

SIXTY-FIRST SESSION

of the

WHO REGIONAL COMMITTEE FOR AFRICA

Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011



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FINAL REPORT

WORLD HEALTH ORGANIZATION
Regional Office for Africa
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Front view of the Fondation Félix Houphouët-Boigny pour la Recherche de la Paix,



Group photograph taken shortly after the opening ceremony

ABBREVIATIONS

AFP	Acute Flaccid Paralysis
AfDB	African Development Bank
AFR	African Region
AFRO	Regional Office for Africa
AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CP	Concept Paper
EMRO	Regional Office for the Eastern Mediterranean
GAVI	Global Alliance for Vaccines and Immunization
HHA	Harmonization for Health in Africa
HIV	Human Immunodeficiency Virus
IMB	Independent Monitoring Board
IMCI	Integrated Management of Childhood Illness
MDGs	Millennium Development Goals
SO	Strategic Objective
SIA	Supplementary Immunization Activities
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNEP	United Nations Environment Programme
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

The Regional Committee appointed a Subcommittee on Nominations consisting of the representatives of the following 12 Member States: Burkina Faso, Burundi, Guinea-Bissau, Kenya, Liberia, Malawi, Mauritania, Namibia, Sao Tome and Principe, South Africa, Swaziland and Uganda.

The following members of the Subcommittee on Nominations met on 29 August 2011: Burkina Faso, Burundi, Guinea-Bissau, Kenya, Liberia, Malawi, Mauritania, Namibia, and Uganda.

The Subcommittee elected Ms Magdalena Nghatanga, Director, Primary Health Care, Namibia, as its Chairman.

First meeting, 29 August 2011

Decision 2: Election of the Chairman, the Vice-Chairmen and the Rapporteurs

After considering the report of the Subcommittee on Nominations, and in accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa and Resolution AFR/RC23/R1, the Regional Committee unanimously elected the following officers for its Sixty-first session:

Chairman:	Professor Thérèse Aya N'Dri-Yoman, Minister of Health and HIV/AIDS Control, Côte d'Ivoire.
First Vice-Chairman:	Professor Georges Moyon, Minister of Health and Population, Congo.
Second Vice-Chairman:	Dr Alexandre Manguéle, Minister of Health, Mozambique.
Rapporteurs:	Professor Charles Kondi Agba (French) Minister of Health, Togo. Dr H. Madzorera (English) Minister of Health and Child Welfare, Zimbabwe.

Dr Cristina Fontes (Portuguese)
Deputy Prime Minister,
Minister of Health,
Cape Verde.

Second meeting, 29 August 2011

Decision 3: Appointment of members of the Subcommittee on Credentials

The Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following 12 Member States: Algeria, Cameroon, Cape Verde, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, Guinea, Lesotho, Madagascar, Niger and Seychelles.

The following members of the Subcommittee on Credentials met on 30 August 2011: Algeria, Cameroon, Cape Verde, Congo, Democratic Republic of Congo, Gabon, Guinea, Madagascar and Seychelles.

The Subcommittee elected Dr Pascal Jacques Rajaonarison, Minister of Health, Family Planning and Social Protection, Madagascar, as its Chairman.

Third meeting, 30 August 2011

Decision 4: Credentials

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe, and found them to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa.

Fifth meeting, 31 August 2011

Decision 5: Replacement of members of the Programme Subcommittee

The term of office on the Programme Subcommittee of the following countries will expire with the closure of the Sixty-first session of the Regional Committee: Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Guinea-Bissau, Mauritius, Mozambique, Namibia and Liberia.

The following countries will replace them: Burundi, Cameroon, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda and Zambia. These countries will thus join: Kenya, Mali, Mauritania, Niger, Seychelles and South Africa whose term of office ends in 2012.

Eighth meeting, 1 September 2011

Decision 6: Provisional agenda of the Sixty-second session of the Regional Committee

The Regional Committee approved the draft provisional agenda of the Sixty-second session of the Regional Committee (refer to Annex 1 of Document AFR/RC61/12).

Eighth meeting, 1 September 2011

Decision 7: Agenda of the one-hundred-and-thirtieth session of the Executive Board

The Regional Committee took note of the provisional agenda of the one-hundred-and-thirtieth session of the Executive Board (refer to Annex 2 of Document AFR/RC61/12).

Eighth meeting, 1 September 2011

Decision 8: Designation of Member States of the African Region to serve on the Executive Board

- (1) In accordance with Decision 8 (3) of the Sixtieth session of the Regional Committee Nigeria, Senegal, Sierra Leone and Cameroon each designated a representative to serve on the Executive Board in replacement of Mauritania, Mauritius, Niger and Uganda, starting with the one-hundred-and-twenty-ninth session in May 2011, immediately after the Sixty-fourth World Health Assembly.
- (2) The term of office of Burundi on the Executive Board will end with the closing of the Sixty-fifth World Health Assembly. In accordance with

Decision 8 of the Fifty-fourth session of the Regional Committee, Burundi will be replaced by Chad.

- (3) Chad will attend the one-hundred-and-thirty-first session of the Executive Board, immediately after the Sixty-fifth session of the World Health Assembly in May 2012. They should confirm their availability for attendance at least six (6) weeks before the start of the Sixty-fifth World Health Assembly.
- (4) The Fifty-first World Health Assembly decided by resolution WHA51.26 that persons designated to serve on the Executive Board should be Government representatives technically qualified in the field of health.

Ninth meeting, 2 September 2011

Decision 9: Method of work and duration of the Sixty-fifth World Health Assembly

President of the World Health Assembly

- (1) The Chairman of the Sixty-first session of the Regional Committee for Africa will be designated as President of the Sixty-fifth World Health Assembly to be held in May 2012.

Main committees of the World Health Assembly

- (2) The Director-General, in consultation with the Regional Director, will consider before the Sixty-fifth World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:
 - Chairman or Vice-Chairman of Main Committees A or B as required;
 - Rapporteurs of the Main Committees.
- (3) Based on the English alphabetical order and subregional geographical grouping the following Member States have been designated to serve on the General Committee: Chad, Kenya, Lesotho, Liberia and Mali.
- (4) On the same basis, the following Member States have been designated to serve on the Credentials Committee: Madagascar, Mauritania, and Sao Tome and Principe.

Meeting of the Delegations of Member States of the African Region in Geneva

- (5) The Regional Director will also convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 19 May 2012, at 09:30 at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-first

session and discuss agenda items of the Sixty-fifth World Health Assembly of specific interest to the African Region.

- (6) During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the Palais des Nations.

Ninth meeting, 2 September 2011

Decision 10: Date and place of the Sixty-second session of the Regional Committee

The Regional Committee, in accordance with the Rules of Procedure, decided, at its Sixtieth session, to hold its Sixty-second session in Angola from 27 to 31 August 2012.

Ninth meeting, 2 September 2011

Decision 11: 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)

The term of office of Ethiopia and Guinea on the HRP's Policy and Coordination Committee (PCC) under Category 2 will come to an end on 31 December 2011. They will be replaced by Lesotho and Liberia for a period of three (3) years with effect from 1 January 2012. Lesotho and Liberia will thus join Guinea-Bissau and Kenya on the PCC.

Ninth meeting, 2 September 2011

RESOLUTIONS

AFR/RC61/R1: Measles elimination by 2020: A strategy for the African Region

The Regional Committee,

Having carefully examined the document "Measles elimination by 2020: A strategy for the African Region";

Recalling Resolutions AFR/RC52/R2 on the Regional strategy for immunization during the period 2003-2005; AFR/RC56/R1 on the Regional strategic plan for the Expanded Programme on Immunization 2006–2009; and AFR/RC60/R4 on Routine immunization and polio eradication in the African Region;

Appreciating the achievements made so far by Member States and partners in reducing measles mortality by 92% by 2008 as compared with 2000 estimates;

Noting the challenges concerning the accuracy of population estimates for the monitoring of immunization coverage;

Deeply concerned about the recent resurgence of measles in the African Region, and the fragility of the gains in measles mortality reduction;

Noting the changing epidemiological pattern of measles, with an increasing proportion of cases in young infants, older children and adults;

Recognizing the programmatic feasibility as well as the system-wide challenges of measles elimination;

Convinced that eliminating measles will contribute significantly to the attainment of MDG4 and towards health systems strengthening;

1. ENDORSES the document aimed at the adoption of a measles elimination goal for the African Region;
2. URGES Member States:
 - (a) to develop and implement national plans for the elimination of measles by 2020, in line with the Regional Strategic Plan;
 - (b) to provide adequate financial and human resources for the implementation of national plans to sustain the gains in measles mortality reduction, in order to reach the measles pre-elimination targets by 2012, and ultimately attain measles elimination by 2020;

- (c) to mobilize national and international stakeholders from the public and private sectors, NGOs, bilateral and multilateral organizations including local communities and coordinate all activities in the measles elimination efforts;
 - (d) to generate reliable and updated population data to be used for monitoring measles immunization coverage.
3. REQUESTS the Regional Director:
- (a) to develop a Regional Strategic Plan for measles elimination;
 - (b) to provide evidence-based technical guidance on programmatic issues including the age for measles vaccination;
 - (c) to provide technical support to Member States for the development and implementation of national plans for the elimination of measles;
 - (d) to advocate for additional resources at national and international levels for the elimination of measles in Member States;
 - (e) to report to the Regional Committee beginning in 2012 and thereafter every two years on the progress made towards the elimination of measles.

Ninth meeting, 2 September 2011

AFR/RC61/R2: Framework for public health adaptation to climate change in the African Region

The Regional Committee,

Having examined Document AFR/RC61/10 entitled "Framework for Public Health Adaptation to Climate Change in the African Region";

Concerned that Africa is already experiencing the effects of climate change which exacerbate traditional and emerging environmental risk factors on human health, threaten health development, jeopardize decades of development gains and hamper the continent's efforts to attain the Millennium Development Goals;

Noting that countries of the African Region are currently the most vulnerable to the negative impacts of climate change and, at the same time, the least prepared to respond effectively to these impacts;

Recognizing that there is currently a lack of an integrated health sector response to address climate change adaptation comprehensively;

Aware that, so far, public health impacts of climate change are still not adequately reflected in the negotiations of the United Nations Framework Convention on Climate Change (UNFCCC);

Recalling the Libreville Declaration on Health and Environment in Africa (2008) which establishes a strategic alliance between the health and environment sectors as the basis for plans of joint action;

Recalling also the African Ministers of Health and Minister of Environment Joint Statement on Climate Change and Health adopted at the Second Interministerial Conference on Health and Environment in Africa which was held in Luanda, Angola, in November 2010;

Considering the recommendations of the 5th Conference of African Union Ministers of Health held in Windhoek, Namibia, in April 2011.

1. APPROVES the Framework for Public Health Adaptation to Climate Change in the African Region.
2. URGES Member States:
 - (a) to strengthen their resilience by developing and implementing national action plans for public health adaptation to climate change. Such plans will be based on an essential public health package of interventions that would include baseline risk and capacity assessments, capacity building, integrated environment and health surveillance, awareness raising and social mobilization, public health-oriented environmental management, scaling-up of existing public health interventions, strengthening of partnerships and, promotion of research; and establish the relevant intersectoral coordination mechanisms, as agreed upon at the second Interministerial Conference on Health and Environment in Africa held in Luanda, Angola, in 2010, in order to undertake joint planning and implementation of activities required for public health adaptation to climate change, in the context of the Health and Environment Strategic Alliance;
 - (b) to establish the relevant intersectoral coordination mechanisms, as agreed upon at the second Interministerial Conference on Health and Environment in Africa, held in Luanda, Angola in 2010, in order to undertake joint planning and implementation of activities required for public health adaptation to climate change, in the context of the Health and Environment Strategic Alliance;
 - (c) to request African negotiators of the UNFCCC to use this Resolution as the common position of the ministers of health of the African Region in matters related to public-health impacts of climate change.

3. REQUESTS the Regional Director:

- (a) to establish a Pan-African Programme for Public Health Adaptation to Climate Change with a view to leveraging and coordinating international-level technical and financial support to Member States for implementation of the above-mentioned actions;
- (b) to collaborate with the United Nations Environment Programme and other technical agencies to develop and disseminate, for use by Member States, the necessary technical tools required for immediate implementation of the Framework;
- (c) to advocate for the use of the Framework for Public Health Adaptation to Climate Change as the basis for coordinating partners' actions;
- (d) to ensure the participation of the WHO Regional Office for Africa in the 17th Conference of the Parties of the United Nations Framework Convention on Climate Change to be held in South Africa;
- (e) to facilitate access by countries to financial resources made available to developing countries, especially climate change funds, in order to secure the required funding for implementation of the national action plans mentioned above;
- (f) to report to the Sixty-second Session of the Regional Committee, and thereafter, every other year on progress being made.

Ninth meeting, 2 September 2011

AFR/RC61/R3: Framework document for the African Public Health Emergency Fund (APHEF)

The Regional Committee,

Having carefully examined the framework document for the African Public Health Emergency Fund (Document AFR/RC61/4);

Reaffirming its commitment to implementing Resolution AFR/RC60/R5 approving the creation of the African Public Health Emergency Fund;

Cognizant of the need to operationalize the APHEF and ensure sustained contributions of Member States to the Fund;

Taking into consideration the recommendations of the technical working group comprising representatives from ministries of health and ministries of finance of countries in the African Region, the coordinating organization for the fight against endemic diseases in Central Africa (OCEAC), African Development Bank

(AfDB) and the WHO Secretariat, which was set up to elaborate on the principles of financial contributions by Member States, including the criteria and modalities thereof, as well as the governance of the APHEF;

1. ADOPTS the Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4);
2. APPROVES the governance structure of the APHEF including the Monitoring Committee of the Fund, the Technical Review Group and the APHEF Secretariat, in line with the terms of reference specified in the framework document;
3. APPROVES also the proposed composition of the Monitoring Committee of the Fund which includes three sitting ministers of health, three sitting ministers of finance and the Chairman of the Programme Subcommittee as an ex-officio member, and the modalities of appointment to membership;
4. ENDORSES the designation of the African Development Bank (AfDB) as the Trustee for the management of contributions to the APHEF and the domiciliation of a Revolving Fund with a limit of US\$ 30 million within the WHO Regional Office for Africa in line with the modalities set out in the framework document;
5. APPROVES the amount of US\$ 50 million recommended as the total annual voluntary contribution of Member States to the APHEF;
6. ADOPTS the use of the United Nations methodology presented as scenario 1 in the framework document as the basis for Member States' recommended voluntary yearly contributions to the APHEF;
7. URGES Member States:
 - (a) to ensure the creation of a budget line in national budgets for yearly contributions to the APHEF;
 - (b) to continue to advocate for the sustenance of the APHEF with the African Union, regional economic communities, and at national and international levels;
8. REQUESTS the Regional Director:
 - (a) to set up the operations of the APHEF including drawing up the operational manual governing its effective functioning;
 - (b) to negotiate with the AfDB on the instrument for the management of APHEF;

- (c) to continue advocacy with Heads of State and Government, the African Union and regional economic communities to ensure that the current resolution is introduced to the AU for endorsement by the Heads of States;
- (d) to report to the Sixty-second session of the Regional Committee for Africa, and on regular basis thereafter, on the operations of the APHEF.

Ninth meeting, 2 September 2011

AFR/RC61/R4: Progress report on poliomyelitis eradication in the African Region

The Regional Committee,

Having carefully examined the progress report of the Regional Director on the current status of poliomyelitis eradication in the African Region;

Recalling resolutions AFR/RC52/R2 on the Regional strategy for immunization during the period 2003-2005; AFR/RC56/R1 on the Regional strategic plan for the Expanded Programme on Immunization 2006-2009; and AFR/RC60/R4 on Current status of routine immunization and polio eradication in the African Region: Challenges and recommendations;

Recognizing that while significant gains have been made in reducing wild poliovirus transmission in the African Region since the beginning of the polio eradication programme in the Region, a few countries continue to have persistent transmission of wild poliovirus;

Concerned that the remaining countries with poliovirus transmission in the African Region have been adjudged by the Independent Monitoring Board of the Global Polio Eradication Initiative as being unlikely to achieve interruption of persistent wild poliovirus transmission at the current level of programme performance;

Noting that transmission of poliovirus in any country poses risks of cross-border spread to countries within and beyond the Region;

Appreciating the very high level of commitment to the goal of Poliomyelitis Eradication among political leaders in the African Region;

Appreciating that some Member States are increasing domestic resources for the implementation of Polio Eradication strategies;

1. ADOPTS the Report of the Regional Director (Document AFR/RC61/11) and endorses the proposed actions to address the remaining challenges to Polio Eradication in the Region;

2. URGES all Member States where poliovirus continues to circulate or is newly detected:

- (a) to declare the persistence of polio a national public health emergency;
- (b) to systematically engage all leaders including political, traditional and other community leaders, at national and local levels, to ensure that all targeted children are reached during vaccination campaigns so that all the remaining transmission of wild poliovirus is interrupted as rapidly as possible;

3. URGES countries with re-established transmission of wild poliovirus (Angola, Chad, Democratic Republic of the Congo) and endemic for poliovirus transmission (Nigeria) to implement priority actions articulated in Emergency Plans aimed at ensuring interruption of poliovirus transmission within the shortest possible time;

4. URGES all Member States of the African Region:

- (a) to achieve and maintain routine immunization coverage of at least 90%;
- (b) to enhance surveillance of Acute Flaccid Paralysis (AFP) and attain certification level standards at subnational level to rapidly detect any poliovirus circulation, and to ensure that response activities are implemented within four weeks of confirmation of any poliomyelitis case due to a new importation in a polio-free area;
- (c) to improve the quality of poliomyelitis eradication Supplementary Immunization Activities (SIAs) through improving vaccination delivery strategies, community demand and participation as well as strengthening independent monitoring of SIAs and use of the independent monitoring data to guide implementation of immediate remedial action where coverage is less than 90%;
- (d) to strengthen cross-border collaboration in enhancing the quality of immunization and surveillance activities;
- (e) to ensure that adequate level of domestic resources are mobilized for the implementation of the polio eradication strategies.

5. REQUESTS the Regional Director:

- (a) to provide technical support to Member States for the implementation of identified poliomyelitis eradication priority activities;
- (b) to liaise with the African Union and regional economic communities to promote subregional poliomyelitis eradication initiatives;
- (c) to strengthen partnerships with international and multilateral agencies, donor organizations and philanthropic foundations in order to mobilize the financial resources required for full implementation of the intensified eradication efforts;

- (d) to report on progress to the Sixty-second session of the Regional Committee and on a regular basis thereafter until the transmission of wild poliovirus is stopped in the African Region.

Ninth meeting, 2 September 2011

AFR/RC61/R5: Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Côte d'Ivoire to ensure the success of the Sixty-first session of the WHO Regional Committee for Africa, held in Yamoussoukro, from 29 August to 2 September 2011;

APPRECIATING the particularly warm welcome that the Government and people of the Republic of Côte d'Ivoire extended to the delegates;

1. THANKS His Excellency, Mr Alassane Dramane Ouattara, President of the Republic of Côte d'Ivoire, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement delivered at the official opening ceremony by the Minister of State, representing the Head of State;
2. EXPRESSES its sincere gratitude to the Government and people of the Republic of Côte d'Ivoire for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this Vote of Thanks to His Excellency, Mr Alassane Dramane Ouattara, President of the Republic of Côte d'Ivoire.

Ninth meeting, 2 September 2011

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-first session of the WHO Regional Committee for Africa was officially opened, on behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr Alassane Dramane Ouattara, by the Minister of State, Minister of Foreign Affairs, His Excellency Mr Daniel Kablan Duncan at the Fondation Félix Houphouët-Boigny pour la Recherche de la Paix, Yamoussoukro, Côte d'Ivoire, on Monday, 29 August 2011. Among those present at the opening ceremony were cabinet ministers of the Government of Côte d'Ivoire; the mayor of Yamoussoukro; ministers of health, ministers of finance and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Margaret Chan; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; members of the diplomatic corps; representatives of United Nations agencies and nongovernmental organizations; and a representative of the African Union Commission (see Annex 1 for the list of participants).

2. The Mayor of Yamoussoukro, Mr Jean Kouacou Gnaragbe Kouadio, welcomed the national authorities and the delegates to the Sixty-first session of the WHO Regional Committee. He indicated that the holding of the Regional Committee in Yamoussoukro was an honour for, a source of pride to, and a demonstration of the confidence WHO had in, the country. He wished the delegates successful deliberations.

3. In her address, the Minister of Health and AIDS Control of Côte d'Ivoire, Professor N'Dri Yoman Thérèse, thanked the President and the Government of the Republic of Côte d'Ivoire, for their commitment to health and for accepting to host the Regional Committee for the first time ever. She stated that the selection of the venue for the Regional Committee was not by chance but was in memory and in recognition of the efforts of the first president of Côte d'Ivoire, His Excellency Félix Houphouët-Boigny, in the social and economic development of Côte d'Ivoire in general and the health sector in particular. She highlighted some of the major public health challenges in her country and expressed her commitment to address them. She wished the participants successful deliberations and called on them to come up with clear and concrete solutions for improving the health situation in the African Region.



Professor N'Dri Yoman Thérèse

4. The WHO Regional Director for Africa, Dr Luis Gomes Sambo, thanked the President and the people of Côte d'Ivoire for hosting the Regional Committee and for the excellent facilities offered by the Fondation Félix Houphouët-Boigny pour la Recherche de la Paix. He recognized the presence of the Directors of UNICEF, UNFPA, UNAIDS, USAID, the World Bank, the African Development Bank, Bill and Melinda Gates Foundation, and GAVI, and the Executive Director of the Global Fund for the fight against AIDS, Tuberculosis and Malaria and representatives of other development partners who had accepted his invitation to participate in the deliberations of the Regional Committee. He recalled the bomb blast in the United Nations House in Abuja,



Dr Luis Gomes Sambo

Nigeria, on the 26th of August 2011 and called for a minute of silence in memory of its victims.

5. Dr Sambo stated that some progress had been made in the area of health. These included the introduction of a new conjugate vaccine for cerebrospinal meningitis, the decreasing trends in under-five mortality, the decrease in HIV incidence by more than 25% in 22 countries, the increasing access to antiretroviral therapy and insecticide-treated bednets, and the reduction by more than 50% in malaria-related deaths in health facilities in 12 countries, among others. He commended the efforts being made by African Heads of State and communities and the important contributions made by development partners towards these achievements in the Region.

6. The Regional Director indicated that despite the progress made there were challenges that needed to be met. These included recurrence of epidemics like cholera, cerebrospinal meningitis, haemorrhagic fevers like yellow fever and Rift Valley Fever; and natural disasters like the drought in the horn of Africa, floods and landslides. He said that the droughts and floods were occurring within the context of climate change, hence the need for the Regional Committee to deliberate on a framework for public health adaptation to climate change. He observed that the capacity to respond to epidemics and emergencies in the Region was weak and that the Regional Committee would deliberate on the modalities of financing and the contributions of Member States to the African Public Health Emergency Fund. He also noted that progress towards the attainment of the health MDGs was slow and that noncommunicable diseases were becoming an increasing problem in the Region.

7. Dr Sambo informed the delegates that the 2008 global financial crisis had affected several institutions, including WHO. The impact had been most severe in the African Region with a budgetary deficit of approximately US\$ 350 million during the 2010-2011 biennium. This had led to the separation of a good proportion of staff members in priority programmes like HIV/AIDS, Malaria, Tuberculosis; maternal and child health; and health systems strengthening. He ended his statement by informing the delegates that the African Federation of Public Health Associations would be launched during the course of the Regional Committee meeting.

8. In her statement, the WHO Director-General, Dr Margaret Chan, said the Regional Committee was meeting during very difficult times with nearly every corner of the globe experiencing a crisis. These crises included earthquakes, droughts, tsunamis, nuclear accidents, debt crises, hot-spots of war, mass protests, and civil unrest. She commended the Region for making detailed plans for an African Public Health Emergency Fund and plans for coping with the consequences of these causes including climate change. Dr Chan observed that the world had entered a new era of financial austerity with profound implications for national health budgets, international assistance, and the future of financing for WHO. She said that the African Region continued to have the greatest needs for direct technical assistance from WHO and reiterated her commitment to supporting Member States despite the financial crisis.



Dr Margaret Chan

9. In opening the Sixty-first session of the Regional Committee, on behalf of the President of the Republic of Cote d'Ivoire, the Minister of State, Minister of Foreign Affairs, His Excellency Mr Daniel Kablan Duncan, stated that his country was proud to be hosting the delegates and thanked the Member States for the opportunity. He presented the condolences of the Government and people of Cote d'Ivoire to the UN system for the loss of lives resulting from the recent bombing of the UN House in Abuja, Nigeria. He commended Member States for the progress made on key health indicators and expressed concern about the remaining challenges, including the low life expectancy, high maternal mortality ratios and child mortality rates. He called on Member States to honour their commitment to the Abuja Declaration by allocating at least 15% of their national budgets to health. He reiterated the commitment of his Government to making the necessary efforts for accelerated progress towards achieving the MDGs. He finally declared open the Sixty-first session of the Regional Committee for Africa.



Mr Daniel Kablan Duncan

ORGANIZATION OF WORK

Constitution of the Subcommittee on Nominations

10. The Regional Committee appointed the Subcommittee on Nominations consisting of the following Member States: Burkina Faso, Burundi, Guinea-Bissau, Kenya, Liberia, Malawi, Mauritania, Namibia, Sao Tome and Principe, South Africa, Swaziland and Uganda. The Subcommittee met on Monday, 29 August 2011, and elected Mrs Magdalena Nghatanga, Head of Delegation of Namibia, as its Chairman. Sao Tome and Principe, South Africa and Swaziland were unable to attend that meeting.

Opening remarks by the Chairman of the Sixtieth session of the Regional Committee

11. The Vice-Chairman of the Sixtieth session of the Regional Committee, Mr Modou Diagne Fada, Minister of Health of the Republic of Senegal, in his opening remarks, thanked the Government of the Republic of Côte d'Ivoire for the excellent preparations made for the Sixty-first session of the Regional Committee and for its warm hospitality. He reminded delegates of the recurrent epidemics in the African Region and called on Member States to provide funding to address these challenges through the African Public Health Emergency Fund. He recognized the importance of climate change as a new threat to health and emphasized the need for the Region to be fully prepared. He reiterated the importance of the International Health Regulations (2005) and called for cross-border collaboration.

Election of the Chairman, the Vice-Chairman and the Rapporteurs

12. After considering the report of the Subcommittee on Nominations, and in accordance with Rule 10 of the Rules of Procedure and Resolution AFR/RC40/R1, the Regional Committee unanimously elected the following officers:

Chairman:	Professor Thérèse Aya N'Dri Yoman, Minister of Health and AIDS Control, Republic of Côte d'Ivoire
First Vice-Chairman:	Professor George Moyen, Minister of Health and Population, Republic of Congo
Second Vice-Chairman:	Dr Alexandre Jaime Manguela, Minister of Health, Republic of Mozambique
Rapporteurs:	Dr Henry Madzorera, Minister of Health and Child Welfare, Zimbabwe (English)
	Professor Charles Kondi Agba, Minister of Health, Togo (French)
	Dra Cristina Fontes, Vice-Prime Minister and Minister of Health, Cape Verde (Portuguese).

Adoption of the agenda

13. The Chairman of the Sixty-first session of the Regional Committee, Professor Thérèse Aya N'Dri Yoman, Minister of Health and AIDS Control of Côte d'Ivoire, tabled the provisional agenda (Document AFR/RC61/1) and the draft programme of work (see Annexes 2 and 3 respectively). They were adopted with slight amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:30 and 14:00 to 17:30, including 30 minutes of break in the morning and in the afternoon. It was agreed that the session would begin at 10.30 am on 30 August 2011 to enable delegates who so wished to participate in the religious ceremonies marking the end of Ramadhan.

Appointment of the Subcommittee on Credentials and subsequent meetings

14. The Regional Committee appointed the Subcommittee on Credentials consisting of the representatives of the following Member States: Algeria, Cameroon, Cape Verde, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, Guinea, Lesotho, Madagascar, Niger, and Seychelles.

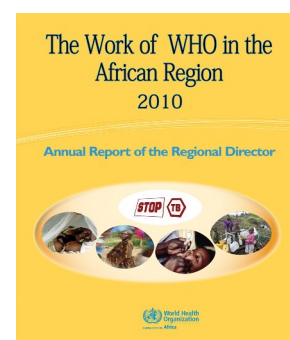
15. The Subcommittee on Credentials met on 30 August 2011 and elected Dr Pascal Jacques Rajaonarison, Minister of Public Health of Madagascar as its Chairman.

16. The Subcommittee examined the credentials submitted by the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape

Verde, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe. These were found to be in conformity with Rule 3 of the Rules of Procedure of the WHO Regional Committee for Africa.

THE WORK OF WHO IN THE AFRICAN REGION 2010: ANNUAL REPORT OF THE REGIONAL DIRECTOR (Document AFR/RC61/2)

17. The document "The Work of WHO in the African Region 2010: Annual Report of the Regional Director", was presented by the Regional Director for Africa, Dr Luis Gomes Sambo. He indicated that the report highlights the support of the WHO to countries in the African Region to accelerate attainment of national health development goals and the Millennium Development Goals during the first year of the 2010-2011 biennium. The report comprises an executive summary and six chapters: introduction; context; Programme Budget 2010-2011; significant achievements by Strategic Objective (SO); challenges, constraints and lessons learnt; and way forward.



18. Dr Sambo recalled that the context within which WHO operated during 2010 included the negative impact of the global financial crisis on funding for the work of WHO; weak national health systems in many countries, limiting the capacity to ensure universal coverage of essential health interventions and services; resurgence and continued circulation of wild poliovirus; resistance to medicines for HIV, TB and malaria and to insecticides for malaria control; high maternal and child mortality, such that most countries were not on track to achieve MDGs 4 and 5; and multiplicity of initiatives and players in the health arena, posing a challenge to coordination and harmonization with national health systems.

19. He also recalled that the overall biennial budget allocation for the African Region for the current biennium, as approved by the World Health Assembly through its resolution WHA.62.9, was US\$ 1 262 864 000. By the end of December 2010, a total of US\$ 801 130 000 (63%) had been received for implementation of activities. Of this available amount, US\$ 529 156 000 (66%) was utilized. About 30 % of the allocated amount was for activities related to poliomyelitis eradication.

20. Dr Sambo reported that in the area of prevention and control of communicable diseases, which is addressed mainly through **Strategic Objective 1**, significant progress was made in polio eradication in West Africa, particularly in Nigeria which achieved a 95% reduction in the number of wild poliovirus cases in 2010 compared to 2009. Despite this progress, over 441 confirmed cases involving mostly adults in Congo were reported. The annual incidence of guinea worm disease decreased by 99 % over the period 2003

to 2010. Disease surveillance in the Region was strengthened following the inclusion of International Health Regulations (2005) and priority noncommunicable diseases in the Regional Integrated Disease Surveillance and Response (IDSR) technical guidelines.

21. In addressing the burden of HIV/AIDS, tuberculosis and malaria through **Strategic Objective 2**, WHO focused on provision of normative guidance and technical support to countries. According to the 2010 WHO/UNAIDS/UNICEF universal access report, a cumulative total of 3.9 million People Living with HIV received antiretroviral treatment; and the proportion of pregnant women accessing antiretroviral medicines for prevention of mother-to-child transmission increased from 45% in 2008 to 54% by the end of 2009. TB treatment success rates also improved, with fifteen countries attaining treatment success rates of 85% and above. By the end of 2010, a total of 23 countries had adopted policies to provide insecticide-treated nets (ITNs) to all persons at risk, and 289 million ITNs had been distributed. These 23 countries reported over 50% reduction in malaria deaths, indicating that it was possible to eradicate malaria.

22. Dr Sambo observed that there was heightened impetus to address chronic noncommunicable conditions that were a growing public health problem in the African Region. Under **Strategic Objective 3**, an International Conference on Diabetes and Associated Diseases was organized in Mauritius. The Conference adopted the landmark Mauritius Call for Action on Diabetes, Cardiovascular Diseases and Noncommunicable Diseases. In addition, two regional conferences on sickle-cell disease were organized in Benin and Madagascar. The Asia-Africa Chronic Diseases summit in Kenya provided a platform for renewed commitment to address noncommunicable diseases. Status reports on Road Safety and on Violence and Health in the African Region were published.

23. Concerning the reduction of maternal, newborn and child deaths, addressed through **Strategic Objective 4**, the main achievements during 2010 were related to supporting countries to develop policies, strategies, norms and guidelines; capacity building; and monitoring the implementation of strategies and planned activities. Thirty-three countries made some progress in reducing maternal mortality ratios but only two countries were on track to achieve the related MDGs. As far as child mortality reduction is concerned a number of countries made some progress, out of which seven are on track to achieve MDG4. The number of countries implementing IMCI in more than 75% of districts increased from 22 in 2009 to 26 in 2010.

24. Dr Sambo reported that under **Strategic Objective 5** which aims to strengthen response to emergencies, disasters, crises and conflicts, Member States were supported to shift from crisis management to preparedness, risk management and reduction. Hazard maps were developed for all countries in the Region and are available on the WHO/AFRO web site. The increased capacity for technical assistance through the establishment of the roster of regional experts, capacity building and the pre-positioning of emergency supplies and kits had contributed to timely and effective response to emergencies in the Region. Eleven Member States drew up national emergency plans to cover multiple hazards.

25. **Strategic Objective 6** was addressed by the health promotion cluster. It was reported that in 2010 seven countries enacted legislation banning smoking in public places as well as advertising, promotion and sponsorship of tobacco products. Through support from Bill and Melinda Gates Foundation, WHO established the Centre for Tobacco Control in Africa in Kampala, Uganda. The aim of the Centre was to build capacity in tobacco control in the Region and thereby strengthen implementation of the WHO Framework Convention on Tobacco Control.

26. The Regional Director reported that **Strategic Objectives 7 and 8** addressed the underlying social and economic determinants of health, including promoting a healthier environment. Following the adoption of a Regional Strategy on the key determinants of health at the Sixtieth Regional Committee, the Regional Office supported five countries to develop national action plans to enhance implementation at community level. The Second Interministerial Conference on Health and Environment in Africa was jointly organized by WHO and UNEP in Luanda, Angola, in November 2010. The Conference adopted the Luanda Commitment on the implementation of the Libreville Declaration and a Joint Statement of Ministers of Health and Ministers of Environment on climate change and health.

27. Dr Sambo reported that work in **Strategic Objective 9** focused on advocacy for inclusion of nutrition, food safety and food security in national development plans and poverty reduction strategies. Nine countries were supported to finalize strategies and action plans on the prevention and management of severe malnutrition. This Strategic Objective was adversely affected by the budget reduction which impacted negatively on implementation of activities.

28. WHO's work under **Strategic Objective 10** focused on accelerating implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa and the Algiers Declaration on Research for Health in the African Region. Thirteen countries revised their national health policies while fourteen others updated their national health strategic plans. The African Health Observatory web portal was completed, providing to countries evidence needed to guide decision-making.

29. Dr Sambo reported that with regard to **Strategic Objective 11**, WHO continued to support the development and monitoring of comprehensive national policies to improve the accessibility, quality and use of essential medical products and technologies. A high-level interministerial meeting on cross-border public health issues which took place in Abuja, Nigeria, agreed to enforce regulations using intercountry and intracountry mechanisms to combat the circulation of counterfeit medicines.

30. Dr Sambo reported that the focus of **Strategic Objective 12** was on strengthening leadership and governance, as well as fostering partnerships and collaboration with countries. He indicated that, during the year, he made several visits to countries and health development partners to advocate for increased domestic and external investments in health development. The Harmonization for Health in Africa partnership, involving other UN agencies and some bilateral organizations, was further strengthened. At the country level, WHO continued its strong engagement in the UN Development

Assistance Framework (UNDAF) mechanisms as the leader of the UN's work on health. Technical support was provided to the African Union as well as to regional economic communities in their definition of strategies for health programmes.

31. With reference to **Strategic Objective 13** which concerns efficient and effective administration of the World Health Organization, Dr Sambo reported that following the successful introduction of the Global Management System, the Region was already seeing some of its benefits such as streamlined processes, greater transparency in operations and finances, and clearer accountability for funds and actions. He indicated that in response to the financial crisis affecting the Organization, a number of austerity measures were put in place to mitigate risks to the delivery of major health technical programmes. These included reorganizing operations, reassigning staff to priority areas, freezing recruitment, using tele/video-conferences in lieu of travel, reducing mailing, and using internal capacity rather than external contractors. He observed that while these actions would help the Region remain efficient through 2011, further cost cutting would be necessary to balance the reduced budget for the 2012-2013 biennium.

32. The Regional Director said that in the current and coming years, the Regional Office would focus on its core functions and provide its best support to Member States guided by the resolutions of the WHO governing bodies, the AFRO Strategic Directions and WHO Country Cooperation Strategies. He concluded by reiterating that WHO is an Organization of Member States and their support was required to serve them better.

33. In her statement on this item, the WHO Director-General, Dr Margaret Chan, reported that the global economic outlook was very bleak and 2008 was the tipping point due to the fuel, food and financial crises. Due to globalization, the world had become so interdependent, making a crisis in one part of the world globally contagious, which was unfair to countries that had no responsibility in its causes. All this had profound implications for health that is on the receiving end of the collateral damage.

34. Referring to the problem in the Horn of Africa, Dr Chan noted that this was partly attributed to changes in land use policies that had negatively affected traditional systems. She expressed her gratitude to those countries that had opened their borders and were providing support to those affected. She noted that, globally, the year had seen an unprecedented cascade of calamities, catastrophes and humanitarian crises. She applauded the ministers of health, development partners and donors for their determination to maintain the momentum for better health.

35. Dr Chan urged the ministers not to dwell only on the negative aspects of health in Africa since significant progress had been made in some countries, for example in the area of maternal mortality reduction, prevention of mother-to-child transmission of HIV and neglected tropical diseases. She highlighted areas for improved efficiency, including drug purchasing, health system strengthening through primary health care approach, collaboration between ministries of health and ministries of environment, and integration of child health interventions and vaccine-preventable disease

programmes. She concluded her remarks by recognizing the efforts of the Regional Office in support of the WHO Global Reform.

36. Issues raised during the discussions included insufficient resources for the health sector, and imbalanced allocation of resources among countries as well as across priority areas. It was also stressed that WHO could no longer rely on earmarked voluntary contributions and that flexible resources needed to be increased. Concern was raised on the impact of the financial crisis and the consequent separation of some WHO staff, which would affect technical support to countries. The need for improved governance for health and efficient management of the available resources was underlined by the Member States.

37. The following recommendations were made to Member States:

- (a) To make greater efforts to honour their commitment to allocate at least 15% of the national budget to the health sector as expressed in the Abuja Declaration;
- (b) To improve cross-border collaboration for disease prevention, control and surveillance;
- (c) To scale up the implementation of maternal death audits and measures aimed at improving quality of care;
- (d) To scale up interventions for prevention and control of noncommunicable diseases;
- (e) To strengthen national regulatory systems for tobacco and alcohol use as well as the sale and consumption of unhealthy food;
- (f) To continue to strengthen national health systems using the primary health care approach;
- (g) To support WHO in addressing the financial crisis by advocating for and contributing to the African Public Health Emergency Fund.

38. The following recommendations were made to WHO and other partners:

- (a) To maintain effective WHO presence and technical capacity in Member States;
- (b) To support Member States to adopt policies and strategies for health insurance, nutrition and food security;
- (c) To facilitate peer review mechanisms to monitor performance and document and disseminate best practices;
- (d) To intensify advocacy for the reduction of prices of medicines and new vaccines;
- (e) To continue to use the African Union platform for increased political engagement of Member States.

39. The Regional Committee adopted the report as contained in "The Work of WHO in the African Region 2010: Annual Report of the Regional Director" (Document AFR/RC61/2).

STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC61/3)

40. In his statement, the Chairman of the Programme Subcommittee (PSC) reported that the Committee met in Brazzaville, Republic of Congo, from 7 to 10 June 2011. The technical and health matters discussed were related to the elimination of measles in the African Region by 2020; progress made towards the achievement of the health Millennium Development Goals (MDGs) in the African Region; and the Framework for Public Health Adaptation to Climate Change. The programme and budget matters discussed related to the implementation of the WHO Programme Budget 2010-2011 and the orientations for implementing the WHO Programme Budget 2012-2013 in the African Region. In financial matters, the PSC discussed the Framework document for the African Public Health Emergency Fund while in management the PSC discussed the future of financing for WHO. In all, the amended versions of seven working documents and three draft resolutions were recommended to the Regional Committee for discussion and adoption.

PANEL DISCUSSION — HEALTH FINANCING: SHARING EXPERIENCES IN SECURING FUNDING TO ACHIEVE NATIONAL HEALTH DEVELOPMENT GOALS (Document AFR/RC61/PD/1)

41. A panel discussion on health financing was held during the Sixty-first session of the WHO Regional Committee for Africa. The objectives of the panel discussion were to share country experiences, disseminate the HHA report on “Investing in Health for Africa: the case for strengthening systems for better health outcomes”, discuss the main funding strategies and options for increasing fiscal space, propose ways of raising additional funds for the health sector and improving the efficiency of utilization of both domestic and external resources and make recommendations for improving health financing.

42. The Chairman of the panel discussion was Mr Modou Fada, Minister of Health of Senegal and the Co-Chairs were Dr Gianfranco Rotigliano, UNICEF Regional Director for West and Central Africa and Mr Makinwa, UNFPA Regional Director for Africa. The panelists were the Deputy Minister of Economic and Finance matters of Burkina Faso, Mr Didier Zoundi; the Minister of Finance of Niger, Mr Mahamadou Ouhoumoudou; the Minister of Finance and Economic Affairs of Uganda, Honourable Jachan Omack; the Minister of Health and Social Welfare of Ghana, Honourable Joseph Yieleh Chereh; the Minister of Health of Mali, Mrs Madeleine Diallo; and the Deputy Minister of Health and Social Welfare of Tanzania, Dr Lucy Nkya. Three technical presentations were made by Dr David Evans, Director, Health Systems Financing, WHO; Dr Agnes Soucat, Director, Human Resources Department, African Development Bank, and Ms Ritva Reinikka, Director, Human Development, the World Bank, respectively.

43. The presentation on “Current financial challenges to meeting MDGs in the Region” noted that Africa was not making sufficient progress towards achieving the MDGs by 2015, due to inadequate investment in health systems strengthening for quality service delivery. Few options were being used to raise additional funds for health and a large

proportion of the population was exposed to catastrophic expenditure and impoverishment. It was suggested that innovative ways like 'sin' taxes collected from products such as tobacco and alcohol be used to mobilize additional resources; that financial barriers be reduced by moving away from direct payments to prepayments; and that mechanisms for better and efficient use of the available resources be developed.

44. An Investment Case for Africa (AIC) "Investing in Health for Africa: the case for strengthening systems for better health outcomes" showed that investing in health systems in Africa was an opportunity to accelerate growth and economic development, contribute to saving millions of lives and preventing life-long disabilities, and to move countries closer to achieving national poverty reduction objectives and the MDGs. The presentation on "fiscal space, efficiency and quality of services" highlighted the importance of creating fiscal space for health through a conducive economic environment that would generate increased public revenue. It was noted that addressing efficiency and quality was critical to attracting resources and obtaining better results.

45. During the discussions that followed, the delegates recognized that health financing was about self-reliance and sustainability. Mismanagement and corruption as well as wastage and inefficient use of resources continued to be a matter of concern often due to poor accountability and transparency. It was noted that achieving universal coverage required additional funding, necessitating expansion of the fiscal space with due consideration for macroeconomic stability. It was also recognized that increasing funding alone would not necessarily improve health outcomes, unless equity, efficiency and quality of health service delivery were ensured.

46. The delegates expressed concern that the ability of governments to adequately address health needs was often constrained by competing priorities and mushrooming of international health commitments and initiatives. Inadequate adherence to the Paris Declaration principles by partners and countries was hampering the achievement of the MDGs. Effective dialogue and negotiation with other government sectors (e.g. agriculture, water, sanitation, education and infrastructure) and partners was very often limited by weak capacity and commitment of ministries of health in performing their stewardship functions. It was acknowledged that there was insufficient capacity in countries to collect local taxes and that the revenue and tax base to attract additional domestic resources for the health sector was limited.

47. The following recommendations were made to Member States:

- (a) To build capacity to develop evidence-based policies and strategies, operational plans, and implementation, monitoring and evaluation frameworks to ensure attainment of universal coverage;
- (b) To eliminate financial barriers by implementing prepayment mechanisms such as tax-based financing and national health insurance;
- (c) To strengthen partnership between government and the private sector as well as with other partners in order to increase investment in health;

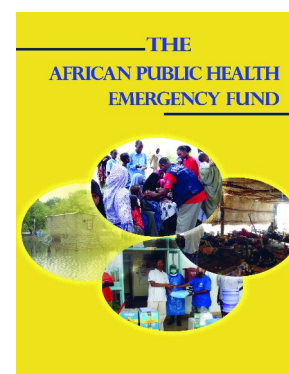
- (d) To strengthen the regulation of the private sector;
- (e) To ensure efficient and equitable allocation and utilization of resources and improve accountability of public spending;
- (f) To raise adequate domestic resources to fund health services and only use external funding as catalytic resources;
- (g) To strengthen health financing in the context of improving all components of the health system;
- (h) To improve generation and use of evidence in decision making and delivery of high impact interventions.

48. The following recommendations were made to HHA (AfDB, Global Fund, JICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank and WHO) and other partners:

- (a) To increase investment in health in line with the Paris Declaration principles;
- (b) To support sharing of best practices in health financing especially national health insurance and performance-based financing by countries;
- (c) To support countries to develop policies and strategies, and monitoring and evaluation frameworks to ensure attainment of universal coverage;
- (d) To support countries to develop a case for national health investment.

FRAMEWORK DOCUMENT FOR THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (Document AFR/RC61/4)

49. The document recalled that in recognition of the inadequate resources available to Member States to combat epidemics and other public health emergencies in the African Region, the Sixtieth session of the WHO Regional Committee for Africa approved the setting up of the African Public Health Emergency Fund (APHEF) through Resolution AFR/RC60/R5 based on the principles set out in the Framework document presented at that session. The resolution also requested the Regional Director to, among other things, convene a technical consultation to elaborate on the principles underlying financial contributions by countries to the Fund, including the set criteria and modalities, and governance of the Fund. The document presented the updated framework that incorporated the recommendations of the meeting of the technical working group held in February 2011.



50. The Fund would be financed from agreed appropriations and voluntary contributions from Member States in line with Article 50(f) of the WHO Constitution. In addition, mechanisms would be put in place to attract contributions from external donors. Four scenarios for determining minimum yearly contributions by Member States were proposed for consideration by the Regional Committee. WHO would be responsible for disbursements and reporting on the utilization of funds through its existing financial and administrative management systems. The African Development Bank (AfDB) was proposed as the Trustee of the Fund while a Revolving Fund with a limit of US\$ 30 million would be set up at the WHO Regional Office for Africa.

51. Alternatively, instead of AfDB, WHO, through its internal treasury functions, could take up the role of managing the collection of the contributions of Member States and other partners including investments of the funds collected. The core structures of the Fund would be a Monitoring Committee of the Fund, a Technical Review Group and a Secretariat. To support effective administration of the Fund, Programme Support Costs would be charged on all funds received by the Fund at a rate of 7%. A yearly technical and certified financial report on the operations of the Fund would be presented to every meeting of the Regional Committee.

52. Member States welcomed the revised framework document that is in line with the recommendations of the Sixtieth Session of the Regional Committee. They underscored the important role that the Fund would play as a solidarity platform for Member States in addressing public health emergencies in the Region. The Member States observed that the APHEF was long overdue and that the Secretariat should accelerate the process for its operationalization. They reiterated the need for continued advocacy with Heads of State and Ministries of Finance to ensure that contributions were made to the Fund. They called for accountability and rapidity in the disbursement of funds, as well as appropriate utilization of these funds by Member States. The majority of Member States favoured Scenario Number 1 as the mode for determining minimum yearly contributions by Member States, opted for the AfDB as a fiduciary agent and approved a voluntary, annual and minimal total contribution of US\$ 50 million.

53. The delegates called for stronger cross-border collaboration between countries, to address emergencies, especially when these countries were located in the two WHO Regions in Africa – AFRO and EMRO. The need to take into account similar initiatives being implemented at country and subregional levels and to minimize the administrative costs of managing the Fund was underscored. To facilitate endorsement by Heads of State, it was suggested that the Minister of Health of Namibia, as Chairman of the AU Conference of Ministers of Health, and the Minister of Health of Côte d'Ivoire, Chairman of the Sixty-first Session of the Regional Committee, propose the introduction of this subject in the agenda of the AU Heads of State summit.

54. The following recommendations were made to Member States:

- (a) Ministers of health should continue to advocate with Heads of State, ministers of finance and ministers of foreign affairs for support for and contribution to the Fund by Member States;
- (b) Members States should ensure the development and implementation of appropriate emergency response plans.

55. The following recommendations were made to WHO and other Partners:

- (a) To ensure appropriate coordination between the Regional Office for Africa (AFRO) and the Regional Office for Eastern Mediterranean (EMRO) in addressing cross-border emergencies;
- (b) To continue advocating for the endorsement of the Fund with Heads of State and facilitate the discussions at regional and subregional forums;

- (c) To continue providing technical support to strengthen the capacity of Member States to respond to emergencies;
- (d) To strengthen collaboration and coordination with other agencies for support during emergencies.

56. The Regional Committee, with the abstention of Tanzania, adopted with amendments document AFR/RC61/4: Framework document for the African Public Health Emergency Fund and its related Resolution AFR/RC61/R3.

WHO REFORM FOR A HEALTHY FUTURE (Document AFR/RC61/5)

57. In introducing the document, the Regional Director recalled that by its resolution WHA64.2 entitled The future of financing for WHO, the World Health Assembly, during its Sixty-fourth Session in May 2011, endorsed the agenda for reform as set out in the Director-General's report in document A64/4. The resolution requested the Director-General to present: (i) a detailed concept paper for the November 2012 World Health Forum; and (ii) a first report on the independent evaluation of the work of the WHO to the Sixty-fifth World Health Assembly in May 2012. The resolution also requested the WHO Executive Board to establish an appropriate process to examine the issues related to WHO's governance identified in the report.

58. Following the above resolution, the 129th session of the WHO Executive Board, held on 25 May 2011, adopted Decision EB129(8), requesting, inter-alia, the Regional Committees to engage Member States in strategic discussions, based on updated documents, on the reform process and to report to the Special Session of the WHO Executive Board scheduled for early November 2011. The document WHO Reform for a Healthy Future provides an overview of the WHO reform agenda and introduces the concept papers: AFR/RC61/CP/1 on governance of the WHO; AFR/RC61/CP/2 on an independent evaluation of WHO; and AFR/RC61/CP/3 on the World Health Forum.

59. The expected outcomes of the reform are: (i) refocusing on core business to address the health challenges facing countries and the world in the twenty-first century; (ii) reforming the financing and management of WHO to address health challenges more effectively; and (iii) improving governance to strengthen public health. The five areas of WHO core business endorsed by the Sixty-fourth World Health Assembly were mentioned to be: health systems and institutions, health and development, health security, evidence on health trends and determinants, and convening for better health.

60. In her statement, the Director-General recognized the role being played by Rwanda's diplomatic mission in Geneva in coordinating the inputs of African countries into the reform process. She encouraged Member States to use their diplomatic missions in Geneva to ensure that their contributions were reflected in a common African position. She then urged Member States that had no diplomatic representation in Geneva to use the web-based consultation to make their contributions. She reassured Member States that the views and comments of all the Regions would be taken into consideration. She recalled the rationale behind the WHO Reform and reiterated that it was to improve WHO support to countries. She also assured the

delegates that the World Health Forum would not replace the World Health Assembly as the ultimate decision-making body in all WHO matters.

61. As regards the governance of WHO, the delegates expressed concern about the inadequate coordination and alignment between the work of WHO and partners and the priorities of Member States; lack of clear mechanisms to monitor the implementation of the various decisions and resolutions adopted by the governing bodies and lack of clarity on the roles and responsibilities of the different levels of the Organization. It was observed that the composition of the Executive Board was not representative enough of the Member States and therefore important policy decisions should be taken for consideration by the World Health Assembly.

62. Concerning the Independent Formative Evaluation, the delegates expressed concern about the lack of clarity on the rationale for, and the timing and intended use of the results of the evaluation; the lack of consensus on the areas to be covered; and the use of a consortium rather than the established WHO mechanisms and structures. In their view the evaluation should be part of the reform rather than a pre-condition for it.

63. Concerning the World Health Forum, the issues raised included the timing, the relevance, the agenda, the risk of conflict of interest, the potential risk of the Forum to undermine the sovereignty of Member States, the criteria for selection of participants to ensure that the voiceless would be heard; the financial implications of organizing the Forum and the lack of clarity on how to use the outcomes of the Forum.

64. The following recommendations were made to Member States:

- (a) To organize further consultations at national level in order to build consensus and provide inputs on the process of Reform;
- (b) To continue to use the web-based consultation to provide inputs to the Reform process;
- (c) To continue to involve their diplomatic missions in Geneva in order to ensure coordination of the contributions of Member States in the Region to the Reform process;
- (d) To ensure that the reform strengthens WHO's leadership role in defining global health priorities and that the World Health Assembly remains the ultimate decision making body of the Organization.

65. The following recommendations on the evaluation were made to the WHO Secretariat and the Executive Board:

- (a) To define clearly the scope of the independent evaluation and share this information with Member States to guide consensus;
- (b) To ensure that the evaluation is driven by Member States by involving countries at all stages;
- (c) To use the evaluation as an opportunity to help guide the Reform process.

IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2010-2011 IN THE AFRICAN REGION (Document AFR/RC61/6)

66. The document reports progress made in the implementation of the Programme Budget 2010-2011 and illustrates some of the main achievements and related budget implementation levels by Strategic Objective in the African Region. With regard to progress made towards the attainment of Office Specific Expected Results, out of a total of 2563 planned results, 1709 (67%) were assessed to be "on track", 523 (20%) were "at risk", 83 (3%) were "in trouble" and 248 (10%) could not be assessed for lack of information. Although the ratings varied significantly across Strategic Objectives, good progress was being made towards the achievement of the expected results by the end of the biennium.

67. It was reported that out of the initial approved budget of US\$ 1 262 864 000, US\$ 801 130 000 (63%) was made available for implementation. Out of this available amount, US\$ 528 764 000 (66%) had been implemented. The overall funding gap amounted to US\$ 461 734 000 (37%) of the initial approved budget. However, this overall percentage masked significant funding discrepancies between the 13 Strategic Objectives.

68. Uncertainty about additional income in 2011 put at risk the ability to meet the funding requirements for all planned activities, including priority programmes such as health systems; HIV/AIDS, tuberculosis and malaria; maternal, newborn and child health; health promotion and primary prevention including for communicable and noncommunicable diseases. Thus, most of the regional and country office programmes would have to undertake revisions and adjustments in their workplans.

69. During the discussions, the delegates commended WHO for its continued technical support and appreciated the level of achievement of results despite the budget shortfall. While acknowledging the need for cost reduction measures, they expressed concern over the impact of such measures which led particularly to the loss of technical staff in WHO Country Offices.

70. The Regional Director informed the Regional Committee that the required reduction of the numerical strength of technical staff would initially focus on Regional Office staff in favour of country offices. He also requested the ministers to consider a "bail-out" action to prevent the loss of staff from priority programmes and from WHO country offices

71. The following recommendations were made to Member States:

- (a) To make additional voluntary contributions for recurrent and other operational costs of WHO country offices;

- (b) To explore possibilities for increasing Member States' assessed contributions in order to reduce WHO's dependence on unpredictable and earmarked voluntary contributions.

72. The Regional Committee recommended that WHO contains operating costs by limiting meetings and travels, and by making increased use of video and teleconferencing technology.

73. The Regional Committee adopted without amendment Document AFR/RC61/6: Implementation of the WHO Programme Budget 2010-2011 in the African Region.

WHO PROGRAMME BUDGET 2012-2013: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION (Document AFR/RC61/7)

74. The document proposes orientations for the implementation of the WHO Programme Budget (PB) in the African Region for the biennium 2012-2013, taking into consideration the health priorities of the Region. The period 2012-2013 is the last biennium of the Medium Term Strategic Plan (MTSP) 2008-2013. The Programme Budget is structured around 13 Strategic Objectives and related Organization-Wide Expected Results as defined in the 2008-2013 MTSP. Budgetary resources in the Programme Budget had been allocated to each Strategic Objective and Organization-Wide Expected Result.

75. It was indicated that the World Health Assembly had adopted the overall WHO Programme Budget for the Biennium 2012-2013 totaling US\$ 3 958 979 000. The African Region's allocation was 28%, amounting to US\$ 1 093 066 000. Taking into consideration the global financial crisis, the budget for the African Region had been reduced by 8.4% compared with the 2008-2009 budget and 13.4% compared with 2010-2011. The budget would be funded through assessed contributions (19%) and voluntary contributions (81%).

76. The document notes that the reduction of the Programme Budget implied a significant reduction in the level of support to regional priorities and MDG-related programmes such as HIV/AIDS, tuberculosis and malaria; health systems; maternal, newborn and child health; health promotion and primary prevention of communicable and noncommunicable diseases. The implementation of the Programme Budget would continue to be in accordance with values in the WHO Constitution and would be driven by the goals of WHO's reforms.

77. Members of the Regional Committee acknowledged the difficult situation in which the PB 2012-2013 would be implemented, due essentially to the financial crisis that was likely to continue during the next biennium. They expressed concern about the lack of predictability of funding for the Programme Budget 2012-2013 taking into account the uncertain financial climate. They requested the Secretariat to share the experiences of other WHO regions to help address the consequences of the financial crisis.

78. The Regional Committee adopted the Document AFR/RC61/7: WHO Programme Budget 2012-2013: Orientations for implementation in the African Region.

MEASLES ELIMINATION BY 2020: A STRATEGY FOR THE AFRICAN REGION (Document AFR/RC61/8)

79. The document recalls that the African Region adopted measles mortality reduction goals and had been implementing the WHO/UNICEF-recommended strategies since 2001, resulting in a 92% reduction in the estimated number of measles deaths in the Region between 2000 and 2008. However, measles vaccination coverage, the quality of measles supplementary immunization activities and the quality of disease surveillance in the African Region had not yet reached the levels required to avert resurgence of the disease. In 2010, 28 countries in the African Region experienced measles outbreaks.



80. The document reiterates that measles elimination - defined as the absence of endemic measles cases for a period of twelve months or more, in the presence of adequate surveillance - was biologically and programmatically feasible. Four of the six WHO regions had already adopted measles elimination goals and the Region of the Americas had already achieved and maintained measles elimination since 2002.

81. The aim of the Regional Strategy was to achieve the elimination of measles in all Member States of the African Region by 2020. The priority interventions to be implemented included improving immunization coverage through systematically implementing a combination of approaches, providing a second opportunity for measles vaccination, conducting sensitive disease surveillance, building the capacity of health workers, improving the quality of immunization monitoring data, conducting sustained advocacy, mobilizing local and international partners, and scaling up operational research.

82. Issues raised during the discussions included the risk that countries would become complacent with a reduced disease burden, challenges related to attaining and maintaining high immunization coverage in all districts, the changing epidemiology of measles with older children and adults being affected more and more, gaps in the quality of supplementary immunization activities (SIAs) and disease surveillance, the spread of outbreaks across borders, the possible impact of HIV/AIDS on immunity to measles, and resistance to immunization on religious grounds in some countries.

83. The following recommendations were made to Member States:

- (a) To foster the involvement of local authorities in order to ensure ownership and, hence, the sustainability of the programme;
- (b) To strengthen cross-border synchronization of vaccination activities and the exchange of surveillance information across national borders;

- (c) To invest in strengthening immunization systems, including the cold chain system and the capacity of health workers;
- (d) To identify populations at risk of measles outbreaks and conduct regular immunization activities to avert outbreaks;
- (e) To explore the use of mobile telecommunications technology to strengthen disease surveillance.

84. The following recommendations were made to WHO and other Partners:

- (a) To provide evidence-based guidance on the target age group for measles SIAs and on the possible impact of HIV/AIDS on immunity to measles;
- (b) To provide priority support to post-conflict countries;
- (c) To provide updated guidelines for the implementation of strategies;
- (d) To advocate with global partners and donors for more resources to better respond to country needs;
- (e) To promote the collection and dissemination of information relevant to measles elimination in the Region.

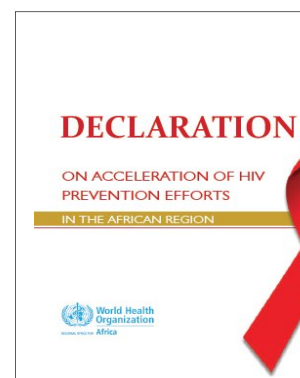
85. The Regional Committee adopted with amendments Document AFR/RC61/8: Measles elimination by 2020: A strategy for the African Region and its related Resolution AFR/RC61/R1.

MONITORING THE IMPLEMENTATION OF THE HEALTH MILLENNIUM DEVELOPMENT GOALS (Document AFR/RC61/9)

86. The document notes that countries of the WHO African Region have made more progress in the new millennium than during the 1990s but are still not on track to achieve the health and health-related MDGs despite the commitments made by governments and partners. The situation stems from the low level of implementation of effective interventions; weak health systems; and limited progress in addressing the broader social and environmental determinants of health. Of the 46 countries in the Region, only seven were on track to achieve the MDG4 target on child mortality and only two countries were on track to achieve the MDG5 target on maternal mortality.



87. It was reported that two countries had antiretroviral treatment coverage of more than 80%. Progress in the malaria-related MDG target could not be assessed for lack of adequate data, while two countries are on track to achieve the MDG target for tuberculosis. Twelve countries were on track to achieve the MDG7 target on safe drinking water supply while two countries are on track to achieve the target for basic sanitation.



88. It was indicated that a number of key and overarching challenges needed to be addressed effectively if countries were to attain the goals. These challenges included inadequate internal and external resources allocated to the achievement of the MDGs; weak health systems including inadequate human and institutional capacity; persistent inequities in access to proven interventions particularly against maternal and child mortality, HIV/AIDS, tuberculosis and malaria; little importance was accorded to health in national economic and development priority setting and resource allocation policies; weak multisectoral response and poor progress in achieving the other MDGs; inadequate data and weak monitoring and evaluation capacity.

89. The document reiterates that progress is possible if Member States mobilized additional resources from internal and external sources to strengthen health systems, improve the implementation of effective interventions and effectively address the broader determinants of health.

90. During the discussions, countries recognized the slow progress being made by Member States of the Region in achieving the MDGs, particularly MDGs 4 and 5, despite steadily increasing efforts in different areas such as legislation, policies, strategies and prioritization of interventions. Daunting challenges were faced by countries but it was critical to maximize the use of resources by selecting cost-effective and high-impact interventions.

91. Some Member States referred to discrepancies between the estimates presented in the report and official country estimates. The discrepancies occur because country-reported estimates are adjusted to produce estimates that are standardized to allow valid aggregation or comparison of countries' progress toward the MDG targets. It was also noted that the MDG compact agreed upon by UN Member States stipulated the use of estimates in UN databases to assess country progress on the MDGs.

92. While recognizing that WHO is not responsible for collecting data on all the MDGs, Member States highlighted the importance and interdependence of all the MDGs for the achievement of the health MDGs and requested WHO to consider ways of providing updates on the progress being made on the other MDGs when compiling the next report.

93. Countries agreed to implement the measures proposed in the document. Furthermore, it was proposed to establish a regional fund to accelerate the reduction of maternal and child mortality. This proposal could be pursued after lessons are learnt from the establishment of the African Public Health Emergency Fund.

94. The following recommendations were made to WHO and other partners:

- (a) To consider including updates on indicators from all MDGs in the next report, in order to demonstrate their relationship with the attainment of MDGs 4, 5 and 6; and
- (b) To provide technical support to countries to maximize the use of resources by selecting cost-effective and high-impact interventions.

95. The Regional Committee adopted without amendment Document AFR/RC61/9: Monitoring the implementation of the health Millennium Development Goals.

FRAMEWORK FOR PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE IN THE AFRICAN REGION (Document AFR/RC61/10)

96. The document recalls that the Earth's surface temperature has increased by more than 0.8°C over the past century and by approximately 0.6°C in the past three decades and it is expected that the global surface temperature will continue to rise by at least 2°C during the 21st century. The resultant climate change is directly affecting public health in the WHO African Region. Its health impacts include increased vulnerability to air, water and vector-borne diseases as well as malnutrition.



97. While African governments have made firm commitments to address climate change, the majority of countries are ill-prepared to cope with the negative impacts of climate variability and change. The framework document is intended to provide a scientific and evidence-based coordinated response to the climate change adaptation needs of African countries in order to support the commitments and priorities of African governments.

98. The overall objective of the Framework is to guide the formulation of country-specific action plans that will form the health component of national climate change adaptation plans. The interventions proposed were: baseline risk and capacity assessments; capacity building; awareness raising and social mobilization; integrated environmental and health surveillance; public health-oriented environmental management and scaling up existing public health interventions and research. While some of these activities were ongoing, it was necessary to strengthen them with supplementary interventions. The minimum average investment required for implementation of these supplementary interventions has been estimated at US\$ 0.15 per capita per year.

99. In the ensuing discussions, countries indicated that they were already experiencing the negative impacts of climate change in public health and shared experiences on current measures taken by governments to address them. They commended the Secretariat for the quality and timeliness of the document and acknowledged that the proposed framework corresponded to the needs of the countries. They emphasized the need for strong intersectoral action between the ministries of health, ministries of environment and other ministries to address climate change impacts coherently. They also recalled the recommendations of the fifth Conference of Ministers of Health of the African Union, held in Windhoek, Namibia, in April 2011, on climate change and stressed the need to establish mechanisms to ensure follow-up of the implementation of the recommendations.

100. The following recommendation was made to Member States:

- (a) Countries should immediately initiate the implementation of the Framework, taking into account the commitments made in the Libreville Declaration and the Luanda Commitment.

101. The following recommendations were made to WHO and other partners:

- (a) WHO should provide technical guidance and tools to facilitate the immediate implementation of the Framework;
- (b) WHO and partners should continue supporting countries to strengthen their capacity to address issues related to climate change and health.

102. The Regional Committee adopted with amendments Document AFR/RC61/10: Framework for public health adaptation to climate change in the African Region and the related Resolution AFR/RC61/R2.

PROGRESS REPORT ON POLIOMYELITIS ERADICATION IN THE AFRICAN REGION (Document AFR/RC61/11)

103. The report recalls that the Sixty-third session of the World Health Assembly adopted the new Global Polio Eradication Initiative (GPEI) Strategic Plan 2010–2012 which aims at interrupting transmission globally by the end of 2012. In September 2010 the Sixtieth session of the Regional Committee, by its Resolution AFR/RC60/R4, adopted actions aimed at strengthening routine immunization and polio eradication activities in the African Region. An Independent Monitoring Board (IMB) was established in November 2010 to monitor and guide progress in implementing the GPEI Strategic Plan. The report documents the progress made and proposes the steps to be taken to interrupt transmission of wild poliovirus (WPV) as outlined in the GPEI Strategic Plan.



104. It was reported that the high-level advocacy visits by the WHO Director-General and Regional Director, UNICEF Executive Director, senior officials of Rotary International, and Bill and Melinda Gates Foundation to the priority countries - Angola, Chad, Democratic Republic of the Congo and Nigeria had led to a renewed momentum for polio eradication. Several rounds of synchronized supplementary immunization activities (SIAs) were conducted in the Region in 2010, reaching over 114 million children aged below five years. Synchronized SIAs were also conducted from January to May 2011, reaching an additional 100 million children. The proportion of missed children during SIAs declined in most countries as shown by independent monitoring (IM) data. Certification and containment were ongoing. The Africa Regional Certification Commission (ARCC) had so far reviewed 28 complete country documentations out of which 25 were accepted.

105. Despite the achievements, new outbreaks occurred in the Region. From January to December 2010, 657 confirmed cases of WPV were reported in 12 countries compared to 691 reported cases in 19 countries in 2009. A major polio outbreak occurred in Congo from September to December 2010, affecting mostly adults (74% of cases). Between 1 January and 22 June 2011, Angola, Chad and Democratic Republic of Congo reported 144 cases, representing 81% of all reported cases in the Region. Furthermore, Nigeria reported 16 cases compared to three in the same period in 2010, implying a five-fold increase. In addition, there was a resurgence of WPV type 3 transmissions in Côte d'Ivoire, Guinea, Mali, Niger and Nigeria.

106. Actions proposed to Member States, with the support of both local and international partners, to address the remaining challenges included (i) pursuing effective and timely implementation of recommendations made by the Technical Advisory Groups and the IMB; (ii) full and timely implementation by Angola, Chad, Democratic Republic of Congo and Nigeria of their recently developed emergency plans to interrupt WPV transmission by the end of 2011; (iii) enhancing AFP surveillance at subnational level in order to achieve and maintain certification standards; (iv) improving the quality of SIAs by implementing Independent Monitoring in all SIAs; and (v) mobilizing and allocating more resources in national budgets in order to strengthen routine immunization with the aim of achieving at least 80% OPV3 coverage at subnational level.

107. The major issues discussed included: the resurgence of polio in Nigeria in 2011 following the significant reduction in the number of wild poliovirus cases in 2010; the gaps in routine immunization coverage and in disease surveillance quality; the continued gaps in supplementary immunization activities with missed children detected during monitoring activities; the continued risk of cross-border importation; the response activities conducted in various countries following the importation or re-introduction of wild poliovirus; the challenges of providing vaccination services to all eligible children in hard-to-reach areas; resistance to vaccination in some communities; and shortage of resources to scale up immunization activities.

108. The following recommendations were made to Member States:

- (a) To continue the high-level political involvement in monitoring the progress in polio eradication activities;
- (b) To promote intensive engagement of all stakeholders, including local authorities, opinion leaders, and religious leaders;
- (c) To mobilize local resources for the implementation of priority activities;
- (d) To scale up efforts to strengthen routine immunization;

- (e) To continue conducting high-quality and synchronized Supplementary Immunization Activities where necessary;
- (f) To strengthen cross-border and subregional coordination and cooperation in immunization and surveillance activities;
- (g) To promote awareness and mobilization among health workers.

109. The following recommendations were made to WHO and other Partners:

- (a) To continue global advocacy and resource mobilization involving the African Union and regional economic communities;
- (b) To continue providing support to intensify surveillance, especially in cross-border areas;
- (c) To support synchronized supplementary immunization activities.

110. The Regional Committee adopted with amendments Document AFR/RC61/11: Progress report on poliomyelitis eradication in the African Region and its related Resolution AFR/RC61/R4.

PROGRESS REPORTS

111. The following progress reports were discussed: (i) Progress report on the road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa (Document AFR/RC61/PR/1); (ii) Progress report on decade of traditional medicine in the African Region (Document AFR/RC61/PR/2); (iii) Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control (Document AFR/RC61/PR/3); and (iv) Progress report on the implementation of the Regional Health Promotion Strategy (Document AFR/RC61/ PR/4).

INFORMATION DOCUMENTS

112. The Regional Committee discussed and took note of the following information documents: (i) Report on WHO staff in the African Region: (Document AFR/RC61/INF.DOC/1); (ii) WHO internal and external audit reports (Document AFR/RC61/ INF.DOC/2).

CORRELATION BETWEEN THE WORK OF THE REGIONAL COMMITTEE, THE EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY (Document AFR/RC61/12)

113. The Chairman of the Regional Committee invited the delegates to provide comments on the document. The first part of the document sets forth the ways and means of implementing resolutions of regional interest adopted by the Sixty-fourth

session of the World Health Assembly and the one-hundred-and-twenty-eighth session of the Executive Board.

114. The second part of the document sets forth the draft provisional agenda of the Sixty-second session of the Regional Committee and the draft provisional agenda of the one-hundred-and-thirtieth session of the Executive Board.

115. The third part of the document contains the procedural decisions designed to facilitate the work of the Sixty-fifth 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.

116. The Regional Committee took note of the method of work and duration of the Sixty-fifth World Health Assembly, and took procedural decisions on countries designated to serve on committees of the Sixty-fifth World Health Assembly and the Executive Board, and nomination of the representatives to the Special Programme on Research, Development and Research Training in Human Reproduction (HRP) Membership, Category 2 of the Policy and Coordination Committee (PCC).

117. The Regional Committee endorsed the document and adopted the related procedural decisions.

INFORMATION ON THE DATE AND PLACE OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE; AND DELIBERATIONS ON THE DATE AND PLACE OF THE SIXTY-THIRD SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC61/13)

118. Professor Thérèse Aya N'Dri Yoman, Minister of Health and AIDS Control of Côte d'Ivoire, Chairman of the Sixty-first session of the Regional Committee for Africa introduced the document.

119. The Regional Committee noted that its Sixty-second session would be held in Angola from 27 to 31 August 2012.

120. The Regional Committee decided that the venue of its Sixty-third session would be the Regional Office in Brazzaville, Republic of Congo, in 2013.

121. The Republic of Benin offered to host the Sixty-fourth session of the Regional Committee in 2014.

ADOPTION OF THE REPORT OF THE SIXTY-FIRST SESSION OF THE REGIONAL COMMITTEE (Document AFR/RC61/14)

122. The report of the Sixty-first session of the Regional Committee (Document AFR/RC61/14) was adopted with minor amendments.

CLOSURE OF THE SIXTY-FIRST SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

123. On behalf of the delegates, the Honourable Minister of Health of South Africa, Dr Phakishe Aaron Motsoaledi, presented a "Vote of Thanks" to Côte d'Ivoire. He thanked the President, the Government and the people of the Republic of Côte d'Ivoire for hosting the Sixty-first session of the Regional Committee.

Closing remarks by the Regional Director

124. The WHO Regional Director for Africa, Dr Luis Gomes Sambo, in his closing remarks, thanked His Excellency the President, the Prime Minister, the Government and the People of the Republic of Côte d'Ivoire for the excellent conditions provided to ensure the success of the Regional Committee meeting. He also expressed special thanks to the Chairman of the Sixty-first session of the Regional Committee, the Minister of Health and AIDS Control of Côte d'Ivoire, Professor Thérèse Aya N'Dri Yoman, for the able manner in which she steered the deliberations of the Regional Committee.

125. Dr Sambo recalled that the Regional Committee had discussed several important issues such as the African Public Health Emergency Fund, health financing, the MDGs, climate change and immunization, and had adopted a regional strategy for the elimination of measles by 2020. He further emphasized that the elimination of poliomyelitis in the Region was possible but more needed to be done by Member States, including actively engaging political, religious and traditional leaders at all levels. Dr Sambo reiterated his concern about the negative impact of the global financial crisis on the WHO Programme Budget and expressed his commitment to providing technical support to Member States.

126. The Regional Director thanked the delegates for their active participation in the very rich discussions. He informed the gathering that during the next Regional Committee meeting many more opportunities would be provided for deliberations on important topics such as traditional medicine and the application of ICT for health. He went on to thank the WHO Director-General for her participation in the Regional Committee and called on the delegates to support the WHO reform process. In concluding his closing remarks, Dr Sambo thanked the Secretariat and all those who contributed in diverse ways, including the interpreters, translators, drivers, and others, in making the Sixty-first session of the Regional Committee a success. He expressed his best wishes to the African Federation of Public Health Associations that had been launched earlier during the Regional Committee meeting.

Closing remarks by the Chairman of the Regional Committee

127. The Chairman of the Sixty-first session of the Regional Committee, the Minister of Health and AIDS Control of Côte d'Ivoire, Professor Thérèse N'Dri Yoman, in her closing remarks, thanked the President of the Republic of Côte d'Ivoire, His Excellency Mr Alassane Dramane Ouattara, for making it possible for Côte d'Ivoire to host the Regional Committee for the first time ever. She also thanked the Regional Committee

for having shown confidence in and expressed solidarity with Côte d'Ivoire following the post-electoral crisis in the country. She went on to thank the delegates for their active participation in the deliberations of the Regional Committee. She called on the Ministers of Finance who had participated in the Regional Committee to continue to advocate with the Heads of State to invest additional resources in health systems in line with the Abuja Declaration.

128. Professor N'Dri Yoman congratulated the Regional Director and the Secretariat for the quality of the working documents discussed and for their contributions towards the successful organization of the Sixty-first session of the Regional Committee.

129. The Chairman then declared the Sixty-first session of the Regional Committee closed.

PART III
ANNEXES

ANNEX 1

LIST OF PARTICIPANTS

1. REPRESENTATIVES OF MEMBER STATES

ALGERIA

Prof. Mesbah Smail
Directeur de la Prévention
Ministère de la Santé

M. Benachenhou Fewzi
Directeur des Finances et Moyens
Ministère de la Santé

M. Djamel Zoughaileche
Président de la Société Algérienne
de Santé Publique

ANGOLA

Dr Augusto Rosa Mateus Neto
Director do Gabinete de Intercâmbio
Internacional
Ministério da Saúde
Chefe da Delegação

Prof. Dr Filomeno Fortes
Chefe do Departamento de Controlo
das Doenças e Director do Programa
Nacional de Controle da Malaria

Dr Ruben Pedro Inácio
Director Provincial de Saúde
Moxico

Dr Carlos Alberto António
Assessor do Ministro da Saúde

BENIN

Prof. Dorothee Kinde-Gazard
Ministre de la Santé
Chef de la Délégation

Mme Sidonie Houndonougbo
Conseiller Technique Juridique du
Ministre de la Santé

Dr Capo-Chichi Servais
Consultant International en Santé et
Développement

Dr Akpamoli Alphonse Dieu-Donné
Directeur-Adjoint de Programmation et
Prospective
Coordonnateur RSS-Bénin

Dr Marcel Dona F. Sagbohan
Directeur de Programme BEST-SA

BOTSWANA

Hon. Gaotlhaetse U.S Matlhabaphere
Deputy Minister of Health
Head of Delegation

Mr Setshwano Mokgweetsinyana
Acting Director of Public Health

Mr Onkemetse Mathala
Chief Health Planning Officer

BURKINA FASO

Prof. Adama Traoré
Ministre de la Santé
Chef de la Délégation

Mr François Marie D. Zoundi
Ministre Délégué Chargé du Budget

Dr Joseph Andrés Tiendrébéogo
Secrétaire Permanent du CNLS-IST

Dr Somé Mathias
Coordonnateur National de l' ABSP

Dr Amédée Prosper Djiguidé
Directeur Général de la Santé de la
Famille

Mr T. Romaric Somé
Directeur des Etudes et de la
Planification

Dr Nitièma Pagomdzanga Abdoulaye
Secrétaire Permanent du PNDS

Dr Hien Anwerkan Maurice
Directeur général de la Protection
Sanitaire

Dr Kouyaté Bocar Amadou
Conseiller Technique

BURUNDI

Hon. Dr. Ntakirutimana Sabine
Ministre de la Santé Publique et Lutte
contre le SIDA
Head of Delegation

Mr Phillippe Nakuwundi
Secrétaire Exécutif du Cadre de
Concertation des Partenaires de la
Santé et Développement (SE/CPSD)

Dr Dorothee Ntakirutimana
Directrice du Programme Elargi de
Vaccination

Ninteretse Hilaire
Directeur des Services et Programmes
de Santé

Dr Ndayishimiye Onesime
Directeur du Programme national
intégré de Lutte contre les Maladies
Tropicales Négligées et Cécité

Dr Ngirigi Liboire
Médecin Directeur Général de la Santé
Publique

Dr Gahungu Georges
Directeur du Programme National de la
Santé de la Reproduction

Mr Sakaganwa Jean-Pierre
Expert en Communication au Ministère
de la Santé Publique et de la lutte
contre le SIDA

CAMEROON

Mr André Mama Fouda
Ministre de la Santé Publique
Chef de la Délégation

Prof. Ondobo Andze Gervais
Directeur de la Lutte contre la Maladie

Dr Sa'a
Directeur de la Promotion de la Santé

Dr Mbu Enow Robinson
Directeur de la Santé Familiale

Mr Maina Djoulde Emmanuel
Chef de Division de la Coopération

M. Dominique Kondji Kondji
Président de l'Association
Camerounaise de Santé Publique

CAPE VERDE

Dr Artur Correia
Presidente do Centro Nacional de
Desenvolvimento Sanitário

Sra Yolanda Estrela
MPN/OMS

Dra Maria da Conceição Moreira de
Carvalho
Inspectora Geral da Saúde

CENTRAL AFRICAN REPUBLIC*

*Unable to attend

CHAD

Dr Mahamat Saleh Younous
Conseiller du Président chargé de la
Santé publique
Chef de la Délégation

Dr Mahamat Annour Wadack
Directeur Général des Activités
Sanitaires

Dr Rohingïdou Ndoundo
Directeur de Lutte Contre les Maladies

Dr Djabar Hamid
Directeur de la Santé de la
Reproduction et la Vaccination

Dr Dadjim Blague
Directeur de l'Organisation des Services
de Santé

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ANNEX 2

AGENDA OF THE SIXTY-FIRST SESSION OF THE REGIONAL COMMITTEE

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 (Document AFR/RC61/1)
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region 2010: Annual report of the Regional Director (Document AFR/RC61/2)
7. Statement of the Chairman of the Programme Subcommittee (Document AFR/RC61/3)
8. Panel Discussion: Health Financing: Sharing experiences in securing funding to achieve national health development goals (Document AFR/RC61/PD/1)
9. Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4)
10. WHO Reform for a Healthy Future (Document AFR/RC61/5)
 - 10.1 Concept paper on governance of WHO (Document AFR/RC61/CP/1)
 - 10.2 Concept paper on an independent evaluation of WHO (Document AFR/RC61/CP/2)
 - 10.3 Concept paper on the World Health Forum (Document AFR/RC61/CP/3)
11. Implementation of the WHO Programme Budget 2010-2011 in the African Region (Document AFR/RC61/6)
12. WHO Programme Budget 2012-2013: Orientations for implementation in the African Region (Document AFR/RC61/7)
13. Measles elimination by 2020: A strategy for the African Region (Document AFR/RC61/8)
14. Monitoring the implementation of the health Millennium Development Goals (Document AFR/RC61/9)

15. Framework for public health adaptation to climate change in the African Region (Document AFR/RC61/10)
16. Progress report on poliomyelitis eradication in the African Region (Document AFR/RC61/11)
17. Progress reports
 - 17.1 Progress report on the road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa (Document AFR/RC61/PR/1)
 - 17.2 Progress report on decade of traditional medicine in the African Region (Document AFR/RC61/PR/2)
 - 17.3 Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control (Document AFR/RC61/PR/3)
 - 17.4 Progress report on the implementation of the Regional Health Promotion Strategy (Document AFR/RC61/PR/4)
18. Information
 - 18.1 Report on WHO staff in the African Region (Document AFR/RC61/INF.DOC/1)
 - 18.2 WHO internal and external audit reports (Document AFR/RC61/INF.DOC/2)
19. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC61/12)
20. Information on the date and place of the Sixty-second session of the Regional Committee; and deliberations on the date and place of the Sixty-third session (Document AFR/RC61/13)
21. Adoption of the Report of the Regional Committee (Document AFR/RC61/14)
22. Closure of the Sixty-first session of the Regional Committee.

ANNEX 3

PROGRAMME OF WORK

DAY 1: Monday, 29 August 2011

10:00–11:50	Agenda item 1	Opening of the meeting
10:50–12:30	Group Photograph followed by refreshments	
12:30–13:00	Plenary session (Room C)	Opening remarks of the Chairman of the Sixtieth session of the Regional Committee
	Agenda item 2	Constitution of the Subcommittee on Nominations
13:00–14:30	Lunch break	
14:30–15:00	Agenda item 3	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
	Agenda item 4	Adoption of the Agenda and the Programme of Work (Document AFR/RC61/1)
	Agenda item 5	Appointment of members of the Subcommittee on Credentials
15:00–15:45	Agenda item 6	The Work of WHO in the African Region 2010: Annual report of the Regional Director (Document AFR/RC61/2)
15:45–16:15	Tea break	
16:15–17:00	Agenda item 6 (cont'd)	
17:00–17:20	Agenda item 7	Statement of the Chairman of the Programme Subcommittee (Document AFR/RC61/3)
17:20	End of day session	

DAY 2: Tuesday, 30 August 2011

10:30–12:30	Agenda item 8	Panel Discussion – Health financing: Sharing experiences in securing funding to achieve national health development goals (Document AFR/RC61/PD/1)
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12:30–14:00	Lunch break	
14:00–16:30	Agenda item 8 (cont'd)	
16:30–17:30	Agenda item 9	Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4)
17:30–17:45	Tea break	
17:45–19:30	Side event	Consultative meeting of Ministers of Health of the African Region with the Global Fund to Fight AIDS, TB and Malaria: Lessons learnt from Round 10 and the preparation of Round 11
19:30	End of day session	
20:00	Reception hosted by WHO	

DAY 3: Wednesday, 31 August 2011*

08:30–10:30	Agenda item 9 (cont'd)	Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4)
10:30–11:00	Tea break	
11:00–13:00	Agenda item 10	WHO Reform for a Healthy Future (Document AFR/RC61/5):
	Agenda item 10.1	Concept paper on the Governance of WHO (Document AFR/RC61/CP/1)
	Agenda item 10.2	Concept paper on an independent evaluation of WHO (Document AFR/RC61/CP/2)
	Agenda item 10.3	Concept paper on the World Health Forum (Document AFR/RC61/CP/3)
13:00–13:10	Agenda item 5 (cont'd)	Report of the Subcommittee on Credentials
13:10–14:30	Lunch break	
14:30–15:30	Side event	Launch of the African Federation of Public Health Associations

15:30–16:30	Agenda item 11	Implementation of the WHO Programme Budget 2010-2011 in the African Region (Document AFR/RC61/6)
	Agenda item 12	WHO Programme Budget 2012-2013: Orientations for implementation in the African Region (Document AFR/RC61/7)
16:30–17:30	Agenda item 13	Measles elimination by 2020: A strategy for the African Region (Document AFR/RC61/8)
17:30–17:45	Tea break	
17:45–19:30	Side event	Consultative meeting of Ministers of Health with GAVI Secretariat: Sustainability of Vaccination Programmes
19:30	End of day session	

[* Whole day exhibition on the occasion of the Traditional Medicine Day]

DAY 4: Thursday, 1 September 2011

09:00–10:30	Agenda item 14	Monitoring the implementation of the health Millennium Development Goals (Document AFR/RC61/9)
10:30–11:00	Tea break	
11:00–12:30	Agenda item 15	Framework for public health adaptation to climate change in the African Region (Document AFR/RC61/10)
12:30–14:00	Lunch break	
14:00–15:30	Agenda item 16	Progress report on poliomyelitis eradication in the African Region (Document AFR/RC61/11)
15:30–16:30	Agenda item 17	Progress reports
	Agenda item 17.1	Progress report on the road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa (Document AFR/RC61/PR/1)

	Agenda item 17.2	Progress report on decade of traditional medicine in the African Region (Document AFR/RC61/PR/2)
	Agenda item 17.3	Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control (Document AFR/RC61/PR/3)
	Agenda item 17.4	Progress report on the implementation of the Regional Health Promotion Strategy (Document AFR/RC61/PR/4)
16:30–17:00	Tea break	
17:00–18:00	Agenda item 18	Information documents
	Agenda item 18.1	Report on WHO staff in the African Region (Document AFR/RC61/INF.DOC/1)
	Agenda item 18.2	WHO internal and external audit reports (Document AFR/RC61/INF.DOC/2)
	Agenda item 19	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC61/12)
	Agenda item 20	Information on the date and place of the Sixty-second session of the Regional Committee; and deliberations on the date and place of the Sixty-third session (Document AFR/RC61/13)
18:00	End of day session	
DAY 5: Friday, 2 September 2011		
10:00–11:00	Agenda item 21	Adoption of the Report of the Regional Committee (Document AFR/RC61/14)
11:00–11:30	Agenda item 22	Closure of the Sixty-first session of the Regional Committee.

PROVISIONAL AGENDA OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE

1. Opening of the session
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 2010-2011: Biennial report of the Regional Director
7. Implementation of the WHO Programme Budget 2012-2013 in the African Region
8. Health and Human Rights in the African Region: Current Situation and Way Forward
9. Disaster preparedness and response: updated strategy for the African Region
10. Human resources for health: meeting the needs for universal access to quality health care
11. Monitoring the implementation of health Millennium Development Goals
12. Noncommunicable diseases prevention and control in the African Region: A Regional Strategic Plan for 2012-2016
13. Health Promotion: Updated Strategy for the African Region
14. Women's Health in the African Region: Key to Social and Economic Development
15. HIV/AIDS in the African Region: Updated Strategy.
16. National health observatories as instruments of health systems strengthening in the African Region
17. [Matters of global concern related to World Health Assembly decisions and resolutions]

18. Panel Discussions:
 - (a) Leveraging eHealth solutions to improve national health systems in the African Region
 - (b) African Traditional Medicine: practice, products and practitioners
19. Progress reports
 - 19.1 Progress report on poliomyelitis eradication in the African Region
 - 19.2 Progress report on Reduction of the harmful use of alcohol: A strategy for the African Region
 - 19.3 A strategy for addressing key determinants of health in the African Region: Progress report
 - 19.4 Implementation of the WHO Framework Convention on Tobacco Control in the African Region: Progress report
 - 19.5 Progress report on the implementation of the Regional Child Survival Strategy
20. Information
 - 20.1 Report on WHO staff in the African Region
 - 20.2 WHO internal and external audit reports
21. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
22. Dates and places of the Sixty-third and the Sixty-fourth sessions of the Regional Committee
23. Adoption of the report of the Regional Committee
24. Closure of the session.

LIST OF DOCUMENTS

AFR/RC61/1	Agenda
AFR/RC61/2	The Work of WHO in the African Region 2010: Annual report of the Regional Director
AFR/RC61/3	Statement of the Chairman of the Programme Subcommittee
AFR/RC61/PD/1	Panel Discussion: Health Financing: Sharing experiences in securing funding to achieve national health development goals
AFR/RC61/4	Framework document for the African Public Health Emergency Fund
AFR/RC61/5	WHO Reform for a Healthy Future
AFR/RC61/CP/1	Concept paper on governance of WHO
AFR/RC61/CP/2	Concept paper on an independent evaluation of WHO
AFR/RC61/CP/3	Concept paper on the World Health Forum
AFR/RC61/6	Implementation of the WHO Programme Budget 2010-2011 in the African Region
AFR/RC61/7	WHO Programme Budget 2012-2013: Orientations for implementation in the African Region
AFR/RC61/8	Measles elimination by 2020: A strategy for the African Region
AFR/RC61/9	Monitoring the implementation of the health Millennium Development Goals
AFR/RC61/10	Framework for public health adaptation to climate change in the African Region
AFR/RC61/11	Progress report on poliomyelitis eradication in the African Region
AFR/RC61/PR/1	Progress report on the road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn health in Africa
AFR/RC61/PR/2	Progress report on decade of traditional medicine in the African Region
AFR/RC61/PR/3	Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control

AFR/RC61/PR/4	Progress report on the implementation of the Regional Health Promotion Strategy
AFR/RC61/INF.DOC/1	Report on WHO staff in the African Region
AFR/RC61/INF.DOC/2	WHO internal and external audit reports
AFR/RC61/12	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
AFR/RC61/13	Information on the date and place of the Sixty-second session of the Regional Committee; and deliberations on the date and place of the Sixty-third session
AFR/RC61/14	Adoption of the Report of the Regional Committee
AFR/RC61/CONF.DOC/1	Address by Professor Thérèse Ndri Yoman, Minister of Health and AIDS Control of Cote d'Ivoire
AFR/RC61/CONF.DOC/2	Address by His Excellency Mr Kigbafori Guillaume Soro, Prime Minister of the Republic of Côte d'Ivoire, delivered, on his behalf, by His Excellency Mr Daniel Kablan Duncan, Minister of State, Minister of Foreign Affairs, acting as Prime Minister
AFR/RC61/CONF.DOC/3	Address by Dr Luis Gomes Sambo, WHO Regional Director for Africa, at the opening of the Sixty-first session of the WHO Regional Committee for Africa
AFR/RC61/CONF.DOC/4	Opening remarks by Dr Margaret Chan, WHO Director-General
AFR/RC61/CONF.DOC/5	Speech by the Mayor of Yamoussoukro (YET TO COME)
AFR/RC61/INF/01	Information bulletin on Yamoussoukro, Cote d'Ivoire
Decision 1	Composition of the Subcommittee on Nominations
Decision 2	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
Decision 3	Appointment of members of the Subcommittee on Credentials
Decision 4	Credentials
Decision 5	Replacement of members of the Programme Subcommittee
Decision 6	Provisional agenda of the Sixty-second session of the Regional Committee
Decision 7	Agenda of the one-hundred-and-thirtieth session of the Executive Board
Decision 8	Designation of Member States of the African Region to serve on the Executive Board

Decision 9	Method of work and duration of the Sixty-fifth World Health Assembly
Decision 10	Date and place of the Sixty-second session of the Regional Committee
Decision 11	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)
AFR/RC61/R1	Measles elimination by 2020 - A strategy for the African Region
AFR/RC61/R2	Framework for Public Health Adaptation to Climate Change in the African Region
AFR/RC61/R3	Framework Document for the African Public Health Emergency Fund
AFR/RC61/R4	Poliomyelitis eradication in the African Region
AFR/RC61/R5	Vote of thanks