

SIXTY-EIGHTH SESSION OF THE

WHO REGIONAL COMMITTEE FOR AFRICA
DAKAR, REPUBLIC OF SENEGAL
27–31 AUGUST 2018



**World Health
Organization**

REGIONAL OFFICE FOR

Africa

SIXTY-EIGHTH SESSION OF THE

**WHO REGIONAL COMMITTEE FOR AFRICA
DAKAR, REPUBLIC OF SENEGAL
27–31 AUGUST 2018**

FINAL REPORT

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
BRAZZAVILLE • 2018**

AFR/RC68/17

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ABBREVIATIONS

ALMA	African Leaders Malaria Alliance
AMA	African Medicines Agency
APHEF	African Public Health Emergency Fund
ARCC	African Regional Certification Commission for Polio Eradication
cVDPV2	circulating vaccine-derived poliovirus type 2
DFC	Direct Financial Cooperation
EAC	East African Community
ECOWAS	Economic Community of West African States
EPG	External Relations, Partnerships and Governing Bodies
GMC	General Management and Coordination Cluster
GPEI	Global Polio Eradication Initiative
GPW	General Programme of Work
HHA	Harmonization for Health in Africa
HSS	health system strengthening
IHR	International Health Regulations
ITU	International Telecommunication Union
KPIs	key performance indicators
NCDs	noncommunicable diseases
PHC	primary health care
PMTCT	prevention of mother-to-child transmission
PPP	Public-Private Partnerships
PSC	Programme Subcommittee
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
UHC	universal health coverage
WAEMU	West African Economic and Monetary Union
WHO FCTC	WHO Framework Convention on Tobacco Control
WHO PEN	WHO Package of Essential NCD Interventions in Primary Health Settings



King Fahd Palace Hotel



Group photograph taken shortly after the opening ceremony

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1: Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa, the Sixty-eighth session of the Regional Committee unanimously elected the following officers:

Chairperson: Mr Abdoulaye Diouf Sarr
Minister of Health and Social Action
Senegal

First Vice-Chairperson: Dr Thaddée Ndikumana
Minister of Public Health and the Fight against AIDS
Burundi

Second Vice-Chairperson: Dr Aaron Motsoledi
Minister of Health
South Africa

Rapporteurs: Hon. Sarah Achieng Opendi (English)
Minister of State for Health
Uganda

Mr Boualam Hacene (French)
Ambassador Extraordinary and Plenipotentiary of Algeria to
Senegal and Head of delegation
Algeria

Professor João Liopoldo da Costa (Portuguese)
Vice Minister of Health and Head of delegation
Mozambique

Decision 2: Composition of the Committee on Credentials

In accordance with Rule 3 (c), the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Comoros, Ethiopia, Guinea-Bissau, Liberia, Mauritania, Mauritius and Rwanda.

Decision 3: Credentials

The Regional Committee, acting on the report of the Committee on Credentials, recognized the validity of the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of 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. Eritrea, Eswatini and South Sudan were not represented at this session of the Regional Committee.

Decision 4: Draft provisional agenda, place and dates of the Sixty-ninth session

In accordance with Decision No. 4 of the Sixty-seventh session of the Regional Committee, the Regional Committee decided to hold its Sixty-ninth session at the WHO Regional Office for Africa in Brazzaville, Republic of the Congo from 26 to 30 August 2019. The Committee reviewed and commented on the draft provisional agenda for the Sixty-ninth session. The Committee requested that the proposed agenda item 15.3 entitled Accelerating the response to noncommunicable diseases in the African Region, in line with the Political Declaration of the High-level meeting of the General Assembly on the prevention and control of NCDs, should be a substantive agenda item. The Committee adopted the provisional agenda with the one amendment.

Decision 5: Replacement of Members of the Programme Subcommittee

The term of office on the Programme Subcommittee of the following countries will expire with the closure of the Sixty-eighth session of the Regional Committee: **Kenya, Liberia, Namibia, Seychelles, Sierra Leone and Uganda**. The following countries are proposed to replace them: **Cabo Verde, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea, Lesotho**. The following Member States will therefore serve on the Programme Subcommittee as from the closure of the Sixty-eighth session of the Regional Committee for Africa.

Subregion 1	Subregion 2	Subregion 3
1. Mauritania (2016–2019)	7. Ethiopia (2016–2019)	13. South Africa (2016–2019)
2. Nigeria (2016–2019)	8. Sao Tome and Principe (2016–2019)	14. Botswana (2017–2019)
3. Senegal (2017–2020)	9. Rwanda (2017–2020)	15. Zimbabwe (2017–2020)
4. Togo (2017–2020)	10. Cameroon (2017–2020)	16. Angola (2017–2020)
5. Cabo Verde (2018–2021)	11. Chad (2018–2021)	17. Comoros (2018–2021)
6. Côte d'Ivoire (2018–2021)	12. Equatorial Guinea (2018–2021)	18. Lesotho (2018–2021)

Decision 6: Nomination of representatives to serve on the Special Programme of Research Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)

The term of Mauritius will end on 31 December 2018. In addition, the membership of Madagascar ended on 31 December 2016 but was not replaced at that time. The Regional Committee decided that Mauritius and Madagascar be replaced by Niger and Nigeria for a period of three (3) years with effect from 1 January 2019 to 31 December 2021. Niger and Nigeria will thus join Namibia and Mozambique on the PCC.

Decision 7: Representation to the Special Programme for Research and Training in Tropical Diseases (TDR), Membership of the Joint Coordinating Board (JCB)

The term of office of Comoros on the TDR Joint Coordinating Board will expire on 31 December 2018. In line with past decisions of the Regional Committee which followed the English alphabetical order, the Committee decided that the Democratic Republic of the Congo (DRC) will represent the African Region for a four-year term beginning on 1 January 2019.

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

1. The Regional Committee designated Burkina Faso and Kenya to replace Algeria and Burundi on the Executive Board with effect from the one-hundred-and-forty-fifth session in May 2019, immediately after the Seventy-second World Health Assembly. Burkina Faso and Kenya will thus join Benin, Eswatini, Gabon, United Republic of Tanzania and Zambia as indicated below:

Subregion 1	Subregion 2	Subregion 3
Benin 2017–2020	Gabon 2018–2021	Eswatini 2017–2020
Burkina Faso 2019–2022	Kenya 2019–2022	Tanzania 2017–2020
		Zambia 2017–2020

2. The terms of office of Algeria and Burundi on the Executive Board will end with the closing of the Seventy-second World Health Assembly.
3. The Regional Committee further designated Benin to be proposed for election as Vice-Chair of the Executive Board as from the one-hundred-and-forty-fifth session of the Executive Board.
4. The Fifty-first World Health Assembly by resolution WHA51.26 decided that persons designated to serve on the Executive Board should be government representatives technically qualified in the field of health.

Decision 9: Method of work and duration of the Seventy-second World Health Assembly

Vice President of the World Health Assembly

1. The Chairperson of the Sixty-eighth session of the Regional Committee for Africa will be proposed for election as Vice President of the Seventy-second World Health Assembly to be held from 20 to 28 May 2019.

Committees of the Assembly

2. Angola to serve as the Chair for Committee A;
3. Niger, Nigeria, Congo, Democratic Republic of the Congo and South Africa to serve on the General Committee; and
4. Liberia, Eritrea and Seychelles to serve on the Committee on Credentials.

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

5. The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 18 May 2019, at 11:00 at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-eighth session and discuss agenda items of the Seventy-second World Health Assembly of specific interest to the African Region.
6. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the *Palais des Nations*.

RESOLUTIONS

AFR/RC68/R1: CODE OF CONDUCT FOR THE NOMINATION OF THE REGIONAL DIRECTOR AND AMENDMENT TO RULE 52 OF THE RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR AFRICA

The Sixty-eighth session of the Regional Committee for Africa,

Having examined document AFR/RC68/14 on Draft Code of Conduct for the nomination of the Regional Director;

Recalling Resolution AFR/RC63/R2 by the Sixty-third session of the Regional Committee for Africa which amended the Rules of Procedure of the Regional Committee, including Rule 52 to define the qualification criteria and a selection and voting procedure;

Further recalling World Health Assembly decision WHA69(8) which addressed, inter alia, the increasing harmonization across the Regional Committees in relation to the nomination of Regional Directors in accordance with decision WHA65(9), and which invited each Regional Committee to consider measures to improve the process of nomination of Regional Directors taking into consideration best practices from the six regions;

Recognizing that other Regional Committees and the World Health Assembly have adopted codes of conduct for the nomination of the Regional Directors and Director-General in order to improve the transparency, credibility and effectiveness of the nomination process;

Acknowledging that the overall process of nomination, including the activities carried out by candidates and by Member States nominating or supporting those candidates, will benefit from agreed principles of good conduct,

1. ADOPTS the Code of Conduct for the Nomination of the Regional Director of the African Region of the World Health Organization;
2. CALLS UPON Member States to implement and abide by the Code of Conduct, to make it widely known and easily accessible, and to bring it to the attention of persons they wish to propose for the post of Regional Director in future nomination processes;
3. REQUESTS the Regional Director to support the implementation of the Code of Conduct as envisaged in the Code;
4. FURTHER REQUESTS the Regional Director to impress upon the Secretariat of the Regional Office the importance of complying with the obligations laid out in the Staff

Regulations and Rules with regard to the conduct to be observed during the process of nomination of the Regional Director, as provided in the section on internal candidates in the Code of Conduct;

5. DECIDES that the Code of Conduct will become effective as of the closure of the Sixty-eighth session of the Regional Committee for Africa;

6. APPROVES the standard form for curriculum vitae, which shall be used in accordance with the Code of Conduct by Member States proposing persons for the post of Regional Director; and

7. ADOPTS the amendment to Rule 52.1 of the Rules of Procedure of the Regional Committee for Africa, to be effective from the closure of this Session.

AFR/RC68/R2: Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Republic of Senegal to ensure the success of the Sixty-eighth session of the WHO Regional Committee for Africa, held in Dakar, Senegal, from 27 to 31 August 2018;

APPRECIATING the particularly warm welcome that the Government and people of the Republic of Senegal extended to the delegates;

1. THANKS the President of the Republic of Senegal, His Excellency Macky Sall, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement that he delivered at the official opening ceremony;

2. EXPRESSES its sincere gratitude to the Government and people of the Republic of Senegal for their outstanding hospitality;

3. REQUESTS the Regional Director to convey this vote of thanks to the President of the Republic of Senegal, His Excellency Macky Sall.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-eighth session of the WHO Regional Committee for Africa was officially opened by the President of the Republic of Senegal, His Excellency Macky Sall, at the King Fahd Palace Hotel, Dakar, Republic of Senegal, on Monday, 27 August 2018. The opening ceremony was attended by the Prime Minister, cabinet ministers and members of Government of the Republic of Senegal; ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Tedros Adhanom Ghebreyesus; the WHO Regional Director for Africa, Dr Matshidiso Moeti; members of the diplomatic corps; and representatives of United Nations agencies, the African Union Commission, intergovernmental and nongovernmental organizations (see Annex 1 for the list of participants).

2. The Chairperson of the Sixty-seventh session of the Regional Committee, the Minister of Health and Child Care of Zimbabwe, Dr David Pagwesese Parirenyatwa, welcomed delegates to the Regional Committee. He congratulated the Regional



Director on progress made in the implementation of the Transformation Agenda. The Minister expressed his conviction that the deliberations on the wide-ranging agenda items of the Sixty-eighth session would help to promote the health of the people in the Region. He noted that following the adoption of WHO's 13th General Programme of Work (13th GPW) by the Seventy-first World Health Assembly, the Regional Committee will consider the first budget needed to operationalize the commitments agreed upon at the global level. While stressing that financial resources are key to tackling these daunting tasks, the Minister emphasized that, in addition to resource mobilization, the Sixty-eighth session of the Regional Committee will focus, inter alia, on sustainable financing for universal health coverage in Africa.

3. The WHO Regional Director for Africa, Dr Matshidiso Moeti, thanked the President, the Government and people of the Republic of Senegal for the conducive environment provided to facilitate the deliberations of the WHO Regional Committee to improve the health situation in Africa. She also thanked the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, for his continued advocacy and support for the improvement of health in Africa. Dr Moeti welcomed the ministers of health, the delegations, development partners and participants to the Regional Committee. She expressed her profound gratitude to the Minister of Health of the Republic of Senegal and his team for the support provided in organizing the Regional Committee.

4. Dr Moeti noted that 2018 was a significant year for public health, for it marked 70 years of WHO's existence and 40 years since the Alma Ata Declaration on primary health care. She noted that the principles of that Declaration are embodied in universal health coverage (UHC) in order to advance equitable access to health care; build stronger health systems for better global health security; and improve the health and well-being of people on the continent, regardless of their socioeconomic situation.



5. Dr Moeti stressed that the capacity to deal with outbreaks and public health emergencies is a major concern in the Region. She highlighted the response to the two outbreaks of Ebola virus disease in the Democratic Republic of the Congo and thanked all partners for contributing to that response alongside WHO and the country. She also acknowledged the dedication of those who responded to these outbreaks, the exceptional role of survivors who engaged their communities and the health workers who lost their lives to Ebola in the line of duty.

6. She also noted that the reforms in the Health Emergencies Programme were yielding results as evidenced by the work of WHO with Member States and partners to contain more than 130 outbreaks and emergencies in 35 countries in the Region over the past year. Dr Moeti commended African Heads of State for their July 2017 commitment to accelerate the implementation of the International Health Regulations (IHR 2005). She stated that 36 countries in the Region had completed Joint External Evaluation to assess their capacity to detect and respond to public health threats. These countries are developing plans to address the identified gaps.

7. Dr Moeti also observed that the Transformation Agenda of the African Region had yielded concrete improvements at country level and was making a difference in people's lives. She cited the examples of: Côte d'Ivoire, where the findings of a WHO-supported study informed the Government's decision to construct and staff 200 health centres to increase coverage of health services; Central African Republic, where the WHO Key Performance Indicators for tracking timeliness and quality of donor technical and financial reports were adopted by the Ministry of Health to improve accountability of partners' resources; and Madagascar, where the quick activation of the Incident Management System led to the swift deployment of over 140 experts from partners and WHO to end the plague epidemic in three months. She also highlighted efforts to make WHO country offices (WCOs) fit for purpose through the functional reviews, which have been completed in 29 countries.

8. Dr Moeti outlined the outstanding challenges to the achievement of impact at country level including: the epidemiological transition with the growing noncommunicable disease burden in the Region; the persistently high maternal and newborn mortality; the stalled progress on malaria control; and the stagnation of immunization coverage in the Region over the past few years. She emphasized the need for action from all stakeholders to address these challenges and achieve the health-related Sustainable Development Goal (SDG) targets.

9. However, she noted the encouraging progress in communicable disease control, considering that no case of wild poliovirus had been reported in the last two years thanks to the efforts of Lake Chad Basin countries and the "Treat All" policy for HIV patients which has saved more lives. She also highlighted the growing political commitment to end TB, with the adoption of a common African position ahead of the UN General Assembly high-level meeting in September 2018.

10. The Regional Director observed that WHO's new report on the "*State of Health in the WHO African Region: Where we are, where we need to go*" provided a country-by-country analysis of health status, health services and health systems in the context of the SDGs. It showed an increasing life expectancy and a reduction in the malaria, HIV/AIDS and diarrhoeal disease burdens, but not in the risk factors and burden of noncommunicable diseases. The report also indicated that the biggest challenges to good health outcomes were the very limited availability of services for the population and poor financial risk protection. She underscored the need for the Secretariat to work with Member States, sister UN agencies, partners and civil society to make essential packages of health services available and to target hard-to-reach populations to contribute to the achievement of the SDGs.

11. Finally, the Regional Director highlighted the launch of Phase II of the Transformation Agenda up to 2020, which is aligned with the WHO 13th GPW, and the Global Transformation Plan and Architecture of the Director-General. She reported that the Regional Office would contribute to this Agenda through the UHC Flagship Programme; special emphasis on adolescents who constitute a significant proportion of the population; addressing communicable diseases including accelerating the elimination and control of neglected tropical diseases; stepping up efforts to improve maternal, newborn and child health; strengthening regulatory systems for better quality medicines; focusing on improved accountability and efficiency; and promoting a respectful workplace.

12. In his remarks, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus alluded to the 13th GPW with the triple billion targets and highlighted the actions being taken to operationalize it, including developing an investment case to mobilize resources, building a strong leadership team and initiating the Global Transformation Plan. He cited the examples of Kenya, South Africa and Senegal that are making significant efforts towards universal health coverage.



13. Dr Tedros acknowledged the challenges of increasing numbers of people spending more than 10% of their incomes on health as well as the shortage of health workers to provide needed health services. He noted the progress and the challenges in WHO's work in emergencies, including the response to two Ebola outbreaks in the Democratic Republic of the Congo, while reiterating that health security and universal health coverage were two sides of the same coin and investments in both were critical to making progress. He observed that life expectancy in Africa had increased by 10 years since 2000, but still fell short of the global average by 11 years. Accordingly, he emphasized the need to achieve the 13th GPW target on health and well-being. In that regard, new initiatives were under way to target the leading causes of death, including malaria, multidrug-resistant tuberculosis, cervical cancer and other noncommunicable diseases.

14. He declared that there were three keys to success in achieving the 13th GPW targets: political commitment, partnerships and a transformed WHO. The triple billion targets can only be achieved through joint action of the Member States with the support of WHO and other partners. He indicated that the Programme Budget 2020-2021 was a clear example of the WHO Transformation Plan and Architecture based on country priorities, with a 30% increase in resources to improve the technical capacity of WCOs to deliver. He also observed that the WHO reforms were linked to the UN reforms as part of efforts to work together across the UN family and across governments. In conclusion, the Director-General reminded delegates that universal health coverage lifts people out of poverty through its impact on education, productivity and economic growth, and emphasized that health is a human right, and the basis for WHO's continued existence.

15. Opening the Sixty-eighth session of the Regional Committee, the President of Senegal, His Excellency Macky Sall, welcomed the delegates and stated that Senegal was honoured to host this important meeting. He congratulated and encouraged the Regional Director on her commitment to improving health in the African Region. He noted that much progress had been made, particularly in controlling and managing communicable diseases and stressed that this had been made possible by the efforts of the Member States with technical and financial support from partners. He also recognized the growing importance of NCDs and called for more attention to be paid to this area. He stressed that NCDs and disease outbreaks were revealing the weaknesses in the general health and surveillance systems of Member States. Africa would suffer if these epidemics and the NCDs were not effectively managed.



16. The President emphasized that WHO plays an important role in coordinating the actions of Member States and their partners. In the next decade, countries in the Region need to work together and involve all stakeholders, including their populations. They also need to identify, evaluate and communicate likely epidemics in a timely manner. He stressed that health is important for progress, therefore Member States should invest more resources in health. He underscored the need to consider eHealth as a tool for covering hard-to-reach areas and called on WHO to coordinate all these efforts for the Region to realize its development goals.

17. President Macky Sall congratulated Dr Tedros, the Director-General of WHO, on the excellent work he is doing in the Region and assured him of the support of Member States of the African Region. He also congratulated the Secretariat on its UHC Flagship Programme, noting that Senegal is working tirelessly in this area. He remarked that Senegal, like most African countries, is cognizant of the fact that its domestic funding is not enough to achieve universal health coverage. He noted that the Sixty-eighth session of the Regional Committee was the ideal forum for Member States to share ideas on achieving UHC, and stressed that the continent was keenly awaiting the outcome of the meeting.

18. Finally, he reiterated his appreciation for the choice of Senegal to host the meeting. He also congratulated the Minister of Health of Senegal and his team as well as the WHO Country Office staff for their work in organizing the meeting. He took the opportunity to welcome Dr Lucile Imboua, the new WHO Country Representative to Senegal. President Macky Sall then declared the meeting open.

ORGANIZATION OF WORK

Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs

19. In accordance with Rule 10 of the Rules of Procedure and Resolution AFR/RC40/R1 the Regional Committee unanimously elected the following officers:

Chairperson:	Mr Abdoulaye Diouf Sarr Minister of Health and Social Action, Senegal
First Vice-Chairperson:	Dr Thaddée Ndikumana Minister of Health and the Fight against AIDS, Burundi
Second Vice-Chairperson:	Dr Aaron Motsoaledi Minister of Health, South Africa
Rapporteurs:	Hon. Sarah Achieng Opendi Minister of State for Health and Head of Delegation Uganda (English)
	Mr Boualam Hacene Ambassador Extraordinary and Plenipotentiary of Algeria in Senegal and Head of Delegation, Algeria (French)
	Professor Joao Leopoldo Da Costa Deputy Minister of Health Head of Delegation Mozambique (Portuguese)

Adoption of the Agenda and Programme of Work

20. The Chairperson of the Sixty-eighth session of the Regional Committee, Mr Abdoulaye Diouf Sarr, Minister of Health and Social Action of the Republic of Senegal, tabled the Provisional Agenda (Document AFR/RC68/1) and the draft Programme of Work (see Annexes 2 and 3 respectively). They were adopted without amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:30 and 14:30 to 18:00, including 30 minutes of break in the morning and in the afternoon, with some variation on specific days.

Appointment and meetings of the Committee on Credentials

21. The Regional Committee appointed the Committee on Credentials consisting of the representatives of the following Member States: Comoros, Ethiopia, Guinea-Bissau, Liberia, Mauritania, Mauritius and Rwanda.

22. The Committee on Credentials met on 27 August 2018 and elected Honourable Mohammad Anwar Husnoo, Minister of Health and Quality of Life of Mauritius, as its Chairperson.

23. The Committee examined the credentials submitted by the following 44 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Republic of the Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

24. Forty-four Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the WHO Regional Committee for Africa. Three Member states – namely, Eritrea, Eswatini and South Sudan – were confirmed as not having attended the Regional Committee.

THE WORK OF WHO IN THE AFRICAN REGION 2017-2018: REPORT OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC68/2)

25. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented *The Work of WHO in the African Region 2017–2018: Report of the Regional Director*. The Report reflects the work accomplished since the last report to the Regional Committee under the six categories of the 12th General Programme of Work 2014-2019, and highlights progress made by Member States to improve health outcomes with the support of the WHO Secretariat.



26. Dr Moeti reported that the Transformation Agenda was enabling WHO in the African Region to provide the best possible support to Member States. Moreover, it is aligned with the Global Transformation Plan introduced by the Director-General, Dr Tedros, to transform WHO into an organization that delivers better health to the world's citizens. Under the Transformation Agenda, WHO-AFRO invested in the development of a robust results framework with programmatic and managerial key performance indicators (KPIs). The KPIs have informed targeted training, enhanced responsiveness and results-oriented actions.

27. According to the report, there was an approximate increase of 6% in the allocated budget for the 2018-2019 biennium relative to 2016-2017; but only 52% of the total allocated budget had been funded, compared to 80% over the same period in 2016-2017. Funding for critical programmes such as NCDs remained low (only 34% of the allotted programme budget received in 2018-2019 compared to 53% in 2016-2017). Furthermore, only a 3% increase in budget allocation was recorded in the previous biennium, relative to an increase of nearly 19% for communicable diseases over the same period. Similarly, in maternal, child and adolescent health, which is characterized by high morbidity and mortality, only a 4% increase in budget allocation was recorded relative to the previous biennium.

28. Under category 1 (Communicable diseases), Dr Moeti reported that WHO support to Member States had yielded positive results in various programme areas. Thirty Member States were implementing the "Treat All" policy for persons living with HIV/AIDS, including Botswana, Eswatini and Namibia which are close to achieving the 90-90-90 targets. Prevention of mother-to-child transmission (PMTCT) service coverage in the Region increased from 67% in 2015 to 79% by the end of 2017. Almost 50% of Member States have developed national action plans for viral hepatitis; 16 have established national coordination mechanisms for hepatitis; and 11 have introduced hepatitis B birth dose in their routine immunization programmes.

29. Twenty-one Member States have introduced the shorter, nine-month regimens for multidrug-resistant TB, while five have embarked on national TB prevalence surveys to determine the true disease burden. Heads of State and Government endorsed the Continental Accountability Framework to End TB by 2030 during the African Union Summit. Twenty-four Member States have updated their national malaria strategic plans to align them with the Global Technical Strategy for Malaria 2016–2030. According to the World Malaria Report 2017, five Member States in the African Region feature among the 16 countries worldwide that have decreased malaria cases and deaths by more than 20%.

30. The Regional Director also reported that progress had been made in NTDs control, elimination and eradication, with Kenya becoming the 41st country to be certified guinea-worm free in February 2018. Buruli ulcer cases were halved between 2014 and 2017 through the use of WHO-recommended oral antibiotics and the integrated case management strategy for NTDs. Furthermore, at least 30 million people in 13 countries benefitted from scaled-up mass drug administration for preventive chemotherapy with the support of WHO and partners. Ghana was recognized as the first Member State in the African Region to eliminate trachoma as a public health problem.

31. Under category 2 (Noncommunicable diseases), Dr Moeti reported that 31 Member States now have NCD Strategic/Action plans, with 17 implementing NCD control activities. WHO partnered with the West African Health Organisation to build the

capacity of NCD programme managers on the WHO Package of Essential NCD Interventions in Primary Health Settings (WHO-PEN), allowing countries to scale up early detection and treatment of NCDs. Sixteen Member States in the Region have ratified the Protocol to Eliminate Illicit Trade in Tobacco Products; three subregional blocs (the East African Community, the Economic Community of West African States and the West African Economic and Monetary Union) and 17 countries have improved tobacco tax policies; and eight Member States have adopted tobacco control laws in line with the WHO Framework Convention on Tobacco Control (WHO FCTC).

32. In reporting on activities under category 3 (Promoting health throughout the life-course), Dr Moeti indicated that 24 Member States had developed strategic plans for women's, children's and adolescents' health; 41 had introduced inactivated polio vaccine in routine immunization; 38 were using pneumococcal conjugate vaccines; and 33 were using rotavirus vaccine routinely. There is a high prevalence of childhood malnutrition and stunting in many Member States. At the same time, cases of childhood obesity and overweight are on the increase.

33. Under category 4 (Health Systems), following the adoption in 2017 of the Regional Framework for health systems development towards UHC in the context of the SDGs, scoping missions were undertaken to build consensus with governments and partners on the roadmaps and investments required. WHO supported 25 countries to develop National Health Accounts for monitoring resources allocated for health. In addition, countries in Southern and West Africa have developed five-year health workforce plans, following the adoption of the African Regional Framework for implementing the Global Strategy on Human Resources for Health in 2017. WHO is working with the Small Island Developing States (SIDS) to develop a pooled procurement strategy to improve the availability and affordability of good quality medicines. Five countries have implemented action plans on substandard and falsified medical products in line with the Regional Strategy on Regulation of Medical Products in the African Region, 2016-2025.

34. In reporting on activities for categories 5 and 12 (Polio Eradication Programme and the WHO Health Emergencies Programme), the Regional Director stressed that with sustained progress, the African Region could be certified to have eradicated polio by the end of 2019 or early 2020. Unfortunately, outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) were confirmed in the Democratic Republic of the Congo, Kenya and Nigeria, leading to intensified outbreak response. The use of innovative Geographic Information System (GIS) technology is improving disease surveillance in most Member States.

35. With regard to health emergencies, the response to the two recent Ebola outbreaks in the Democratic Republic of the Congo has been commendable, swift, decisive, and demonstrates government leadership and effective partnership. The

Ebola response teams are performing against overwhelming odds in remote communities and highly insecure areas. Other outbreaks, including cholera in parts of the Region continue to take a toll on the health of the populations. The Regional Framework for implementing the global strategy to eliminate yellow fever epidemics (EYE) was launched in 2017, and so far, 11 highest risk countries have developed three-year workplans.

36. In relation to Category 6 (Corporate services and enabling functions), significant investments in building strong partnerships over the past few years have resulted in strengthened and sustainable relationships with traditional and new partners. An example is the new partnership with the International Telecommunication Union (ITU) to improve mHealth and eHealth. Other notable successes under this category include: zero unsatisfactory internal audit reports; no overdue DFC reports in 11 countries; and increased value for money thanks to improved procurement processes.

37. Going forward, Dr Moeti pointed out that Phase II of the Transformation Agenda, launched in April 2018, places people at the centre of change, and is well aligned with the 13th General Programme of Work and the Global Transformation Plan and Architecture. Furthermore, WHO will work with partners to intensify support to Member States to advance PHC and UHC for improved access to health services. It will also build on the gains made in health security, continue to address priority communicable and noncommunicable diseases and strengthen financial compliance.

38. During the discussions, delegates commended the Secretariat for the comprehensive report on *The Work of WHO in the African Region* and applauded WHO for the unity and coherence across all levels of the Organization as well as its immense support for the response to Ebola outbreaks in the Region. Member States stressed the importance of implementing the International Health Regulations (2005) and maximizing coordination between countries and partner agencies. The delegates also underscored the need to strengthen the NCD prevention programme and provide adequate technical support for advancing the hepatitis response. They also advocated for regular simulation exercises for emergency preparedness at their annual gathering.

39. The Director-General stressed the importance of health security in the Region and identified country ownership and high-level political commitment as key factors in promoting health security. He emphasized the importance of primary health care as a foundation for UHC and its potential for health promotion and prevention of both communicable and noncommunicable diseases. He further underscored the need for renewed commitment to a strong PHC strategy to deliver both health system and health service strengthening, and ultimately improve health security, save lives and provide value for money.

40. WHO and partners were requested to:
- (a) take action on commercial determinants of health in NCDs (tobacco, alcohol and sugar industry advertisements, etc.);
 - (b) advocate for cross-cutting interventions and multisectoral response in sanitation and waste disposal to control outbreaks;
 - (c) document the work of WHO in countries in conflict and protracted emergencies with a view to sharing lessons learned; and
 - (d) promote regular simulation exercises to aid outbreak readiness and support sustained cross-border collaboration.

41. The Regional Committee adopted the report as contained in *Document AFR/RC68/2: The Work of WHO in the African Region 2017-2018: Report of the Regional Director*.

STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT AFR/RC68/3)

42. In his statement to the Sixty-eighth Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Thomas Samba from Sierra Leone, reported that the subcommittee met in Brazzaville, Republic of the Congo, from 12 to 14 June 2018. It reviewed eight documents on public health issues of regional concern and recommended them for discussion during the Sixty-eighth session of the Regional Committee. The Regional Committee members took note of the PSC report and adopted the proposals on the designation of Member States to serve on councils and committees that require representation from the African Region. The full list of the adopted memberships is included in the Procedural Decisions of the Regional Committee.

PROGRESS REPORT ON THE IMPLEMENTATION OF THE TRANSFORMATION AGENDA OF THE WORLD HEALTH ORGANIZATION SECRETARIAT IN THE AFRICAN REGION: 2015–2020 (DOCUMENT AFR/RC68/4)

43. The progress report on the implementation of the Transformation Agenda (TA) was presented by Dr Francis Kasolo, acting Director of the Office of the Regional Director. The Transformation Agenda is a vision to accelerate the implementation of WHO reform in the African Region by fostering results-focused values; evidence-driven technical focus; responsive strategic operations; and effective and efficient partnerships and communication. This third progress report to the Regional Committee covered three years of implementation of the Agenda, highlighted the progress achieved, made proposals for ensuring the successful completion of the Agenda and incorporated feedback from stakeholders.

44. Since the endorsement of the Transformation Agenda by the Sixty-fifth session of the Regional Committee, WHO in the African Region has made significant progress as follows: it currently responds more efficiently and timeously to health emergencies; it is more accountable thanks to internal control systems introduced to enhance budget centre performance and oversight; it has ensured that human resource deployment at regional and intercountry levels is better aligned with Member States' health priorities; and it has introduced programmatic and managerial key performance indicators (KPIs) within a results framework aimed at increasing accountability, facilitating the monitoring of budget centre performance and measuring contributions towards health development in countries. The Region has also made progress in strengthening its financial resource base by engaging with traditional and new donors as well as improving the tracking and reporting of donor technical and financial reports.

45. To ensure sustainable progress, the Secretariat has proposed the following next steps: institutionalize the Transformation Agenda; continue to promote change in the organizational culture defined by the values of excellence, teamwork, accountability, integrity, equity, innovation and openness; integrate the key performance indicators into existing WHO processes, systems and structures of budget centres in order to clearly measure performance; improve WHO capacity at country level by continuing the evidence-based functional review exercise in the remaining countries and refining the review process through lessons and experiences encountered so far; ensure alignment of the Transformation Agenda with the 13th GPW and the Global Transformation Plan; and ensure greater involvement of Member States in monitoring and implementation of the Transformation Agenda especially at country level.

46. During the discussions, Member States commended the Regional Director for developing the Transformation Agenda and for the progress made in its implementation. Member States reaffirmed the need to reduce financial dependence on donors by: establishing innovative domestic sources of health financing; focusing more on the improvement of governance and financing for health; coordinating assessments undertaken by various stakeholders in countries to ensure coherence and implementation of the recommendations; strengthening south-south cooperation, including the creation of a database of potential partners; and considering the introduction of a ranking mechanism for countries that is based on health systems performance relative to sound criteria such as population size and socioeconomic status.

47. Member States requested the Secretariat to: strengthen partnerships with the Africa CDC and African Union; accelerate the implementation of functional review recommendations at country level; strengthen WHO as the technical lead and coordinating agency in health; articulate the impact of the Transformation Agenda on the health of the population; and provide support tailored to fragile countries.

48. The Regional Director acknowledged the rich comments and feedback provided by Member States. She assured the delegates of her commitment to fast-track implementation of the Transformation Agenda taking into consideration their recommendations. She called upon Member States to increase their support to ensure that WHO accomplishes its role as the lead technical agency for health. The Regional Director welcomed the recommendation regarding ranking countries based on health system performance. However, she cautioned delegates about the sensitivity of this issue and complaints received from Member States in the past relating to the validity of the data used to justify such rankings.

49. The Regional Committee took note of *Document AFR/RC68/4: Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015-2020* and endorsed the proposed next steps.

REPORT ON REGIONAL MANAGERIAL COMPLIANCE ACTIVITIES AND MATTERS ARISING OUT OF INTERNAL AND EXTERNAL AUDITS (DOCUMENT AFR/RC68/5)

50. The paper was presented by the Director, General Management and Coordination (GMC) Cluster, Mr Raul Thomas. It highlights the progress made in implementing the Accountability and Internal Control Strengthening project under its five pillars, namely: improved information-sharing; clearly-defined expectations and robust monitoring/evaluation; targeted training and direct country support; improved engagement with Member States; and improved governance and oversight. The paper also addresses the challenges encountered, which include an outdated IT environment, difficulties in attracting the right talent and a reduction in the budget of the General Management and Coordination Cluster, and proposes next steps.

51. During the discussions, the delegates commended the Secretariat for the progress made in improving managerial compliance and strengthening internal controls in the Region. They acknowledged current challenges to appropriate financial management and internal control frameworks within Member States of the Region. They also urged the Secretariat to continue supporting Member States that still have weak capacity to ensure that they comply with WHO financial rules and regulations.

52. Member States were requested to:

- (a) commit to ensuring that Direct Financial Cooperation reports are submitted within three months of completion of activities;
- (b) advocate strongly for additional funding for the enabling functions at global governance meetings;
- (c) nominate management and financial experts to the Programme Subcommittee, Programme Budget Administration Committee and Executive Board for adequate engagement on financial and management issues.

53. The Regional Committee noted the report and endorsed the proposed actions as contained in *Document AFR/RC68/5: Report on regional managerial compliance activities and matters arising out of internal and external audits*.

WHO'S WORK ON RESOURCE MOBILIZATION THROUGH STRENGTHENING PARTNERSHIPS TO BETTER SUPPORT MEMBER STATES (DOCUMENT AFR/RC68/6)

54. The document was introduced by Mrs Pamela Drameh-Avognon, Coordinator of the External Relations, Partnerships and Governing Bodies (EPG) Unit. It reviewed the progress made over the last two bienniums (2014-2015 and 2016-2017) in strengthening partnerships and improving resource mobilization in the Region, and proposed the next steps. The efforts made to strengthen relations with key partners resulted in increased funding thanks to the financing dialogue. Indeed, all budget centres secured over 70% of their allocations in the last biennium, donor reporting and internal control systems were strengthened, and relations with key partners were improved. The organization of the first ever WHO Africa Health Forum in Kigali, Rwanda in June 2017, broadened the range of partners. Key areas of progress also include strengthening WHO's reporting and internal control systems, and implementing a regional accountability framework that underpins programmatic implementation for results using key performance indicators (KPIs).

55. Despite the progress made, several challenges have emerged. These include: reliance on 10 partners/donors for over 75% of contributions to the WHO budget; the ramp down of the Global Polio Eradication Initiative, which will affect funding to programme areas such as routine immunization, laboratory and surveillance that are heavily dependent on polio structures; and the suboptimal contributions of Member States to the African Public Health Emergency Fund (APHEF). The report proposed that Member States should support funding of the 13th GPW and honour their commitments to the APHEF, while WHO should pursue partnership-strengthening efforts and undertake a financing campaign. It also proposed that WHO should, inter alia, implement reforms that professionalize and mainstream resource mobilization, communication and advocacy at all levels; and convene the second WHO Africa health forum in 2019.

56. In the ensuing discussions, delegates commended the Secretariat for a well-articulated document, while recognizing the challenges inherent in resource mobilization. They affirmed the importance of the KPIs as critical enabling factors for monitoring and accountability. They underscored the need for flexible funding to support implementation of the 13th GPW and called on Member States to increase their domestic investment in health and to explore public-private partnerships (PPP) as an appropriate mechanism for engaging with the private sector.

57. WHO and partners were requested to:

- (a) develop standard operating procedures and the necessary regulatory and legal resources to guide the implementation of public-private partnerships;
- (b) develop business models to facilitate resource mobilization.

58. The Regional Committee adopted *Document AFR/RC68/6: WHO's work on resource mobilization through strengthening partnerships to better support Member States*.

REGIONAL FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY FOR CHOLERA PREVENTION AND CONTROL, 2018–2030 (DOCUMENT AFR/RC68/7)

59. The document, introduced by Dr Zabulon Yoti, Technical Coordinator of the WHO Health Emergencies Programme, on behalf of the Regional Emergencies Director, noted that cholera remains a major public health problem due to inadequate access to water, sanitation and hygiene infrastructure and services for the most vulnerable groups, as well as weaknesses in health systems. WHO and partners have developed a Global Roadmap for the prevention and control of cholera. The Regional framework provides guidance on the implementation of the global strategy and proposes key actions for Member States. These include: enhancing surveillance; mapping cholera hotspots; improving access to treatment; strengthening partnerships; increasing investments in clean water, sanitation and hygiene for the most vulnerable communities; and promoting research. It should be noted that cholera is a disease of inequity and tackling it is key to achieving the Sustainable Development Goals.

60. Member States commended the Secretariat for developing a timely regional framework for cholera prevention and control. They acknowledged the challenges of recurring cholera outbreaks in several countries due to lack of access to safely managed sources of drinking-water and sanitation facilities in the Region. Member States emphasized the need for stronger multisectoral collaboration, noting that cholera is a cross-cutting and cross-border (regional) problem that transcends the health sector. They also noted weaknesses inherent in risk communication and cholera preparedness. Delegates reiterated the need for high-level political commitment for enhanced coordination and resource mobilization.

61. Member States called for the escalation of preventative measures, including the mapping of areas prone to recurring cholera outbreaks and the targeting of affected areas with appropriate interventions. They requested WHO support in developing a multisectoral mechanism for tracking progress during the implementation of the Framework for cholera prevention and control.

62. The Regional Committee adopted with amendments *Document AFR/RC68/7: Regional framework for the implementation of the global strategy for cholera prevention and control, 2018–2030*.

FRAMEWORK FOR CERTIFICATION OF POLIO ERADICATION IN THE AFRICAN REGION (DOCUMENT AFR/RC68/8)

63. The document was presented by Dr Pascal Mkanda, Coordinator of the Polio Eradication Programme. It proposed priority interventions for Member States to progress towards certification of polio eradication in the African Region, and to sustain a polio-free Region post certification. Significant progress towards poliomyelitis eradication has been noted with no confirmed case of wild poliovirus reported in the Region over the last 24 months. However, the Region runs the risk of not being certified polio-free due to chronic surveillance gaps and low population immunity. The priority interventions proposed in the framework include: strengthening surveillance, with expanded use of technological innovations; improving preparedness and the quality of polio outbreak responses; reaching children in insecure areas; containing polioviruses; implementing the International Health Regulations (IHR 2005) including vaccinating travellers; strengthening routine immunization; institutionalizing accountability of polio-funded personnel; and finalizing polio transition plans.

64. During the discussions, Member States congratulated the Secretariat for the quality of the document and shared their experiences on progress made to overcome polio. Most Member States have their country documentation of polio-free status accepted by the African Regional Certification Commission (ARCC). Concerns were raised about outbreaks of circulating vaccine-derived polioviruses (cVDPVs) in some countries due to low population immunity. The Lake Chad Basin countries were commended for their innovative joint approach to polio control, especially in insecure and hard-to-reach areas. The ARCC Chairperson stressed the need to close the observed gaps in surveillance and population immunity, and to avoid complacency as the Region approaches certification. She also clarified the criteria for certifying the African Region to have eradicated polio, adding that eradication is not at the country level but at the regional level. She further explained that the ARCC reviews countries' complete documentation for polio-free status to ascertain that they have stopped transmission of poliovirus. When documentation for all 47 countries has been accepted, the Region will be certified polio-free.

65. Member States were requested to:
- (a) strengthen polio surveillance, outbreak response quality and routine immunization, including in insecure areas and within mobile and displaced populations;
 - (b) ensure proper containment of polioviruses and the destruction of potential infectious materials in laboratories;
 - (c) improve cross-border collaboration activities to collectively ensure certification of the Region.
66. WHO and partners were requested to:
- (a) continue providing technical and financial support for strategies outlined in the framework to achieve certification;
 - (b) align the framework's milestones to include major Polio Eradication and Endgame Strategy targets;
 - (c) document lessons learnt so that other programmes can benefit from best practices acquired in polio control;
 - (d) periodically rank countries' performance and progress based on agreed indicators in the framework;
 - (e) assist with strengthening pooled procurement to reduce the cost of vaccines and other commodities.
67. The Regional Committee adopted with amendments *Document AFR/RC68/8: Framework for certification of polio eradication in the African Region*.

STATUS OF IMPLEMENTATION OF THE FOUR TIME-BOUND COMMITMENTS ON NONCOMMUNICABLE DISEASES IN THE AFRICAN REGION (DOCUMENT AFR/RC68/9)

68. The document, presented by Dr Steven Shongwe, acting Director of the Noncommunicable Diseases Cluster, reviewed the progress made in the implementation of the four time-bound commitments with regard to national noncommunicable disease (NCD) targets; national multisectoral policies and plans; reduction of NCD risk factors; and strengthening of health systems to address NCDs. It also highlighted challenges and proposed priority actions to accelerate the implementation of the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.

69. The African Region has made progress and, according to the WHO Global NCD Progress Monitor published in 2015 and 2017 to track implementation of the commitments, 21 Member States in the Region had, by 2017, set national targets on both NCD mortality and key NCD risk factors for 2025 or 2030, compared to 10 Member

States in 2015. From 2003 to 2015, thirty-three Member States in the WHO African Region conducted STEPS surveys to collect information on the status of major NCD risk factors. Furthermore, 15 Member States in the Region had operational national multisectoral integrated NCD policies and plans in 2017 compared to 12 in 2015.

70. Progress in implementing the four time-bound commitments was hampered by: lack of national technical capacities for NCD prevention and control; lack of accurate, reliable and timely information on risk factors and the NCD burden due to weak health information systems; insufficient multisectoral collaboration in the NCD response; heavy interference from the tobacco, alcohol and food industries; and inadequate funding for NCDs from domestic and external sources.

71. Member States commended the Secretariat for the quality and timeliness of the document on NCDs while highlighting the importance of addressing the disease burden in the Region. They acknowledged the challenges inherent in prevention and control, particularly the multisectoral approach to addressing NCD risk factors. Member States reiterated the need to mobilize resources from other sectors and development partners. They emphasized the need to increase advocacy; decentralize NCD prevention and control interventions at primary health care level; and build sustainable community response mechanisms for NCDs in the Region, including strengthening early disease detection and implementing operational research. Member States requested for more technical support from the Secretariat. The Secretariat appreciated the interest shown by Member States in all NCD matters in the Region, took note of the suggestions made and pledged to take action.

72. Member States were requested to:

- (a) increase attendance and active participation at the high-level meeting to be held in September 2018 in New York;
- (b) leverage existing funding mechanisms such as the Global Fund to fight HIV/AIDS, TB and Malaria;
- (c) sensitize and engage other sectors on NCD risk factors attributable to their actions;
- (d) strengthen multisectoral approaches to the promotion, prevention, and management of NCDs;
- (e) strengthen health information systems to generate NCD data in order to inform evidence-based decisions and policies.

73. WHO and partners were requested to:
- (a) provide clarifications on NCD partners in the Region;
 - (b) increase technical and financial support for NCD prevention, control and surveillance;
 - (c) consider giving greater prominence to mental health and injuries in the support provided to countries.

74. The Regional Committee adopted the amended *Document AFR/RC68/9: Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region*.

ENSURING SUSTAINABLE FINANCING FOR UNIVERSAL HEALTH COVERAGE IN AFRICA IN THE MIDST OF CHANGING GLOBAL AND LOCAL ECONOMIC FACTORS (DOCUMENT AFR/RC68/10)

75. The document was presented by Dr Prosper Tumusiime, acting Director of the Health Systems and Services Cluster. It reviewed the state of health expenditure in the African Region and highlighted health financing challenges, including inadequate and inequitable government spending on health, and impoverishment of vulnerable groups as a result of low coverage of risk protection schemes. The document proposed actions to be taken by Member States to ensure sustainable financing and protection of populations against financial risk. It also proposed actions that WHO and partners should take to support Member States in this regard.

76. The document noted the progress countries have made in implementing health financing reforms to improve service coverage and financial protection, including the introduction of pre-payment schemes in countries like Ghana, Rwanda and Gabon. It also highlighted challenges faced by Member States in the Region, such as growing impoverishment resulting from catastrophic health expenditure, persistently high levels of out-of-pocket expenditure and declining government spending on health as a proportion of total health expenditure. It proposed actions such as the establishment of mechanisms for domestic resource mobilization, including mandatory prepayment and innovative taxes; greater efficiency through effective public financial management; and establishment of essential packages of health services that cover basic needs. It also proposed actions for the Secretariat such as capacity-building for health financing as part of UHC, evidence generation and support for the establishment of effective monitoring systems.

77. During the discussions, the delegates commended the Secretariat for the quality of the document as well as the actions proposed. They affirmed the need for improving domestic resource mobilization for health in spite of the challenging macroeconomic conditions. They underscored the fact that UHC is both a technical and political issue,

which will require high level advocacy with Heads of State, parliamentarians and ministers of finance. Furthermore, they recognized the importance of audits and controls to improve efficiency in the use of available resources.

78. The Secretariat took note of the comments and pledged to act on them. To that end, it requested the Member States to support WHO's efforts to place UHC and domestic resource mobilization on the agenda of the next African Union summit.

79. The following recommendations were made to WHO:

- (a) include an action point for Member States to create an enabling environment for private sector involvement in the financing of UHC and to improve the administration of revenue collection systems;
- (b) support Member States to implement the proposed actions, including capacity-building and sharing of best practices;
- (c) support high-level advocacy towards UHC targeting Heads of State, ministers of finance, financial institutions such as the World Bank and IMF, the African Union and regional economic communities like ECOWAS, EAC, SADC and others;
- (d) support local manufacturing of medical products and vaccines to reduce the cost of services and improve self-reliance;
- (e) advocate for the health sector to benefit from funds mobilized to mitigate the effects of climate change and environmental degradation.

80. The Regional Committee adopted with amendments *Document AFR/RC68/10: Ensuring sustainable financing for universal health coverage in Africa in the midst of changing global and local economic factors*.

ROADMAP FOR ACCESS 2019–2023: COMPREHENSIVE SUPPORT FOR ACCESS TO MEDICINES AND VACCINES (DOCUMENT AFR/RC68/11)

81. The draft document was presented by Dr Prosper Tumusiime, acting Director, Health Systems and Services Cluster, and was developed in response to the report on 'Addressing the global shortage of, and access to, medicines and vaccines' presented at the Seventy-first World Health Assembly (Document A71/12). The paper emphasized that access to medicines was at the core of UHC and was a specific target of SDG 3. It also outlined the programming of WHO's work on access to medicines and vaccines for the period 2019-2023, including the critical policies, actions and key deliverables to support countries.

82. It highlighted and discussed the 10 consolidated areas of action for prioritization, namely: research and development for medicines and vaccines that meet public health needs; fair pricing and financing policies; and the application and management

of intellectual property to contribute to innovation and promote public health. Other areas included procurement and supply chain management; appropriate prescribing, dispensing and use; as well as regulatory systems that ensure quality, safety and efficacy of medicines and vaccines. It also covered preparedness for emergencies; good governance; collecting, monitoring and using key data; and health workforce capacity for access to medicines and vaccines. Member States were invited to provide feedback to refine the Roadmap for approval at the Seventy-second World Health Assembly through the 144th session of the Executive Board.

83. During the discussions, the delegates commended the Secretariat on the draft Roadmap and the proposed actions to improve access to medicines and vaccines. They noted a number of challenges, including the high cost of medical products and vaccines, especially for middle-income countries that are not eligible for Gavi support; the issue of substandard and counterfeit medicines in the Region; inadequate pharmacovigilance and regulation of medical products; and the need for coordinated efforts at regional and subregional levels to increase access to medicines and vaccines.

84. In response, the Secretariat took note of Member States' comments, especially those pertaining to support requested from WHO, and clarified that the Roadmap included all health products. The Regional Director highlighted that the Regional Office was working in partnership with the African Union through the African Medicines Agency (AMA) in this regard. The importance of local manufacturing in the Region was recognized and Member States were informed that WHO was working to clarify roles and responsibilities in support of local manufacturing.

85. The following recommendations were made to WHO and partners:

- (a) provide support for local manufacturing in the Region to reduce cost and improve access to health products;
- (b) facilitate prequalification of local manufacturing companies and products in the African Region;
- (c) provide support to Member States in the Region for research and development on medicines and vaccines;
- (d) support regional efforts towards pooled procurement and price negotiation, especially for SIDS with small populations;
- (e) document experiences in pharmaceutical price regulation;
- (f) work with national regulatory authorities to reduce the time for approval of new medical products.

86. The Regional Committee took note of *Document AFR/RC68/11: Roadmap for access 2019–2023: comprehensive support for access to medicines and vaccines* and requested the Secretariat to take into consideration the proposed amendments.

DRAFT GLOBAL STRATEGY ON HEALTH, ENVIRONMENT AND CLIMATE CHANGE (DOCUMENT AFR/RC68/12)

87. The draft document on a comprehensive strategy on health, environment and climate change, which will be considered by the Seventy-second World Health Assembly in May 2019, was presented by Dr Magaran Bagayoko, acting Director of the Communicable Diseases Cluster. It outlines a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030. It proposes six strategic objectives for the required transformation, namely: primary prevention actions on health determinants; cross-sectoral actions to address determinants of health in policies; enhanced health sector leadership, governance and coordination; development of mechanisms for governance as well as political and social support; new evidence generation on risks, solutions and communication to stakeholders; and monitoring progress towards the SDGs. The draft strategy is aligned with the 13th GPW to measure progress towards related SDGs using a transformational approach to ensure a sustainable improvement of lives and well-being through healthy environments.

88. During the discussions, delegates welcomed the multisectoral approach adopted in the draft strategy to address the complex interaction of environment and health and commended the Secretariat for the timeliness and quality of the document. They highlighted the need to: further develop the framework and consider environmental surveillance as a strategic objective; recognize the key role of urbanization as a risk factor in environmental health; highlight the use of technology; and strengthen environmental and climate research capacity. Delegates reported on initiatives taken in their respective countries to build a healthy environment and address climate change, including the establishment of observatories on climate and the environment.

89. The Regional Committee took note of *Document AFR/RC68/12: Draft WHO global strategy on health, environment and climate change*, and requested the Secretariat to take into consideration the amendments made.

PROGRAMME BUDGET 2020-2021: REGIONAL COMMITTEE CONSULTATION DOCUMENT (DOCUMENT AFR/RC68/13)

90. The Director of Programme Management, Dr Joseph Cabore, presented this document to seek Member States' confirmation of the alignment of country needs with GPW13 strategic priorities which are geared towards achieving results at country level

and to provide feedback on the implications of the country prioritization process for the implementation of the Programme Budget. The process for the preparation of the GPW was presented by Mr Bernard Tomas, Coordinator for Planning at WHO headquarters. The proposed Programme Budget 2020-2021 will be submitted to the Executive Board for consideration in January 2019 and its final proposal will be tabled to the Seventy-second World Health Assembly for approval in May 2019.

91. During the discussions, the delegates welcomed the report and the programme budget direction that was adopted through a consultative and bottom-up process. Member States congratulated WHO for a well-thought-out high-level budget that focuses on countries achieving the “triple billion” goals. They requested that its implementation be equally driven by countries with due consideration for their specific needs and underscored the importance of strengthening human resource capacity at country level to ensure the successful implementation of strategic priorities. Member States urged WHO to clearly define a formula for measuring the “triple billion” goals at country level. While recognizing the importance of increasing the programme budget, they underscored the relevance of adopting a more flexible approach to financing in order to align resources to country needs. The Secretariat reaffirmed its commitment to continue the programme budget consultative process with Member States and to engage in the development of country support plans that reflect needs.

92. The Regional Committee took note of *Document AFR/RC68/13: Programme Budget 2020-2021: Regional Committee Consultation Document*.

DRAFT CODE OF CONDUCT FOR THE NOMINATION OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC68/14)

93. The document was presented by Mrs Pamela Drameh-Avognon, Coordinator of the External Relations, Partnerships and Governing Bodies Unit. It builds on the provisions of Rule 52 of the Rules of Procedure of the Regional Committee, with the aim of promoting a transparent, open and equitable process for the nomination of the Regional Director. The document recommends desirable conduct by Member States and candidates and outlines the general requirements, which include the basic principles and responsibilities inherent in the nomination process. It also defines specific requirements pertaining to the submission of proposals by candidates, electoral campaigns, nominations and internal WHO candidates. Finally, the document proposes a resolution, an amendment to Rule 52.1 of the Rules of Procedure of the Regional Committee and a standard form for candidates' curriculum vitae.

94. During the discussions, the delegates commended the Secretariat for the quality of the document and welcomed it as a tool to ensure a respectful, equitable, dignified and transparent election process. Member States raised issues pertaining to possible non-compliance with the Code; perceived conflict of interest for internal candidates;

and the need to maintain decorum in the use of social media. The Secretariat acknowledged the contributions from Member States and indicated that informal procedures would be used to resolve possible non-compliance issues while conflicts of interest would be addressed on a case-by-case basis by the relevant departments at Headquarters, such as the Office of the Legal Counsel and/or the Office of Compliance, Risk Management and Ethics. The Director-General may also provide guidance to WHO staff members from time to time.

95. The Regional Committee adopted the amended *Document AFR/RC68/14: Code of Conduct for the nomination of the Regional Director*, its related Resolution AFR/RC68/R1 and the proposed amendment to Rule 52 of the Rules of Procedure of the Regional Committee.

DEVELOPMENT OF A DRAFT GLOBAL ACTION PLAN ON THE HEALTH OF REFUGEES AND MIGRANTS (DOCUMENT AFR/RC68/15)

96. The document, presented by Dr Prosper Tumusiime, acting Director of the Health Systems and Services Cluster, was intended for consultation with Member States at the Sixty-eighth session of the Regional Committee. The consultation is a preliminary step to developing a draft global action plan on the health of refugees and migrants, as requested by resolution WHA70.15 (2017) of the World Health Assembly. The document stated that refugees and migrants lacked access to adequate health care, financial protection and secure employment, and stressed that the global action plan would be developed in close collaboration with the International Organization for Migration, the United Nations High Commission for Refugees, other partner international organizations, Member States and other relevant stakeholders.

97. The document proposed the following recommendations to address the challenges faced by migrants and refugees: strengthen health information, surveillance, advocacy and risk communication to develop informed policies, enhance service delivery to refugees and migrants and reduce discrimination and stigmatization; eliminate barriers to health care and offer the requisite conditions for mobile populations to enjoy a healthy life; reduce communication, language and cultural barriers to improve access to services by refugees and migrants; and develop sustainable financial mechanisms to enhance social protection for refugees and migrants.

98. During the discussions, Member States welcomed the draft action plan, noting that several countries in the Region faced these challenges. They highlighted the pressures on social and health infrastructure in host countries and communities and the need for the international community to assist in addressing such pressures. Furthermore, they stressed the importance of intersectoral collaboration in addressing the needs of refugees and migrants. However, the delegates noted with concern that there were

discrepancies in wording and content between the version of the document being reviewed at the Regional Committee and the online version. They also noted that some of these discrepancies included issues that were in conflict with the laws and values of Member States in the Region, and sought the assurance of the Secretariat that these concerns would be taken into account during finalization of the action plan. The delegates further indicated that there was a difference between the status of refugees and that of migrants. Accordingly, actions targeted at these two groups should be distinct.

99. The Secretariat noted the feedback from Member States and indicated that the document was still under consultation with all regional committees. It further assured the delegates that the concerns raised would be taken into consideration during finalization of the document.

100. The Regional Committee took note of *Document AFR/RC68/15: Development of a draft global action plan on the health of refugees and migrants* and requested the Secretariat to take into consideration the proposed amendments.

INFORMATION DOCUMENTS

101. The Regional Committee discussed and took note of the following information documents: (a) Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products: (Document AFR/RC68/INF.DOC/1); (b) Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC68/INF.DOC/2); (c) Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC68/INF.DOC/3); (d) Status of implementation of the recommendations of the report on Addressing the Challenges of Women's Health in Africa (Document AFR/RC68/INF.DOC/4); (e) Progress report on implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC68/INF.DOC/5); (f) Progress report on implementing the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis 2016–2021 in the African Region (Document AFR/RC68/INF.DOC/6); (g) Progress report on implementing the Global Health Sector Strategy on HIV/AIDS 2016–2021 (Document AFR/RC68/INF.DOC/7); (h) Progress report on the Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC68/INF.DOC/8); (i) Report of WHO staff in the African Region (Document AFR/RC68/INF.DOC/9).

102. During the discussions, the delegates commended the Secretariat for the well drafted documents and made some suggestions to improve the quality and the comprehensiveness of the reports. Member States were urged to ensure effective implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products, and Parties to the WHO FCTC in the African Region were encouraged to ratify or accede to

the Protocol as a new legal instrument in the domain of public health. They reaffirmed their commitment to accelerate the ratification of, and accession to, the Protocol. Lastly, delegates requested the Secretariat to partner with WHO FCTC to provide technical support to Member States in order to accelerate the ratification of, and accession to the Protocol.

103. The Regional Committee took note of the information documents.

DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC68/16)

104. The Regional Committee examined the *Draft Provisional agenda, dates and place of the Sixty-ninth session of the Regional Committee*. Several Member States suggested the inclusion of NCDs as a specific agenda item. The Regional Committee noted the interest of Algeria and Kenya in hosting the Seventieth session in 2020. The final decision for hosting of the Seventieth session will be taken at the Sixty-ninth session in 2019.

105. The Regional Committee adopted the amended agenda of the Sixty-ninth session of the Regional Committee and confirmed that the session would be held at the WHO Regional Office for Africa in Brazzaville, Republic of the Congo, from 26 to 30 August 2019.

SPECIAL BRIEFING ON THE EBOLA OUTBREAK IN NORTH KIVU, DEMOCRATIC REPUBLIC OF THE CONGO

106. The special briefing was presented by Dr Michel Kaswa Kayomo, Director of the National Tuberculosis Control Programme in the Ministry of Public Health of the Democratic Republic of the Congo, and Dr Ibrahima Soce Fall, Regional Emergency Director of the WHO Health Emergencies Programme, to update Member States on the latest Ebola outbreak in North Kivu, Democratic Republic of the Congo. The ongoing Ebola outbreak in North Kivu is the 10th occurrence in the Democratic Republic of the Congo since 1976. It is a separate outbreak, officially declared six days after the end of the ninth outbreak in Equateur Province on 24 July 2018. It is localized in five hard-to-reach and insecure health zones where armed groups are fighting government forces, with the risk of spread to neighbouring countries due to high population movements. As of 26 August 2018, 111 cases had been reported, including 72 deaths and over 2400 contacts were being followed. A total of 3725 contacts and contacts of contacts had been vaccinated through ring vaccination and five investigational therapeutics had been approved for compassionate use.

107. Although all response pillars (coordination; operational readiness; risk communication; laboratory testing; surveillance and contact tracing; case

management and infection prevention and control; safe burials; and the research response including vaccines and therapies) are functional, various challenges have been identified. They include: containment of geographic spread; mixed health-care and community transmission; surveillance of community deaths and organization of safe burials; and adapting the response to the high-threat security environment.

108. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, informed the Committee that a briefing would be presented to the United Nations Security Council on the complexity of the outbreak response with continuous insecurity, kidnappings and attacks from armed groups. The WHO Regional Director, Dr Matshidiso Moeti, applauded the strong global platform for partnership in place in the area with over 30 partners supporting field response and readiness. The Committee commended the leadership of the Democratic Republic of the Congo and the strong partnership that had been forged to fight this global health security problem.

SIDE EVENTS AT THE SIXTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

109. The Regional Director, Dr Matshidiso Moeti, scheduled a total of nine side events on specific health issues of great interest to the Region. The outcome of the side events are summarized below:

Doing business differently to achieve tangible results for children in immunization towards universal health coverage

110. The meeting was convened to advocate for and mobilize renewed commitment from the Ministers of Health to routine immunization as a public good and a basic right for every child everywhere in the context of the revitalization of primary health care towards universal health coverage. In his opening remarks, the chair of the session, the Minister of Health of Ethiopia thanked WHO, the Gavi Secretariat and UNICEF for organizing the event and applauded them for making strides in addressing the profound challenges in immunization in the African Region. In his remarks, Dr Joseph Cabore, the WHO-AFRO Director of Programme Management, informed participants that WHO had developed a business case to support immunization programmes in African countries. The business case will help shift the focus from a disease-specific to an integrated, cross-disease approach for both surveillance and immunization and ensure that more tailored support is provided to each Member State. He stressed that WHO will continue to work closely with Member States to strengthen their national immunization programmes. The UNICEF Regional Director for West and Central Africa indicated that significant progress is being made in improving immunization coverage, partnership and strengthening health systems. He stressed that in order to address the challenges related to access and coverage, it was imperative to do things differently by fostering local ownership and leadership. On his part, the Managing Director for Country

Programmes at the Gavi Secretariat, Dr Hind Khatib-Othman, highlighted the commitment of the Vaccine Alliance to ensuring that no child is left behind. That objective, in her view, calls for strong and sustained political commitment from all levels of government. She noted that the Alliance is working with countries to wean them off its funding in a sustainable manner.

111. Three countries (Nigeria, Chad and Mozambique) shared their immunization experiences. The three countries reiterated the critical importance of revitalizing primary health care, strengthening immunization surveillance systems, enforcing zero tolerance for falsified data and ensuring accountability and transparency across all government programmes.

112. Dr Hind informed the Ministers of Health that the Gavi Board has decided to increase by 30% the health system strengthening (HSS) funding window and urged countries to make the most of it in order to strengthen their national health systems to deliver better immunization outcomes. She requested the francophone countries to elect the representative of their constituency at the Gavi Board and his/her alternate as the terms of the current representatives (board member: Côte d'Ivoire and alternate member: DR Congo) will expire in December 2018. She finally requested the support of Gavi-eligible countries for the upcoming high-level conference for Gavi's 2018 mid-term review that will be held in Abu Dhabi, The United Arab Emirates (UAE) on 10-11 December 2018. The session concluded that going forward, countries should strengthen policy and financial structures to improve accountability, transparency and deploy a multisectoral approach to strengthen immunization service delivery in the Region.

Improving public finance management to advance progress towards UHC in Africa

113. Opening the meeting, the WHO Regional Director for Africa, Dr Matshidiso Moeti, highlighted the importance of public finance for health to achieve universal health coverage (UHC). She recalled various commitments that Member States have made towards ensuring sustainable financing for health, including the Tunis Declaration of 2012, which was endorsed at the High-Level Dialogue on Sustainable Financing and Value for Money for accelerating progress towards the MDGs, convened by partners of the Harmonization for Health (HHA) initiative. The presentation by the Secretariat highlighted the importance of public financial management (PFM) for health to improve efficiency, equity and transparency. Challenges affecting the effective implementation of PFM include poor budget execution, rigidities in the budget structure and misalignment of planning and budgeting, while issues of aligning health financing reforms to PFM were also highlighted as critical bottlenecks to achieving UHC. Lessons learned from countries in the Region were also shared by the Secretariat. The presentation concluded with a call for a renewed contract of engagement between the health sector and ministries of finance to improve PFM for health.

114. The evidence presented was enriched by panel discussions featuring the Ministers of Health of Ghana and Burundi who provided their experience of PFM challenges in their respective countries and the challenges they were facing in implementing health financing reforms. The Director of Human Capital, Youth and Skills Development at the African Development Bank highlighted the support that the Bank is providing for PFM and underscored the need for ongoing engagement between the health and finance ministries.

115. The meeting equally stressed the challenges faced by Member States in budgeting and utilizing public financing for health. Other emerging issues included the fragmentation of financing flows, most of which are off-budget and thus impede effective planning and utilization of financing. The session concluded with Ministers of Health and the Regional Director requesting for support to Member States for better planning and budgeting for health to ensure alignment between strategic plans and the budget, and capacity building for Member States on public financial management for health. Lastly, WHO was requested to facilitate engagement between ministries of health and finance for health, to support improved PFM in health and alignment of health financing reforms to PFM reforms.

Tackling the burden of hypertension and strengthening the management of severe noncommunicable diseases (NCD) through public health approaches

116. The side event was held to raise awareness on the burden of hypertension as a leading risk factor for cardiovascular disease, which can lead to severe NCDs if poorly managed, and to advocate for integrated, decentralized public health approaches for the prevention and management of hypertension and severe NCDs at the level of primary health care and first-level referral hospitals in the African Region. Dr Joseph Waogodo Cabore, Director of Programme Management, who chaired the event on behalf of the WHO Regional Director for Africa, Dr Matshidiso Moeti, welcomed participants and stressed the importance of heeding the call to focus attention on the burden of hypertension in the Region. Dr Steven Shongwe, acting Director of the NCD Cluster in AFRO, presented an overview of hypertension in the African Region and outlined the public health approach to its prevention and control. Dr Gene Bukhman provided an overview of the PEN-Plus concept for addressing severe NCDs at first-level hospitals. The Minister of Health of Rwanda presented her country's experience in organizing integrated care services for severe and chronic NCDs. She underscored the fact that PEN-Plus was a strategy for decentralized and integrated NCD services. She also stressed the importance of task-shifting, including the training of non-doctors and the need for supervision and mentoring. She urged the meeting to learn from the HIV experience in decentralizing services. The Minister also underscored the need for community-based NCD prevention and treatment services. She informed the meeting that Rwanda had institutionalized the promotion of physical activity; every month the nation engages in physical exercise.

117. The key outcome of the side event included: increased awareness of the high burden of hypertension in the African Region and the public health measures for addressing it; recognition of the gap in care for people with severe NCDs and overwhelming endorsement of the PEN-Plus concept. Ministers and participants urged WHO-AFRO and the Harvard Medical School to develop the PEN-Plus strategy and support Member States in decentralizing NCD services. WHO-AFRO was urged to support Member States in scaling up the prevention and control of hypertension. It was agreed that universal health coverage and equity were key to scaling up integrated NCD services in Member States.

Saving millions of lives through innovations in mortality surveillance (CHAMPS)

118. The breakfast side event was hosted by Honourable Samba Sow, Minister of Public Health and Hygiene of Mali. It was co-chaired by Honourable Sow and Dr Matshidiso Moeti, the WHO Regional Director for Africa. Over 100 delegates participated in the event, among whom were 18 ministers of health, other distinguished guests and speakers, including Dr Kathryn Banke from the Bill & Melinda Gates Foundation and Dr Agbessi Amouzou from Johns Hopkins University, who moderated the discussion. The meeting examined the landscape of mortality surveillance across Africa, shared lessons learned from two Bill & Melinda Gates Foundation-funded programmes, namely Child Health and Mortality Prevention and Surveillance (CHAMPS) and Countrywide Mortality Surveillance for Action (COMSA), and explored the potential of these and similar programmes to save lives and improve health outcomes for entire populations.

119. In her opening remarks Dr Moeti highlighted the need to explore the potential use of CHAMPS data to improve WHO's work on developing and implementing norms, standards and guidelines; as well as the need to document changes in practices happening in countries as a result of CHAMPS' work. This was followed by an introduction to CHAMPS and COMSA by Dr Banke and Dr Amouzou and how these systems can provide accurate and timely data on causes of death across sample populations. CHAMPS delivers fine-grained data on causes of death among under-five children, supported by analysing samples collected using the Minimally Invasive Tissue Sampling (MITS) procedure, while COMSA is a robust sample registration system that captures the data that allows for calculation of mortality rates, birth rates, and cause-specific mortality fractions at the national and subnational levels.

120. Discussions included a case study mapping the development of CHAMPS in Mali, delivered by Minister Sow, and a case study examining COMSA in Mozambique, presented by Dr Amouzou. Dr Banke highlighted the benefits associated with an expansion of these or similar systems. She stressed that the lack of current, high-quality and accurate data on vital statistics hampers ability to monitor health status, evaluate

interventions, and make evidence-based policy. She further explained that sample registration systems offer a relatively inexpensive and fast way for countries to generate and use reliable, current vital statistics, while longer-term civil registration and vital statistics (CRVS) strengthening is underway. Dr Banke then introduced a new Mortality Surveillance programme to be funded by the Bill & Melinda Gates. The programme will be led by the Africa Centre for Disease Control and Prevention in Addis Ababa, while more information on their plans will be made available over the coming months. Ministers and delegates expressed interest in learning more about: the steps countries went through to establish local CHAMPS and COMSA sites; lessons learned from the initial sites for both CHAMPS and COMSA; possible cultural challenges encountered with the Minimally Invasive Tissue Sampling (MITS) procedure; ways and means of aligning such work with CRVS efforts; and how ministers worked together in practical ways. A follow up technical webinar was scheduled for 10 September to explore the top ten questions posed during the breakfast meeting in Dakar.

Launch of the state of health analysis in the African Region

121. The State of Health in Africa report was launched by Dr Matshidiso Moeti, WHO's Regional Director for Africa, who highlighted the need for Member States to work together and learn from each other as they respond to needs relating to the attainment of the targets for universal health coverage and the other health-related SDGs. She noted that the report was developed within that context, and provides succinct recommendations for each Member State on the areas in which they need to place emphasis to move towards health and well-being for their people. It presents an overall regional picture, including the state of health in each Member State of the WHO African Region.

122. The report indicates that the overall state of health in the Region is on an upward trajectory, with improvements exceeding three years in available healthy life per person since the year 2000, and a halving of the overall morbidity and mortality in the Region since 2012. However, these improvements are region- and cause-specific. The state of healthy life varies across and within Member States of the Region, and reductions in the disease burden are largely limited to communicable conditions. Health systems are performing at just 49% of what is possible within the Region, with many missed opportunities for improving the state of health even with existing resources. Several countries shared experiences on improvements they have made that are taking them towards attaining their universal health coverage aspirations and other health-related SDG targets. Member States appreciated the focus and role of such analytical work in guiding their movement towards universal health coverage. The findings serve as a comprehensive benchmark for each country as they operationalize their strategies for moving towards UHC. WHO was asked to consider producing an updated report in 2019, based on the most current information from countries.

Digital Health expansion in Africa and the AFRO-International Telecommunication Union agreement

123. The meeting focused on the development and deployment of new and innovative strategies such as digital health (DH) to expand and improve the quality of health services through the partnership between the WHO Regional Office for Africa (WHO-AFRO) and the International Telecommunication Union (ITU). The chair of the session, Dr Joseph Cabore, Director of Programme Management at WHO-AFRO, emphasized the importance of DH in Africa and the need to rapidly scale it up for use. He however noted the related constraints, which include lack of interoperability of numerous DH platforms on the continent, lack of capacity and inadequate and unsustainable financing of DH projects. The Regional Director of the ITU for Africa, Mr Andrew Rugege, in his remarks lauded the partnership between WHO-AFRO and his organization which he said is backed by resolutions in both organizations.

124. The meeting highlighted the four pillars of the project, namely improving interoperability of DH systems, capacity development for DH, building partnerships for DH and improving interconnectivity of medical devices. He identified “pilotitis”, which is the proliferation of several DH pilot projects which are not scaled up for country-wide use, as a major problem in Africa. He said that the focus of the project was therefore to facilitate a shift from processes to increased investments in concrete and scalable DH programmes.

125. Participants shared their experiences of DH, which many said has been successfully used for several activities such as tracking and monitoring of multiple drug-resistant tuberculosis and Ebola patients, data management and prevention of non-communicable diseases; ensuring efficient use of health resources; linking Islands to health service points with fibre optics to support telemedicine and to facilitate remote health-care service, medical referrals and evacuations. The importance of government commitment and public-private partnerships in ensuring sustainable financing of DH, as well as strategies for creating an eReady health workforce was emphasized. The use of digital health for cross-border patient movements beyond physical borders was also noted. Participants urged that DH should be seen as an enabler rather than an end goal and called for alignment of efforts in order to avoid fragmented approaches. Consequently, the meeting issued a call to support DH.

Engaging African governments to strengthen national health research systems with complementary international cooperation

126. The meeting was convened to present and discuss the status of National Health Research Systems (NHRS) in Member States of the WHO African Region, explore options for addressing weaknesses and build a case for investment in health research. In his opening remarks, the chair of the meeting, Dr Joseph Cabore, Director of Programme

Management at WHO-AFRO, highlighted the Organization's efforts to strengthen NHRS in the Region. These include the establishment of an advisory group on research, the inclusion of a session on health research on the agenda of the first Africa Health Forum and the establishment of a fully-fledged unit to coordinate and strengthen the health research capacity of Member States at WHO-AFRO. He called on the discussants to debate on how the outcomes of health research can be used to positively impact the health of Africans. The European Union's Head of Cooperation in Senegal, Ms Cecile Tassin-Pelzer, emphasized the importance of partnerships and political commitment in strengthening health research capacity and regulation in the Region. She urged African governments to explore ways of translating health research findings into action. The Senegalese Minister of Health and Social Action, Mr Abdoulaye Diouf Sarr, called for the expansion of the European and Developing Countries Clinical Trials Partnership (EDCTP) to include neglected tropical diseases. Dr Michael Makanga, the Executive Director of EDCTP, gave an overview of the Partnership's aims, achievements and current projects.

127. In the discussions that followed the presentation of the status of NHRS, participants noted the modest improvements in strengthening NHRS, notably with reference to: governance for health research; building and sustaining resources and; strengthening production and use of research evidence. Of concern were the number of countries lacking strategies and regulatory instruments to govern research; suboptimal performance of ethics review committees; the low contribution of African scholars to global health research and scientific publications (currently contributing less than 2%) and; the very low investment in health research. The meeting emphasized the need to sustain the achievements and to ensure that the existing systems are functional and efficient. The importance of domestic and sustainable financing for health research and of exploring innovative means including the role of the private sector of financing health research were emphasized. Member States were urged to honour their commitment to allocate 2% of their health budget to health research.

Development and implementation of integrated and affordable assisted reproductive technologies (ART) services in the African Region

128. Dr Felicitas Zawaira, Director of the Family and Reproductive Health Cluster in WHO-AFRO opened the meeting to discuss and propose the implementation of the low-cost in-vitro fertilization (IVF) model in the African Region. The panellists included: Honourable Sarah Opendi, Minister of State for Health/General duties of Uganda; Richard Kennedy, Director, International Federation of Fertility Societies (IFFS); Dr Thabo Matsaseng, scientist, Department of Reproductive Health and Research, WHO-HQ; Professor Oladapo Adenrele Ashiru, President of the African Fertility Society; and Dr Rasha Kelej, CEO Merck Foundation and President of "Merck more than a Mother". In her opening remarks, Dr Zawaira recalled that infertility affects men and women globally, and the African Region in particular. Unfortunately, women bear the brunt of

the inability to conceive especially in Africa, leading to dramatic psychological consequences. In the field of reproductive health, planning and realization of safe procreation as a basic human right is challenging for many women and couples in the developing world. The side event was scheduled in response to a request from the last Regional Committee to urgently address infertility as part of the key consequences of sexually transmitted infections in the African Region.

129. The side event afforded an effective platform to: review the burden of infertility in the African Region and its contributing factors; discuss the prevention and control of infertility as a key component of reproductive health and rights; appraise the evolution of assisted reproductive technologies in Africa; and discuss the role of the International Federation of Fertility Societies (IFFS) in addressing infertility in resource-constrained settings. Participants also had the opportunity to watch a video that presented Merck Foundation's vision and experience in building fertility care capacity, empowering infertile women and addressing the infertility stigma in Africa. At the end of the meeting, participants agreed on the need to urgently address the issue of infertility in the African Region and identify the next steps, including capacity building.

Launch of the Sahel Malaria Elimination Initiative

130. The rationale of the Sahel Malaria Elimination (SaME) Initiative which will be implemented in the eight participating Member States (Burkina Faso, Cabo Verde, Chad, The Gambia, Mali, Mauritania, Niger and Senegal) is to help the countries accelerate progress towards malaria elimination. The side event, which was held on 31 August 2018, was the setting for the high-level meeting to launch the Sahel Malaria Elimination Initiative by the Ministers of Health of the eight countries involved. The objective of the event was to continue to inspire enhanced commitment from the Member States and partners for investments in the SaME Initiative.

131. The high-level side event was chaired by the Minister of Health of Senegal. Speakers during the meeting included the Ministers of Health of Cabo Verde, The Gambia and Niger, who reaffirmed their countries' commitment to the Initiative and emphasized the need to: build on the achievements of each of the participating countries; take into account synergies and cross-border collaboration; focus on priorities by working with communities on the ground; work towards ending malaria in order to minimize its negative impact on the populations of their respective countries; accelerate the introduction of innovative technologies to combat malaria; and develop a subregional dashboard to monitor progress in malaria prevention and control by 2030. Other key speakers included Dr Moeti, the WHO Regional Director for Africa, Dr Kesete Admasu, CEO of the Roll Back Malaria Partnership, Dr Joy Phumaphi, Executive Secretary of the ALMA, Ms Yaccine Djibo of Speak up Africa, Dr Magaran Bagayoko, acting Director of the Communicable Diseases Cluster in WHO-AFRO and Dr Cabore, Director of Programme Management, WHO-AFRO. The side event was well

attended, and included senior government health officials and national malaria programme managers of the participating countries (except for Mauritania), as well as international development partners.

132. The major outcomes of the high-level side event were the following: adoption and signing of the Declaration on the Sahel Malaria Elimination Initiative; consensus reached on the West African Health Organisation (WAHO) as the subregional institution to host the coordination platform for SaME; and appointment of Her Excellency Dr Awa Marie Coll-Seck, Minister of State of Senegal as Ambassador for SaME. The next steps included the organization of a programme managers' reorientation meeting for the participating countries to discuss the modalities of implementing SaME.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC68/17)

133. The report of the Sixty-eighth session of the Regional Committee (Document AFR/RC68/17) was adopted with amendments.

CLOSURE OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

134. The "Vote of thanks" was presented by Ms Maria Inacia Co Mendes Sanha, the Minister of Health of Guinea-Bissau. She thanked the President, the Government and the people of the Republic of Senegal for hosting the Sixty-eighth session of the Regional Committee. She noted the warm welcome and outstanding hospitality extended to delegates and Member States of the WHO African Region.

Closing remarks of the Regional Director

135. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her closing remarks, thanked the President of the Republic of Senegal, His Excellency Macky Sall and his Government for setting the stage for a successful Sixty-eighth Regional Committee. She expressed her appreciation for the warm hospitality and the excellent enabling environment that facilitated the work of the Secretariat. She thanked the President specifically for personally gracing the occasion with his presence and for officially opening the session. She also thanked Mr Abdoulaye Diouf Sarr, the Minister of Health and Social Action of the Republic of Senegal, who also doubled as the Chairperson of the Sixty-eighth Regional Committee, for efficiently directing the process of the meeting. She expressed her sincere gratitude to the Honourable Ministers of Health and Heads of Delegation of Member States for finding the time to attend and for actively participating in the deliberations of the Regional Committee. Dr Moeti also thanked the alternate Chairpersons for their contribution to the efficient conduct of the deliberations of the session.

136. Dr Moeti remarked that the Secretariat had taken keen note of the very important decisions of the Sixty-eighth session of the Regional Committee. Specifically, she noted that the Member States had asked the Secretariat to create a platform for discussion between Ministers of Health and Budget of Member States in the Region. She noted the call for more transparency in vaccine pricing to enable Member States purchase vaccines directly from pharmaceutical companies. She also noted the call for greater community involvement and mobilization of additional local resources to support the work of WHO in the African Region. She remarked that during the session, a number of side events were held to discuss practical and innovative approaches to dealing with specific public health concerns in the Region. She noted, for instance, that as the Secretariat moved towards the 13th GPW, it was gratifying to hear Member States' appreciation of the bottom-up planning and priority-setting process which puts Member States in the driving seat, and their support for more flexible funding. She noted that as promised at the Sixty-seventh Regional Committee, the Secretariat had put in place tools - such as the innovative Key Performance Indicators - to demonstrate its seriousness about obtaining results and improving governance and accountability at Regional and country levels. She promised that the Secretariat would continue to refine its systems and processes to achieve greater efficiency in the use of resources.

137. In concluding her remarks, she requested the Honourable Minister of Health and Social Action of the Republic of Senegal to convey her appreciation to his Excellency, President Macky Sall, for the country's hospitality and contribution towards the success of the Regional Committee session. Dr Moeti thanked the WHO Secretariat and all those who contributed in various ways, including the rapporteurs, interpreters, translators, drivers, members of the press and others, in making the Sixty-eighth session of the Regional Committee a success. She extended her thanks to Dr Tedros Adhanom Ghebreyesus, the Director-General of WHO, for his commitment and declared support for the work of WHO in the Region. Finally she thanked the representatives of the Republics of Algeria and Kenya, for their interest in hosting the Seventieth session of the Regional Committee in 2020. She wished all the professionals, in the health field, success in their efforts to contribute in improving the health of the people of the African Region, and safe travel back to their various destinations.

Closing remarks by the Chairperson of the Regional Committee

138. In his closing remarks, the Chairperson of the Sixty-eighth session of the Regional Committee, Mr Abdoulaye Diouf Sarr, the Minister of Health and Social Action of the Republic of Senegal, thanked participants for the cooperation he received in directing the session. He also used the opportunity to express appreciation to the President of the Republic of Senegal, His Excellency, President Macky Sall, for the support the organizers received in preparing for the session.

PART III
ANNEXES

ANNEX 1

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DEUTSCHE GESELLSCHAFT FÜR INTERNATIONALE ZUSAMMENARBEIT (GIZ)

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JAPAN

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

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KUWAIT FUND

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Mr Andrew Rugege
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END FUND

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Tackling Infections to Benefit Africa

UNIVERSITY OF ZIMBABWE

Prof Simbarashe Rusakaniko
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Fastone Goma
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Mr. Philippe Mavoungou
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**WORLD INNOVATION SUMMIT FOR
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Nicholas Bradshaw
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Neil Moors
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THE WELLBEING FOUNDATION AFRICA

HE. Mrs Toyin Ojola Saraki
Founder -President

Jack Tunmore
Senior Special Adviser, Communications
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James Stix
Partnerships Advisor

Karl Carter
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ANNEX 2

AGENDA OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the agenda (Document AFR/RC68/1)
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region 2017-2018: Report of the Regional Director (Document AFR/RC68/2)
6. Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC68/3)
7. Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (Document AFR/RC68/4)
8. Report on regional managerial Compliance activities and matters arising out of Internal and External Audits (Document AFR/RC68/5)
9. WHO's work on Resource Mobilization through strengthening partnerships to better support Member States (Document AFR/RC68/6)
10. Regional framework for the implementation of the global Strategy for cholera prevention and control, 2018–2030 (Document AFR/RC68/7)
11. Framework for certification of polio eradication in the African Region (Document AFR/RC68/8)
12. Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region (Document AFR/RC68/9)
13. Ensuring Sustainable financing for Universal Health Coverage in Africa in the midst of changing global and local economic factors (Document AFR/RC68/10)
14. Roadmap for access 2019–2023: Comprehensive support for access to medicines and vaccines (Document AFR/RC68/11)
15. Draft global strategy on health, environment and climate change (Document AFR/RC68/12)
16. Programme Budget 2020-2021: Regional Committee Consultation Document (Document AFR/RC68/13)
17. Draft Code of Conduct for the nomination of the Regional Director (Document AFR/RC68/14)

18. Draft Global Action Plan on the health of refugees and migrants (Document AFR/RC68/15)
19. **Information Documents**
 - 19.1 Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products (Document AFR/RC68/INF.DOC/1)
 - 19.2 Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC68/INF.DOC/2)
 - 19.3 Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC68/INF.DOC/3)
 - 19.4 Status of implementation of the recommendations of the report on Addressing the Challenges of Women's Health in Africa (Document AFR/RC68/INF.DOC/4)
 - 19.5 Progress report on implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC68/INF.DOC/5)
 - 19.6 Progress report on implementing the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis 2016–2021 in the African Region (Document AFR/RC68/INF.DOC/6)
 - 19.7 Progress report on implementing the Global Health Sector Strategy on HIV/AIDS 2016–2021 (Document AFR/RC68/INF.DOC/7)
 - 19.8 Progress report on the Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC68/INF.DOC/8)
 - 19.9 Report on WHO staff in the African Region (Document AFR/RC68/INF.DOC/9)
20. Draft provisional agenda, place and dates of the Sixty-ninth session of the Regional Committee (Document AFR/RC68/16)
21. Adoption of the report of the Regional Committee (Document AFR/RC68/17)
22. Closure of the Sixty-eighth session of the Regional Committee

ANNEX 3

PROGRAMME OF WORK

Sunday, 26 August 2018

09:00 **Walk the Talk: 70 years of WHO service to the countries/nations**

DAY 1: Monday, 27 August 2018

- 09:00–11:30 **Agenda item 1** Opening of the meeting
- 11:30–12:00 *Group photograph followed by tea break*
- 12:00–12:30 **Agenda item 2** Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
- Agenda item 3** Adoption of the Provisional Agenda and Programme of Work (Document AFR/RC68/1)
- Agenda item 4** Appointment of Members of the Committee on Credentials
- 12:30–14:30 **Lunch break** **(Meeting of the Committee on Credentials)**
- 14:30–16:00 **Agenda item 5** The Work of WHO in the African Region 2017-2018: Report of the Regional Director (Document AFR/RC68/2)
- 16:00–16:30 **Special Briefing on the Ebola outbreak in North Kivu, Democratic Republic of the Congo**
- 16:30–17:00** **Tea break**
- 17:00–18:30 **Agenda item 16** Programme Budget 2020-2021: Regional Committee Consultation Document (Document AFR/RC68/13)
- 18:30 **End of the day's session**
- 19:00** **Reception hosted by the Government of Senegal and the Regional Director**

DAY 2: Tuesday, 28 August 2018

07:30–08:45	Breakfast meeting	<i>Gavi Alliance Breakfast–Doing business differently to achieve tangible results for children in immunization towards Universal Health Coverage</i>
09:00–09:15	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:15–09:45	Agenda item 6	Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC68/3)
09:45–11:00	Agenda item 7	Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (Document AFR/RC68/4)
11:00–11:30	Tea break	
11:30–12:30	Agenda item 8	Report on regional managerial Compliance activities and matters arising out of Internal and External Audits (Document AFR/RC68/5)
12:30–14:30	Lunch break	
13:00–14:30	Side Event	<i>Improving Public Finance Management to advance progress towards UHC in Africa</i>
14:30–16:00	Agenda item 9	WHO's work on Resource Mobilization through strengthening partnerships to better support Member States (Document AFR/RC68/6)
16:00–16:30	Tea break	
16:30–17:30	Agenda item 10	Regional framework for the implementation of the global Strategy for cholera prevention and control, 2018–2030 (Document AFR/RC68/7)
17:30–18:30	Agenda item 15	Draft global strategy on health, environment and climate change (Document AFR/RC68/12)
18:30	End of the day's session	
18:30–19:30	Side event	<i>Tackling the burden of hypertension and strengthening the management of severe NCDs through public health approaches</i>

DAY 3: Wednesday, 29 August 2018

- 07:30–08:45** *Breakfast meeting* ***Saving millions of lives through innovations in mortality surveillance (CHAMPS)***
- 09:00–10:30 **Agenda item 13** Ensuring Sustainable financing for Universal Health Coverage in Africa in the midst of changing global and local economic factors
(Document AFR/RC68/10)
- 10:30–11:00 **Tea Break**
- 11:00–12:30 **Agenda item 11** Framework for certification of polio eradication in the African Region (Document AFR/RC68/8)
- 12:30–14:30 **Lunch break**
- 13:00–14:30** *Side event* ***Launch of The State of Health Analysis in the African Region***
- 14:30–16:00 **Agenda item 14** Roadmap for access 2019–2023: Comprehensive support for access to medicines and vaccines
(Document AFR/RC68/11)
- 16:00–16:30 **Tea Break**
- 16:30–18:00 **Agenda item 12** Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region (Document AFR/RC68/9)
- 18:00 **End of the day's session**
- 18:00–19:30** *Evening Side Event* ***Digital Health expansion in Africa and the AFRO-ITU agreement***

DAY 4: Thursday, 30 August 2018

- 09:00–10:30 **Agenda item 12 (cont'd)** Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region (Document AFR/RC68/9)
- 10:30–11:00 **Tea Break**

11:00–12:30	Agenda item 17	Draft Code of Conduct for the nomination of the Regional Director (Document AFR/RC68/14)
12:30–14:30	Lunch Break	
13:00–14:30	Side event	<i>Engaging African governments to strengthen national health research systems with complementary international cooperation</i>
14:30–15:30	Agenda item 18	Draft Global Action Plan on the health of refugees and migrants (Document AFR/RC68/15)
15:30–16:30	Agenda item 19	Information Documents
	Agenda item 19.1	Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products (Document AFR/RC68/INF.DOC/1)
	Agenda item 19.2	Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC68/INF.DOC/2)
	Agenda item 19.3	Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC68/INF.DOC/3)
	Agenda item 19.4	Status of implementation of the recommendations of the report on Addressing the Challenges of Women's Health in Africa (Document AFR/RC68/INF.DOC/4)
	Agenda item 19.5	Progress report on implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC68/INF.DOC/5)
	Agenda item 19.6	Progress report on implementing the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis 2016–2021 in the African Region (Document AFR/RC68/INF.DOC/6)
	Agenda item 19.7	Progress report on implementing the Global Health Sector Strategy on HIV/AIDS 2016–2021 (Document AFR/RC68/INF.DOC/7)

	Agenda item 19.8	Progress report on the Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC68/INF.DOC/8)
	Agenda item 19.9	Report on WHO staff in the African Region (Document AFR/RC68/INF.DOC/9)
16:30–17:00	Tea break	
17:00–18:00	Agenda item 20	Draft provisional agenda, dates and place of the Sixty-ninth session of the Regional Committee (Document AFR/RC68/16)
18:00	End of the day's session	
18:00–19:30	Side event	<i>Development and implementation of integrated and affordable assisted reproductive technologies (ART) services in the African Region</i>

DAY 5: Friday, 31 August 2018

10:00–12:00	Agenda item 21	Adoption of the report of the Regional Committee (Document AFR/RC68/17)
12:00–12:30	Agenda item 22	Closure of the Sixty-eighth session of the Regional Committee
12:30–14:30	Lunch	
13:00–14:30	Side meeting	<i>Sahel Malaria Elimination Initiative - High Level Ministerial Meeting</i>

ANNEX 4

DRAFT PROVISIONAL AGENDA OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE

1. Opening of the meeting
2. Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs
3. Adoption of the agenda
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region
6. Statement of the Chairperson of the Programme Subcommittee
7. [Matters of global concern related to World Health Assembly decisions and resolutions]
8. Nomination of the Regional Director
9. Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region
10. Regional framework for Defeating Meningitis by 2030
11. Strategic plan for nutrition in the WHO African Region (2019–2023)
12. Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs
13. Framework for the implementation of the Global Vector Control Response in the WHO African Region
14. Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs
15. Regional orientation on the implementation of the WHO Programme Budget 2020–2021
16. Information Documents
 - 16.1 Progress on the implementation of the Regional Strategy on Health Security and Emergencies
 - 16.2 Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020
 - 16.3 Progress report on the implementation of the Regional Strategy for cancer prevention and control
 - 16.4 Progress report on implementation of the Global Mental Health Action Plan 2015–2020
 - 16.5 Progress in the implementation of the Regional strategy and Regional Strategic Plan for Neglected Tropical Diseases (2014–2020)

- 16.6 The first United Nations General Assembly High-level Meeting on TB – Implications for the WHO African Region
- 16.7 Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change
- 17. Draft provisional agenda, place and dates of the Seventieth session of the Regional Committee
- 18. Adoption of the report of the Regional Committee
- 19. Closure of the Sixty-ninth session of the Regional Committee

ANNEX 5

STATEMENT BY DR PAGWESESE DAVID PARIRENYATWA, PRESIDENT OF THE SEVENTY-FIRST WORLD HEALTH ASSEMBLY AND CHAIRPERSON OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE

Your Excellency President Macky Sall, President of the Republic of Senegal,
Honourable Abdoulaye Diouf Sarr, Minister of Health and Social Action of Senegal,
Honourable Ministers and Heads of Delegations,
Dr Tedros Ghebreyesus, Director General of the World Health Organization,
Dr Rebecca Matshidiso Moeti, Regional Director for the African Region for the World Health Organization,
Ladies and Gentlemen,
Members of the Media,

Allow me, at the outset, to begin by congratulating you, Your Excellency, and the Senegalese Government for your very warm hospitality and the facilities provided to ensure the successful hosting of this meeting. I also wish to thank the Regional Director and her entire team for their hard work done to prepare for this meeting.

May I also take this opportunity to thank the entire Region for the trust you reposed in me, by facilitating my ascendancy to be the President of the 71st Session of the World Health Assembly in Geneva. In that capacity, I implore all countries of the African Region to heed the call of the WHO Director-General to continue to make commitments and follow-ups on Universal Health Coverage.

Our annual regional meetings are important as they give us time to ponder over pertinent issues, especially at the continental level. This week we will have the opportunity to further discuss matters pertaining to the health of humanity as a whole, focusing on challenges, opportunities and the envisaged solutions for a healthier population. With regard to our Region's commitment to the foregoing, you may recall that we managed, inter alia, to start a conversation on the possibility of having a Nelson Mandela award in recognition of his contributions towards humanity. It is our fervent hope that this will be realized soon.

A key issue that we will consider this week is the Programme Budget for 2019-2021. Following the adoption of the 13th General Programme of Work by the 71st World Health Assembly, we will consider the first budget to operationalize the ambitions we agreed to at the global level. I would like at this juncture to thank Dr Tedros for his visionary leadership. The threefold goals of the GPW to promote health, keep the world

safe and serve the vulnerable is intended for such a time as this. The vision to attain the “triple billion” by 2023 is inspiring. Indeed we need to work hard to see: 1 billion more people enjoying better health and well-being, 1 billion more people protected from health emergencies, and 1 billion more people benefitting from universal health coverage. I would therefore urge the Honourable Ministers to be engaged in the Programme Budget discussions, particularly to support the efforts of the DG and the RD to focus the work of WHO more on the country level.

Financial resources are key to unlocking these seemingly daunting tasks. In recognition of that fact, our leaders made an ambitious commitment in Abuja to allocate 15% of their national budgets to health. Although countries have made progress in increasing national budget allocations to health, gaps still remain that need to be addressed through creative resource mobilization mechanisms, such as taxing of certain products. Certainly, more taxes should be levied on sugar, alcohol and tobacco. This money must not necessarily go to national budgets but directly to health ministries. We acknowledge that discussions of this nature are sometimes challenging for health practitioners since they are not the traditional dispensers of financial resources in their countries and because various countries have different financial realities. We are grateful to the World Health Organization for strengthening partnerships and for its commitment to expand the donor base and to our partners for their continued support. Accordingly, we look forward to discussions on resource mobilization and would like to thank the Regional Office for the well-considered proposed next steps and hope to have robust engagement on this matter.

In addition to resource mobilization, sustainable financing is equally important for universal health coverage in Africa, particularly in light of the changing global and economic factors. It is indeed paramount for Member States to establish mechanisms for increasing domestic public financing for health. In this regard, we will engage in discussions and ways to shift out-of-pocket payments to become more progressive and transitional from external financing to local financing; develop and implement sound resource mobilization strategies for transitioning from external financing support; improve efficiency in health care spending; establish up-to-date packages of essential health services; and institutionalize efforts for generating statistics, information and knowledge for universal health coverage as proposed by the Regional Office with a view to adopting proposed actions.

There are three other matters recommended by the 71st WHA and (Executive Board) EB142 that the 68th Regional Committee will consider, namely:

- (a) Roadmap for access 2019–2023: Comprehensive support for access to medicines. We have been discussing this matter for a while and it is high time we moved on to implementation;

- (b) Draft global strategy on health, environment and climate change under Programme Budget 2020-2021; and
- (c) Draft Global Action Plan on the health of refugees and migrants.

We also look forward to the presentation of the progress report on the framework for implementing the End-TB Strategy in the African Region 2016–2020. TB remains among the top ten causes of deaths in low-income countries and must be tackled aggressively. As a region that has been severely affected by this epidemic, we are seriously committed to this matter and I would like to congratulate all the Regional Member States for adopting the End-TB Strategy by the end of December 2017. We acknowledge that there is still work to be done in this area in close collaboration with our partners. The End-TB Strategy is an important initiative that is consistent with the aspirations enshrined in the Sustainable Development Goals (SDGs). In this regard, we are particularly encouraged by the convening of the first High-Level Meeting on Tuberculosis during the 73rd United Nations General Assembly in New York as well as the launch of the Tuberculosis Report of 2018. The foregoing not only shows the strides we have made to date but spurs us to further action.

The Regional frameworks for the implementation of the global strategies for cholera, Ebola and NCDs have over the years enabled us to address issues of prevention and control. NCD prevalence in the Region has risen exponentially over the past few years. Accordingly, we will closely monitor the status of implementation of the four time-bound NCD commitments in the African Region, including obstacles and challenges.

Concerning the Transformation Agenda spearheaded by the Regional Director, we welcome this initiative and the progress achieved by the Regional Office in the four focus areas. We will discuss compliance issues and should do more to support the Regional Director in this regard. Taking stock of our work, including monitoring and evaluation is crucial to making progress.

As Member States we welcome the development of the Draft Code of Conduct for the nomination of the Regional Director. This non-binding document will outline guidelines for the submission of proposals, the electoral campaign, the nomination and handling of internal candidates. As Member States, we should progress with the times and support this work which has already been embraced by the other regions. We have already adopted a Code of Conduct which was in place when we elected our Director General Dr Tedros. We need to do the same for the Region and continue to improve our nomination processes.

Your Excellencies, allow me to update you on the elections in my country, Zimbabwe. Following the opposition MDC Alliance Party's Constitutional Court petition challenging the outcome of the 30 July 2018 election results, on Friday 24 August 2018, the court upheld the victory of His Excellency President E. D. Mnangagwa. You are all aware that

the inauguration of the President was held yesterday, 26 August 2018. The event was very successful and well-attended, including by high-level representatives. The trajectory for the country now is to get programmes implemented as Zimbabweans have suffered for a long time.

In my personal capacity, I wish to thank you all for your cooperation during my tenure as Chair of the Regional Committee. I would like to exhort all of us to put our hands to the plough as our circumstances behove us; to put in our utmost efforts to ensure the realization of the health goals we have set for ourselves and to ensure that no one is left behind.

Finally, I also wish to express my sincere condolences to the diplomatic community in Dakar and nation of Zimbabwe on the demise of Zimbabwe's Ambassador to Senegal, Her Excellency Trudy Stevenson, who passed away on Friday 24 August 2018. May her dear soul rest in peace.

I thank you.

ANNEX 6

OPENING ADDRESS BY DR MATSHIDISO MOETI, WHO REGIONAL DIRECTOR FOR AFRICA AT THE OPENING CEREMONY OF THE SIXTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Your Excellency, Mr Macky Sall, President of the Republic of Senegal,
Honourable Mr Abdoulaye Diouf Sarr, Minister of Health of Senegal,
Honourable Dr David Parirenyatwa, Minister of Health of Zimbabwe and outgoing RC
Chair,
Honourable Ministers of Health and Heads of Delegation of Member States of the
African Region,
Dr Tedros, Director General, World Health Organization,
Your Excellency Mrs Amira Elfadil, the AU Commissioner for Social Affairs,
Distinguished Guests,
Ladies and Gentlemen,

It gives me great pleasure to address this Sixty-eighth session of the Regional Committee
for Africa, and to wish you a very warm welcome to beautiful Dakar.

Thank you Your Excellency President Sall for graciously hosting this Regional Committee
and for honouring us with your presence. I sincerely appreciate the excellent
arrangements made and the kind hospitality of the people of Senegal.

To all the Ministers of Health and delegates from Member States, and to our health
partners participating in this meeting, I would like to express my profound gratitude for
the good cooperation and collaboration in yet another intense year of action.

I have visited over a third of our Member States since the last Regional Committee, and
was warmly and graciously received by Heads of State, Parliamentarians, partners and
Honourable Ministers here present.

2018 is a very significant year for public health: we are celebrating 70 years of WHO's
existence and 40 years since the Alma Ata Declaration which promoted primary health
care to achieve 'Health for All'.

The Alma Ata principles, which made essential health care universally accessible and
affordable to communities are now embodied in Universal Health Coverage. The aim is
to advance equitable access to health care, build stronger health systems for better
global security, and improve the health and well-being of people on the continent
irrespective of their socioeconomic circumstances.

Ladies and Gentlemen, capacity to deal with outbreaks and public health emergencies is a big concern in the Region.

After declaring the most complex outbreak of Ebola in the DRC over on 24 July, the country faced an even higher risk in the north-east barely a week later - even as it confronts outbreaks of cholera, measles, monkey pox, vaccine-derived polio, as well as an ongoing humanitarian crisis.

I thank all our partners for their tremendous contributions - WHO cannot do this alone. I acknowledge the dedication of all who responded to this crisis, and the exceptional role of survivors who engaged their communities. I especially remember the two health workers who lost their lives to Ebola while saving others.

Over the past year, WHO worked closely with Member States and partners to contain more than 130 outbreaks and emergencies in 35 countries over, including viral haemorrhagic fevers such as Ebola, Rift Valley fever, Lassa fever, plague, cholera and meningitis.

Our capacity to deploy over 1100 public health experts, our rapid and effective response to these public health events, and coordination of partners demonstrate that WHO's reformed Health Emergencies Programme and the AFRO Transformation Agenda are working.

There are still important gaps in rapid detection, reporting and control of outbreaks – but Member States are increasingly committed to strengthening preparedness and response to emergencies.

As a result, in July 2017 African Heads of State committed to accelerating implementation of the International Health Regulations of 2005 which, together with our collective efforts with the Africa CDC to strengthen country responses, is contributing to greater global health security and promoting better health for all.

So far, 36 countries have completed joint external evaluations to assess their capacity to detect and respond to public health threats, and are developing plans to address the gaps. Domestic and international resources must now be allocated to support this action.

Ladies and Gentlemen, securing adequate financing for health remains one of the key challenges and, therefore, priorities in the Region. The drop in oil prices contributed to the recent economic downturn, and nearly a third of our countries experienced health worker strikes.

I commend countries which have not reduced their health budget allocations but are rather turning the austerity imposed by the economic decline into opportunities for prioritization and efficiency.

This Regional Committee is also taking place in the context of ongoing reforms in WHO and the United Nations aimed at cost-effective and results-focused actions.

We in the WHO Regional Office for Africa began our transformation journey in January 2015, and our experience so far has helped to inform the global WHO Transformation Plan and Architecture.

A WHO-wide perception survey found that AFRO staff are internalizing values including accountability, and their approach to work aimed at producing results – and our Member States, partners and donors have noticed and welcomed the impact of this shift in culture in countries.

The Transformation Agenda in the African Region ensures that resources spent produce results that contribute to improved health outcomes.

Honourable Ministers, the Transformation Agenda is demonstrating concrete improvements that can make a difference to people's lives, particularly at country level, with more to come as we move into the next phase.

To cite just a few examples:

- (a) In Côte d'Ivoire, the WHO Country Office supported a study which provided financial evidence for national authorities to strengthen district, peripheral and community health systems, and the President approved a plan to construct and appropriately staff 200 health centres to increase coverage of health services. Minister Raymonde Coffie has left the health sector to transform government business in the country, and we look forward to pursuing the plan with Minister Eugene Aka Aouele.
- (b) Our new Key Performance Indicators to improve tracking, timeliness and quality of donor technical and financial reports — adopted by the Honourable Minister of Health for internal use in the Ministry — enabled the Central African Republic to ensure the appropriate use and accountability of Direct Financial Cooperation funds from WHO and other partners' resources.
- (c) To support Madagascar in its unprecedented plague outbreak in September 2017, we reassigned WHO Country Office staff to support response activities. The rapid activation of the Incident Management System allowed for the swift deployment of over 140 experts from partners and WHO's three levels to end the outbreak in three months.

We are working to make our WHO Country Office teams fit-for-purpose to deliver relevant support to countries and partners. We have completed 29 functional reviews so far to enable us to lead coordinated health action, support health systems strengthening for universal health coverage, and improve health security.

A number of key challenges must be addressed to make an impact at country level.

The epidemiological transition is a reality. Noncommunicable diseases are silently killing Africans from all walks of life – yet they are entirely preventable.

The Region has the highest incidence of hypertension in the world – about 30% of adults suffer from high blood pressure – and approximately 146 000 adults die every year from tobacco-related diseases.

There is a growing trend of adult-onset diabetes, while obesity is reaching epidemic proportions among women in Southern Africa.

Small Island Developing States are leading in NCDs in the African Region, which I observed during my recent official visits to Cabo Verde and Sao Tome and Principe. The rest of the Region is not far behind.

NCDs must become a priority now. Proven public health policies exist, such as increased taxation, banning advertising, displaying mandatory health warnings for tobacco products and alcohol, and multisectoral action.

For the first time, NCDs will feature as a high-level meeting at the UN General Assembly next month, and I hope this momentum will translate into action at primary health care level in countries. We have a side event on this topic tomorrow, which I invite you all to attend.

Maternal and newborn mortality is unacceptably high in the African Region, and far from the 2030 SDG targets. Countries and partners will need to intensify actions significantly - reducing the maternal mortality rate by about 13%, and the newborn mortality rate by 6% annually - to reach the targets on time.

A side event on saving lives through innovations in child mortality surveillance on Wednesday will present options on how to tackle this.

Progress on malaria has stalled — 10 countries in the African Region account for 70% of the estimated burden. A new initiative for high-burden countries to respond to this challenge will be announced at the final side event on Friday, and we will organize a side event on this at the UN General Assembly, which will take the opportunity to engage Heads of State.

Immunization coverage in the Region stagnated at 72% in 2017, well below the global target of 90%. WHO's Business Case, launched at the WHA in May, outlines the resources required to strengthen national immunization programmes through a life-course approach, as countries transition from donor to domestic funding.

Despite these challenges, we are seeing progress, particularly in the area of communicable diseases. We have had no cases of wild poliovirus reported for two years (since August 2016).

I commend the strong action of governments in the Lake Chad Basin and Global Polio Eradication Initiative (GPEI) partners who, together, are determined to address the 'last frontier' in reaching every child, including the use of innovative geographic information systems to strengthen surveillance.

WHO's "Treat All" policy for people living with HIV to start antiretroviral therapy regardless of their CD4 count is saving lives. According to the latest Global AIDS Update released in July 2018, new HIV infections have dropped by 30% since 2010 in eastern and southern Africa. Strong political commitment and community engagement have translated into significant domestic and international investments for HIV/AIDS.

HIV treatment coverage in West and Central Africa still lags behind, but we are seeing encouraging momentum, and a strong global call for support from UN agencies and partners of the catch-up plan from the progress report launched during the recent International AIDS Conference.

High-level political momentum is growing to end the scourge of TB. African Union Ministers of Health have agreed on a Common Africa Position to be presented at the UN General Assembly high-level meeting in September 2018. I hope many Heads of State and Honourable Ministers will be present to make a strong commitment to ending TB in Africa.

Many countries are finalizing plans and implementation frameworks on the SDGs. To support Member States, we have produced a new report on the **"State of Health in the WHO African Region"**, which provides a country-by-country analysis of health status, services and systems in the context of the SDGs.

The report shows that healthy life expectancy is on an upward trend - from 50.9 to 53.8 years between 2012 and 2015 - and the burden of ill health more than halved between 2000 and 2015 from reductions in malaria, HIV/AIDS and diarrhoeal diseases.

However, we have no evidence of reduction in the risk factors or burden of NCDs.

Funding for health remains relatively low in most countries - even when compared between peers in the Region. Adjusting for purchasing power parity, in 2015, 31 Member States spent below US\$ 200 per capita.

The report shows that the biggest challenges to good health outcomes are very low availability of services for populations and poor financial risk protection.

To achieve the 2030 Agenda, countries need to make essential packages of health and related services, such as water and sanitation, available to all ages - including adolescents and the elderly — and specifically target hard-to-reach populations such as the urban poor and those in remote areas.

Going forward, we will work with Member States, sister UN agencies, partners and civil society to ensure that health takes its rightful place to contribute to the achievement of all the SDGs.

Honourable Ministers, in April this year, I launched the second phase of the Transformation Agenda up to 2020, which is aligned with the WHO 13th General Programme of Work (GPW), to drive impact in countries for achieving our bold triple billion goals of 1 billion more people benefitting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health.

AFRO will contribute to this through:

- (a) our UHC and Adolescent Health Flagship Programmes;
- (b) addressing communicable diseases, including advancing the elimination and control of neglected tropical diseases;
- (c) reinforcing efforts to improve maternal, newborn and child health;
- (d) strengthening regulatory systems for better quality medicines;
- (e) improved accountability and efficiency;
- (f) promoting a respectful workplace with zero tolerance towards harassment and abuse, including sexual harassment, while demanding accountability for delivery from all of us as staff of WHO-AFRO.

In conclusion, I congratulate you on the progress made over the year, and thank you all most sincerely for your support. I urge all of us to vigorously address our challenges.

Our dear and valued partners: thank you for your constant support and collaboration, particularly at country level, towards better health for all.

I look forward to rich and lively deliberations, and firm resolutions for our action going forward.

Thank you, merci, obrigada.

ANNEX 7

ADDRESS BY DR TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR-GENERAL

Your Excellency Macky Sall, President of the Republic of Senegal,
Mr Abdoulaye Diouf, Minister of Health and Welfare,
Dr David Parirenyatwa, Chair of the Regional Committee,
My sister Dr Tshidi Moeti, WHO Regional Director for Africa,
Excellencies, colleagues, friends,

It is good to be home.

In the past year, I have had the privilege of traveling to every continent except Antarctica. But I always love coming home to Africa.

Africa is special to me, of course, because it is the continent of my birth. But it is also special to WHO because it is here, more than anywhere else, that our mission to leave no one behind will be won or lost.

It is here in Africa that the inequalities of our world are most painfully apparent. And yet it is here in Africa that our world's future lies.

Africa is home to the world's youngest population and some of the world's fastest-growing economies. It is increasingly a hub of innovation, including in health.

It is that Africa that brings us here. It is that Africa that I am working for – that you are working for.

A lot has happened since I stood before you in Victoria Falls a year ago.

For the past year, we have been laying the foundations for the future.

At the World Health Assembly in May, you and all the Member States approved the General Programme of Work – our five-year strategic plan.

Let me remind you what we have committed to:

- (a) 1 billion more people benefitting from universal health coverage;
- (b) 1 billion more people better protected from health emergencies; and
- (c) 1 billion more people enjoying better health and well-being.

These are the targets we must achieve together by 2023 if we are to achieve the Sustainable Development Goals.

They are ambitious targets, and deliberately so. If we aim for mediocrity, we will certainly achieve it. But if we aim for what seems impossible, we will achieve more than we ever imagined we could.

But a plan on its own is not enough to succeed.

That is why we have developed an investment case, to make sure we have the resources to succeed.

And it is why we have built a strong leadership team, to make sure we have the people to succeed.

And it is why we have begun a transformation project, to ensure we have the structures and processes to deliver results.

I know what many of you are asking: So now what?

Now we embark on the task of turning a plan into a reality. Now is the time to show that we are good to our word.

This is not a task for WHO alone. This is a task for all of us – the Member States, the Secretariat, donors, partners, civil society, academia and the private sector.

The people of the world deserve nothing less. The people of Africa deserve nothing less.

In the past year I have visited 13 of your countries. In each, there are achievements to celebrate, and challenges to address, for each of the three “triple billion” targets.

Many countries are taking bold steps towards universal health coverage.

For instance, in January this year I had the honour of travelling to Kenya to meet with President Kenyatta in Nairobi.

The President has made affordable health care one of the four pillars of his administration, and he has asked WHO for assistance. We have been working closely with the ministry to design a benefit package and provide policy advice on health financing.

South Africa is another example. Its National Health Insurance bill, if it passes parliament next year, will help ensure that all South Africans get the health services they deserve.

Similar things are happening in many other countries. Some, like Madagascar, are at the beginning of their journey. Others like Rwanda started many years ago and have made enormous progress.

We are seeing encouraging signs. The number of people being pushed into extreme poverty by health spending is going down.

But there is an increase in those spending more than 10% of their household budget on health.

In other words, people are getting wealthier, but more and more of their income is being spent on health.

This forces them to make choices no one should have to make: between medicine and food; between surgery and school books; between investing in the future and just staying alive.

There is a similar story to tell on service coverage.

For example, we estimate that without action, the world will face a shortfall of 18 million health workers by 2030. Six million of them will be in this Region.

That shortfall not only leaves people without support for their everyday health needs, it leaves a huge hole in the Region's defences against outbreaks and other emergencies.

Investing in health workers is therefore not only an investment in a healthier Africa, it is an investment in a safer Africa.

As you have heard me say many times before, universal health coverage and health security are two sides of the same coin.

It is not either/or. We must do both – invest in strengthening the health systems that prevent and mitigate emergencies, even as we invest in preparedness and response.

Just as we see progress and challenges on UHC, we also see progress and challenges on our work on emergencies.

As Dr Moeti said, in the past four months we have responded to not one, but two Ebola outbreaks.

Both have put our preparedness and response systems to the test.

I visited the DRC during both outbreaks. I will say more about my personal reflections later, but it is clear that the hard work we have done is paying off.

Of course, Ebola is one of many emergencies WHO is responding to. In the coming months we will be focusing on preparedness and surveillance in fragile, conflict-affected and vulnerable states.

While outbreaks and other health emergencies capture global attention, individuals and families face their own emergencies every single day.

That is why we have set a target for improving health and well-being.

Here also, we also see progress and challenges.

Life expectancy in Africa increased by 10 years since 2000 – that is double the global average.

But there remains an 11-year discrepancy in life expectancy between this Region and the global average.

That is why we have included several platform initiatives in the GPW, to target the leading causes of death and disease.

We have introduced the 10 plus 1 initiative, to get the world back on track for the malaria targets – especially in Africa, which is home to 90% of the global malaria burden.

We have introduced new guidelines to treat multidrug-resistant tuberculosis.

We have committed to eliminating cervical cancer.

We established a commission on noncommunicable diseases and mental health, to accelerate action against what are now the leading causes of death in Africa.

We must fight all of these threats with the same urgency as we fight a sudden outbreak.

As I said at the World Health Assembly in May, I see three keys to success: political commitment, partnership, and a transformed WHO.

We are already seeing very positive signs of political commitment in some of the countries I have mentioned.

Ultimately, it is not the WHO Secretariat that will achieve the “triple billion” targets or the SDGs – it is you.

It is you as political leaders who are accountable for the decisions you make and the results you achieve.

WHO's role is to give you the best support we can.

That is why we have developed tools like Joint External Evaluations and multisectoral action plans for NCDs – to help you exercise that responsibility.

But we know that none of us can achieve anything on our own. To achieve the SDGs, we need innovative and dynamic partnerships – partnerships with a purpose.

As you know, earlier this year President Akufo-Addo of Ghana, Chancellor Merkel of Germany and Prime Minister Solberg of Norway wrote to WHO, asking us to develop a Global Action Plan on health and well-being.

They recognize that achieving SDG 3 will not happen by accident. It will not happen if all of us just do our own thing. It will not happen if fragmentation and duplication continue.

But it can happen if we work together. It can happen if the array of actors on the global health stage leverage their collective strength.

This can only happen with a change of mindset. Instead of competing for a bigger slice of the pie, we must all work together to make a bigger pie.

WHO is not in competition with any other agency or organization. We are in competition with anything and everything that threatens human health. We are in competition with disease. We are in competition with insecurity. We are in competition with inequality.

That is why it is essential that the global health community works together.

In the coming weeks and months, you will be hearing more about how WHO is transforming to put countries at the centre of everything we do.

But the clearest example is our budget for 2020 and 2021.

The budget has been developed based on country priorities. Its focus is on strengthening the capacity of our country offices to deliver impact.

You will hear that we are proposing an almost 30% increase in technical capacity for country offices, while the headquarters budget will stay flat.

And I am pleased to say that AFRO is receiving the biggest share of this increased investment in country capacity.

This is what it means to put countries first. This is part of our commitment to leaving no one behind.

Of course, the African Region is ahead of the curve on transformation. I especially want to thank and congratulate Dr Moeti for her leadership, and for the change she is delivering.

Of course, our own transformation is linked closely with the wider UN reforms.

Both the GPW and the new UN Resident Coordinator system will take effect as of 1 January next year.

This is a great opportunity for us to become more effective – to deliver as one.

We must break out of our silos and work together with colleagues from across government and across the UN family.

That is exactly what the Sustainable Development Goals demand of us.

Because if we succeed in achieving the ambitious targets of the GPW; if we succeed in achieving SDG 3, we will not only achieve better health and well-being for billions of people, we will drive progress towards ALL of the SDGs.

That is why the best investments are in human capital – in people.

Universal health coverage helps lift people out of poverty by eliminating one of its causes. It enables children to learn. It gets people back on their feet and back to work. It unleashes human creativity. It powers economic growth. It is the platform for individuals, families, communities and entire nations and continents to flourish.

With good health, anything is possible.

In the words of one of the great sons of Africa, Nelson Mandela: "Health cannot be a question of income; it is a fundamental human right."

That is what the nations of the world affirmed when they established WHO 70 years ago.

It is why WHO is still here, working every day to promote health, keep the world safe and serve the vulnerable.

Thank you so much. Merci beaucoup.

ANNEX 8

ADDRESS BY HIS EXCELLENCY MACKY SALL, PRESIDENT OF THE REPUBLIC OF SENEGAL

Honourable Ministers of Health of Member States of the World Health Organization,
African Region,

Director-General of the World Health Organization,

Regional Director of the World Health Organization,

Chairperson of the Sixty-seventh session of the Regional Committee,

Representatives of international organizations,

Delegates,

Distinguished Guests,

Ladies and gentlemen,

I would like, on behalf of the Government and people of Senegal and on my personal behalf, to welcome all the delegations participating in this Sixty-eighth session of the World Health Organization Regional Committee for Africa.

Senegal is greatly honoured and proud to host this major meeting of the African health family. I express my sincere gratitude to Delegates of the 47 Member States.

I urge you to feel at home in Dakar and I am convinced that over the five days of deliberations, you will find the setting ideally suited for discussing the various themes of the session.

Your impressive turnout is clear evidence of your countries' commitment and that of the national and international organizations represented here to support WHO in its development efforts through the improvement of the health status of our peoples.

Ladies and Gentlemen,

I will not revisit the epidemiological situation of our continent that was so aptly portrayed by the WHO Regional Director for Africa. I would like to congratulate Dr Moeti and encourage her in her commitment and tireless efforts at the helm of WHO in the African Region.

Our Continent is grappling with numerous social, economic, political and security challenges.

In the health sector, Member States are implementing strategies and investing substantial resources to improve the health and well-being of our populations. Our countries have thus achieved significant progress in the control of infectious diseases including HIV/AIDS, malaria, tuberculosis and measles. We owe such progress to the internal efforts of Member States, but also to the support of our technical and financial partners.

I wish to commend all these achievements, here in Senegal and elsewhere in Africa, and to insist on the importance of sharing these success stories and disseminating them as widely as possible, because sharing experiences and best practices is key to successfully improving health outcomes.

Nonetheless, noncommunicable diseases have become a major concern in our States. In Senegal, as in most of our countries, they have become the leading cause of morbidity. Accordingly, we must focus our efforts on prevention that is underpinned by control of risk factors, which is the most effective means of combating these diseases.

The rapid progression of noncommunicable diseases and recent outbreaks reveal the vulnerability of our health systems. Their repercussions on our economic and social development programmes are often very detrimental. We can observe this in some States, which are today severely affected. However, it is the entire African continent that is affected.

It is therefore imperative for us to strengthen our capacities for epidemiological surveillance, early detection and response to health emergencies. In that regard, WHO plays a crucial role by ensuring coordination.

Strengthening cooperation among our countries is equally important for mounting appropriate responses to these outbreaks. Agenda 2063 of the African Union calls for effective integration, based on the growing conviction that integration is the natural aspiration of peoples to secure and harmonious development.

How can we achieve such a goal if we do not develop regional strategies to identify, assess and report on current and future threats to human health caused by potentially epidemic diseases and prepare the response?

The Africa Centre for Disease Prevention and Control, which was recommended by Heads of State of the African Union since 2015 and which became operational in 2017, was established to address this concern and to ensure that millions of Africans are protected from recurrent outbreaks of cholera, meningitis, measles, Lassa fever, yellow fever, Ebola virus disease, and others.

Ladies and Gentlemen,

Health is a strategic factor of development for any State that aspires to social and economic progress. That is why we must invest additional resources in the development of tailored and sound infrastructure and equipment. Nonetheless, our greatest investment will have to be in human capital; our health systems will continue to be weak if we fail to strengthen our human resources or train them in the most specialized areas.

Moreover, we must commit even further to health governance, which can notably guarantee transparency, equity and community engagement.

Lastly, in the digital era, our countries must pursue the development of eHealth as a priority in order to respond to people's needs, especially those in hard-to-reach areas. These are some of the major challenges that the continent must overcome to achieve universal health coverage.

Ladies and Gentlemen,

"Health for all must be the centre of gravity of efforts to achieve all of the Sustainable Development Goals, because the good health of individuals is beneficial to their family, their community and their country". I have just cited Dr Tedros Adhanom Ghebreyesus, an eminent son of the continent and Director-General of WHO.

Director General,

I would like to heartily congratulate and encourage you, while expressing to you my deep sense of pride. I would like to assure you of my support to ensure that you successfully accomplish the weighty mission entrusted to you.

It is therefore not surprising that the theme of the Seventieth anniversary of WHO that is being celebrated this year dwells on universal health coverage.

Senegal has embarked on this process, through the implementation of the *Plan Sénégal Emergent*, which accords an important role to its health component. Indeed, I have made health one of my greatest priorities. That is why I have committed the Government to various programmes that seek to improve our health care delivery, notably through the development and equipment of new health infrastructure.

In terms of human resources, a major effort has been made to staff basic health facilities with qualified personnel. In that regard, on 17 November 2017, at the national forum for resource mobilization for universal health coverage that I personally chaired in this same venue, I took the decision to double the specialization grant for medical doctors to ensure that we have even more specialists to meet our needs beyond the capital city. That measure has now become effective.

Moreover, in 2015, we established an Agency for Universal Health-Care Coverage (CMU), which has considerably improved financial access to health care for our population.

We are aware that in Senegal, as in many other African countries, domestic resources will not be sufficient to ensure sustainable financing of universal health coverage.

We are therefore advocating with our financial and technical partners to continue supporting our States in this effort to improve our people's access to quality health care.

Ladies and Gentlemen,

I take the opportunity to commend from this rostrum the quality and quantity of actions undertaken by WHO and the various results it has obtained as a health Institution involved in the prevention and control of diseases. The successes achieved, in my opinion, stem from the resolve of the management and staff of the Organization, but also from the commitment of countries and partners to address health issues of concern.

Ladies and Gentlemen,

This session affords an ideal forum for sharing ideas, making commitments and taking decisions. Our continent expects a lot from this meeting. I therefore urge all Delegates to engage in fruitful and positive discussions, with each participant bringing to the table their best contribution in terms of knowledge and experience, for the greater good of our health systems.

In conclusion, I would like to reiterate my gratitude to WHO for the choice of our country to host this session of the Regional Committee. I am equally grateful to all our partners for their support, and it is my hope that such support will be further strengthened, so as to give hope to millions of Africans who are still unable to access the interventions they need, when they need them most.

I should also like to congratulate the Minister of Health and Social Welfare, Mr Abdoulaye Diouf Sarr, and the WHO Country Office in Senegal for their excellent organization of this ceremony. I welcome Dr Lucile Imboua, the new WHO Representative to Senegal.

On that note, I declare open the Sixty-eighth session of the WHO Regional Committee for Africa and wish you every success in your deliberations.

Thank you for your kind attention.

ANNEX 9

LIST OF DOCUMENTS

- AFR/RC68/1 Agenda of the Sixty-eighth session
- AFR/RC68/2 The Work of WHO in the African Region 2017-2018: Report of the Regional Director
- AFR/RC68/3 Statement of the Chairperson of the Programme Subcommittee
- AFR/RC68/4 Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020
- AFR/RC68/5 Report on regional managerial Compliance activities and matters arising out of Internal and External Audits
- AFR/RC68/6 WHO's work on Resource Mobilization through strengthening partnerships to better support Member States
- AFR/RC68/7 Regional framework for the implementation of the global Strategy for cholera prevention and control, 2018–2030
- AFR/RC68/8 Framework for certification of polio eradication in the African Region
- AFR/RC68/9 Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region
- AFR/RC68/10 Ensuring Sustainable financing for Universal Health Coverage in Africa in the midst of changing global and local economic factors
- AFR/RC68/11 Roadmap for access 2019–2023: Comprehensive support for access to medicines and vaccines
- AFR/RC68/12 Draft global strategy on health, environment and climate change
- AFR/RC68/13 Programme Budget 2020-2021: Regional Committee Consultation Document
- AFR/RC68/14 Code of Conduct for the nomination of the Regional Director
- AFR/RC68/15 Draft Global Action Plan on the health of refugees and migrants

Information Documents

- AFR/RC68/INF.DOC/1 Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products
- AFR/RC68/INF.DOC/2 Progress report on utilizing eHealth solutions to improve national health systems in the African Region
- AFR/RC68/INF.DOC/3 Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region

AFR/RC68/INF.DOC/4	Status of implementation of the recommendations of the report on Addressing the Challenges of Women's Health in Africa
AFR/RC68/INF.DOC/5	Progress report on implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region
AFR/RC68/INF.DOC/6	Progress report on implementing the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis 2016–2021 in the African Region
AFR/RC68/INF.DOC/7	Progress report on implementing the Global Health Sector Strategy on HIV/AIDS 2016–2021
AFR/RC68/INF.DOC/8	Progress report on the Framework for implementing the End TB Strategy in the African Region 2016–2020
AFR/RC68/INF.DOC/9	Report on WHO staff in the African Region
AFR/RC68/16	Draft provisional agenda, place and dates of the Sixty-ninth session of the Regional Committee
AFR/RC68/17	Adoption of the report of the Regional Committee
AFR/RC68/INF/01	Information Bulletin on the Republic of Senegal

DECISIONS

Decision 1	Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee
Decision 2	Composition of the Committee on Credentials
Decision 3	Credentials
Decision 4	Provisional Agenda, place and dates of the Sixty-ninth session
Decision 5	Replacement of members of the Programme Subcommittee
Decision 6	Nomination of representatives to serve on the Special Programme of Research Development and Research Training in Human Reproduction (HRP), Membership Category 2 of the Policy and Coordination Committee (PCC)
Decision 7	Representation to the Special Programme for Research and Training in Tropical Diseases (TDR), Membership of the Joint Coordinating Board (JCB)
Decision 8	Designation of Member States of the African Region to serve on the Executive Board
Decision 9	Method of work and duration of the Seventy-second World Health Assembly

RESOLUTIONS

AFR/RC68/R1	Code of conduct for the nomination of the Regional Director and amendment to Rule 52 of the Rules of Procedure of the Regional Committee for Africa
AFR/RC68/R2	Vote of thanks