AFR/RC51/18

Fifty-first Session of the WHO Regional Committee for Africa

Brazzaville, Republic of Congo, 27 August to 1 September 2001

FINAL REPORT

World Health Organization
Regional Office for Africa
Brazzaville

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PART I

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PROCEDURAL DECISIONS

Decision 1: Composition of the Subcommittee on Nominations

The Subcommittee on Nominations met on Monday, 27 August 2001, and was composed of the representatives of the following Member States: Algeria, Cameroon, Cape Verde, Ghana, Lesotho, Mauritania, Namibia, Tanzania and Zambia. Benin, Central African Republic and Madagascar were not able to attend.

The Subcommittee elected Dr Mwinyihaji Makame, Minister of Health, United Republic of Tanzania, as its Chairman.

Second meeting, 27 August 2001

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

After considering the report of the Subcommittee on Nominations, and in compliance with Rule 10 of the Rules of Procedure of the Regional Committee for Africa and resolution AFR/RC23/R1, the Regional Committee unanimously elected the following officers:

***Chairman*:** Dr Léon Alfred Opimbat, Minister of Health, Solidarity and Humanitarian Action, Republic of Congo

First Vice-Chairman: Ms Tutu Tsiang, Deputy Permanent Secretary and Head of Delegation, Botswana

***Second Vice-Chairman*:** Dr Ibrahim I. E. Tejan-Jalloh, Minister of Health and Sanitation, Sierra Leone

Rapporteurs: Mr Stanislas E. M. Ntahobari, Minister of Public Health, Burundi (French)
Mr Ashok K. Jugnauth, Minister of Health and Quality of Life, Mauritius (English)
Dr José Vieira Dias Van-Dúnem, Vice-Minister of Health, Angola (Portuguese)

Second meeting, 27 August 2001

Decision 3: Composition of the Subcommittee on Credentials

The Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following 12 Member States: Botswana, Ethiopia, Equatorial Guinea, Gabon, Malawi, Rwanda, Sao Tome & Principe, Senegal, Seychelles, South Africa, Togo and Zimbabwe. Seychelles was not able to attend.

The Subcommittee met on 27 August 2001. Delegates of the following Member States were present: Botswana, Malawi, Rwanda, Sao Tome & Principe, Senegal, South Africa and Zimbabwe. The Subcommittee elected Ms Tutu Tsiang, Deputy Permanent Secretary and Head of Delegation, Botswana, as its Chairman.

Second meeting, 27 August 2001

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, Central African Republic, Chad, Comoros, Republic of Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tomé & Principe, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe, and found them to be in order.

Third meeting, 29 August 2001

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 fifty-first session of the Regional Committee: Angola, Benin, Botswana, Burkina Faso, Burundi and Cameroon. They will be replaced by: Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon and Gambia.

Sixth meeting, 30 August 2001

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

The Regional Committee approved the provisional agenda of the fifty-second session of the Regional Committee.

Sixth meeting, 30 August 2001

Decision 7: Agendas of the 109th session of the Executive Board and the Fifty-fifth World Health Assembly

The Regional Committee took note of the provisional agendas of the 109th session of the Executive Board and the Fifty-fifth World Health Assembly.

Sixth meeting,30 August 2001

Decision 8: Method of work and duration of the Fifty-fifth World Health Assembly

President of the World Health Assembly

(1) The Chairman of the fifty-first session of the Regional Committee for Africa will be designated as a Vice-President of the Fifty-fifth World Health Assembly to be held in May 2002. The African Region last designated a President of the World Health Assembly in May 2000.

Main committees of the World Health Assembly

(2) The Director-General, in consultation with the Regional Director, will, if necessary, consider before each World Health Assembly, the delegates of Member States of the African Region who might serve effectively as:

- Chairmen of the Main Committees A and B;
- Vice-Chairmen and Rapporteurs of the Main Committees.

Members entitled to designate persons to serve on the Executive Board

(3) Following the English alphabetical order, Eritrea and Ethiopia each designated a representative to serve on the Executive Board starting from the 108th session of the

Executive Board, immediately after the Fifty-fourth World Health Assembly, joining Chad, Comoros, Republic of Congo, Côte d'Ivoire and Equatorial Guinea, from the African Region.

(4) The term of office of Chad, Comoros, Republic of Congo and Côte d'Ivoire will expire with the closure of the Fifty-fifth World Health Assembly. They will be replaced by Gabon, Gambia, Ghana and Guinea, who will attend the 110th session of the Executive Board in May 2002.

(5) The Member States entitled to designate persons to serve on the Executive Board should confirm their availability at least six weeks before the Fifty-fifth World Health Assembly.

(6) The Fifty-first World Health Assembly, by resolution WHA51.26, decided that Member States entitled to designate a representative to the Executive Board should designate them as government representatives, technically qualified in the field of health.

Informal meeting of the Regional Committee

(7) The Regional Director will convene this meeting on Monday, 13 May 2002, at 8.30 a.m. at the *Palais des Nations*, Geneva, to confirm the decisions taken by the Regional Committee at its fifty-first session.

Sixth meeting, 30 August 2001

Decision 9: Choice of subjects for the Round Tables in 2002

The Regional Committee approved the following themes for the Round Table discussions during the fifty-second session of the Regional Committee:

Round Table 1: The health sector's response to the dual epidemic of TB and HIV/AIDS
Round Table 2: Addressing cardiovascular diseases through risk-factor reduction
Round Table 3: Human and financial resources for health systems development.

Sixth meeting, 30 August 2001

Decision 10: Dates and places of the fifty-second and fifty-third sessions of the Regional Committee

The Regional Committee, in accordance with the Rules of Procedure, accepted to hold its fifty-second session at the Regional Office, from 2 to 6 September 2002. The Regional Committee will take a decision on the venue of the fifty-third session at its fifty-second session.

Sixth meeting, 30 August 2001

Decision 11: Nomination of representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

The term of office of Botswana will come to an end on 31 December 2001. According to the English alphabetical order, Botswana will be replaced by Cape Verde for a period of three years with effect from 1 January 2002. Cape Verde will join Burkina Faso, Burundi and Cameroon, who are already members of the PCC.

Sixth meeting, 30 August 2001

Decision 12: Nomination of a representative of the African Region to the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical Diseases (TDR)

The term of office of Burkina Faso will expire on 31 December 2001. According to the English alphabetical order, Burkina Faso will be replaced by Cameroon for a term of three years starting from 1 January 2002. Cameroon will join Côte d'Ivoire, Congo and Burundi on the JCB.

Sixth meeting, 30 August 2001

RESOLUTIONS

AFR/RC51/R1: WHO Programme Budget 2002-2003: Country Orientations

The Regional Committee,

Recalling resolution WHA54.17 of the Fifty-fourth World Health Assembly which stipulated that the contributions of Member States for the biennium 2002-2003 shall be those set out in the annex of the Strategic Programme Budget;

Considering resolution WHA54.20 on appropriations for the financial period 2002-2003;

Noting that the development of the headquarters and regional Programme Budget orientations were guided by the strategic directions of the WHO Corporate Strategy;

Having carefully examined the report submitted by the Programme Subcommittee on the Proposed Programme Budget for the biennium 2002-2003: Country Orientations;

1. COMMENDS the Regional Director for having proposed the Country Orientations in addition to the Regional Orientations, and for continuing to implement the policy and programmatic orientations as defined by the WHO governing bodies;

2. ENDORSES the WHO Programme Budget for the biennium 2002-2003: Country Orientations;

3. URGES Member States:

   (a) to actively participate in the operational planning, implementation, monitoring and evaluation of the Programme Budget 2002-2003;

   (b) to proactively coordinate and support efforts of health development partners in countries;

4. REQUESTS the Regional Director:

   (a) to ensure that the operational planning, implementation, monitoring and evaluation of the Programme Budget 2002-2003 are carried out in close collaboration with national health authorities;

(b) to continue to mobilize funds from new sources to ensure adequate funding for the activities of the Programme Budget 2002-2003;

(c) to bring this resolution to the attention of the Director-General.

Fifth meeting, 29 August 2001

AFR/RC51/R2: Blood Safety: A Strategy for the African Region

The Regional Committee,

Having considered the report of the Regional Director on the strategy for blood transfusion safety in the African Region;

Considering World Health Assembly resolution WHA 28.72 recommending that Member States promote the development of national blood transfusion services based on voluntary non-remunerated blood donations and enact legislation governing them;

Recalling resolution AFR/RC44/R12 on HIV/AIDS control which urges Member States to take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals and set goals and targets for the attainment of HIV-free blood transfusion in health-care settings;

Noting with concern that only 30% of the countries in the Region have so far formulated a blood transfusion policy, and the need in all countries for systematic screening of blood for the main transmissible infections, especially for blood transfusion;

Recalling also that the transmission of HIV, hepatitis B, hepatitis C, syphilis, malaria and other parasitic infections through the blood can be effectively prevented by adopting a sound blood transfusion policy and carrying out systematic screening for such infections in all units of donated blood;

Concerned by the fact that, since the adoption of resolution AFR/RC44/R12 in 1994, the changes that have taken place in most of the Member States in this area are hardly perceptible and that the current economic situation has contributed to a worsening of the health situation in the countries of the Region;

Convinced that Member States in the African Region can achieve blood safety;

1. APPROVES the regional strategy for blood transfusion safety as proposed in document AFR/RC51/9:

2. COMMENDS the Regional Director for action already taken to improve blood transfusion safety in the Region;

3. URGES Member States:

(a) to formulate, adopt and implement a national blood transfusion policy consistent with national needs and WHO technical recommendations, especially for:

(i) the establishment of safety norms and standards and a quality assurance programme in order to provide all patients, who so require, with blood that is safe;

(ii) the formulation of human resources policies which ensure the training, promotion and retention of the staff of blood transfusion centres and the training of prescribers in the judicious use of blood;

(iii) the promotion of research in the area of blood transfusion safety, including the use of blood and blood products;

(b) to allocate adequate funds for developing the infrastructure of blood transfusion services and creating an enabling environment for the establishment of a reliable blood transfusion system, including the cold chain;

(c) to promote voluntary and benevolent blood donation on a regular and permanent basis;

(d) to mobilize bilateral and multilateral partners as well as nongovernmental organizations (NGOs) to provide technical and financial support for the establishment of reliable and sustainable blood transfusion services;

4. REQUESTS the Regional Director:

(a) to play a leadership role in instituting blood transfusion and AIDS control programmes in the WHO African Region;

(b) to support Member States in drawing up and implementing national blood transfusion policies;

(c) to promote and support training programmes for the staff of blood transfusion

services and prescribing physicians;

(d) to facilitate the use of reference centres in blood transfusion in the Region for the training of appropriate staff from Member States;

(e) to mobilize resources from international partners to finance blood transfusion safety in the Region;

(f) to strengthen technical cooperation and collaboration between Member States and WHO so as to improve the management of blood transfusion centres and the quality of blood and blood products;

(g) to ensure the follow-up and implementation of this strategy and report to the fifty-fourth session of the Regional Committee.

Fifth meeting, 29 August 2001

AFR/RC51/R3: Adolescent Health: A Strategy for the African Region

The Regional Committee,

Recalling the Regional Committee resolution AFR/RC45/R7 on "The health of youth and adolescents: A situation report and trends analysis", and the concern for the health and well-being of adolescents expressed through various instruments, both globally and regionally;

Cognizant of adolescence as an important phase in human development, characterized by significant changes that typify the transition from childhood to adulthood;

Recognizing that common health problems of adolescents such as early and high-risk pregnancies, complications of abortion, sexually transmitted infections, HIV/AIDS, alcohol and drug abuse, noncommunicable diseases, depression and suicides, are linked to behaviour and are inter-related;

Aware of the critical roles that families, schools, communities, religious institutions, governments, nongovernmental organizations (NGOs) and work, leisure and recreational places play in contributing to the health and development of adolescents;

Conscious of the multisectoral and multidisciplinary approaches to address adolescent health and development;

Appreciating the efforts of Member States and partners to improve the health and

development of adolescents;

1. APPROVES the regional strategy on adolescent health as proposed in document AFR/RC51/10;

2. COMMENDS the Regional Director for promoting and supporting adolescent health and development in the Region;

3. URGES Member States:

(a) to accord adolescent health and development priority in their national social and economic development agenda;

(b) to review, develop, implement and evaluate national policies and programmes on adolescent health and development;

(c) to reorient and build the capacity of the health sector to provide basic services to meet the special needs of adolescents, including those in difficult circumstances, through the active participation of young people, families, communities, religious leaders, local NGOs and other relevant partners;

(d) to build multisectoral partnerships and strengthen collaboration to increase resources for adolescent health and development;

(e) to equip young people with the requisite skills to enable them to participate meaningfully in the development and implementation of adolescent health policies and programmes;

4. REQUESTS the Regional Director:

(a) to continue to advocate for adolescent health programmes and to mobilize adequate resources for their implementation;

(b) to provide technical support to Member States for the development and implementation of national policies and programmes on adolescent health;

(c) to mobilize governments, agencies of the United Nations, NGOs and other stakeholders to organize youth seminars and conferences to discuss the problems and challenges of adolescents in order to improve their health and development;

(d) to support institutions and national experts to carry out research on the problems and needs of adolescent health;

(e) to report to the Regional Committee in 2003 on progress made in implementing

adolescent health programmes at national and regional levels.

Fifth meeting, 29 August 2001

AFR/RC51/R4: Health Promotion: A Strategy for the African Region

The Regional Committee,

Aware that the physical, economic, social and cultural factors, known to be the broad determinants of health, underlie the double burden of communicable and noncommunicable diseases and are responsible for the general health conditions in the Region;

Convinced about the necessity to apply, in an integrated manner, various health promotion approaches and techniques to address these factors and reduce their impact on health;

Recalling resolutions WHA27.27, WHA31.42, WHA42.44, WHA51.12 and AFR/RC47/R2, and Executive Board decision EB101.12, which called for the development and implementation of health promotion approaches, and the recommendation by Member States adopted at the 50th session of the Regional Committee, and the WHO Secretariat's report on health promotion to the Fifty-fourth World Health Assembly (A54/A/SR/7);

Appreciating the efforts made so far by Member States and their partners in developing and implementing various approaches which constitute health promotion;

Recognizing the need to integrate and consolidate existing approaches and develop a comprehensive framework for strengthening the application of health promotion in countries of the African Region;

Having carefully examined the Regional Director's report contained in document AFR/RC51/12 which outlines the regional strategy for health promotion;

1. APPROVES the proposed strategy which aims at supporting Member States to foster actions that enhance the physical, social and emotional well-being of the African people and contribute to the prevention of the leading causes of disease, disability and death;

2. URGES Member States:

(a) to advocate for increased awareness of and support for the use of health promotion in the health and health-related sectors;

(b) to develop national strategies incorporating policy, frameworks and action plans for strengthening the institutional capacity for health promotion as well as provide support at various levels of the health system, as appropriate;

(c) to strengthen the health promotion component of health and related development programmes, using available guidelines such as the ones for the Tobacco-Free Initiative, the Health-Promoting Schools Initiative and the Community-Based Interventions for Malaria Control;

(d) to plan, implement and evaluate health promotion actions which are comprehensive in nature, and focus on the following areas of intervention:

(i) increasing individual knowledge and skills;
(ii) strengthening community action;
(iii) creating environments supportive of health;
(iv) developing, implementing and influencing health-related policies;
(v) reorienting health services;

(e) to mobilize new resources and players for health action from the public and private sectors, nongovernmental organizations, communities and international and bilateral bodies;

3. REQUESTS the Regional Director:

(a) to develop a generic framework and guidelines for the implementation of the regional strategy and to provide technical leadership to Member States to enhance the development and application of health promotion, including strengthening of the technical capacity of national focal points;

(b) to facilitate operational research on health promotion and dissemination to Member States of the results on best practices through consultations, networks and workshops;

(c) to mobilize additional resources and encourage partnerships among key actors for supporting the implementation of the Health-Promoting Schools Initiative and related regional interventions;

(d) to draw up operational plans for the period 2002-2012;

(e) to report on progress made in the implementation of the regional strategy to the fifty-fourth session of the Regional Committee in 2004, and thereafter, every two years.

Fifth meeting, 29 August 2001

AFR/RC51/R5: Vote of thanks

The Regional Committee,

Fully aware of the preparations made and expenses incurred by the Government of Congo in hosting the fifty-first session of the Regional Committee in Brazzaville, Congo;

Appreciating the tremendous efforts made by His Excellency Mr Denis Sassou Nguesso, President of the Republic of Congo, and the Government and people of the Republic of Congo, in preparing the return to Brazzaville of the WHO Regional Office for Africa;

Appreciating further the symbolic handover ceremony of 28 August 2001;

Noting with appreciation the extensive efforts made by the Government of the Republic of Congo in renovating and refurbishing the Regional Office and residences;

1. THANKS whole-heartedly His Excellency Mr Denis Sassou Nguesso for hosting the 51st session and for the exemplary hospitality and consideration accorded to the delegates;

2. THANKS most sincerely His Excellency Mr Denis Sassou Nguesso, President of the Republic of Congo, and the Government and people of the Republic of Congo for facilitating the return to Brazzaville of the WHO Regional Office for Africa;

3. EXPRESSES its deep gratitude, at the same time, to His Excellency President Robert Mugabe and the Government and people of Zimbabwe for their spontaneous and generous hospitality in providing courtesies, temporary accommodation and facilities to the Regional Office staff in Harare.

4. THANKS the Regional Director and his staff for their endurance and for maintaining high performance in their work in spite of many hardships.

Eighth meeting, 31 August 2001

Part II

REPORT OF THE

REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The fifty-first session of the WHO Regional Committee for Africa was officially opened at the Palais du Parlement, Brazzaville, on Tuesday, 28 August 2001, by His Excellency Mr Denis Sassou Nguesso, President of the Republic of Congo. Among those present were: Honourable Justin Koumba, Chairman of the Transitional Council of Congo; cabinet ministers of the Government of Congo; General Moundele Ngolo, Mayor of Brazzaville; ministers of health and heads of delegation of Member States; the representative of the Secretary-General of the Organization of African Unity (OAU), Dr L. O. Masimba; Dr Gro Harlem Brundtland, Director-General of WHO; Dr Ebrahim M. Samba, WHO Regional Director for Africa; members of the diplomatic corps and representatives of the United Nations agencies and nongovernmental organizations. (*For the list of participants see Annex 1*).

2. The Master of Ceremonies, Mr Sylver Sandy Ibambo, welcomed participants and delegates to Brazzaville and commended the courage of the President and the Congolese people for getting their country back on its feet.

3. The Mayor of Brazzaville, General Moundele Ngolo, hailed the holding of the current session of the Regional Committee in Brazzaville and saw it as a sign of the resurrection of the Regional Office at its original birthplace.

4. He welcomed all delegates and acknowledged, with gratitude, the efforts of the President of the Republic of Congo which had brought about the speedy rehabilitation of the premises of the Regional Office and, hence, its return to Brazzaville.

5. The Minister of Health Solidarity and Humanitarian Action of the Republic of Congo, Dr L. A. Opimbat, welcomed the delegates and thanked the ministers of health for allowing Congo to host the fifty-first session of the Regional Committee.

6. He also expressed his gratitude to the ministers who were delegated by the Regional Committee to undertake missions for assessing the conditions for hosting its fifty-first session in Brazzaville and for following-up on the implementation of resolution AFR/RC48/R6.

7. Dr Opimbat informed delegates that the Scientific Committee of an agency called "Better Health for All Day after Day" had awarded its first trophy for 2001 to the Republic of Congo in recognition of the decisive role played by it in promoting health in Africa. *(For full text, see Annex 5.)*

8. Mr Pierre Joseph Emmanuel Tapsoba, Minister of Health, Burkina Faso, and Chairman of the fiftieth session of the Regional Committee, reporting on the achievements made in the Region over the past year, cited significant successes achieved towards the control, elimination or eradication of poliomyelitis, leprosy, guinea worm and river blindness.

9. Mr Tapsoba welcomed the unprecedented mobilization drive launched to promote health, fight the HIV/AIDS epidemic, reduce maternal and infant mortality and strengthen national health systems.

10. He, however, cautioned that a major task still lay ahead for reducing the health problems of the African people, which was a major challenge. He emphasized that peace, stability and equitable development were essential prerequisites for improving the health of the people.

11. Mr Tapsoba expressed his appreciation for the support he received from the Regional Director during his tenure of office as Chairman of the Regional Committee, and thanked, on behalf of his colleagues, His Excellency the President of the Republic of Congo, for his personal commitment to the work of the Organization. *(For full text, see Annex 6.)*

12. The representative of the Secretary-General of the OAU, Dr L. O. Masimba, recalled the long collaborative relationship that had existed between WHO and the OAU, starting from 1979 with the declaration by the African heads of state and government on the Rights and Welfare of the African Child to the April 2001 Abuja Declaration and Framework Plan of Action on HIV/AIDS, TB and other Related Infectious Diseases.

13. He indicated that the OAU Secretariat had requested WHO's technical assistance for holding a meeting of African experts on Tobacco or Health, the outcome of which would assist OAU Member States to participate effectively in the negotiations on the Framework Convention on Tobacco Control.

14. The OAU was also collaborating with WHO, the United Nations Children's Fund (UNICEF) and the International Labour Organisation (ILO) in conducting an in-depth study on the impact of HIV/AIDS and its linkage with child labour. Another important area of collaboration with WHO and other UN system agencies related to the establishment of a regional disaster management and cooperation mechanism for Africa.

15. Dr Masimba identified the lack of effective implementation of various declarations, decisions or plans of action as the biggest challenge confronting the OAU/WHO partnership, and made recommendations for overcoming factors impeding the process. *(For full text, see Annex 7)*

16. The Regional Director, Dr Ebrahim Malick Samba, reminded the Committee that the Regional Office had to operate under difficult conditions during the past about five years, following its relocation from Brazzaville in June 1997. He thanked the Member States for their support and encouragement, which had helped the Regional Office make significant progress in the face of many daunting challenges. Dr Samba said that the WHO African Region had more than doubled its staff and its budget. Its collaborative activities with Member States had also increased substantially. He attributed this success to the generous hospitality extended by His Excellency President Robert Mugabe and the Government and people of Zimbabwe, who had so graciously hosted and facilitated the relocation of the Regional Office to Harare in difficult circumstances.

17. Dr Samba thanked His Excellency President Denis Sassou Nguesso for personally guiding the rehabilitation of the Regional Office premises in Brazzaville. He requested the Government of the Republic of Congo to ensure the security of the entire international territory made up of the seat of the Regional Office, its annexes and the Djoué staff quarters.

18. The Regional Director reaffirmed his earlier agreement with the President of the Republic of Congo that the return of WHO staff now on duty in Harare would start in October 2001 and will continue progressively, cautioning however, that such a move would necessarily entail huge financial and logistical implications. These costs would have to be borne out of the Regular budget of the Organization to the detriment of technical cooperation activities in Member States. Dr Samba also mentioned the repercussions the movement would have on the families of the staff who would have to adapt to changed difficult conditions.

19. Finally, the Regional Director requested for the continued confidence of ministers of health in order to manage and conduct the return of the Regional Office to Brazzaville in the most appropriate manner, while at the same time ensuring continuity in the provision of services to Member States. *(For full text, see Annex 8)*

20. The WHO Director-General, Dr Gro Harlem Brundtland, in her address, noted with pleasure that the refurbishment of the Regional Office premises and the holding of the Regional Committee in Brazzaville were signs of hope and progress. She applauded the heroic efforts of governments and civil society throughout the Region in responding to people's health problems with very limited resources. She expressed satisfaction that WHO and the rest of the UN country teams were providing support for rebuilding health infrastructure in response to the key concerns of the poor people in the Region.

21. The Director-General noted that the international community was responding to and building on efforts already under way in Africa, and that there was now a real increase in the resources available for HIV/AIDS through the Global AIDS and Health Fund as well as through other channels.

22. Commenting on the challenges facing the people of Africa, Dr Brundtland pointed out the problem of access to the health system that responds equitably and responsibly to their health needs and offers protection against the devastating consequences of illness. She said the answer to this problem lay in a massive increase in resources. Therefore, the Global AIDS and Health Fund would be an important asset towards addressing this problem. She estimated that the minimum level of funding needed to improve service provision was about US$60 to 100 per person per year.

23. Concerning WHO's current priorities, the Director-General emphasized the ongoing focus on those who were at the risk of, or were infected with, HIV/AIDS. Other priorities included helping country officials to negotiate the purchase of essential medicines, commodities and diagnostic supplies and to help countries to examine the impact of international trade agreements on access to life-saving medicines. Taking forward action to roll back malaria, enhancing immunization efforts through the Global Alliance for Vaccine and Immunization (GAVI) and the eradication of polio were among the other current priorities of WHO. She also highlighted the issue of emergencies and conflicts which undermined efforts to improve health in Africa.

24. Dr Brundtland expressed concern about the burden of mental ill-health and brain disorders in Africa. As the resources and manpower required to deal with mental ill-health were sparse, she commended the experiences in Kenya where modern mental health care focused more on the family and the local community, used relatively inexpensive medicines, and was geared towards prevention, early detection and treatment rather than incarceration. She informed the Committee that World Health Report 2001 will provide a global overview of the burden of mental ill-health and strategies for its effective prevention and treatment.

25. The Director-General was delighted that many African nations were already playing a critical role in the negotiations for a Framework Convention on Tobacco Control. She stressed the need for countries to continue to be engaged in the negotiations until the convention was finalized.

26. Dr Brundtland expressed concern over the problem of new advances in medical technology, the difficulties people faced in accessing inexpensive care for common diseases and the difficult choices professionals had to make and wondered when the results of recent advances in genetics will make a positive impact on the health of the people of Africa. She mentioned that WHO was helping countries to handle complex ethical issues and added that the time had come for the Organization to provide concrete guidance on how to deal with ethical challenges. To this end, she proposed to establish a WHO initiative on health ethics, focusing particularly on ethics in public health, health research ethics and biotechnology ethics. The initiative would be designed to increase Member States' capacities to handle ethical issues, and to provide support for intergovernmental action on health and ethics issues.

27. In regard to WHO's work in Member countries, the Director-General said that she was committed to improving the capacity of country teams so that they were better equipped to contribute to better and more equitable health outcomes. She pointed out that WHO country representatives and the regional offices will play a central role in making this happen, building on recent experiences with establishing strategies for WHO cooperation with countries.

28. Concluding her remarks, Dr Brundtland thanked the President of the Republic of Congo and all those who had worked so hard to refurbish the Regional Office premises at Djoué. She announced that the Regional Director for Africa would lead an advance party to Brazzaville in October this year to plan for the next phases of the return of the office. She also thanked the Government and people of Zimbabwe for their magnificent support during the period that the Regional Office had to work there. She expressed her appreciation and that of the entire WHO staff to the colleagues in the African Regional Office for managing so well during this difficult period. *(For full text, see Annex 9)*

29. In his opening address, His Excellency the President of the Republic of Congo, Mr Denis Sassou Nguesso, observed that this was a memorable day for Congo, especially after many trials and tribulations, when WHO, a noble and illustrious institution, was indeed coming back to Brazzaville. He welcomed all the delegates and wished them a happy stay. He expressed gratitude to the WHO Director-General, Dr Gro Harlem Brundtland, for her firm commitment to the health and development of the African Region. He paid special tribute to the Director-General's initiative on Roll Back Malaria, which had generated many global partnerships to the benefit of the African Region and its people.

30. The President paid tribute to the UNAIDS' initiatives which were aimed at accelerating access to HIV/AIDS care. He also commended the Regional Director for adopting effective policies and strategies aimed at achieving health for all in the 21st century.

31. On the efforts for disease control in the Region, the President applauded the two important declarations adopted by the African heads of state in 2000 and 2001 on malaria and on HIV/AIDS, tuberculosis, sexually transmitted infections and other related diseases, respectively.

32. Referring to the problems in Congo, President Sassou Nguesso told the gathering that his country was in dire need of peace. He said that, in 1998, he had pledged to Africa and the international community that he would rehabilitate the seat of the WHO Regional Office at Djoué. The President said that he was happy that this pledge had been fully honoured. He reassured the delegates that WHO would henceforth live and work in peace in Congo.

33. President Sassou Nguesso thanked the Government and people of Zimbabwe for hosting the Regional Office which had enabled it to continue to function satisfactorily during the period of the crisis in Congo.

34. Commenting on the themes of the Round Tables during the current session of the Regional Committee, the President reminded the delegates that Africa expected a lot from the meeting. He urged the Committee to deliberate carefully on issues at hand for the benefit of the continent's people.

35. He wished the meeting successful deliberations, and declared the 51st session of the WHO Regional Committee for Africa officially open.

ORGANIZATION OF WORK

Constitution of the Subcommittee on Nominations

36. The Regional Committee appointed a Subcommittee on Nominations consisting of the following Member States: Algeria, Benin, Cameroon, Cape Verde, Central African Republic, Ghana, Lesotho, Madagascar, Mauritania, Namibia, Tanzania and Zambia. The

Subcommittee met at 9.25 a.m. on Monday, 27 August 2001, and elected Dr Mwinyihaji Makame, Minister of Health of Tanzania, as its Chairman. It also elected Dr Dario Dantas Dos Reis, Minister of Health of Cape Verde, as Rapporteur. Representatives of the following Member States were absent: Benin, Central African Republic and Madagascar.

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

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

Chairman: Dr L.A. Opimbat
Minister of Health, Solidarity and Humanitarian Action
Republic of Congo

1st Vice-Chairman: Ms Tutu Tsiang
Deputy Permanent Secretary, Ministry of Health, and Head of Delegation,
Botswana

2nd Vice-Chairman: Dr I. Tejan-Jalloh
Minister of Health,
Sierra Leone

Rapporteurs: Mr Stanislas Ntahobari
Minister of Health,
Burundi (French)

Mr Ashok Jugnauth
Minister of Health,
Mauritius (English**)**

Dr José Vieira Dias Van-Dunem
Vice-Minister of Health,
Angola (Portuguese)

Adoption of the agenda

38. The Chairman of the fifty-first session of the Regional Committee, Dr L.A. Opimbat, tabled the provisional agenda (document AFR/RC51/1 Rev. 1), which was adopted without amendment *(For full text, see Annex 2).*

Adoption of the hours of work

39. The Regional Committee adopted the following hours of work: 9.00 a.m. to 12.30 p.m. and 2.00 p.m. to 5.30 p.m., inclusive of tea breaks.

Appointment of members of the Subcommittee on Credentials

40. The Regional Committee appointed representatives of the following 12 countries as members of the Subcommittee on Credentials: Botswana, Ethiopia, Equatorial Guinea, Gabon, Malawi, Rwanda, Sao Tomé & Principe, Senegal, Seychelles, South Africa, Togo and Zimbabwe.

41. The Subcommittee on Credentials met on 27 August 2001 and elected Ms Tutu Tsiang, Head of Delegation of Botswana, as its Chairman.

42. The Subcommittee examined the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tomé & Principe, Senegal, 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.

THE WORK OF WHO IN THE AFRICAN REGION 2000: ANNUAL REPORT OF THE REGIONAL DIRECTOR (document AFR/RC51/2)

Introduction

43. The Regional Director started by thanking the Government and people of Zimbabwe for having hosted the WHO Regional Office for Africa since it left Brazzaville in June 1997. The staff had continued to enjoy the warm hospitality of the Government and people of Zimbabwe and their stay there had been most comfortable.

44. Dr Samba thanked the Member States for facilitating the work of the Regional Office. He informed the Committee that the WHO African Region had increased its productivity tremendously, thanks to the cooperation of Member countries, partners and WHO headquarters. He mentioned that the number of WHO staff in the Region had more than doubled. The budget had also increased significantly. He thanked and congratulated the Government of Congo for inviting the Regional Committee to hold its meeting in Brazzaville, and paid personal tribute to His Excellency President Denis Sassou Nguesso for giving special personal attention to the rehabilitation of the Regional Office premises in Djoué.

45. Regarding the preparations for this meeting, he noted with satisfaction that all the delegates had received their documents well in time. He requested the delegates to visit the exhibition put up outside the conference hall, which provided an overview of WHO's work.

46. The Regional Director noted with concern that the development of Africa was lagging behind despite the availability of vast natural resources and the existence of a critical mass of educated people who were capable of taking charge of the continent's destiny. He reiterated that what was needed was commitment, hard work and more transparent management of affairs. He applauded the new African Initiative, resulting from a combination of the Omega and the African Millennium Plans, which was a vision that needed to be translated into action. He stated that WHO considered health as an integral part of overall socioeconomic development.

47. The Regional Director then invited the WHO Director of Programme Management and directors of the various divisions at the Regional Office to present sections of the report related to their respective programme areas.

General programme development and management

48. Dr L.G. Sambo, Director, Programme Management, while introducing the annual report, highlighted the changes introduced in both its content and format in order to make it more reader-friendly.

49. Explaining the changes, he said that activities were described under their respective Areas of Work rather than by geographical levels, thus putting into practice some of the principles underlying the new WHO Corporate Strategy.

50. Dr Sambo drew attention to the unfavourable environment of widespread political instability, civil conflicts, economic crises and natural disasters that prevailed in many African countries under which national health systems had to operate.

51. He explained that Part I of the report recounted significant activities in selected Areas of Work, while Part II reviewed progress made in implementing specific resolutions adopted at previous sessions of the Regional Committee. These parts of the report would be presented by the respective division directors.

52. He added that within the context of the WHO Corporate Strategy, and in line with the priorities set by the Regional Committee in 1999, efforts had been directed at:

    (a) poverty-related health problems such as HIV/AIDS, malaria and tuberculosis as well as Safe Motherhood and child health;

    (b) assessment of risk factors related to the physical environment, the socioeconomic context and human behaviour;

    (c) strengthening of health systems and services;

    (d) health promotion in the context of development policies and poverty alleviation in the African Region;

    (e) capacity development in health research.

53. Dr Sambo highlighted the transformation of the Information Unit at the Regional Office into a dynamic force that had stepped up the production and availability of programmes. These were being aired on most national radio and television networks. The amount of information provided through the Regional Office website had also increased significantly.

54. Strengthened management systems had resulted in significant improvement in programme implementation and in achieving a budget execution rate for the first year of the biennium of well over 70%, corresponding to US$241 million.

55. The Corporate Strategy also found expression in the strengthening of WHO country offices, development of leadership capacity in WHO country representatives and regional advisers, and an extensive expansion and improvement in the quality of information technology (IT) connectivity.

56. The regional plan for full implementation of the programme of developing country cooperation strategies by 2003 had been completed and its implementation was already in progress.

57. Under Part III, he recounted the progress made in implementing resolution AFR/RC48/R6 on the situation of the WHO Regional Office in Brazzaville, following the civil war that erupted in the Congo in June 1997 and which resulted in temporary relocation of the office to Harare, Zimbabwe.

58. He further explained that Part III also presented a summary account of the related salient facts, including the visits of the ministerial teams to Brazzaville. The mission had, among other things, recommended that the fifty-first session of the Regional Committee should be held in Brazzaville.

59. Dr Sambo acknowledged the strong support and cooperation of ministers of health, without which much could not have been achieved.

60. In the debate that followed, the Committee suggested that training activities in emergency preparedness and response should include personnel beyond the Ministry of Health due to the cross-cutting nature of the programme. The Committee requested that emergency management structures and capacities be established in ministries of health.

61. On research, the Committee requested for more support to local research in HIV/AIDS, malaria and traditional medicine, as was recommended by its forty-ninth session.

62. Delegates expressed concern that most WHO courses in the Region were organized either in French or English, making them inaccessible to officials from Portuguese-speaking countries. A specific request was made for the Regional Office to organize more training courses in the Portuguese language.

63. It was suggested that WHO should assess the results of the implementation of all resolutions of the Regional Committee since 1995.

Health systems and services development

64. Dr R. Chatora, Director, Division of health systems and services development, presented this section of the annual report.

65. He explained that the mission of the division was to provide support to the development of national health systems and services.

66. In the area of Organization of service delivery, major activities included support for health policy review; support to enhancing health systems performance initiative (EHSPI) in countries, based on the health systems performance assessment framework; finalization and use of the WHO tool on the assessment of the operationality of district health systems; and support in the selection of essential health indicators.

67. Dr Chatora mentioned that a tool for the compilation of national health research profiles had been distributed to all countries. Research frameworks on health sector reform and HIV/AIDS had also been developed. Training courses for managers of human resources for health (HRH) were held in Algiers for French-speaking countries and in Cape Town for English-speaking countries. Three hundred and fifty-one WHO fellowships were awarded in 2000.

68. The four major areas of activity in the domain of Essential drugs and medicines policy were: policy; access; quality and safety; and rational use. Achievements in these areas included: finalization and use of a training manual on the management of drugs at the health-centre level; publication of the Essential Drugs Price Indicator; and support to three countries on the formulation of national drug policies.

69. He informed the Committee that after the adoption of the strategy on traditional medicine, generic protocols for evaluating traditional medicines as well as specific protocols for ethno-medical studies and clinical trials of drugs for HIV/AIDS and malaria were finalized and adopted at a workshop held in Madagascar.

70. In the area of Blood safety and clinical technology, the main achievements were: training in the quality management of blood; support to countries in the formulation of national blood policy and quality assurance programmes; and preparation of the Regional Strategy on Blood Safety. The technical capacities of the National Blood Transfusion Services in

Harare (Zimbabwe) and Abidjan (Coted'Ivoire) were strengthened, and these centres hosted their first courses on quality management for blood safety.

71. Finally, he informed the Committee that the Clinical technology and quality of care programme supported two countries to strengthen their laboratory services. In response to the need for a tool to guide countries in the formulation of national health-care equipment policies, guidelines were finalized which would be ready for distribution during 2001.

72. In the discussions that followed, delegates emphasized the importance of producing and making available reliable information to help decision-making. They requested WHO's support in organizing training programmes on a large scale in this area.

73. Delegates also expressed concern over the increasing problem of brain drain of personnel trained at heavy cost. They requested WHO to give guidance on how to retain staff within the countries.

74. On health systems performance assessment, it was suggested that countries should be assisted to develop efficient health information systems, and that an observatory on policy and health systems development should be created.

75. It was also pointed out that health systems were strongly influenced by external factors such as wars, conflicts, disasters and epidemics, which made it difficult to ensure their stability. Current national health plans attempted to address the question of the sustainability of health systems.

76. The question of illicit production and sale of drugs was raised and the Regional Director was requested to provide appropriate advice to Member States.

77. The delegate from Chad requested inclusion of his country's name in the list of those that had held national negotiation workshops.

Prevention and control of communicable diseases

78. Dr A. Kaboré, Director, Division of prevention and control of communicable diseases, presented this section of the annual report.

79. He emphasized the fact that despite laudable efforts made and significant successes achieved by Member States, communicable diseases still remained major priority problems in the African Region.

80. In order to meet this challenge, plans had been developed to support Member States to accelerate the implementation of prevention and control activities against major communicable diseases such as HIV/AIDS, tuberculosis and malaria.

81. He indicated that with regard to other communicable diseases, significant achievements had been made, which included:

(a) provision of technical support for evaluating epidemic preparedness and response systems;

(b) introduction of the Integrated Management of Childhood Illness (IMCI) programme in 10 countries, which had raised to 37 the number of countries implementing the IMCI strategy in the African Region;

(c) reduction in leprosy prevalence from 1.2 cases per 10,000 inhabitants to 1.06. The prevalence of guinea worm disease was similarly reduced by 24%;

(d) initiation of the development of a regional strategy for lymphatic filariasis and completion of a strategy for schistosomiasis control. Seven countries received technical support for undertaking lymphatic filariasis mapping.

82. This high rate of success was achieved due mainly to the flexible style of management at the Regional Office, improvements in communication between Regional Office and Member States, and increased collaboration with development partners.

83. With regard to progress made in the implementation of the Regional Committee's resolutions in the area of communicable disease control, Dr Kaboré highlighted the following:

(a) The number of countries reporting endemic circulation of wild polio virus in the Region had dropped from 17 in 1999 to 11 in 2000.

(b) The first synchronized organization of national immunization days in the Region, involving 17 countries in West and Central Africa, was successfully conducted.

(c) The detection rate of acute flaccid paralysis (AFP) cases among children under 15 years of age had increased to 1.3 per 100,000, which was above the global target of 1.0 per 100,000.

(d) An integrated disease surveillance task force had been set up to help accelerate the implementation of the regional strategy, and 13 countries had already drawn up their five-year national plans for this purpose.

(e) A total of 37 countries had adopted the IMCI strategy, of which 23 had, at the end of 2000, progressed to the level of introduction of the community component.

84. In the discussions that followed the presentation, delegates noted that the problem of HIV/AIDS had reached alarming proportions in the Region, resulting in an increase in the number of orphans requiring care. Furthermore, they expressed concern that national and international funds, inadequate though they were, were still not being made available to national HIV/AIDS programmes with the urgency they deserved.

85. The resurgence of some communicable diseases, such as trypanosomiasis, was a matter of major concern that required an intercountry and integrated approach. If prompt action was not taken, it would lead to serious socioeconomic consequences. Delegates also noted that despite the progress made, the problem of meningitis was still widespread in West Africa and this needed stronger and more effective preventive and control measures.

Prevention and control of noncommunicable diseases

86. Dr M. Belhocine, Director, Division of prevention and control of noncommunicable diseases, introduced this section of the report.

87. He informed the Committee that following the adoption of the Regional Strategy for Noncommunicable Diseases by the Regional Committee in 2000, the Regional Office had organized two intensive courses on the epidemiology and surveillance of diabetes. Twenty-four participants from six countries attended a training workshop on the prevention and early detection of cervical cancer organized in Ibadan (Nigeria) in close collaboration with the International Centre for Research in Cancer (ICRC). A process of systematic collection of current data on noncommunicable diseases was initiated in two countries.

88. The Regional Strategy for Mental Health adopted in 1999, was widely disseminated through the organization of different activities, including intercountry workshops. A well-sustained effort was made in all countries to prepare for the observance of World Health Day 2001, which had mental health as its theme. The Global Campaign Against Epilepsy, with active support from the Regional Office, held a meeting in Dakar (Senegal) in May 2000 to discuss prospects for epilepsy control in Africa. Its recommendations were contained in the 'Dakar Declaration', extracts of which were featured in the Regional Director's annual report.

89. In regard to tobacco, Dr Belhocine reported that collaboration with nongovernmental organizations and parliamentarians had been established in order to strengthen tobacco control policies and to facilitate contribution of countries in the Region to the preparatory work for the Framework Convention for Tobacco Control. More and more countries were putting in place measures for the control of tobacco use. Support in the use of the WHO/CDC global survey methodology for assessing tobacco consumption among the youth was also provided.

90. Three African countries were assisted in setting up an integrated community approach to prevent and reduce the consumption of psychoactive substances by young people as part of the joint WHO/United Nations Drug Control Programme (UNDCP) Initiative.

91. In collaboration with FAO, an intercountry workshop on the follow-up of the International Conference on Nutrition was organized for 25 French-speaking countries. Training of trainers in the implementation of national policies for breast-feeding was organized for Portuguese-speaking countries. The Region participated in different phases of the study and improvement of the draft document on the global strategy for feeding of the infant and young child. The nutrition programme at the Regional Office supported four countries to carry out iodine deficiency studies.

92. Dr Belhocine said that technical and financial support was, and continues to be, given to Member States for the preparation of oral health policies and programmes. The contribution of WHO collaborating centres for oral health, particularly in the areas of expertise, research and development of guides, had strengthened technical capacity in all countries. Special emphasis had been placed on Noma (*Cancrum oris*), and, since the end of 2000, this programme was being managed and implemented completely by the Regional Office.

93. The capacity of national focal points for health promotion programmes in 15 countries was strengthened at an intercountry workshop. The Health-Promoting Schools Initiative was also strengthened at national level. A document on a regional strategy for health promotion had been prepared and would be submitted to the current session of the Regional Committee.

94. In the discussions that followed, delegates stressed the need for intensified support in the area of prevention and control of noncommunicable disease (e.g. cardiovascular diseases, diabetes, cancer, sickle cell disease, mental health and oral health). In this regard, a special request was made to disseminate and implement the African declaration on epilepsy. An appeal was also made for WHO to assist countries that depended on tobacco

for economic development, and to raise awareness of the harmful effects of tobacco consumption. WHO should join in country efforts to identify and produce traditional medicines for noncommunicable diseases.

95. The importance of health promotion for the success of any health intervention programme was highlighted, as it empowered communities to play an active role in their health development. The Committee sought guidelines on school health promotion and substance abuse. WHO was requested to provide support to strengthen the capacity of Member States to address these issues.

Family and reproductive health

96. Dr D. Oluwole, Director, Division of family and reproductive health, introduced this section of the report.

97. She stated that the number of African experts had been increased to support countries in their reproductive health needs assessment and in the development of national reproductive health programmes and implementation of the Mother-Baby package at district level.

98. In the continuing efforts to reduce maternal mortality and morbidity, five countries were selected to commence the implementation of the Making Pregnancy Safer Initiative.

99. Dr Oluwole reported that clinical guides on HIV management in maternity settings had been developed, and added that the strategic framework for the prevention of the mother-to-child transmission of HIV had been reviewed and updated; models for psychosocial support to HIV-infected women and their families had been developed; and national capacities to use the mass media for the improvement of reproductive health and prevention of mother-to-child transmission of HIV had been strengthened.

100. Achievements in the area of Child and adolescent health included the development and adaptation of tools for the assessment of the care of the newborn; the building of national capacities to promote psychosocial development of the child and prevent child abuse; and provision of support to Member States for the establishment of adolescent-friendly health services.

101. In collaboration with Member States, nongovernmental organizations (NGOs) operating in the fields of women's health and gender issues had been identified and listed. Work had commenced on the revision of training modules on gender-based issues in order to incorporate WHO priority programmes in areas such as STI/HIV/AIDS, blood safety, malaria and poverty alleviation.

102. In order to address the social aspects of family and reproductive health, the programme had mapped out and documented patterns of, and causative factors for, gender-based violence in the Region. There was increased emphasis on income-generating activities and functional literacy for women.

103. In regard to future perspectives, Dr Oluwole reported that plans were under way to designate some institutions specializing in research and in reproductive health as WHO collaborating centres which would enhance institutional capacity-building. The regional strategy on Adolescent Health would be presented to the current session of the Regional Committee, while a regional strategy on Women's Health and Development would be developed using regional expertise and in partnership with other stakeholders.

104. Delegates called for greater emphasis on gender-related issues in the work of WHO.

Healthy environments and sustainable development

105. Mrs E. Anikpo-N'Tame, Director, Division of healthy environments and sustainable development, presented this section of the report.

106. She mentioned that in the Area of Work of Protection of the human environment, emphasis had been placed on information gathering for decision-making, policy formulation and hygiene education. A report on the regional assessment of the water and sanitation sector and guidelines for the sector's coordination and networking had been published. In addition, technical assistance was provided to six countries to develop environmental health policies, while 20 countries were supported in the implementation of community-based water and sanitation micro projects using the Participatory Hygiene and Sanitation Transformation (PHAST) approach.

107. Environmental risk hazard mapping was promoted to strengthen strategic planning capacities in the Region. Water quality surveillance, hospital waste management and chemical safety measures were also promoted.

108. Mrs Anikpo-N'Tame reported that support was provided to five African cities to implement pilot projects in occupational health in the informal sector, and to 20 French-speaking countries to develop and strengthen partnerships and resource mobilization activities for the Healthy Cities programme.

109. In the field of food safety, which was the newest Area of Work in the WHO African Region, she indicated that inadequate attention to food safety remained a major cause of ill-health and that it especially affected children and the poor. It was for this reason that the Fifty-third World Health Assembly had adopted a resolution which called upon WHO

and its Member States to recognize food safety as an essential public health issue. In that spirit, the Regional Office would assist governments in the strengthening of their health services related to food safety and in promoting food hygiene with a special focus on the informal sector.

110. In the Area of Work of Health in sustainable development, guidelines for long-term health development - to be used as a tool for policy dialogue and long-term planning - were published. Training in the use of the latter would start in 2001.

111. Finally, Mrs Anikpo-N'Tame informed the Committee that a Regional Consultation on Poverty and Health had been held in 2000 in Harare. The recommendations emanating from that consultation were fully implemented. Advocacy for community-based poverty alleviation programmes for improving health was also strengthened.

112. In the discussions that followed, delegates called for a more concrete approach to address the issue of food safety in the informal sector.

113. Delegates suggested that paragraph 123 in the report be revised since most of the countries listed therein did not experience any cholera outbreak during 2000.

Administration and finance

114. Mr B. Chandra, Director, Division of administration and finance, introduced this section of the annual report. He briefly described the four major areas that comprised the division, namely: Health information management and dissemination; Human resources; Financial management; and Informatics and infrastructure services.

115. He informed the Committee that the area of Health information management and dissemination continued to expand.

116. The Personnel services had been sufficiently strengthened to take care of some 1 300 staff working under a variety of contracts. A significant achievement had been the creation of some 200 posts of national professional officers (NPO), which was a new category of staff in WHO. This experience had generally been positive. To demonstrate the commitment of the Organization to the continuous training and upgrading of the skills of staff at all levels, a full-time staff had been appointed to be in charge of staff training and development in the Region.

117. In regard to Financial management, two audits conducted during the past 12 months had reported significant improvements and compliance with WHO rules and regulations.

Further devolution included the creation of a support unit in the poliomyelitis programme and the recruitment of administrative officers for each of the technical divisions at the Regional Office.

118. Mr Chandra noted that in the area of Informatics and infrastructure services, the greatest challenge was to strengthen communications within the Region, the priority being to link up Harare, Brazzaville and Ouagadougou to the WHO Global Programme Network (GPN).

119. Finally, he mentioned that the General administrative services dealt with alleviating the problems of office space in Harare and resuming operations in Brazzaville.

120. While recognizing the importance of the recruitment of NPOs in WHO country offices and the fact that this scheme had increased the motivation of nationals, some delegates expressed concern about their full availability to ministries of health. It was suggested that some of the NPOs should be located within ministries of health in order to reinforce the technical capacity of related national health programmes.

Situation of the WHO Regional Office in Brazzaville, Congo

121. In regard to the return of the Regional Office to Brazzaville, the delegate from Congo informed the Committee that the rehabilitation work on the premises was almost completed, that printing equipment the arrival of which had been delayed had just arrived, and that even the Regional Director had acknowledged the progress made. He added that the Djoué complex would be handed over to the Director-General on Tuesday, 28 August 2001. He expressed his gratitude to the ministerial committee consisting of the Ministers of Health of Burkina Faso and Namibia and a representative of the Ministry of Health of Benin for their guidance and fair evaluation of the progress of the situation in Congo.

122. The Regional Committee congratulated the Regional Director and his staff for the relevance and clarity of the report.

123. The Regional Committee proposed that a motion of thanks be presented to His Excellency President Denis Sassou Nguesso and the Government of Congo.

124. Responding to the contributions made by the delegates, the Regional Director thanked them for their valuable comments and promised that all their suggestions would be acted upon. He urged Member States to address themselves to the peaceful resolution of all conflicts in the Region.

Adoption of the Annual Report

125. Having carefully examined the annual report of the Regional Director section by section, the Regional Committee adopted the report as contained in document AFR/RC51/2.

CORRELATION BETWEEN THE WORK OF THE REGIONAL COMMITTEE, THE EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY
(documents AFR/RC51/6, AFR/RC51/7 and AFR/RC51/8)

126. Dr L. G. Sambo of the Secretariat introduced the documents relating to agenda items 7.1, 7.2 and 7.3. He invited the Committee to examine the documents and provide guidance: (i) on the proposed strategies for implementing the various resolutions of interest to the African Region adopted by the Fifty-fourth World Health Assembly and the 107th session of the Executive Board; (ii) on the regional implications of the agendas of the 109th session of the Executive Board and the Fifty-fifth World Health Assembly; and (iii) on the method of work and duration of the World Health Assembly.

Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board (document AFR/RC51/6)

127. The document highlighted the resolutions of regional interest adopted by the Fifty-fourth World Health Assembly and the 107th session of the Executive Baord. These included:

(a) Health systems performance assessment (EB107.R8)
(b) Infant and young child nutrition (WHA54.2)
(c) Members in arrears in the payment of their contributions to an extend which would justify invoking Article 7 of the Constitution (WHA54.5)
(d) Special arrangements for settlement of arrears (WHA54.6)
(e) Scaling up the response to HIV/AIDS (WHA54.10)
(f) WHO medicines strategy (WHA54.11)
(g) Strengthening nursing and midwidery (WHA54.12)
(h) Strengthening health systems in developing countries (WHA54.13)
(i) Global health security: epidemic alert and response (WHA54.14)
(j) Transparency in tobacco control process (WHA54.18)
(k) Schistosomiasis and soil-transmitted helminth infections (WHA54.19)
(l) International classification of functioning, disability and health (WHA54.21)

128. Each resolution contained operative paragraphs which were accompanied by measures to be taken or information on actions already taken.

129. The Committee was invited to examine the comment on the strategies proposed and also provide guidance for the implementation of these resolutions as well as the regional programmes of WHO.

130. Concerning scaling up the response to HIV/AIDS, it was suggested that emphasis be placed on a subregional approach to control the disease since many regional approaches were already in progress. It was felt that a subregional approach would help immensely, particularly if the necessary means to support this initiative were made available.

Agendas of the 109th session of the Executive Board and the Fifty-fifth World Health Assembly: Regional implications (document AFR/RC51/7)

131. The document contained the draft provisional agendas of the 109th session of the Executive Board which would be held in January 2002 and the Fifty-fifth World Health Assembly, scheduled for May 2002, as well as the draft provisional agenda of the fifty-second session of the Regional Committee to be held in September 2002.

132. The Committee was invited to note the correlation between the work of the Executive Board, the World Health Assembly and the Regional Committee.

133. The following items were on the agendas of all the three governing bodies of the WHO:

- Health Systems
- Essential drugs
- Child health and childhood illness
- Infant and young child nutrition
- Priorities for the biennium 2004-2005
- HIV/AIDS
- Immunization.

134. The Committee was invited to consider the provisional agenda of its fifty-second session and decide on issues that should be recommended to the 109th session of the Executive Board and the Fifty-fifth World Health Assembly.

Method of work and duration of the World Health Assembly (document AFR/RC51/8)

135. The purpose of the document was to facilitate the work of Member States at the Fifty-fifth World Health Assembly in accordance with the relevant decisions of the Executive Board and the World Health Assembly.

136. Delegates were reminded of the importance of sending their credentials to WHO headquarters early enough so as to ensure their effective participation in the special committees for which they had been proposed.

137. It was suggested that, in addition to Member States pleading their individual causes or stating their individual positions, there should be a common approach by the African group at the World Health Assembly and the Executive Board which, it was felt, would bring great benefit to the Region.

138. The Regional Committee took note of the information contained in the three documents presented.

REPORT OF THE PROGRAMME SUBCOMMITTEE (document AFR/RC51/5)

139. The Chairman of the Programme Subcommittee, Dr J. Zinsou Amegnigan (Benin), reported that 11 of the 12 members of the Subcommittee as well as the Executive Board members from the Republic of Congo and Equatorial Guinea had participated in the deliberations of the Subcommittee, which met in Harare from 18 to 22 June 2001. The Chairman of the African Advisory Committee for Health Research and Development was also present.

140. He invited the Regional Committee to note the important departure from the previous practice in that the documents being presented to the Committee already incorporated the comments and suggestions of the Subcommittee. Dr Amegnigan also mentioned that the report of the Programme Subcommittee contained the views of all its members.

141. On behalf of the members of the Subcommittee, Dr Amegnigan expressed sincere appreciation of the assistance provided by the Regional Director and his staff in facilitating their work.

WHO Programme Budget 2002-2003: Country orientations (document AFR/RC51/3)

142. Dr Amegnigan explained that the Subcommittee had noted that the Regional Committee had discussed the draft Programme Budget last year and had adopted the Regional Orientations for its implementation in the African Region, and that the current document on Country Orientations constituted the final stage in the preparation of the Programme Budget.

143. He stated that the Subcommittee had suggested that in order to minimize 'unplanned' activities, there was needed to enhance the coherence of expected results as well as the coordination of activities at country level.

144. The Chairman of the Subcommittee recommended the document to the Committee for adoption.

145. The Committee adopted the document AFR/RC51/3 without any amendment.

Blood safety: A strategy for the African Region (document AFR/RC51/9 Rev.1)

146. The Subcommittee noted the continuing unsatisfactory situation with regard to blood safety in the Region. Members, therefore, welcomed the Secretariat's initiative to introduce a regional strategy for enhancing blood safety in the African Region.

147. The Subcommittee made a series of suggestions as listed in sections 34 and 35 of its report, highlighting, among others, the need to:

(a) incorporate strategies for blood safety into national health policies;

(b) strengthen the technical capacity of health professionals involved in blood safety;

(c) develop the necessary and appropriate infrastructure and create conditions for effective motivation and retention of staff;

(d) encourage Member States, whatever their economic status, to contribute to the Global HIV/AIDS and Health Fund in order to be able to influence decisions on its utilization.

148. The Minister of Health, Zimbabwe, informed the Committee of the existence of a very-well organized blood transfusion service in his country, which had already been designated as a WHO Collaborating Centre in Blood Transfusion. He said that the Centre had the capacity to train health professionals from Member States in the Region, and invited delegates to send relevant staff for training.

149. The Committee identified high investment costs as a major obstacle in the way of development of adequate and safe national blood transfusion services. WHO was requested to provide guidelines on the procurement of supplies and equipment related to blood transfusion services.

150. Human resources development was seen as an important subject to be reflected in the strategy. The Committee emphasized the need to utilize existing institutions and distance training within the Region in order to ensure sustainability. The possibility of involving the private sector in training programmes should be explored in view of the fact that, in some countries, blood transfusion services were being provided by the private sector. Particular mention was made of the facilities available at the blood transfusion reference centres in Abidjan and Harare.

151. Unwillingness of a wide section of the public to donate blood was seen as a major constraint. It was suggested that WHO should provide technical guidance on ways and means of encouraging young people from schools, colleges and universities to enrol themselves in the donor programme.

152. The Committee acknowledged that promoting blood donation was likely to increase the number of people who were committed to remaining HIV-free. This promotion should start with health personnel who should set a good example by becoming active donors themselves.

153. The Regional Director appealed to Member States to take up the offer of Zimbabwe for training in this area, and requested those with specific needs to pass them on to the Regional Office.

Adolescent health: A strategy for the African Region (document AFR/RC51/10 Rev.1)

154. Dr Themba L. Moeti (Botwsana), a Rapporteur of the Programme Subcommittee, reported that the Subcommittee had expressed deep satisfaction with the comprehensive manner in which the Secretariat had tackled this complex issue.

155. Members of the Subcommittee had, however, underscored the need to reorient existing health systems to the special requirements of adolescents and to provide health workers with the necessary knowledge and skills to meet these requirements.

156. The Subcommittee also emphasized the need to approach adolescent health from a multisectoral perspective as well as to take full cognizance of the wide cultural variations that existed within and among countries.

157. Delegates expressed their appreciation of the development of the regional strategy on Adolescent Health and noted its timeliness. They recognized the fact that adolescents were vulnerable to adverse conditions in the environment in which they lived and grew up, and acknowledged the growing problem of alcohol and substance abuse and violence among young people in the Region.

158. Resources allocated for health programmes and services for adolescents were seen to be seriously inadequate as were the access to, and utilization of, health services by adolescents, the latter being, at least in part, due to the unhelpful attitude of health staff.

159. The need for adopting a multisectoral approach to address issues concerning adolescent health and development was underscored. Similarly, the involvement of young people in the planning and implementation of their health programmes was emphasized. The inclusion of moral and spiritual aspects, and the involvement of religious leaders when addressing young people's health and development needs, were also stressed. The contribution made by other development partners and nongovernmental organizations to adolescent health and development programmes was widely recognized.

160. Delegates drew attention to the negative influence of some aspects of globalization, such as the cyber net, on the behaviour of pre-adolescents, and called for special interventions to protect this particularly vulnerable group. Attention was also drawn to the need to empower parents with essential information, education and skills to inculcate moral values and cultures in their children.

161. The Committee suggested that the following phrase should be added to paragraph 14 of the strategy document: "Adolescents are also vulnerable to sexually transmitted infections." It also recommended that:

(a) there should be close collaboration between the health and education sectors on health promotion in schools and on the policy on pregnant adolescent girls;

(b) more research should be conducted on the cultural aspects of the health problems of adolescents;

(c) WHO should provide support to countries in their effort to stem and address the worsening problem of street children in the Region;

(d) Special interventions should be developed to address the problem of violence perpetrated by young people in some countries (e.g. child soldiers), and facilitate their rehabilitation and integration into society.

162. The Regional Director assured delegates that their suggestions would be examined and incorporated into the strategy.

Infant and young child nutrition: Situation analysis and prospects in the African Region (document AFR/RC51/11 Rev.1)

163. Dr Themba L. Moeti stated that on this subject, the points highlighted by the members of the Programme Subcommittee included: the important role of men in mother and child nutrition; the importance of the multisectoral approach, especially the role of the Ministry of Agriculture; the strong need for a research component to the problem of mother-to-child transmission of HIV; and the central role of exclusive breast-feeding of the child for the first six months.

164. The Subcommittee also recommended that the African Region should take a common stand on the global question of infant feeding during the forthcoming meetings of the Executive Board and the World Health Assembly.

165. The Committee expressed concern over the extent of inadequate nutrition for the people of Africa, particularly in countries emerging from war and complex emergencies. It discussed extensively the linkage between malnutrition and poverty, the nutrition of pregnant women, the duration of exclusive breast-feeding, the reduction of the workload of pregnant women, and the persistence of traditional nutritional habits and socio-cultural practices which adversely affected good infant feeding.

166. Several delegates requested WHO's support in the implementation of their national plans of action for nutrition, particularly guidelines and tools for assessing the strategies being implemented in the Region.

167. The Committee also called for:

(a) clear guidance on mother-to-child transmission of HIV through breast-feeding;

(b) the promotion of the availability of local supplementary foods and their protection, considering the non-enforcement of the regulations of the International Code of Marketing of Breast-milk Substitutes, which facilitated importation of artificial foods to the detriment of local foods;

(c) the involvement of other employment sectors (public and private) to facilitate breast-feeding at the workplace;

(d) the identification of factors obstructing the implementation of the UN recommendations related to breast-feeding;

(e) guidelines on food donations to ensure their quality and nutritional value.

168. The Committee recommended the setting up of a technical working group to develop an inventory of nutritious local weaning foods with a view to promoting their use in the Region.

169. Regarding importation of infant feeds, the Committee recommended vigorous regulatory measures to protect infants and children in the Region.

170. After clarifications given by the Secretariat on the issue of mother-to-child transmission of HIV, the Regional Director assured delegates that the Secretariat would take note of their recommendations which would be translated into action.

Health promotion: A strategy for the African Region (document AFR/RC51/12 Rev. 1)

171. Dr Mbaiong Malloum Eloi (Chad), Rapporteur, reported that the Subcommittee had appreciated the important contribution health promotion could make to the achievement of priority health objectives as well as the multidisciplinary and multisectoral implications of effective health promotion. Members also emphasized the need to see health promotion as a cross-cutting component of all health and health-related development programmes.

172. The Subcommittee had expressed the need for the Secretariat to develop a framework to assist countries in the implementation of health promotion activities. Furthermore, members emphasized the leadership role of ministries of health in health promotion and the important contribution health promotion could make to poverty reduction and general development.

173. Delegates commended the Secretariat for including the strategy on health promotion in the agenda of the Regional Committee. It was seen as a crucial component of health development which should be made an integral part of all health interventions.

174. The importance of partnership with non-health players, particularly the media and education, was emphasized as a means of enhancing coordination efforts. In this context,

due consideration should be given to functional literacy, conventional and new information technologies and the gender dimension of health promotion actions.

175. The Committee stressed the importance of involving communities in defining problems associated with health promotion activities and identifying appropriate solutions.

176. WHO was requested to support capacity-strengthening in countries through training and material assistance in order to ensure effective implementation of the health promotion strategy. This should include the provision of guidance for appropriate use of various health promotion methods such as social mobilization, functional literacy and conventional and new information technology.

177. In addition, it was suggested that operational research by local populations in the socioecomonic and behavioural aspects of health promotion should be supported and that countries should be helped to scale up inteventions. The Committee also requested WHO to lobby for Africa to host the next global conference on health promotion.

Emerging bioethical issues in health research: Concerns and challenges in the African Region (document AFR/RC51/19)

178. The Subcommittee, having taken note of document AFR/RC51/19, commended the Secretariat for the pertinence and timeliness of the subject.

179. Members had underscored the need for: appropriate laws to guide research in the Region; constant vigilance over the entire research process; an appropriate regional structure and mechanism to assist Member States on issues related to health research; and separating the roles and functions of scientific review committees from those of ethical review boards so as to safeguard against conflict of interest.

180. The Subcommittee recommended the creation of a working group of African experts to study in greater depth the issue of genomics and health, taking into account the concerns raised in the working document. The Subcommittee further recommended that the regional contribution to the report of the Global Advisory Committee on Health Research be further refined.

181. Delegates commended the Regional Director for including this item in the agenda of the Committee.

182. A serious dearth of people knowledgeable in bioethics was identified as a major constraint in many countries in the Region.

183. The need for internationally-generated research programmes to respect existing regulations in Member countries was emphasized. The Committee expressed its concern that some research efforts were driven by external and commercial interests. In some instances, the results of the research undertaken in countries within the Region were not only published outside Africa but more often these did not benefit the local populations.

184. The need was identified for effective intercountry mechanisms to monitor medical and health research in order to ensure that existing national and international guidelines were respected. The Committee requested WHO's guidance on this matter.

185. It was recommended that WHO should examine the ethical dimensions of traditional medicines and practices. The Committee further requested the Organization to develop guidelines for bioethics and support countries to develop and formulate national protocols and appropriate laws to protect the public.

186. Delegates pointed out that they were under considerable pressure to accept drugs, especially those purported to be effective against HIV/AIDS, but whose efficacy had not been determined. An additional problem related to the widespread practice of extracting local plants from countries in the Region, conduct research on them elsewhere, fabricate and later market the products in the Region at unaffordable prices.

187. Delegates also expressed their concern about the ownership of the research agenda of international partners. Sometimes, partners did not reveal their true agenda in collaborative research. The issue of anonymous testing for HIV status was cited as a common practice which was not beneficial to the people.

188. Concluding the discussion on this agenda item, the Regional Director expressed his satisfaction with the constructive remarks and orientations provided by delegates. He assured the Committee that the Secretariat would study the comments and suggestions and implement them appropriately.

189. The Committee adopted the following resolutions:

(a) AFR/RC51/R1: WHO Programme Budget 2002-2003: Country orientations.
(b) AFR/RC51/R2: Blood Safety: A strategy for the African Region
(c) AFR/RC51/R3: Adolescent Health: A strategy for the African Region
(d) AFR/RC51/R4: Health Promotion: A strategy for the African Region

ROUND TABLES (documents AFR/RC51/RT/1, AFR/RC51/RT/2 and AFR/RC51/RT/3)

Reports of the Round Tables

190. In accordance with the decision of the fiftieth session of the Regional Committee, the traditional Technical Discussions were replaced by Round Tables, conducted in parallel with the Regional Committee meeting, on the following topics:

(i) Health systems: Improving performance (document AFR/RC51/RT/1)
(ii) Disease control: The role of social mobilization (document AFR/RC51/RT/2)
(iii) Poverty reduction: The role of the health sector (document AFR/RC51/RT/3)

191. The Chairmen of the Round Tables presented their respective reports as follows:

- Mme Fatoumata Nafo Traoré, Minister of Health, Mali, on Round Table 1: Health systems: Improving performance;
- Mr Ashok Jugnauth, Minister of Health, Mauritius, on Round Table 2: Disease control: The role of social mobilization;
- Dr Francisco Songane, Minister of Health, Mozambique, on Round Table 3: Poverty reduction: The role of the health sector.

The reports of the Round Tables are included in this report as Annexes 4a, 4b and 4c.

192. The Regional Committee expressed its appreciation for the excellent quality of the discussions and noted the recommendations of the Round Tables.

PROGRAMME BUDGET: PRIORITIES FOR 2004-2005 (document AFR/RC51/20)

193. Dr L.G. Sambo of the Secretariat explained that the Programme Budget 2004-2005 was the second under the General Programme of Work for 2002-2005, which sought to respond to a large number of the needs of the countries in the Region.

194. He pointed out that the Secretariat had, therefore, prepared a list of priority areas which could be grouped into three categories: (i) those intended to strengthen the health systems; (ii) those intended to address specific diseases; and (iii) those that related to health promotion.

195. The selection of the list took into consideration the global priorities, the regional priorities for 2000-2001, and the Areas of Work that were selected by most of the countries in the Programme Budget for 2002-2003: Country orientations.

196. Dr Sambo concluded by requesting the Committee to analyse the contents of the document and advise the Regional Director on the proposed priorities as listed below:

(a) Health systems development
(b) HIV/AIDS
(c) Malaria
(d) Tuberculosis
(e) Maternal health
(f) Child health
(g) Mental health
(h) Cancer, cardiovascular diseases, diabetes and chronic obstructive pulmonary diseases
(e) Blood safety
(f) Poverty and health
(g) Preparedness for and response to emergencies and epidemics
(h) Youth and adolescent health
(i) Health promotion

197. In the debate that followed, delegates variously proposed the inclusion of the following topics:

(a) Essential medicines
(b) Capacity-building
(c) Nutrition
(d) Trypanosomiasis (sleeping sickness)
(e) Injuries
(f) Research
(g) Health and environment
(h) Food safety
(i) Health of the elderly
(j) Blindness
(k) Social security
(l) Buruli ulcer
(m) Re-emerging diseases such as Ebola
(n) Traditional medicine
(o) Medical waste
(p) Intersectoral action for health
(q) Health financing
(r) Other communicable diseases such as leprosy and guinea worm
(s) Epidemiological surveillance

198. Some delegates felt that the list was already too long and could be shortened either by merging some of the items or by selecting a few priorities for each biennium.

199. Yet others raised concern about the criteria used for selecting the priorities.

200. In his response, the Regional Director observed that the list of priorities had become too long and said that the Secretariat would revise it in the light of the budget available for their implementation in 2004-2005.

MATTERS FOR INFORMATION

Working in and with countries: Country cooperation strategy (document AFR/RC51/14)

201. Dr K. Tankari of the Secretariat presented document AFR/RC51/14 on Country cooperation strategy (CCS) and explained the purpose, process and product of the CCS.

202. He said that the main objective of the CCS was to improve WHO collaboration with countries through a medium-term strategic agenda, based on the principles of the WHO Corporate Strategy and the Policy Framework for Technical Cooperation with countries of the African Region.

203. Dr Tankari informed the Committee that the aim was to cover all the countries in the Region by the end of 2003.

204. The Regional Committee took note of document AFR/RC51/14.

CHOICE OF SUBJECTS FOR THE ROUND TABLES IN 2002 (document AFR/RC51/15)

205. Dr A. Kaboré of the Secretariat introduced document AFR/RC51/15, outlining a proposal on two main themes for the Round Table discussions during the fifty-second session of the Regional Committee.

206. In the discussions that followed, delegates recommended the introduction of a third theme as well for the Round Tables. The three themes agreed upon were:

Round Table 1: The health sector's response to the dual epidemic of TB and HIV/AIDS

Round Table 2: Addressing cardiovascular diseases through risk-factor reduction

Round Table 3: Human and financial resources for health systems development.

NOMINATION OF CHAIRMEN AND ALTERNATE CHAIRMEN FOR THE ROUND TABLES IN 2002 (document AFR/RC51/21)

207. The Committee appointed the following as the Chairmen and Alternate Chairmen for the Round Tables in 2002:

Round Table 1

Chairman:	South Africa
Alternate Chairman:	Senegal

Round Table 2

Chairman:	Nigeria
Alternate Chairman:	Benin

Round Table 3

Chairman:	Chad
Alternate Chairman:	Kenya

DATES AND PLACES OF THE FIFTY-SECOND AND FIFTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE (document AFR/RC51/16)

208. Mr B. Chandra, Director, Division of administration and finance, introduced the document.

209. The Committee agreed that the venue of its fifty-second session would be the Regional Office and that it would be held from 2 to 6 September 2002. The venue of the fifty-third session in 2003 would be determined at the fifty-second session.

210. On the issue of the decision to be taken under this agenda item, the Legal Counsel of WHO/HQ provided a number of clarifications. First, he said that Rule 4 of the Rules of Procedure required that the Regional Committee decide at each session the time and place of its next session. A practice had developed to also decide the place of its meeting for the subsequent session as well, though in the light of the terms of Rule 4, this decision was only provisional in nature.

211. At its last session, the Committee had decided to hold its current session in Brazzaville unless a ministerial evaluation team decided otherwise after visiting the city. The Committee also decided at the same time that the venue of the fifty-second session would

be the Regional Office. In the light of the provisional nature of that decision, it was now incumbent upon the Committee to decide whether or not to confirm that decision.

212. With respect to the decision on the progressive return of the Regional Office to Brazzaville, the Legal Counsel clarified that the original decision to evacuate the staff was taken by the Director-General and the Regional Director in the light of the security situation in the country. It was thus a decision of the WHO Secretariat to evacuate the office, and it was similarly a Secretariat decision as to when the security situation had returned to a level which would permit the return of the office. In this connection, the United Nations had a system for assessing the security of the location of the secretariats of the United Nations system of organizations, and the WHO Secretariat was continually in consultation with the United Nations on this issue. The legal situation, said the Legal Counsel, was recognized in resolution AFR/RC48/R6, operative paragraph 1(ii), which requested the Regional Director "to institute, in collaboration with the Congolese Government, such measures as are necessary, including adherence to the United Nations security standards, for a gradual return of the staff to Brazzaville."

213. The Regional Director thanked the Regional Committee for its concern for the security and welfare of the WHO staff. He had periodically reported to the governing bodies of the Organization on the progress in the situation of the Regional Office in Brazzaville. He was now instituting, in collaboration with the Congolese Government and in adherence to the United Nations security standards, a gradual return of the staff from 1 October 2001. He would, in this context, be in charge of managing the gradual return of the Regional Office staff to Brazzaville.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE
(document AFR/RC51/18)

214. The report of the fifty-first session of the Regional Committee was adopted with minor amendments (document AFR/RC51/18).

CLOSURE OF THE FIFTY-FIRST SESSION OF THE REGIONAL COMMITTEE

Closing remarks of the Regional Director

215. In his closing remarks, the Regional Director, Dr Ebrahim M. Samba, thanked delegates for their excellent support, guidance and orientations. He also thanked the Chairman of the Regional Committee for the competent way in which he had conducted the proceedings of the meeting.

216. He expressed his gratitude to His Excellency the President and the Government and people of Zimbabwe for temporarily hosting the Regional Office, and for making the stay of the Secretariat very comfortable. He said that a substantial number of WHO staff would remain at the Highlands office in Harare to continue providing rapid support to neighbouring Member States.

217. Dr Samba paid tribute to the President of the Republic of Congo, Mr Denis Sassou Nguesso, for his personal attention to the refurbishment of the WHO Regional Office premises at Djoué. He also thanked the Government of Congo, the Mayor of Brazzaville and the people of Congo for ensuring that all participants in the Regional Committee meeting were as comfortable as possible.

218. He called on the Committee to join him in thanking the staff of the Regional Office for their selfless efforts, hard work and dedication as demonstrated by the quality of the documents presented at the meeting and the timely completion of the daily reports.

219. Finally, Dr Samba informed the Committee that he would like to enjoy a rest at the end of his current term, having put in long years of service to Africa since 1958. He would, however, ensure that the Regional Office was properly settled in Brazzaville before he retired.

Vote of thanks

220. The motion on a vote of thanks to the President and the Government and people of Congo (for refurbishing the Regional Office premises and ensuring the smooth running of the Regional Committee meeting), and to the President and the Government and people of Zimbabwe (for temporarily hosting the Regional Office) was moved by the Minister of Health, Mauritius, Mr Ashok Jugnauth, on behalf of the delegates. It was adopted by the Regional Committee.

Remarks of the Chairman and closure of the meeting

221. The Chairman, Dr L.A. Opimbat, invited delegates to join him in congratulating the Regional Director for his excellent management of the Regional Office. He also expressed his gratitude to the staff of the Regional Office, the National Organizing Committee and private companies in Brazzaville for their valuable contributions to the success of the meeting.

222. He thanked delegates for participating actively and contributing objectively during the deliberations. He apologized to the delegates and the Secretariat for any shortcomings and inconveniences.

223. He requested the Secretariat to convene a special session of the Programme Subcommittee to work out the details of the 2002-2003 Programme Budget.

224. Dr Opimbat wished all the delegates safe journey back home, and invited them to attend the fifty-second session of the Regional Committee which would take place in Brazzaville in 2002.

225. The Chairman then declared the fifty-first session of the Regional Committee closed.

Part III

ANNEXES

ANNEX 1

LIST OF PARTICIPANTS

1. REPRESENTATIVES OF MEMBER STATES

ALGERIA

Dr Abdelhamid Ait Benamar
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Chef de Délégation

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Médecin au Secteur sanitaire d'El-Khroub-Djeffal

Dr Cherfi née Djender Zahia
Directrice de la Communication et des Relations publiques

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Chefe da Delegação

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Directora Nacional de Saúde Pública

Dra. Maria José de Sousa Gouveia Alfredo
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Dra. Luzia Fernandes Dias
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Dr. Artur Sales Antunes Galho
2º Secretário do Ministério das Relações Exteriores

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Dr Zinsou-Jonathan Amegnigan
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ANNEX 2

AGENDA

2. Opening of the meeting

3. Constitution of the Subcommittee on Nominations

4. Election of the Chairman, the Vice-Chairmen and the Rapporteurs

5. Adoption of the Agenda (document AFR/RC51/1 Rev.1)

6. Appointment of members of the Subcommittee on Credentials

7. The Work of WHO in the African Region 2000: Annual Report of the Regional Director (document AFR/RC51/2):

   7.1 Implementation of Programme Budget 2000-2001
   7..2 Progress reports on specific resolutions:

   - Regional strategy for mental health
   - Integrated disease surveillance
   - Poliomyelitis eradication initiative
   - Elimination of leprosy in the African Region
   - Regional strategy for emergency and humanitarian action
   - Integrated Management of Childhood Illness (IMCI)
   - Essential drugs in the WHO African Region

   - Situation of the WHO Regional Office for Africa in Brazzaville

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

   7.1 Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board (document AFR/RC51/6)

   7.2 Agendas of the one-hundred-and-ninth session of the Executive Board and the Fifty-fifth World Health Assembly: Regional implications (document AFR/RC51/7)

   7.3 Method of work and duration of the World Health Assembly (AFR/RC51/8)

5. Report of the Programme Subcommittee (document AFR/RC51/5)

   8.1 WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3)
   8.2 Blood safety: A strategy for the African Region (document AFR/RC51/9 Rev.1)
   8.3 Adolescent health: A strategy for the African Region (document AFR/RC51/10 Rev. 1)

8.4 Infant and young child nutrition: Situation analysis and prospects in the African Region (document AFR/RC51/11 Rev. 1)
8.5 Health promotion: A strategy for the African Region (document AFR/RC51/12 Rev.1)
8.6 Emerging bioethical issues in health research: Concerns and challenges in the African Region (document AFR/RC51/19)

9. Round Tables:

9.1 Health systems: Improving performance (document AFR/RC51/RT/1)
9.2 Disease control: The role of social mobilization (document AFR/RC51/RT/2)
9.3 Poverty reduction: The role of the health sector (document AFR/RC51/RT/3)

10. Programme Budget: Priorities for 2004-2005 (document AFR/RC51/20)

11. Matters for information

- Working in and with countries: Country cooperation strategy (document AFR/RC51/14)

4. Report of the Round Tables (document AFR/RC51/13)

5. Choice of subjects for the Round Tables in 2002 (document AFR/RC51/15)

6. Nomination of the Chairmen and Alternate Chairmen for the Round Tables in 2002 (document AFR/RC51/21)

7. Procedural decisions

8. Dates and places of the fifty-second and fifty-third sessions of the Regional Committee
(document AFR/RC51/16)

9. Adoption of the report of the Regional Committee (document AFR/RC51/18)

10. Closure of the fifty-first session of the Regional Committee

ANNEX 3

REPORT OF THE PROGRAMME SUBCOMMITTEE

OPENING OF THE MEETING

1. The Programme Subcommittee met in Harare, Zimbabwe, from 18 to 22 June 2001. The bureau was constituted as follows:

Chairman:	Dr J. Zinsou Amegnigan (Benin)
Vice-Chairman:	Dr Alimata Jeanne Diarra-Nama (Côte d'Ivoire)
Rapporteurs:	Dr Themba L. Moeti (Botswana)
	Dr Mbaiong Malloum Eloi (Chad)

2. The list of participants is attached as Appendix 1.

3. The Regional Director, Dr Ebrahim M. Samba, welcomed the participants and reminded them of the revised role of the Programme Subcommittee, which was to discuss in detail the Proposed Programme Budget and all the technical documents to be presented to the fifty-first session of the Regional Committee. He commended the staff of the Regional Office for the timely completion and despatch of documents to the members of the Programme Subcommittee. This allowed them time to discuss the documents with their colleagues at home and to make fruitful contributions during the discussions. He added that donor confidence had increased due to the transparent and credible performance of WHO staff.

4. Dr Samba gave a brief historical background of the temporary relocation of the Regional Office to Harare, and thanked the Government of Zimbabwe for the hospitality it continued to extend in spite of the economic difficulties the country was facing. He reiterated that Brazzaville was still, the base of the Regional Office, and commended the efforts of His Excellency President Denis Sassou Nguesso and the Government of Congo in facilitating the phased return of the Regional Office.

5. The Regional Director stated that during the Regional Committee meeting in Ouagadougou last year, a proposal was made for a team of ministers of health to visit Brazzaville in order to guide the Regional Committee on the venue of its fifty-first session. Based on their positive report, the Regional Committee this year would meet in Brazzaville.

6. Dr J. Zinsou Amegnigan expressed his gratitude for being elected as Chairman of the Programme Subcommittee. He repeated that the objective of the Programme Subcommittee was to discuss the Proposed Programme Budget and other technical subjects submitted to the Committee. He called on members to be dynamic and concise in their deliberations in order to achieve fruitful and high-quality results.

7. The provisional programme of work (Appendix 2) was adopted with the following amendment: Agenda item 4 - WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3) would be discussed as the last item.

8. The Programme Subcommittee adopted the following working hours: 9.00 a.m. to 12.30 p.m. and 2.00 p.m. to 5.00 p.m., both periods inclusive of tea breaks. The Agenda, as approved, is attached as Appendix 3.

WHO PROGRAMME BUDGET 2002-2003: COUNTRY ORIENTATIONS
(document AFR/RC51/3)

9. Dr L.G. Sambo of the Secretariat introduced this document.

10. He reminded the Programme Subcommittee that the last Regional Committee had discussed the draft Programme Budget (PB) document and adopted the orientations for its implementation in the African Region. The current document was meant to provide country orientations for the Programme Budget 2002-2003 as the final stage of its preparation. WHO headquarters and regional offices addressed all the areas of work (AOWs), while the countries selected only those they considered relevant according to their priorities, needs and the funds allocated.

11. Dr Sambo briefly explained the five sections of the document which comprised the Regional Director's Foreword, the Background, Budget Summary Tables, Programme Budget for each country and the Programme Budget Analysis.

12. He recalled that the selection of country office AOWs was guided by national health priorities, taking into account:

(a) the WHO Corporate Strategy (the General Programme of Work for 2002-2005);

(b) the eleven global priority areas for 2002-2003 adopted by the 106th session of the Executive Board;

(c) the Regional Health-for-All Policy for the 21st Century: Agenda 2020; and

(d) the regional priorities for the period 2002-2003 endorsed by the 50th session of the Regional Committee.

13. The Programme Budget 2002-2003 for each country resulted from productive interactions between WHO country teams and their counterparts in ministries of health. The proposals resulting from these interactions constituted the main agenda item of the 27th session of the Regional Programme Meeting (RPM27). RPM27 had provided an opportunity for close interaction between the Regional Office staff and the WHO representatives in order to ensure consistency of the Programme Budget with the WHO Corporate Strategy and the Strategic Programme Budget 2002-2003 and its regional orientations.

14. In relation to Programme Budget Analysis, Dr Sambo pointed out the following:

(a) the total Regular Budget (RB) for the African Region was US$ 186,472,000, of which 64%, corresponding to a total of US$ 119,533,000, was allocated to the countries;

(b) countries, in turn, allocated 62% of the RB to programmatic areas of work and 38% to WHO country office operations (COO); the latter was consistent with the earlier orientation to WHO country offices that they should not allocate more than 40% to COO;

(c) the total amount earmarked for global priorities was US$ 38.5 million, i.e. 52%, while US$ 49.15 million, i.e. 66%, was earmarked for regional priorities.

15. The Programme Subcommittee was invited to consider the document which would be submitted to the Regional Committee for adoption in order to guide operational planning and implementation for the period 2002-2003.

16. Commenting on the introduction made by Dr Sambo, the Regional Director highlighted the following points:

(a) Governments had the responsibility for the health of the populations in their countries and the WHO budget was meant to complement their efforts.

(b) While the WHO budget was never enough, the African Region had been fortunate that its share of the Regular Budget had increased over the last four years. This was due to the recognition of the increased burden of specific health problems in the African Region as compared to other parts of the world, and also to the good relationship and healthy collaboration between the Regional Office and headquarters. Personnel handling funds at the Regional Office and country offices had worked hard and transparently in accounting for all the monies. Following improved financial accountability, donors had developed more confidence in the management capacity of the WHO African Region, which had resulted in an increased flow of funds from Other Sources.

(c) In its management of financial resources, WHO had decentralized authority to the country level where the budget would be spent once it was approved. The Regional Director concluded his remarks by commending his staff for their hard work.

17. In the discussions that followed, the Programme Subcommittee made the following comments and suggestions:

(a) In order to avoid "unplanned" activities, there was need to enhance coherence of expected results and coordination of activities at country level;

(b) Clarification was sought on when countries would be informed of the amount of funds available to them from Other Sources and the criteria used for their allocation;

(c) Clarification was needed on the management of WHO fellowships.

18. Dr Samba explained that the Regular Budget consisted of predetermined contributions from the 191 Member States of WHO. Its distribution was based on a formula agreed at the World Health Assembly. While the contribution of the African Region was small, the benefits accruing to its countries were substantial. On the other hand, funds from Other Sources consisted of voluntary donations and targeted specific areas of interest to donors, e.g. poliomyelitis and malaria. However, donors were being persuaded to allow greater flexibility in the use of these funds. The figure that appeared in the budget was therefore only an indicative figure.

19. Commenting on the issue of prioritization, the Regional Director reminded the Subcommittee that identification of priorities started at the country level going up to the regional and global levels. He pointed out that within the 2002-2003 Programme Budget, WHO had proposed a menu of 35 AOWs from which countries could make their choice. The budget was, therefore, allocated on the basis of country-specific priorities while at the same time maximizing the impact of the Organization.

20. Dr Samba gave a historical perspective of the problems faced with regard to WHO fellowships in the past, which almost prompted the Executive Board to suspend the programme. He went on to explain that remedial measures were put in place which resulted in an increase in the fellowships budget.

21. The Secretariat assured the Subcommittee that, as long as Member States adhered to the established procedures, there would be no problem in the award of fellowships. Monthly reports were being produced on the fellowships awarded, those in the pipeline, as well as the budget expended.

22. The Subcommittee was informed that during the operational planning stage at country level, the indicative figures for funds from Other Sources would be communicated. A working group had been set up at headquarters to ensure that funds from Other Sources would be shared more adequately.

23. Members of the Subcommittee made the following specific suggestions for improving the document:

(a) In the Background, paragraph 3, last sentence, after "Member countries", add *"as expected"*. In the last paragraph, first sentence, replace "Table 1" by "Table 3".

(b) Under Table 1, insert "*" at the end of DGO and DDP and add a footnote reading as follows: "Budget allocations under these Areas of Work pertain only to the Regional Director's Office."

(c) Delete the footnote to Table 2.

(d) In Table 3, second column, replace the heading with "All the Member countries plus Reunion and St. Helena".

(e) In Table 3, delete all the figures in the Human Resources Development (HRS) row.

(f) In Table 4, under Organization of Health Services (OSD), change the RB figure in column 2 from "22,835,710" to "22,865,710". Delete all the figures in the HRS row.

(g) In "V. Programme Budget Analysis", paragraph 6, second sentence, replace "non-priority" with "Other areas".

24. In "IV. Programme Budget for Each Country Office", the Subcommittee was informed that item 19.5 (Human Resources Development) was being deleted and the amount of US$ 30,000 reflected there moved to item 19.14 (Organization of Health Services), increasing the allocation for OSD to US$ 340,000.

25. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption.

BLOOD SAFETY: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/9)

26. Dr R. Chatora of the Secretariat introduced this document.

27. He explained that several years after relevant resolutions had been adopted by the World Health Assembly and the Regional Committee, there still remained a lot to be done to improve blood safety in the African Region.

28. Dr Chatora noted that 70% of the countries in the Region did not have a national policy or strategy on blood transfusion, that 25% of the blood transfused in Africa was not tested for HIV, and that the percentage was even higher for hepatitis B and C. Lack of qualified personnel, inadequate facilities and shortage of funds were other problems faced by Member States in their efforts to improve the safety of blood.

29. He highlighted the main objectives of the strategy, the guiding principles to achieve the objectives and the principal interventions proposed. The main thrusts of a national blood transfusion policy would include the following:

(a) Development of a strategy for the recruitment of voluntary, regular and non-remunerated blood donors;

(b) Development of norms to be followed in the screening and processing of blood;

(c) Development of guidelines for the prescription of blood and blood products;

(d) Review of ethical and regulatory issues;

(e) Financing and cost-recovery.

30. In the implementation framework of the strategy, Member States were invited to:

(a) Include blood safety among the priorities of their health programmes;

(b) Make available a specific budget for blood transfusion services;

(c) Develop plans of action and coordinate blood transfusion activities nationwide;

(d) Play a normative role and ensure adherence to the set rules in the public and private sectors.

31. Lastly, the document emphasized the role of WHO in establishing a consultation framework for all stakeholders working in the field of blood transfusion, and in collaborating with countries in the implementation, monitoring and evaluation of the strategy.

32. The Programme Subcommittee was invited to examine the document and provide guidance to facilitate its adoption.

33. In his introductory remarks, the Regional Director highlighted the following as some of the reasons why the issue of blood safety was important:

(a) It was inconceivable to carry out proper hospital work without safe blood;

(b) There was widespread existence of blood transfusion-related diseases such as HIV/AIDS, hepatitis B, malaria, syphilis, etc.;

(c) Member States needed to optimally utilize the excellent services of WHO

collaborating centres on blood safety in the African Region;

(d) There was need to view the issue of blood safety as a problem which could be effectively tackled and easily solved;

(e) Adequate resources existed within the Region to significantly improve blood safety.

34. Members of the Subcommittee congratulated the Secretariat for developing a strategy on blood safety. They discussed various aspects of the document and raised the following issues:

(a) Blood safety strategies should be incorporated into national health policies;

(b) The technical capacity of health professionals involved in blood safety procedures, including clinicians and nurses prescribing blood and blood derivatives, should be strengthened;

(c) Necessary and appropriate infrastructure should be developed and conditions should be created for motivation and retention of relevant staff;

(d) The role of voluntary blood donors as a key component of the blood safety strategy should be emphasized. In addition, there was need to set up networks of regular donors, as well as find ways and means of attracting new and retaining regular donors, especially in countries with high HIV/AIDS prevalence;

(e) Member States, whatever their economic status, should contribute to the global HIV/AIDS special fund in order to be able to influence decisions on its utilization, including its use for blood safety;

(f) The need for advocacy at all levels of government for the implementation of the many resolutions that had been adopted on the subject since 1975;

(g) Positive experiences from more advanced countries in the area of blood safety should be documented and shared in the countries of the Region as evidence-based tools for advocacy;

(h) Special attention should be given to the role of religious leaders in reducing myths related to blood donations and transfusions.

35. The Programme Subcommittee proposed some changes in the strategy document. These were:

(a) Paragraph 25(c) should be reformulated as follows: "One hundred per cent of the blood units transfused will be screened, beforehand, for HIV and other transfusion-transmissible infections."

(b) Paragraph 25(d) should be rephrased to read: "At least 80% of blood donors in all countries of the Region will be voluntary and regular donors."

(c) Paragraph 28, line 1, the words "...drawing up or implementing national blood transfusion policies" should be replaced by: "...drawing up and/or implementing national blood transfusion policies and action plans..."

(d) Paragraph 34, add the following sentence at the end: "There is need for research into the optimal use of blood products, including blood from sero-positive persons."

(e) Paragraph 35, the second sentence should read: "Guidelines for the prescription and use of blood and blood products, including for research on the technique of auto-transfusion, must be produced and made available to them."

(f) Paragraph 39, the last sentence should read: "Furthermore, WHO, in collaboration with Member States, will develop a database on blood safety and make it available to them."

(g) Paragraph 40, the last sentence should read: "At the regional level, a mid-term review will be conducted after five years of implementation, and progress reports submitted to the Regional Committee every two years".

36. The Secretariat assured members of the Subcommittee that their comments and suggestions would be incorporated in the document and that a resolution would be formulated to seek support for the strategy.

37. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption.

ADOLESCENT HEALTH: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/10)

38. Dr D. Oluwole of the Secretariat introduced this document.

39. She recalled that a report on the health situation of adolescents and youths in the African Region had been presented to the Regional Committee in 1995. While adopting resolution AFR/RC45/R7, the Regional Committee had requested the Regional Director to develop a strategy to address the health and development issues of adolescents and youths in the African Region.

40. Dr Oluwole highlighted health problems common among this age group as well as some of the factors that constrained the access to and utilization of available health services by young people.

41. She noted that adolescence was also a period of opportunities. Given a conducive environment in which they could explore, learn and feel connected to the family and the community, their energy and resourcefulness could be harnessed to overcome current challenges, such as poverty, that undermined health development and to increase their standard of living and that of their families.

42. Dr Oluwole explained that the aim of the strategy was to guide Member States in the formulation of policies and programmes that addressed the health and development needs of adolescents. The main thrust was: response to the health needs of adolescents and promotion of their healthy development. It underscored the roles of psychosocial support systems, particularly from the family and the community at large, in modulating healthy adolescent behaviour and development. The strategy also emphasized the role of the health sector in responding to the health needs of young people, identified through a participatory process, and in providing them basic but good-quality health services.

43. Priority interventions in Member States should use strategic approaches to reach adolescents in different settings and circumstances. The interventions should include, but not be limited to, the following:

(a) Advocacy and creation of awareness about adolescent health and development issues;

(b) Undertaking participatory situation analyses in collaboration with young people and key stakeholders;

(c) Reorientation of health services to make them user-friendly and more accessible to young people;

(d) Building of the capacity of all categories of personnel who deal with and care for young people;

(e) Research to support the development of appropriate programmes and policies.

44. The Programme Subcommittee was invited to review the document and give necessary orientations for its improvement for subsequent adoption by the Regional Committee.

45. The Regional Director pointed out that the health of adolescents had always been taken for granted, which resulted in the absence of facilities in health institutions for this important group. In addition, lack of specialized skills and the unhelpful attitude of health workers inhibited young people from seeking help.

46. He reminded the Subcommittee that, in the African Region, adolescents constituted a significant proportion of the population, and that the future of Africa depended on them. However, that future was now threatened by alcoholism, drug abuse and HIV/AIDS. The Regional Director acknowledged the peculiarities of the problems of adolescents in Africa, the fact that parents were ill-equipped to handle those problems, and the fact that traditions varied within and between countries. Given the gap in knowledge, he stressed the need for more fundamental and operational research which would facilitate a holistic and "African" approach to the problem.

47. Members of the Subcommittee expressed their satisfaction with the comprehensiveness and coherence with which the Secretariat had tackled this complex issue. The following points were underscored by them:

(a) There was need to reorient existing health systems to the special requirements of adolescents and to ensure that health workers had the relevant knowledge and skills to meet those requirements;

(b) The issue of adolescent health should be approached from a multisectoral perspective and guidelines developed on the respective roles of different sectors;

(c) There was need to take cognizance of the wide cultural variations that existed within and among countries;

(d) The resolution on adolescent health should contain concrete recommendations for action at country level, and the Regional Director should regularly update the Regional Committee on progress made.

48. The following were some of the specific amendments to the document proposed by the Subcommittee:

(a) In the Executive Summary, paragraph 1 should be rephrased as follows: "*The health of adolescents is a component of public health which is of major concern globally, and in the African Region in particular.*"

(b) In the Introduction to the main document, in paragraph 3, add at the end of the first sentence: "*...due to a better understanding of the adaptations to the changes they are undergoing*".

(c) Paragraph 11, line 6, the sentence should be reformulated as follows: "In some countries of the Region, 25% to 27% of first births *occur among* adolescents."

(d) Paragraph 15, the last sentence should be reformulated to read as follows: *"The setting up of services that address adolescent reproductive health needs, and their endorsement by health professionals, parents and communities will increase their utilization by young people."*

(e) Paragraph 17, line 2, second sentence, should read as follows: *"Adolescents can also be reached through social structures such as families, peers, NGOs and civil society, as this has been proven to be effective in situations where the reach of the media is limited."*

(f) Paragraph 21 should be rephrased to read as follows: *"The aim of this strategy is to identify and respond to the health needs of adolescents as well as promote their healthy development in Member States."*

49. The Subcommittee also proposed that paragraph 32 of the document should be deleted and replaced by the following: *"The strategy clearly recalls the importance of the problems of adolescent health and their determinants. It reflects the multisectoral and multidisciplinary nature of the issues and the solutions relating to adolescent health and its development. It underscores the roles and the collective will of different levels in society (family, community, and adolescents themselves) to change the situation using all feasible means and approaches. Coherent and coordinated actions are required now in order to achieve the aim of the strategy."*

50. The Secretariat provided clarifications on the various issues raised by members of the Subcommittee, and thanked them for their valuable comments and suggestions which had been duly noted for action.

51. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption.

INFANT AND YOUNG CHILD NUTRITION: SITUATION ANALYSIS AND PROSPECTS IN THE AFRICAN REGION (document AFR/RC51/11)

52. Dr M. Belhocine of the Secretariat introduced this document.

53. He recalled that, in 2000, the Fifty-third World Health Assembly had reaffirmed the importance Member States had given to activities connected with the feeding of the infant and the young child. The Health Assembly had now decided that WHO should embark, jointly with UNICEF, on a new initiative to adopt an updated strategy to improve the nutrition of the infant and the young child.

54. Dr Belhocine explained that the preparation of this strategy would be concluded in 2002 when a document that would include amendments and contributions from all the WHO regions would be submitted to the Health Assembly. The preparatory process had now reached an active phase, and in order to guarantee the widest possible consensus, two courses of action had been embarked upon as follows:

(a) Holding of two regional consultations to carry out a detailed technical analysis of the content of the proposed strategy by experts;

(b) Informing the regional committees so that they would be fully aware of the facts before they endorsed the process and the content.

55. Dr Belhocine drew the attention of the Subcommittee to document AFR/RC51/11 that was being considered and said that after the Introduction, paragraphs 5-9 presented a situation analysis of the feeding practices of the infant and the young child in the Region, while paragraph 10 recalled the three strategic objectives. Paragraphs 11-16 highlighted concrete actions that could be taken in the areas of maternal breast-feeding, HIV transmission and supplementary feeding and infant nutrition in exceptional situations.

56. He added that paragraphs 17 and 18 mentioned conditions to be fulfilled in order to guarantee the success of the new strategy, particularly the need to coordinate the efforts of governments, partners and civil society. There was also need to strengthen the performance of health services, especially the setting up of a system to monitor and provide information on the nutritional status of the infant and the young child.

57. Dr Belhocine said that the concluding paragraph reiterated the strategic nature of the control of malnutrition in general, which should be very closely linked to the fight against poverty. It also confirmed the support of the African Region for the ongoing WHO/UNICEF initiative.

58. The Regional Director indicated that nutrition was a very important issue in the African context for the following reasons:

(a) At least 50% of the population lived below the poverty line;

(b) Africa was the only region where poverty was projected to increase;

(c) At least 55% of morbidity and mortality, especially among children, was related to malnutrition;

(d) Malnutrition was not given the importance it deserved at national and global levels;

(e) Apart from the problems caused by artificial feeds, the latter were not always available or affordable in Africa;

(f) Breast-feeding of children by HIV-positive mothers was still a grey area that required further research.

59. The Subcommittee commended the Secretariat for the quality of the document, and highlighted the following issues:

(a) The nutritional status of mother and child was dependent on the availability and distribution of food in the household; therefore, the role of men was crucial;

(b) A multisectoral approach, especially the role of the ministry of agriculture, was important;

(c) Nutrition should be considered a top priority in Africa;

(d) There was need for the establishment of consumer committees to control artificial feeds;

(e) There was need for a strong component of research into the mother-to-child transmission of HIV/AIDS;

(f) Exclusive breast-feeding of the child for the first six months was recommended, according to a WHO Expert Committee recommendation adopted by the Fifty-fourth World Health Assembly;

(g) Cognizance should be taken of the realities in Africa (e.g. high prevalence of HIV/AIDS, illiteracy, rampant poverty and widespread malnutrition) when dealing with issues related to HIV/AIDS and nutrition;

(h) The African Region should present a common and strong stand on the global question of infant feeding during the forthcoming meeting of the Executive Board and during the discussions at the World Health Assembly on the global strategy for infant and young child nutrition.

60. In addition, members of the Subcommittee made the following specific comments to improve the document:

(a) In paragraph 1, line 1 of the Introduction, substitute "1999" by *"2000."*

(b) Page 1, delete the sub-heading "*Scale of nutrition problems in the African Region"* under Situation Analysis.

(c) Paragraph 16(b) to read as follows: "promotion of the *appropriate storage, packaging and* use of local foods to facilitate proper weaning."

(d) Paragraph 17(c), line 4, after "in this respect", add "..., *especially the sensitization of the rural population by the ministry of agriculture on the production of foods with a high nutritional value.*"

61. The Subcommittee was informed that the forthcoming regional consultative meeting as well as the Regional Committee, at its fifty-first session, would be made aware of its concerns. In addition, the Secretariat would submit a draft resolution to the Regional Committee consolidating the position of the African Region on infant and young child nutrition. This would enable the African members of the Executive Board as well as other delegates from the Region to adopt a common stand on the subject at the meetings of the Board and at the World Health Assembly in 2002.

62. The Secretariat thanked members of the Subcommittee for their constructive comments and assured them that these would be incorporated in the revised document.

HEALTH PROMOTION: A STRATEGY FOR THE AFRICAN REGION
(document AFR/RC51/12)

63. Dr M. Belhocine of the Secretariat introduced this document.

64. He stated that paragraphs 1 to 10 of the document provided a brief historical overview, attempted an operational definition and explained how health promotion actions contributed to the achievement of the objectives of priority health programmes. Dr Belhocine drew special attention to paragraph 8 which recalled the information, education and communication (IEC) component of health promotion, but went further to include areas of concern that called for a multidisciplinary and multisectoral approach.

65. Paragraphs 11 to 17 contained the situation analysis which described the main trends of the health situation in the Region, current health promotion policies and practices and major obstacles in the way of effecting these policies and practices.

66. Dr Belhocine said that the justification provided in paragraphs 18 to 26 concentrated mainly on the proven positive contribution that health promotion makes to health development, and how indispensable health promotion was in the implementation of priority health programmes that would bring about health for all in the 21st century.

67. He added that paragraphs 27 to 29 contained an outline of the aims, objectives and guiding principles of the strategy, and stressed the importance of equity and the need for social, environmental and commercial strategies which protect the health of the individual.

68. Dr Belhocine noted that the document proposed five priority interventions listed in paragraphs 30 to 35: advocacy; capacity-building; preparation of action plans; adoption of an intersectoral approach; and strengthening of priority health programmes through the use of health promotion strategies.

69. He drew attention to the section on implementation contained in paragraphs 36 - 37, which focused on what Member States should do to initiate the strategy if they had not already done so, while paragraphs 38-39 focused on the role of WHO and partners. Paragraphs 40 to 43 presented a broad idea of what monitoring and evaluation of the implementation of the strategy entailed, and recommended periodic evaluation of the effectiveness of health promotion.

70. The Regional Director explained that health promotion was included in the agenda because of the recognition by WHO and Member States of the role of non-health actors in health development. In addition, African delegates to the 5th Global Conference on Health Promotion (Mexico City, June 2000), had reported that the conference did not fully reflect the unique conditions in Africa. The high rates of illiteracy and poverty, subsistence-level economies and people's active adherence to religion necessitated responses which addressed these unique circumstances in the Region. He noted that a critical mass of experts was available now in Africa who could develop an appropriate version of health promotion for the Region.

71. Members of the Programme Subcommittee made the following comments on the subject:

(a) Health promotion should be seen as a cross-cutting component of all health and related development programmes.

(b) Health promotion was the responsibility of all sectors, with the health sector providing the technical leadership required for its development.

(c) There was need for a national-level multisectoral coordination mechanism

for health promotion in order to identify the specific roles of appropriate sectors.

(d) There was need to develop a framework to assist countries in the implementation of health promotion activities.

(e) There was need to emphasize the leadership role of ministries of health in health promotion without negating the important role other ministries could also play.

(f) There was need to emphasize the positive contribution that health promotion made to poverty reduction and general development.

(g) Health promotion programmes and activities should not be over-centralized; this should avoid their becoming too bureaucratic.

72. After receiving clarifications from the Secretariat on the issues raised by it, the Subcommittee made various comments and suggestions to improve the document.

73. The Secretariat recommended the creation of a task force comprising delegates from Burundi, Cameroon, Chad, Comoros and Congo, and Dr Belhocine and the Regional Focal Point for Health Promotion, to revise the strategy document in the light of the comments made.

74. The revised document was adopted after some minor amendments.

75. The Subcommittee prepared a draft resolution to be submitted to the Regional Committee for review and adoption.

EMERGING BIOETHICAL ISSUES IN HEALTH RESEARCH: CONCERNS AND CHALLENGES IN THE AFRICAN REGION (document AFR/RC51/19)

76. Dr D. Okello of the Secretariat introduced this document.

77. He explained that the African Advisory Committee for Health Research and Development (AACHRD), at its meeting in April 2001, had noted with concern that despite the significant increase in the volume of health research carried out in the Region during the past decade, especially in the field of HIV/AIDS, the bioethical aspects of these research endeavours had not received due attention by Member States. It was against this background that the Regional Director was bringing issues associated with research bioethics before the Regional Committee so that it could address the challenges faced by the Region.

78. Dr Okello stated that the introductory section of the document presented the background, and pointed out that several factors had changed significantly with regard to the way clinical trials were being performed in the African Region. The section also recalled the essential requirements for the ethical conduct of research and emphasized the basic ethical principles contained in international guidelines.

79. He said that the second section dealt with the key concerns in the African Region as well as those related to new and major advances in genomics. He observed that WHO was uniquely equipped to consider the new ethical issues that arose from developments in human genetics. Therefore, the fifty-first session of the Regional Committee provided a

timely opportunity to express the considered views of the Region, which would be reflected in the report of the Global Advisory Committee on Health Research that was being prepared.

80. Dr Okello pointed out that the third section contained proposals on how to deal with the concerns identified, and stressed the critical role of WHO in disseminating existing information and relevant training materials on research bioethics to Member States, while at the same time providing leadership.

81. The concluding section of the document reiterated the need for research sponsors, countries and researchers to work together to enhance collaboration by creating an atmosphere of trust and respect.

82. The Programme Subcommittee was invited to examine the document and provide orientations for its improvement, and adoption by the Regional Committee.

83. The Regional Director stated that the issue of bioethics had reached a crisis level and needed to be tackled immediately. He noted that research was a priority at all levels in Africa and the volume of research conducted in the Region had increased, resulting in many bioethical problems. The reasons for the increase included the following:

(a) It was cheaper to do research in Africa;

(b) The Region had a high prevalence of HIV/AIDS which had become a central topic for research;

(c) WHO had recently encouraged more research in countries in Africa.

84. The Regional Director emphasized that rampant poverty in the Region had exposed people to ethical abuse and Member countries did not have sufficient mechanisms and skills to protect their people. He urged members of the Subcommittee to be vigilant while advocating for issues of ethics in Member States.

85. The Subcommittee commended the Secretariat for the pertinence, timeliness and quality of the document. The following comments were then made by members:

(a) There was need for appropriate laws to guide research in the Region.

(b) There was need for vigilance to follow-up and monitor the entire research process.

(c) There was need for a regional structure and a mechanism to assist Member States on ethical issues involved in research.

(d) The capacity in many countries to deal with ethical issues was limited.

(e) There was need for more advocacy, political sensitization and involvement of sectors other than ministries of health on ethical issues.

(f) There was need to maintain the independence of ethics review boards in countries.

(g) The role of scientific review committees should be separated from that of ethical review boards in order to avoid clash of interest.

(h) HIV/AIDS had raised conflicting ethical issues, particularly in relation to confidentiality and the rights of individuals.

(i) There was need for networking and sharing of information on ethical issues in the Region.

86. The Programme Subcommittee adopted the report of the Regional Director with some specific amendments. Members recommended the creation of a working group of African experts to study in greater detail the issue of genomics and health, taking into account the concerns raised in the working document, and emphasized the need to refine the regional contribution to the report of the Global Advisory Committee on Health Research.

ADOPTION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE
(document AFR/RC51/5)

87. The Programme Subcommittee observed that in the past, the original working documents discussed were presented to the Regional Committee without revising them to incorporate the comments and suggestions of the Subcommittee.

88. The Secretariat assured the Programme Subcommittee that the working documents would be revised accordingly before presentation to the Regional Committee.

89. After review of the document and some discussions and amendments, the Programme Subcommittee adopted the report as amended.

ASSIGNMENT OF RESPONSIBILITIES FOR PRESENTATION OF THE REPORT OF THE PROGRAMME SUBCOMMITTEE TO THE REGIONAL COMMITTEE

90. The Programme Subcommittee decided that its Chairman and the Rapporteurs would present the report to the Regional Committee and that, in the event that any of the Rapporteurs was unable to attend the Regional Committee, the Chairman would present that section of the report.

91. The assignment of responsibilities for presentation of the report to the Regional Committee was as follows:

(a) WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3):
Dr J. Zinsou Amegnigan (Chairman);

(b) Blood safety: A strategy for the African Region (document AFR/RC51/9):
Dr J. Zinsou Amegnigan (Chairman);

(c) Adolescent health: A strategy for the African Region (document AFR/RC51/10):
Dr Themba Moeti (Rapporteur);

(d) Infant and young child nutrition: Situation analysis and prospects in the African Region (document AFR/RC51/11): Dr Themba Moeti (Rapporteur);

(e) Health promotion: A strategy for the African Region (document AFR/RC51/12):
Dr Mbaiong Malloum Eloi (Rapporteur);

(f) Emerging bioethical issues in health research: Concerns and challenges in the African Region: Dr Mbaiong Malloum Eloi (Rapporteur).

CLOSURE OF THE MEETING

92. The Chairman thanked the Subcommittee for their diligence and active participation in the deliberations of the meeting, and expressed his appreciation for having been elected Chairman.

93. He informed the meeting that Angola, Benin, Botswana, Burkina Faso, Burundi and Cameroon had come to the end of their term as members of the Programme Subcommittee and thanked them for their contribution to the work of the Subcommittee. They would be replaced by Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon and Ghana.

94. The Regional Director assured the Programme Subcommittee that the final documents presented to the Regional Committee would be the documents adopted by the Subcommittee with all their comments and suggestions incorporated.

95. He thanked the Subcommittee for their excellent work, devotion and encouragement, and commended the Chairman for the excellent manner in which he had conducted the meeting. He urged members, on their return to their countries, to be advocates of the WHO Regional Office.

96. The Regional Director thanked the interpreters for making it possible for the delegates to understand each other in the official working languages of the Region. He also thanked the Secretariat for their efforts in making the meeting a success.

97. The Chairman then declared the meeting closed.

APPENDIX 1

LIST OF PARTICIPANTS

MEMBER STATES OF THE PROGRAMME SUBCOMMITTEE

ANGOLA

Dr Augusto Rosa Mateus Neto
Director do Gabinete de Intercâmbio
Internacional
Ministério da Saude

BENIN

Dr Zinsou Jonathan Amegnigan
Médecin de Santé publique - Directeur national
de la Protection sanitaire

BOTSWANA

Dr Themba Lebogang Moeti
Public Health Specialist
Head, Epidemiology and Disease Control Unit

BURKINA FASO

Dr Arlette Sanou/Ira
Conseiller technique
Ministère de la Santé

BURUNDI

Dr Louis Mboneko
Inspecteur général de la Santé publique

CAMEROON

Dr Cécile Bomba-Nkolo
Chef de Division de la Coopération
Ministère de la Santé publique

CAPE VERDE

Dr Ildo Augusto de Sousa Carvalho
Director do Gabinete de Estudo e Planeamento

CHAD

Dr Malloum Eloi Mbaïong
Directeur général adjoint de la Santé publique

CENTRAL AFRICAN REPUBLIC*

Dr Emmanuel Nguembi
Directeur de la Santé familiale et
de la Population

COMOROS

Dr Ahamadan Msa Mliva
Directeur général de la Santé

REPUBLIC OF CONGO

Dr André Enzanza
Conseiller à la Santé, Ministère de la Santé, de la
Solidarité et de l'Action humanitaire

COTE D'IVOIRE

Dr Alimata Jeanne Diarra-Nama
Directeur de l'INSP

MEMBERS OF THE EXECUTIVE BOARD

Dr Damase Bodzongo
Directeur général de la Santé
République du Congo

Dr Abia Nseng Salvador
Directeur général de la Santé publique

Guinée équatoriale

AFRICAN ADVISORY COMMITTEE ON HEALTH RESEARCH AND DEVELOPMENT (AACHRD)

Dr Beyene Petros

President of AACHRD

c/o WR, Ethiopia

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*Unable to attend

APPENDIX 2

PROGRAMME OF WORK

DAY 1: MONDAY, 18 JUNE 2001

Session 1

10.00 a.m. - 10. 10 a.m.	**Agenda item 1**	Opening of the session
10.10 a.m. - 10.20 a.m.	**Agenda item 2**	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
10.20 a.m. -10.30 a.m.	**Agenda item 3**	Adoption of the Agenda
10.30 a.m. - 11.00 a.m.	**Tea break**	
11.00 a.m. - 12.30 p.m.	**Agenda item 4**	WHO Programme Budget 2002-2003: Country orientations (Document AFR/RC51/3)
12.30 p.m. - 2.00 p.m.	**Lunch break**	

Session 2

2.00 p.m. - 3.00 p.m.	**Agenda item 4** (cont'd)
3.00 p.m. - 3.30 p.m.	**Tea break**
3.30 p.m. - 4.30 p.m.	**Agenda item 4** (cont'd)

DAY 2:TUESDAY, 19 JUNE 2001

Session 3

9.00 a.m.. - 10.30 a.m.	**Agenda item 5:** Blood safety: A strategy for the African Region (Document AFRC/RC51/9)
10.30 a.m. - 11.00 a.m.	**Tea break**
11.00 a.m. - 12.30 p.m.	**Agenda item 5** (cont'd)

12.30 p.m. - 2. 00 p.m.	**Lunch break**

Session 4

2.00 p.m. - 3.00 p.m.	**Agenda item 6:** Adolescent health: A strategy for the African Region (Document AFR/RC51/10)
3.00 p.m. - 3.30 p.m.	**Tea break**
3.30 p.m. - 4.30 p.m.	**Agenda item 6** (cont'd)

DAY 3: WEDNESDAY, 20 JUNE 2001

Session 5

9.00 a.m. - 10.30 a.m.	**Agenda item 7:** Infant and young child nutrition: Situation analysis and prospects in the African Region (document AFR/RC51/11)
10.30 a.m. - 11.00 a.m.	**Tea break**
11.00 a.m. - 12.30 p.m.	**Agenda item 7** (cont'd)
12.30 p.m. - 2.00 p.m.	**Lunch break**

Session 6

2.00 p.m. - 3.00 p.m.	**Agenda item 8:** Health Promotion: A strategy for the African Region (Document AFR/RC51/12)
3.00 p.m. - 3.30 p.m.	**Tea break**
3.30 p.m. - 4.30 p.m.	**Agenda item 8** (cont'd)

DAY 4: THURSDAY, 21 JUNE 2001

Session 7

9.00 a.m. - 10.30 a.m.	**Agenda Item 9:** Emerging bioethical issues in health research: Concerns and challenges in the African Region (Document AFR/RC51/19)
10.30 a.m. - 11.00 a.m.	**Tea break**

11.00 a.m. - 12.30 p.m.	**Agenda item 9** (cont'd)
12.30 p.m. 2.00 p.m.	**Lunch break**

DAY 5:FRIDAY, 22 JUNE 2001

Session 8

10.00 a.m.	**Agenda items 10, 11, 12:**
	- Adoption of the report of the Programme Subcommittee (Document AFR/RC51/5)
	- Assignment of responsibilities for the presentation of the Report of the Subcommittee.
	Closing session

APPENDIX 3

AGENDA

1. Opening of the session

2. Election of the Chairman, the Vice-Chairmen and the Rapporteurs

3. Adoption of the Agenda (document AFR/RC51/4 Rev.1)

4. WHO Programme Budget 2002-2003: Country Orientations (document AFR/RC51/3)

5. Blood safety: A strategy for the African Region (document AFR/RC51/9)

6. Adolescent health: A strategy for the African Region (document AFR/RC51/10)

7. Infant and young child nutrition: Situation analysis and prospects in the African Region
(document AFR/RC51/11)

8. Health promotion: A strategy for the African Region (document AFR/RC51/12)

9. Emerging bioethical issues in health research: Concerns and challenges in the African Region (document AFR/RC51/19)

10. Adoption of the report of the Programme Subcommittee (document AFR/RC51/5)

11. Assignment of responsibilities for the presentation of the report of the Programme Subcommittee to the Regional Committee

12. Closure of the session

ANNEX 4a

HEALTH SYSTEMS: IMPROVING PERFORMANCE

Report on Round Table 1

Introduction

1. The Round Table on **Health systems: Improving Performance** was held under the chairmanship of Dr Fatoumata Nafo Traoré, Minister of Health, Mali. Dr Nil Ayite Coleman (Ghana) was elected Rapporteur. The Round Table was supported by Professor Joseph Wangombe as Facilitator. About 60 participants, who included ministers of health, actively participated in the discussions. Following a brief introduction by the Chairman, a presentation was made by the Facilitator.

Issues raised

2. Concerning the use of the WHO framework for health systems performance assessment, participants raised the following issues:

(a) There was need to define a health system that was adapted to the context and reality of the African continent as a prerequisite to health systems performance assessment.
(b) The reliability of the estimates worked out for assessing health systems performance, as was done in World Health Report 2000, as well as the non-involvement of countries in the exercise, was questioned.
(c) The pertinence of the interval for assessing health systems performance, was also queried.
(d) The negative political impact of classifying countries on the basis of their performance, and the use made of the classification, was of concern to many participants.

3. Concerning these issues, delegates insisted that performance assessment should not be considered as an end in itself. They also accepted the relevance of the framework and requested that the exercise be accorded importance by countries themselves. In addition, the WHO Regional Office for Africa was asked to pay particular attention to the definition of health systems. The issue of strengthening national health systems as an essential prerequisite to health systems performance assessment was raised. A clear connection between health systems assessment and formulation of policies and preparation of reforms should be central to the concerns of the Region.

Health care delivery

4. Concerning health care delivery, the attention of participants was focused on both the geographical and financial accessibility in the context of poverty. Certain peculiar

situations such as population mobility and its impact on health coverage were raised.

5. The decentralization of health services in order to facilitate access was one of the issues discussed. Country experiences that were reported emphasized the need to encourage simultaneous decentralization in other sectors so that the health sector could make an impact.

6. Furthermore, participants emphasized the importance that must be given to traditional medicine as an integral part of health systems.

Human resources

7. Human resources seemed to be a common denominator for all countries. Participants addressed issues such as the negative impact of structural adjustment programmes on staff recruitment, brain drain, poor motivation, difficulties involved in posting health workers to remote areas and in providing suitable training in countries which lacked training structures.

8. Innovative solutions had been tried by some countries. However, countries were still expecting strong support from WHO in this area, particularly in regard to facilitating exchanges and creating a cooperation framework to promote the shared use of training institutions by countries.

9. The forthcoming meeting between the World Bank, WHO and institutions in charge of training will be an occasion to address these issues and propose appropriate solutions. Moreover, the strategies developed by countries to fight poverty should include human resources development as a priority issue.

Health financing

10. Cost recovery was introduced as a part of structural adjustment programmes and today, with increasing poverty, the limited use of health services due to the lack of financial means had prompted a review of the relevance of cost-recovery strategies which had produced so many outcasts. Prepayment mechanisms had been established by several countries. WHO was requested to provide technical support for the development of these systems.

11. The level of financing needed to guarantee efficient health services should be determined. Despite the commitment made by the African heads of state to increase the budgets allocated to health, very few countries have been able to reach the 15% level. The participants voiced their concern about project financing by partners in accordance with the partners' own priorities and expressed the wish for a more integrated approach in the action of all stakeholders by which due respect would be given to the priorities of the countries. Some countries related their experiences with regard to a common fund within the context of the sectoral approach. These approaches could be explored within the framework of health sector reforms.

General administration

12. Participants underscored the role of ministries of health in formulating policies, monitoring the implementation of such policies and coordinating the work of all actors, including external partners and NGOs. The multisectoral approach was considered as the approach that would enable the health systems to maximize the impact that these actions would have on the health of the people.

Conclusion

13. The participants unanimously recognized the importance of health systems as the instrument of development and the privileged area of investment by Member States. The countries committed themselves to carrying out activities that could help strengthen their health systems and, in this regard, requested support from WHO.

ANNEX 4b

DISEASE CONTROL: THE ROLE OF SOCIAL MOBILIZATION

Report on Round Table 2

Introduction

1. The Round Table discussion on **Disease control: The role of social mobilization** was held on 30 August 2001 as part of the fifty-first session of the Regional Committee in Brazzaville. The Round Table was chaired by Mr Ashok Jugnauth, Minister of Health and Quality of Life, Mauritius. Dr Narcisse de Medeiros of UNICEF acted as Facilitator. Dr Themba Lebogang Moeti (Botswana) and Dr Kebela Ilunga (Democratic Republic of Congo), served as Rapporteurs. Fifty-one participants attended the discussion.

Discussion

2. The discussions focused on the following three areas:

(a) Introduction of the topic, clarification of definitions and statement of contextual issues;

(b) Situational analysis of country experiences of social mobilization focusing on successes, constraints and facilitating factors;

(c) Suggestions on the way forward with regard to the strengthening of the implementation of social mobilization in the African Region and the role of Member countries, WHO and partners.

3. Major achievements related to the implementation of social mobilization in countries, especially in the areas of immunization, malaria, Safe Motherhood, Integrated Management of Childhood Illness (IMCI), HIV/AIDS, onchocerciasis and tuberculosis. In general, countries had successfully used social mobilization to increase the participation of communities and non-health sectors such as agriculture and education in disease prevention and control activities.

4. Some of the key constraints outlined included: lack of collaboration among different actors; insufficient political commitment; conflicts; poverty; and inadequate understanding of the socio-cultural context of disease prevention and control.

Lessons learnt

5. Participants were agreed that social mobilization was an effective tool in increasing the impact of health programmes.

6. Major factors underlying the successful implementation of social mobilization

included: community involvement; availability of resources; decentralization of programme activities; involvement of diverse players; and the ability to listen to and take account of community concerns and views.

Recommendations

For Member States:

(a) To ensure political commitment and leadership in support of social mobilization at the highest political and government levels;

(b) To build on existing experiences and successes;

(c) To integrate social mobilization in the overall planning for disease control;

(d) To establish mechanisms for systematizing and sustaining social mobilization;

(e) To ensure full community involvement within the framework of effective decentralization;

(f) To ensure the acceptability and credibility of agents of social mobilization within the community;

(g) To regularly evaluate social mobilization activities and document and disseminate best practices;

(h) To implement social mobilization initiatives within the context of social development and poverty alleviation;

(i) To involve other sectors, including the private sector;

(j) To coordinate partners' contribution to and support for social mobilization.

For WHO:

(a) To support capacity-building at country level, including training of health and non-health professionals in social mobilization;

(b) To disseminate social mobilization strategies and guidelines and provide technical support for their implementation;

3. To expand the concept of social mobilization addressing behavioural change within the broader context of health development;

(d) To promote intercountry and regional collaboration and dissemination of best practices;

(e) To support countries in the evaluation of social mobilization interventions;

(f) To disseminate and promote the use of tools which address the problem of misinformation.

For partners:

(c) To support capacity-building at country level, including training of health and non-health professionals in social mobilization;

(b) To collaborate, in a coordinated fashion, within the national framework for social mobilization.

ANNEX 4c

POVERTY REDUCTION: THE ROLE OF THE HEALTH SECTOR

Report on Round Table 3

1. The Round Table discussion on **Poverty reduction: The role of the health sector** was held on 30 August 2001 as part of the fifty-first session of the Regional Committee for Africa. The bureau of the Round Table consisted of the following: Mozambique (Chairman), Namibia (Alternate Chairman) and Cameroon (Rapporteur). The Facilitator provided orientations on the method of work of the session.

2. The introductory presentation was made by Mrs E. Anikpo-N'Tame, Director, Division of healthy environments and sustainable development, WHO Regional Office for Africa. Her presentation focused on four areas: providing evidence on the linkages between poverty and ill-health; an overview of the WHO regional strategy entitled: "Contributing to reducing poverty through health interventions"; discussing the implementation framework and expected results; and explaining the roles and responsibilities of various actors.

3. Participants expressed their satisfaction with the quality of the presentation made and the technical documents provided. From the outset, the need for an honest and frank assessment of policy successes and failures was underscored. Nevertheless, they emphasized that health was wealth, and that it was important for it to be regarded as an investment that could, if properly managed, yield positive and sustainable returns. The participants also stressed that it was important for countries to have the political will for poverty reduction, especially as regards policy formulation and budget allocation. Several WHO country representatives told the round table that they had either developed or were implementing poverty reduction strategies. Most countries felt that health deserved a central place in poverty reduction strategies.

4. While health sector reforms had yielded some positive results in selected countries, participants alluded to the fact that instruments, such as user fees, had, in fact, resulted in increasing the barriers to health care, especially for the most vulnerable populations. The budgetary bias towards urban areas was also regarded as an issue, especially since it impacted negatively on the provision of health services at the periphery where most of the poor populations lived. The fact that all social sectors were priorities in the African context was also regarded as a failure, as it resulted in the fragmentation of efforts, with limited results.

5. Several obstacles were also identified which impeded the effective implementation of the health components of poverty reduction programmes. These included: the debt relief framework which was not consistent with resource requirements to effectively fight poverty; policy formulation linked to planning action for poverty reduction with a focus on health; lack of reliable information for decision-making purposes; and lack of strategies for

intersectoral collaboration. Conflict and civil strife in all forms were also identified as an obstacle to poverty reduction through health, as was the lack of appropriate strategies for countries emerging from conflict.

6. Participants also identified a number of facilitating factors. Among these was the existing capacity of interventions (human resources, infrastructures) and some community-based approaches in selected countries, which could be replicated in others.

7. It was recommended that countries should:

11. increase the proportion of budget allocation to the health sector;
12. urgently provide evidence on linking poverty to the health sector;
13. formulate sound interventions with indicators for monitoring and evaluation, linked to an output-oriented budget (or budgeting by objective);
14. formulate a comprehensive development framework that guides interventions of all sectors and all partners towards effective poverty reduction;
15. adopt strong anti-corruption policies and measures;
16. implement institutional framework that favours pro-poor interventions and output-oriented strategies.

8. WHO was requested to increase advocacy for additional resources and encourage debt cancellation.

9. Mrs Anikpo thanked the participants for their contributions and informed them that these would be taken into account in the development of the regional strategy on poverty and health, which would be submitted to the fifty-second session of the Regional Committee.

10. The Chairman thanked all the participants for their contributions, and declared the session closed.

ANNEX 5

WELCOME ADDRESS BY HIS EXCELLENCY DR LEON ALFRED OPIMBAT, MINISTER OF HEALTH, SOLIDARITY AND HUMANITARIAN ACTION, REPUBLIC OF CONGO

Your Excellency the President of the Republic,
Honourable President of the National Transition Council,
Honourable Chairman of the fiftieth session of the Regional Committee,
Honourable Ministers of Health,
The Secretary-General of the Organization of African Unity,
The Director-General of the World Health Organization,
The Executive Director of UNAIDS,
The WHO Regional Director for Africa,
Your Excellencies, Ambassadors and Heads of Diplomatic Missions,
Distinguished Delegates,
Ladies and Gentlemen,

It is for me a pleasant duty and a real joy to welcome you to this conference hall at the *Palais du Parlement* of Brazzaville.

Permit me, therefore, to express to you all, my dear colleagues and ministers of health as well as distinguished delegates, my sincere thanks for the confidence you placed in our country by allowing it to host this annual session of our Regional Committee.

I am particularly grateful to the ministers who were delegated by our Regional Committee to conduct missions of evaluation on the situation in our country. They were the Ministers of Health of Namibia and Burkina Faso and the former Minister of Health of Benin.

Your Excellencies,
Distinguished Guests,
Ladies and Gentlemen,

We owe the holding of this session in Brazzaville to a man whose competence and perseverance are in part an embodiment of greatness. I am referring to His Excellency Mr Denis Sassou N'guesso, President of the Republic of Congo and Head of Government.

On the occasion of the 49th session of the Regional Committee in Windhoek, Namibia, in August 1999, the President of the Republic gave me firm instructions to present the candidacy of our country for the hosting of the fifty-first session of the Regional Committee.

In August 2000, mindful of the procedures involved, the President of the Republic requested me to again confirm our candidacy at the last session held in Ouagadougou, Burkina Faso.

These instructions were carried out to the letter and with success. In short, the fifty-first

session of the Regional committee is truly being held in our Capital city Brazzaville, which is also called the Green City.

Mr President of the Republic, this is indeed a tribute which the 46 Member States of the WHO African Region are paying to you.

Your Excellencies,
Distinguished Guests,
Ladies and Gentlemen,

In recognition of the great work accomplished by His Excellency the President of the Republic to improve the social and health conditions of the disadvantaged populations, and in consideration of the decisive role played by the Republic of Congo in promoting health in Africa, the Scientific Committee of the "Agence Santé pour Tous au Quotidien" (BETTER HEALTH FOR ALL DAY AFTER DAY) has awarded to the Republic of Congo the First Trophy for the year 2001: BETTER HEALTH FOR ALL IN AFRICA.

I now have the honour to invite the President of this organization to come forward and present this trophy to His Excellency the President of the Republic of Congo.

Honourable Ministers,
Distinguished Delegates,

The National Organizing Committee of this fifty-first session and its Technical Committee are at your disposal to make your stay in our country useful and pleasant.

However, I crave your indulgence for any inadequacies you may have noted or will note in the organization of this meeting.

Everything has been done to ensure that our meeting, which I hope will be very successful, will be held under satisfactory conditions.

I thank you.

ANNEX 6

ADDRESS BY DR PIERRE TAPSOBA, MINISTER OF HEALTH, BURKINA FASO, AND CHAIRMAN OF THE FIFTIETH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Permit me, first of all, and on behalf of my dear colleagues ministers of health and heads of delegation, to warmly welcome His Excellency Mr Denis Sassou N'guesso, President of the Republic of Congo, who has kindly graced the opening ceremony of the fifty-first session of the Regional Committee with his presence. I would also like to welcome Dr Gro Harlem Brundtland who, as usual, is present at the opening session, which is a further proof of her commitment to health development in Africa.

Mr President,
The Director-General of WHO,

Since the fiftieth session of the Regional Committee last year, substantial progress has been recorded in the eradication, elimination and control of poliomyelitis, leprosy, dracunculiasis and onchocerciasis, to cite a few examples. An unprecedented mobilization drive was launched to confront the HIV/AIDS pandemic and fight against the major diseases that endanger the health of the world at large and of the African Region in particular. In this respect, the Global Fund established on the initiative of the Secretary-General of the United Nations is, for us, a source of hope and a call for solidarity. Specific guidelines were drawn up by our Regional Office and they are being implemented in most of our countries with a view to promoting health, reducing maternal and infant mortality and strengthening national health systems.

Mr President of the Republic,
Dear Colleagues,
Ladies and Gentlemen,

The efforts made and the progress recorded should not, however, make us forget the tremendous task that lies ahead and the scope of the work to be accomplished, given the seriousness of the health problems which remain the daily lot of our populations, particularly in the global and regional context characterized by socioeconomic difficulties and, at times, by political instability and civil wars.

No-one can deny the fact that peace, stability and development through equity are necessary for health which, in turn, contributes considerably to the well-being of people and their

development. I am, therefore, expressing my strong desire to see our joint efforts strengthened for the improvement of the health of the people in the African Region in an enabling regional and international environment.

Mr President of the Republic, as Chairman of the fiftieth session of the Regional Committee, I had the formidable task but also the great honour of following, step by step, with the support of the Regional Director, the remarkable efforts made by the Republic of Congo, under your distinguished leadership and personal concern, to refurbish the premises and facilities of the headquarters of our Regional Office in the beautiful Djoué estate.

Allow me therefore, on behalf of all my colleagues, to extend to you our sincere thanks and express our deepest gratitude for your personal commitment and that of the Government and people of the Republic of Congo.

Mr President,
Dear Colleagues,
Ladies and Gentlemen,

Throughout the exercise of my functions as Chairman last year, I benefited from the unflinching and strong support of Dr Ebrahim Malick Samba, WHO Regional Director for Africa, and his entire team. On this solemn occasion, I should like to express to them my sincere thanks and the hope for the same support to be given to my successor.

I thank you for your kind attention.

ANNEX 7

SPEECH BY DR L. O. MASIMBA, REPRESENTATIVE OF THE SECRETARY-GENERAL OF THE ORGANIZATION OF AFRICAN UNITY (OAU)

Your Excellency the President of the Republic of Congo,
Honourable Minister of Health of the Republic of Congo,
Director-General of WHO,
Regional Director of WHO/AFRO,
Honourable Ambassadors and all Plenipotentaries,
Ladies and Gentlemen,

One of the most difficult tasks in the literary world is to be asked to write about your best friend. You interact together in planning and organizing events where differences between one person and another become blurred. It is difficult to know where to start and how to end the story.

Collaboration between OAU and WHO goes as far back as 1979 when, in Addis Ababa, African Heads of State and Government adopted a Declaration on the Right and Welfare of the African Child (AHG/ST.4Rev.1). Since then the collaboration has resulted in the following declarations, decisions and resolutions.

17. Resolutions and declarations adopted by the assembly of heads of state and government

- Health as a Foundation for Development [AHG/Decl. 1 (XXIII)], Addis Ababa, 1987.
- The AIDS Epidemic in Africa (Dakar, 1992);
- AIDS and the Child in Africa [AHG/Decl. 1 (XXX)], Tunis, 1994;
- "The Situation of Women in Africa in the Context of Family Health: an African Plan of Action" [AGH/Decl. 1 (XXX)], Cairo, 1995;
- The resolution on the African Regional Nutrition Strategy (1993-2003) [AHG/Res.224 (XXIX)], Cairo, 1993;
- The Harare Declaration on Malaria [AHG/Decl. 1 (XXXIII)];
- The Lome Decision (2000) to hold an African Summit on HIV/AIDS, TB and other Related Infectious Diseases in Abuja, Nigeria.
- Starting in February 2001 there was close collaboration between the OAU, WHO and the Nigerian Government and others for the preparation of the African Summit on HIV/AIDS, TB, and other related infectious disease, which took place from 24 to 27 April 2001 in Abuja, Nigeria. WHO offered both technical and financial assistance for the success of the summit. The outcome of the summit

was the Abuja Declaration and Framework Plan of Action. Collaboration will continue in the form of assistance to Member States for the implementation and follow-up of the outcome of the Abuja Summit.

2. Resolutions and decisions adopted by the council of ministers

- Resolution on Micronutrient Deficiencies in Africa (CM/Res. 1640 (LXIII)), Addis Ababa, 1996;
- Resolution on Emergency Preparedness and Response to Face Epidemics and Natural Disasters in African (CM/1565 (L) Res. 2), Kampala, 1989;
- Special Health Fund for Africa (CM/1565 (L) Res. 3), Kampala, 1989.

7. Resolutions and recommendations adopted at various sessions of conferences of African ministers of health (CAMH)

- African Health Crisis and Challenges of the 1990s (CAMH/Res. 2 (IV) Rev. 1)), Kampala;
- Resolution on Health Financing (The World Bank, Health Finance and Health Policy in Africa). (CAMH/Res. 4 (IV) Res. 1), Mbabane, 1991;
- Resolution on the 1990s African Decade for Child Survival, Protection and Development. (CAMH/Res. 10 (IV) Rev. 1), Mbabane, 1991;
- The Ordinary Session of the Vth Conference of African Ministers of Health (CAMH 5) took place in Cairo, Egypt, in 1995. The resolutions adopted were endorsed by the 62nd Ordinary Session of the Council of Ministers meeting in Addis Ababa in June 1995. The resolutions included the following:

  - Measures to address the HIV/AIDS Epidemic in Africa: Achievements and Challenges. [CAMH/Res. 3 (V)];
  - Tuberculosis - The Forgotten Killer in Africa, its Impact on Women, Families and Social Structures CAMH/Res. 4 (V);
  - Elimination of Iodine Deficiency Disorders (IDD): The Final Onslaught
  - [CAMH/Res. 5 (V)];
  - The Eradication of Guinea Worm in Africa [CAMH/Res. 8 (V)];
  - The Bamako Initiative: Re-building Health Systems [CAMH/Res. 9 (V)];
  - The Physical and Socio-economic Rehabilitation of Disabled People [CAMH/Res. 10 (V)];
  - Occupational Safety and Health [CAMH/Res. 11 (V)];

- Preventive School Health Education [CAMH/Res. 12 (V)];
- Partnership for Health and Development in Africa [CAMH/Res. 13 (V)];
- Health and War [CAMH/Res. 14 (V)].

Other areas of collaboration

· Implementation of the Framework Convention for Tobacco Control: The OAU Secretariat has requested WHO for technical assistance to hold an African experts meeting on "Tobacco or Health" whose outcome will provide an enabling environment for all OAU Member States to effectively participate in the convention on tobacco control.

· OAU is collaborating with WHO, UNICEF and ILO in undertaking an in-depth study of the impact of HIV/AIDS and its linkage to child labour.

· The OAU, WHO and the UN system are looking for ways of establishing a Regional Disaster Management and Coordination Mechanism for Africa.

Challenges

· How to cope with or fight against HIV/AIDS which has wiped out most of the gains made in the health sector by OAU Member States in the last two decades.

· How to use science in order to focus on the role of traditional medicine - hence the conservation of Africa's bio-diversity for the development of affordable drugs in Africa.

· In spite of all efforts made in the last two decades, poverty, hunger and malnutrition are on the increase especially among children, the youth and the aged. Consequently, improvement of health status cannot be achieved unless the population has access to sustainable clean water, food and nutrition security.

· Since 1987, the OAU and WHO have produced many declarations, decisions and resolutions and their plans of actions on improving the health status in Africa. Indeed if, for example, the declaration of 1987 "Health as a Foundation for Development" had been implemented by just 50%, Africa would not be facing the perennial health problems we are seeing today. The challenge we all face is how to implement a declaration or a plan of action.

Recommendations

· The OAU and WHO should establish a task force to look into the obstacles (sociological, economic, psychological, etc.) impeding the implementation of decisions and plans of action. The task force should also develop a theoretical framework for implementing plans of action in health. This will help Member States in designing their own models.

- The OAU and WHO should work together to re-establish the defunct African Task Force on Food and Nutrition Development.
- The two organizations should establish an expert group to study the impact of the burden of diseases (especially HIV/AIDS and malaria) on Africa's economies and prepare a report.

Your Excellency Mr President,

In conclusion, the OAU Secretariat wishes to thank you, your Government and the people of the Republic of Congo for hosting this fifty-first session of the Regional Committee and for making possible the re-opening of the WHO Regional Office in Brazzaville.

I thank you.

ANNEX 8

ADDRESS BY DR EBRAHIM M. SAMBA, WHO REGIONAL DIRECTOR FOR AFRICA

Your Excellency, the President of the Republic of Congo,
Your Excellency, the representative of the Secretary-General of OAU,
Honourable Ministers of Health of Member States,
The Director-General of WHO,
Invited Guests,
Ladies and Gentlemen,

During the past five years, the WHO Regional Office for Africa has had to operate under difficult conditions, following its relocation from Brazzaville in June 1997 due to the tragic events that occurred in Congo.

In spite of this, and thanks to your support and encouragement, the WHO Regional Office for Africa has been the most successful of all the six regions of WHO.

We have more than doubled our activities, the number of staff, the budget and the support being provided to Member countries.

These results have also been obtained thanks to the Government and people of Zimbabwe, who welcomed us and did everything possible to facilitate our mission, and this, despite the difficulties they have experienced.

Excellencies, Ladies and Gentlemen,

Allow me to seize this occasion and opportunity to pay high homage to all the people of Zimbabwe, and particularly to His Excellency President Robert Mugabe as well as to Dr Timothy Stamps, the Minister of Health, for their unfailing readiness to help and their unflinching determination to provide us with an exceptionally conducive environment.

May I also take this opportunity to express my deep appreciation to the entire staff of the Regional Office for the sacrifices they have made. I wish to also thank the Director-General for her constant support and understanding which led to a satisfactory management of the crisis.

Your Excellency the President of the Republic, you had promised that in your reconstruction efforts in Congo, the rehabilitation of the Regional Office would be your second priority, only preceded by the rehabilitation of the National Railway of Congo.

You undertook to personally supervise the rehabilitation work in order to hand over our common heritage to the Member States.

This challenge has been won today with countless sacrifices. Allow me, Your Excellency, to express the commendations and gratitude of all members of the United Nations family and particularly of the World Health Organization.

The work of the WHO Regional Office for Africa concerns all the 46 countries of the African Region and, for this reason, there is need to safeguard its functioning so as to improve and strengthen technical cooperation in the Region.

Memories of our departure from Brazzaville in 1997, under tragic conditions, prompt me to call on the Government to ensure the security of the entire international territory made up of the seat of the Regional Office, its annexes and the Djoué staff quarters.

As agreed with you, Mr President of the Republic, I have the honour and the privilege to inform you that the return of the staff on duty in Harare will start from October and will continue progressively. Such a return will necessarily have serious implications.

First, financial implications which will be borne by the Regular budget of the Organization to the detriment of technical cooperation activities.

Secondly, implications on the functioning and performance of the Regional Office in its endeavour to meet the expectations of the countries in the area of technical cooperation.

Lastly, repercussions on the families of the staff who will have to adapt to sometimes very difficult conditions.

In spite of the magnitude of these constraints, we acknowledge your efforts, Mr President Sassou Nguesso, those of your Government and the entire nation and we nurse the great hope that the general living and working conditions will continue to improve and that the Djoué international territory will no longer be the target of acts of violence.

Once more, I am requesting the confidence of the Ministers of Health of the Region in order to manage and conduct, in the most appropriate manner, the return of AFRO staff to Brazzaville, while ensuring continuity in the provision of Regional Office services to Member States.

Your Excellency, the President of the Republic,
Honourable Ministers,
Representatives of Member States,
Distinguished Guests,

The holding of this session of the Regional Committee in Brazzaville means a lot to me in the performance of my present term of office.

It translates my determination to see the WHO flag flying once more over the Regional Office here in Brazzaville.

Thank you for your attention.

ANNEX 9

STATEMENT BY DR GRO HARLEM BRUNDTLAND, DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

Mr President,
Ministers,
Dr Samba,
Excellencies,
Ladies and Gentlemen,

It gives me great pleasure to be with you all today. Our gathering here in Brazzaville, and the reconstruction of WHO's Regional Office for Africa in this city, are signs of hope and progress.

Throughout the Region, governments and civil society are making heroic efforts - with really limited resources - to respond to their people's health problems. Last month I saw this for myself - at the launch of concerted action in the Democratic Republic of Congo, Angola, Gabon and in this nation to immunize children against polio.

In Kinshasa I saw how government and civil society are creating a public health infrastructure as a bridge for peace. The infrastructure is now focused on polio. But it is being developed to address malaria, HIV infection, women's and children's health, and other priority problems. Given the challenges posed by conflict and mistrust, this response to ill-health demands both vision and courage from all concerned. I am delighted that WHO, and the rest of the UN country team, are providing support for re-building the health infrastructure. They are responding to a key concern of poor people in the Region - their need to be healthy enough to learn, to earn and to climb out of the poverty trap.

In Abuja in April, for the second year running, I witnessed heads of state and health ministers, together with representatives of civil society and the UN, as they committed themselves to ensuring better health outcomes for all Africa's people. This year the focus was on the devastating impact of HIV on the women, men and children of Africa - on their productivity and their prosperity. The call was for health systems that reach people, and commodities and medications that are affordable.

The international community is responding and building on efforts already under way in Africa. Last week I listened to the discussions in the Commission on Macroeconomics and Health. They are likely to call for a dramatic and rapid scale up of action for better health. If this does not happen soon, in Africa, the people of this continent will suffer greater deterioration in their health and well-being.

At the World Health Assembly, the UN General Assembly Special Session on HIV/AIDS, and at the G8 Summit, and when the OAU approved the New African Initiative, we heard of a real increase in available resources. Different public, voluntary and private sector bodies are already

making new commitments, and plans for the Global AIDS and Health Fund are being taken forward.

There are many health challenges facing the people in Africa. They cannot access health systems that respond equitably and efficiently to their health needs and offer some protection against the devastating consequences of illness. How can existing health systems, already subject to reforms and restructuring, be enabled to scale up and deliver service improvements as new resources become available?

My answer is straightforward. Until there is a significant increase in resources we cannot expect to see quantitative improvements in overall health system performance.

That is why plans for the Global AIDS and Health Fund are important. As we prepare to take our place in the transitional working group designing the Fund, WHO will want to be sure that it stimulates a build-up of national health system capacity. It should help governments and civil society scale up health systems in ways that are effective, responsive, making good use of resources and leading measurable results.

The focus on priorities, attention to coverage and quality of interventions and careful monitoring will improve the efficiency for achieving results with scarce resources. The Fund will encourage the further funding needed to drive-up total health systems spending towards the minimum levels of $60-$100 per person/per year. Such levels of spending are necessary if more comprehensive service provision is to become feasible.

I would like to share with you my views on some of current health priorities. I start with a focus on those who are at risk of, or are infected with, HIV.

The UN General Assembly Special Session commits us all to doing much more - to help people prevent themselves from infection, and to increase the proportions of HIV-affected people who can access care for their illnesses. You are all responding to the challenge. The silence is broken: our actions must speak louder than words.

Together with the other co-sponsors of UNAIDS, and both government and nongovernmental development partners, we are working with you as you adapt evidence-based practice to the needs of your people. To obtain evidence on what works, we coordinate and take forward extensive research in the fields of diagnostics, spermicides, vaccine development, operational research on care and support, and assessments of programme effectiveness. We look forward to the further development of the recently initiated African AIDS Vaccine Programme.

We are working with you to monitor the uptake of preventive and care services, and to assess their impact on people's well-being.

We are able to help country officials negotiate the purchase of essential medicine, commodity and diagnostics supplies - and to be wise buyers. They seek up-to-date information about suppliers and drug prices.

I know that the regular publication, by WHO, of Essential Drugs Price Indicators within the African Region is helpful. These complement WHO's global WHO price information on selected HIV/AIDS- related drugs and starting materials.

Country officials also need information about the operation of trade agreements. WHO is continuing to help countries examine the impact of international trade agreements on access to life-saving medicines. Dr Samba last week convened a meeting of health, trade and patent officials from 15 African countries. This helped participants see how these trade agreements can serve public health interests.

Our goal is to help identify more effective responses, ones that take account of people's cultural traditions and social realities. To this end we have reorganized and substantially scaled up the whole of WHO's contribution to HIV/AIDS action. Now we are in a better position to respond promptly to countries' requests.

We have also been working closely with countries as they take forward action to roll back malaria. Africa's heads of state have made an explicit commitment to increasing people's access to insecticide-treated nets, to prompt and effective malaria treatment, to the prevention of malaria in pregnancy and to the effective management of malaria epidemics.

The Regional Director has proposed that insecticide-treated mosquito nets be provided free to mothers and children under the age of five, in order to catalyse large-scale action for those most in need. He is also keen to see community-based interventions - for improving access to bednets, care for pregnant women and home-based management of fevers. These approaches are being taken forward imaginatively in several African countries by Roll Back Malaria partners from the private, as well as the public, sectors.

Our work to roll back malaria is one example of effective action to improve the lives and futures of Africa's children.

During the last two decades we have also seen substantial improvements in the proportion of Africa's children who are fully immunized. But progress is uneven. WHO and UNICEF have worked with countries to update estimates of immunization coverage from 1980 to 1999. Results will be collated and published at the UN General Assembly Special Session on children in New York next month. It does look as though political and military conflicts have had a serious impact on immunization coverage.

Indeed, emergencies and conflicts undermine efforts to improve health. Africa has more than its share of emergencies including natural disasters, armed conflict or threats of civil wars, resulting in millions of refugees and displaced persons, as well as affected host populations.

The efforts now made to ensure the eradication of polio are among the largest and most impressive public health interventions the world has ever seen. They are also among the most difficult. But the end is within sight. The Global Polio Eradication Initiative has reduced the number of cases by 99 per cent. In 2000, only 3 500 cases worldwide were reported.

Our efforts mean three million people in the developing world, who would have been paralysed, are walking today. Last year alone, we immunized **550 million** - 85 per cent - of the world's children.

Now in 2001, there are no more than 20 countries in which the polio virus is continuously present. Of those, only eight countries stand for 85 per cent of the total burden, and several of them are in the African Region.

The first round of coordinated national immunization days in the Central African sub-region was impressive. But accessing every child indeed remains one of our greatest challenges, and conflict still prevents us from reaching some children. Together, we can finish the job and eradicate polio. But to get there we must push ourselves even harder.

There are other major scourges. Nearly 800 000 children die every year from measles, half of them in the African Region. Mass measles immunization campaigns are under way this year in eight African countries, targeting approximately 21 million children. WHO is providing technical assistance to ensure greatest possible impact.

We are also supporting the strengthening of vaccine programmes and the introduction of new vaccines. The Global Alliance for Vaccines and Immunization is now in its second year. Vaccines financed by the Alliance have reached several countries. Nine African countries have received approval to introduce new vaccines. Applications from eight more are pending.

Africa is the region with the largest number of countries receiving support from the Vaccine Fund. Seventeen countries are receiving Fund money for the strengthening of immunization services. This is a tremendous achievement. It shows countries' commitment to improving their children's access to vaccines.

Mr President,

This year, I celebrated World Health Day in Nairobi. I watched as the Kenyan authorities opened up their main national mental hospital to the public. This openness is made possible because of the new and effective means now available to treat and prevent brain disorders and mental illness. Modern mental health care focuses more on the family and the local community; uses effective and relatively inexpensive medicines; and is geared to prevention, early detection and treatment rather than incarceration.

The burden of mental ill-health and brain disorders in Africa is a serious challenge. The resources and the manpower to deal with mental ill-health are sparse. The Kenya experience shows that reform is possible.

The forthcoming World Health Report, which this year focuses on mental health, will provide a firm global overview of the current and future burden of mental ill-health and their main contributing factors. It will contain strategies for ensuring that effective prevention and treatment are **both** put in place **and** adequately funded. It will show how countries like Kenya have started to change the way they provide mental health care.

Information - on the burden of disease and on health system responses - is essential if resources are to be used as effectively as possible. Many Member States have initiated surveillance of disease, and WHO is often able to help. The recent *Ebola* outbreak in Uganda was an example of surveillance linked to response. Different parts of WHO worked within a global response network which brought over 120 experts from 22 international organizations into the area. Co-ordinated by WHO, they helped the Ugandan Government to contain the crisis.

Some countries have initiated programmes of national health surveys so as to provide a regular assessment of the status of their people's health and the working of health systems. WHO is offering more help to countries as they undertake these surveys, so as to help policy-makers and programme staff make more informed decisions about how best to use resources.

Mr President,

Africa's nations are playing a critical role in the negotiations of a framework convention on tobacco control. During the second round of negotiations in May, the first draft of the convention was debated at length. The next round of the negotiation process will take place in November. I am confident that we will end up with a Convention that really helps countries to confront the threat of tobacco for their people. I stress the need for countries to continue to be engaged until the convention has been finalized - hopefully in 2003.

We read in journals of new advances in medical technology, yet experience - in our daily work - people's difficulties with accessing inexpensive care for malaria or TB. We watch - each day - as health professionals make difficult choices, and wonder when the results of recent advances in genetics will have a positive impact on the health of Africa's people.

WHO's regional offices and Geneva departments are helping countries to start to handle complex ethical issues - such as codes of conduct for research involving human subjects. It is now time to draw together this work, providing Member States with the opportunity to share experiences, establish consensus and be in a better position to handle individual ethical challenges.

So I propose to establish a cross-WHO initiative on health ethics which focuses on *Ethics in Public Health, Health Research Ethics and Biotechnology Ethics*. This will include ethical aspects of genome related work, stem cell research, cloning and other ethical areas of biomedical science. The initiative would be designed to help increase Member States' capacities to handle ethical issues, and to provide support for inter-governmental action on health and ethics issues.

The issue of genetically-modified (GM) food is one area where health, ethics and economics have come together, and there have been some tensions. Increasingly they are portrayed as elements of a conflict between commercial interests and those of consumers. Both sides have developed strong positions.

But genetically-modified food crops are already in widespread use. Those of us concerned with public health are asking whether these products are safe and beneficial for consumers. If they are, we want to know how best to enable developing nations - and the poorest farmers and consumers - to benefit from them.

GM food has the potential to lead to a steep increase in food production - comparable with that brought in by the Green Revolution of the 1960s. GM crops rich in vitamin A and iron can dramatically reduce levels of these deficiencies in populations at risk.

But serious negative effects are also possible, especially if GM products are too expensive for poorer people or have not been adequately tested. So authorities with responsibility for food standards and safety must focus primarily on the well-being of consumers, and not on the profits of producers or suppliers. WHO is working with FAO to help countries answer questions about the safety of all foods - including those that have been genetically modified. This means encouraging international agreement on standardized methods, including pre-market evaluations rather than post-market monitoring.

All WHO's work is for countries, but only a part of it is in countries. Country work, though, is critical, and our country representatives are at the centre of all we seek to do.

We are committed to improving the capacity of the WHO teams within countries who need us the most, so that they are better equipped to contribute to better and more equitable health outcomes. WHO country representatives and regional offices will play a central role in making this happen, building on our recent experiences with establishing strategies for our cooperation with individual countries.

We anticipate exploring the options for developing our country teams in country offices in Africa within the next few months.

The work of WHO's regional offices and Geneva departments is summarized within the Corporate Strategy for WHO's Secretariat that was agreed by Member States during 1999. This is the basis of the General Programme of Work for 2002 to 2005. During 2000 the Secretariat established a Strategic Programme Budget, identifying 35 Areas of Work across the Organization. This formed the basis for the expected results, milestones, activities and allocation of Regular and extra-budget resources for the 2002-2003 biennium.

I will be working with the Regional Directors over the coming months to develop a proposed set of global priorities for the next period, 2004-2005. We will draw on your deliberations at this Regional Committee. My proposals will then be presented to the Executive Board when it meets in Geneva in January 2002.

On this and other issues, including human resources, we will have discussions later in the session.

Mr President, Honourable Ministers,

Later today we will be going out to our newly-refurbished Regional Office for the handover ceremony. I want to thank the President and all of those who have worked so hard on the restoration project. Dr Samba will lead an advance party to Brazzaville in October to plan for the next phases of the return.

I want to also thank the Government and people of Zimbabwe for their magnificent support during the period that the Regional Office has been working there.

I would conclude by expressing my appreciation and that of the whole of the WHO staff to our colleagues in the African Region for managing so well during this difficult period. I pay particular respect to Dr Samba who has shown great courage and statesmanship. This is being reflected in the new momentum for better health in Africa.

Thank you.

ANNEX 10

OPENING ADDRESS BY HIS EXCELLENCY MR DENIS SASSOU NGUESSO, PRESIDENT OF THE REPUBLIC OF CONGO

Mr Chairman of the fiftieth session of the Regional Committee,
Members of Government,
Honourable Ministers of Health,
Director-General of the World Health Organization,
Representative of the OAU Secretary-General,
Executive Director of UNAIDS,
WHO Regional Director for Africa,
Excellencies, Ambassadors and Heads of Diplomatic Mission,
Distinguished Delegates,
Ladies and Gentlemen,

Today is a memorable day for Congo. After many trials and tribulations, WHO, our noble and illustrious institution, is back here in Brazzaville, its home port.

Today is also historic for the WHO African Region. And you have kindly accepted to honour it by massively attending this session which will, no doubt, be remembered for years.

Congo, in general, and Brazzaville, in particular, welcome you with the same warmth and grace that has remained unchanged. I welcome you most cordially and wish you a happy stay.

I am delighted by the presence, here with us, of the WHO Director-General, Dr Gro Harlem Brundtland, to whom I wish to express my warm greetings and pay tribute in recognition of her firm commitment to the health development of the African Region, as evidenced by her effort in the Roll Back Malaria Initiative.

Through that Initiative, Madam Director-General, you have organized a global partnership which will go down in history and serve as a living example. Congratulations.

Our gratitude also goes to the Executive Director of UNAIDS, Dr Peter Piot, who, together with the WHO Director-General and other UNAIDS co-sponsors, is implementing the "Accelerating access to HIV/AIDS care" initiative. To all developing countries, including Congo, where access to any kind of drugs has always posed a challenge, that project is a real life-buoy.

Dear Dr Piot, not only do you have our support and encouragement, you also have our sincere thanks.

Finally, I wish to commend Dr Ebrahim Malick Samba who, at the turn of the 20th century, rightly adopted, with competence and effectiveness, policy and strategic orientations on Health for All in the 21st century.

Distinguished Delegates,
Ladies and Gentlemen,

Two important declarations in the area of health, together with action plans and implementation frameworks, were adopted by African heads of state in 2000 and 2001, under the auspices of the Organization of African Unity and in close partnership with the World Health Organization and UNAIDS.

These are the declaration on malaria and that on AIDS, tuberculosis, sexually transmitted infections and other related infectious diseases.

To us, disease control is a top priority which calls for the effective pooling of all our human and institutional resources: from national committees and countries, to subregional, regional and international institutions.

Distinguished Delegates,
Ladies and Gentlemen,

It is a fact that the quest for progressive, balanced and sustainable health development is impossible without peace.

As you well know, my country has been in dire need of peace. The violent upheavals that shook my country did not, alas, spare the WHO Regional Office for Africa, which had to be temporarily relocated to Harare, Zimbabwe. An accurate account of the state of the WHO Regional Office in Djoué has been duly given to you.

In 1998, we firmly pledged before the African and international community to rehabilitate the seat of the WHO Regional Office, Djoué.

At the time, meeting that pledge seemed doubtful and uncertain because the task was extremely awesome and our resources unpredictable.

Today, we are of the opinion that we have honoured our obligations, as required.

Mr Chairman,
Honorable Ministers of Health
The Regional Director of WHO
Distinguished Delegates,

I here and now reassure you all: Congo has found peace, real peace. You can live and work here in perfect peace.

The staff of the Regional Office can therefore, as formulated in your resolutions, already start to return to the permanent headquarters in Brazzaville.

At this time that the WHO Regional Office for Africa is returning to its home in Congo, I

would like to give expression to my feelings of deep gratitude to Zimbabwe that had sheltered the Regional Office and enabled our common institution to continue to function. I express my sincere thanks to my brother and friend, President Robert Mugabe, and to the Government and people of Zimbabwe.

Mr Chairman,
Distinguished Delegates,

The themes selected for your Round Tables are topical. It is absolutely necessary for the African Region to have health systems that are more performing. To achieve this, a more solid partnership and social mobilization in disease control is necessary.

It cannot be stated often enough that poverty is an obstacle to development. Can the health sector not play an ever more important role in poverty reduction? I leave this thought for your reflexion.

Mr Chairman,
Distinguished Delegates,
Ladies and Gentlemen,

Africa expects a lot from your meeting. I urge careful and informed deliberations so that our continent will be in the mainstream of this fight that must be fought and which requires the mobilization of our collective intelligence and efforts: this is the fight for health for the development of Africa.

I wish you full success in your deliberations.

I declare open the fifty-first session of the WHO Regional Committee for Africa.

Thank you.

ANNEX 11

DRAFT PROVISIONAL AGENDA OF THE FIFTY-SECOND SESSION OF THE WHO 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/RC52/1)
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region: Biennial Report of the Regional Director (document AFR/RC52/2):

   - Implementation of the Programme Budget 2000-2001
   - Progress report on specific resolutions:

     - Regional strategy for promoting the role of traditional medicine in health systems
     - HIV/AIDS strategy in the African Region
     - Roll Back Malaria in the African Region
     - Regional strategy for emergency and humanitarian action
     - Regional strategy for the development of human resources for health
     - Strategic health research plan for the WHO African Region
     - Health sector reform in WHO African Region: Status of implementation and perspectives
     - Review of the implementation of the Bamako Initiative

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

   7.1 Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board

   7.2 Agendas of the one-hundred-and-eleventh session of the Executive Board and the Fifty-sixth World Health Assembly: Regional implications

   7.3 Method of work and duration of the World Health Assembly

8. Report of the Programme Subcommittee

   8.1 WHO Programme Budget 2004-2005

   8.2 Regional strategy for immunization during the period 2003-2005

   8.3 Women's health and development: A strategy for the African Region

8.4 Environmental health: A strategy for the African Region

8.5 Poverty and health: A strategy for the African Region

8.6 Implementation of public health functions in the context of health sector reforms

9. Round Tables:

9.1 The health sector's response to the dual epidemic of TB and HIV/AIDS

9.2 Addressing cardiovascular diseases through risk-factor reduction

9.3 Human and financial resources for health systems development

10. Report of the Round Tables

11. Choice of subjects for the Round Tables in 2003

12. Nomination of the Chairmen and Alternate Chairmen for the Round Tables in 2003

13. Procedural decisions

14. Dates and places of the fifty-third and fifty-fourth sessions of the Regional Committee

15. Adoption of the report of the Regional Committee

16. Closure of the fifty-second session of the Regional Committee

ANNEX 12

LIST OF DOCUMENTS

AFR/RC51/1 Rev. 1	-	Agenda
AFR/RC51/1 Rev. 1/Add. 1	-	Programme of Work
AFR/RC51/2	-	The Work of WHO in the African Region 2000: Annual Report of the Regional Director
AFR/RC51/3	-	WHO Programme Budget 2002-2003: Country Orientations
AFR/RC51/4 Rev.1	-	Agenda of the Programme Subcommittee
AFR/RC51/4 Rev.1/Add.1	-	Programme of Work of the Programme Subcommittee
AFR/RC51/5	-	Report of the Programme Subcommittee
AFR/RC51/6	-	Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board
AFR/RC51/7	-	Agendas of the one-hundred-and-ninth session of the Executive Board and the Fifty-fifth World Health Assembly: Regional implications
AFR/RC51/8	-	Method of work and duration of the World Health Assembly
AFR/RC51/9 Rev. 1	-	Blood safety: A strategy for the African Region
AFR/RC51/10 Rev.1 & Cor.1	-	Adolescent health: A strategy for the African Region
AFR/RC51/11 Rev. 1	-	Infant and young child nutrition: Situation analysis and prospects in the African Region
AFR/RC51/12 Rev. 1	-	Health promotion: A strategy for the African Region
AFR/RC51/RT1	-	Health systems: Improving performance
AFR/RC51/RT2	-	Disease control: The role of social mobilization
AFR/RC51/RT3	-	Poverty reduction: The role of the health sector
AFR/RC51/RT4	-	Guidelines for the organization and conduct of round table discussions
Reports of the Round Tables:		
AFR/RC51/13.1	-	Health systems: Improving performance
AFR/RC51/13.2	-	Disease control: The role of social mobilization
AFR/RC51/13.3	-	Poverty reduction: The role of the health sector
AFR/RC51/14	-	Working in and with countries: Country cooperation strategy
AFR/RC51/15	-	Choice of subjects for the Round Tables in 2002
AFR/RC51/16	-	Dates and places of the fifty-second and fifty-third sessions of the Regional Committee
AFR/RC51/17	-	List of participants
AFR/RC51/18	-	Adoption of the report of the Regional Committee
AFR/RC51/19	-	Emerging bioethical issues in health research: Concerns and challenges in the African Region
AFR/RC51/20	-	Programme Budget: Priorities for 2004-2005
AFR/RC51/21	-	Nomination of the Chairmen and Alternate Chairmen for the Round Tables in 2002

Decision 1:	-	Composition of the Subcommittee on Nominations
Decision 2:	-	Election of the Chairman, the Vice-Chairmen and the Rapporteurs
Decision 3:	-	Composition of the Subcommittee on Credentials
Decision 4:	-	Credentials
Decision 5:	-	Replacement of members of the Programme Subcommittee
Decision 6:	-	Provisional agenda of the fifty-second session of the Regional Committee
Decision 7:	-	Agendas of the 109th session of the Executive Board and the Fifty-fifth World Health Assembly
Decision 8:	-	Method of work and duration of the Fifty-fifty World Health Assembly
Decision 9:	-	Choice of subjects for the Round Tables in 2002
Decision 10:	-	Dates and places of the fifty-second and fifty-third sessions of the Regional Committee
Decision 11:	-	Nomination of representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
Decision 12	-	Nomination of a representative of the African Region to the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical diseases (TDR)
AFR/RC51/R1	-	WHO Programme Budget 2002-2003: Country Orientations
AFR/RC51/R2	-	Blood safety: A strategy for the African Region
AFR/RC51/R3	-	Adolescent health: A strategy for the African Region
AFR/RC51/R4	-	Health promotion: A strategy for the African Region
AFR/RC51/R5	-	Vote of thanks
AFR/RC51/WP/1	-	Report of the Subcommittee on Nominations
AFR/RC51/SCC/1 Rev. 1	-	Report of the Subcommittee on Credentials
AFR/RC51/Conf.Doc./1	-	Address by His Excellency Dr Léon-Alfred Opimbat, Minister of Health, Solidarity and Humanitarian Action, Republic of Congo
AFR/RC51/Conf.Doc./2	-	Address by Dr Pierre Tapsoba, Minister of Health, Burkina Faso, and Chairman of the fiftieth session of the Regional Committee for Africa
AFR/RC51/Conf.Doc./3	-	Speech by Dr L.O. Masimba, Representative of the Secretary-General of OAU
AFR/RC51/Conf.Doc./4	-	Opening address by Dr Ebrahim M. Samba, WHO Regional Director for Africa

AFR/RC51/Conf.Doc./5	-	Statement by Dr Gro Harlem Brundtland, Director-General, WHO
AFR/RC51/Conf.Doc./6	-	Speech by His Excellency Mr Denis Sassou Nguesso, President of the Republic of Congo
AFR/RC51/INF/01	-	Information bulletin on the Republic of Congo