in immunization in recent years demonstrates the effectiveness of these commitments. Emphasis must be placed on equitable community engagement, particularly among vulnerable populations, to ensure that every child receives essential vaccinations. Countries should continue sharing best practices in delivering immunization services, while WHO and other partners should provide tailored support to enhance these initiatives. Strengthening domestic financing for immunization programmes is vital to guarantee that no child is left behind in receiving life-saving vaccines. Together, we can build resilient health systems capable of effectively responding to future health challenges and sustaining the momentum of our achievements in immunization.

Promoting equitable and sustainable access to life-saving innovations in Africa, with a focus on malaria vaccines, regional manufacturing and maternal health

Introduction

103. The side event on accelerating access to health innovations across Africa aimed to highlight UNITAID's strategic role in bridging the gap between innovation and access, emphasizing its commitment to equitable health care solutions. High-level participants included Dr Joseph Cabore, Director of Programme Management at the WHO Regional Office for Africa, Dr Pierre Somse, Minister of Health of the Central African Republic and Head of delegation of the African countries to the UNITAID Executive Board, Philippe Duneton, Executive Director of UNITAID, and representatives from Botswana, Cameroon and the RBM Partnership to End Malaria.

Key issues discussed

104. The side event highlighted several important issues and opportunities in accelerating access to health innovations in Africa. UNITAID's partnership with global health entities such as WHO, Gavi and the Global Fund was emphasized as fundamental for maximizing impact. The discussion highlighted UNITAID's expanded focus beyond HIV/AIDS to address related diseases such as tuberculosis and hepatitis and other pressing health challenges such as maternal mortality and malaria. The introduction of new malaria vaccines was presented as a game-changing innovation, with Cameroon's experience in rapid vaccine deployment serving as a case study.

105. The importance of localizing pharmaceutical production in Africa was stressed as a key strategy for enhancing health security and reducing dependency on external suppliers. It will require strong political will, beneficial trade agreements and mutual trust among Member States. The critical role of communities and civil society organizations in ensuring equitable access to health innovations and their involvement throughout the value chain was deemed essential for successful implementation. The importance of fostering innovation through partnerships with African universities and engaging young people was highlighted as a strategy for driving sustainable health solutions in Africa.

Recommendations and next steps

106. They included the following: (a) establish a ministerial platform to facilitate engagement between UNITAID and African health ministries; (b) organize specific side events on malaria at subsequent Regional Committee sessions; (c) conduct follow-up meetings to discuss strategies for improving access to health products for the most vulnerable populations; (d) increase field visits and collaboration with the African Union to strengthen regional ties; (e) enhance collaboration between civil society organizations, ministries of health, and partners to ensure community-driven health solutions; (f) develop a comprehensive strategy to support and scale up regional manufacturing of health products in Africa.

107. It was agreed that a follow-up meeting would be scheduled to develop an action plan and timeline for these strategic priorities.

Part IV

Annexes



Annex 1

List of participants

1. Representatives of Member States

Algeria

Mr Riache Azeddine
Ambassadeur
Ambassade d'Algérie au Congo
Chef de Délégation

Mr Mourad Belharizi
Secrétaire des Affaires étrangères près
l'Ambassade de l'Algérie au Congo

Angola

Dra Silvia Paula Valentim Lutucuta
Ministra da Saúde
Ministério da Saúde
Head of delegation

Dra Helga Freitas
Directora Nacional de Saúde Pública
Ministério da Saúde

Mr Julio Carvalho
Director do Gabinete de Intercâmbio e
Cooperação
Ministério da Saúde

Ms Lucrecia Kanganjo
Chefe de Departamento da secretaria General
Ministério da Saúde

Mr Pedro Jundo
Secretário da Ministra da Saúde
Ministério da Saúde

Mr Victor Francisco
Chefe de Departamento de Protocolo
Ministério da Saúde

Mr Eduardo Joaquim Kondua
Cancelor
Ministério da Saúde

Benin

Mr Benjamin I.B. Hounkpatin
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Mr Sourakatou Salifou
Directeur National de la Santé Publique
Ministère de la Santé

Mme Annonciat Aviansou
Conseillère Technique auprès du Ministre de la
santé
Ministère de la Santé

Botswana

Dr Edwin G. Dikoloti
Minister of Health
Ministry of Health
Head of delegation

Dr Oratile Mfokeng-Selei
Director Health services
Ministry of Health

Mr Samuel Kolane
Director of Public Health
Ministry of Health

Dr Boitumelo M. Tau
Health Councilor
Permanent Mission of Botswana to the United
Nations

Burkina Faso

Dr Robert Lucien Jean-Claude Kargougou
Ministre de la Santé et de l'Hygiène publique
Ministère de la Santé et de l'Hygiène publique
Chef de délégation

Mme Marthe Sandrine Sanon Lompo
Conseillère spéciale du Premier ministre
Primature

Dr Patrice Ali Combarry
Conseiller technique du Ministre
Ministère de la Santé et de l'Hygiène publique

Dr Seydou Barro
Directeur Général
Ministère de la Santé et de l'Hygiène publique

Mr Didier Dipama
Directeur régional de la santé et l'Hygiène
publique de la région de la Boucle du Mouhoun
Ministère de la Santé et de l'Hygiène publique

Dr Bernard Ilboudo
Médecin
Ministère de la Santé et de l'Hygiène publique

Mr Tilado Silga
Deuxième Conseiller
Mission permanente du Burkina Faso à Genève

Mr Léonce Romuald Bationo
Chef du Service Institutions Spécialisées des
Nations Unies
Ministère des Affaires Étrangères, de la
Coopération Régionale et des Burkinabés de
l'Extérieur

Mr Romain Sandiwi
Directeur de la communication et des relations
presse
Ministère de la Santé et de l'Hygiène publique

Mme Oumou Cissé
Journaliste
Radio et télévision du Burkina

Mr Kouesyande Joseph Soubeiga
Directeur Général de la Santé et de l'Hygiène
publique
Ministère de la Santé et de l'Hygiène publique

Burundi

Dr Oscar Ntihakose
Directeur Général de l'Offre des soins, de la
Médecine Moderne et Traditionnelle, de
l'Alimentation et des Accréditations
Ministère de la Santé Publique et de la Lutte
contre le SIDA
Chef de délégation

Mme Marie Claudine Girineza
Conseiller et chargée du Protocol
Ministère de la Santé Publique et de la Lutte
contre le Sida

Mme Cléophile Akindavyi
Directeur Général des services de santé et de la
Lutte contre le Sida
Ministère de la Santé Publique et de la Lutte
contre le SIDA

Dr Dédith Mbonyingingo
Directeur Général
Autorité Burundaise de Régulation des
Médicaments à usage humain et des Aliments
(ABREMA)

Dr Jean de Dieu Havyarimana
Directeur du Programme National Intégré de
Lutte contre les Maladies Chroniques Non
Transmissibles (PNILMCNT)
Ministère de la Santé Publique et de la Lutte
contre le SIDA

Mr Nahayo Anaclet
Directeur du système national d'information
sanitaire
Ministère de la Santé Publique et de la Lutte
contre le SIDA

Mme Privat Wellars Mpitabakana
Premier Secrétaire
Ambassade du Burundi à Kinshasa

Cabo Verde

Mme Filomena Gonçalves
Ministre de la Santé
Ministério da Saúde e da Segurança Social
Chef de délégation

Mr João Semedo
Directeur de la Région Sanitaire de Santiago
Nord
Ministério da Saúde e da Segurança Social

Ms Isabel Cristina Monteiro
Secretary of the Minister of Health
Ministério da Saúde e da Segurança Social

Cameroon

Dr Malachie Manaouda
Ministre de la Santé Publique
Ministère de la Santé Publique
Chef de délégation

Mr Louis-Marie Magloire Nkoum-me-ntsény
Ambassadeur
Ambassade de la République du Cameroun au
Congo

Mr Clavère Nken Tsana,
Directeur de la communication
Ministère de la Santé Publique

Mr Elisée Amour II Eyenga Ndjomo
Conseiller Technique
Ministère de la Santé Publique

Central African Republic

Dr Pierre Somse
Ministre de la Santé et de la Population
Ministère de la Santé et de la Population
Chef de délégation

Mr Marcel Djimasse
Ministre de la Fonction Publique
Ministère de la Fonction Publique et de la
Réforme Administrative

Mr Firmin Gabin N'gbeng-Mokoue
Ministre Conseiller, Charge D'affaires et
Représentant Permanent a.i
Mission Permanente de la République
Centrafricaine auprès de l'Office des Nations
Uniques et des autres Organisations
Internationales à Genève

Mr Marcel Mbeko Simaleko
Chargé de Mission en matière de suivi de la
Politique, des Stratégies et de Coopération
Ministère de la Santé et de la Population

Mr Guy Firmin Doba
Directeur Général de la Réforme Administrative
Ministère de la Fonction publique et de la
Réforme Administrative

Mme Francine Salamaté
Inspecteur Central
Ministère de l'environnement et du
Développement Durable

Mr Luc Salva Heredeibona
Directeur des Ressources
Ministère de la Santé et de la Population

Mme Dalieste Ste Felicité Xavière Ouango
Wen-Dangare
Chef de service de la réglementation Ministère
de la Santé et de la Population

Mme Linda Bonna Ekedi
Chef de service Communication
Ministère de la Santé et de la Population

Mme Safiatou Simpore Diaz
Point Focal de la Circonscription Africaine au
Conseil d'Administration de l'Unitaid
Mission Permanente de la République
Centrafricaine auprès de l'Office des Nations
Uniques et des autres Organisations
Internationales à Genève

Mme Virginie Mongonou
Attachée de Santé
Mission Permanente de la République
Centrafricaine auprès de l'Office des Nations
Uniques et des autres Organisations
Internationales à Genève

Joseph Gategnan B.
Opérateur de prise de vu
Ministère de la Santé et de la Population

Chad

Dr Jean Pierre Baptiste
Ambassadeur, Représentant Permanent
Mission permanente de la République du Tchad
à Genève
Chef de délégation

Mr Dabsou Guidaoussou
Secrétaire Général
Ministère de la Santé Publique

Mr Oulech Salim Taha
Conseiller du Ministre
Ministère de la Santé Publique

Pr Ouchemi Choua
Conseiller Santé du Président de la République
Ministère de la Santé Publique

Mr Damtheou Sadjoli
Conseiller du Premier Ministre

Dr Demian Antoinette Mbailamen
Directrice De La Vaccination
Ministère de la Santé Publique et de la
Solidarité Nationale

Dr Djonkamla Ndouwe Djonga
Délégué Sanitaire Provincial de la province du
Mandoul
Ministère de la Santé Publique

Mr Massoud Chogar Ali
Chef de Service de Hôpitaux Nationaux
Ministère de la Santé Publique

Comoros

Dr Ben Ali Mbae Saindou
Directeur Général de la Santé
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre
Chef de délégation

Mr Ben Aboubacar Faouzouz
Délégué
Ministère de la Santé, de la Solidarité, de la
Protection sociale et de la Promotion du Genre

Congo

Mr Gilbert Mokoki
Ministre de la Santé et de la Population
Ministère de la Santé et de la Population
Chef de délégation

Mr Aime Clovis Guillond, Ambassadeur,
Représentant Permanent de la République du
Congo auprès l'ONU à Genève et des autres
organisations internationales en Suisse, Genève

Mme Virginie Euphrasie Dolama
Présidente de la Commission chargée de la
santé
Assemblée Nationale de la République du
Congo

Mr Jule César Botokou
Ministre conseiller
Mission permanente de la République du Congo
auprès des l'Office des Nations Unies et des
autres organisations internationales à Genève

Pr Yolande Voumbo Matoumona
Conseillère du Président de la République,
Cheffe du Département de la santé et de la
population
Cabinet du Président de la République

Mr Jean Ignace Tendelet
Directeur de Cabinet du Ministre de la Santé et
de la Population
Ministère de la Santé et de la Population

Pr Richard Roger Urbain Bileckot
Inspecteur Général de la Santé
Ministère de la Santé et de la Population

Pr Henri Germain Monabeka
Directeur Général des Soins et Services de Santé
Ministère de la Santé et de la Population

Dr Paul Oyere Moke
Directeur général de la Population
Ministère de la Santé et de la Population

Mr Gilbert Ndziessi
Directeur Général de l'Administration et des
Ressources
Ministère de la Santé et de la Population

Mr Alexis Elira Dokekias
Directeur Général du Centre National de
Référence de la Drépanocytose
Ministère de la Santé et de la Population

Mme Jacqueline Claire Nzalankazi
Directrice de la coopération
Ministère de la Santé et de la Population

Mr Clautaire Itoua
Directeur de la recherche et de la formation au
CHU-B
Ministère de la Santé et de la Population

Mr Lambert Kitembo
Coordonnateur de l'unité de coordination des
programmes et projets
Ministère de la Santé et de la Population

Mr Etienne Mokondjimobe
Chargé des missions
Ministère de la Santé et de la Population

Mr Quentin Pena
Attaché, Chargé des missions du Premier
Cabinet du Premier Ministre

Mr Franck Bokino Katali
Attaché du Ministre de la Santé et de la
Population
Ministère de la Santé et de la Population

Mr Donatien Moukassa
Expert en laboratoire de biologie médicale
Ministère de la Santé et de la Population

Mr Auguste Ambendet
Consultant au Programme Elargi de vaccination
Ministère de la Santé et de la Population

Mr Jean Claude Mobousse
Conseiller à la santé, Brazzaville
Ministère de la Santé et de la Population

Mr Jean Jacques Moka
Président Conseil d'administration
Hôpital Général de Dolisie

Mr Jérémie Mouyokani
Ancien Directeur Général du Centre Hospitalier
Universitaire de Brazzaville

Mr William Cyr Florentin Bolo
Directeur de la coopération multilatérale
Ministère de la Santé et de la Population

Côte d'Ivoire

Mr Pierre Dimba
Ministre de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle
Ministère de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle
Chef de délégation

Mme Maman Toure Née Kone
Ambassadeur, Ambassade de la République de
Côte d'Ivoire en République du Congo

Dr Edith Clarisse Kouassy
Directeur Général de la Couverture Maladie
Universelle
Ministère de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle

Pr Kouadio Daniel Ekra
Directeur de l'Institut National de l'Hygiène
publique
Ministère de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle

Mlle Yavo Oronon Ange Rosemonde
Chargée de communication
Ministère de la Santé, de l'Hygiène Publique et
de la Couverture Maladie Universelle

Democratic Republic of the Congo

Dr Samuel Roger Kamba Mulanda
Ministre de la Santé Publique, Hygiène et
Prévoyance Sociale
Ministère de la Santé Publique, Hygiène et
Prévoyance Sociale

Chef de délégation

Mr Polydor Mbongani Kabila
Coordonnateur du Comité Technique de
Coordination du Conseil National de la
Couverture Santé Universelle
Présidence de la République

Mr Frank Papy Bonkafo Efofa Ikelemba
Conseiller Principal du Collège Santé et Bien-
Être
Présidence de la République

Mr Sylvain Yuma
Secrétaire Général à la Santé Publique et
Hygiène
Ministère de la Santé Publique, Hygiène et
Prévoyance Sociale

Mr Donatien Kabamb Kabey
Directeur Général Adjoint de l'autorité
Congolaise de la Réglementation
pharmaceutique
Ministère de la Santé Publique, Hygiène et
Prévoyance Sociale

Mr Romain Muboyayi Tshikaya
Directeur De Cabinet
Ministère de la Santé Publique, Hygiène et
Prévoyance Sociale

Mr Jean Thierry Kalombo
Directeur Général
Agence Nationale de l'Ingénierie Clinique et du
Numérique de la Santé

Mr Dieudonné Mwamba Kazadi,
Directeur Général
Institut National de la Santé

Mr Marcel Bokingo Lomanga
Directeur General a.i de la Direction Générale
de l'Organisation et Gestion des Services de
Santé
Ministère de la Santé Publique, Hygiène et
Prévoyance Sociale

Dr Thomas Kataba Ndireyata
Directeur de la Direction d'Études et
Planification
Ministère de la Santé Publique, Hygiène et
Prévention

Mr Audry Mulumba Wa Kamba
Directeur du Programme Élargi de Vaccination
Ministère de la Santé Publique, Hygiène et
Prévention

Mr Bruno Bindamba
Directeur du Programme National de Nutrition
Ministère de la Santé Publique, Hygiène et
Prévention

Pr Gérard Eloko Eya Mangelo
Directeur du Programme des Comptes
Nationaux de la Santé
Ministère de la Santé Publique, Hygiène et
Prévention

Mme Tshisabi Rosie Kabanga
Secrétaire Particulier du Ministre
Ministère de la Santé Publique, Hygiène et
Prévention

Mme Josiane Odia
Secrétaire du Directeur Général de la Santé
Ministère de la Santé Publique, Hygiène et
Prévention

Equatorial Guinea

Dr Antonio Martin Eloy Eloy Obono
Deputy Minister
Ministry of Health and Social Welfare
Head of delegation

Dr Florentino Abaga Ondo Ndoho
Director General of Public Health and Health
Prevention, Traditional and Natural Medicine
Ministry of Health and Social Welfare

Eswatini

Mr Matsebula Mduduzi
Minister
Ministry of Health
Head of delegation

Dr Velephi J. Okello
Director of Health-Clinical Services
Ministry of Health

Ethiopia

Dr Mekdes Daba Feyissa
Minister
Ministry of Health
Head of delegation

Mr Seyoum Wolde Kere
Deputy Director General
Ethiopia Food and Drug Authority

Dr Mesay Hailu Dangisso
Director General, Ethiopian Public Health
Institute
Ministry of Health

Mr Tesfaye Bogale
Director General
Ethiopian Health Insurance Service

Dr Ruth Nigatu Belachew
Chief of Staff, Office of the Minister
Ministry of Health

Ms Zemzem Mohammed Yusuf
Maternal, Child and Adolescent Health Services
Team Leader
Ministry of Health

Mr Fekadu Yadeta
HIV/Aids Prevention and Control Lead Executive
Office
Ministry of Health

Ms Fatuma Mohammed
Women and Social Affairs Inclusive
Implantation Executive Office
Ministry of Health

Dr Muluken Argaw Haile
Strategic Affairs Executive Officer
Ministry of Health

Dr Alegnta Gebreyesus Guntie
Health Diplomat
Permanent Mission of Ethiopia to the United
Nations Office in Geneva

Dr Tegene Regassa Luba
Director, Public relation and communication
Ministry of Health

Gabon

Pr Adrien Mougougou
Ministre
Ministère de la Santé
Chef de délégation

Pr Edgard Brice Ngoungou
Spécialiste en Épidémiologie et Santé Publique
Ministère de la Santé

Dr Armel Boubindji
Directeur Général de la Promotion de la Santé
Ministère de la Santé

Mr Alain Robert Akendengue
Chef de Protocole
Ministère de la Santé

Pr Joel Fleury Djoba Siawaya,
Directeur du Laboratoire National de Santé
Publique
Ministère de la Santé

Mr Stessy Fréjus Ngoungou
Aide de Camp du Ministre
Ministère de la Santé

Gambia

Dr Ahmadou Lamin Samateh
Minister
Ministry of Health
Head of delegation

Dr Momodou T. Nyassi
Acting Director of Health Services,
Ministry of Health

Ghana

Mr Alexander Akwasi Acquah
Deputy Minister for Health
Ministry of Health
Head of delegation

Dr Patrick Kuma-Aboagye
Director-General
Ghana Health Service

Dr Darius K. Osei
Technical Adviser
Ministry of Health

Dr Franklin Asiedu-Bekoe
Director, Public Health
Ghana Health Service

Ms Rahilu Haruna
Head External Resource Mobilization,
Multilateral Relations
Ministry of Health

Guinea

Dr Oumar Diouhe Bah
Ministre
Ministère de la Santé et de l'Hygiène Publique
Chef de délégation

Dr Nyakoye Gomou
Conseiller Chargé de Missions
Ministère de la Santé et de l'Hygiène Publique

Pr Fodé Bangaly Sako
Directeur National de l'Epidémiologie et de la
Lutte Contre la Maladie
Ministère de la Santé et de l'Hygiène Publique

Dr Abdoulaye Missidé Diallo
Directeur Général Adjoint du Bureau de
Stratégie et de développement
Ministère de la Santé et de l'Hygiène Publique

Dr Facely Camara
Directeur National Adjoint de la Santé Familiale
et de la Nutrition
Ministère de la Santé et de l'Hygiène Publique

Dr Mariama Kankalabé Diallo
Inspectrice Régionale de la Santé de Mamou
Ministère de la Santé et de l'Hygiène Publique

Dr Yakouba Savane
Point Focal du Règlement Sanitaire
International
Ministère de la Santé et de l'Hygiène Publique

Mr Norbert François Kourouma
Consul Honoraire de la République de Guinée à
Brazzaville

Guinea-Bissau

Mr Armando Sifna
Director General of Public Health
Ministry of Public Health
Head of delegation

Kenya

Dr Matendehero Sultani
Deputy Director General, State Department of
Public Health and Professional Standards
Ministry of Health
Head of delegation

Kevin MUIRURI, Ambassador of Kenya, Kinshasa

Lesotho

Dr Selibe Mochoboroane
Minister
Ministry of Health
Head of delegation

Ms Mantsoanelo Monyobi
Deputy Principal Secretary
Ministry of Health

Dr Ranyali-Otubanjo Makhoase Lydia
Director General of Health Services
Ministry of Health

Dr Llang Bridget Mabatloug Maama Maime
Director Primary Health Care
Ministry of Health

Ms Mpoetsi Claurina Makau
Director Nursing Services
Ministry of Health

Liberia

Dr Louise Mapleh-Kpoto
Minister
Ministry of Health

Head of delegation

Dr Catherine Thomas Cooper,
Deputy Minister for Health Services and Chief
Medical Officer
Ministry of Health

Dr Nuntia K Gbanlon Nuahn
Technical Assistant
Ministry of Health

Dr Nowiah O Gorpudolo-Dennis
Director of Family Health Programme
Ministry of Health

Malawi

Hon. Khumbize Kandodo Chiponda
Minister of Health
Ministry of Health

Head of delegation

Dr Samson Kwazizira Mndolo
Secretary for Health
Ministry of Health

Dr Nitta Beni Chinyama
Deputy Director of Curative and Medical
Rehabilitation Services
Ministry of Health

Mr Francis Zhuwao
Senior Economist
Ministry of Health

Mali

Colonel (Mme) Assa Badiallo Toure
Ministre de la Santé et du Développement
Social
Ministère de la Santé et du Développement
Social

Chef de délégation

Mr Aguibou Diallo,
Ambassadeur du Mali au Congo (Brazzaville)

Dr Youma Sall
Conseiller Technique
Ministère de la Santé et du Développement
Social

Prof. Samba Ousmane Sow,
Directeur général
Centre pour le Développement des Vaccins
(CVD)

Dr Moussa Kamissoko
Directeur de la Cellule de Planification et de
statistique du Secteur Santé, Développement
social et promotion de la Famille
Ministère de la Santé et du Développement
Social

Dr Cheick Amadou Tidiane Traoré
Directeur général de la Santé et de l'Hygiène
Publique
Ministère de la Santé et du Développement
Social

Dr Sidi Mohamed Ben Moulaye Idriss
Directeur Général de l'Office National de la
santé de la reproduction
Ministère de la Santé et du Développement
Social

Mauritania

Mr Abdellahi Sidi Weddih
Ministre de la Santé
Ministère de la Santé
Chef de délégation

Prof Cheikh Baye Mkheitiratt
Chargé de mission
Ministère de la Santé

Dr Diop Cheikh Oumar
Directeur de Planification et de la Coopération
Ministère de la Santé

Mauritius

Mrs Devi Chand Anandi Rye Seewooruthun,
Senior Chief Executive, Port Louis
Ministry of Health and Wellness
Head of delegation

Mozambique

Mr Ilesh Jani
Deputy Minister
Ministry of Health
Head of delegation

Mr Quinhas Fernandes
National Director of Public Health
Ministry of Health

Ms Sheila Evelina Baptista
Deputy Minister's Assistant
Ministry of Health

Mrs Fatima Julia Afonso Mutondo Canze
International Cooperation Official
Ministry of Health

Namibia

Dr Shangula Kalumbi
Minister of Health and Social Services
Ministry of Health and Social Services
Head of delegation

Ms Julia Imene-Chanduru
Ambassador, Permanent Representative,
Geneva

Mr Ben Nangombe,
Executive Director
Ministry of Health and Social Services

Ms Taimi Amaambo
Deputy Executive Director
Regional Health and Social Welfare Services
Ministry of Health and Social Services

Mr Gebhardo Timotheus
Director, Otjozondjupu Regional Directorate of
Health and Social Welfare Services
Ministry of Health and Social Services

Ms Francina Tjituka
Deputy Director, Directorate of Special
Programs
Ministry of Health and Social Services

Ms Zaskia McNab
1st Secretary, Embassy/Permanent mission
Geneva

Ms Michelle Williams
Personal Assistant
Ministry of Health and Social Services

Niger

Médecin Colonel Major Garba HAKIMI, Ministre
de la Santé publique, de la population et des
affaires sociales
Ministère de la Santé publique, de la population
et des affaires sociales
Chef de délégation

Mr Laouali Labo
Ambassadeur, Représentant Permanent,
Genève

Mr Adani Illo
Ambassadeur, Conseiller du Président du
Conseil National pour la Sauvegarde de la Patrie
(CNSP), chargé des questions diplomatiques et
stratégiques
Ministère de la Santé publique, de la population
et des affaires sociales

Mr Abdoulaye Tiemogo
Conseiller EN Communication du Président du
Conseil National pour la Sauvegarde de la Patrie
(CNSP)
Ministère de la Santé publique, de la population
et des affaires sociales

Mr Ousmane Alhassane Abba Conseiller
Technique du Ministre des Affaires étrangères
de la Coopération et des Nigériens à l'Extérieur

Dr Djibo Alfari Aichatou
Conseillère technique du ministre de la Santé
publique et des affaires sociales
Ministère de la Santé publique, de la population
et des affaires sociales

Dr Adamou Moustapha, Directeur Général de la
Santé Publique
Ministère de la Santé publique, de la population
et des affaires sociales

Dr Harou Issoufa
Directeur Général de la Santé de la
Reproduction
Ministère de la Santé publique, de la population
et des affaires sociales

Mr Haja Assoumana
Directeur des Etudes et de la Programmation
Ministère de la Santé publique, de la population
et des affaires sociales

Mr Albade Addoum
Chargé du protocole du Ministre de la Santé
publique, de la population et des affaires
sociales
Ministère de la Santé publique, de la population
et des affaires sociales

Nigeria

Professor Muhammad Ali Pate
Coordinating Minister for Health and Social
Welfare
Federal Ministry of Health
Head of delegation

Dr Kamil Shoretire
Director, Health Planning Research & Statistics,
Initiates and drives the formulation and
implementation of policies of Health
Federal Ministry of Health

Mr Benjamin Isah
UN Multilateral Programme Officer
Federal Ministry of Health

Ifedayo Adetifa
Director General, Nigeria Centre for Disease
Control
Federal Ministry of Health

Rwanda

Dr Sabin Nsanzimana
Minister of Health
Ministry of Health
Head of delegation

H.E. Théoneste Mutsindashyaka
Ambassador of Rwanda to the Republic of
Congo

Mr Philbert Musabyimana
First Secretary
Embassy of Rwanda in Congo

Sao Tome and Principe

Mme Angela José da Costa
Ministre de la Santé et Droits des Femmes
Ministère de la Santé
Chef de délégation

Dr Dos Ramos Silva Walter Hugo
Coordinateur du Renforcement du Système de
la santé
Ministère de la Santé

Dr Sousa Bonifácio
Directeur du Centre National des Endémies
Ministère de la Santé

Senegal

Dr Ibrahima Sy
Ministre de la Santé et de l'Action Sociale
Ministère de la Santé et de l'Action Sociale
Chef de délégation

Dr Bakary Thior
Conseiller en Santé du Premier Ministre

Dr Mamadou Sarr
Conseiller Technique n°1
Ministère de la santé et de l'Action sociale

Dr Ousmane Cissé
Directeur General de la Santé publique
Ministère de la santé et de l'Action sociale

Dr Alioune Ibnou Abou Talib Diouf
Directeur General de l'Agence sénégalaise de
régulation pharmaceutique

Mr Pierre Faye
Ambassadeur, Directeur des organisations
internationales et de la mondialisation

Dr Babacar Gueye
Directeur de la Planification, de la Recherche et
des Statistiques
Ministère de la Santé et de l'Action Sociale

Dr Siga Diop
Conseiller Technique en charge du suivi
Ministère de la Santé et de l'Action Sociale

Mme Awa Ly
Coordonnatrice de la cellule de communication
Ministère de la Santé et de l'Action Sociale

Mr Cheikh Tidiane Thiombane
Chargé d'Affaires a.i.
Ambassade du Sénégal à Brazzaville

Seychelles

Dr Bernard Valentin
Principal Secretary
Ministry of Health
Head of delegation

Dr Susan Fock-Tave
Chief Medical Officer
Ministry of Health

Mr Dwayne Didon
Senior Laboratory Technologist
Ministry of Health

Sierra Leone

Dr Austin Demby
Minister of Health and Sanitation
Ministry of Health and Sanitation
Head of delegation

Dr Lynda Farma Grant
Child Health Manager
Ministry of Health and Sanitation

Benjamin Davies
Executive Officer to the Minister
Ministry of Health and Sanitation

South Africa

Dr Pakishe Aaron Motsoaledi
Minister of Health
Ministry of Health
Head of Delegation

Dr Motlakapele Aquina Thulare
Technical Advisor
National Department of Health
Ministry of Health

Ms Tsakani Grissel Mnisi
Director: South-South Relations
Ministry of Health

Mr Johannes Kgatla
Minister's personal Assistant
Ministry of Health

South Sudan

Dr Harriet Akello Pasquale Leone
Undersecretary
Ministry of Health
Head of delegation

Dr Gabriel Thuou Loi Cingoth
Director General for Training and Professional
Development
Ministry of Health

Togo

Professor Tchou Darre
Ministre de la Santé et de l'Hygiène publique
Ministère de la santé et de l'Hygiène publique
Chef de délégation

Mr Koffi Ewonoule Tessi
Ministre de l'Accès Universel aux Soins et de la
Couverture Sanitaire
Ministère de l'Accès Universel aux Soins et de la
Couverture Sanitaire

Dr Kokou Wotobe
Secrétaire Général
Ministère de la santé et de l'Hygiène publique

Dr Koku Sika Dogbe
Secrétaire permanent du plan national de
développement sanitaire
Ministère de la santé et de l'Hygiène publique

Uganda

Dr Jane Ruth Aceng Oceru
Minister for Health
Ministry of Health
Head of delegation

Dr Olaro Charles
Director Clinical Services
Ministry of Health

Dr Musila Timothy
Assistant Commissioner Health Services, Private
Sector Coordination
Ministry of Health

Dr Kyobe Bosa Henry Saul
Incident Commander, Epidemics
Ministry of Health

United Republic of Tanzania

Jenista J. Mhagama
Minister of Health
Ministry of Health
Head of delegation

Amb. Mahmoud T. Kombo
Minister
Ministry of Foreign Affairs and East African
Cooperation

Dr Grace E. Magembe
Deputy Permanent Secretary
President's Office Regional Administration and
Local Government

Amb. Hoyce Temu
Deputy Permanent Representative
Permanent Mission of the United Republic of
Tanzania to the United Nations in Geneva

Amb. Suleiman H. Suleiman
Deputy Permanent Representative
Permanent Mission of the United Republic of
Tanzania to the United Nations in New York

Amb. Noel Kaganda
Director, Multilateral Cooperation
Ministry of Foreign Affairs and East African
Cooperation

Amb. Mindi Kasiga
Director, Government Communication Unit
Ministry of Foreign Affairs and East African
Cooperation

Amb. Robert K. Kahendaguza
Ambassador Special Duty

Prof. Tumaini J. Nagu
Chief Medical Officer
Ministry for Health

Dr Catherine C. Joachim
Head of Programme and Health System
strengthening
Ministry of Health

Dr Faustine E. Ndugulile
Member of Parliament
Parliament of the United Republic of Tanzania

Ms Neema K. Lugangira
Member of Parliament
Parliament of the United Republic of Tanzania

Mr Shamsia A. Mtamba
Member of Parliament
Parliament of the United Republic of Tanzania

Mr George R. Mwenisongole
Member of Parliament
Parliament of the United Republic of Tanzania

Dr Ntuli A. Kapologwe
Director of Preventive Services
Ministry of Health

Mr Joseph K. Mhagama
Member of Parliament
Parliament of the United Republic of Tanzania

Mr Elibariki E. Kingu
Member of Parliament
Parliament of the United Republic of Tanzania

Dr James Kiologwe
Health Attaché
Permanent Mission of the United Republic of
Tanzania to the United Nations in Geneva

Dr Witness M. Mchwampaka
Coordinator,
International Health Regulations (IHR)
Ministry of Health

Mr Netho Yatega
Foreign Service Officer
Embassy of the United Republic of Tanzania in
Kinshasa

Mr Seif Kamtunda
Assistant to the Minister
Ministry of Foreign Affairs and East African
Cooperation

Mr Martin E. Elias
Assistant to the Minister
Ministry of Health
Tanzania-Mainland

Ms Hellen Mgeta
Foreign Service Officer and Desk Officer
Ministry of Foreign Affairs and East African
Cooperation

Mr Hassan Kimweri
Representative
Government Communication Unit
Ministry of Health
Tanzania-Mainland

Dr Winnie M. Shumbusho
Former Assistant Director General
Uniting to Combat Neglected Tropical Diseases

Mr Said Juma
Ambassador
Embassy of the United Republic of Tanzania in
Kinshasa

Mr Alton Ernest Chaula
Protocol Officer
Ministry of Foreign Affairs and East African
Cooperation

Mr Anuar Sharif Shekh
Principal Protocol Officer
Ministry of Foreign Affairs and East African
Cooperation

Zambia

Dr George Chitina Sinyangwe
Permanent Secretary (Donor Coordination)
Ministry of Health
Head of delegation

Dr Bushimbwa Tambatamba
Director Public Health
Ministry of Health

Dr Matilda Simpungwe
Assistant Director-Child health
Ministry of Health

Ms Wanga Zulu
Chief Community Health Officer
Ministry of Health

Dr Kalangwa Kalangwa
Assistant Director
Community and Health Promotion
Ministry of Health

Ms Chikwibu Leya
Liaison Officer
Embassy of Zambia in Kinshasa

Mr Hassan Banda
Counsellor
Embassy Zambia in Kinshasa

Zimbabwe

Dr Douglas T. Mombeshora
Minister of Health and Child Care
Ministry of Health and Child Care
Head of delegation

Dr Wenceslas Nyamayaro
Acting Chief Director
Public Health
Ministry of Health and Child Care

Ms Jane Mudyara
Human Resources Director
Ministry of Health and Child Care

Mr Victor K. Nyamandi
Director Environmental Health Services
Ministry of Health and Child Care

Mr Tonderai Kadzere
Director Policy and Planning
Ministry of Health and Child Care

Mr Danisa Keith Miga
Aide to the Minister of Health and Child Care
Ministry of Health and Child Care

2. Member States from other regions

Brazil

Mr Augusto Paulo Da Silva
Coordinator Fiocruz Office for Africa
Fundação Oswaldo Cruz (Fiocruz)
Head of delegation

Germany

Mr Wolfgang Klapper
Ambassadeur
Ambassade d'Allemagne à Brazzaville
Head of delegation

Kuwait

Mr Abdulridha Bahmen
Senior Advisor
Kuwait Fund for Arab Economic Development
Head of delegation

Ms Maryam Al-Ateeq
International Relations Specialist
Kuwait Fund for Arab Economic Development

United Kingdom of Great Britain and Northern Ireland

Mr Alexander Green
Second Secretary, Human Development
Foreign, Commonwealth and Development
Office
Head of delegation

United States of America

Dr Elana Clarke
Director for Africa & Middle East Regions
Head of delegation

Ms Aداugo Mbagwu-Mahlik
Senior Global Health Officer

Ms Cait Unites
Health Office Director, USAID DRC

Dr Desmond Williams
Health Attaché
U.S. Embassy in Kenya

Dr John Vertefeuille
Global Immunization Division Director, USAID

3. Observers-non-Member States

Mr Gilbert Kayitare
Head of Policy & Technical Advisory Services
Holy See

4. United Nations and other intergovernmental organizations

African Union

Ms Minata Samate Cessouma
Commissioner Health, Humanitarian Affairs and
Social Development

Ms Habibata Nouredine Sow
Private Secretary to the Commissioner

Pr Julio Rakotonirina
Director of Health and Humanitarian Affairs

Ms Whitney Mwangi
Health Advocacy, Communication and
Partnerships Specialist

Dr Jean Kaseya
Director General

Dr Ngashi Ngongo
Chief of Staff

Dr Marta Minwelet Terefe
Deputy Chief of Staff

Dr Benjamin Djoudalbaye
Head
Policy and Health Diplomacy

Dr Mosaka Fallah
Programme Manager
Saving lives and livelihoods

Dr Brice Wilfried Bicaba
Central RCC Coordinator

Ms Marie-Huguette Ngung
Special Assistant to the Director General

Mr Sarvesh Lutchmun
Senior Protocol Officer

Ms Ereena Sackey
Policy Officer

Dr Ousmane II Souare
National Coordinator

African Constituency Bureau for the Global Fund

Dr Joseph Phaahla
Deputy Minister of Health

Dr Thembisile Xulu
Eastern and Southern Africa Communication
Focal Point

Ms Fassika Alemayehu Daniel
Advocacy and Partnerships Lead

Pr. Pascal Antoine Niamba
Associate Executive Director

Ms Susan Nyamoita Mochache
Executive Director

African Development Bank

Dr Babatunde Omilola
Head of Public Health, Nutrition and Social
Protection Division

African Leaders Malaria Alliance

Prof. Sheila Tlou
Special Ambassador

Ms Melanie Renshaw
Principal Director

Ms Joy Phumaphi
Executive Secretary

Mr Samson Katikiti
Senior Programme Officer

Ms Elizabeth Chizema Kawesha
Senior Programme Officer

East, Central and Southern Africa Health Community

Mr Sibusiso Sibandze
Director of Operations and Institutional
Development

European and Developing Countries Clinical Trials Partnership

Mr Thomas Nyirenda
Strategic Partnerships and Capacity
Development Manager
Head of Africa Office

Gavi, the Vaccine Alliance

Dr Annick Raissa Ouelhore Sidibe
Special Advisor to the representative of
Francophone and Lusophone Africa countries
Gavi Francophone and Lusophone Africa
Constituency

Ms Nicolette H el ene Selman
Director, Core Countries, Country Program
Delivery

Ms Twite Mulunda
Senior Manager, Public Policy Engagement
(Regional and Country) Geneva

International Federation of the Red Cross and Red Crescent Societies

Dr Irene Kiiza
Regional Head and Care Manager, Africa

Intergovernmental Authority on Development

Cecilia Lodonu-Senoo
Executive Director
Hope for Future Generations Ghana
Global Fund Board Member

Roll Back Malaria Partnership

Dr Michael Adekunle Charles
RBM Partnership CEO

Ms Caroline Ariba
Advocacy Office

Dr Kaka Tendai Stanley Matthias Mudambo
Sub Regional Coordinator for East and Southern
Africa

Ms Patience Akumu
Advocacy and Communications Manager

Mr Philippe Edouard Juste BATIENON
Coordinator, RBM Partnership to End Malaria
WCA sub regional Network Secretariat

Southern African Development Community

Dr Lamboly Guy-Noel Kumboneki
Senior Programme Officer HIV and AIDS

The Global Fund to fight AIDS, tuberculosis and malaria

Ms Linda Sylvia Mafu
Head, Political and Civil Society Advocacy
Department

Ms Claudia Ahumada
Manager, Civil Society and Communities
Advocacy

UNAIDS

Mr Taoufik Bakkali
Rep. Regional Director

Mr Koech Rotich
Regional Adviser for Equitable Financing

UNDP

Mr Chris Mburu
UN Resident Coordinator

UNDSS

Mr Mashimango Pango
Security Advisor

UNESCO

Mme Fatimata Barry
Repr esentante de l'UNESCO au Congo

UNFPA

Mr Victor Rakoto
Repr esentant R esident de l'UNFPA au Congo

Dr Saliyou Sanni
Regional Advisor, Maternal Health & Health
System Strengthening

Unitaid

Dr Philippe Duneton
Executive Director

Ms Eva Nathanson
Team Lead, Partnerships

Mr Jackson Hungu
Programme Manager

UNICEF

Dr Paul Ngwakum
Regional Health Advisor UNICEF Eastern and
Southern Africa

Dr Chantal Umutoni
Representative UNICEF Congo

Dr Fouzia Shafique
Associate Director for Health

Ms Ulrike Gilbert-Nandra
Regional Health and HIV Advisor for West and
Central Africa

Union Economique et Monétaire Ouest Africaine

Mr Mamadu Serifo Jaquite
Commissaire chargé du Département du
Développement Humain

Dr Bakary Siriki Kone
Directeur de la Santé et de la Protection Social

West African Health Organisation

Virgil Lokossou
Director Health Care Services

Mr Aruna Fallah
Director for Administration and Finance

Mr Felix Agbla
Delegate

Pr Issiaka Sombie
Acting Director Department Public Health and
Research

Mr Joseph Olugbenga Olorunda, Professional in
Charge of Medical Training/Human Resources
for Health

Dr Melchior Athanase J.C Aïssi
Director General

Mr Sani Ali
Director Planning & Health Information

World Bank Group

Mr Brendan Hayes
GFF Country Operations Lea

Dr Isidore Sieleunou
Senior Health Economist

World Food Programme

Mr Robert Degraft Kwame Agyarko
Lead Advisor Outbreaks and Epidemics

5. Non-State actors in official relations with WHO and accredited to participate in the Regional Committee for Africa

Alliance pour le contrôle du tabac en Afrique (ACTA)

Mr Leonce Sessou
Executive Secretary

AMREF Health Africa

Ms Ebubechi Nwaononiwu
Evidence Generation and Learning Officer

Mr Mutana Wanjira Gakuru
Advocacy and Communications Lead

Mr Peter Owiti
Gavi Steering Committee member

Association Africaine des Centrales d'Achats de Médicaments Essentiels

Mr Jean Claude Deka
Président Assemblée Générale in Kinshasa

Mr Aser Minoungou
Executive Director

Mr Max Maxime Makoumba Nzambi
President of board of directors
Director

Bill & Melinda Gates Foundation

Mr Christopher Elias
President Global Development

Mr Andrew Stein
Deputy Director

Ms Sandra Fried
Senior Program Officer

Drugs for Neglected Diseases Initiative

Dr Monique Wasunna
DNDi Africa Ambassador

Mr Bulanga Chirac
Director of DRC Regional Office

Mr Shenard Mazengera
Policy Advocacy Manager

Federation of African Medical Students' Associations (FAMSA)

Mr Bonventure Machuka
Policy advisory council

Grand Challenges Canada

Mr Adetunji Eleso
Director, Scale & Sustainability

International Council of Nurses

Louis André Komba Djeko
Président National de l'ordre des infirmiers de la RDC

International Federation of Medical Students' Associations

Dr Eric Niyongira
Regional Director for Africa

Ms Irene Maswi
General Member

Ms Nyakio Mburu
National Member Organisation President

International Federation of Pharmaceutical Manufacturers and Associations

Ms Cyntia Genolet
Deputy Director, Africa Engagement

International Pharmaceutical Students' Federation

Ms Michele Mayuba
Chairperson of the African Regional Office

Mr Samuel Sano
AFRO Chairperson

Ms Fru-Awah Akumawah
Regional Relations Officer

International Society of Physical and Rehabilitation Medicine

Dr Sinforian Kambou
International Society of Physical and Rehabilitation Medicine Representative for AFRO Region

Movendi International

Mr Labram Massawudu Musah
Director

Ms Juliet Namukasa
Board Member

NCD Alliance

Mr Henry Ndhlovu
Member of Secretariat, Africa NCDs Network

Pr Joseph Mucumbitsi
Medical Doctor

Public Services International (PSI)

Ms Ritta Msibi
Union Vice-President

Mr Babatunde Aiyelabola
Health and Social Services Policy Officer

Mr George Poe Williams
Health Coordinator

Rotary International

Mr Roland Rizet
Representative

The Royal Commonwealth Society for the Blind (SIGHTSAVERS)

Dr Joseph Enyegue Oye,
NTDs Senior Advisor

Ms Opeyemi Alabi-Hundeyin,
Africa Insight Analyst

Ms Ruth Rensburg
Senior Resource Mobilisation Officer

Union for International Cancer Control (UICC)

Mr Ferdinand Sonyuy Mbiydzonyuy
President, RADA/Chair Africa NCDs Network
Secretariat

Mr Rolf Hansen
Chief Executive Officer

United Nations Foundation, Inc.

Dr Ahmed Ogwel
Vice President Global Health Strategy

Uniting to Combat Neglected Tropical Diseases

Dr Winnie Mpanju-Shumbusho
Board Chair

Dr Isatou Touray
Interim Executive Director

Mr Stuart Halford
Director of Advocacy and Resource Mobilisation

West Africa Alcohol Policy Alliance

Mr Benjamin Anabila
Board Member

Mr Issah Ali
Head of Secretariat

World Federation of Societies of Anaesthesiologists

Dr Philippe Mavoungou
WFSA Ambassador

Prof Elizabeth Ogboli Nwasor
Council member

World Organization of Family Doctors

Dr Jane Frances Namatovu
Regional president, Africa Region

6. Guests

Dr Boureima Hama Sambo
Candidate for the post of WHO Regional
Director for Africa
Niger

Dr Richard Mihigo
Candidate for the post of WHO Regional
Director for Africa
Rwanda

Dr Ibrahima Soce Fall
Candidate for the post of WHO Regional
Director for Africa
Senegal

Dr Faustine Ndugulile
Nominee for the post of WHO Regional Director
for Africa
United Republic of Tanzania

Dr Ayoade Alakija
Board Chair
FIND

Dr Zeid Al Hussein
President
International Peace Institute

Ms Bitania Tadesse Wube
Policy Specialist for Africa
International Peace Institute

Ms Yacine Djibo
Executive Director
Speak up Africa

Ms Precious Matsoso
Co-Chair
WHO Intergovernmental Negotiating Body

Annex 2

Agenda

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the provisional agenda and provisional programme of work (Document [AFR-RC74-1](#) and [AFR-RC74-1 Add-1](#))
4. Appointment of the Committee on credentials
5. Statement of the Chairperson of the Programme Subcommittee (Document [AFR/RC74/2](#))
6. Nomination of the Regional Director (Document [AFR/RC74/INF.DOC/1](#))
7. Report of the Regional Director on the work of WHO in the African Region (Document [AFR/RC74/3](#))
8. Process for the nomination and appointment of Regional Directors (Document [AFR/RC74/4](#))

Pillar 1: One billion more people benefitting from universal health coverage

9. Framework for the implementation of the Global Diabetes Compact in the WHO African Region (Document [AFR/RC74/5](#))
10. Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035 (Document [AFR/RC74/6](#))
11. Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document [AFR/RC74/7](#))

Pillar 2: One billion more people better protected from health emergencies

12. An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region (Document [AFR/RC74/8](#))

Pillar 3: One billion more people enjoying better health and well-being

13. Framework for building climate-resilient and sustainable health systems in the WHO African region 2024–2033 (Document [AFR/RC74/9](#))
14. Framework for implementing the who global strategy for food safety 2022–2030 in the African Region (Document [AFR/RC74/10](#))

Pillar 4: More effective and efficient WHO providing better support to countries

15. A Decade of Transformation: achievements and Lesson Learned (Document [AFR/RC74/11](#))

16. Draft proposed Programme Budget 2026-2027 (Document [AFR/RC74/12](#) and [AFR/RC74/12 Add.1](#))
17. Draft provisional agenda, place, and dates of the Seventy-fifth session of the Regional Committee (Document [AFR/RC74/13](#))
18. **Information documents**

Pillar 1: One billion more people benefitting from universal health coverage

- 18.1 Progress report on the Framework for strengthening the use of evidence information and research for policy-making in the African Region (Document [AFR/RC74/INF.DOC/2](#))
- 18.2 Progress report on the Framework for implementing the Global strategy on digital health in the WHO African Region (Document [AFR/RC74/INF.DOC/3](#))
- 18.3 Progress report on the African Health Observatory (Document [AFR/RC74/INF.DOC/4](#))
- 18.4 Progress report on the Framework for implementing the priority actions of the global plan of action of the Decade of Healthy ageing (Document [AFR/RC74/INF.DOC/5](#))
- 18.5 Progress report on the Framework for improving access to assistive technology in the WHO African Region (Document [AFR/RC74/INF.DOC/6](#))
- 18.6 Progress report on the Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region (Document [AFR/RC74/INF.DOC/7](#))
- 18.7 Progress Report on the Framework for the integrated control, elimination, and eradication of tropical and vector-borne diseases in the Africa Region (Document [AFR/RC74/INF.DOC/8](#))

Pillar 2: One billion more people better protected from health emergencies

- 18.8 Progress report on the Regional strategy for health securities and emergencies 2022–2030 (Document [AFR/RC74/INF.DOC/10](#))
- 18.9 Progress report on the Framework for implementing the Global strategy to eliminate yellow fever epidemics (EYE) 2017–2026 (Document [AFR/RC74/INF.DOC/10](#))
- 18.10 Progress report on the status of country engagement and implementation of the Universal Health and Preparedness Review (UHPR) in the African Region (Document [AFR/RC74/INF.DOC/11](#))
- 18.11 Progress report on the Framework for the implementation of the Global Strategy to defeat Meningitis by 2030 in the WHO African Region (Document [AFR/RC74/INF.DOC/12](#))

Pillar 3: One billion more people enjoying better health and well-being

- 18.12 Progress report on the Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem (Document [AFR/RC74/INF.DOC/13](#))
- 18.13 Progress report on the Framework for the implementation of the Global vector control response in the WHO African Region (Document [AFR/RC74/INF.DOC/14](#))

- 18.14 Progress report on the Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region 2021–2030
(Document [AFR/RC74/INF.DOC/15](#))
- 18.15 Progress report on the updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032
(Document [AFR/RC74/INF.DOC/16](#))

Pillar 4: More effective and efficient WHO providing better support to countries

- 18.16 Report on WHO staff in the African Region (Document [AFR/RC74/INF.DOC/17](#))
 - 18.17 Regional matters arising from reports of the WHO internal and external audits
(Document [AFR/RC74/INF.DOC/18](#))
- 19. Adoption of the report of the Regional Committee (Document AFR/RC74/14)
 - 20. Closure of the Seventy-fourth session of the Regional Committee.

Annex 3

Programme of work

(Time: GMT/UTC+1)

Sunday, 25 August 2024

07:30–10:00 **Walk the Talk**

Day 1: Monday, 26 August 2024

09:00–10:00	Agenda item 2	Election of the Chairperson, the Vice-Chairpersons, and the Rapporteurs
	Agenda item 3	Adoption of the provisional agenda and provisional programme of work (Document AFR/RC74/1 and Document AFR/RC74/1 Add.1)
	Agenda item 4	Appointment of Members of the Committee on Credentials
10:00–11:30	Agenda item 1	Opening of the meeting
11:30–12:30	Lunch cocktail	
12:30	Transport to the RC74 venue	
14:00–15:30	Agenda item 7	Report of the Regional Director on the work of WHO in the African Region (Document AFR/RC74/3)
15:30–16:00	Health break	Meeting of the Committee on Credentials
16:00–17:30	Special Event	<i>Ten years of the Transformation Agenda of WHO in the African Region</i>
17:30–18:30	Agenda item 6	Nomination of the Regional Director (<i>Note by the Legal Counsel</i>) (Document AFR/RC74/INF.DOC/1)
18:30	End of the day's session	
19:00	Reception hosted by the Government of the Republic of the Congo and the WHO Regional Director for Africa	

Day 2: Tuesday, 27 August 2024

08:45–09:00	Agenda item 4 (contd)	Report of the Committee on Credentials (Document AFR/RC74/Decision 2)
09:00–10:45	Agenda item 6 (contd)	Nomination of the Regional Director (Interview session)
10:45–11:00	Health break	
11:00–12:45	Agenda item 6 (contd)	Nomination of the Regional Director (Interview session)
12:45–14:45	Lunch break	
13:00–14:30	Special Event	<i>WHO Investment Round: Making Africa’s voice heard</i>
14:45–16:30	Agenda item 6 (contd)	Nomination of the Regional Director (Voting — closed meeting)
16:30–17:00	Health break	
17:00–18:00	Agenda item 6 (contd)	Nomination of the Regional Director (Open meeting)
18:00	End of the day’s session	
18:30–20:30	Side event 1	<i>Advancing Africa’s Leadership and Unified Voice in GHIs towards the realization of the Lusaka Agenda.</i>

Day 3: Wednesday, 28 August 2024

07:30–08:45 **Breakfast meeting** *Closed door session with Ministers of Health on polio in the Lake Chad Basin (by invitation only)*

Pillar 2: One billion more people better protected from health emergencies

09:00–10:00 **Agenda item 12** An innovative approach to strengthening the global architecture for health emergency preparedness and response in the WHO African Region (Document [AFR/RC74/8](#))

10:00–10:30 **Health break**

10:30–12:00 **Special Session** Special briefing session on mpox and the Intergovernmental Negotiating Body (INB)

12:00–14:00 **Lunch break**

12:15–13:45	Side event 2	<i>Tackling the public health emergency of preventable child mortality in the WHO African Region</i>
-------------	---------------------	--

Pillar 1: One billion more people benefitting from universal health coverage

14:00–15:00	Agenda item 9	Framework for the implementation of the Global Diabetes Compact in the WHO African Region (Document AFR/RC74/5)
-------------	----------------------	--

Pillar 1: One billion more people benefitting from universal health coverage

15:00–16:15	Agenda item 11	Framework for integrating country and regional health data in the African Region: Regional Data Hub 2024–2030 (Document AFR/RC74/7)
-------------	-----------------------	--

16:15–16:45	Health break	
-------------	---------------------	--

16:45–18:15	Special event	<i>The Road to Zero: Ending Polio in the African Region</i>
-------------	----------------------	---

18:15	End of the day's session	
-------	---------------------------------	--

18:30–20:30	Side event 3	<i>Accelerating the elimination of cervical cancer in Africa: strategies and partnerships for integrated person-centred prevention and care</i>
-------------	---------------------	---

Day 4: Thursday, 29 August 2024

07:30–08:45	<i>Breakfast meeting</i>	<i>Closed door session with Ministers of Health on variant poliovirus (by invitation only)</i>
-------------	--------------------------	--

09:00–09:30	Agenda item 5	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC74/2)
-------------	----------------------	---

Pillar 4: More effective and efficient WHO providing better support to countries

09:30–10:00	Agenda item 15	A decade of transformation: achievements and lessons learnt (Document AFR/RC74/11)
-------------	-----------------------	---

Pillar 1: One billion more people benefitting from universal health coverage

10:00–11:00	Agenda item 10	Framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO African Region 2025–2035 (Document AFR/RC74/6)
-------------	-----------------------	---

11:00–11:30	Health break	
-------------	---------------------	--

Pillar 3: One billion more people enjoying better health and well-being

11:30–12:30 **Agenda item 13** Framework for building climate-resilient and sustainable health systems in the WHO African Region 2024–2033 (Document [AFR/RC74/9](#))

12:30–14:30 **Lunch Break**

12:45–14:15 **Side event 4** *Turning Words into Action: Operationalizing the Africa Health Workforce Investment Charter*

14:30–15:30 **Agenda item 14** Framework for implementing the WHO global strategy for food safety 2022–2030 in the African Region (Document [AFR/RC74/10](#))

15:30–16:00 **Health break**

Pillar 4: More effective and efficient WHO providing better support to countries

16:00–17:15 **Agenda item 16** Draft proposed Programme Budget 2026–2027 (Document [AFR/RC74/12](#) and [AFR/RC74/12 Add.1](#))

17:15–18:15 **Agenda item 8** Process for the nomination and appointment of Regional Directors (Document [AFR/RC74/4](#))

18:15 **End of the day's session**

18:30–20:30 **Side event 5** *Vaccination for better health in Africa: renewed promise, commitment, and investment*

Day 5: Friday, 30 August 2024

07:15– 08:45 **Breakfast meeting** *Promoting equitable and sustainable access to life-saving innovations in Africa, with a focus on malaria vaccines, regional manufacturing and maternal health*

09:00– 10:30 **Agenda Item 18** **Information documents (contd)**

Pillar 1: One billion more people benefitting from universal health coverage

Agenda item 18.1	Progress report on the Framework for strengthening the use of evidence, information and research for policy-making in the African Region (Document AFR/RC74/INF.DOC/2)	
Agenda item 18.2	Progress report on the Framework for implementing the Global strategy on digital health in the WHO African Region (Document AFR/RC74/INF.DOC/3)	
Agenda item 18.3	Progress report on the African Health Observatory (Document AFR/RC74/INF.DOC/4)	
Agenda item 18.4	Progress report on the Framework for implementing the priority actions of the global plan of action of the Decade of Healthy ageing (Document AFR/RC74/INF.DOC/5)	
Agenda item 18.5	Progress report on the Framework for improving access to assistive technology in the WHO African Region (Document AFR/RC74/INF.DOC/6)	
Agenda item 18.6	Progress report on the Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region (Document AFR/RC74/INF.DOC/7)	
Agenda item 18.7	Progress Report on the Framework for the integrated control, elimination, and eradication of tropical and vector-borne diseases in the Africa Region (Document AFR/RC74/INF.DOC/8)	
10:30–11:00	Health break	
11:00–12:00	Agenda Item 18	Information documents (contd)

Pillar 2: One billion more people better protected from health emergencies

Agenda item 18.8	Progress report on the Regional strategy for health security and emergencies 2022–2030 (Document AFR/RC74/INF.DOC/9)
Agenda item 18.9	Progress report on the Framework for implementing the Global strategy to eliminate yellow fever epidemics (EYE) 2017–2026 (Document AFR/RC74/INF.DOC/10)
Agenda item 18.10	Progress report on the status of country engagement and implementation of the Universal Health and Preparedness Review (UHPR) in the African Region (Document AFR/RC74/INF.DOC/11)

Agenda item 18.11	Progress report on the Framework for the implementation of the Global Strategy to defeat Meningitis by 2030 in the WHO African Region (Document AFR/RC74/INF.DOC/12)
--------------------------	---

Pillar 3: One billion more people enjoying better health and well-being

Agenda item 18.12	Progress report on the Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem (Document AFR/RC74/INF.DOC/13)
--------------------------	--

Agenda item 18.13	Progress report on the Framework for the implementation of the Global vector control response in the WHO African Region (Document AFR/RC74/INF.DOC/14)
--------------------------	---

Agenda item 18.14	Progress report on the Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region 2021–2030 (Document AFR/RC74/INF.DOC/15)
--------------------------	--

Agenda item 18.15	Progress report on the updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032 (Document AFR/RC74/INF.DOC/16)
--------------------------	---

Pillar 4: More effective and efficient WHO providing better support to countries

Agenda item 18.16	Report on WHO staff in the African Region (Document AFR/RC74/INF.DOC/17)
--------------------------	---

Agenda item 18.17	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC74/INF.DOC/18)
--------------------------	---

12:00– 12:30	Agenda item 17	Draft provisional agenda, place, and dates of the Seventy-fifth session of the Regional Committee (Document AFR/RC74/13)
--------------	-----------------------	---

12:45–13:00	Agenda item 19	Adoption of the report of the Regional Committee (Document AFR/RC74/14)
-------------	-----------------------	--

13:00–13:30	Agenda item 20	Closure of the Seventy-fourth session of the Regional Committee
-------------	-----------------------	--

13:30–14:30	Lunch	
-------------	--------------	--

14:30	<i>The Congo experience</i>	
-------	------------------------------------	--

The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

Member States

Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cabo Verde	Mauritius
Cameroon	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Zambia
Guinea-Bissau	Zimbabwe
Kenya	

World Health Organization

Regional Office for Africa

Cité du Djoué

PO Box 6, Brazzaville

Congo

Telephone: +(47 241) 39402

Fax: +(47 241) 39503

Email: afrgocom@who.int

Website: <https://www.afro.who.int/>