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

Report of the Regional Director

Executive Summary

1. The Fifty-eighth World Health Assembly and the one-hundred-and-fifteenth session of the Executive Board adopted resolutions on certain issues of regional interest as set out below:

- (a) Malaria control (WHA58.2)
- (b) Revision of the International Health Regulations (WHA58.3)
- (c) Blood safety: Proposal to establish World Blood Donor Day (WHA58.13)
- (d) Sustainable financing for tuberculosis prevention and control (WHA58.14)
- (e) Draft global immunization strategy (WHA58.15)
- (f) Strengthening active and healthy ageing (WHA58.16)
- (g) International migration of health personnel: a challenge for health systems in developing countries (WHA58.17)
- (h) Cancer prevention and control (WHA58.22)
- (i) Disability, including prevention, management and rehabilitation (WHA58.23)
- (j) Sustaining the elimination of iodine deficiency disorders (WHA58.24)
- (k) Public health problems caused by harmful use of alcohol (WHA58.26)
- (l) Enhancement of laboratory biosafety (WHA58.29)
- (m) Accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration (WHA58.30)
- (n) Working towards universal coverage of maternal, newborn and child health interventions (WHA58.31)
- (o) Infant and young child nutrition (WHA58.32)
- (p) Sustainable health financing, universal coverage and social health insurance (WHA58.33)

2. The ways and means of implementing these resolutions of regional interest have been set out for consideration by the Regional Committee. The report contains only the relevant operative paragraphs that appear in the resolutions concerned. Each resolution is followed by the measures already taken or planned to be taken.

3. The Committee is invited to examine and comment on the proposed strategies for implementing the resolutions of interest to the African Region and to provide guidance for their implementation.

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INTRODUCTION

1. The Fifty-eighth World Health Assembly and the one-hundred-and-fifteenth session of the Executive Board adopted a number of resolutions of regional interest. The ways and means of implementing the resolutions of interest to the African Region are contained in document AFR/RC55/3 which the Regional Director hereby submits to the fifty-fifth session of the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of Resolution AFR/RC30/R12.
2. Following the Regional Committee's decisions, guidelines and resolutions, a plan of work will be prepared to facilitate the monitoring of the implementation of the resolutions as part of the WHO regional programme of technical cooperation.
3. Document AFR/RC55/3 is presented in a format designed to facilitate discussion. It contains only the relevant operative paragraphs of the resolutions of regional interest adopted at the Fifty-eighth World Health Assembly and the one-hundred-and-fifteenth session of the Executive Board. Each resolution is followed by measures already taken or planned to be taken.
4. In conformity with World Health Assembly Resolution WHA33.17, the Regional Committee is invited to examine in detail the proposals of the Regional Director as contained in this document and provide clear guidelines for optimal use of resources, taking into account the related managerial implications. The resolutions of regional interest and the ways and means of implementing them are presented below.

WHA58.2: MALARIA CONTROL

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

5. *REQUESTS the Director-General: to reinforce and expand the Secretariat's work to improve existing national capabilities, and to cooperate with Member States, in collaboration with Roll Back Malaria partners, in order to ensure the full and cost-effective use of increased financial resources for achieving international goals and targets, including the internationally agreed development goals related to malaria contained in the United Nations Millennium Declaration;*
6. The WHO Regional Office for Africa provides support to the 43 malaria-endemic countries of the Region to strengthen technical and managerial competencies for malaria programmes in line with the Roll Back Malaria Framework (AFR/RC50/12) which emphasizes the development and strengthening of human and institutional capacities for scaling up malaria interventions in countries of the Region. The Regional Office will continue to provide strategic orientations and technical guidance for policy development and Programme management; collaborate with regional and national training institutions to organize national and international courses on malaria prevention and control; increase the capacity and staff strength at country level to support implementation activities; and support countries to adapt and implement comprehensive packages of cost-effective malaria control interventions to priority groups.

Operative paragraph 2.2

7. *REQUESTS the Director-General: to collaborate with malaria-affected countries and Roll Back Malaria partners, as well as malaria-free countries facing a real risk of re-emergence, to ensure that countries receive full support for necessary monitoring and evaluation, including the development and implementation of appropriate pharmacovigilance systems;*

8. Recognizing the importance of functional monitoring and evaluation systems for effective programme management, the WHO Regional Office for Africa has provided support to countries to establish or strengthen their monitoring and evaluation systems within the overall context of Integrated Disease Surveillance and Response and national health management information systems. The support has included the development of monitoring and evaluation guidelines as well as provision of a list of core impact, outcome and process indicators. The Regional Office has also facilitated the collaboration between countries and agencies involved in population surveys such as the Demographic and Health Survey and the Multiple Indicator Cluster Survey.

9. In the coming biennium, the Regional Office will recommend the best approaches for monitoring and evaluating malaria in countries; strengthen capacity at national level for monitoring and evaluating malaria; and support countries to conduct appropriate surveys for reporting on the Abuja targets and the Millennium Development Goals. With the deployment of new antimalarial drugs, support will be given to countries to establish or reinforce existing pharmacovigilance systems to monitor adverse drug reactions, particularly those related to antiretrovirals. The subregional malaria treatment networks will receive support for their effective monitoring of efficacy of antimalarial drugs.

Operative paragraph 2.3

10. *REQUESTS the Director-General: to collaborate with Roll Back Malaria partners, industry, and development agencies in order to ensure that sufficient quantities of insecticide-treated mosquito nets and effective antimalarial medicines are made available, especially those required for combination therapies, for example by studying the possibility of WHO undertaking bulk purchases on behalf of Member States who so desire, noting the need for strictly controlled distribution systems for antimalarial medicines;*

11. In collaboration with Roll Back Malaria partners and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Regional Office has supported intensified actions at country level to scale up the use of insecticide-treated nets. Partnerships for these priority actions have been established at all levels. With increased resources, insecticide-treated nets and antimalarial medicines are now becoming more widely available to populations at risk of malaria, particularly the most vulnerable groups.

12. The Regional Office will work closely with countries and partners to ensure that: (i) efforts to scale up ITNs in the Region are coordinated and consolidated through strengthening and empowering national programmes; (ii) country level capacity is strengthened in order to efficiently utilize available resources; (iii) appropriate and sustainable ITN delivery strategies are used and adopted in each country with collaboration between malaria control and other health service delivery programmes such as antenatal clinic services, routine immunization programmes, vaccination campaigns; (iv) national ITN delivery strategies address the issues of equity and

vulnerability; (v) capacity for quality control of insecticides for all mosquito nets is established at national level; (vi) countries monitor and evaluate progress using sensitive, agreed upon and important indicators; (vii) countries have the capacity and mechanisms for monitoring and managing vector resistance to insecticides; (viii) countries have sufficient capacity to implement and scale up access to effective artemisinin-based combination therapy; (ix) the quality of malaria case management with parasite-based diagnosis is improved; and (x) these commodities reach the general population through community-based interventions.

Operative paragraph 2.5

13. *REQUESTS the Director-General: to strengthen collaboration with partners in industry and academia for development of affordable high-quality products for malaria control, including rapid, easy-to-use, sensitive and specific diagnostic tests; an effective malaria vaccine; novel, effective and safe antimalarial medicines; and new and environmentally-friendly insecticides and delivery modes to enhance effectiveness and delay the onset of resistance;*

14. The WHO Regional Office for Africa and partners will continue to support collaboration between national malaria control programmes and national research and academic institutions in conducting operational research. In addition, they will support countries to share and disseminate research findings and incorporate such findings in malaria control policies. Priority operational research projects, including new cost-effective control tools and tools for scaling up interventions, will be supported. Best practices will be documented.

15. The Regional Office will collaborate with countries which are implementing policies for artemisinin-based combination therapy; and with pharmaceutical, research and academic institutions involved in the development of rapid diagnostic tests in order to validate their role and promote their appropriate deployment in areas of varying transmission intensity. To prepare for the deployment of a malaria vaccine, the Regional Office will promote collaboration with stakeholders in the design and implementation of the malaria vaccine Road Map; the organization and establishment of vaccine trial sites; capacity building for vaccine trials in endemic countries; and empowerment of national authorities to establish regulations for validation and adoption of new vaccines.

16. The Regional Office will also contribute to the development of a critical mass of biomedical scientists in the Region by conducting proposal development, data analysis and report writing workshops; it will support small-grant operational research for post-doctoral and undergraduate biomedical scientists.

Operative paragraph 2.6

17. *REQUESTS the Director-General: to provide support for intercountry collaboration to control malaria, in particular, where there is a risk of spread across shared borders;*

18. The Regional Office has promoted and supported intercountry collaboration through such initiatives as the Health for Peace Initiative (in Gambia, Guinea, Guinea-Bissau, Liberia and Senegal), the Lubombo Spatial Development Initiative (in Mozambique, South Africa and Swaziland) and Roll Back Malaria Sahel (Burkina Faso, Chad, Mali, Mauritania, Niger and

Senegal). There is close collaboration with the SADC Health Desk to coordinate malaria control activities in countries of the Southern African Development Community.

19. The Regional Office has also initiated and provided support for subregional networks for monitoring antimalarial therapeutic efficacy and malaria in pregnancy. These networks provide opportunities for countries to share information and experiences and to coordinate their responses to the fight against the disease. The Regional Office will continue to support these initiatives while strengthening regional and country-level partnerships to increase capacity for programme development, management and implementation; and strengthening the capacity of the intercountry teams to support cross-border activities.

Operative paragraph 2.7

20. *REQUESTS the Director-General: to further promote cooperation and partnership between countries supporting malaria control programmes in order to ensure that funds available to combat the disease are used efficiently and effectively.*

21. The Regional Office provides support to countries for mobilizing malaria control resources from bilateral and multilateral partners. The current challenge is ensuring sufficient national capacity to effectively absorb the increasing amount of funding from new sources. The Regional Office will therefore strengthen its technical support to countries to ensure that available funds are optimally allocated and deployed. Countries will also be supported to strengthen their capacities for operational planning; programme implementation; and monitoring and evaluation of processes, outcomes and impacts.

WHA58.3: REVISION OF THE INTERNATIONAL HEALTH REGULATIONS

The Fifty-eighth World Health Assembly,

Operative paragraph 6.1

22. *REQUESTS the Director-General: to give prompt notification of the adoption of the International Health Regulations (2005) in accordance with paragraph 1 of Article 65 thereof;*

Operative paragraph 6.2

23. *REQUESTS the Director-General: to inform other competent intergovernmental organizations or international bodies of the adoption of the International Health Regulations (2005) and, as appropriate, to cooperate with them in the updating of their norms and standards and to coordinate with them the activities of WHO under the International Health Regulations (2005) with the view to ensuring the application of adequate measures for the protection of public health and strengthening of the global public-health response to the international spread of diseases;*

Operative paragraph 6.5

24. *REQUESTS the Director-General: to collaborate with States Parties to the International Health Regulations (2005), as appropriate, including through the provision or facilitation of technical cooperation and logistical support;*

Operative paragraph 6.7

25. *REQUESTS the Director-General: to draw up, in consultation with Member States, guidelines for the application of health measures at ground crossings in accordance with Article 29 of the International Health Regulations (2005).*

26. WHO supported Member States of the African Region in the implementation of the Regional Strategy for Communicable Diseases (including those targeted by the International Health Regulations) adopted by Member States in 1998. This strategy constitutes the framework for the International Health Regulations in the WHO African Region. By the end of May 2005, nearly 40 of the 46 Member States had embarked on implementation of the strategy, and more than 80% of them participated in the revision of the International Health Relations.

27. The Regional Office plans to support Member States to review their national guidelines for surveillance and response to priority diseases and thus take into account the specificities of the International Health Regulations. It will further sensitize Member States to collaborate with international bodies (African Union and New Partnership for Africa's Development) and intergovernmental organizations (such as West African Health Organisation, *Organisation de Coordination pour la lutte contre les Endémies en Afrique Centrale*, SADC, Intergovernmental Authority on Development, and Common Market of Eastern and Southern Africa) regarding the newly appointed International Health Regulations, especially those concerning points of entry and ground crossings.

Operative paragraph 6.4

28. *REQUESTS the Director-General: to build and strengthen the capacities of WHO to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide support to countries in detection and assessment of, and response to, public health emergencies;*

29. With the implementation of integrated disease surveillance in the African Region, WHO has strengthened the capacities of country offices, intercountry teams and regional teams to provide required support to Member States. A thorough briefing of WHO representatives is planned and in-depth capacity building of all the staff involved in the prevention and control of priority disease surveillance and response as well as members of the rapid response teams for emergency epidemics.

WHA58.13: BLOOD SAFETY: PROPOSAL TO ESTABLISH WORLD BLOOD DONOR DAY

The Fifty-eighth World Health Assembly,

Operative paragraph 6.1

30. *REQUESTS the Director-General: to work with other organizations of the United Nations System, multilateral and bilateral agencies, and nongovernmental organizations to promote World Blood Donor Day;*

31. One of the main objectives of the Regional Strategy for blood safety, which was adopted at the fifty-first session of the Regional Committee, is to assist countries to develop an effective system of recruiting low-risk donors in order to achieve the set target of having at least 80% of

national blood donations from voluntary non remunerated donors by the end of 2012. The WHO Regional Office for Africa in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRCRC) has already trained 78 blood donor recruiters from 19 countries and supported 12 countries to promote blood donor recruitment programmes. Ten countries in the Region are now collecting 100% of blood from voluntary non remunerated blood donors.

32. The Regional Office will continue supporting countries to develop educational material and guidelines on blood donor recruitment. Collaboration with IFRCRC, blood donor associations, multilateral and bilateral agencies, and other professional bodies will also be strengthened to support countries in the celebration of World Blood Donor Day with the aim of recruiting and retaining more voluntary blood donors.

Operative paragraph 6.2

33. *REQUESTS the Director-General: to work with concerned organizations to provide support to Member States in strengthening their capacity to screen all donated blood against major infectious diseases in order to ensure that all blood collected and transfused is safe.*

34. With technical support from the Regional Office, 40 out of 46 countries have developed and are implementing national blood transfusion policies. The Regional Office will continue to support countries to implement nationally coordinated blood transfusion services, develop or strengthen national quality management systems, improve reagent procurement procedures, and build capacity in laboratory testing so as to ensure screening of all donated blood for all major transfusion transmitted infections.

WHA58.14: SUSTAINABLE FINANCING FOR TUBERCULOSIS PREVENTION AND CONTROL

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

35. *REQUESTS the Director-General: to intensify support to Member States in developing capacity and improving the performance of national tuberculosis-control programmes within the broad context of strengthening health systems in order: (a) to accelerate progress towards reaching the global target of detecting 70% of new infectious cases and successfully treating 85% of those detected and to report to the Health Assembly in 2007 on the progress made by the end of 2005; (b) to sustain achievement of that target in order to reach the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;*

36. WHO has supported Member States to develop and implement medium-term strategic plans for directly-observed treatment short-course (DOTS) expansion as well as DOTS initiatives aimed at increasing access to tuberculosis diagnostic and treatment services such as community-based DOTS, public-private partnerships in TB control, and the syndromic Practical Approach to Lung health (PAL). At the end of June 2005, 34 countries with TB prevalence equal to or greater than 300 per 100 000 population had updated their strategic plans, 15 countries were scaling up collaborative TB/HIV activities, 22 countries were implementing community-based DOTS activities, and eight countries were at various stages of implementing public-private partnership initiatives for TB control.

37. In addition to continuing support for strengthening core DOTS activities in all Member States, the Regional Office identified approximately 24 countries with cumulative treatment default and transfer out rates greater than 10% (the two main causes of poor treatment success rates in the Region) as target countries for enhanced supportive supervision during the rest of 2005 and the 2006–2007 biennium. A total of 17 TB and TB/HIV national professional officers are now in place in 13 countries to provide technical assistance to strengthen DOTS.

Operative paragraph 2.2

38. *REQUESTS the Director-General: to strengthen cooperation with Member States with a view to improving collaboration between tuberculosis programmes and HIV programmes, in order: (a) to implement the expanded strategy to control HIV-related tuberculosis, (b) to enhance HIV/AIDS programmes, including delivery of antiretroviral treatment for patients with tuberculosis who are also infected with HIV;*

39. WHO has developed a global strategy, guidelines and an interim policy for combating the dual TB/HIV epidemic. The Regional Office for Africa has developed a regional strategy and draft guidelines for implementing TB/HIV activities in the Region. A total of 15 countries has been supported to initiate and start scaling up collaborative TB/HIV activities through the TB programme and as part of The 3 by 5 Initiative. Several countries have already obtained funding from the Global Fund to Fight AIDs, Tuberculosis and Malaria to scale up TB/HIV activities, including access to ARVs by doubly-infected TB patients.

Operative paragraph 2.4

40. *REQUESTS the Director-General: to take the lead in cooperation with national health authorities in working with partners to devise, strengthen and support mechanisms to facilitate sustainable financing of tuberculosis control;*

41. The Regional TB Control Task Force made up of experts, technical officers and donor partners has been set up to provide the Regional Director with technical guidance on TB control in the Region. Globally, there are 22 countries responsible for 80% of TB cases reported to WHO annually. Nine of these high-burden countries (Democratic Republic of Congo, Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, South Africa, Uganda, Zimbabwe) are in the African Region; all of them have country-level interagency coordinating committees for TB control. Uganda has set up the country-level Stop TB Partnership with an independent secretariat; Ethiopia and Kenya are in the process of setting up similar bodies.

42. WHO, in collaboration with other partners, has been supporting countries to access additional funding for TB and TB/HIV activities, even during the current year. At the end of December 2004, at least 30 countries had successfully applied to the Global Fund for assistance for scaling up TB and TB/HIV interventions. A similar number had been supported to secure free anti-TB drugs from the Global Drug Facility of the Stop TB Partnership.

Operative paragraph 2.5

43. *REQUESTS the Director-General: to enhance WHO's support to the Stop TB Partnership in its efforts to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration and provide regular reports on the progress made to achieve the goals;*

44. A new long-term (2006-2015) regional strategic plan for TB control towards the MDGs will be developed by the end of December 2005. The consultation for the plan is scheduled to take place in October 2005. WHO and partners will then support countries to update and implement their country plans for achieving the MDGs. An advocacy and communication strategy for TB control in the African Region will also be developed by December 2005.

45. For the period 2006-2007, WHO and the African Union have committed to collaborate with the Stop TB Partnership to implement the Partnership's Road Map for TB control in the Region adopted by the Eighth Meeting of the Coordinating Board of the Partnership in May 2005 in Addis Ababa, Ethiopia. This includes initiatives to increase case detection and treatment outcomes, a TB control financing summit for ministers of finance from the African Region, and high-level missions to selected African countries to raise the profile of TB control in the Region.

WHA58.15: DRAFT GLOBAL IMMUNIZATION STRATEGY

The Fifty-eighth World Health Assembly,

Operative paragraph 3.1

46. *REQUESTS the Director-General: to mobilize resources to promote the availability and affordability in countries of future new vaccines based on evidence of epidemiological profiles;*

47. WHO, in collaboration with partners in the region, has been supporting countries to introduce new and underused vaccines. The support has been in the form of technical assistance in gathering local data to determine the need for such vaccines. Also, technical assistance has been provided to countries for applying for assistance from the Global Alliance for Vaccines and Immunization (GAVI). Once countries are awarded the vaccines, support is provided to integrate the new vaccines into the routine programme.

48. Future activities include support to countries to continue gathering local evidence that will help policy-makers and partners in the introduction of new vaccines. Countries will be assisted in developing financial sustainability plans for immunization, and such plans will be used as resource mobilization tools. The Global Alliance for Vaccines and Immunization was formed in 1998 for the purpose of mobilizing resources to assist poor countries to strengthen their immunization programmes and to introduce new and underused vaccines. After 5 years of support to countries, GAVI is presently in the process of formulating the mechanisms for future support to eligible countries.

Operative paragraph 3.2

49. *REQUESTS the Director-General: to work closely with the Global Alliance for Vaccines and Immunization, UNICEF and other partners to provide support to Member States in implementation of the Global Immunization Vision and Strategy;*

50. To better position immunization in the global public health arena, WHO, in close collaboration with partners such as UNICEF and GAVI, recently developed the Global Immunization Vision and Strategy (GIVS) and accompanying guidelines that will assist Member States to develop comprehensive multi-year plans for immunization. The partners began supporting countries in the development of their plans which will give a clearer picture of resources and technical assistance needs for each country over the next five years.

51. In future, countries will be assisted to critically analyse the Expanded Programme on Immunization and develop multi-year plans that will clearly delineate immunization roles, responsibilities and commitment of each partner, including the national government. Technical and financial assistance will be provided to countries for the implementation of the multi-year plans.

Operative paragraph 3.3

52. *REQUESTS the Director-General: to strengthen relations at global, regional and subregional levels with UNICEF, GAVI and other partners in order to mobilize needed resources for the countries, in particular developing countries, to implement the Global Immunization Vision and Strategy;*

53. The Africa Task Force on Immunization, established in 1993, has been a strong element in the mobilization of resources for immunization. At country level, partners are organized under the umbrella of the Interagency Coordinating Committee to assist the country to mobilize resources for immunization.

54. In future, the WHO Regional Office for Africa will continue being the secretariat for the Africa Task Force on Immunization and will gather necessary information to enable it to provide useful recommendations for countries and partners. The Task Force will annually review performance of immunization programmes in individual countries and the Region, and provide recommendations as to the way forward. The Regional Office will also assist countries in the implementation of recommendations as well as support them to establish or strengthen Interagency Coordinating Committees.

WHA58.16: STRENGTHENING ACTIVE AND HEALTHY AGEING

The Fifty-eighth World Health Assembly,

Operative paragraph 3.1

55. *REQUESTS the Director-General: to raise awareness of the challenge of ageing of societies, the health and social needs of older persons, and the contributions of older persons to society, including by working with Member States and nongovernmental and private-sector employers;*

56. WHO country offices have been requested to interact with national authorities to include ageing in programmes supported by WHO. An African Union policy document on ageing was developed jointly with WHO and has been disseminated to Member States. The document stipulates the health (and other) needs of older persons and recommends various interventions.

Operative paragraph 3.2

57. *REQUESTS the Director-General: to provide support to Member States in their efforts to fulfill their commitments to the goals and outcomes of relevant United Nations conferences and summits, particularly the Second World Assembly on Ageing, related to the health and social needs of older persons, in collaboration with relevant partners;*

58. The Regional Office continues its collaboration with HelpAge International to support Member States that request assistance in their efforts to fulfill their commitments to relevant UN

conferences and summits, particularly the Second World Assembly on Ageing, related to the health and social needs of older persons. Regional Office efforts in this regard are coordinated through the health promotion area of work.

Operative paragraph 3.4

59. *REQUESTS the Director-General: to provide support to Member States, by promoting research and strengthening capacity for health promotion and disease prevention strategies, policies and interventions throughout the life-course, in their efforts to develop integrated care for older persons, including support for both formal and informal caregivers;*

60. Research activities pertaining to ageing are being supported, including the global WHO project, Integrated Response to Population Ageing (INTRA). Results of INTRA studies will be disseminated to Member States who request such information for planning activities on ageing. Zambia has been supported to undertake a national study to facilitate development of a policy on ageing. Findings of these research activities will be used to inform programme development in the Region.

Operative paragraph 3.5

61. *REQUESTS the Director-General: to undertake initiatives to improve the access of older persons to relevant information and health-care and social services in order, particularly, to reduce their risk of HIV infection, to improve the quality of life and dignity of those living with HIV/AIDS, and to help them support family members affected by HIV/AIDS and their orphaned grandchildren;*

62. WHO, in collaboration with HelpAge International and ministries of health and social services, has tested various model interventions for mitigating the impact of HIV/AIDS on older persons; older persons have also been supported in their roles as care providers to family members who are infected. Reports of such interventions in Ethiopia, Tanzania, Zambia and Zimbabwe will be shared with Member States.

Operative paragraph 3.8

63. *REQUESTS the Director-General: to cooperate with other agencies and organizations of the United Nations system in order to ensure intersectoral action towards active and healthy ageing;*

64. The WHO Regional Office for Africa continues its collaboration with partners such as UNFPA and HelpAge International to promote the health agenda on ageing. As part of equity concerns, ageing is increasingly being promoted as a prominent element in HIV/AIDS and malaria programmes.

WHA58.17: INTERNATIONAL MIGRATION OF HEALTH PERSONNEL: A CHALLENGE FOR HEALTH SYSTEMS IN DEVELOPING COUNTRIES

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

65. *REQUESTS the Director-General: to intensify his efforts to implement fully resolution WHA57.19;*

66. Following the adoption of Resolution WHA 57.19, human resources for health issues have attracted considerable attention and have regularly appeared on the agenda of national, regional and international meetings. These include the high-level forum on the health Millennium Development Goals, various conferences, and the meeting to launch the Global Commission on International Migration. Countries, partners and WHO have commenced with the implementation of Resolution WHA 57.19.

67. Efforts on the work in progress will be intensified during the next biennium. In particular, focus will be on strengthening existing partnerships with the International Organization for Migration, New Partnership for Africa's Development, International Labour Organization, diasporan networks, and other partners and stakeholders. Trends in regional and international migration will be monitored. Widespread consultation on the code of practice and ethical guidelines for international recruitment of health workers will assist Member States to negotiate mutually-beneficial bilateral agreements on human resources for health. The Regional Office will support countries and institutions to build research capacity, particularly to conduct research on issues related to migration of health workers. Countries will be supported to move towards comprehensive human resource planning and implementation within the broader context of health systems, including motivation and retention strategies.

Operative paragraph 2.2

68. *REQUESTS the Director-General: to strengthen WHO's programme on human resources for health by allocating to it adequate resources, in particular financial and human resources;*

69. Human resources for health is now a specific area of work with a specific budget for the 2006-2007 biennium. The Regular budget for 2006-2007 does not have sufficient funds to cover activities and salaries; however, there is a significant increase in funds from Other sources.

Operative paragraph 2.3

70. *REQUESTS the Director-General: to report on implementation of this resolution to the fifty-ninth World Health Assembly;*

71. The WHO Regional Office for Africa will contribute to the progress report to be prepared for the Fifty-ninth World Health Assembly.

WHA58.22: CANCER PREVENTION AND CONTROL

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

72. *REQUESTS the Director-General: to develop WHO's work and capacity in cancer prevention and control and to promote effective, comprehensive cancer prevention and control strategies in the context of the global strategy for the prevention and control of noncommunicable diseases, the Global Strategy on Diet, Physical Activity and Health, and resolution WHA57.16 on health promotion and healthy lifestyles, with special emphasis on less developed countries;*

73. An implementation strategy document on key interventions for cancer control in the African Region is being developed. This document will be peer-reviewed during a regional consultation in September 2005 in Entebbe, Uganda before being widely circulated for adaptation and use in countries.

Operative paragraph 2.2

74. *REQUESTS the Director-General: to provide technical support to Member States in setting priorities for cancer prevention, control and palliative-care programmes;*

Operative paragraph 2.6

75. *REQUESTS the Director-General: to consider allocating additional resources so that the knowledge provided by research is translated into effective and efficient public-health measures for cancer prevention and control;*

Operative paragraph 2.7

76. *REQUESTS the Director-General: to promote research on cost-effectiveness studies on different strategies for prevention and management of various cancers;*

77. Cervical cancer has been identified as a top priority for cancer control in the Region. Three reference training centres have been set up in Conakry, Luanda and Dar es Salaam. These are research, training and management centres. Health workers from five countries (Angola, Cape Verde, Guinea-Bissau, Mozambique, Sao Tome) have been trained in Luanda regarding early detection and management of cervical cancer; health workers from Kenya, Tanzania and Uganda were trained in Dar es Salaam. The Regional Office provided support to all these countries to set up cervical cancer centres. Participants from ten countries will be trained in Conakry in October 2005. More than 30 000 women have been screened for cervical cancer throughout the Region.

78. A STEPwise implementation framework for cancer control will be developed and shared with countries; technical support will be provided for its adaptation and implementation.

Operative paragraph 2.14

79. *REQUESTS the Director-General: to advise Member States, especially the developing countries, on development or maintenance of a national cancer registry containing the type, location of the cancer and its geographical distribution;*

80. Twelve countries (Algeria, Angola, Cameroon, Republic of Congo, Kenya, Mali, Mauritania, Mozambique, Nigeria, Tanzania, Uganda, Zimbabwe) have been supported to set up or strengthen cancer registries. Participants from these countries were trained in Lyon, and were jointly sponsored by the WHO Regional Office for Africa and the International Agency for

Research on Cancer (IARC). The international meeting on cancer registries will take place in 2005 in Entebbe, Uganda and will be organized by the Regional Office and IARC. Ten additional countries will be supported to develop or strengthen cancer registries.

WHA58.23: DISABILITY, INCLUDING PREVENTION, MANAGEMENT AND REHABILITATION

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

81. *REQUESTS the Director-General: to intensify collaboration within the Organization in order to work towards enhancing quality of life and promoting the rights and dignity of persons with disabilities inter alia by including gender-disaggregated statistical analysis and information on disability in all areas of work;*

82. Several areas of work have been identified to collaborate and thus enhance the quality of life of persons with disabilities. These areas of work are mental health and substance abuse; violence, injuries and disabilities; making pregnancy safer; surveillance, prevention and control of chronic noncommunicable diseases; child and adolescent health. Information sharing during planning and implementation will be promoted for more efficient and effective programming.

Operative paragraph 2.2

83. *REQUESTS the Director-General: to provide support to Member States in strengthening national rehabilitation programmes and implementing the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities;*

84. In 2004, the Regional Office organized intercountry meetings on the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. Member States reviewed the status of implementation, and identified ways of enhancing and monitoring the implementation of Rules 2, 3, 4 and 19. Country level activities are underway to ensure that stakeholders at all levels are engaged to ensure the basic prerequisites for participation of persons with disabilities in such areas as education, health and poverty reduction.

Operative paragraph 2.3

85. *REQUESTS the Director-General: to support Member States in collecting more reliable data on all relevant aspects, including cost-effectiveness of interventions for disability prevention, rehabilitation and care, and in assessing potential use of available national and international resources for disability prevention, rehabilitation and care;*

86. The Regional Office has invested in improving capacity for surveillance and data collection, particularly for data related to disability resulting from injuries. Funding and technical assistance have been given for some countries, including Ethiopia and Mozambique. Support will be provided to more countries for capacity building on surveillance and use of information so generated.

Operative paragraph 2.4

87. *REQUESTS the Director-General: to further strengthen collaborative work within the United Nations system and with Member States, academia, private sector, and non-governmental organizations, including organizations of people with disabilities;*

88. The Regional Office has supported and encouraged the efforts at country level to involve organizations of persons with disabilities in planning, implementing and evaluating interventions. Such organizations are involved in the planning process of meetings, and all meetings organized by WHO have had ample representation of these beneficiaries.

Operative paragraph 2.7

89. *REQUESTS the Director-General: to promote studies of incidence and prevalence of disabilities as a basis for the formulation of strategies for prevention, treatment and rehabilitation;*

90. Some Member States have started the process of policy development, and others are at an advanced stage. Kenya passed the Disability Act in 2004, and Malawi expects to finalize the Disability Policy soon. Tanzania and others have put in place specific data collection systems that will provide the necessary data for planning and monitoring programmes for disabled persons. Community-based rehabilitation will be promoted for implementation in most Member States; in some countries this is now well-organized at different levels.

Operative paragraph 2.10

91. *REQUESTS the Director-General: to support Member States in taking the necessary steps to reduce the risk factors that lead to disabilities;*

92. WHO will support Member States in identifying the most important risk factors for disability in order to develop appropriate strategies and engage relevant stakeholders in prevention. In particular, programmes to prevent road traffic crashes and violence will receive special attention.

WHA58.24: SUSTAINING THE ELIMINATION OF IODINE DEFICIENCY DISORDERS

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

93. *REQUESTS the Director-General: to strengthen cooperation with Member States, at their request, with international organizations, including UNICEF, bilateral aid agencies and international bodies such as the International Council for Control of Iodine Deficiency Disorders, the Micronutrient Initiative, and the Global Alliance for Improved Nutrition, in providing technical assistance to regulators and salt producers in producing and marketing iodized salt, strengthening quality control systems and facilitating a network of reference laboratories for estimation of iodine intake;*

94. With the technical and financial support provided to countries by WHO and UNICEF, more than 30 of the countries established a salt iodization programme and enacted national laws in the African Region. From 30% to 90% of households in countries use iodized table salt. The proportion of households using iodized salt is above 50% in 24 countries and below 50% in 22 countries.

95. Over the past three decades, 10 countries have been supported to evaluate their Iodine Deficiency Disorder (IDD) control programmes and to train their health workers. The global Network for Sustainable Elimination of Iodine Deficiency, established in 2002 to accelerate IDD elimination through promoting collaboration between public and private sectors, scientific bodies and civil society, has now opened its membership to countries of the African Region. Two laboratories operating in iodine dosing have thus joined the network.

96. The Regional Office will continue to provide support to countries of the Region to adopt and use iodized salt nationwide.

Operative paragraph 2.2

97. *REQUESTS the Director-General: to strengthen advocacy efforts involving public media and civil society for renewed commitment to combating iodine deficiency disorders, including appropriate research with relevant partners;*

98. Public education and awareness campaigns using several media will be carried out as part of social marketing and social mobilization for iodized salt consumption.

99. Collaboration with research structures and laboratories will be strengthened in order to assess the situation in countries regularly and identify the most appropriate methods of communication.

Operative paragraph 2.3

100. *REQUESTS the Director-General: to report on implementation of this resolution to the Sixtieth World Health Assembly, and every three years thereafter;*

101. The Regional Office will, as directed, report on activities to eliminate iodine deficiency disorders in the African Region by adhering to the stipulated time frame.

WHA 58.26: PUBLIC HEALTH PROBLEMS CAUSED BY HARMFUL USE OF ALCOHOL

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

102. *REQUESTS the Director-General: to strengthen the Secretariat's capacity to provide support to Member States in monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of effectiveness of policies;*

103. The Regional Office will intensify support to countries by increasing human resources and strengthening their capacity to assist Member States to evaluate alcohol consumption, and detect and monitor its adverse impact on the behaviour and health of individuals and groups.

Operative paragraph 2.2

104. *REQUESTS the Director-General: to consider intensifying international cooperation in reducing public health problems caused by the harmful use of alcohol and to mobilize the necessary support at global and regional levels;*

105. In collaboration with Headquarters, the African Union, other agencies and stakeholders, the Regional Office will intensify its support to countries to develop strategies, adopt policies and implement appropriate interventions to reduce psychosocial, economic and health problems caused by harmful use of alcohol.

Operative paragraph 2.5

106. *REQUESTS the Director-General: to draw up recommendations for effective policies and interventions to reduce alcohol-related harm and to develop technical tools that will support Member States in implementing and evaluating recommended strategies and programmes;*

107. Technical support will be provided for Member States to establish or strengthen their information systems through collecting and analysing data on alcohol use and its harmful effect on the health and lives of individuals and communities.

108. Based on the orientations of the Programme Budget 2006–2007, and on tools developed by WHO at global and regional levels, and in collaboration with countries, the Regional Office will help promote strategies to strengthen the capacities of various health professionals. It will also support preventive actions with communities and provide assistance for measures to provide care and rehabilitation services for persons and their families exposed to the harmful effect of alcohol use.

Operative paragraph 2.8

109. *REQUESTS the Director-General: to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption;*

110. The Regional Office will continue to encourage multidisciplinary and intersectoral collaboration with nongovernmental organizations, the private sector, civil society associations, traditional healers and other opinion leaders, among others, in order to promote the implementation of policies, programmes and legislation as part of integrated control of harmful use of alcohol.

Operative paragraph 2.10

111. *REQUESTS the Director-General: to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution;*

112. The Regional Office will make a contribution to the global report that will be submitted to the Sixtieth World Health Assembly on progress made in the implementation of this resolution.

WHA58.29: ENHANCEMENT OF LABORATORY BIOSAFETY

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

113. *REQUESTS the Director-General: to ensure that WHO plays an active role, in accordance with its mandate, towards the task of improving laboratory biosafety and containment of microbiological agents and toxins;*

114. WHO has defined norms and standards of laboratory biosafety to help Member States enforce safe laboratory practices in their health systems. For easy dissemination to countries, they are included in a book entitled "Safety in health-care laboratory" (WHO/LAB/97.1).

Operative paragraph 2.2

115. *REQUESTS the Director-General: to provide support to other relevant programmes and partners in strengthening their efforts to promote improved laboratory biosafety and containment of microbiological agents and toxins;*

116. Support will be provided to the programmes in quality assurance in health care, quality management of laboratory procedures for good laboratory practices, and risk management in health-care settings for patient safety enhancement. Improvement of these programmes will positively impact on the level of biosafety in laboratory services.

Operative paragraph 2.3

117. *REQUESTS the Director-General: to provide support to the development and sharing of knowledge and experience among Member States for enhancing laboratory biosafety, including containment of microbiological agents and toxins, including the regular update of relevant WHO guidelines and manuals in consultation with all Member States with a view to accommodating their concerns;*

118. The WHO Regional Office for Africa will hold meetings with ministers of health to call their attention to the need to enhance laboratory biosafety in the Region. Countries will be assisted to disseminate the list of essential measures for laboratory biosafety enforcement, including standard precautions, sample taking, processing procedures, infection control and waste management. There will be continuous training of all staff on safety measures and regulations, and a safety manual will be available in all laboratories.

Operative paragraph 2.4

119. *REQUESTS the Director-General: to provide, in response to requests from Member States, technical support for strengthening laboratory biosafety, including containment of microbiological agents and toxins;*

120. The various WHO levels have agreed on a number of activities deemed essential for improving laboratory biosafety and containment of microbiological agents and toxins. All three

levels of the Organization will undertake joint interventions when carrying out planned technical support to countries.

WHA58.30: ACCELERATING THE ACHIEVEMENT OF THE INTERNATIONALLY AGREED HEALTH-RELATED DEVELOPMENT GOALS INCLUDING THOSE CONTAINED IN THE MILLENNIUM DECLARATION

The Fifty-eighth World Health Assembly,

Operative paragraph 6.2(a)

121. *REQUESTS the Director-General: to provide support to Member States, at their request: (a) to develop outcome-oriented and adequately resourced policies and strategies for health development;*

122. The work of the WHO Regional Office for Africa already contributes to efforts to achieve the internationally agreed development goals. A paper, entitled “*Achieving health Millennium Development Goals: Situation analysis and perspectives in the African Region,*” was prepared for the fifty-fifth session of the Regional Committee. An accompanying resolution urges all Member States to implement all health development strategies through their biennial plans of action starting with 2006–2007, and to report their annual progress to the Regional Committee.

123. Countries are already being assisted to develop outcome-oriented national health development policies and strategies, especially in the context of poverty reduction strategies. The Regional Office will continue to support Member States in drafting appropriate and comprehensive health development policies and strategies such as the poverty reduction strategy papers, annual budgets and medium-term expenditure frameworks. It will also support the production of tools and evidence for policy (e.g. disease burden studies) to advocate more strongly for increased resources for health.

Operative paragraph 6.2(c)

124. *REQUESTS the Director-General: to provide support to Member States, at their request: (c) to identify vulnerable groups with specific health needs and to devise appropriate programs that deliver equitable outcomes;*

125. Studies have already been conducted in six countries to profile the health situation of children. This information will be used to inform policy on children’s environmental health. The Regional Office will continue supporting countries that wish to carry out health studies of vulnerable groups with a view to designing appropriate policies and strategies to respond to their special needs.

Operative paragraph 6.2(d)

126. *REQUESTS the Director-General: to provide support to Member States, at their request: (d) to strengthen intersectoral linkages to address the social and environmental determinants of health;*

127. A focal point to coordinate the WHO work of the Commission on Social Determinants of Health in the African Region has already been identified. The Regional Office will support countries to implement the recommendations of the Commission. It will also promote the

“localization” of the MDGs by supporting decentralization through the poverty reduction strategy papers and sector-wide approaches.

Operative paragraph 6.2(e)

128. *REQUESTS the Director-General: to provide support to Member States, at their request: (e) to engage in technical and policy dialogue with international financial institutions, including on the impact of their policies on health-related needs; to lead harmonization and coordination processes among development partners in health; and to ensure alignment of support around country priorities;*

129. The Regional Office already started to engage global development partners such as the World Bank regarding the need to work together to support health development in a coherent manner. The World Bank and IMF have been invited to the fifty-fifth session of the Regional Committee in August 2005 to discuss health financing, fiscal space and other matters of concern to Member States regarding health and development in Africa. The Country Cooperation Strategy documents, which inform the strategic direction of WHO country support, are being revised in consultation with all partners in order to align them to countries' priorities. The Regional Office will continue to engage the Bretton Woods institutions on matters of regional concern to health. Country offices will be supported to use evidence-based policy.

Operative paragraph 6.2(f)

130. *REQUESTS the Director-General: to provide support to Member States, at their request: (f) to use appropriate monitoring and evaluation frameworks, including those related to universal access to reproductive health, that measure progress towards the internationally agreed health-related development goals, including those contained in the Millennium Declaration, in order to determine cost-effective programmes that achieve better health and nutrition outcomes without adding to the reporting burden in countries;*

131. The Regional Office, through programmes on health information systems, the Health Metrics Network and the framework for monitoring suggested in the paper, “Achieving health Millennium Development Goals”, has conceptualized the issues and approaches to monitoring and evaluation. Capacity building has already started in some countries. WHO country offices, in conjunction with other UN agencies such as UNICEF, UNFPA and UNAIDS, are already engaged in monitoring and evaluation for the health MDGs.

132. The Regional Office will work with the Health Metrics Network team to build monitoring and evaluation capacities (tools, databases, skills and systems) in countries and to ensure community participatory monitoring and evaluation processes for achievement of the MDGs.

WHA58.31: WORKING TOWARDS UNIVERSAL COVERAGE OF MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

133. *REQUESTS the Director-General: to strengthen the coordination, collaboration and synergies of WHO's programmes on reproductive, maternal, newborn and child health, its*

programmes on malaria, HIV/AIDS, tuberculosis and health promotion, and its programme on health systems development, in support of countries;

134. A regional reproductive health task force, comprising of high-level experts from ministries of health, partner organizations, institutions and governments, serves as an advisory body on reproductive, maternal, newborn and child health. The WHO Regional Office for Africa supported eight countries (Cameroon, Kenya, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe) with high burden of HIV to strengthen linkages of HIV prevention and treatment in maternal and child health services using prevention of mother-to-child transmission (PMTCT) as an entry point. Joint task force meetings of Integrated Management of Childhood Illness (IMCI) and malaria control programmes have been held annually. In collaboration with the regional AIDS programme, IMCI training materials were adapted to include HIV/AIDS in eight countries. District tools to enhance planning and monitoring of IMCI have been developed, and application of the tools is in progress in Equatorial Guinea, Ghana, Nigeria, Tanzania and Zimbabwe. In collaboration with the nutrition area of work, the Global Strategy for Infant and Young Child Nutrition has been operationalized with continued training of first-line health workers in breastfeeding and counseling in HIV and infant feeding.

135. In future, the Regional Office plans to develop tools and strategies to support national delivery of integrated services in reproductive, newborn and child health, including prevention and treatment of malaria in pregnancy, prevention of mother-to-child transmission of HIV, family planning and nutrition.

Operative paragraph 2.2

136. *REQUESTS the Director-General: to ensure that WHO fully participates in harmonization efforts within the United Nations system, supports efforts of Member States to establish policy coherence and synergies between and within national and international initiatives in maternal, newborn and child health, particularly between those taken by partners within the United Nations system and other;*

137. In collaboration with 14 partners and Member States, the Road Map for accelerating the attainment of the MDGs relating to maternal and newborn health in Africa was developed in 2004. To date, 27 countries are at various stages of development and implementation of their national Road Maps. Ten countries have received support for implementation of the Making Pregnancy Safer Initiative.

138. IMCI is currently implemented in 44 of the 46 countries in the Region to achieve the fourth Millennium Development Goal. More than 50% of countries have expanded the strategy beyond initial implementation districts. IMCI has been included in district health plans to ensure sustainability and district ownership. Child health and child survival policies and strategies have been developed. Child survival partnership activities have started in Ethiopia and Tanzania under the leadership of the national authorities.

139. The WHO Regional Office for Africa collaborated with UNICEF, UNFPA, the World Bank and the Centers for Disease Control and Prevention to harmonize efforts to support countries for scaling up PMTCT interventions and capacity building, including care and treatment of mothers and children with HIV infection. The Regional Office plans to provide technical and financial support to all Member States in the development and implementation of their Road Maps, and in scaling up IMCI.

Operative paragraph 2.3

140. *REQUESTS the Director-General: to support the efforts of national health authorities to ensure that reproductive, maternal, newborn and child health are systematically included in frameworks for socioeconomic development and plans to ensure sustainability;*

141. The WHO Regional Office for Africa collaborated with the USAID Sara project to develop regional and national advocacy strategies using the Reduce model that documents the socioeconomic implications of maternal and newborn morbidity and mortality. Using this model, several countries have prioritized maternal and newborn health in their national agenda. In collaboration with the International Planned Parenthood Federation and the African Union, the Regional Office organized four subregional conferences on the integration of reproductive, newborn and child health issues into the health programme of the New Partnership for Africa's Development. Ministers of health of African countries signed a declaration of commitment to prioritize reproductive, maternal and child health. In collaboration with the World Bank, the Regional Office worked with Member States (e.g. Eritrea, Ghana and Uganda) to ensure that reproductive, newborn and child health issues are included in their poverty reduction programmes and plans of action.

142. Based on dissemination of evidence gathered during four years multi-country evaluations, key child and adolescent health interventions, including IMCI, are now included in poverty reduction strategy papers and sector-wide approaches. The Regional Office is supporting countries to bring services closer to communities and families. The community component of IMCI is currently implemented in more than 30 countries of the Region. The Regional Office plans to support countries to expand access to information and maternal, newborn and child health care at community level.

Operative paragraph 2.4

143. *REQUESTS the Director-General: to further collaborate with relevant partners to produce information on health status inequalities, such as through UNICEF's Multiple Indicator Cluster Surveys or Demographic and Health Surveys, in order to inform appropriate and specific policy actions by all concerned partners;*

144. Ten countries were supported to conduct both health facility and household surveys on child health. The surveys resulted in evidence-based planning. Advocacy for child survival continues in the Region. The WHO Regional Office for Africa supported 15 countries to conduct needs assessments for emergency obstetric care. The results were used to develop national plans of action for making pregnancy safer.

145. In collaboration with UNICEF, a resolution has been drafted for the African Union to renew countries' commitments to accelerate child mortality reduction. The Regional Office will continue to provide technical assistance to countries for conducting Demographic and Health Surveys, and the results will be used to improved programme planning and implementation.

Operative paragraph 2.5

146. *REQUESTS the Director-General: to intensify support to Member States for developing their institutional capacity for achieving international goals and targets through universal access to, and coverage of, reproductive, maternal, newborn and child health programmes, in the context of strengthening health systems;*

147. At the fifty-fourth session of the Regional Committee, ministers of health of the African Region adopted the Road Map for accelerating the attainment of the MDGs relating to maternal and newborn health, and its resolution. The Regional Office supported 27 countries to develop their country-specific Road Maps. In collaboration with USAID, regional consultants will be trained in 2005 to support countries in implementing the Road Map.

148. Eight countries were supported to incorporate the WHO Integrated Management of Pregnancy and Childbirth into pre-service institutions. Following the review of midwifery competencies and standards, 12 countries were supported to strengthen skilled care. A total of 40 countries have adapted the IMCI training guidelines to train first-level health workers to manage common childhood illnesses; 38 countries have initiated training of health workers, and 20 countries have included IMCI in their pre-service curricula.

Operative paragraph 2.6

149. *REQUESTS the Director-General: to mobilize the international community so that it commits the additional resources required to achieving universal access to, and coverage of, reproductive, maternal, newborn and child health care;*

150. The WHO Regional Office for Africa provided national reproductive health programme managers with a maternal and newborn health framework for promoting and implementing community-based interventions. Documentation of best practices and widespread dissemination of operational research results and interagency studies (such as the multi-country evaluations) have enhanced the revival of global interest in child survival and the mobilization of resources for child health at national and international levels.

151. Many regional, intercountry and national activities on maternal, newborn and child health care are being co-funded by the WHO Regional Office for Africa and partners such as UNICEF, UNFPA and USAID. Ethiopia, Madagascar, Mozambique, Rwanda and Tanzania were supported to develop child survival strategies involving all stakeholders. Such strategies have created opportunities to cost child survival interventions and to mobilize the required resources for implementation.

152. A special partnership programme between WHO and the European Union has been developed, and significant financial support will be provided to six countries over the next three years (beginning in 2006) for accelerated reduction of maternal and newborn mortality. The Regional Office is planning to work with partners to establish a special fund for maternal, newborn and child health.

Operative paragraph 2.7

153. *REQUESTS the Director-General: to declare an annual world maternal, newborn, and child health day in order to ensure continued global visibility of the reproductive, maternal, newborn and child health agenda and to provide an opportunity for countries and the international community to reassert their commitment to this issue;*

154. The WHO Regional Office for Africa is collaborating with the African Union to identify a day to be celebrated as Maternal, Newborn and Child Health Day. All countries in the Region were supported to conduct national maternal and child health activities during World Health Day 2005. Two goodwill ambassadors were appointed for maternal, newborn and child health.

WHA58.32: INFANT AND YOUNG CHILD NUTRITION

The Fifty-eighth World Health Assembly,

Operative paragraph 3.1

155. *REQUESTS the Director-General: in collaboration with FAO, and taking into account the work undertaken by the Codex Alimentarius Commission, to develop guidelines for clinicians and other health-care providers, community health workers and family, parents and other caregivers on the preparation, use, handling and storage of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;*

156. The WHO Regional Office for Africa has disseminated to Member States the following relevant documents on *Enterobacter sakazakii* and other microorganisms in powdered infant formula: the joint FAO/WHO workshop report; the risk profile; WHO's questions and answers; INFOSAN information note 1/2005 *E. sakazakii*.

157. In collaboration with the nutrition area of work, the Global Strategy for Infant and Young Child Nutrition has been operationalized with continued training of first-line health workers in breastfeeding and HIV and counselling in infant feeding. Member States have been urged to investigate and report all suspected cases of microorganism contaminations of infant formula to appropriate national and international institutions.

158. The Regional Office will collaborate with HQ and other partners in the development of guidelines for clinicians, other health care providers, community health workers, family and other caregivers on the preparation, use, handling and storage of infant formula so as to minimize risk. The Regional Office will also support Member States to build capacity in the use of these guidelines.

Operative paragraph 3.2

159. *REQUESTS the Director-General: to take the lead in supporting independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of E. sakazakii, in line with the recommendations of the FAO/WHO Expert Meeting on E. sakazakii and other Microorganisms in Powdered Infant Formula, and to explore means of reducing its level in reconstituted powdered infant formula;*

160. In collaboration with partners and stakeholders, the Regional Office will implement the recommendations of the FAO/WHO expert group on *E. sakazakii*. *The Regional Office* will also advocate for support, promote research initiatives in *E. sakazakii* and other microorganisms in some selected laboratories in the African Region, and lead in the collection of evidence for better understanding of the biology of this bacterium. Results from such research will be reviewed and widely disseminated to enable all Member States to improve their control efforts.

Operative paragraph 3.3

161. *REQUESTS the Director-General: to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;*

162. The WHO Regional Office for Africa will disseminate to Member States relevant information regarding the contribution of the Codex Alimentarius Commission in infant and young child feeding. The Regional Office will continue to assist Member States through training in the procedures of the Codex Alimentarius, obtaining funding from the Codex Trust Fund for their effective participation in the work of the Commission, and encouraging them to implement existing and future infant formula standards, particularly those on contamination by *E. sakazakii* and other microorganisms.

Operative paragraph 3.4

163. *REQUESTS the Director-General: to report to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.*

164. The WHO Regional Office for Africa will continue to provide technical support to countries to adopt or adapt the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly for national legislation as well as monitor compliance with the Code and relevant laws.

WHA58.33: SUSTAINABLE HEALTH FINANCING, UNIVERSAL COVERAGE AND SOCIAL HEALTH INSURANCE

The Fifty-eighth World Health Assembly,

Operative paragraph 2.1

165. *REQUESTS the Director-General: to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage...;*

166. In 2004-2005, four countries (Ghana, Kenya, Nigeria, Tanzania) were supported in designing their social health insurance systems; and a seminar on community health insurance management was held in Guinea (in collaboration with GTZ). During the 2006-2007 biennium, there are plans for supporting countries to strengthen their health economics and financing capacities, and reform health financing systems to ensure that they are equitable and provide financial risk protection.

Operative paragraph 2.3

167. *REQUESTS the Director-General: to create sustainable and continuing mechanisms, including regular international conferences, subject to availability of resources, in order to facilitate the continuous sharing of experiences and lessons learnt on social health insurance;*

168. The WHO Regional Office for Africa documented the process by which social health insurance was designed in Nigeria. In the 2006-2007 biennium, there are plans for working with countries to: (i) collect and share health financing and social health protection evidence with countries; (ii) undertake national health accounts studies; (iii) undertake costing of health-facility-based services; (iv) undertake analysis of health facility efficiency.

Operative paragraph 2.4

169. *REQUESTS the Director-General: to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different practices in health financing, ...;*

170. WHO has developed tools for studying national health accounts, examining financial feasibility of health financing mechanisms, costing interventions, measuring effectiveness and analysing cost-effectiveness. The computer-based tools and methodologies are available on the Internet (www.who.int/evidence/cea) for public use. In the 2006-2007 workplan, there is provision for strengthening the capacities of Member States to use the different health financing tools and methodologies.

Operative paragraph 2.5

171. *REQUESTS the Director-General: to provide support to Member States, as appropriate, for developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage;*

172. WHO will continue to support countries to use statistical and non-statistical methods to monitor and evaluate the effects of health financing reforms on the provision of health services.