



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

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**REGIONAL COMMITTEE FOR AFRICA**

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Kigali, Republic of Rwanda, 31 August–4 September 2009

Provisional agenda item 12

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

**Report of the Regional Director**

**Executive Summary**

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

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## **INTRODUCTION**

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

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

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

### **EB124R.5 Climate change and health**

#### **Requirements**

4. To develop tools, guidance, information and training packages to support awareness raising and advocacy campaigns; to coordinate actions with the relevant United Nations agencies; to exercise WHO's stewardship role; to provide the health sector with information tools and advice, to assess the burden of disease attributable to climate change as well as health impacts of adaptation and mitigation strategies; and, to support countries in the strengthening of their health systems.

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

5. The adverse effects of climate change will be addressed through the implementation of the Libreville Declaration on health and environment in Africa. Member States will be supported to undertake their situation analysis and needs assessment. The reports resulting from this exercise will provide valuable information on the vulnerability to climate change and serve as a basis for developing national strategic plans, including specific multi-sectoral action plans. A network of experts is being established for the surveillance of communicable and noncommunicable diseases and to establish correlations between environmental risks to human health (including climate change)

and the incidence of disease; WHO is working very closely with UNEP and other UN agencies to support countries in the implementation of the Libreville Declaration. In this context, the next edition of the African Environmental Outlook will focus on health and environment; the Second Inter-ministerial conference on health and environment in Africa, planned in 2010, will provide a forum to further raise awareness of ministers on the health impact of climate change.

### **WHA62.1 Prevention of avoidable blindness and visual impairment**

#### **Requirements**

6. To provide support to Member States in implementing the proposed actions for the prevention of blindness and visual impairment action plan, in accordance with national priorities; to continue to give priority to the prevention of avoidable blindness and visual impairment, within the framework of the Medium-term strategic plan 2008–2013 and the programme budgets in order to strengthen capacity of the Member States and increase technical capacity of the Secretariat.

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

7. Support has been provided to two Member States in formulating policies for the prevention of blindness, and to all Member States for developing national plans within the framework of Vision 2020; technical support has been provided to all Member States to establish national coordinating committee for the prevention of blindness; the strengthening of technical capacity for prevention of blindness, within the framework of the Medium-term strategic plan 2008–2013 priorities, has started in 9 Member States; the regional database on prevention of blindness related issues is being updated; support will be provided to countries to strengthen the integration of eye health into relevant national health policies.

### **WHA62.12 Primary Health Care, including health system strengthening**

#### **Requirements**

8. To support Member States in their efforts to deliver on the four broad policy directions for renewal and strengthening of primary health care identified in *The World Health Report 2008*; to collate and analyse past and current experiences of Member States in implementing primary health care and facilitate the exchange of experience, evidence and information on good practices in achieving universal coverage, access and strengthening health systems; to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities; to prepare implementation plans for the four broad policy directions: (1) dealing with inequalities by moving towards universal coverage; (2) putting people at the centre of service delivery; (3) promoting multisectoral action and health in all policies; (4) promoting inclusive leadership and effective governors for health.

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

9. Two resolutions have been adopted by the Regional Committee, respectively in 2006 on revitalizing health services using the Primary Health Care Approach in the African Region

(AFR/RC/56/R6) and in 2008, the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving better health for Africa in the new millennium (AFR/RC58/R3); through the Harmonization for Health in Africa (HHA), the UN and multilateral partners working in health, under the leadership of the WHO Regional Office for Africa, are collaborating to harmonize technical and other forms of support to countries for better synergies and alignment with national health priorities; a Framework for the implementation of the Ouagadougou Declaration on PHC and Health Systems has been developed to guide its operationalization at country level. The framework captures the four broad reform directions identified in the World Health Report 2008. In this context, the Regional Office will formulate recommendations to countries for the development of Essential Health Package, Integrated Supervision and Strengthening Leadership and Management at local level and during the fifty-ninth session of the Regional Committee, some countries will share their experiences on strengthening district/local health systems. The Regional Office is in the process of establishing an integrated database on health systems that will feed the African Health Observatory.

## **WHA62.13 Traditional Medicine**

### **Requirements**

10. To provide support to Member States, as appropriate and upon request, in implementing the Beijing Declaration on Traditional Medicine (TM); to continue providing technical guidance to support countries in ensuring the safety, efficacy and quality of traditional medicine; to update the WHO traditional medicine strategy 2002–2005, based on countries' progress and current challenges in the field of traditional medicine; to give due consideration to the specific actions related to traditional medicine in the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (PHI) and the WHO global strategy for prevention and control of noncommunicable diseases; to continue providing policy guidance to countries on how to integrate traditional medicine into health systems, to strengthen cooperation with WHO collaborating centres, research institutions and nongovernmental organizations (NGOs) in order to share evidence-based information, taking into account the traditions and customs of indigenous peoples and communities; and to support training programmes for national capacity building in the field of traditional medicine.

### **Actions taken or planned**

11. Support is being provided to countries to develop comprehensive national Traditional Medicine (TM) policies and plans, regulations and standards, as well as code of ethics for traditional health practitioners (THPs) to enhance the safety, efficacy and quality of services provided to patients. Guidelines on Registration of Traditional Medicines and a document entitled "Tools for institutionalizing Traditional Medicine in health systems" have been developed to that effect; WHO has developed a questionnaire that will be used to collect information on the Second Global Survey on TM/Complementary and Alternative Medicine planned for last quarter of 2009, and it also developed a quick-start-up programme to identify priority areas of work for support to countries for implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (PHI); countries have been supported to implement the priority interventions of the WHO Global Traditional Medicine Strategy 2002–2005 and Promoting the role of traditional medicine in health systems: a strategy for the African Region (document AFR/RC50/9); technical guidance to research institutions in the use of traditional medicines for diseases such as malaria, HIV and AIDS, sickle-cell anaemia, diabetes and hypertension, through research and capacity building is

an on-going process; guidelines for clinical study of Traditional Medicines (TM) and research protocols have also been produced; the Regional Office is also collaborating with research institutions and nongovernmental organizations in order to strengthen cooperation and share evidence-based information on TM; *Guidelines for Training Health Science Students and Continuing Education for Western-Trained Conventional Health Practitioners in TM* have been developed in order to support countries establishing appropriate training programmes for health professionals, medical students and relevant researchers.

## **WHA62.14 Reducing health inequities through action on the social determinants of health**

### **Requirements**

12. To support the primary role of Member States in promoting access to basic services essential to health and the regulation, as appropriate, of goods and services with a major impact on health; to provide support to Member States in implementing a health-in-all-policies approach to tackling inequities in health; to provide support to Member States, upon request, in implementing measures with the aim of integrating a focus on social determinants of health across relevant sectors and in designing, or if necessary, redesigning, their health sectors to address this appropriately; to provide support to Member States, upon request, in strengthening existing efforts on measurement and evaluation of the social determinants of health and the causes of health inequities and in developing and monitoring targets on health inequity; to convene a global event, with the assistance of Member States, before the Sixty-fifth World Health Assembly, in order to discuss renewed plans for addressing the alarming trends of health inequities through addressing social determinants of health.

### **Actions taken or planned**

13. In order to centrally place social determinants of health in the development agenda of Member States, a document entitled “Key social determinants of health: Call for intersectoral action to improve health status in the WHO African Region” (document AFR/RC57/13) was adopted by the Fifty-seventh Session of the Regional Committee. The document sought to sensitize the Member States on the urgent need to address disparities in health outcomes by focusing on the social determinants of health. As a result, a number of countries have now requested for support to address social determinants. The Regional Office has outlined a framework for advancing the work on social determinants of health in the Region; a regional report on health inequalities, using country District Health Systems data sets, has been prepared; a consultation is planned before the end of 2009 to chart the way forward for implementing the recommendations of the report of WHO Commission on Social Determinants of Health.

## **WHA62.15 Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis**

### **Requirements**

14. To provide technical support to Member States in order to develop and implement response plans, based on a comprehensive framework for management of care, the prevention and control of tuberculosis, including multidrug-resistant and extensively drug-resistant tuberculosis; to provide support to Member States in developing and implementing strategies to engage all relevant public, voluntary, corporate and private health-providers in the training for and scaling up of prevention and

control of tuberculosis including, multidrug-resistant and extensively drug-resistant tuberculosis and all aspects of tuberculosis-HIV coinfection; to advise and support Member States to bring the standards of national drug regulatory agencies in line with international standards; to provide support to Member States for upgrading laboratory networks to enable them to undertake diagnosis and monitoring of multidrug-resistant and extensively drug-resistant tuberculosis and facilitate systematic evaluations of newer and faster diagnostic technology; to provide support to Member States for upgrading laboratory networks to enable them to undertake diagnosis and monitoring of multidrug-resistant and extensively drug-resistant tuberculosis and facilitate systematic evaluations of newer and faster diagnostic technology; to strengthen the Green Light Committee (GLC) mechanism to help expand access to concessionally-priced and quality-assured first- and second-line medicines, to encourage and assist the local pharmaceuticals in high-burden countries to get qualification within the GLC.

### **Actions taken or planned**

15. A regional framework for drug resistant TB control has been developed and circulated to countries; three courses for Anglophone and Francophone countries have been conducted to train health workers to manage drug-resistant TB. A fourth course for French-speaking countries is planned for September 2009; 17 countries have now set up treatment programmes for MDR/XDR-TB, 11 of them with approvals from WHO Green Light Committee to access quality assured concessionary-priced drugs; A Regional surveillance system for drug-resistant TB is in place; nine countries have been supported to conduct rapid XDR-TB surveys; support to Member States to bring the standards of national drug regulatory agencies in line with international standards is planned for the next biennium; consultants are currently being deployed to all countries without TB Laboratory Culture and Drug Susceptibility Testing to carry out situation analysis and develop a road map for introducing the services and through a global EXPAND TB project funded by UNITAID; twenty-seven countries, including twelve from the African Region, will be supported to expand rapid TB diagnostic technologies; in addition, the Regional Office is providing technical support to 17 countries to develop proposals to the Green Light Committee; and in collaboration with WHO/HQ, GLC is carrying out regular monitoring missions to ongoing GLC-approved treatment programmes.

### **WHA62.16 Global strategy and plan of action on public health, innovation and intellectual property**

#### **Requirements**

16. To significantly increase support towards greater efficiency and effectiveness in the implementation of the global strategy and plan of action on public health, innovation and intellectual property and prioritize concrete actions in the area of capacity building

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

17. A seminar on the examination of pharmaceutical patents from a public health perspective was organized in Cape Town, South Africa, from 30 to 31 October 2008 for patent examiners drawn from six African countries; a training course focusing on Intellectual Property Regime that Protects Public Health was organized from 22 to 26 June 2009 for national authorities drawn from 10 countries in the Region; within the context of the Global Strategy and Plan of Action, a document entitled "Public Health, innovation and intellectual property: regional perspective to implement the global strategy

and plan of action” (document AFR/RC59/6) is submitted to the fifty-ninth session of the Regional Committee.

**PROVISIONAL AGENDA OF THE ONE-HUNDRED-AND-TWENTY-SIXTH SESSION OF THE EXECUTIVE BOARD AND PROVISIONAL AGENDA FOR THE SIXTIETH SESSION OF THE REGIONAL COMMITTEE**

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

**Provisional agenda of the one-hundred-and-twenty-sixth session of the Executive Board**

19. The provisional agenda of the one-hundred-and-twenty-sixth session of the Executive Board is presented in Annex 1.

**Provisional agenda of the sixtieth session of the Regional Committee**

20. A provisional agenda for the sixtieth session of the Regional Committee proposed by the Secretariat is presented in Annex 2.

21. The Regional Committee is invited to decide on the provisional agenda of the sixtieth session of the Regional Committee and on the issues that should be recommended to the one-hundred-and-twenty-sixth session of the Executive Board and the Sixty-third World Health Assembly.

**PROCEDURAL DECISIONS**

22. The procedural decisions are designed to facilitate the work of the one-hundred-and-twenty-sixth session of the Executive Board and the Sixty-third session of the World Health Assembly.

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

23. It is proposed to convene the Sixty-third World Health Assembly from 17 to 22 May 2010 in Geneva.

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

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

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

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

27. The credentials of delegates, alternates and advisers should be delivered to the Secretariat (Governing Bodies Department) by 3 May 2010. Credentials shall be issued by the Head of State, the Minister of Foreign Affairs, the Minister of Health or any other appropriate authority. Not more than three (3) delegates shall represent a Member State at the Health Assembly. Alternates and advisers may accompany delegates. Only original documents will be examined and considered as formal credentials by the Committee on Credentials. Though not considered as formal credentials, faxes and e-mails may be sent to the Governing Bodies Department (Fax: +41 22 791 41 73; e-mail: [credentials@who.int](mailto:credentials@who.int)) for advance information prior to delivery of the original document. For each participant, the credentials should provide the following information: LAST NAME (in capital letters), first name, title, function, institution, city, gender (unless indicated in title).

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

### **Countries designated to serve on the Sixty-third World Health Assembly**

29. The Chairman of the fifty-ninth session of the Regional Committee will be proposed as Vice-President of the Sixty-third World Health Assembly, which will be held in May 2010.

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

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

31. Based on the English alphabetical order and the subregional geographical grouping it is proposed to designate the following Member States to serve on the General Committee: **Burkina Faso, Cape Verde, Democratic Republic of Congo, Chad and Tanzania.**

32. On the same basis, it is proposed to designate the following Member States to serve on the Credentials Committee: **Angola, Eritrea and Zambia.**

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

33. A document entitled "Terms of reference of the meetings of African Region delegations to the World Health Assembly and the Executive Board" (document AFR/RC59/13) is submitted to the fifty-ninth session of the Regional Committee. This document is a revised version of document

AFR/RC57/INF.DOC/5 with regard to the assignment of responsibilities and coordination among Member States during World Health Assembly and Executive Board sessions of the World Health Organization.

34. Before the opening of the Sixty-third World Health Assembly, the Regional Director will convene a meeting of the delegations of Member States of the African Region on Saturday 15 May 2010, at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its fifty-ninth session and discuss agenda items of the Sixty-third World Health Assembly with specific interest to the African Region.

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

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

36. The one-hundred-and-twenty-sixth session of the Executive Board is scheduled to take place from 18 to 23 January 2010 at WHO headquarters, Geneva. The provisional agenda is presented in Annex 1.

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

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

39. Following these new arrangements and in accordance with Decision 8 of the fifty-seventh session of the Regional Committee, **Burundi** designated a representative to serve on the Executive Board, starting with the one-hundred-and-twenty-fifth session in May 2009, immediately after the Sixty-second World Health Assembly, in replacement of **Mali**.

40. The term of office of **Malawi** and **Sao Tome and Principe** will end with the closing of the Sixty-third session of the World Health Assembly. In accordance with Decision 8, taken at the fifty-fourth session of the Regional Committee, **Malawi**, and **Sao Tome and Principe** will be replaced by **Mozambique** and **Seychelles** from Subregion III.

41. **Mozambique** and **Seychelles** will attend the one-hundred-and-twenty-seventh session of the Executive Board, immediately after the Sixty-third session of the World Health Assembly in May 2010. They should confirm availability for attendance at least six (6) weeks before the Sixty-third World Health Assembly.

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

42. The term of office of **Eritrea** on the HRP's Policy and Coordination Committee (PCC) will come to an end on 31 December 2009. Eritrea will be replaced by **Guinea-Bissau** for a period of three (3) years with effect from 1 January 2010. Guinea-Bissau will thus join Ethiopia, Ghana and Guinea on the PCC.

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



**World Health  
Organization**

**EXECUTIVE BOARD  
126th Session  
Geneva, 18–23 January 2010**

**EB126/1 (draft)  
5 June 2009**

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## **DRAFT PROVISIONAL AGENDA**

- 1. Opening of the session and adoption of the agenda**
- 2. Report by the Director-General**
- 3. Report of the Programme, Budget and Administration Committee of the Executive Board**
- 4. Technical and health matters**
  - 4.1 Pandemic influenza preparedness
  - 4.2 Implementation of the International Health Regulations (2005)
  - 4.3 Public health, innovation and intellectual property: global strategy and plan of action
  - 4.4 Monitoring of the achievement of the health-related Millennium Development Goals
  - 4.5 International recruitment of health personnel: draft global code of practice
  - 4.6 Infant and young child nutrition: quadrennial progress report
  - 4.7 Birth defects
  - 4.8 Food safety
  - 4.9 Prevention and control of noncommunicable diseases implementation of the global strategy
  - 4.10 Strategies to reduce the harmful use of alcohol
  - 4.11 Tuberculosis control
    - Progress and long-term planning
    - Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis
  - 4.12 Viral hepatitis
  - 4.13 Leishmaniasis control
  - 4.14 Measles
  - 4.15 Smallpox eradication: destruction of variola virus stocks
  - 4.16 Availability, quality and safety of blood products

- 4.17 Strategic Approach to International Chemicals Management
- 4.18 Guidance on the WHO review of psychoactive substances for international control: proposed revision

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

- 5.1 Eleventh General Programme of Work: monitoring implementation

## **6. Financial matters**

- 6.1 Scale of assessments
- 6.2 Amendments to the Financial Regulations and Financial Rules [if any]

## **7. Management matters**

- 7.1 Safety and security of staff and premises and the Capital Master Plan
- 7.2 Appointment of members of the Independent Expert Oversight Advisory Committee
- 7.3 Method of work of the governing bodies
- 7.4 Provisional agenda of the Sixty-third World Health Assembly and date and place of the 127th session of the Executive Board
- 7.5 Reports of committees of the Executive Board
  - Standing Committee on Nongovernmental Organizations
  - Foundations and awards

## **8. Staffing matters**

- 8.1 Appointment of the Regional Director for Africa
- 8.2 Appointment of the Regional Director for Europe
- 8.3 Appointment of the Internal Auditor
- 8.4 Human resources: annual report
- 8.5 Confirmation of amendments to the Staff Regulations and Staff Rules [if any]
- 8.6 Statement by the representative of the WHO staff associations
- 8.7 Report of the International Civil Service Commission

## **9. Matters for information**

- 9.1 Reports of advisory bodies
  - Advisory Committee on Health Research
  - Expert committees and study groups

## **10. Progress reports**

- A. Poliomyelitis: mechanism for management of potential risks to eradication (resolution WHA61.1)
- B. Control of human African trypanosomiasis (resolution WHA57.2)

- C. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12)
- D. Rapid scaling up of health workforce production (resolution WHA59.23)
- E. Strengthening nursing and midwifery (resolution WHA59.27)
- F. Sustaining the elimination of iodine deficiency disorders (resolution WHA60.21)
- G. Multilingualism: implementation of action plan (resolution WHA61.12)
- H. Health of migrants (resolution WHA61.17)
- I. Climate change and health (resolution WHA61.19)
- J. Primary health care, including health system strengthening (resolution WHA61.12)

**11. Closure of the session**



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixtieth session

Malabo, Equatorial Guinea, 30 August–3 September 2010

Provisional agenda item 4

**DRAFT PROVISIONAL AGENDA**

- 1. Opening of the meeting**
- 2. Constitution of the Subcommittee on Nominations**
- 3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs**
- 4. Adoption of the agenda**
- 5. Appointment of members of the Subcommittee on Credentials**
- 6. The Work of WHO in the African Region 2008-2009: biennial report of the Regional Director**
- 7. Report of the Programme Subcommittee:**
  - 7.1 A strategy for addressing the key determinants of health in the African Region
  - 7.2 Reduction of the harmful use of alcohol: a strategy for the WHO African Region
  - 7.3 E-Health solutions in the African Region: current context and perspectives
  - 7.4 Cancer of the cervix in the African Region: situation analysis and way forward
  - 7.5 Health Systems Strengthening: improving health service delivery at district level and community ownership and participation
  - 7.6 Sickle Cell Disease: a strategy for the WHO African Region
  - 7.7 Recurring epidemics in the African Region: situation analysis, preparedness and response
- 8. Information**
  - 8.1 WHO internal and external audit reports
  - 8.2 Report on WHO staff in the African Region

**9. Progress reports**

- 9.1 Implementation of the Regional strategy for emergency and humanitarian action
- 9.2 Implementation of the WHO Framework Convention on Tobacco Control in the African Region: progress report and way forward
- 9.3 Acceleration of HIV prevention: the need to address Most-at-Risk Populations in the African Region
- 9.4 Progress report on “Accelerating malaria control interventions towards Universal Access”
- 9.5 Progress report on the “Status of implementation of the Regional TB/HIV Strategy in the African Region”
- 9.6 Progress report on poliomyelitis eradication in the African Region

**10. [to be completed with matters of global concern usually added by HQ]**

**11. Round tables/Panel Discussions**

- 11.1 Universal access to Emergency Obstetric and Neonatal Care

**12. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly**

**13. Dates and places of the sixty-first and sixty-second sessions of the Regional Committee**

**14. Agenda of the sixty-first session of the Regional Committee**

**15. Adoption of the Report of the Regional Committee**

**16. Closure of the sixtieth session of the Regional Committee.**