

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Seventieth Session  
Virtual session, 25 August 2020

Provisional agenda item 6

**STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE  
TO THE REGIONAL COMMITTEE**

1. The Programme Subcommittee (PSC) held a virtual meeting from 25 to 26 June 2020, which was chaired by Dr Gibson Mhlanga from the Republic of Zimbabwe. The meeting reviewed nine documents on public health matters of regional concern, which will be presented to the Seventieth session of the Regional Committee for Africa. This statement summarizes the main outcomes of the meeting.

**Opening remarks**

2. The WHO Regional Director for Africa, Dr Matshidiso Moeti welcomed all participants, particularly the new members of the PSC from the Gambia, Guinea, Congo, Democratic Republic of the Congo, Malawi and Mauritius. She also warmly welcomed members of the WHO Executive Board (Botswana, Burkina Faso and Gabon) as well as the representatives of the African Group of health experts in Geneva-based missions (Cameroon, Senegal and Togo), whose presence facilitates effective linkages between debates and policies at regional and global levels. The Regional Director thanked Dr Gibson Mhlanga and the PSC members for their attendance, despite the ongoing challenges posed by the COVID-19 pandemic. Finally, she pledged the continued support of the Secretariat to all the PSC members in the fulfilment of their mandate.

3. Dr Moeti reiterated the critical role of the PSC in supporting the work of the Regional Committee and regularly advising the Regional Director on matters of importance for the Region. She highlighted the current COVID-19 pandemic situation and recognized the role of the Member States and African people in implementing response and prevention measures to control the disease. The Regional Director stressed that while responding effectively to the pandemic, countries should continue to ensure continuity in the delivery of essential health services to their populations. She also celebrated the important progress of wild poliovirus eradication and advances in promoting universal health coverage, which are two of the top priorities of the Region. Dr Moeti expressed appreciation for the quality of the papers that were presented to the Regional Committee last year and attributed it to the commitment and support received from the PSC. She acknowledged the positive impact of the synergy between the work of the global and regional governing bodies and highlighted the role of the Executive Board members and the African Group Coordinator. She also briefed the PSC on the ongoing discussion on the comprehensive and independent evaluation of WHO's response to the COVID-19 pandemic, as requested by the Seventy-third World Health Assembly. The Regional Director ended by briefly outlining the important documents to be reviewed by the PSC, which

include one regional strategy and one regional framework, as well as other matters of public health importance.

4. The PSC elected Dr Cherif Baharadine from Chad as its Vice-Chairperson, and the representatives of Rwanda, Côte d'Ivoire and Angola as Rapporteurs for English, French and Portuguese respectively.

5. The PSC noted the amended agenda and accepted the deferral of four regional frameworks to the Seventy-first session of the Regional Committee, given that the global strategies were yet to be approved by the World Health Assembly. These include:

- (a) Framework for the implementation of the immunization agenda 2030 in the WHO African Region;
- (b) Framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region;
- (c) Framework for the implementation of the global strategy towards eliminating cervical cancer as a public health problem in the WHO African Region; and
- (d) Framework for implementing the global strategy on digital health in the WHO African Region.

6. In order to facilitate the work of the virtual session of the Seventieth Regional Committee, the PSC requested the Secretariat to develop a written silence procedure that can be used by the Regional Committee in adopting its documents. The process for the written silence procedure is annexed to this report.

### **Technical and health matters**

7. The PSC discussed the document entitled *Fifth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020*. The primary objective of the *Transformation Agenda* (TA) is to transform the Organization into an effective and accountable leader in public health. The initial phase of the TA covered the period 2015 to 2018 and resulted in significant progress in three focus areas: smart technical focus; responsive strategic operations; and effective communications and partnerships.

8. Following a mid-term review conducted in 2017, it was recommended that the gains of the first phase be consolidated and the lessons learned applied in order to deliver quality outputs, improve the management of resources and strengthen the value-for-money approach. This led to the development of the second phase of the TA launched in 2018, which places people – staff and populations in Member States – at the centre of change, and addresses the shortcomings of the pro-results focus area. The second phase of the TA aims to fully deliver on this focus area through six workstreams, namely strengthening change management processes and enhancing a value-based culture; enhancing the country focus approach for greater impact; delivering quality results and value for money; promoting efficiency and accountability; broadening the engagement with Member States and partners; and ensuring more effective communication of the work of the Secretariat towards improving health outcomes in the Region. The fifth progress report presents the efforts and progress made over the reporting period to advance the second phase of the Transformation Agenda of the WHO Secretariat in the African Region through the six workstreams.

9. The PSC members commended the Secretariat for the quality of the document. They applauded the mentorship programme currently under implementation and emphasized the need to include in

the document the ratio of mentors and mentees between country offices and the Regional Office. They also suggested the inclusion of concrete examples of major achievements and challenges as well as an indication of the limitations encountered during the functional review. The PSC members acknowledged the importance of financial performance as well as the need to ensure leadership and accountability at country level. They recalled the recommendation by Member States during the Sixty-ninth Regional Committee that WHO should extend the Pathway to Leadership for Health Transformation Programme to countries and requested that this be included in the next steps. Still on the way forward, the PSC members emphasized the need to strengthen primary health care using integrated service delivery in line with the Declaration of Astana, while identifying the most pertinent innovations to facilitate implementation. They finally recommended an evaluation and better dissemination of the Transformation Agenda among Member States.

10. The PSC members recommended the revised document entitled *Fifth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020* for consideration by the Seventieth session of the Regional Committee for Africa.

11. The PSC reviewed the document entitled *Strengthening country presence to deliver universal health coverage in Africa*. Universal health coverage (UHC) provides the platform for achieving the WHO triple billion targets and health-related Sustainable Development Goals (SDGs). UHC targets have therefore been integrated into the national health strategies of most Member States in the WHO African Region. However, given the variations and constantly evolving needs of Member States, WHO cannot adopt a one-size-fits-all approach in its support to countries. WHO support to the implementation of national strategies will be maximized by aligning its presence to the specific needs of Member States.

12. To identify the type and level of support required for the delivery of country priorities, WHO conducted a functional review of all its 47 country offices between August 2017 and October 2019. The review highlighted key challenges to achieving UHC in the various countries, and stakeholders' expectation of the role WHO should play in addressing them. In consultation with stakeholders, including Member States, partners and donors, priority areas of focus for which WHO has a clear comparative advantage were agreed upon. Consequently, recommendations were made for flexible resource reallocation to focus on core functions. A revision of each country office structure to ensure that it had the appropriate skill mix and was aligned with the country's needs as well as management practices that promote integration for optimal impact were recommended.

13. The PSC members underscored the need to align WHO's response to the needs of Member States to ensure a stronger presence at the country level. They recommended that more focus be placed on addressing issues such as poor coordination and quality of care, ineffective use of available data to guide decision-making, and limited use of data quality control measures, including lack of interoperability of certain tools with the District Health Information Software 2 (DHIS2) as the central database. They also recommended that the document highlight the importance of developing strategies/guidance tailored to the country context; the need to promote distance learning centres given the COVID-19 situation; and the urgency of mobilizing other sectors by strengthening partnerships and collaboration with the private sector, civil society and the armed forces, which will contribute to the enhancement of health service delivery in countries.

14. The PSC recommended the revised document entitled *Strengthening country presence to deliver universal health coverage in Africa* for consideration by the Seventieth session of the Regional Committee for Africa.

15. The PSC reviewed the document entitled *Certification of wild poliovirus eradication in the African Region and sustaining the gains, post-certification*. The Sixty-eighth session of the WHO Regional Committee for Africa endorsed the Framework for certification of polio eradication in the African Region. The Framework outlined the actions to be implemented and set milestones for achieving certification. Geographic information system (GIS) innovations for real-time reporting had been established in 44 (91.4%) out of 47 Member States by December 2019, to meet certification-standard surveillance performance. The platform was also used for institutionalizing an accountability framework for all polio-funded staff to improve overall programme performance. By December 2019, the African Regional Certification Commission (ARCC) for polio eradication had accepted national polio-free status documentation from 43 out of 47 countries.

16. By March 2020, the ARCC had finalized field verification visits in the remaining four countries in the Region, and validated their final documentation in June 2020. The ARCC will likely certify the African Region as the fifth WHO region to have eradicated wild polioviruses by August 2020. The report summarizes the progress made towards certification of eradication of wild polioviruses in the African Region since the endorsement of the regional certification framework and proposes priority interventions towards certification and post-certification. These include preparing documentation for certification; strengthening surveillance and routine immunization; implementing the new polio eradication and post-certification strategic plans; improving the quality of responses to wild poliovirus and circulating vaccine-derived poliovirus (cVDPV2) outbreaks; intensifying resource mobilization; and legacy planning.

17. The PSC members commended the excellent quality of the document. They identified vaccine logistics as an important challenge especially in countries with security-compromised areas or hard-to-reach districts with poor infrastructure. Members noted that innovative practices including drone technology to deliver vaccines to remote communities will be needed to reach the last mile. The PSC members noted the disruption of routine immunization services and outreach campaigns because of the ongoing COVID-19 pandemic. The PSC recommended the need for Member States to develop specific operational and communication strategies to reinforce immunization services and introduce the novel oral polio vaccine type 2 (nOPV2) to strengthen responses to cVDPV2 outbreaks. Members also recommended the possible recategorization of Member States according to context and challenges to ensure effective, differentiated technical assistance, and supported the development of a scorecard to monitor the performance of the post-certification process.

18. Finally, the PSC recommended the revised document titled *Certification of wild poliovirus eradication in the African Region and sustaining the gains, post-certification* for consideration by the Seventieth session of the Regional Committee for Africa.

19. The PSC reviewed the document entitled *Ensuring implementation of national polio transition plans in the African Region*. The paper warns that with the imminent certification of wild poliovirus eradication in the African Region in 2020, the Global Polio Eradication Initiative (GPEI) funding for polio programmes in the African Region will reduce as per the projected GPEI budget ceilings for 2019–2023. There is also a risk that the GPEI will divert the funding for the African Region to polio endemic countries outside of the Region. This calls for urgent implementation of

national polio transition plans by Member States of the Region. Accordingly, the technical report reviews the state of implementation of national polio transition plans in the African Region and provides guidance to Member States on initiating and accelerating the implementation of their national transition plans.

20. The PSC members congratulated the Secretariat on the quality of the document and expressed appreciation for the technical and financial support provided by WHO. They noted that polio human resources and assets are not only supporting routine immunization but also playing a key role in emergency response at large. The Members of the PSC stressed the need to integrate all aspects of strengthening routine immunization in the national polio transition plans and to prioritize post-polio certification activities for resource allocation. Finally, members recommended that the next steps be revised to include the new context emerging in each country in the African Region and the review of the national polio transition plans. The national operational plans should include the setting of new timelines against the background of COVID-19.

21. The PSC recommended the revised document entitled *Ensuring implementation of national polio transition plans in the African Region* for consideration by the Seventieth session of the Regional Committee for Africa.

22. The PSC reviewed the document entitled *Quality, equity and dignity in health services delivery in the WHO African Region: bridging the quality gap to accelerate progress towards meeting the SDG targets for maternal, newborn and child health*. The document noted that despite the global commitment to improve delivery of quality health services for mothers, newborns and children, progress in the African Region remained inadequate. Two thirds of globally reported maternal deaths occur in the sub-Saharan African Region. Although some countries in the African Region have commendable levels of skilled birth attendance, this has not translated into reductions in their maternal mortality ratio (MMR). It is estimated that about 61% of newborn deaths and half of maternal deaths are due to poor quality of care. The paper outlines the issues and challenges currently being faced in the Region in terms of the delivery of quality care to mothers, newborns and children, and proposes priority actions for implementation during the period 2020–2025.

23. The PSC members commended the Secretariat on the quality of the document. They acknowledged the high burden of maternal and neonatal mortality in the African Region and highlighted areas that need to be urgently addressed, which include low coverage of emergency obstetrics and neonatal care and the inadequate allocation of resources for maternal and newborn health. Members noted that in the absence of reliable routine data, research and specific surveys are used to support evidence-based decision-making, which requires additional resources.

24. The PSC members recommended that more emphasis should be placed on sensitizing health care workers on their roles and responsibilities in the provision of good-quality care to ensure respect for clients' rights and dignity as well as the need to provide on-site training and supervision to enhance competencies. Moreover, they stressed the importance of an open and continued dialogue on the importance of good-quality health care services and the accountability of all stakeholders, including communities. PSC members also recommended the inclusion of peer reviews and the dissemination of best practices as additional measures to strengthen the quality of care in countries. In addition, they highlighted the importance of strong regulatory systems for both private and public health care facilities and the need for multisectoral action to address social determinants of health that have an impact on quality of care, in order to accelerate progress towards attaining the goal of

universal health coverage. Finally, the PSC members requested that reference be made in the document to the impact of the COVID-19 pandemic on the provision of quality health care.

25. The PSC recommended the revised document entitled *Quality, equity and dignity in health services delivery in the WHO African Region: bridging the quality gap to accelerate progress towards meeting the SDG targets for maternal, newborn and child health* for consideration by the Seventieth session of the Regional Committee for Africa.

26. The PSC reviewed the document entitled *Framework for the implementation of the Global action plan on physical activity 2018–2030 in the WHO African Region*. The document argues that the African Region is undergoing an epidemiological transition with a double burden of communicable and noncommunicable diseases (NCDs) threatening overstretched health systems that remain fragile, fragmented, under-resourced, and limited in terms of infrastructure and capacity to address the increasing burden of NCDs. In the African Region, deaths due to NCDs were projected to exceed 3.9 million by 2020. People with underlying NCDs are at higher risk of developing severe cases of COVID-19. Maintaining a healthy lifestyle and staying physically active is essential to preserving physical and mental health during the pandemic and beyond.

27. In line with the *Global action plan for physical activity (GAPPA) 2018–2030*, the regional Framework aims to guide Member States in the planning and implementation of priority interventions to promote physical activity. The Framework also provides Member States with effective policy actions to increase physical activity at all levels according to their specific needs and socioeconomic contexts.

28. The PSC members highlighted the importance of the document in the context of the epidemiological transition and noted that only a limited number of countries are implementing appropriate policies. They recommended that the promotion of physical activity should be linked to the promotion of healthy diets and adapted to the various age groups: 3–5-year-olds; 7–10-year-olds; 11–17-year-olds; 18–64-year-olds; and persons aged 65 years or older, as well as persons with disabilities. They also recommended that a multisectoral approach involving the security sector should be adopted by Member States, and support provided for country adoption and implementation of the relevant policies. Finally, they proposed that research should be included in policies in order to generate evidence to support planning and implementation, and to ensure the involvement of community leaders in promoting social and cultural acceptance. The PSC endorsed the recommendations on highlighting the importance of the gender aspects raised in the document to ensure equal opportunities for all in adopting a healthy lifestyle, and on integrating physical activity counselling in health workers' routine work.

29. The PSC recommended the revised document entitled *Framework for the implementation of the Global action plan on physical activity 2018–2030 in the WHO African Region* for consideration by the Seventieth session of the Regional Committee for Africa.

30. The PSC reviewed the document entitled *Strategy for scaling up health innovations in the WHO African Region*. It noted that there was an innovation-driven transformation in global health in the 20th century, which has led to increased life expectancy and quality of life. However, despite the potential returns on investing in health innovations, available evidence shows that African countries invest far less in innovation (approximately 0.01% per capita) than developed countries. The majority of African countries lack, to varying degrees, strong institutions, skilled human capital, appropriate infrastructure, technology and creative outputs, including market and business sophistication. The

2019 Global Innovation Index showed that only six sub-Saharan African countries are ranked among the top 100 countries investing in innovations.

31. Effectively harnessing opportunities presented by emerging technologies and non-technological innovations requires a comprehensive strategy that creates an enabling environment to stimulate and nurture creativity for sustainable impact. However, the majority of Member States in the African Region lack the capacity to create sustainable demand and scale up health innovations to meet the needs of their most vulnerable citizens. The document makes the case for a regional strategy geared towards supporting the development and scaling up of locally appropriate innovative health solutions to improve health outcomes in the African Region. The strategy presents an opportunity for Member States to effectively harness and scale up high-impact innovations that address unmet health needs and accelerate health outcomes as well as strengthen their innovation systems to make them more responsive to the emerging context of the African Region.

32. The PSC members commended the Secretariat for the timeliness and excellent quality of the document, which provides a relevant analysis of the situation and existing gaps in the African Region, while proposing clear milestones and targets, and priority interventions. They noted that accelerating innovations is critical to scaling up health interventions, particularly among hard-to-reach and marginalized population groups. The PSC pointed out the lack of data to inform evidence-based decision-making, and stressed the need for building infrastructure to support innovations and establishing mechanisms for knowledge sharing within and between countries. The members referenced a knowledge-sharing platform, the National Agency for Digital Transformation established by the Democratic Republic of the Congo, with the aim of centralizing health innovations in one place to allow scientists to interact effectively.

33. The PSC suggested the inclusion of robotic surgery and telemedicine; leadership and innovation as guiding principles; inclusive innovation for all groups; and training of all health stakeholders. The Members recommended additional objectives on research and health innovation for harnessing local contexts and sustainability. They also recommended adding an intervention on ensuring access to new technologies in rural areas with limited access to health services. Finally, the PSC members encouraged the regular sharing of experiences and knowledge among Member States, considering the progress made by some countries, for example the Zipline drone initiative used to deliver critical and lifesaving health products precisely where and when they are needed. This initiative will encourage drone development by Africans. Members also underscored the need for governments to spearhead the financing of health innovations through public-private partnerships and linkages and adaptation of worldwide experiences that could benefit local populations. Organizational innovation should also be highlighted to optimize processes for health impact.

34. The PSC recommended the revised document entitled *Strategy for scaling up health innovations in the WHO African Region* for consideration by the Seventieth session of the Regional Committee for Africa.

35. The PSC reviewed the document entitled *Status of human organ and tissue donation and transplantation in the WHO African Region*. Organ transplantation is one of the highest value treatments in medicine as it is often the only life-saving option for patients with end-stage organ failure. It improves the quality of life by restoring organ function and eliminates debilitating symptoms of chronic organ failure such as poor mobility, depression or infertility. It is also a significant cost-saving intervention both for patients and health care systems and facilitates social

reintegration as it enhances mobility, as well as employment and education possibilities. Several resolutions have been endorsed by the World Health Assembly and the United Nations General Assembly, including resolutions WHA63.22 and A/RES/71/322 that articulate the urgent need to improve the availability, quality and safety of organ and tissue donation and transplantation, as well as to prevent and combat trafficking in human organs. The paper highlights the status of implementation of the above-mentioned resolutions pertaining to organ and tissue donation and transplantation (OTDT), identifies obstacles and challenges and proposes priority actions to be taken by Member States and partners in the WHO African Region.

36. The PSC members commended the Secretariat on the quality, relevance and timeliness of the document. They observed that, compared to other regions, the situation of OTDT in the African Region is critical, given that available data is inadequate to determine the true need for transplant services. They recommended that an additional action be included in the document for the Secretariat to facilitate South-South cooperation and identify and promote subregional centres of excellence so that countries with experience and expertise in OTDT can support those with less advanced programmes. They also recommended that a large-scale ethnographic study be conducted to address socioeconomic beliefs pertaining to OTDT. Finally, it was proposed that paragraph 11 (e) of the document be reformulated as it gives the impression that the OTDT programme is limited to renal transplants.

37. The PSC recommended the revised document entitled *Status of human organ and tissue donation and transplantation in the WHO African Region* for consideration by the Seventieth session of the Regional Committee for Africa.

38. The PSC discussed the *Report on the performance of health systems in the WHO African Region*. The Sixty-seventh Regional Committee for Africa adopted the Framework for health systems development towards universal health coverage (UHC) in the context of the Sustainable Development Goals (AFR/RC67/10), which defines elements of such systems. On that basis, a report on the state of health in the WHO African Region was discussed at a side event during the Sixty-eighth Regional Committee in 2018, following which the Secretariat was requested to provide a follow up analysis focusing on health system performance. The report represents the result of the analysis. Health system performance is consolidated from the four dimensions introduced in the Framework and reflects the different capacities a health system requires to address current needs particularly in relation to UHC attainment and health security. The four dimensions identify the capacity of the health system to ensure: (i) access to essential services; (ii) quality of these essential services; (iii) community demand for the essential services; and (iv) resilience to shocks. The report presents findings for each Member State of the Region.

39. The PSC members observed the generally low health systems performance in the Region, with wide variations across Member States, especially in the area of resilience to shocks. They highlighted the need for WHO to strengthen the link between the performance score and the indicators of universal health care, and requested the consideration of additional indicators – specifically mentioning those for coverage of medical insurance and traditional medicine. They also highlighted the ongoing COVID-19 pandemic and the inadequate national response in many Member States due to underlying weaknesses in the health systems.

40. The PSC members recommended that Member States substantially improve government investment in health systems especially at primary health care and community level, to ensure that



the health needs of the population are addressed even during emergencies. They highlighted the need to empower communities to promote demand for health services and encourage local manufacturing of medicines and commodities to enhance access to services. They also recommended that the document include supplementary information on the generation of the country scores to enable Member States better understand their performance gaps and design tailored strategies to strengthen performance. The Secretariat was also requested to explore ways of making the methodology available for use by countries for assessing performance at the subnational level, particularly in relation to resilience. They also recommended the development of a platform for sharing practical experiences and health innovations with a view to building a community of practice and foster South-South collaboration. Additional recommendations were made on improving on the language, particularly in relation to the other language translations.

41. The PSC recommended the revised document entitled *Report on the performance of health systems in the WHO African Region* for consideration by the Seventieth session of the Regional Committee for Africa.

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

**(a) Membership of the Programme Subcommittee**

The terms of Angola, Cameroon, Rwanda, Senegal, Togo and Zimbabwe will come to an end at the Seventieth session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by the Central African Republic, Eritrea, Liberia, Mali, Mozambique and Namibia. The full membership of the PSC will therefore be composed of the following Member States:

<b>Subregion 1</b>	<b>Subregion 2</b>	<b>Subregion 3</b>
1. Cabo Verde (2018–2021)	7. Chad (2018–2021)	13. Comoros (2018–2021)
2. Côte d’Ivoire (2018–2021)	8. Equatorial Guinea (2018–2021)	14. Lesotho (2018–2021)
3. The Gambia (2019–2022)	9. Congo (2019–2022)	15. Malawi (2019–2022)
4. Guinea (2019–2022)	10. DR Congo (2019–2022)	16. Mauritius (2019–2022)
5. <b>Liberia (2020–2023)</b>	11. <b>Central African Republic (2020–2023)</b>	17. <b>Mozambique (2020–2023)</b>
6. <b>Mali (2020–2023)</b>	12. <b>Eritrea (2020–2023)</b>	18. <b>Namibia (2020–2023)</b>

**(b) Membership of the Executive Board**

The term of office of Gabon on the Executive Board will end with the closing of the Seventy-fourth World Health Assembly in May 2021.

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

- (i) Rwanda to replace Gabon in serving on the Executive Board starting with the one-hundred-and-forty-ninth session in May 2021, immediately after the Seventy-fourth World Health Assembly. The Executive Board will therefore be composed of the following Member States as indicated in the table below:

<b>Subregion 1</b>	<b>Subregion 2</b>	<b>Subregion 3</b>
Burkina Faso (2019–2022)	Kenya (2019–2022)	Botswana (2020–2023)
Ghana (2020–2023)	<b>Rwanda (2021–2024)</b>	Madagascar (2020–2023)
Guinea-Bissau (2020–2023)		

- (ii) Kenya to serve as **Chair of the Executive Board** as from the one-hundred-and-forty-ninth session of the Executive Board.
- (iii) Madagascar **to replace Gabon** to serve on the Programme Budget and Administration Committee (PBAC) from the one hundred and forty-ninth session of the Executive Board. The PBAC will therefore be composed of Ghana and Madagascar from the African Region.
- (c) **Method of work and duration of the Seventy-fourth session of the World Health Assembly**

It is proposed that the Chairperson of the Seventieth session of the Regional Committee for Africa be designated as Vice-President of the Seventy-fourth session of the World Health Assembly to be held in May 2021.

With regard to the Main Committees of the Assembly and based on the English alphabetical order and subregional geographic grouping, it is proposed as follows:

- (i) South Africa to serve as Vice-Chair of Committee A;
- (ii) Algeria, Burundi, Zambia and Zimbabwe to serve on the General Committee; and
- (iii) Cameroon, Mali and Namibia to serve on the Committee on Credentials.

43. Following the request by the Programme Subcommittee for the Secretariat to develop a written silence procedure to guide the consideration of the Regional Committee documents, the resolution below is recommended for adoption by the Regional Committee.

### **Written silence procedure**

The Seventieth session of the Regional Committee for Africa,

Having considered the report of the Programme Subcommittee and its proposal on a written silence procedure,

1. **ADOPTS** the written silence procedure set out in the Annex to this report.

**Closing session**

44. The Chairperson of the PSC informed members that the Secretariat would share the draft report with them within one week and they would have three days to provide feedback. Once cleared by the Chairperson, the finalized report will be posted on the RC70 web portal. In his concluding remarks, the Chairperson thanked the PSC members, the Executive Board members and the Geneva-based experts for the rich discussions. He also congratulated the Secretariat on the organization of the meeting and the high quality of the documents submitted for review.

45. The WHO Regional Director for Africa also thanked participants for their valuable contributions and particularly commended the Chairperson and Vice-Chairperson for skilfully chairing the deliberations in a virtual setting. She also bid farewell to the outgoing PSC members (Angola, Cameroon, Rwanda, Senegal, Togo and Zimbabwe), and thanked them for their work in the Subcommittee. The Regional Director highlighted the continuing importance of all-of-government and all-of-society approaches to health priorities as well as the rich and informative opportunities to learn from the experiences of other countries and settings. She finally stressed the importance of financing in taking forward the agreed priorities and of demonstrating value for money and a good return on investment in achieving improved health outcomes.

46. The Chairperson once again thanked the PSC members, the Executive Board members and the Geneva-based experts for their participation and closed the meeting.

**ANNEX PERTAINING TO THE WRITTEN SILENCE PROCEDURE****Written silence procedure**

1. Following the suspension of the Seventieth Regional Committee and pending its resumption, the following written silence procedure will apply in respect of any report(s) and their accompanying resolutions previously reviewed by the Programme Subcommittee of the Regional Committee and considered by the Programme Subcommittee of the Regional Committee to be suitable for adoption without further discussion by the Regional Committee, as well as any report and/or resolution as determined by the Chairperson of the Regional Committee in consultation with the Regional Director and considered suitable for adoption without further discussion by the Regional Committee.
2. At the request of the Chairperson of the Regional Committee, the Regional Director will transmit to the Member States any such report(s) and their accompanying resolutions for consideration under this written silence procedure.
3. The communication will contain the text of the reports to be considered under this written silence procedure and will set a date for the receipt of any objection. Any such objection is to be conveyed in writing and addressed to the Regional Director. The date for receipt of any objection will be 14 days from the date of dispatch of the communication.
4. Where no written objection is received from a Member State by the set date, the report concerned and its accompanying resolution, if any, will be considered as having been validly adopted by the Regional Committee. The adopted report(s) and their accompanying resolutions, if any, will be referred to the Regional Committee at its resumed session for information only.
5. In the event of the receipt of one or more written objections from a Member State by the set date, the report concerned and its accompanying resolution, if any, will be considered as having not been adopted by the Regional Committee. The report(s) concerned and their accompanying resolutions, if any, will be referred to the Regional Committee for consideration at its resumed session.
6. The Regional Director will communicate the outcome of the written silence procedure to all Member States as soon as possible after the set date referred to in paragraph 3. In the case of a report and its accompanying resolution, if any, that is adopted pursuant to the written silence procedure, the date of the Regional Director's communication to that effect will be date of adoption of the report and its accompanying resolution, if any.