



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC57/17
21 August 2007

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Fifty-seventh session

Brazzaville, Republic of Congo, 27–31 August 2007

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 Sixtieth World Health Assembly and the one-hundred-and-twentieth 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 fifty-eighth session of the Regional Committee and the provisional agenda of the one-hundred-and-twenty-second 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 has three objectives:
 - (a) To establish the 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 fifty-eighth session of the Regional Committee and decide on issues that should be recommended to the one-hundred-and-twenty-second session of the Executive Board and the Sixty-first World Health Assembly;
 - (c) To propose the draft procedural decisions designed to facilitate the work of the Sixty-first 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 Sixtieth World Health Assembly and the one-hundred-and-twentieth session of the Executive Board adopted a number of resolutions of regional interest. The ways and means of implementing these resolutions are submitted to the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of Resolution AFR/RC30/R12.

3. This document contains the requirements of relevant operative paragraphs of the resolutions of regional interest adopted at the Sixtieth World Health Assembly and the one-hundred-twentieth session of the Executive Board. Each resolution is followed by actions already taken or planned.

4. In conformity with World Health Assembly Resolution WHA33.17, the Regional Committee is invited to examine the proposals 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.

WHA60.1: Smallpox eradication: destruction of variola virus stocks

5. **Requirements:** To reach global consensus on the timing of the destruction of the existing virus stocks; to disseminate more widely to the scientific community and the Member States the recommendations of the WHO Advisory Committee on Variola Virus Research; to review the membership of the WHO Advisory Committee in order to ensure a balanced geographical representation; to submit to the Sixtieth WHA measures that may promote in Member States the widest and most equitable access possible to the outcomes of the research, including antiviral agents, vaccines and diagnostic tools.

6. **Action taken or planned:** The Regional Office is negotiating the increase of the number of members from the African Region on the expanded WHO Advisory Committee to ensure a more balanced geographical representation.

WHA60.13: Control of leishmaniasis

7. **Requirements:** To set up national programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis; to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis; and to promote equitable access to health services for prevention and disease management.

8. **Action taken or planned:** Support to Ethiopia, where the incidence is highest, to carry out a survey to better understand the background of the epidemic in 2005, and to establish active detection and early diagnosis; support to Ethiopia and Uganda in 2006 to finalize their national guidelines for the diagnosis and treatment of visceral leishmaniasis; a WHO consultative meeting on leishmaniasis-HIV co-infection was held in Ethiopia, in April 2007, to update the epidemiological information and case management of co-infected patients in developing countries; a documentary highlighting some markers of poverty related to leishmaniasis should be ready in 2008.

WHA60.14: Poliomyelitis: mechanism for management of potential risks to eradication

9. **Requirements:** To address the remaining challenges in interruption of wild poliovirus transmission in the remaining polio-endemic countries; to limit the risk of international spread of wild poliovirus from infected areas into polio-free areas; to assist in the mobilization as well as the preparation for the post-eradication era; and initiate a process to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era.

10. **Action taken or planned:** Completion of a polio administrative review in February in 2007; prioritization of both technical and administrative support to Nigeria; redeployment of the polio eradication coordinator and 23 technical experts from polio-free countries to support polio eradication in Nigeria; significant increase in administrative and financial support; prompt technical and financial support to all countries that experience polio outbreaks; constitution of an expert panel to prepare for all main issues surrounding the post-eradication era in the African Region.

WHA60.15: WHO's role and responsibilities in health research

11. **Requirements:** To promote and advocate research in neglected areas of importance for better health, in particular on diseases that disproportionately affect developing countries and for poor and disadvantaged groups; to advise Member States on ways to organize systems for research for better health; to promote better access to relevant research findings; to provide support to Member States in order to develop capacities for researching health systems and health policies; to provide technical support to Member States for strengthening the capacity of national and institutional health research ethics committees, reviewing complex research protocols, and drafting national health policies and health research legislative documents; to formulate simple priority-setting strategies for health research for use by national governments; to institute appropriate systems and mechanisms for greater interaction and convergence among researchers and users; to convene a ministerial conference on health research, open to all Member States, in Bamako, November 2008.

12. **Action taken or planned:** Contribution to the preparation of a position paper submitted to the Global Advisory Committee in November 2005 and to the WHO Executive Board in January 2006; promotion and training in the Health InterNetwork Access to Research Information and integration of the African Index Medicus into the Global Health Library; adoption of a health research agenda at

the fifty-sixth session of the Regional Committee (AFR/RC56/14); support to Member States to conduct surveys on health research, information and knowledge management systems; a preparatory meeting for the health research conference scheduled for June 2008 in Algiers; preparation of a regional report on the current status of health research and knowledge systems in the African Region.

WHA60.16: Progress in the rational use of medicines

13. **Requirements:** To support Member States through the implementation of the WHO Medicine Strategy 2004-2007 to promote rational use of medicines; to ensure that medicines, including those for children, are used in a therapeutically-sound and cost-effective way by health professionals and consumers.

14. **Action taken or planned:** Development and revision of national essential medicines lists for Angola, Republic of Congo, Democratic Republic of Congo, Ethiopia, Liberia and Sierra Leone; development of standard treatment guidelines; production and dissemination of independent information on essential medicines; establishment of drug and therapeutic committees and training of health workers on good prescribing and dispensing practices; continuous support will be given to Member States to plan and implement proven interventions; the Secretariat will mobilize resources to adapt and support implementation of priority interventions.

WHA60.17: Oral health: action plan for promotion and integrated disease prevention

15. **Requirements:** To provide technical expertise for the development and implementation of oral health programmes integrated into appropriate health programmes; to promote and give technical guidance in mobilizing international cooperation; to increase the budget for the prevention and control of oral and craniofacial diseases and conditions; to incorporate oral health information systems into health surveillance plans; to scale up the capacity to produce oral health personnel in respect to primary health care; to strengthen oral health research and promote the use of evidence-based oral interventions; to strengthen and extend the regional noma programme.

16. **Action taken or planned:** Guidelines on an integrated approach to oral health is being developed; an expert consultation is planned for September 2007; support to countries to develop national oral health policies and noma plans of action using the manual *Writing oral health policies in the African Region*; guidelines for the management of noma are being finalized; advocacy tools on noma are being distributed to countries to raise awareness; WHO continues to provide tools to countries for the collection of information that will form the basis of a noma database; by the end of 2007 a catalogue of essential oral health indicators will be provided to countries as part of the standardization of oral health information.

WHA60.18: Malaria, including proposal for establishment of World Malaria Day

17. **Requirements:** To take steps to identify gaps in knowledge about malaria control and elimination; to provide support for the development of new tools for diagnosis, therapy, prevention and control; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to strengthen and rationalize human resources for malaria by deploying staff to country level, thus improving WHO country office capacity to provide normative and technical guidance to national health programmes; to provide support to partners and countries for malaria control in refugee camps and in complex emergencies; to improve the

coordination between different stakeholders in the fight against malaria; to support the sound management of DDT use for vector control in accordance with the Stockholm Convention on Persistent Organic Pollutants, and to share data on such use with Member States.

18. **Action taken or planned:** The Advisory Committee of Experts on Malaria established; support to the preparation of the Africa malaria strategy of the Africa Union; support provided to 19 Member States in 2006-2007 for the development of malaria control strategies and plans towards elimination; assistance provided to UNHCR to develop a strategic plan for malaria control in complex emergency situations; support provided to 12 Member States to build human resource and systems capacity; preparation of the Africa Malaria Report 2006 and country profiles; adoption by Member States of a statement on the use of DDT for indoor residual spraying (IRS) in the African Region; support to seven Member States to undertake IRS operations.

WHA60.19: Tuberculosis control: progress and long-term planning

19. **Requirements:** To intensify support provided to Member States in expanding the Stop TB strategy by developing capacity and improving the performance of national TB programmes; to urgently strengthen WHO's support to countries affected by multidrug-resistant and extensively drug-resistant TB, and to countries highly affected by HIV-related tuberculosis; to enhance WHO's leadership role within the Stop TB Partnership with a view to implementing the Global Plan to Stop TB 2006–2015; to strengthen mechanisms to review and monitor estimates of impact of control activities on TB burden, including incidence, prevalence and mortality; to support Member States in developing laboratory capacity to provide for rapid drug susceptibility test methods; to enhance WHO's role in tuberculosis research in order to promote the applied research necessary to reach the international targets for TB control for 2015 and the basic research necessary to achieve the goal of eliminating TB by 2050.

20. **Action taken or planned:** A regional planning and budgeting workshop involving national tuberculosis programme managers, planners and WHO TB national professional officers from 15 countries was held in March 2007; a second workshop is planned for 17 countries in September 2007; a regional strategy for the control of TB/HIV dual infection submitted at the fifty-seventh session of the Regional Committee; collaboration between the Secretariat and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) being strengthened and the new 10-year TDR vision and strategy has incorporated elements of empowerment and stewardship for research institutions in the Region.

WHA60.20: Better medicines for children

21. **Requirements:** To ensure the availability of appropriate medicines and formulations for children in order to contribute to the efforts being undertaken to improve health of children; to provide information at the local, national and international levels about the availability and costs of key medicines used for children and whether these medicines are included in the national essential medicines lists and standard treatment guidelines.

22. **Action taken or planned:** Development of an assessment tool to document the extent to which children's medicines are currently included in national essential medicines lists and the standard treatment guidelines; to measure the availability of key children's medicines to patients; preliminary assessment undertaken in 15 African countries to identify gaps in the availability and affordability of

paediatric medicines; development of a draft global list of paediatric essential medicines to be made available for Member States in September 2007; support to be provided to Member States to plan and implement proven interventions and strengthen capacity for improved access to better medicine for children.

WHA60.21: Sustaining the elimination of iodine deficiency disorders

23. **Requirements:** To continue to strengthen WHO cooperation with other organizations within the UN system; to support Member States in fighting iodine deficiency; report on iodine status every three years in compliance with Resolution WHA58.24.

24. **Action taken or planned:** To work in close collaboration with UNICEF, WFP, bilateral development agencies, NGOs and private partners to fight iodine deficiency disorder (IDD) by advocating for sustainable political commitment as well as fostering and promoting private/public/civil society partnerships between government, salt producers, consumer protection agencies, national food and drug administrations or boards and development agencies; facilitating the setting up of national task forces to provide practical and effective mechanisms to raise and sustain commitment to the elimination of IDD through coordinated monitoring at various levels; supporting regular monitoring to measure progress towards the goals of IDD elimination and assuring quality at production, wholesale, retail and household level; promoting policy development of mandatory iodization to ensure the availability of iodized salt.

WHA60.22: Health systems: emergency-care systems

25. **Requirements:** To provide technical guidance for needs assessments, facility inspection, quality improvement programmes, review of legislation, and other aspects of strengthening provision of trauma and emergency care; to encourage research and establishment of science-based policies and programmes for strengthening trauma and emergency care; to collaborate with Member States, NGOs and other stakeholders to ensure capacity to effectively plan, organize, administer, finance and monitor provision of trauma and emergency care.

26. **Action taken or planned:** Technical and financial support to Ethiopia, Ghana, Mozambique, Rwanda and Uganda to review emergency trauma care needs, and to train trainers of service providers; plans made to promote the incorporation of emergency care systems in general health systems at country level using two WHO documents. *Pre-hospital trauma care* and *Guidelines for essential trauma care*; plans made to support and facilitate capacity-building initiatives by Member States.

WHA60.23: Prevention and control of noncommunicable diseases: implementation of the global strategy

27. **Requirements:** To provide support where needed for development, implementation and monitoring of national plans for prevention and control of noncommunicable diseases; to raise awareness of funding support for national multisectoral coordination and surveillance mechanisms, and plans for prevention and control of noncommunicable diseases; to provide support to Member States, on request, and foster partnership, collaboration, cooperation and sharing of best practices among Member States; to disseminate information in a timely and consistent manner; to encourage dialogue with international, regional and national NGOs; to promote initiatives aimed at

implementing the global strategy and ensure that the work on prevention and control is supported where appropriate.

28. **Action taken or planned:** Training on the STEPS noncommunicable disease (NCD) surveillance methodology; completion and publication of survey results in 11 countries; 15 countries undertaking the survey; support provided to Cote d'Ivoire, Eritrea, Madagascar and Mozambique to develop integrated NCD control programmes; development of a framework document for national programmes and management of sickle-cell disease; support to 12 countries to train experts on the development and management of cancer registries; support provided to the small island states to share their experiences in NCDs; organization of NCD databases on WHO/AFRO web page; a partners' consultation on diabetes aimed at strengthening partnership with International Diabetes Foundation, World Diabetes Foundation and World Partner Project held in Brazzaville 6–7 March 2007; two workshops planned to contribute to NCD prevention through promotion of physical activity and related interventions.

WHA60.24: Health promotion in a globalized world

29. **Requirements:** To strengthen the capacity for health promotion across the organization; to provide support to Member States in their continuous efforts to strengthen national health systems; to optimize use of existing forums for multisectoral stakeholders and interested organizations and bodies in order to support the development and implementation of health promotion; to encourage the regular convening of national, regional and global conferences on health promotion; to monitor and evaluate progress and identify major shortcomings in health promotion and report through a regular system.

30. **Action taken or planned:** Two subregional meetings organized in conjunction with UNICEF and some NGOs to enable countries to acquire skills and use WHO guidelines to address physical inactivity and diet-related health problems as entry points for noncommunicable disease prevention; selected countries will be supported to implement relevant programmes; ten countries supported to increase their capacity for health promotion through development of health promotion policies, strategies and courses; a meeting organized for SADC Member States to agree on actions to strengthen health promotion development and indicators for measuring progress; support to countries to prepare presentations for and to participate in the Seventh Global Conference on Health Promotion planned for 2009 in Kenya; a mapping of national capacity for health promotion done; support being provided to selected countries to undertake review of health promotion interventions with a view to determining and sharing information on successful health promotion interventions and approaches.

WHA60.25: Integrating gender analysis and actions into the work of WHO: draft strategy

31. **Requirements:** To support and sustain incorporation of a gender perspective into the mainstream of WHO's policies and programmes; to provide support to Member States to build their capacity for gender analysis and action, and for formulating and sustaining strategies and action plans for integrating gender equality in all health policies, programmes and research; to give priority to the use of sex-disaggregated data and gender analysis in WHO publications; to identify and disseminate information about good practices on measuring the impact of integrating gender into health policies.

32. **Action taken or planned:** Support to Burkina Faso, Mauritania, Nigeria and Zimbabwe to conduct a gender analysis on sexual and reproductive health and HIV/AIDS; family health staff from

Cameroon, Kenya, Nigeria, Tanzania and Uganda trained to use gender and health tools and guidelines; Kenya, South Africa, Tanzania and Uganda supported to review their national policies and programmes and undertake gender analyses; women's health profiles compiled in 17 countries covering women's social status, access to health services and specific health-related issues such as gender-based violence and harmful traditional practices; further support to be provided to countries for the documentation and dissemination of best practices on the promotion of women's health, and for strengthening of national health information systems capacity to provide sex-disaggregated data and gender analysis.

WHA60.26: Workers' health: global plan of action

33. **Requirements:** To promote implementation of the global plan on workers' health 2008–2017 at national and international level; to strengthen collaboration with ILO and other related international organizations and to stimulate joint regional and country efforts on workers' health; to maintain and strengthen the network of WHO collaborating centres for occupational health as an important mechanism for implementation of the global plan of action.

34. **Action taken or planned:** Surveys carried out in 27 countries in the Region having occupational health programmes within the ministries of health; support to Botswana, Gambia, Namibia and Swaziland to implement Resolution AFR/RC54/R4; signing of joint plan between WHO and ILO in occupational health and safety in Africa; establishment of a Committee to promote health and safety of staff.

WHA60.27: Strengthening of health information systems

35. **Requirements:** To strengthen the information and evidence culture of the Organization and ensure the use of accurate and timely health statistics; to increase WHO's activities in health statistics at global, regional and country levels and provide support to Member States to build capacities for development of health information systems; to undertake regular reviews of country experiences; to provide support for updating the framework of the Health Metrics Network, to support countries' capabilities to become involved in the Network and to report on progress.

36. **Action taken or planned:** Organization of training workshops for all the countries on the Health Metrics Network framework and assessment tool to strengthen national health information systems in collaboration with the Network; initiation by 27 countries in the process of strengthening national health information systems through the Health Metrics Network partnership; documentation of good practices in Mauritius; advances made in ten countries in strengthening district level management by carrying out an initial assessment of district level resources and service availability.

WHA60.28: Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

37. **Requirements:** To identify and propose frameworks and mechanisms to improve the capacity of Member States to produce pandemic influenza vaccines; to establish an adequate international stockpile of vaccines against H5N1 or other influenza viruses of pandemic potential for timely use in countries; to establish mechanisms and guidelines to ensure timely and equitable distribution of pandemic influenza vaccines at affordable prices; to mobilize financial and technical resources to

implement mechanisms that would increase equitable sharing of benefits; to revise the terms of reference of WHO collaborating centres, H5N1 reference laboratories and national influenza centres.

38. **Action taken and planned:** Nigeria and South Africa identified as potential candidates to be supported to enhance the capacity for influenza vaccine production; participation of delegates from the Regional Office and designated countries (Cameroon, Ghana, Nigeria and South Africa) in an interdisciplinary working group meeting held in Singapore on the preparation of the mechanisms and guidelines to ensure timely and equitable distribution of pandemic vaccines at affordable prices; support for further strengthening of the National Influenza Centre of the National Institute of Communicable Diseases of South Africa to become a WHO H5 reference laboratory; plans made to identify and support strengthening of additional reference laboratories.

WHA60.29: Health technologies

39. **Requirements:** To support Member States and WHO collaborating centres in the development of standards, guidelines and tools related to health technologies; to support Member States in establishing mechanisms to assess national needs for health technologies; to provide technical guidance and support to Member States to implement policies on health technologies; to provide support to Member States with vulnerable health care systems so as to identify and put in place appropriate health technologies to facilitate access to quality services in primary health care.

40. **Action taken or planned:** Production of a guide for the formulation of a national policy on biomedical equipment; development by 43 countries of a national blood policy document that is being implemented in 38 countries; establishment of microbiology laboratory external quality assurance (EQA) scheme for enteric and meningitis pathogens involving 75 national reference laboratories from 40 Member States; extension of the scheme to TB and malaria; plan made to introduce a regional EQA scheme in haematology and clinical chemistry in November 2007 in 23 countries; establishment of a regional network for public health and clinical laboratories; support provided to Kenya, Lesotho and Liberia to formulate strategic plans and policies for national health laboratory services; national health laboratory services being supported to implement biosafety and laboratory biosecurity; training of 54 participants from both public health and veterinary laboratories on biosafety and laboratory biosecurity issues; projects to raise country awareness on patient safety issues and on adverse events occurring in public and private hospitals launched in Kenya, Mali and South Africa; plans made to provide Cameroon, Ethiopia, Ghana, Malawi, Mozambique and Senegal with technical support to formulate their policies on health technology management.

WHA60.30: Public health, innovation and intellectual property

41. **Requirements:** To establish an intergovernmental working group (IGWG) to support Member States to draw up a global strategy and plan of action in order to provide a medium-term framework based on the recommendations of the Commission on Intellectual Property Rights, Innovation and Public Health.

42. **Action taken or planned:** The Secretariat and the IGWG reported to the Sixtieth WHA through the Executive Board of progress made; the IGWG will submit the final global strategy and plan of action to the Sixty-first WHA in May 2008; a multidisciplinary working group established at the Regional Office to support the Secretariat and the IGWG; a briefing note on progress made by the IGWG submitted to the fifty-seventh session of the Regional Committee; resources mobilized for a

technical consultation in the African Region with all the stakeholders 3–5 September 2007; a session of the IGWG scheduled for 5–10 November 2007 to finalize the draft global strategy and plan of action.

AGENDA OF THE ONE-HUNDRED-AND-TWENTY-SECOND SESSION OF THE EXECUTIVE BOARD AND PROVISIONAL AGENDA FOR THE FIFTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE

43. 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.

Agenda of the one-hundred-and-twenty-second session of the Executive Board

44. The agenda of the one-hundred-and-twenty-second session of the Executive Board is presented in Annex 1.

Provisional agenda of the fifty-eighth session of the Regional Committee

45. The Secretariat proposes a provisional agenda for the fifty-eighth session of the Regional Committee below:

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairman 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: Biennial Report of the Regional Director
7. Report of the Programme Subcommittee
 - 7.1 Strategies to reduce harmful use of alcohol
 - 7.2 Cancer prevention and control: a strategy for the WHO African Region
 - 7.3 Research and health development in the African region: facing the millennium challenges
 - 7.4 Tackling neglected tropical diseases in the African Region
 - 7.5 Women's health in the African Region: a call for action
 - 7.6 Strengthening public health laboratories in the African Region: a critical need for disease control
 - 7.7 Public health, innovation and intellectual property in the WHO African Region
 - 7.8 Iodine deficiency disorders in the WHO African Region: situation analysis and way forward
 - 7.9 Patient safety in African health services: issues and solutions

8. Information
 - 8.1 Acceleration of HIV prevention in the WHO African Region: progress report
 - 8.2 Country focus initiative and strengthening WHO country offices: an update
 - 8.3 WHO internal and external audit reports: implications for the African Region
 - 8.4 Report on WHO staff in the African Region
 - 8.5 Poliomyelitis eradication: progress report
 - 8.6 Implementation of the regional oral health strategy: an update
9. Panel discussions: Sharing best practices in scaling up interventions related to the reduction of maternal mortality; malaria prevention and control; HIV/AIDS prevention, treatment and care; and improving immunization coverage
10. Report of the panel discussions
11. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
12. Dates and places of the fifty-ninth and sixtieth sessions of the Regional Committee
13. Adoption of the Report of the Regional Committee
14. Closure of the fifty-eighth session of the Regional Committee.

46. The Regional Committee is invited to decide on the provisional agenda of the fifty-eighth session of the Regional Committee and on the issues that should be recommended to the one-hundred-and-twenty-second session of the Executive Board and the Sixty-first World Health Assembly.

PROCEDURAL DECISIONS

47. The procedural decisions are designed to facilitate the work of the one-hundred-and-twenty-second session of the Executive Board and the Sixty-first session of the World Health Assembly.

Method of work and duration of the Sixty-first World Health Assembly

48. It is proposed to convene the Sixty-first World Health Assembly **from 19 to 24 May 2008 in Geneva.**

49. 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.

50. 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, sending their notification to fax number: 41 22 791 41 73.

51. 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.

52. The theme of World Health Day 2008 will be Primary Health Care.

53. The credentials of delegates, alternates and advisers should be delivered to the Secretariat (Governing Bodies Department) by 1 May 2008. Credentials shall be issued by the Head of State, Minister of Foreign Affairs, Minister of Health, or any other appropriate authority. Not more than three (3) delegates shall represent a Member State at the Health Assembly. Alternates and advisers may accompany delegates. Only original documents will be examined and considered as formal credentials by the Committee on Credentials. Though not considered as formal credentials, faxes and e-mails may be sent to the Governing Bodies Department (Fax: +41 22 791 41 73; e-mail: credentials@who.int) for advance information prior to delivery of the original document. For each participant, credentials should provide the following information: LAST NAME (in capital letters), first name, title, function, institution, city, gender (unless indicated in title).

54. Resolution WHA50.1 provides that only Member States that are classified as least developed countries 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-first World Health Assembly

55. The Chairman of the fifty-seventh session of the Regional Committee will be proposed as Vice-President of the Sixty-first World Health Assembly which will be held in May 2008.

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

57. Based on the English alphabetical order and the subregional geographical grouping it is proposed to designate the following Member States on the General Committee: Cameroon, Mozambique, Niger and Nigeria.

58. On the same basis it is proposed to designate the following Member States on the Credentials Committee: Equatorial Guinea, Kenya and Senegal.

59. In the same vein it is proposed to designate the following Member States on the Committee on Nominations: Burundi, Chad, Ethiopia, Guinea-Bissau, Liberia and South Africa.

Meeting of the delegations of Member States of the African Region at the occasion of the World Health Assembly

60. Before the opening of the Sixty-first World Health Assembly, the Regional Director will convene a meeting of the delegations of Member States of the African Region on Saturday 17 May 2008, at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its fifty-seventh session and discuss agenda items of the Sixty-first World Health Assembly with specific interest to the African Region.

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

62. With a view to improving the implementation of the Terms of Reference of the Meeting of African Delegations to the World Health Assembly adopted during the fifty-sixth session of the Regional Committee held in Ethiopia, the African delegations to the Sixtieth World Health Assembly agreed on the procedures as per Annex 2.

Countries designated to serve on the Executive Board

63. The one-hundred-and-twenty-second session of the Executive Board is scheduled to take place from 21 to 26 January 2008 at WHO headquarters, Geneva. The provisional agenda is presented in Annex 1.

64. 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.

65. 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.

66. Following these new arrangements and in accordance with Decision 8(3) made at the fifty-sixth session of the Regional Committee, Sao Tome and Principe and Malawi designated a representative each to serve on the Executive Board starting with the one-hundred-and-twenty-first session in May 2007, immediately after the Sixtieth World Health Assembly, in replacement of Kenya and Lesotho.

67. The term of office of Liberia, Madagascar, Namibia and Rwanda will end with the closing of the Sixty-first World Health Assembly. In accordance with Decision 8 taken at the fifty-fourth session of the Regional Committee, Liberia will be replaced by Mauritania from Subregion I; Rwanda will be replaced by Uganda from Subregion II; Madagascar will be replaced by Mauritius from Subregion III; and Namibia from Subregion III will be replaced by Niger from Subregion I.

68. Mauritania, Mauritius, Niger and Uganda will attend the one-hundred-and-twenty-third session of the Executive Board, immediately after the Sixty-first World Health Assembly in May 2008. They should confirm availability for attendance at least six (6) weeks before the Sixty-first World Health Assembly.

Membership of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases

69. The term of office of the Central African Republic on the Joint Coordinating Board (JCB) will end on 31 December 2007. Following the English alphabetical order, the Central African Republic will be replaced by Comoros for a period of three (3) years with effect from 1 January 2008. Comoros will join Chad, the other African Region member on the JCB.

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



**World Health
Organization**

**EXECUTIVE BOARD
122nd Session
Geneva, 21–26 January 2008**

**EB122/1 (draft)
21 June 2007**

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: sharing of influenza viruses and access to vaccines and other benefits
 - 4.2 Poliomyelitis: mechanism for management of potential risks to eradication
 - 4.3 Smallpox eradication: destruction of variola virus stocks
 - 4.4 Eradication of dracunculiasis
 - 4.5 Implementation of the International Health Regulations (2005)
 - 4.6 Prevention and control of noncommunicable diseases: implementation of the global strategy
 - 4.7 Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets
 - 4.8 Strategies to reduce the harmful use of alcohol
 - 4.9 Health of migrants
 - 4.10 Infant and young child nutrition: biennial progress report
 - 4.11 Public health, innovation and intellectual property: draft global strategy and plan of action
 - 4.12 Health technologies
 - 4.13 Global immunization strategy
5. Financial matters
 - 5.1 Amendments to the Financial regulations and Financial Rules [if any]
6. Management matters
 - 6.1 Director-General of the World Health Organization

- 6.2 United Nations reform process and WHO's role in harmonization of operational development activities at country level
- 6.3 Partnerships
- 6.4 WHO publications
- 6.5 Method of work of the Health Assembly
- 6.6 Report of committees of the Executive Board
 - Standing Committee on Nongovernmental Organizations
 - Foundations and awards
- 6.7 Provisional agenda of the Sixty-first World Health Assembly and date and place of the 123rd session of the Executive Board
7. Staffing matters
 - 7.1 Appointment of the Regional Director of the Americas
 - 7.2 Human resources: annual report
 - 7.3 Report of the International Civil Service Commission
 - 7.4 Confirmation of amendments to the Staff Regulations and Staff Rules [if any]
 - 7.5 Statement by the representative of the WHO staff associations
8. Matters for information
 - 8.1 Report of advisory bodies
 - Advisory Committee of Health Research (ACHR)
 - Expert committees and study groups
 - 8.2 Progress report
 - A. Control of human African trypanosomiasis (resolution WHA57.2)
 - B. Strengthening nursing and midwifery (resolution WHA59.27)
 - C. International trade and health (resolution WHA59.26)
 - D. Health promotion in a globalized world (resolution WHA60.24)
9. Closure of the session



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC56/INF.DOC/5

3 August 2006

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Fifty-sixth session

Addis Ababa, Ethiopia, 28 August–1 September 2006

Provisional agenda item 10.5

**TERMS OF REFERENCE OF THE MEETING
OF AFRICAN DELEGATIONS TO THE WORLD HEALTH ASSEMBLY**

Information document

Executive Summary

1. The WHO Regional Office for Africa has been providing technical information on agenda items to be discussed by the World Health Assembly and Executive Board to ministers of health and their delegations.
2. During the fifty-fifth session of the Regional Committee, the ministers of health, appreciating the value of the support they are receiving, further requested the Regional Director to continue the practice of daily meetings of delegations of Member States from the African Region at the World Health Assembly.
3. This document, based on the current practice, contains possible terms of reference that delegations of Member States of the African Region could refer to in the continuation of this practice. This information is in response to the request made by the ministers of health.
4. The Regional Committee is invited to note these terms of reference.

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INTRODUCTION

1. The ministers of health in the African Region and their delegations have been supported in recent times by the WHO secretariat and permanent missions of the Member States in Geneva with information and critical analysis of agenda items to be discussed by the World Health Assembly and the Executive Board. The WHO secretariat also facilitated regular meetings during the World Health Assembly and the Executive Board that enabled the delegations of Member States of the WHO African Region to deliberate on issues and adopt common positions on matters of regional interest. The African Union Commission was also invited to participate at the meetings.

2. Ministers of health of the African Region, appreciative of the benefits of the meetings and technical briefings, encouraged the Regional Director during the fifty-fifth session of the Regional Committee “to continue the practice of daily coordination meetings of the African Region at the World Health Assembly”.¹ During the Fifty-ninth World Health Assembly, the ministers invited the Regional Director to select the most relevant agenda items of regional interest, produce technical briefings and propose that countries of the Region draft common positions on those agenda items to be analysed during the meeting of the African delegations at the WHA.

3. The holding of meetings of WHO Regional delegations at the occasion of the WHA is a current practice. Delegations of Member States of other WHO regions also hold informal meetings during the WHA.

PURPOSE

4. The purpose of this document is to inform the Regional Committee about the Regional Director’s understanding of the practice of daily meetings of delegations of Member States of the African Region at the World Health Assembly and how this practice may be continued. These meetings are for ministers of health of Member States of the African Region and their respective delegations for the purpose of facilitating the coordination and development of a regional position on agenda items being discussed by the WHA or the Executive Board. Such meetings carry considerable political weight and may be crucial for a more effective representation of the interests of the African Region within the WHA and the EB. At the same time, it should be clarified that the meetings are not within the governance structure of WHO (such as, for example, sessions of the Regional Committee), and that consequently their functions, outcomes and deliberations should reflect their nature and role.

THE DAILY MEETING

5. The objectives of the daily meeting of delegations from the African Region to the World Health Assembly are:

- (a) to share information about agenda items of the Executive Board and World Health Assembly;
- (b) to review technical briefs and draft statements reflecting the African Region position in relation to specific agenda items;

¹ WHO, *Fifty-fifth session of the WHO Regional Committee for Africa, Maputo, Republic of Mozambique, 22-26 August 2005, Final report*. Brazzaville, World Health Organization, Regional Office for Africa, 2005 (AFR/RC55/20), p. 36, para. 76.

- (c) to recall positions or decisions of previous sessions of the Regional Committee which may have a bearing on the deliberations of the WHA;
- (d) to propose issues that may require further attention by the Regional Director.

6. The Chairman and Vice-Chairman of the meeting of the African delegations to the World Health Assembly will generally be the same as those of the preceding session of the WHO Regional Committee for Africa, or in case of their absence, representatives from the same countries.

7. Participation is open to all ministers of health and the accredited delegates of Member States of the WHO African Region. The respective permanent missions in Geneva, as members of their country delegations, assist in the preparation and analysis of issues as well as the preparation of country or regional statements. The African Union Commission may be invited as an observer at such meetings.

8. Positions adopted during a meeting of African delegations to the World Health Assembly are not binding on individual Member States, which may choose to express different positions at the Executive Board or World Health Assembly, except that any such position will be expressed in the name of that country alone. Where one or several Member States choose to express different positions, the position of the majority shall be expressed as the position of the collective Member States of the African Region with the exception of the Member States that have chosen to take a different position.

9. The role of the WHO secretariat at the meetings of African delegations shall be:

- (a) to provide relevant documents on the agenda of the EB and WHA;
- (b) to provide technical briefs or information on selected agenda items of regional interest;
- (c) to suggest tasks to countries in relation to expected draft statements;
- (d) to facilitate arrangements for meetings, introduction of technical documents and distribution of documents;
- (e) to facilitate, depending on available resources, simultaneous interpretation at meetings.