

**SIXTY-SIXTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR AFRICA
ADDIS ABABA, FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA,
19-23 AUGUST 2016**



AFR/RC66/19

SIXTY-SIXTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR AFRICA
ADDIS ABABA, FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA,
19–23 AUGUST 2016

FINAL REPORT

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA
BRAZZAVILLE • 2016

AFR/RC66/19

© WHO Regional Office for Africa, 2016

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved. Copies of this publication may be obtained from the Library, WHO Regional Office for Africa, P.O. Box 6, Brazzaville, Republic of Congo (Tel: +47 241 39100; Fax: +47 241 39507; E-mail: afrgoafrobooks@who.int). Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. On no account shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Layout, design and printing by TIP/AFRO

CONTENTS

PAGE

ABBREVIATIONS.....	VII
--------------------	-----

PART I

PROCEDURAL DECISIONS AND RESOLUTIONS

PROCEDURAL DECISIONS

Decision 1	Election of the Chairperson, the Vice-Chairpersons and the Rapporteurs of the Regional Committee	1
Decision 2	Composition of the Committee on Credentials.....	1
Decision 3	Credentials.....	2
Decision 4	Provisional agenda, dates and place of the Sixty-seventh session and place of the Sixty-eighth session of the Regional Committee.....	2
Decision 5	Replacement of members of the Programme Subcommittee	2
Decision 6	Designation of Member States of the African Region to serve on the Executive Board.....	3
Decision 7	Method of work and duration of the Seventieth World Health Assembly.....	3

RESOLUTIONS

AFR/RC66/R1	Regional Oral Health Strategy 2016–2025: Addressing oral diseases as part of NCDs	4
AFR/RC66/R2	Regulation of medical products in the WHO African Region, 2016–2025.....	6
AFR/RC66/R3	Regional strategy for health security and emergencies, 2016–2020	9
AFR/RC66/R4	Vote of thanks	11

PART II

PARAGRAPHS

OPENING OF THE MEETING	1–16
ORGANIZATION OF WORK.....	17–22
THE WORK OF WHO IN THE AFRICAN REGION 2015–2016: REPORT OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC66/2).....	23–39
STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT AFR/RC66/3).....	40
REGIONAL ORAL HEALTH STRATEGY 2016–2025: ADDRESSING ORAL DISEASES AS PART OF NCDs (DOCUMENT AFR/RC66/5)	41–46
REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES 2016–2020 (DOCUMENT AFR/RC66/6).....	47–52
DRAFT GLOBAL IMPLEMENTATION PLAN FOR THE RECOMMENDATIONS OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE (DOCUMENT AFR/RC66/4).....	53–58
MULTISECTORAL ACTION FOR A LIFE COURSE APPROACH TO HEALTHY AGEING: GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH – IMPLEMENTATION FRAMEWORK FOR THE AFRICAN REGION (DOCUMENT AFR/RC66/8).....	59–64
GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH 2016–2030: IMPLEMENTATION IN THE AFRICAN REGION (DOCUMENT AFR/RC66/9).....	65–69
FRAMEWORK FOR IMPLEMENTING THE END TB STRATEGY IN THE AFRICAN REGION 2016–2020 (DOCUMENT AFR/RC66/10).....	70–75
HIV/AIDS: FRAMEWORK FOR ACTION IN THE WHO AFRICAN REGION 2016–2020 (DOCUMENT AFR/RC66/11).....	76–80
PREVENTION, CARE AND TREATMENT OF VIRAL HEPATITIS IN THE AFRICAN REGION: FRAMEWORK FOR ACTION, 2016–2020 (DOCUMENT AFR/RC66/12).....	81–86
FRAMEWORK FOR IMPLEMENTING THE GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030 IN THE AFRICAN REGION (DOCUMENT AFR/RC66/14).....	87–92

HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT (DOCUMENT AFR/RC66/7).....	93–98
THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF) – THE WAY FORWARD (DOCUMENT AFR/RC66/15).....	99–104
REGIONAL STRATEGY ON REGULATION OF MEDICAL PRODUCTS IN THE AFRICAN REGION, 2016–2025 (DOCUMENT AFR/RC66/13).....	105–110
NEW TERMS OF REFERENCE OF THE PROGRAMME SUBCOMMITTEE OF THE WHO REGIONAL COMMITTEE FOR AFRICA (DOCUMENT AFR/RC66/16).....	111–112
WHO PROGRAMME BUDGET 2018-2019 (DOCUMENT AFR/RC66/17).....	113–118
INFORMATION DOCUMENTS.....	119
DRAFT PROVISIONAL AGENDA AND DATES OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE AND VENUE OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC66/18).....	120–122
SIDE EVENTS AT THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA, ADDIS ABABA, ETHIOPIA, 19-23 AUGUST 2016.....	123–141
ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC66/19).....	142
CLOSURE OF THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE.....	143–149

PART III

ANNEXES

	PAGE
1. List of participants	51
2. Agenda of the Sixty-sixth session of the Regional Committee	66
3. Programme of work	68
4. Draft Provisional Agenda of the Sixty-seventh session of the Regional Committee	74

5. Speech by His Excellency, Dr Kesetebirhan Admasu Birhane, Minister of Health of the Federal Democratic Republic of Ethiopia, at the opening ceremony of the Sixty-sixth session of the WHO Regional Committee for Africa.....	76
6. Speech By Mr Assane Nguéadougou, Minister of Health of the Republic of Chad, Chairman of the Sixty-fifth session of the WHO Regional Committee for Africa	78
7. Address by Dr Matshidiso Moeti, WHO Regional Director for Africa, at the opening ceremony of the Sixty-sixth session of the WHO Regional Committee for Africa	82
8. Address by Dr Margaret Chan, WHO Director-General, at the opening ceremony of the Sixty-sixth session of the WHO Regional Committee for Africa.....	89
9. Speech by His Excellency, Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia, at the opening ceremony of the Sixty-sixth session of the WHO Regional Committee for Africa	96
10. List of documents	99

ABBREVIATIONS

AC	Assessed Contributions
AMA	African Medicines Agency
AMRH	African Medicines Regulatory Harmonization initiative
APHEF	African Public Health Emergency Fund
AUC	African Union Commission
AVAREF	African Vaccines Regulatory Forum
EOCs	Emergency Operations Centres
ESPEN	Expanded Special Project for Elimination of NTDs
EVD	Ebola virus disease
GPEI	Global Polio Eradication Initiative
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
JEE	Joint External Evaluation
MDGs	Millennium Development Goals
NCDs	Noncommunicable diseases
NMRAs	National Medicines Regulatory Authorities
NTDs	Neglected tropical diseases
PHC	Primary Health Care
PB	Programme Budget
PSC	Programme Subcommittee
SDGs	Sustainable Development Goals
SSFFC	Substandard, spurious, falsely-labelled, falsified and counterfeit
TB	Tuberculosis
UHC	Universal Health Coverage
WHA	World Health Assembly
WHO	World Health Organization



Front view of the United Nations Conference Centre

PART I
PROCEDURAL DECISIONS
AND
RESOLUTIONS

PROCEDURAL DECISIONS

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

The Regional Committee unanimously elected the following officers to serve on the Bureau of the Sixty-sixth session of the Regional Committee:

Chairman: Dr Kesetebirhan Admasu Birhane
Federal Minister of Health
Federal Democratic Republic of Ethiopia

First Vice-Chairman: Dr Arlindo Nascimento do Rosario
Minister of Health
Cabo Verde

Second Vice-Chairman: Dr Felix Kabange Numbi Mukwampa
Minister of Health
Democratic Republic of the Congo

Rapporteurs: Dr Molotsi Monyamane (E)
Minister of Health
Lesotho

Professor Napo-Koura Gado Agarassi (F)
Secretary General,
Ministry of Health and Social Protection
Togo

Dr Constantina Perreira Furtado Machado (P)
Secretary of State of Health
Angola

First meeting, 19 August 2016

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: Chad, Congo, Lesotho, Nigeria, Senegal, Seychelles and Zimbabwe. The Committee on Credentials met on 19 August 2016 and elected Dr Akin Oyemakinde, Director of the Department of Health Planning, Research and Statistics of the Nigeria Federal Ministry of Health as its Chairperson.

First meeting, 19 August 2016

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, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe; and found them to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. Botswana, Gabon, Guinea-Bissau and Sao Tome and Principe were not represented at this session of the Regional Committee.

Fifth meeting, 21 August 2016

Decision 4: Draft provisional agenda, dates and venue of the Sixty-seventh session and venue of the Sixty-eighth session of the Regional Committee

The Regional Committee, in accordance with the Rules of Procedure, decided to hold its Sixty-seventh session from 28 August to 1 September 2017 in Victoria Falls, Republic of Zimbabwe. The Committee reviewed and commented on the draft provisional agenda of the Sixty-seventh session. The Committee requested the Secretariat to finalize the agenda, taking into account the suggestions made by Member States.

The Regional Committee further decided that its Sixty-eighth session would be held in the Republic of Senegal.

Eighth Meeting, 22 August 2016

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-sixth session of the Regional Committee: Democratic Republic of the Congo, Equatorial Guinea, Ghana, Guinea, Mauritius and Mozambique. The following countries will replace them: Eritrea, Ethiopia, Mauritania, Nigeria, Sao Tome and Principe and South Africa.

These countries will therefore join Guinea-Bissau, Kenya, Liberia, Mali, Namibia, Niger, Seychelles, Sierra Leone, South Sudan, Swaziland, Uganda and United Republic of Tanzania whose term of office ends in 2017.

Eighth Meeting, 22 August 2016

Decision 6: Designation of Member States of the African Region to serve on the Executive Board

1. The Regional Committee designated Benin, Swaziland, United Republic of Tanzania and Zambia to replace Democratic Republic of the Congo, Eritrea, Gambia and Liberia to serve on the Executive Board with effect from the one-hundred-and-forty-first session on 1 June 2017, immediately after the Seventieth World Health Assembly.
2. The Regional Committee designated Burundi to serve as Vice-Chair of the Executive Board; and further designated Algeria and Botswana to replace The Gambia and Democratic Republic of the Congo to serve on the Programme, Budget and Administration Committee of the Executive Board as representatives of Member States of the African Region.
3. The Fifty-first World Health Assembly decided, by resolution WHA51.26, that persons designated to serve on the Executive Board should be Government representatives technically qualified in the field of health.

Ninth meeting, 23 August 2016

Decision 7: Method of work and duration of the Seventieth World Health Assembly

Vice-President of the World Health Assembly

1. The Chairman of the Sixty-sixth session of the Regional Committee for Africa will be designated as Vice President of the Seventieth World Health Assembly to be held from 22 to 31 May 2017.

Main committees of the World Health Assembly

2. Mauritius will serve as Vice-Chair of Committee A
3. Based on the English alphabetical order and subregional geographic grouping, the following Member States have been designated to serve on the General Committee: Guinea, Malawi, Mozambique, Rwanda, and Togo.
4. On the same basis, the following Member States have been designated to serve on the Credentials Committee: Angola, Mali and South Sudan.

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

5. The Regional Director will also convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday, 20 May 2017 at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-sixth session and make briefings on agenda items of the Seventieth World Health Assembly that are 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 8 a.m. to 9 a.m. at the *Palais des Nations*.

Ninth Meeting, 23 August 2016

RESOLUTIONS

AFR/RC66/R1: Regional Oral Health Strategy 2016-2025: Addressing oral diseases as part of NCDs

The Regional Committee,

Having examined the document entitled “Regional Oral Health Strategy 2016-2025: addressing oral diseases as part of NCDs”;

Recalling the commitment that ministers of health of Member States of the African Region made at the Fifty-eighth session of the Regional Committee, and resolution WHA60/17 on tackling the social determinants of oral health and reducing exposure to common risk factors of noncommunicable diseases (NCDs);

Cognizant that the African Region bears an increasing burden of oral diseases and common risk factors with other NCDs that cause pain, disfigurement and even death especially to the poorest, while their treatment places a considerable economic burden on communities and individuals;

Acknowledging the increasing regional and national momentum to prevent and control NCDs, which provides a unique opportunity for the Region to recognize and integrate oral health into all relevant policies and public health programmes, including policies related to NCDs;

Mindful of the need to rapidly mobilize the multisectoral and collective actions required to scale up NCD interventions, including oral health programmes;

1. ADOPTS the “Regional Oral Health Strategy 2016-2025: addressing oral diseases as part of NCDs”, as a means of accelerating the Regional NCD agenda;
2. URGES Member States:
 - (a) to establish/strengthen oral health units under the umbrella of, or in close collaboration with, the NCD department in the ministry of health and functional multisectoral coordination with other government sectors and ministries;
 - (b) to mobilize and allocate adequate human and financial resources, in particular domestic resources, for oral health;
 - (c) to develop sustainable mechanisms to enhance multisectoral collaboration and partnerships to support integrated national oral health action plans as part of NCD programmes;
 - (d) to promote healthy living and working environments conducive to healthy lifestyles including proper oral hygiene in schools, workplaces, health-care settings and community-based establishments;
 - (e) to strengthen capacity building, recruitment and retention of required oral health workers matching the needs of the population as part of training for NCD interventions;
 - (f) to include essential oral health care services into the basic package of services provided by the health system especially for vulnerable populations and ensure regular monitoring and tracking of progress;
 - (g) to develop and implement operational research for improving the generation of evidence-based decision-making, policies and advocacy on oral health.
3. URGES partners:
 - (a) to contribute to the development, production, and distribution of affordable quality oral hygiene products as well as quality, affordable, safe, and environmentally friendly dental filling material;
 - (b) to support operational research for the development of preventive oral disease interventions integrated within NCDs (“Best Buys”) and having a significant public health impact, especially at primary health care level;
 - (c) to mobilize resources and promote investment in all integrated programmes for prevention and control of oral diseases as part of NCDs.
4. REQUESTS the Regional Director:
 - (a) to promote increased political commitment at the highest levels to address oral health as part of NCDs and related risk factors;

- (b) to facilitate intercountry collaboration in order to share experiences on best practices and cost-effective interventions for oral diseases prevention and control;
- (c) to provide guidance, tools and standards to Member States in their efforts to develop and implement national oral health action plans for prevention and control of oral diseases as part of NCDs;
- (d) to undertake advocacy with international development partners, nongovernmental organizations, the private sector and professional organizations for increased support for national oral health and other NCD programmes in the Region;
- (e) to report to the Regional Committee in 2020 on the progress made in implementing the regional strategy and its related resolution.

AFR/RC66/R2: Regulation of medical products in the WHO African Region, 2016–2025

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

Having considered Document AFR/RC66/13 on “Regional strategy on regulation of medical products in the African Region 2016–2025”;

Welcoming the efforts of the Regional Director, and recognizing the pivotal role that WHO plays in supporting countries in strengthening their regulatory capacity of medical products, and in promoting equitable access to quality, safe, efficacious and affordable medical products;

Recalling Resolutions WHA65.19, WHA67.20, WHA67.22, WHA67.25 all of which encompass aspects of the need to prevent and control substandard/spurious/falsely-labelled/ falsified/counterfeit (SSFFC) medical products as well as antimicrobial resistance, strengthen regulatory systems, promote the quality, safety, efficaciousness and affordability of medicines, including blood products;

Recalling Documents AFR/RC63/7 and AFR/RC56/11 on strengthening the capacity for regulation of medical products in the African Region and on Medicines Regulatory Authorities: Current Status and the way forward, respectively, that emphasize the need to establish a strong and fully functional regulatory system for medical products;

Recognizing the significant efforts of global health initiatives, including WHO's prequalification programme and networks of regulators to enhance access to quality medical products and regulatory convergence at the continental level, all of which contribute to Universal Health Coverage and Sustainable Development Goals;

Noting with concern that the regulatory systems in many countries of the African Region remain weak delaying access to quality medical products and resulting in the proliferation of SSFFC medical products;

Further noting the need to establish functional pharmacovigilance systems in all countries with the involvement of all relevant stakeholders;

Noting the protracted timelines for Marketing Authorization of essential medical products such as vaccines, paediatric medicines, life-saving commodities, medicines for managing noncommunicable diseases and reproductive health, as well as snakebite antivenoms and biotherapeutic and similar biotherapeutic products;

Deeply concerned about the need to strengthen the capacity of national medicines regulatory authorities (NMRAs) to review clinical trials applications and marketing authorization for medical products that meet national criteria and WHO norms and standards of quality, safety and efficacy;

Recognizing the urgent need to expand the scope of NMRAs' responsibilities to cover medical devices, blood, food and related products, biotherapeutics and biosimilar products;

Welcoming the African Medicines Regulatory Harmonization (AMRH) initiative in supporting regional economic communities and the decision of the First African Ministers of Health meeting; jointly convened by the AUC and WHO, that endorsed milestones for the establishment of the African Medicines Agency (AUC/WHO/2014/Doc.2);

Further welcoming the African Vaccines Regulatory Forum (AVAREF) that has been expanded to medicines as a platform for building regulatory capacity through harmonization of standards and joint evaluations and authorizations of clinical trials;

1. ENDORSES Document AFR/RC66/13 entitled Regional strategy on regulation of medical products in the African Region 2016–2025;
2. URGES Member States:
 - (a) to set the agenda for strengthening regulatory capacity for medical products in countries, including assessment and ensuring government leadership in the development and implementation of policies, strategies and plans;
 - (b) to ensure availability of adequate human, financial and technical resources for the NMRAs' operations and to establish procedures for the collection and use of financial resources generated by the NMRAs;

- (c) to participate in regulatory harmonization and convergence initiatives for sharing best practices and pooling regulatory expertise;
- (d) to create mechanisms for tracking progress and generating evidence on regulation of medical products in the African Region;
- (e) to establish a legal framework and systems for enforcing regulatory systems;
- (f) to expand the mandates of NMRA regulatory responsibility to cover all products, including vaccines, medical devices, blood, food and related products, non-vaccine biologicals and diagnostics;
- (g) to establish programmes for continuing education and capacity strengthening of regulators and stakeholders involved in the enforcement of regulatory decisions;
- (h) to support NMRAs to monitor alerts on SSFFC medical products, to improve risk management for informed decision-making to strengthen market surveillance and protect public health in countries;
- (i) to strengthen quality control laboratories through provision of funding and support certification of laboratories to international standards;
- (j) to implement framework for linkages and alignment for AVAREF and the AMRH initiative;
- (k) to implement a strategy for clinical trials application reviews and approval timelines;
- (l) to mobilize adequate resources for establishment of the African Medicines Agency; and
- (m) to develop, review and update their medicine legislations based on the African Union Model Law on medical products regulation.

3. REQUESTS the Regional Director:

- (a) to support countries to adopt and adapt evidence-based policies, WHO norms and guidelines, and align their regulatory practices with international recognized standards;
- (b) to support initiatives and networks for harmonization and convergence of regulatory practices including establishment of the African Medicines Agency;
- (c) to carry out comprehensive external assessment of NMRAs using the WHO assessment tool, at least once every four years and implement mitigation plans to address gaps;
- (d) to support expansion of the AMRH initiative and AVAREF to cover all countries in the region;
- (e) to create mechanisms to track progress and generate evidence on regulation of medical products at regional level;

- (f) to provide training through the WHO Global Learning Opportunities, WHO Collaborating Centres and Regional Centres of Regulatory Excellence (RCOREs);
- (g) to support countries to establish their pharmacovigilance systems;
- (h) to support countries to adopt tools for monitoring progress on regulation of medical products; and
- (i) to support countries to develop regulatory capacity for food and related products.

AFR/RC66/R3: Regional strategy for health security and emergencies

The Regional Committee,

Having examined the document entitled "Regional Strategy for Health Security and Emergencies" (Document AFR/RC66/6);

Recalling World Health Assembly resolutions WHA59.22 on emergency preparedness and response, WHA64.10 on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA58.1 on health action in relation to crises and disasters, and resolution AFR/RC61/R3 on the Framework document for the African Public Health Emergency Fund (APHEF);

Deeply concerned that the continued occurrence of epidemics and other public health emergencies in the African Region results in a humanitarian, social and economic burden on Member States;

Concerned about the potential impact of the continued occurrence of epidemics and other public health emergencies on vulnerable populations in the African Region who are already suffering from multiple diseases and conditions;

Recognizing the absence of an integrated, comprehensive, all-hazard strategy to complement the implementation of the International Health Regulations and integrated disease surveillance and response to holistically address public health emergencies in the African Region;

Conscious of the need to strengthen multisectoral collaboration for better prevention, preparedness and response to epidemics and other health emergencies;

Noting that regional and global health security depends on timely local actions to rapidly detect, report, confirm and respond to epidemic alerts at source;

Cognizant of the current global and regional initiatives that present unique opportunities for strengthening national capacities to prepare for and respond to health security and emergencies;

Acknowledging that WHO has undertaken major reforms to make it fit for purpose to address global health security risks by creating a better coordinated single platform across all the three levels of the Organization;

Noting that Member States need to invest additional resources to build resilient health systems that can deliver effective emergency response and recovery and withstand the shock and potential damage from disasters;

Reaffirming its commitment to implement Resolution AFR/RC59/R5 on strengthening outbreak preparedness and response, and Resolution AFR/RC62/R1 on a health sector strategy for disaster risk management in the African Region;

1. ADOPTS the Regional Strategy for Health Security and Emergencies, as proposed in Document AFR/RC66/6;
2. URGES Member States to:
 - (a) ensure multisectoral collaboration in the implementation of the strategy;
 - (b) develop national plans and clear road maps with milestones to achieve and sustain the IHR core capacities, including reviewing structures and systems to support implementation of the strategy;
 - (c) commit domestic resources to implement the priority interventions;
 - (d) conduct research to answer priority questions related to health security, risk mitigation and risk-factor exposure;
 - (e) establish emergency operational centres for public health;
 - (f) commit to intercountry partnerships and collaborative capacity building for emergency management.
3. REQUESTS the Regional Director to:
 - (a) disseminate the relevant information, products and technical guidelines to support implementation of the strategy;
 - (b) support Member States to develop strategic and annual plans that are regularly monitored and evaluated;
 - (c) establish a regional partnership forum for "One health" to serve as a platform for coordinated actions, mobilizing resources and forging consensus among partners

and Member States;

- (d) facilitate partnerships to improve preparedness, alert and response and strengthen cross-country and cross-institutional collaboration;
- (e) provide technical support to the Africa CDC and to the subregional collaborating centres;
- (f) establish a regional health workforce to promptly respond to outbreaks and health emergencies;
- (g) report on progress to the Regional Committee in 2018 and 2020.

AFR/RC66/R4: Vote of thanks

The Regional Committee,

CONSIDERING the immense efforts made by the Head of State, the Government and people of the Federal Democratic Republic of Ethiopia to ensure the success of the Sixty-sixth session of the WHO Regional Committee for Africa, held in Addis Ababa, from 19 to 23 August 2016;

APPRECIATING the particularly warm welcome that the Government and people of the Federal Democratic Republic of Ethiopia extended to the delegates;

1. THANKS the President of the Federal Democratic Republic of Ethiopia, His Excellency, Dr Mulatu Teshome, for the excellent facilities the country provided to the delegates and for the inspiring and encouraging statement delivered at the official opening ceremony;
2. EXPRESSES its sincere gratitude to the Government and people of the Federal Democratic Republic of Ethiopia for their outstanding hospitality;
3. REQUESTS the Regional Director to convey this vote of thanks to President of the Federal Democratic Republic of Ethiopia, His Excellency, Dr Mulatu Teshome.

PART II
REPORT OF THE
REGIONAL COMMITTEE

OPENING OF THE MEETING

1. The Sixty-sixth session of the WHO Regional Committee for Africa was held at the United Nations Conference Centre, Addis Ababa, Federal Democratic Republic of Ethiopia, and was officially opened by His Excellency Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia. The opening ceremony on Friday 19 August 2016 was attended by the Minister of Health, Honourable Dr Kesetebirhan Admasu Birhane, other



cabinet ministers and members of the Government of the Federal Democratic Republic of Ethiopia; ministers of health and heads of delegation of Member States of the WHO African Region; the WHO Director-General, Dr Margaret Chan; the WHO Regional Director for Africa, Dr Matshidiso Moeti; representatives of other United Nations agencies; the African Union Commission and nongovernmental organizations (see Annex 1 for the list of participants).

2. The Minister of Health of the Federal Democratic Republic of Ethiopia, Honourable Dr Kesetebirhan Admasu Birhane, welcomed the national authorities and the delegates to the Sixty-sixth session of the WHO Regional Committee. He recalled the numerous agenda items which reflect the health challenges that the Region still faces, despite significant progress in some areas. He noted that addressing these challenges would require a collective approach. He wished the delegates successful deliberations.



3. The Chairman of the Sixty-fifth session of the Regional Committee, Minister of Public Health of the Republic of Chad, Honourable Assane Ngueadoum, in his statement, thanked the delegates for their support during his tenure as Chairman of the Regional Committee. He shared the good experience of high-level commitment from the Chadian Head of State, who chairs monthly meetings on health with stakeholders and partners. He also emphasized the need to support the African Public Health Emergency Fund (APHEF), domestic financing and the sharing of best practices among Member States.



4. He noted that Member States strongly backed the Transformation Agenda of WHO in the African Region, and called on them to clearly support its implementation. He advocated for increased visibility of health in the Region, as well as strong support of all Heads of States in addressing the financial and political challenges of the Region. He called on Member States to implement the resolutions of the Regional Committee and to fully embrace the Sustainable Development Goals (SDGs). He wished the delegates a successful meeting.

5. In her address, Dr Moeti expressed gratitude to His Excellency, President Mulatu Teshome, Prime Minister Hailemariam Desalegn, the Government and people of the Federal Democratic Republic of Ethiopia, for their warm hospitality and the excellent arrangements for hosting the Regional Committee session. Dr Moeti also extended a very warm welcome to all the ministers of health and other delegates, especially those attending the Regional Committee for the first time. She also expressed special thanks and gratitude to all the ministers for agreeing to the change of dates, in order to accommodate the Sixth Tokyo International Conference on African Development (TICAD VI) to take place the following week in Nairobi, Kenya, the first-ever TICAD Summit to be held on the African continent.



6. Dr Moeti highlighted key developments since the last meeting of the Regional Committee, including the end of the Ebola virus disease (EVD) epidemic in December 2015 and the creation of the new Health Emergencies Programme by the Sixty-ninth World Health Assembly, which would bring about a radical change in the way of doing business. She discussed the major yellow fever outbreak in Angola and the Democratic Republic of the Congo as well as the Zika virus outbreaks in Cabo Verde and Guinea-Bissau, noting that they were linked to the outbreak in the Americas. Furthermore, she recalled that the Region had gone for two years with no wild poliovirus cases. She stressed that although two new polio cases had recently been reported from hitherto inaccessible Borno State in northern Nigeria, appropriate steps were being taken to control the situation. She also cited the HIV/AIDS epidemic and adolescent health as among the public health priorities in the Region.

7. The Regional Director further highlighted some decisions taken at the Sixty-ninth World Health Assembly that would impact on the work of the Organization, namely, the 2030 Agenda for Sustainable Development, including Universal Health Coverage as a central pillar in implementing the health-related SDGs; the Global Strategy for Women's, Children's and Adolescents' Health; the International Health Regulations (IHR, 2005); antimicrobial resistance; HIV/AIDS; and the WHO Framework of engagement with non-State actors (FENSA). She commended Member States for their strong participation in the Sixty-ninth World Health Assembly, and the preparatory workshop coordinated with the Secretariat and the African Union Commission.

8. Dr Moeti then reported on progress made in implementing the Region's Transformation Agenda. She noted that the process of realigning staff positions with identified priorities in the Regional Office had been completed, resulting in some staff turnover and an increase in the overall number of staff in the Region. She also noted that accountability and performance were now monitored closely across all budget centres, with a handbook developed to further guide Member States on the subject. The Transformation Agenda would be costed within the Programme Budget. An

Information Document detailing progress on the implementation of the Transformation Agenda was available at the meeting.

9. Dr Moeti reminded delegates that according to the “Code of Conduct” for the election of the Director-General of WHO adopted by the 2013 World Health Assembly, it was not envisaged that candidates or their Member States would officially present their candidacies during the Regional Committee session. She wished all the candidates well, and encouraged them to hold campaign events on the margins of the Regional Committee.

10. In her concluding remarks, Dr Moeti expressed special thanks to Dr Margaret Chan for her support in recent years, and for her special focus on the African Region during her tenure. She invited the audience to join her in applauding Dr Chan’s leadership as Director-General, and wishing her the best in her future endeavours. She heartily thanked the Government of the Federal Democratic Republic of Ethiopia and delegates for the warm and cordial support extended to her as Regional Director, and wished the participants lively and productive deliberations with concrete outputs.

11. In her remarks, the WHO Director-General, Dr Margaret Chan, thanked the Government of the Federal Democratic Republic of Ethiopia for graciously hosting this Sixty-sixth session of the Regional Committee for Africa. She highlighted some unique public health features of Ethiopia, especially the training and massive deployment of a new cadre of health extension workers, and the achievement of the Millennium Development Goal of reducing childhood mortality two years ahead of schedule, which made it a leader in public health and well suited to host the Regional Committee at that point in time.



12. She noted that the five-year development framework of the WHO Regional Office, the Transformation Programme, with Universal Health Coverage as its vision, aims to capitalize on a number of encouraging trends in the Region: unprecedented economic growth; emergence of a solid middle class and a vibrant and innovative younger generation. However, she reminded Member States that with poverty hampering progress on all fronts, there was still a long way to go before the Region could catch up with the developed world.

13. She congratulated Africa for making considerable progress despite challenges such as recurrent emergencies and security threats. She considered the reduction in HIV/AIDS, tuberculosis and malaria cases as a significant return on investment. However, she reminded delegates that Africa still bore the heaviest burden of infectious diseases while facing the challenge of overstretched health systems and the growing burden of noncommunicable diseases. She congratulated Nigeria for remaining polio-free for over two years and expressed optimism that despite reports of two recent wild polio

cases in hard-to-reach Borno State, the Region would ultimately become polio-free. She then introduced Dr Salame who is the Executive Director of the new Health Emergencies Programme of WHO, in line with the Organization's strategic steps to confront the frequent emergencies in the world.

14. She further highlighted the links between poverty and health care. According to her, poverty undermines health, cripples the performance of health systems and denies the resources to implement priority interventions. She called on all stakeholders of health development in the Region to join forces to eliminate poverty as underscored in the SDGs agenda and to ensure the security of our collective health stock. She also emphasized that the future of Africa depends on its people and not on the price of commodities such as mineral resources. Thus, countries' primary focus should be on the development of human resources for sustainable development in the Region.

15. Dr Chan emphasized the need to ensure proper funding for implementing WHO reforms, strengthening health systems and building capacity to respond to emergencies. In conclusion, Dr Chan expressed great confidence in the ability of Africa and its people to improve their health. While noting that this was the last time she would address the Regional Committee as WHO Director-General, Dr Chan expressed her willingness to continue to partner with the Region even in retirement.

16. In his opening statement, His Excellency Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia, acknowledged the progress made in improving health and increasing life expectancy. He further stressed that health in the Region remained a challenge, given the growing burden of communicable and noncommunicable diseases, and that all countries needed to remain committed. He thanked all partners for their support and declared the Sixty-sixth session of the WHO Regional Committee for Africa officially opened.

ORGANIZATION OF WORK

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

17. The Regional Committee unanimously elected the following officers to serve on the Bureau of the Sixty-sixth session of the Regional Committee:

Chairperson:	Dr Kesetebirhan Admasu Birhane Federal Minister of Health Federal Democratic Republic of Ethiopia
First Vice-Chairperson:	Dr Arlindo Nascimento do Rosário Minister of Health Cabo Verde

Second Vice-Chairperson: Dr Felix Kabange Numbi Mukwampa
Minister of Health
Democratic Republic of the Congo

Rapporteurs: Dr Molotsi Monyamane
Minister of Health
Lesotho (English)

Professor Napo-Koura Gado Agarassi
Secretary General
Ministry of Health and Social Protection
Togo (French)

Dr Constantina Pereira Furtado Machado
Secretary of State of Health
Angola (Portuguese)

Adoption of the Agenda and Programme of Work (Document AFR/RC66/1)

18. The Chairperson of the Sixty-sixth session of the Regional Committee, the Minister of Health of the Federal Democratic Republic of Ethiopia, Honourable Dr Kesetebirhan Admasu Birhane, tabled Document AFR/RC66/1: *Provisional Agenda* and Document AFR/RC66/1 Add.1: *Provisional Programme of Work* (see Annexes 2 and 3 respectively). Both documents 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.

Report of the Committee on Credentials

19. The Regional Committee appointed the Committee on Credentials comprising the representatives of the following Member States: Chad, Congo, Lesotho, Nigeria, Senegal, Seychelles and Zimbabwe.

20. The Committee on Credentials met on 19 August 2016 and elected Dr Akin Oyemakinde, a member of the Nigerian delegation, as its Chairperson. The Committee reviewed the credentials submitted by Member States and mandated its Chairperson to examine and approve on its behalf the credentials submitted after the meeting of the Committee on Credentials.

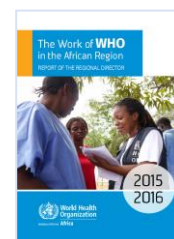
21. The Committee examined the credentials submitted by the following Member States: Algeria, Angola, Benin, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the

Congo, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

22. Forty-three Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the WHO Regional Committee for Africa. Botswana, Gabon, Guinea-Bissau and Sao Tome and Principe did not participate in the meeting.

THE WORK OF WHO IN THE AFRICAN REGION 2015–2016: REPORT OF THE REGIONAL DIRECTOR (DOCUMENT AFR/RC66/2)

23. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented the report on *The Work of WHO in the African Region 2015–2016: Report of the Regional Director*. The report reflected activities of the WHO African Region from October 2015 to June 2016 and outlined significant achievements made under the six categories of the Twelfth WHO General Programme of Work (12th GPW). The report was organized into seven sections, namely: Introduction; Context; Implementation of the WHO Programme Budget 2014–2015 and 2016–2017; Significant achievements by category; Progress made in the implementation of Regional Committee resolutions; Challenges and constraints; and Conclusion.



24. During the period under review WHO worked hard to end the Ebola virus disease epidemic in West Africa. At the same time, the Region experienced unprecedented yellow fever and Zika virus disease outbreaks, and efforts to address them were being implemented. The reporting period was also marked by the transition from the Millennium Development Goals (MDGs) to the SDGs.

25. The Sixty-sixth World Health Assembly approved a budget of US\$ 3 977 000 000 for the Programme Budget (PB) 2014–2015, of which a total of US\$ 1 120 000 000 (28%) was allocated to the African Region. By 31 December 2015, this increased to US\$ 1 804 428 000 due to the emergency segments of the budget. Funds received by the close of the biennium amounted to US\$ 1 602 862 000, representing 89% of the budget allocation. The Global Polio Eradication Initiative (GPEI) and the outbreak and crisis response (OCR) segments represented 52% of the total allocated budget with the balance allocated to other programmes in categories 1 to 6. The overall implementation rate of the Programme Budget was 91%.

26. The WHO Programme Budget for 2016–2017 was adopted by the Sixty-seventh World Health Assembly with a total of US\$ 1 162 300 000 allocated to the African Region, representing 27% of the global approved budget of US\$ 4 384 900 000. As a result of the ongoing emergencies within the Region, the total allocated budget for the Region was

increased by 17%, bringing it to US\$ 1 355 325 525, of which 67% had been received by end-June 2016.

27. As at 30 June 2016, US\$ 383 309 014 had been utilized, representing an implementation rate of 42%. Across the technical categories of work, implementation ranged from 31% for Category 2 (Noncommunicable diseases) to 52% for emergency programmes. As a whole, implementation remained on target despite the emergencies within the Region.

28. Under category 1 (Communicable diseases), Dr Moeti reported that WHO supported Member States to implement a number of activities with the following results: 85% of concept notes approved on first submission to the Global Fund resulting in over US\$ 4 billion worth of grants raised; reduction of guinea-worm cases from 126 in 2014 to 22 in the remaining four endemic countries; mapping of NTDs in 41 countries; establishment of the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) and organization of the first ministerial conference on immunization in the Region. She also noted that all 47 Member States successfully switched from trivalent oral polio vaccine (tOPV) to bivalent OPV and that the Region was on the verge of guinea-worm eradication, while 42 countries had DTP3 coverage above 90%. New vaccines were increasingly being introduced, with 38 countries currently using pneumococcal conjugate vaccine and 31 others having rotavirus vaccines in their routine Expanded Programme on Immunization.

29. For category 2 (Noncommunicable diseases), the Regional Director reported that WHO supported eight more Member States to develop their multisectoral Noncommunicable Diseases (NCD) strategic plans, bringing the total to 23 countries. Capacity for cervical cancer prevention and control was built in Malawi, Nigeria and Zambia, and 21 countries were trained on cancer registration and surveillance. Other achievements included strengthened tobacco control, development of mental health policies and plans, and the launch of a new oral health manual.

30. Regarding category 3 (Promoting health through the life course), she reported that an additional 17 countries had been supported to strengthen their maternal death surveillance through Integrated Disease Surveillance and Response (IDSR), bringing the total to 33. Ten countries were supported to initiate policy dialogue on the management of newborn sepsis, and 19 countries updated plans for scaling up integrated community case management of childhood illness. Four countries developed national standards for adolescent-friendly health services. Furthermore, support was provided to eight countries to strengthen their gender analysis capacity; 15 countries to develop policy briefs and implementation plans for multisectoral action on social determinants of health; and lastly, three countries to develop national plans for integrated action between health and the environment sector, bringing the total to 23.

31. In reporting activities for category 4 (Health systems), Dr Moeti underscored that WHO was considering integrated care delivery as a unique approach for health systems strengthening. WHO had supported up to 25 countries to develop eHealth strategies. Fifteen countries had been supported to strengthen their pharmaceutical systems. Furthermore, 12 countries had formulated national legislation on protection of intellectual property rights, traditional medicine knowledge and access to biological resources. Additionally, capacity had been built in 39 countries on the system of health accounts (SHA) framework.

32. On category 5 (Preparedness, disease surveillance and response), the Regional Director indicated that the main achievement was ending the Ebola virus disease outbreak in December 2015. Attention had also been focused on responding to the yellow fever epidemic and Zika virus disease. Over 225 million people had been vaccinated with MenAfrivac since 2010, thereby reducing total meningitis cases from 90% in 2007 to less than 5% in 2016. WHO supported countries to implement interventions aimed at interrupting wild poliovirus transmission in the Region through synchronized polio vaccination campaigns. During the reporting period, a new WHO Health Emergencies Programme had been established.

33. In reporting for category 6 (Corporate services and enabling functions), Dr Moeti mentioned that focus had been placed on the implementation of the Transformation Agenda, resulting in the realignment of human resources with regional priorities, restructuring of the Regional Office, Intercountry Support Teams (ISTs) and WHO country Offices (WCOs), and improvement of recruitment processes. Progress had also been made in the Accountability and Internal Control Strengthening project, improvement of donor reporting, strengthening of partnerships and ensuring effective communication. In an effort to improve the effectiveness of internal controls, managerial key performance indicators (KPI) were being monitored and a Compliance and Risk Management Committee had been established. Technical and programmatic KPIs were also being developed.

34. The key challenges highlighted by the Regional Director included the high burden of communicable diseases, burgeoning NCDs, fragmented action and investment in health, and major gaps in the capacity of countries to respond to crises and emergencies. These challenges were further compounded by unbalanced budget structures.

35. In concluding her presentation, Dr Moeti noted that the SDGs constituted a vehicle for advancing universal access to essential health services and required political commitment and social partnership. She stressed that the new Health Emergencies Programme would greatly increase the Organization's capacity to support countries. She reiterated that WHO was fully committed to working with

Member States and partners to achieve the best possible health outcomes for the people of Africa.

36. During the discussions, Member States pointed out the rising prevalence of NCDs including road traffic injuries that are not being adequately addressed. They expressed concern over constraints in the supply of yellow fever vaccines, the resurgence of polio in northern Nigeria and weak planning and response within refugee communities. They emphasized the need to consider the public health dimension when implementing results-based financing policies.

37. The following recommendations were made to Member States:

- (a) honour their commitments and pay their contributions in order to operationalize APHEF;
- (b) invest more in capacity building for health system management; and
- (c) comply with IHR core capacities, including implementation of an integrated disease surveillance system.

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

- (a) continue to support countries in outbreak response, health security, and IHR implementation;
- (b) advocate for increased political commitment for palliative care;
- (c) work in the context of emergency programmes and cross-border activities to address issues affecting refugee communities;
- (d) support countries in implementing their NCD plans; and
- (e) include primary health care (PHC) in the agenda of the next Regional Committee.

39. The Regional Committee adopted the report as contained in *The Work of WHO in the African Region 2015–2016: Report of the Regional Director* (Document AFR/RC66/2).

STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE TO THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC66/3)

40. In his statement to the Sixty-sixth Regional Committee, Dr Mohammed Lamine Yansane, the Chairman of the Programme Subcommittee (PSC) reported that the Subcommittee met in Brazzaville, Republic of the Congo, from 13 to 16 June 2016. The PSC was composed of the Democratic Republic of the Congo, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritius, Mozambique, Namibia, Niger, Seychelles, Sierra Leone, South Sudan, Swaziland, Uganda and United Republic of Tanzania. For the first time, the PSC session was attended by the representatives of two Executive Board members, the African Union Commission and health experts from Geneva-based missions. Their participation was aimed at further highlighting the link

between issues debated at the World Health Assembly, the Executive Board and the Region. The PSC critically reviewed the Regional Committee working documents and draft resolutions to ensure that they addressed the relevant public health needs of the people of the WHO African Region. In all, the PSC recommended the amended versions of 11 working documents and three draft resolutions for discussion and adoption by the Regional Committee.

REGIONAL ORAL HEALTH STRATEGY 2016–2025: ADDRESSING ORAL DISEASES AS PART OF NONCOMMUNICABLE DISEASES (DOCUMENT AFR/RC66/5)

41. The document, presented by the Director of the Noncommunicable Diseases (NCDs) Cluster, recalls that oral diseases are among the most common NCDs in the WHO African Region. They also share risk factors with the leading NCDs, all of which are increasing in the Region. Due to the absence of national oral health policies in many countries, shortage of oral health professionals and lack of appropriate facilities, most oral diseases remain untreated. Progress in addressing the burden of oral diseases in an equitable and integrated manner remains slower than expected.

42. The global and regional momentum on NCDs provides a unique opportunity for countries to prioritize oral health so as to directly contribute to the reduction of NCDs and their shared risk factors. The strategy therefore aims to guide countries to realize effective prevention and control of oral diseases in the Region. The priority interventions include enhancing advocacy, ensuring effective leadership, adopting a multisectoral approach, reducing common risk factors, strengthening health systems, improving integrated oral health surveillance and conducting research related to oral diseases.

43. Participants reflected on the different levels of development of oral health programmes in the Region and agreed that the oral disease burden was fast becoming a major health problem. However, they noted the absence of data to define the magnitude of the problem and to inform policy in the context of Universal Health Coverage. They also mentioned the low level of awareness and resources for the prevention of oral diseases and promotion of oral health. They recognized that there were many ways that needed to be explored to increase access of the population to fluorides, such as fluoridated milk, salt and water. Participants also underscored the limited involvement of the communities and private sector in promoting oral health both within and outside the health sector.

44. The following recommendations were made to Member States:

- (a) strengthen political commitment, allocate adequate domestic human and financial resources for oral health and promote cost-effective interventions, including fluoridation;
- (b) integrate oral health into PHC, health promotion activities and other disease interventions and ensure community involvement;

- (c) build human resource capacity at all levels of the health systems; and
- (d) support continuous monitoring and evaluation as well as operational research to generate relevant data to support decision-making and policies.

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

- (a) support countries to advocate for political commitment and to mobilize additional resources, particularly domestic resources, for oral health;
- (b) provide guidelines and support countries to develop policies on oral health;
- (c) support monitoring of fluoride content of toothpaste used in the countries and strengthening of integrated surveillance of oral diseases as part of NCDs;
- (d) advocate and support intersectoral collaboration on oral health, involving particularly primary schools, civil society organizations, communities and the private sector; and
- (e) establish a platform for sharing experiences and best practices on oral health.

46. The Regional Committee adopted with amendments Document AFR/RC66/5: *Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases* and its related Resolution AFR/RC66/R1.

REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES 2016–2020 (DOCUMENT AFR/RC66/6)

47. This document, introduced by the Regional Emergency Director, demonstrated that frequent epidemics and other health emergencies remain significant threats to health security in the African Region and globally. It recalled that frameworks and guidelines have been developed to guide Member States, including the legally-binding International Health Regulations (IHR, 2005). However, there is currently no global or integrated regional strategy to comprehensively address all public health emergencies.

48. Learning from the recent EVD response, WHO has created a single platform across all three levels (country, regional and global) of the Organization to address epidemics and other health emergencies. The document therefore proposes a new regional strategy aligned with this change, with emphasis on the use of the “all-hazards approach”, defined as “an integrated hazard management strategy that incorporates planning for and consideration of all potential natural and technological hazards”.

49. Following discussions, Member States expressed concerns about the poor mobilization of human and financial resources at country level, inadequate synergies across sectors to ensure an effective multisectoral approach, international shortage of the yellow fever vaccine and non-contribution of countries to APHEF. Participants emphasized the need for greater ownership by countries, international solidarity, implementation of the “one-health approach” and commitment to capacity building.

50. The following recommendations were made to Member States:
- (a) establish a broader intersectoral coordination mechanism to improve preparedness and response to epidemics and other public health emergencies;
 - (b) establish national public health institutes for surveillance and research; and
 - (c) accelerate the implementation of national Emergency Operation Centres (EOCs).
51. The following recommendations were made to WHO and partners:
- (a) promote and operationalize cross-border collaboration across the Region;
 - (b) support countries in conducting IHR core capacity assessment through Joint External Evaluation (JEE) and development of national plans for preparedness and response;
 - (c) support countries in the implementation of the “one-health approach”; and
 - (d) establish a platform for networking of existing EOCs in the Region.
52. The Regional Committee adopted with amendments Document AFR/RC66/6: *Regional strategy for health security and emergencies 2016–2020*, and its related Resolution AFR/RC66/R2.

DRAFT GLOBAL IMPLEMENTATION PLAN FOR THE RECOMMENDATIONS OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE (DOCUMENT AFR/RC66/4)

53. This document was presented by the Regional Emergency Director. It recalls that at the Sixty-ninth World Health Assembly in May 2016, the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response presented its recommendations. Thereafter, the WHO Director-General was requested to develop a draft global implementation plan for the recommendations to be further considered at the various regional committees in 2016. The contributions from the regions will be used to develop the final version of the implementation plan to be considered by the Executive Board at its 140th session in January 2017.

54. The six proposed areas of action of the draft global implementation plan are accelerating country implementation of the IHR (2005); strengthening WHO's capacity to implement the IHR (2005); improving the monitoring and evaluation of, and reporting on core capacities under the IHR (2005); improving event management, including risk assessment and risk communication; enhancing compliance with the temporary recommendations under the IHR (2005); and rapid sharing of scientific information.

55. During the discussions, Member States observed that the status of implementation of the obligation of IHR varied across countries in the Region. They noted that cross-border regulation and coordination were not adequately implemented. They also recognized that countries had different levels/capacity of health systems and integrated disease surveillance for controlling and responding to epidemics and other threats under the IHR obligations. They noted inadequate political commitment and resources for implementing IHR. Member States recognized that there was lack of clarity in the role of IHR focal points in coordinating other sectors for the implementation of IHR obligations.

56. The following recommendations to Member States are suggested for inclusion in the global implementation plan:

- (a) sustain political commitment and maintain IHR-required core capacities;
- (b) strengthen cross-border regulation and collaboration within the Region, using the regional economic communities;
- (c) conduct self-assessment of IHR core capacities complemented by JEE in order to develop an adequate plan for IHR;
- (d) strengthen health systems through the implementation of IHR core capacities, focusing on community involvement;
- (e) promote research, sharing of lessons learned and best practices related to implementation of IHR core capacities among Member States in the Region;
- (f) promote multisectoral mechanisms within the “one health approach” in IHR implementation; and
- (g) conduct evidence-based risk assessment in order to develop an adequate preparedness plan in line with the “all-hazards approach”.

57. The following recommendations to WHO and partners are suggested for inclusion in the global implementation plan:

- (a) develop standard operating procedures (SOPs) and provide technical support to countries for IHR implementation;
- (b) support countries in mobilizing resources for IHR implementation;
- (c) establish a real time web-based platform to facilitate events reporting and information sharing among countries; and
- (d) strengthen WHO capacity to provide support to Member States for preparedness and response to public health events.

58. The Regional Committee adopted the suggestions in Document AFR/RC66/4 to be submitted for consideration and inclusion in the global implementation plan as contribution from the WHO African Region.

**MULTISECTORAL ACTION FOR A LIFE COURSE APPROACH TO HEALTHY AGEING:
GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH –
IMPLEMENTATION FRAMEWORK FOR THE AFRICAN REGION
(DOCUMENT AFR/RC66/8)**

59. The Director of the Family and Reproductive Health Cluster presented this document which highlighted the growing population of elderly people due to improved quality of life resulting from greater socioeconomic development in the Region. Although this growing elderly population represented significant progress, adequate preparations had to be made to accommodate the special health needs of the elderly. However, this issue is still accorded low priority in policy formulation, planning and service delivery within the Region.

60. In May 2016, the Sixty-ninth World Health Assembly adopted a comprehensive global strategy and plan of action on ageing and health, aligned to Goal 3 of the Sustainable Development Goals: “ensure healthy lives and promote well-being for all at all ages”. The document proposed a regional implementation framework to provide programmatic and policy guidelines to Member States on implementation of the global strategy and action plan on ageing and health for the 2016–2020 period.

61. The Regional Committee noted the attention given to addressing issues affecting the elderly population in the Region. It also stressed that the focus should be on elderly women, since they are more vulnerable and live longer than men.

62. The following recommendations were made to Member States:

- (a) mainstream ageing into all national development agendas; and
- (b) include specific interventions to address issues that affect the elderly such as food security, abuse of the elderly, Alzheimer, dementia and other mental diseases.

63. The following recommendations were made to WHO:

- (a) support countries to develop and implement healthy ageing policies and strategies; and
- (b) support development of indicators to measure implementation of the strategy.

64. The Regional Committee adopted with amendments Document AFR/RC66/8: *Multisectoral action for a life course approach to healthy ageing: Global strategy and plan of action on ageing and health - implementation framework for the African Region*.

65. The document was introduced by the Director of Family and Reproductive Health Cluster. It recalls that despite several commitments made by Member States to improve the health of women, children and adolescents, only a few of them achieved the Millennium Development Goals (MDGs) targets on the reduction of child and maternal mortality, and none achieved the target on reproductive health. These “unfinished” MDGs have been included in the SDGs. The recently adopted Global strategy for women's, children's and adolescents' health is in line with the SDGs and Agenda 2063 of the African Union.

66. The Global Strategy emphasizes the adoption of a health system-oriented, integrated and multisectoral approach to maternal, newborn, child and adolescent health programming. It proposes that countries reduce maternal mortality to less than 70 deaths per 100 000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births respectively by 2030. In addition, the mortality rate for adolescent girls aged 15-19 years needs to be reduced. Achieving these targets would entail as much as a seven-fold reduction of the current rates in the Region. In view of the huge implications, the document proposes priority actions to be implemented in order to achieve the targets within the set period.

67. During the discussions, Member States acknowledged the value of the document in guiding countries in the implementation of the Global Strategy and in addressing the unfinished MDG agenda. They noted the challenges of availability of commodities, human resources especially midwives, and capacity to deal with multisectoral approaches. They recalled the high return on investment in women's, children's and adolescents' health. In addition, they stressed the need for integrated high-quality health services and for innovative ways to address the shortage of human resources, especially in the rural areas. Specifically, they suggested the adoption/expansion of task-shifting measures. They also highlighted the peculiar issues of adolescents, including the need for innovative service delivery models for them. In conclusion, Member States committed to implementing the Global Strategy by building and sustaining strong health systems to deliver high-quality services for women, children and adolescents.

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

- (a) support high-level advocacy for the implementation of the Global Strategy;
- (b) document the implementation of task-shifting and develop a regional strategy; and
- (c) support countries to build and sustain strategic engagement with partners, including communities and civil societies.

69. The Regional Committee adopted with amendments Document AFR/RC66/9: *Global strategy for women's, children's and adolescents' health 2016–2030: Implementation in the African Region*.

FRAMEWORK FOR IMPLEMENTING THE END TB STRATEGY IN THE AFRICAN REGION 2016–2020 (DOCUMENT AFR/RC66/10)

70. The Director of the Communicable Diseases Cluster presented this document which highlights the fact that the Region as a whole met the key MDG target of having halted and begun to reverse TB incidence by the end of 2015. However, only 35 of the 47 Member States (76.5%) met the MDG target, and TB still remains a major public health problem due to continued high incidence, prevalence and mortality.

71. The End TB Strategy aims to end the global TB epidemic using a multisectoral and health-in-all-policies approach, and effecting a paradigm shift from focusing on controlling the disease to ending the epidemic by 2035. The Strategy comprises three pillars: (i) integrated prevention and patient-centred care; (ii) bold policies and supportive systems; and (iii) intensified research and innovation. This framework supports the adaptation and implementation of the Global Strategy and maps out priority interventions in countries of the African Region within the 2016–2020 period, based on their contextual circumstances.

72. The delegates recognized the importance of the framework in ending TB. They noted that significant achievements had been made since the End TB approach was adopted. However, they also noted the recent setbacks which mainly resulted from weak health systems and drug resistance. Furthermore, they noted the importance of addressing TB and HIV coinfection to ensure the effective elimination of TB. A number of challenges to the implementation of the End TB Strategy were also highlighted. These included the expansion of services to vulnerable communities particularly in the rural areas, constraints associated with health infrastructure and human resources, weak intercountry collaboration, and growing multidrug resistance, among others.

73. The following recommendations were made to Member States:

- (a) enhance the involvement of the private sector, civil society and communities in End TB activities;
- (b) develop an integrated patient-centred plan and service for TB, HIV and other communicable diseases;
- (c) reinforce intercountry collaboration on cross-border TB surveillance;
- (d) conduct research on the social determinants of tuberculosis;
- (e) establish integrated health posts at the borders;
- (f) mobilize resources and technical assistance to strengthen laboratory capacity;
- (g) conduct active screening of TB in vulnerable communities; and

(h) conduct surveys to determine the burden of TB.

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

- (a) support countries in the establishment of systems to avoid stock-out of drugs and strengthen the supply chain in countries;
- (b) advocate for the production of more efficacious vaccines in small packages to prevent wastage;
- (c) create a platform for exchange of best practices among Member States;
- (d) establish a regional pool of experts to support training and provide technical support;
- (e) promote operational research;
- (f) develop a more sensitive algorithm for case detection; and
- (g) facilitate the negotiation with manufacturers for a reduction in drug prices.

75. The Regional Committee adopted with amendments Document AFR/RC66/10: *Framework for implementing the End TB Strategy in the African Region 2016–2020*.

HIV/AIDS: FRAMEWORK FOR ACTION IN THE WHO AFRICAN REGION 2016–2020 (DOCUMENT AFR/RC66/11)

76. The document was presented by the Director of the Communicable Diseases Cluster, who recalled that despite the considerable progress made, HIV/AIDS continues to be a major public health concern in the African Region, with almost 26 million people living with HIV and accounting for 70% of all AIDS-related deaths in the world. HIV incidence continues to increase in some countries, especially among adolescent girls and young women. HIV interventions are currently heavily funded by external resources without sufficient domestic financing, contributing to the current limited coverage of services and a very slow rate of expansion that is inadequate to achieve regional targets.

77. In recognition of these persistent challenges, a new WHO Global Health Sector Strategy on HIV/AIDS was adopted by the Sixty-ninth World Health Assembly in May 2016. The actions proposed include prioritizing HIV prevention, expanding HIV testing services using diversified approaches, and scaling up antiretroviral therapy by adopting innovative service delivery models. The proposed framework is aimed at guiding the Member States in the African Region to implement the Global Health Sector Strategy on HIV/AIDS for the period 2016–2021.

78. During the discussions, Member States recognized the persistent burden of HIV/AIDS in the Region and the relevance of the framework. They appreciated the call for the promotion of local production of HIV medicines and commodities. They suggested that regional and country specificities be better reflected in the framework, stressing the need to pay special attention to coinfection, especially TB. Delegates

called for greater attention to social, nutritional and psychological support; improvement of domestic and external funding; and increased emphasis on equity; screening at community level and non-discrimination. Member States also stressed the need to reformulate the target on discrimination; broaden the indicator on condom use to include all sexually active individuals; promote cross-border joint planning; include HIV/AIDS management in emergency situations; and highlight the relationship with other sexually transmitted infections.

79. The following recommendations were made to Member States:

- (a) establish South-South learning platforms;
- (b) continue advocating for improved funding, including with parliamentarians; and
- (c) develop an investment case for HIV/AIDS control.

80. The Regional Committee adopted with amendments Document *AFR/RC66/11: HIV/AIDS: Framework for action in the WHO African Region 2016–2020*.

PREVENTION, CARE AND TREATMENT OF VIRAL HEPATITIS IN THE AFRICAN REGION: FRAMEWORK FOR ACTION, 2016–2020 (DOCUMENT AFR/RC66/12)

81. This document was introduced by the Director of the Communicable Diseases Cluster. It recalls that viral hepatitis is a highly endemic disease responsible for an estimated 1.4 million deaths per year globally, mostly from hepatitis-related liver cancer and cirrhosis, and was the seventh highest cause of mortality in the world in 2013. Unfortunately, most people with chronic viral hepatitis are unaware of their status until they develop late-stage complications. In the African Region, hepatitis B is highly endemic and probably affects an estimated 5–8% of the population, while hepatitis C affects another 2%. Viral hepatitis is also a growing cause of mortality among people living with HIV/AIDS. Approximately 2.3 million to 2.6 million people living with HIV/AIDS are coinfecting with hepatitis C and hepatitis B viruses.

82. In recognition of the public health importance of viral hepatitis, WHO developed the first ever Global Health Sector Strategy on viral hepatitis which was adopted by the Sixty-ninth World Health Assembly in May 2016. The priority actions to be undertaken by countries under the strategy include establishing strategic information systems and developing national strategies for the prevention and treatment of viral hepatitis. The regional framework document is intended to guide Member States in the African Region in implementing the Global Health Sector Strategy on viral hepatitis.

83. Member States highlighted a number of limitations, including the lack of data and surveillance mechanisms, inaccessibility to diagnostics, unaffordable medicines, and inadequate preventive measures. They noted concerns about the quality of

information, local production of generic drugs, quality of blood transfusion services and coverage with hepatitis birth dose vaccine.

84. The following recommendations were made to Member States:

- (a) develop national strategies and plans for hepatitis control, including costing;
- (b) institute mandatory screening and vaccination for health-care workers;
- (c) promote manufacturing of generic medicines based on lessons learned from increased access to ARV;
- (d) develop a robust information system for hepatitis surveillance as part of the national health information system; and
- (e) conduct research to enhance public awareness and knowledge of viral hepatitis.

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

- (a) intensify advocacy and capacity building for development of policies and harmonized plans;
- (b) support countries in exploring ways to access affordable diagnostics and medicines, including local production;
- (c) advocate for increased awareness, capacity building for detection and treatment, accelerated research on vaccines and resource mobilization;
- (d) advocate for a reduction in medicine prices with manufacturers; and
- (e) make available to countries WHO guidance on the reporting mechanism for hepatitis.

86. The Regional Committee adopted with amendments Document *AFR/RC66/12: Prevention, care and treatment of viral hepatitis in the African Region: Framework for action, 2016–2020*.

FRAMEWORK FOR IMPLEMENTING THE GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030 IN THE AFRICAN REGION (DOCUMENT AFR/RC66/14)

87. The document, presented by the Director of the Communicable Diseases Cluster, highlighted the progress made in malaria control and the challenges ahead. Between 2000 and 2015, the African Region recorded a 42% reduction in case incidence, a 66% decline in the malaria mortality rate, and a 52% decline in infection prevalence in children aged 2–10 years. Six countries in the African Region have the potential to eliminate local transmission of malaria by 2020. Despite the progress made, malaria remains a major health and development problem in Africa. Approximately 190 million cases (89% of the global total) and 400 000 deaths (91% of the global total) occurred in 2015, while over 800 million people are still at risk of malaria in the Region.

88. Malaria remains a regional and global priority as reflected in the SDGs and the Global Technical Strategy (GTS) for malaria 2016–2030. The framework was developed to guide Member States in the implementation of the GTS in the African Region. Its vision is “an African Region free of malaria”. Its objectives are: (a) to reduce the malaria mortality rate by at least 90% by 2030 compared with 2015; (b) to reduce malaria case incidence by at least 90% by 2030 compared with 2015; (c) to eliminate malaria from at least 20 malaria-endemic countries; and (d) to prevent re-establishment of malaria in all Member States that are malaria free.

89. The delegates noted that despite progress made in malaria control in the Region, malaria remained a major public health problem and an impediment to development. They therefore considered the framework highly relevant. They recognized that it was crucial to address challenges such as inadequate resources; dependence on external financing; low quality of malaria commodities; weak involvement of communities, households and the private sector; as well as parasite and insecticide resistance, to ensure successful malaria control in the Region.

90. The following recommendations were made to Member States:

- (a) conduct regular studies on durability of insecticide-treated nets in malaria control, using the protocol based on the World Health Organization Pesticide Evaluation Scheme (WHOPES);
- (b) regularly monitor drug and insecticide resistance and respond accordingly;
- (c) address the increasing circulation of substandard and counterfeit drugs;
- (d) enhance the involvement of communities, households and the private sector in the implementation of the strategy;
- (e) conduct high-level advocacy with national governments for increased domestic funding for malaria control;
- (f) identify innovative mechanisms for increased domestic financing; and
- (g) ensure that multisectoral action is reinforced for effective action against malaria.

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

- (a) provide guidelines for addressing the threat posed by the circulation of substandard and counterfeit drugs;
- (b) provide guidelines for countries that have eliminated malaria to protect their boundaries from reintroduction; and
- (c) support high-level advocacy for increased political commitment and allocation of sufficient domestic resources for malaria control.

92. The Regional Committee adopted with amendments Document AFR/RC66/14: *Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region*.

HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT (DOCUMENT AFR/RC66/7)

93. This document was introduced by the Director of the Health Systems and Services Cluster who recalled that in September 2015, Member States of the United Nations agreed on a new generation of 17 Sustainable Development Goals to succeed the MDGs and to guide global development over the 15 years to 2030. SDG 3, to “ensure healthy lives and promote well-being for all at all ages”, is the only health goal and includes, among others, Universal Health Coverage (UHC), the unfinished MDGs and the new targets on noncommunicable diseases. The document underscores that health constitutes a determining factor in the achievement of several other SDGs, while the achievement of many other goals also has a direct or indirect impact on the health goal.

94. Despite the progress made, the health-related MDG targets were not achieved in most countries by the end of 2015. The key challenges that hindered the achievement of the health-related MDGs include fragmentation of interventions; inadequate health financing; unequal access to effective services; weak multisectoral responses; recurrent health emergencies and inadequate data for monitoring progress. These challenges need to be addressed in order to make progress on the SDG agenda. The document proposes priority actions that Member States, WHO and partners should consider for the achievement of the SDGs.

95. Member States expressed strong commitment to the 2030 agenda for sustainable development and the actions proposed by the Secretariat. They emphasized the need to focus on primary health care and community involvement, as well as on strengthening human resources for health. Member States underscored the importance of accountability and transparency in monitoring and evaluating progress, which would require strong information systems.

96. The following recommendations were made to Member States:

- (a) review and adapt the proposed SDG indicators to country-specific contexts;
- (b) develop a national multisectoral approach for the development of a strong investment case for health; and
- (c) harmonize actions and formulation of innovative, alternative methods of financing.

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

- (a) support countries to generate knowledge for implementation;
- (b) conduct periodic reviews to monitor progress on the SDGs; and
- (c) document and share best practices in relevant areas that would move the SDGs forward.

98. The Regional Committee adopted with amendments Document AFR/RC66/7: *Health in the 2030 Agenda for Sustainable Development*.

THE AFRICAN PUBLIC HEALTH EMERGENCY FUND (APHEF) – THE WAY FORWARD (DOCUMENT AFR/RC66/15)

99. The document was presented by the Regional Emergency Director. It recalls that the African Public Health Emergency Fund (APHEF) was established by the Regional Committee in 2012 with the aim of providing catalytic resources for initiating timely responses to public health emergencies. Despite all the commitments made, only 13 countries had contributed to the Fund between 2012 and 2016. A total of US\$ 3 619 438 has been contributed, representing only about 1.5% of the total expected amount, which is far below the support that has been requested by Member States affected by emergencies over that period.

100. The Sixty-fifth session of the Regional Committee reiterated the importance of APHEF but expressed concern over the low contribution by Member States. The Secretariat was requested to establish a multidisciplinary expert group to review the current framework, identify reasons for non-payment of contributions by Member States and make recommendations that could render APHEF more functional. This paper highlights the key issues and challenges affecting the optimal functioning of APHEF and proposes actions for improved performance, including a revised formula for payment of contributions by Member States, as agreed at the expert group meeting.

101. During the discussions, the Regional Committee reaffirmed that APHEF was a critical instrument for the African Region and should be maintained as a solidarity mechanism. Member States expressed concern about the persistent low level of contributions. They reiterated their commitment to APHEF and emphasized the need for a flexible formula for payment of contributions. Furthermore, they requested the Secretariat to examine complementarity of APHEF with similar funding initiatives in order to avoid duplication.

102. The following recommendations were made to Member States:

- (a) advocate with ministries in charge of finance to allocate funds for country contributions; and
- (b) pay their contributions based on the revised formula, with the flexibility of paying according to their ability, but with the minimum amount being US\$ 37 700.

103. The following recommendations were made to WHO:

- (a) establish a task force to examine the formula and make recommendations for the next Regional Committee;
- (b) take full responsibility for the management of the fund; and
- (c) submit a status report on APHEF to the African Union.

104. The Regional Committee adopted with amendments Document AFR/RC66/15: *The African Public Health Emergency Fund (APHEF) – The way forward*.

REGIONAL STRATEGY ON REGULATION OF MEDICAL PRODUCTS IN THE AFRICAN REGION, 2016–2025 (DOCUMENT AFR/RC66/13)

105. The document was introduced by the Director of the Health Systems and Services Cluster. It revealed that the benefits of medical products are being compromised in the African Region by the circulation of products of non-assured quality due mainly to weak regulatory capacity and delays in the registration of products. WHO has been supporting regulatory systems strengthening through several collaborative initiatives such as the African Vaccine Regulatory Forum and the African Medicines Regulatory Harmonization Initiative. However, many of the National Medicines Regulatory Authorities (NMRAs) do not have the capacity to complement these regional efforts, leading to limited impact at country level.

106. Consequently, the objective of this regional strategy is to ensure that NMRAs are strengthened to effectively fulfil their mandate. It prioritizes interventions that will improve governance of regulatory systems, enhance collaboration, harmonize standards, facilitate implementation of joint regulatory activities and strengthen the capacity of NMRAs to improve access to medical products of good quality and to undertake monitoring.

107. During the discussions, the Regional Committee recognized the need to improve on the governance and management of NMRAs in order to ensure the regulation of medical products. It also emerged from the discussions that countries were at different levels of institutionalization of the structures that have regulatory and oversight responsibilities over the food and medical products in circulation in the Region. The Committee members also recognized that a number of countries in the Region lacked the capacity to carry out comprehensive regulatory functions.

108. The following recommendations were made to Member States:

- (a) work closely across borders to ensure prequalification;
- (b) mobilize resources to strengthen regulatory systems and support harmonization initiatives in the Region;

- (c) guard against the procurement of substandard medical products and raise awareness on the threat of substandard, spurious, falsely labelled, falsified and counterfeit (SSFFC) medical products;
- (d) strengthen partnership among agencies to share information on the quality of medical products and fight against SSFFC medical products; and
- (e) expand the scope of responsibility of NMRAs to cover food, food products, blood products and other related products.

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

- (a) support countries to develop strategies and adopt tools for expanding the responsibility of NMRAs to cover and regulate food, food products, blood products and other related products;
- (b) continue to support the African Union in establishing the African Medicines Agency and to back harmonization initiatives in the Region;
- (c) support countries to track and monitor progress on the regulation of medical products;
- (d) support countries to develop policies, strategies and plans that strengthen NMRAs in the context of universal health coverage;
- (e) continue to support countries to strengthen their capacity to regulate medical products, including pharmacovigilance systems;
- (f) facilitate cross-border collaboration on SSFFCs; and
- (g) facilitate partnership among countries to build the capacity of Member States to carry out comprehensive regulatory functions.

110. The Regional Committee adopted with amendments Document AFR/RC66/13: *Regional strategy on regulation of medical products in the African Region, 2016–2025*, and its related Resolution AFR/RC66/R2.

NEW TERMS OF REFERENCE OF THE PROGRAMME SUBCOMMITTEE OF THE WHO REGIONAL COMMITTEE FOR AFRICA (DOCUMENT AFR/RC66/16)

111. The Programme Subcommittee (PSC) is a subsidiary body of the Regional Committee established by the latter to study, report and make recommendations on matters to be discussed by the Regional Committee, to advise and facilitate its work. The document submitted to the Regional Committee for review and approval contains new terms of reference to guide the work of the PSC and strengthen its advisory role to the WHO Secretariat.

112. The Regional Committee adopted without amendments Document AFR/RC66/16: *New terms of reference of the Programme Subcommittee of the WHO Regional Committee for Africa*.

113. The draft proposed Programme Budget 2018–2019 was presented by the Assistant Director-General of General Management. It details the priorities, results and deliverables proposed for the work of WHO in the 2018–2019 biennium. It was presented to solicit comments from Member States for an amended version that will be submitted for review by the WHO Executive Board at its 140th session in January 2017 and ultimately to the Seventieth World Health Assembly for consideration and approval in May 2017.

114. The proposed Programme Budget (PB) was drafted after a robust consultation process with Member States, starting with the initial identification of priorities using a bottom-up approach. Country-level priorities, regional and global commitments, and priorities of the current biennium were incorporated into the proposed organization-wide results chain for each programme area.

115. The proposed Programme Budget also includes WHO's new Health Emergencies Programme, and presents the new programme, with its single programmatic structure, one budget and one set of performance metrics. The overall proposed WHO Programme Budget 2018-2019 is US\$ 4659.7 million, representing an increase of US\$ 319 million over PB 2016-2017. The African Region has been allocated a share of US\$ 1308.9 million, representing an increase of 16.54% compared to the previous biennium. The major features of the draft Programme Budget include its alignment with: (a) full implementation of the Health Emergencies Programme; (b) implementation of the SDGs agenda; and (c) consolidation of WHO reform gains at all levels.

116. During the discussions, Member States acknowledged the inclusion of the new Health Emergencies Programme as well as the increase in the budget allocation to the Region. They expressed concern, *inter alia*, about the reduced budget for some priority programmes, the continuous decline in the proportion of the budget financed by Assessed Contributions (AC), weak alignment of indicators between the Programme Budget and the SDGs, and lack of budget allocations for areas of work relevant to the Region. They also sought clarity on the activities of certain budget areas.

117. The following recommendations were made to Member States:

- (a) provide written feedback to the Secretariat and fully engage in the discussions during the Executive Board in January 2017; and
- (b) advocate for an increase in Assessed Contributions.

118. The Regional Committee requested the Secretariat to note the concerns raised and reflect them in Document AFR/RC66/17: *WHO Programme Budget 2018–2019*.

INFORMATION DOCUMENTS

119. The Regional Committee discussed and took note of the following information documents: (a) Progress report on the implementation of the Regional HIV Strategy 2011–2015 (Document AFR/RC66/INF.DOC/1); (b) Progress report on health and human rights: current situation and way forward in the African Region (Document AFR/RC66/INF.DOC/2); (c) Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management (Document AFR/RC66/INF.DOC/3); (d) Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC66/INF.DOC/4); (e) Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC66/INF.DOC/5); (f) Progress report on the implementation of the Regional Strategy on Enhancing the Role of Traditional Medicine in Health Systems (2013–2023) (Document AFR/RC66/INF.DOC/6); (g) Progress report on the implementation of the road map for scaling up capacity of the human resources for health for improving health service delivery in the African Region, 2012–2025 (Document AFR/RC66/INF.DOC/7); (h) Reform of WHO's work in health emergency management: WHO Health Emergencies Programme (Document AFR/RC66/INF.DOC/8); (i) Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC66/INF.DOC/9); (j) Progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020 (Document AFR/RC66/INF.DOC/10); (k) Report on WHO staff in the African Region (Document AFR/RC66/INF.DOC/11); and (l) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC66/INF.DOC/12).

DRAFT PROVISIONAL AGENDA AND DATES OF THE SIXTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE AND VENUE OF THE SIXTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC66/18)

120. The Regional Committee decided to hold its Sixty-seventh session from 28 August to 1 September 2017 in Victoria Falls, Republic of Zimbabwe. Kenya's offer to host the Sixty-ninth session of the Regional Committee was noted. However, the decision on the hosting of the Sixty-ninth session of the Regional Committee will be taken at its Sixty-seventh session, in line with the rules.

121. The Committee reviewed and commented on a draft provisional agenda for its Sixty-seventh session (Annexed to Document AFR/RC66/18). The Committee requested the Secretariat to finalize the agenda, taking into account the suggestions made by Member States and ensuring that the number of items is not increased.

122. The Republic of Senegal and the Democratic Republic of the Congo offered to host the Sixty-eighth session of the Regional Committee. Following consultations between the two Member States, the Democratic Republic of the Congo withdrew in

favour of the Republic of Senegal as host of the Sixty-eighth session of the Regional Committee.

SIDE EVENTS AT THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA, ADDIS ABABA, ETHIOPIA, 19-23 AUGUST 2016

123. The Regional Director, Dr Matshidiso Moeti, scheduled six separate side events on specific issues confronting the Region. This report summarizes the outcome of the respective side events.

Roll Back Malaria Partnership

124. The goal of the side event was to update delegates from Member States on developments in the Roll Back Malaria Partnership and to agree on mechanisms for interaction with the African Members of the RBM Partnership Board. The Regional Director recognized the importance of the Partnership and indicated that RBM had mobilized resources and created a platform for mobilizing technical cooperation with countries, while she highlighted the importance of discussing the new communication and working mechanism with the Partnership. She indicated that the change in RBM had come in the midst of the WHO reform. On her part, the Chair of the RBM Partnership Board provided an overview of the RBM Partnership transition. The discussions that followed the presentations at the event raised the following issues:

125. Member States raised the following major issues:

- (a) all Member States welcomed the side event and the transformation of the Partnership;
- (b) Member States committed to continue supporting the revitalized RBM Partnership;
- (c) there is a need for improved coordination at global, regional and country level;
- (d) the Partnership should consider special consultations on the issues of climate change and health, quality of products and the high cost of treatment;
- (e) the Partnership should speed up the process of country and regional consultations;
- (f) the partnership should consider and support the malaria elimination agenda, while its policies and strategies should consider countries' specific situations;
- (g) concerns were raised about RBM moving away from WHO. It is important for the Partnership to deal with malaria issues in consultation with WHO;
- (h) lessons learned from the previous RBM should be utilized to better guide the new Board;
- (i) RBM should avoid fragmentation of efforts;

- (j) the Partnership needs to consult and coordinate with the African Union, engage policy makers at that level and look for opportunities and synergies;
- (k) explore the possibility of adopting a GAVI like approach to establishing connections between the Board and African ministries of health;
- (l) WHO country offices could be used to facilitate interactions with countries;
- (m) the representative of the PMI reaffirmed the continued support of the Government of the United States of America; and
- (n) Dr Kamwi proposed that the annual Regional Committee session be used as a forum for RBM to consult with all Member States, considering the current financial challenges.

126. The need to take into consideration high burden and elimination countries was equally highlighted.

Extending health systems to the grassroots: the Ethiopian experience with emergency medical service and the health development army

127. Focusing on emergency medical services, the Ethiopian Federal Ministry of Health procured and distributed ambulances, expanded emergency units and departments throughout the country, set up an Emergency Medical Coordination Team in the capital and established two specialized trauma centres that deal with multi-system trauma and orthopaedic and neurological injuries. To intensify the impact of the successful Health Extension Program, the Government of Ethiopia established the Health Development Army (HDA) in 2010. This is a “women-centred” movement, or army, that seeks to engage all women to disseminate knowledge to every single household about different health topics. The Ethiopian Federal Ministry of Health requested the side event in order to brief delegates on developments over the last decade in expanding the Health Development Army and Emergency Medical Services in Ethiopia.

128. In her remarks Dr Matshidiso Moeti noted that:

- (a) political commitment at all levels is essential to effect durable changes in health status;
- (b) collaboration across ministries for the development of infrastructure and human resources had a synergetic effect on the health status of Ethiopians;
- (c) the most significant positive changes in health outcomes happened when women were engaged and health interventions customized to fit local cultural concerns and practices;
- (d) the collection, storage and management of data need to be improved; and
- (e) other African countries could benefit from studying the Ethiopian experience.

129. The ensuing discussions led participants to note the following:

- (a) commitment of leadership at the most senior level is important in replicating the Ethiopian experience;
- (b) the benefits of salaried health extension workers/CHWs over volunteers should be stressed; and
- (c) transportation of patients as far as the point accessible by ambulances is a challenge in other countries. The Ethiopian experience of community mobilization with the use of the local youth for patient transportation was cited.

Stop TB

130. The objective of the meeting was to provide a platform for WHO and the Stop TB Partnership to dialogue with ministers on how to scale up TB, TB/HIV and MDR-TB interventions and how WHO and the Partnership could support countries in this endeavour. Facilitating the discussions attended by 140 participants including 30 Ministers/Heads of delegation, Dr Aaron Motsoaledi, the Chair of the Stop TB Partnership Board, led the ministers in a call for a UN High-Level Meeting on TB as he presented evidence showing that the burden of TB in Africa was larger than previously estimated. It imposes a severe strain on health systems and makes tuberculosis a major contributor to poverty as it impedes the social and economic development of families, communities and nations.

131. At the end of the session, the Ministers endorsed a Statement titled "Leave No One Behind: Uniting to End TB in the African Region by 2030", which called on countries to:

- (a) reaffirm their commitment to achieving the targets in the WHO End TB Strategy, the African Union Roadmap on shared responsibility and global solidarity for AIDS, TB and Malaria, and to ending TB by the year 2030, as agreed in the Sustainable Development Goals;
- (b) endorse the Global Plan to End TB 2016-2020 and commit to achieving the 90-90-90 targets to reach 90% of all people who need TB treatment including 90% of populations at high risk, and achieve at least 90% treatment success;
- (c) commit to ensuring that National TB Strategic Plans and TB Policies are in line with the latest World Health Organization guidelines, including those on access to and roll out of new diagnostics and medicines, HIV/TB coinfection, while equally securing funding for them and overseeing their implementation;
- (d) increase their domestic investments in TB and urge development partners and the private sector to prioritize and increase their investments to control the epidemic; and

- (e) support greater integration of HIV/TB programmes, as outlined in the United Nations Political Declaration on HIV/AIDS endorsed by Heads of State in September 2016.

Gavi: The Vaccine Alliance

132. The objectives of the side event were to provide an update on the Gavi Board decisions of June 2016; provide a country perspective on Gavi's current strategy; facilitate knowledge sharing between countries, including good practices to ensure political will; and share lessons learnt on achieving the coverage, equity and sustainability goals enshrined in Gavi's current strategy.

133. In her opening remarks, Dr Moeti stressed that gaps in vaccine preventable-disease surveillance continue to pose a major challenge in the Region and emphasized that efforts needed to be intensified to achieve and maintain a robust surveillance network to rapidly detect and respond to cases within days of onset. An update from Gavi noted that 61% of Gavi-supported programmes were located in Africa and that over the 2001-2016 period,, total grant amounts of US\$ 5.5 billion had been disbursed to Africa (that figure includes countries in the WHO African Region, as well as Djibouti, Somalia, and Sudan). Updates/decisions from the June 2016 Gavi Board meeting were also provided.

134. Furthermore, it was noted that the Gavi Board endorsement of a new measles strategy had occasioned a critical paradigm shift in measles support. With regard to outbreak preparedness and response, Gavi was assuming a growing role in the following areas: yellow fever and meningitis vaccine stockpiles, measles outbreak response, oral cholera vaccine and more recently Ebola vaccine stockpiles. With regard to investments in yellow fever stockpile, Gavi had supported three countries in 2016 (Angola, DRC and Uganda) from its yellow fever stockpile. Overall, by 31 Dec 2015, Gavi had provided around US\$ 150 million in support of the yellow fever stockpile and preventive campaigns. In December 2016, the Gavi Board will review its stockpile strategy with the aim of identifying opportunities for improving the management of stockpiles.

135. Four countries (Angola, Ethiopia, Madagascar and Zimbabwe) presented their experiences in achieving immunization coverage, equity and sustainability.

Universal health coverage journey: Experience of China and updates on China's collaboration with Africa

136. Issues explored during the event included accelerating UHC in Africa and health system strengthening as presented by Dr Delanyo Dovlo; feasibility of the Sino-African International Organization's cooperation on trade, technology transfer and local

production of drugs by Mr. Yuan Lin, China-FDA; update on China's collaboration with Africa in health by Dr Feng Yong, China National Health and Family Planning Commission; and partnership for strengthening regulatory systems by Mr Alex WU, Gates Foundation, China Representative Office.

137. Each paper was discussed extensively leading to the following action points:

- (a) the China-FDA to finalize the ongoing feasibility study on the Sino-African-international organization's cooperation on trade, technology transfer and local production of drugs, and WHO (HQ and AFRO) will provide inputs before its publication;
- (b) WHO and China-FDA to develop a joint action plan to strengthen the Sino-African-International Organization's cooperation on regulation of medical products; and
- (c) WHO and China-FDA to establish a joint secretariat to coordinate and monitor implementation of the Sino-African cooperation action plan that will be developed.

Working Dinner on Post-Ministerial Conference on Immunization in Africa (MCIA)

138. The objectives of the working dinner were to reinvigorate Ministerial commitment to the Addis Declaration on Immunization and remind the Ministers of Health of the importance of increasing access to immunization; provide Ministers and Ambassadors with concrete actions/next steps that they can take to help spur progress on the implementation of the Declaration; and engage this select group of Ministers of Health and Ambassadors as high level political champions for the Declaration and more broadly for immunization, moving forward.

139. The discussions led to the following action points:

- (a) the Regional Office to support countries to develop investment cases for immunization that are tailored to their national priorities. The WHO Representatives need to support this process at country level;
- (b) subregional forums and/or opportunities to be identified for discussing immunization and the implementation of the Addis Declaration;
- (c) means to be sought by which ministers of health could team up at a subregional level, for example Nigeria and Senegal, and work together to promote immunization;
- (d) best practices to be documented in countries and disseminated to others;
- (e) regular updates to be provided to ministers of health on the progress made in the implementation of the Addis Declaration;
- (f) the different ministers of finance and foreign affairs to be involved in the preparation of the AUC Summit in January 2017; and

- (g) a side event to be held at the Sixty-seventh Regional Committee to discuss the progress made in the implementation of the Addis Declaration on Immunization.

Polio outbreak in Nigeria as a regional public health emergency

140. The objectives of the meeting were to ensure that the political leadership at all levels supports the synchronized response, surveillance and routine immunization activities; ensure that domestic and international resources are mobilized for the response, including the use of multinational security forces; ensure that the expansion of the Multinational Lake Chad Polio Task Force Coordination mechanism includes the Central African Republic; and discuss and agree on the declaration of the outbreak as a subregional public health emergency to ensure strengthened synchronization of planned activities at all levels and prioritization of global and domestic resources for polio eradication in the Lake Chad Basin area.

141. After an exhaustive discussion of the issues, the following action points and responsibilities were agreed upon:

- (a) ensure that the Declaration is revised to incorporate the comments and inputs raised during the meeting and that the revised version is signed by the Ministers of Health (Responsible: WHO Secretariat);
- (b) ensure urgent implementation of the actions in the Declaration by involving the political leadership at all levels and ensuring domestic and international mobilization of adequate resources for the successful implementation of the planned activities (Responsible: Governments and partners);
- (c) follow up on the vaccine shortage situation to ensure the adequate supply of vaccines (Responsible: UNICEF and WHO). In case of continued unavailability of vaccines, the geographical scope of the planned response plan would be modified (Responsible: Governments and partners);
- (d) the Multinational Joint Military Task Force based in N'Djamena and the national security forces should protect vaccination teams and, where necessary, conduct the actual vaccination (Responsible: Governments);
- (e) the Regional Directors of WHO and UNICEF to jointly communicate an official request the following week to the Government of the Central African Republic for inclusion of the country in the Multi-National Lake Chad Polio Task Force Coordination with the Government of the Central African Republic appointing its representative as soon as possible (Responsible: Regional Directors of WHO and UNICEF; and Minister of Health of the Central African Republic);
- (f) conduct a meeting to review the implementation of the joint response plan and assess progress towards stopping the outbreak by early October 2016 (Responsible: Governments and partners).

ADOPTION OF THE REPORT OF THE SIXTY-SIXTH REGIONAL COMMITTEE (DOCUMENT AFR/RC66/19)

142. The report of the Sixty-sixth session of the Regional Committee (Document AFR/RC66/19) was adopted with amendments.

CLOSURE OF THE SIXTY-SIXTH SESSION OF THE REGIONAL COMMITTEE

Vote of thanks

143. The “Vote of thanks” was presented by Dr Constantina Pereira Furtado Machado, the Secretary of State of Health, Angola. She thanked the President, the Government and the people of the Federal Democratic Republic of Ethiopia for hosting the Sixty-sixth 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 by the Regional Director

144. The WHO Regional Director for Africa, Dr Matshidiso Moeti, in her remarks, thanked the President of the Federal Democratic Republic of Ethiopia, His Excellency Dr Mulatu Teshome and his Government for making excellent arrangements for the successful holding of the Sixty-sixth Regional Committee. She appreciated the warm hospitality and the excellent enabling environment that facilitated the work of the Secretariat. She thanked the President specifically for officially opening the session. She also thanked the Deputy Prime Minister, His Excellency Demeke Mekonnen, for his words of wisdom and his availability to officially close the session. She expressed 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 Chairperson and the alternate Chairpersons for efficiently conducting the deliberations of the session.

145. Dr Moeti remarked that the Secretariat had taken keen note of the very important decisions of the Sixty-sixth session of the Regional Committee. Specifically, she noted that the Member States had asked the Secretariat to conduct advocacy to facilitate work in the Region. She mentioned that during the period of the Regional Committee, WHO African Region had signed a Memorandum of Understanding with the African Union for the realization of the Africa Centre for Disease Control and Prevention (Africa CDC). She also noted the call for community involvement and mobilization of other 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 for dealing with specific public health concerns in the Region. For instance, she noted that the WHO Secretariat was set to work with the relevant

authorities and people in the Region to respond to the recent wild poliovirus (WPV) outbreak in Nigeria and ensure that transmission is interrupted.

146. In concluding her address, Dr Moeti thanked the WHO Secretariat and all those who contributed in diverse ways, including the rapporteurs, interpreters, the translators, the drivers, the media and members of the press and others, in making the Sixty-sixth session of the Regional Committee a success. She thanked Dr Margaret Chan, the Director-General of WHO for her steadfast support and also thanked Zimbabwe for accepting to host the Sixty-seventh session of the Regional Committee in 2017. She wished all 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 Chairman of the Regional Committee

147. In his closing remarks, the Chairperson, Dr Kesetebirhan Admasu Birhane, the Federal Minister of Health, Federal Democratic Republic of Ethiopia, thanked participants for the cooperation he received in directing the meeting. He also used the opportunity to thank the Deputy Prime Minister, His Excellency Demeke Mekonnen, for attending the closing ceremony.

Closing remarks by the Deputy Prime Minister, Federal Democratic Republic of Ethiopia

148. The Deputy Prime Minister, Demeke Mekonnen, congratulated the delegates on their successful participation in the Sixty-sixth session of the WHO Regional Committee for Africa. He reflected on the critical decisions made through the five days of the Regional Committee session, and called for commitment of the Member States and the WHO Secretariat of the African Region towards their implementation. He pledged the commitment of the Government of Ethiopia to supporting WHO and ensuring equitable access to health services and health commodities in the Region. He wished all the delegates and participants at the Sixty-sixth session of the Regional Committee a safe trip as they departed Ethiopia.

149. The Deputy Prime Minister, His Excellency Demeke Mekonnen, then declared the Sixty-sixth session of the Regional Committee closed.

PART III
ANNEXES

ANNEX 1

LIST OF PARTICIPANTS

1. * REPRESENTATIVES OF MEMBER STATES

ALGERIA

Dr Ali Rezgui
Chef de Cabinet
Ministère de la Santé, de la Population
et de la Réforme Hospitalière
Chef de délégation

Prof. Smail Mesbah
Directeur Général de la Prévention et
de la Promotion de la Santé

Mme Selma Malika Hendel
Chargé d'Affaires
Ambassade d'Algérie à Addis Abeba

M. Amichi Hocine
Secrétaire diplomatique à l'Ambassade
d'Algérie à Addis Abeba

ANGOLA

Dr Constantina Pereira Furtado
Machado
Secretária de Estado da Saúde
Chefe de delegação

Dr Augusto Rosa M. Neto
Director do Gabinete de Inter-câmbio

Dr Eusébio Manuel
Chefe de Departamento de Higiene e
Vigilância Epidemiológica
DNSP

Dr Walter Van-Trier Miguel
Assessor da Secretaria de Estado

Dr Katiza Mhula Mangureira
Directora Nacional de Medicamentos e
Equipamentos

BENIN

Dr Seidou Alassane
Ministre de la Santé
Chef de délégation

Dr Ali Imorou Bah Chabi
Coordonnateur Programme Sida

Dr Ahissou Robert Franck Zannou
Directeur de la Santé de la mère et de
l'enfant

M. Sossa Edmond Gbedo
Conseiller technique au Partenariat
Sanitaire
Ministère de la Santé

Dr Bonni I. Christian Chaffa
Secrétaire Général du Ministre de la

* Botswana, Gabon, Guinea-Bissau and Sao Tome and Principe were not represented at this session of the Regional Committee.

BURKINA FASO

Dr Bonkougou Mété
Conseiller Technique du Ministre de la Santé
Chef de délégation

Dr Sawadogo Windsouri Ramatou
Directrice de la Santé de la Famille

Dr Sankara Salif
Directeur régional de la Santé de l'Est

Dr Bicaba Wilfried Brice
Directeur de la lutte contre la maladie

BURUNDI

Mme Josiane Nijimbere
Ministre de la Santé Publique et de la Lutte contre le Sida
Chef de délégation

M. Sef Sabushimike
Directeur Générale la Centrale d'Achat des Médicaments du Burundi (CAMEBU)

Dr Nzotungwanayo Félicien
Directeur Technique du Centre National de Transfusion Sanguine (CNTS)

CABO VERDE

Dr Rosário, Arlindo Nascimento
Ministro da Saúde e Segurança Social
Ministério da Saúde e Segurança Social
Cabo Verde
Chefe da Delegação

Dr Lima, Mendonça Maria da Luz
Directora Nacional da Saúde
Ministério da Saúde
Cabo Verde

CAMEROON

M. Alim Hayatou
Secrétaire d'État à la Santé
Chef de délégation

Dr Georges Alain Etoundi Mballa
Directeur de Lutte contre la Maladie

CENTRAL AFRICAN REPUBLIC

Dr Jocelyne Fernande Djengbot-Dodde
Ministre de la Santé
Chef de délégation

Dr Bernard Boua
Directeur Général de la Santé Publique

CHAD

M. Assane Ngueadougou
Ministre de la Santé Publique
Président du RC65
Chef de délégation

Dr Salim Ossou Souleyman
Conseiller Santé du Chef de l'État

Dr Abderamane Mboudou Choukou
Inspecteur Général/MSP

Dr Djabar Hamid
Secrétaire Général au Ministère de la
Santé Publique

M. Abdelkadre Mahamat Hassane
Directeur général des Ressources et de
la Planification

Dr Ndoundo Rohingalaou
Directeur général des Activités
Sanitaires
Délégué

Dr Nimir Cherif Baharadine
Directeur

COMOROS

Mme Moinour Ahmed Said Hassani
Secrétaire Générale du Ministère de la
Santé
Chef de délégation

M. Mmadi Soilih Salim
Conseiller économique auprès de
l'Ambassade des Comores en Éthiopie

M. Mogne Chaharane
Attaché à la Défense auprès de
l'Ambassade des Comores en Éthiopie

CONGO

Mme Jacqueline Lydia Mikolo
Ministre de la santé et de la Population
Chef de délégation

M. Jérémie Mouyokani
Conseiller Technique

Prof. Alexis Elira Dokekias
Directeur Général de la Santé
Hôpitaux et organisation des soins

Mme Fernande M'Vila
Conseillère à l'Ambassade et mission
permanente du Congo en Suisse
Point focal du Congo à l'OMS-Genève

Mme Stella Sandrine Balossa Moukala
Secrétaire particulière de la Ministre de
la Santé

M. Charles Adéodas Obambo
Attaché aux Relations Publiques
Chef du protocole

M. Germain Okouo
Collaborateur

CÔTE D'IVOIRE

Prof Simplicie Dagnan N'Cho
Directeur de l'Institut National
d'Hygiène Publique (INHP)
Responsable de la prévention de la
lutte contre Ebola
Chef de délégation

Dr Patrick Olivier Yayo Sagou
Directeur Coordonnateur du
programme national de
développement de l'activité
pharmaceutique

Dr Emile Allah-Kouadio
Directeur Coordonnateur

Dr Katche Valéry Adoueni
Directeur Coordonnateur du
Programme de Lutte contre les
Maladies Métaboliques

DEMOCRATIC REPUBLIC OF THE CONGO

Dr Félix Kabange Numbi Mukuampa
Ministre de la Santé Publique
Chef de délégation

Mme Liliane Tshal Kalong
Conseillère chargée du Genre, famille
et Enfant au Cabinet du Ministre de la
Santé Publique

Dr Franck Fwamba
Directeur du Programme National de
Lutte contre le Sida (PNLS)

M. Alain Mboko Iyeti
Direction d'Études et Planification (DEP)

M. Claudel Tshikamba Naweji
Attaché de Presse du Ministre de la
Santé Publique

ERITREA

M. Allo Asgedom Tedla
Chargé d'Affaires
Permanent mission of Eritrea to AU and
UNECA
Head of delegation

ETHIOPIA

Dr Kesetebirhan Admasu Birhane
Minister of Health
Head of delegation

Dr Worku Kebede
State Minister of Health

Dr Kifle Mahlet
Chief of Staff of the Minister

M. Noah Elias Tegene
Director of Policy and Planning

Dr Daniel Bursa
Director General Medical Services

EQUATORIAL GUINEA

Son Excellence Praxedes Rabat
Makambo
Vice-Ministre de la santé et du Bien-être
Social
Chef de délégation

Dr Valero Ondo Nguema
Directeur Général de la Santé Publique
et Prévention de Maladies

GHANA

Hon. Alexander P. Segbefia
Minister for Ministry of Health
Head of delegation

Dr Emmanuel Ankrah Odame
Ag. Director of Policy Planning
Monitoring and Evaluation

GUINEA

Dr Abdourahmane Diallo
Ministre de la Santé
Chef de délégation

Dr M'Balou Diakhaby
Conseiller chargé de mission et de
coopération technique

Dr Mohamed Lamine Yansané
Conseiller chargé de politique sanitaire

ISLAMIC REPUBLIC OF THE GAMBIA

Dr Omar Sey
Minister of Health and Social Welfare
Head of delegation

Mrs Saffie Lowe Ceesay
Permanent Secretary

Dr Samba Ceesay Acting Director of
Health Services

M. Ignatius Baldeh
Director of National Public Health
Laboratory

M. Omar Badjie
Programme Manager Non-
communicable Diseases

M. Malang Darboe
Principal Assistant Secretary

KENYA

Dr Cleopa Mailu
Cabinet Secretary
Head of delegation

Dr Jackson Kioko
Director of Medical Services

Dr Martin Sirengo
Head/NASCOP

Dr Kariuki Gachoki
Pharmacy and Poisons Board

Dr Isabella Ayagah
International Health Relations Officer

Dr Hellen Kabiru
Counsellor Health Kenya Mission in
Geneva

LESOTHO

Dr Molotsi Monyawane
Minister of Health
Head of delegation

Ms Palesa Mokete
Deputy Principal Secretary

Dr Lieketseng Petlane
Director Oral Health

Dr Thabelo Ramatlapeng
Director Primary Health Care

LIBERIA

Dr Bernice T. Dahn
Minister of Health
Head of delegation

M. Tolbert G. Nyenswah
Deputy Minister Public Health
Emergency

M. Theophilus Collins Hampaye
National President
Liberia National Physician Assistant
Association

MADAGASCAR

Prof Andriamanarivo Mamy Lalatiana
Ministre de la santé Publique
Chef de délégation

Dr Ramihantaniarivo Herlyne
Directeur general de la santé

Dr Jean Chrysostome Ratsitorahina
Maherisoa
Directeur de la Veille Sanitaire et de la
Surveillance Épidémiologique

M. Marc Rajaonarison
Responsable des questions de santé
auprès de la mission à Genève

Dr Rakototiana Barthélémy
Assistant technique auprès du
secrétaire général

Dr Rakotondrandriana Antsa
Nomenjanahary
Responsable de la prise en charge à la
Direction de lutte contre le paludisme

MALAWI

Dr Macphail P. Magwira
Secretary for Health
Head of Delegation

M.s Tulipoka N. Soko
Acting Director Nursing and Midwifery

M. Rabson Willy Chomba
Chief Accountant

MALI

Dr Salif Samake
Conseiller technique
Chef de délégation

Dr Mama Coumaré
Directeur National de la Santé

M. Amadou Moro
Conseiller Ambassade du Mali à Addis-
Abeba

MAURITANIA

Prof. Cheikh Baye Mkeitiratt
Conseiller Technique du Ministre de la
Santé
Chef de délégation

MAURITIUS

Hon. Anil Kumarsingh Gayan
Ministry of Health and Quality of Life
Head of delegation

H.E. M. Raj Busgeeth
Ambassador

M. Y. M. Ramjanally
First Secretary

M. Harveen K. Ramdhian
Second Secretary

MOZAMBIQUE

H.E. Manuel José Concalves
Ambassador Extraordinary and
Plenipotentiary of the Republic of
Mozambique to the Federal Republic of
Ethiopia, and Permanent
Representative at the African Union in
Addis Ababa
Head of delegation

Dr Lídia Chongo
Deputy National Director for Planning
and Cooperation

Mrs Maria Benigna Matsinhe
Deputy National Director for Public
Health

M. José Manuel
Niassa Province Health Director

M. Casimiro Adolfo Nhaquila
Cooperation Officer

NAMIBIA

Ms Bertha Katjivena
Acting Deputy Permanent Secretary
Ministry of Health and Social Services
Head of delegation

M. Axel Tibinyane
Acting Deputy Permanent Secretary
Ministry of Health and Social Services

NIGER

M. Moutari Kalla
Ministre de la Santé
Chef de délégation

Dr Djibo Garba
Directeur des Études et de la
Programmation

Dr Yaroh Asma Gali
Directrice générale de la Santé
publique

NIGERIA

Prof. Isaac F. Adewole
Minister of Health
Head of delegation

Ms Binta L. Adamu Bello
Permanent Secretary

Ms Yeninde O. Oni
Acting Director General (NAFDAC)

Ms Akinola Boade
Director Media and Public Relations

Dr Emmanuel Akin Oyemakinde
Director Health Planning Research and
Statistics

Dr Eimunjeze Monica
Director, Registration and Regularory
Affairs

M. Bolarinwa A. Yusuf
(NAFDAC)

M. Ahmed Isa Ibrahim

M. James Umanah Okon

Dr Imran Morhason-Bello
STA-HMH

Dr Mustafa Zubairu Mahmud
Director Logistics and Health
Commodities

Dr Ahmed Saidu
STA-PSH

Dr Nasir Sani Gwarzo
Director
Chief Consultant Epidemiologist

RWANDA

Dr Théophile Dushime
Director General of Clinical and Public
Health Services
Head of Delegation

SENEGAL

Prof. Awa Marie Coll Seck
Ministre de la Santé et de l'action
sociale
Chef de délégation

Prof. Ibrahima Seck
Conseiller Technique no 1

Dr Bocar Mamadou Daff
Directeur de la Santé de la
reproduction et de la survie de l'enfant

Dr Marie Khemesse Ngom Ndiaye
Directrice de lutte contre la maladie

Dr Adoulaye Bousso
Coordonnateur de centre des
opérations d'urgence sanitaire

Mme Sokna Ramatoulaye Mbow Diba
Assistante Administrative

SEYCHELLES

Dr Bernard Valentin
Principal
Head of delegation

M. Jean Malbrook
Director of International Cooperation

SIERRA LEONE

Ms Madina Rahman
Deputy Minister of Health and
Sanitation Head of delegation

SOUTH AFRICA

Dr Mathume Joseph Phahla
Deputy Minister
Head of Delegation

Ms Malebona Precious Matsoso
Director General

Ms Lebogang Lebeso
Chief Director

Dr Yogapragasen Govindsamy Pillay
Deputy Director General

Ms Tsakani Mnisi
Director International Relations

M. Nthari Matsau
Deputy Director General

Ms Yvonne Gail Nkhensami Mandulane
Appointment Secretary/Personnel
Assistant

Ms Boitumelo Esther Sithole
First Secretary

SOUTH SUDAN

Dr Richard Lino Lako
Director General Policy, Planning and
Budget
Head of delegation

Dr Kediende Mapuor Akec Chong
Director General, International Health
and Coordination

SWAZILAND

Ms Rejoice Nomathemba Nkambule
Deputy Director of Health Services

TANZANIA

Hon. Mahmoud Thabiti Kombo
Minister of Health
Head of delegation

Prof. Muhammad Bakari Kambi
Chief Medical Officer

Dr Neema Rusibamayila
Director of Preventive Services

Dr Janneth Mghamba
Assistant Director – Epidemiology

Dr Beatrice Mutayoba
Program Manager – NTL

Dr Catherine Sanga
Health Attaché
Tanzania Mission, Geneva

TOGO

Prof. Gado Agarassi Napo-Koura
Secrétaire général du Ministère de la
Santé et de la Protection Sociale
Chef de délégation

Dr Gnassingbe Afègnindou
Ministre Conseiller à la Mission
Permanente du Togo à Genève

Dr Kokou Wotobe
Chef de Division Programmation et
Coopération

UGANDA

Hon. Ms Sarah Achieng Opendi
Minister of State for Health
Head of delegation

Dr Henry Luzze
Senior Medical Officer/Deputy
Programme Manager, Uganda
National Expanded Programme on
Immunization

Dr Timothy Musila
Principal Health Planner

M. Twaha Matata Frankman
First Secretary and Desk Officer for
Health
Uganda Permanent Mission - Geneva

ZAMBIA

Dr Caroline Phiri Chibawe
Director Mother and Child Health
Ministry of Health
Head of delegation

Ms Monica Mbewe Gardner
Chief Policy Analyst

Dr Callistus Kayunga
National TB/ Leprosy Control Program
Manager

Dr Emmanuel Makassa
Counsellor-Health Zambian
Embassy in Geneva

ZIMBABWE

Dr David Pagwesese Parirenyatwa
Minister of Health and Child Care
Head of delegation

Dr Portia Manangazira
Director Epidemiology and Disease
Control

Dr Robert Mudyiradima
Ministry of Health and Child Care

Dr Mandy Sibanda
Oral Health Directorate

M.s Paidamoyo S. Takaenzana
Geneva based Official, Counsellor
Zimbabwe Permanent Mission

Dr Alice Kanyema
Government Medical Officer

2. STATES FROM OTHER REGIONS

CHINA

Ms Cui Li
Vice-Minister, China National Health
and Family Planning Commission
Observer

M. Wu Zhen
Vice-Minister, China Drug and Food
Administration
Observer

M. Guo Wenqi
Assistant Minister, CFDA
Observer

M. Yuan Lin
Director General, Department of
International Cooperation, CFDA
Observer

M. Guo Xiaoguang
Director General, Bureau of
Investigation, CFDA
Observer

M. Ding Yifang
Director General Department of
Personnel CFDA
Observer

M. Wang Xiangyu
Director, Division of International
Organizations, Department of
International Cooperation, CFDA

Dr Yong Feng
Director General
Observer

M. Wang Wei
Principal Staff Member,
Department of Personnel, CFDA
Observer

UNITED KINGDOM DEPARTMENT FOR
INTERNATIONAL DEVELOPMENT (DFID)

Ms Lisha Lala
Health Advisor

UNITED STATES OF AMERICA

US DEPARTMENT OF HEALTH AND
HUMAN SERVICES (DHHS)

Dr Samuel Adeniyi-Jones
Director, Africa Region
Observer

Dr Mitchell Wolfe
Deputy Assistant Secretary
Observer

M. Steven Smith
Health Attaché and Regional
Representative for Southern Africa
Observer

Dr Elana Clarke
Sr International Health Analyst
Observer

US CENTERS FOR DISEASE CONTROL
(CDC)

Dr Rachel Idowu
Technical Adviser to Africa CDC

3. INTERGOVERNMENTAL
ORGANIZATIONS

AFRICAN CENTER FOR GLOBAL HEALTH
AND SOCIAL TRANSFORMATION
(ACHEST)

Dr Patrick Kadama
Director for Policy and Strategy

AFRICAN UNION COMMISSION

Ambassador Olawale Maiyegun
Director of Social Affairs Department
Observer

Dr Margaret Agama-Anyetc
Director of Health Division
Observer

M. Lurie Bah
Communication Expert
Observer

Dr Mustapha Kaloko
Commissioner
Observer

EUROPEAN UNION

Dr Chamorro Romos
Counsellor
Observer

**INTERGOVERNMENTAL AUTHORITY ON
DEVELOPMENT (IGAD)**

Dr Girum Hailu Maheteme
Senior Advisor Health and Social
Development
Observer

**INTERNATIONAL ATOMIC ENERGY
AGENCY (IAEA)**

Ms Nelly Enwerem-Bromson
Director programme of Action for Cancer
Therapy (PACT) IAEA
Head of delegation

**INTERNATIONAL FEDERATION OF RED
CROSS AND RED CRESCENT (IFRC)**

Dr Youcef Aït Chellouche
Permanent Representation
Head of Delegation and
Representative to AU and UNECA

**NEW PARTNERSHIP FOR AFRICA'S
DEVELOPMENT (NEPAD)**

Ms Chimwemwe F. Chamdimba
Senior Programme Officer
Observer

**SOUTHERN AFRICAN DEVELOPMENT
COMMUNITY
(SADC)**

M. Joseph Mthetwa,
Senior Programme Officer - Health and
Pharmaceuticals
Observer

Dr Alphonse M. Mulumba
Senior Programme Officer HIV and AIDS
Observer

**UNION ÉCONOMIQUE ET MONÉTAIRE
OUEST- AFRICAINE (UEMOA)**

Dr Corneille Traore
Directeur de la Santé, de la Protection
Sociale et de la Mutualité
Observateur

**UNITED NATIONS CHILDREN'S
EMERGENCY FUND (UNICEF)**

Dr Ngashi Ngongo
Principal Adviser – Child survival and
Development West and Central Africa

Dr Gabrielle Fontana
Regional Health Advisor
East and Southern Africa

**UNITED NATIONS POPULATION FUND
(UNFPA)**

M. Mabingue Ngom
Regional Director
Head of Delegation

**WEST AFRICAN HEALTH ORGANISATION
(WAHO)***

Dr Laurent Assogba
Directeur Général Adjoint
Chef de délégation

4. NONGOVERNMENTAL ORGANIZATIONS AND OTHER INVITED PARTNERS

AFRICAN LEADERS MALARIA ALLIANCE (ALMA)

Ms Joy Phumaphi
Executive Secretary
Observer

Dr Melanie Renshaw
Observer

Ms Joyce Kafanabo
Senior Coordinator and Country Liaison
Observer

AFRICAN FEDERATION OF PUBLIC HEALTH ASSOCIATIONS (AFPHA)

Dr Tewabech Bishaw
Head of Delegation

ALLIANCE EAST AFRICA

Prof. Joseph Mucumbitsi
Observer

BILL AND MELINDA GATE FOUNDATION (BMGF)

Dr Chris Elias
President

Dr Steve Landry
Director

CONSEIL PONTIFICAL POUR LA PASTORAL DES SERVICES DE SANTÉ (SAINT SIÈGE)

Mgr Jean Marie Mupendawatu
Secrétaire du Conseil Pontificale pour les Services de santé
Observer

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS (IAPO)

M. Joshua Wamboga
Chair-Elect

END FUND

Ms Sarah Marchal Muray
Chief Operating Officer
Observer

Ms Ellen Agler
Chief Executive Officer
Observer

EUROPEAN AND DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP (EDCTP)

Prof. Moses Bockarie
Director of South South Cooperation and Head of the Africa Office
Observer

GAVI ALLIANCE

Dr Marthe Sylvie Essengue Elouma
Regional Head, Francophone Africa
The Vaccine Alliance
Observer

Dr Maryse Dugue
Regional Head, Francophone Africa
The Vaccine Alliance
Observer

**INTERNATIONAL FEDERATION OF
MEDICAL STUDENTS' ASSOCIATIONS
(IFMSA)**

M. Karim M. Abuzied
President
Observer

Dr Edward Appiah-Kubi
Regional Director
Observer

M. Liyew Habtamu Abelneh
Observer

Ms Kiragu Florence Mwende
Observer

**INTERNATIONAL UNION AGAINST
CANCER AND NCD ALLIANCE**

M. Wondu Bekele Woldemariam
Observer

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH (IADR)**

Dr Christopher Fox
Executive Director
Observer

Prof. Eyitope Ogunbodede
Board of Director Member
Observer

**INTERNATIONAL FEDERATION OF
PHARMACEUTICAL MANUFACTURERS AND
ASSOCIATIONS (IFPMA)**

M. Abraham Yitbarek Ejigu
Key Account Manager

MALARIA ELIMINATION

Dr Richard Nchabi Kamwi
Ambassador for Malaria Elimination
Observer

Ms Kudzai Makomva
Assistant to Dr Kamwi
Observer

**ROLL BACK MALARIA (RBM)
PARTNERSHIP**

Dr Winnie Mpanju-Shumbusho
Board Chair of RBM Partnership
Observer

**WORLD ORGANIZATION OF FAMILY
DOCTORS (WONCA)**

Dr Ehimatie Matthew Obazee
President, Africa region
Head of delegation

UNITING TO COMBAT NTDS

Ms Sithokozile Pooley
Observer
M. Tedros Adhanom Ghebreyesus
Minister of Foreign Affairs
Ethiopia

Ms Nicole Vecchio
Observer

**5. GUESTS AND OTHERS IN
ATTENDANCE**

M. Philippe Douste-Blazy
Former Minister of Health and Foreign
Affairs
France

Ms Sania Nishtar
Former Minister of Health
Pakistan

ANNEX 2

AGENDA OF THE SIXTY-SIXTH 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 provisional agenda and Programme of Work (Document AFR/RC66/1)
4. Appointment of members of the Committee on Credentials
5. The Work of WHO in the African Region 2015-2016: Report of the Regional Director (Document AFR/RC66/2)
6. Statement of the Chairperson of the Programme Subcommittee (Document AFR/RC66/3)
7. Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs (Document AFR/RC66/5)
8. Regional strategy for health security and emergencies 2016–2020 (Document AFR/RC66/6)
9. Draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response (Document AFR/RC66/4)
10. Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health: implementation framework for the African Region (Document AFR/RC66/8)
11. Global strategy for Women's, Children's and Adolescents' Health 2016–2030: Implementation in the African Region (Document AFR/RC66/9)
12. Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC66/10)
13. HIV/AIDS: Framework for action in the WHO African Region 2016–2020 (Document AFR/RC66/11)
14. Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2020 (Document AFR/RC66/12)
15. Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC66/14)
16. Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/7)
17. The African Public Health Emergency Fund (APHEF) – The way forward (Document AFR/RC66/15)
18. Regional strategy on regulation of medical products in the African Region, 2016–2025 (Document AFR/RC66/13)

19. New Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa (Document AFR/RC66/16)
20. Draft Proposed Programme Budget 2018-2019 (Document AFR/RC66/17)

21. Information

- 21.1 Progress report on implementation of the Regional HIV Strategy 2011–2015 (Document AFR/RC66/INF.DOC/1)
- 21.2 Progress report on Health and Human Rights: current situation and way forward in the African Region (Document AFR/RC66/INF.DOC/2)
- 21.3 Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management (Document AFR/RC66/INF.DOC/3)
- 21.4 Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC66/INF.DOC/4)
- 21.5 Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC66/INF.DOC/5)
- 21.6 Progress report on the implementation of the regional strategy on enhancing the role of traditional medicine in health systems (2013–2023) (Document AFR/RC66/INF.DOC/6)
- 21.7 Progress report on the implementation of the road map for scaling up the human resources for health for improved health service delivery in the African Region, 2012–2025 (Document AFR/RC66/INF.DOC/7)
- 21.8 The Reform of WHO's work in health emergency management: report of the Director-General (Document AFR/RC66/INF.DOC/8)
- 21.9 Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC66/INF.DOC/9)
- 21.10 Progress report on the implementation of the Transformation Agenda (Document AFR/RC66/INF.DOC/10)
- 21.11 Report on WHO staff in the African Region (Document AFR/RC66/INF.DOC/11)
- 21.12 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC66/INF.DOC/12)
22. Draft provisional agenda and dates of the Sixty-seventh session of the Regional Committee and venue of the Sixty-eighth session of the Regional Committee (Document AFR/RC66/18)
23. Adoption of the report of the Regional Committee (Document AFR/RC66/19)
24. Closure of the Sixty-sixth session of the Regional Committee

ANNEX 3

PROGRAMME OF WORK

DAY 1: Friday, 19 August 2016

09:00–11:30	Agenda item 1	Opening of the meeting
11:30–12:00	Group photo 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/RC66/1)
	Agenda item 4	Appointment of members of the Committee on Credentials
12:30–14:30	<i>Lunch break</i>	
	(Meeting of the Committee on Credentials)	
14:30–15:30	Agenda item 5	The Work of WHO in the African Region 2015-2016: Report of the Regional Director (Document AFR/RC66/2)
15:30–16:00	Agenda item 6	Statement of the Chairman of the Programme Subcommittee (Document AFR/RC66/3)
16:00–16:30	<i>Tea break</i>	
16:30–18:00	Agenda item 7	Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs (Document AFR/RC66/5)
18:00	End of the day's session	
19:00	Dinner hosted by the Government of the Federal Democratic Republic of Ethiopia	

DAY 2: Saturday, 20 August 2016

08:45–09:00	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:00–09:40	Agenda item 7 (cont'd)	Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs (Document AFR/RC66/5)
09:40–10:40	Agenda item 10	Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health: implementation framework for the African Region (Document AFR/RC66/8)
10:40–11:00	<i>Tea break</i>	
11:00–12:30	Agenda item 8	Regional strategy for health security and emergencies (Document AFR/RC66/6)
12:30–14:30	<i>Lunch break</i>	
13:30–14:30	Side Event – Roll Back Malaria	
14:30–16:00	Agenda item 9	Draft global implementation plan for the recommendations of the Review Committee on the Role of The International Health Regulations (2005) in the Ebola Outbreak and Response (Document AFR/RC66/4)
16:00–16:30	<i>Tea break</i>	
16:30–17:30	Agenda item 11	Global strategy for Women's, Children's and Adolescents' Health 2016–2030: implementation in the African Region (Document AFR/RC66/9)
17:30–18:30	Agenda item 12	Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC66/10)
18:30	End of the day's session	
19:00	Reception hosted by the Regional Director	

DAY 3: Sunday, 21 August 2016

09:00–09:05	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:05–10:05	Agenda item 15	Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC66/14)
10:05–10:30	<i>Tea break</i>	
10:30–11:30	Agenda item 13	HIV/AIDS: Framework for action in the WHO African Region 2016–2021 (Document FR/RC66/11)
11:30–12:30	Agenda item 14	Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2021 (Document AFR/RC66/12)
12:30–14:30	<i>Lunch break</i>	
13:30–14:30	Side Event - Extending Health Systems to the Grassroots: the Ethiopian Experience with Emergency Medical Services and the Health Development Army	
14:30–16:00	Agenda item 17	The African Public Health Emergency Fund (APHEF) – The way forward (Document AFR/RC66/15)
16:00–16:30	<i>Coffee break</i>	
16:30–17:30	Agenda item 12	Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC66/10)
17:30–18:00 ¹	Agenda item 16	Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/7)
18:00	End of the day's session	
19:00–21:00	Evening Side Event – Stop TB	

¹ If time allows the regional Committee will open the deliberations on agenda item 16

DAY 4: Monday, 22 August 2016

09:00–10:00	Agenda item 16 (cont'd)	Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/7)
10:00–11:00	Agenda item 20	WHO Programme Budget 2018–2019 (Document AFR/RC66/17)
11:00–11:30	<i>Tea break</i>	
11:30–12:30	Agenda item 19	Revised Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa (Document AFR/RC66/16)
12:30–14:30	<i>Lunch break</i>	
13:30–14:30	GAVI Alliance Side Event	
14:30–16:00	Agenda item 18	Regional strategy on regulation of medical products in the African Region (Document AFR/RC66/13)
16:00–16:30	<i>Coffee break</i>	
16:30–17.30	Agenda item 21	Information Documents
	Agenda item 21.1	Progress report on implementation of the Regional HIV Strategy 2011–2015 (Document AFR/RC66/INF.DOC/1)
	Agenda item 21.2	Progress report on Health and Human Rights: current situation and way forward in the African Region (Document AFR/RC66/INF.DOC/2)
	Agenda item 21.3	Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management (Document AFR/RC66/INF.DOC/3)
	Agenda item 21.4	Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC66/INF.DOC/4)

	Agenda item 21.5	Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC66/INF.DOC/5)
	Agenda item 21.6	Progress report on the implementation of the regional strategy on enhancing the role of traditional medicine in health systems (Document AFR/RC66/INF.DOC/6)
	Agenda item 21.7	Progress report on the implementation of the regional road map for scaling up the human resources for health for improved health service delivery in the African Region, 2012–2025 (Document AFR/RC66/INF.DOC/7)
	Agenda item 21.8	The Reform of WHO's work in health emergency management: report of the Director-General (Document AFR/RC66/INF.DOC/8)
	Agenda item 21.9	Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC66/INF.DOC/9)
	Agenda item 21.10	Progress report on the implementation of the Transformation Agenda (Document AFR/RC66/INF.DOC/10)
	Agenda item 21.11	Report on WHO staff in the African Region (Document AFR/RC66/INF.DOC/11)
	Agenda item 21.12	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC66/INF.DOC/12)
17:30 – 18:00	Agenda item 22	Draft provisional agenda and dates of the Sixty-seventh session of the Regional Committee and place of the Sixty-eighth session of the Regional Committee (Document AFR/RC66/18)
18:00	End of the day's session	
18:00–19:30	<i>Side Event on the Universal Health Coverage Journey: Experience of China and updates on China's collaboration with Africa</i>	

DAY 5: Tuesday, 23 August 2016

10:00 –11:00	Agenda item 23	Adoption of the report of the Regional Committee (Document AFR/RC66/19)
11:00	Agenda item 24	Closure of the Sixty-sixth session of the Regional Committee

ANNEX 4

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

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairmen and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. The Work of WHO in the African Region
7. Statement of the Chairman of the Programme Subcommittee
8. **[Matters of global concern related to World Health Assembly decisions and resolutions]**
9. Regional strategy for the management of environmental determinants of human health in the African Region 2017–2021
10. Global Health Sector Strategy on Sexually-Transmitted Infections, 2016–2021: implementation framework for the African Region
11. Implementation of the reform of WHO's work on emergencies in the African Region: progress and way forward
12. Health in All Policies to reduce health inequities through addressing social determinants of health
13. Blood safety: A strategy for the African Region (2017–2026)
14. Framework for action for health systems development for SDGs and UHC in the African Region
15. Framework for the implementation of the Global Strategy on Human Resources for Health (health workforce 2030) in the African Region
16. Hypertension in the African Region: current situation and way forward
17. Chronic respiratory diseases in the African Region: current situation and way forward
18. African Regional Framework for the implementation of the Global Action Plan 2014–2019 for Universal Eye Health
19. Status of Reviews, Authorizations and Oversight for Clinical Trials in the WHO African Region
20. Orientation for the implementation of the PB 2018-2019

21. Information

- 21.1 Progress report on the implementation of the regional programme for public health adaptation to climate change
 - 21.2 Progress report on the implementation of the resolution on NTDs
 - 21.3 Progress report on utilizing eHealth solutions to improve national health systems in the African Region
 - 21.4 Progress report on the African Health Observatory: opportunity for strengthening health information systems through national health observatories
 - 21.5 Progress report on the implementation of the “CVD in the African Region: current situation and perspectives” (technical document)
 - 21.6 Progress towards measles elimination by 2020
 - 21.7 Progress report on Polio Eradication Status and Endgame Strategy in the African Region
 - 21.8 Report on WHO staff in the African Region
 - 21.9 Regional matters arising from reports of the WHO internal and external audits
- 22. Draft provisional agenda and dates of the Sixty-eighth session of the Regional Committee and place of the Sixty-ninth session of the Regional Committee
 - 23. Adoption of the report of the Regional Committee
 - 24. Closure of the Sixty-seventh session of the Regional Committee

ANNEX 5

SPEECH BY HIS EXCELLENCY, DR KESETEBIRHAN ADMASU, MINISTER OF HEALTH OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Your Excellency Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia,

Your Excellency Dr Margaret Chan, Director-General of the World Health Organization, Honorable Ministers of Health of Member States of the African Region,

Honorable Dr Matshidiso Moeti, WHO Regional Director for Africa,

Distinguished Delegates,

Ladies and Gentlemen.

Thank you for the opportunity to speak at this annual gathering of the World Health Organization's Sixty-sixth session of the Regional Committee meeting for Africa.

On behalf of my Government I want to say how glad we are to host the Sixty-sixth WHO Afro annual meeting in Addis Ababa.

At this annual meeting we'll be deliberating and passing critical decisions, adopt resolutions and endorse strategies on key public health issues of the African continent. The consensus we reach will also enable us to align our national health policies and strategies with the decisions reached in this meeting.

In reviewing the planned agenda for our meeting, what I noticed was that we will be dealing with a myriad of agenda items. Agenda items for discussion include, beginning from routine administrative procedural actions such as the nomination of a Chair and Vice-Chairperson — to topic areas such as noncommunicable diseases, security and emergencies, responses related to Ebola, children's and adolescents health, end TB, HIV/AIDS, viral hepatitis, malaria, SDGs, emergency fund, regulation of medical products, disaster risk management, and so on — to be precise, there 24 agenda items have been listed!

What this should tell us that we have a lot on our plates. And these agenda items are not easy, they are quite challenging and, in some cases, daunting.

Honorable guests and ministers,

While we have made significant progress in some of the agenda items listed for deliberation, with many, we have long ways to go and some are emerging and are on the way of becoming a threat — they cannot be ignored and or left to the next generation. We must collaboratively act on them now, there is no room for complacency.

On the other hand, not all is doom and gloom, in the two past decades, we have strived valiantly and succeeded in either arresting diseases such as EBOLA and or mitigating many diseases from becoming a scourge. Moreover, across our continent, we have successfully increased the life span expectancy of our populace, reduced maternal and infant mortalities, decreased the rates of infection of HIV, TB and malaria, made services available to the larger populace — the list goes on. What this should tell us all is that, if there is a will there is a way — collectively, as health is a key engine to happiness and prosperity, we can also increase the quality of life of our people. I am confident that we can and will do so — this should also be our collective mandate.

It is not good enough — no, not really — more challenges awaits us. As you know, there are too many that have not been a beneficiary of the progress that we have made, equity is of paramount importance, because no one should be left behind.

While we have also increased the span of our services, we have to also address the quality of services being rendered – because service quality impacts health outcomes.

We have to ensure that the services rendered are provided with compassion and respect — no less should be acceptable.

Moreover, in addition to sustaining the gains we have made on the Millennium Development Goals, we also need to embrace the Sustainable Development Goals. As you know, the SDGs encompass broader agendas including social, economic and environmental determinants of health.

Let me conclude my talk by quoting William Jennings Bryan when he said: “Destiny is no matter of chance. It is a matter of choice. It is not a thing to be waited for; it is a thing to be achieved.”

Finally, I'm confident that, both our deliberations in this meeting will be productive and your stay in Addis pleasant. Please don't hesitate to tell us what else we can do to make your stay memorable, my staff are on standby to help!

Thank you.

ANNEX 6

SPEECH OF MR ASSANE NGUEADOUM, MINISTER OF HEALTH OF THE REPUBLIC OF CHAD, CHAIRMAN OF THE SIXTY-FIFTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA AT THE OPENING CEREMONY OF THE SIXTY-SIXTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Your Excellency, Prime Minister of the Federal Democratic Republic of Ethiopia;
Distinguished Chairpersons of the major institutions of the Republic of Ethiopia;
Honourable Ministers in charge of Health;
The WHO Director-General;
The WHO Regional Director for Africa;
Representatives of multilateral and bilateral international cooperation organizations;
Distinguished guests, all protocol respected;
Dear delegates.

It is my honour to take the floor before this august assembly at the opening ceremony of the Sixty-sixth session of the WHO Regional Committee for Africa.

Allow me, at the outset, to make two special references, one to His Excellency, the Prime Minister of the Federal Democratic Republic of Ethiopia, for honouring us by personally chairing this ceremony, and the other to Dr Margaret Chan, WHO Director-General, for reaffirming her friendship and constant availability for the African Region, renewed several times on such occasions.

Furthermore, I would like, in my capacity as Chairman of the Sixty-fifth session of the Regional Committee, on behalf of Ministers in charge of Public Health of the 47 Member States of our Region, to heartily thank the political, administrative and traditional authorities for the very warm welcome accorded us since our arrival in Addis-Ababa, the capital of Africa.

Ladies and gentlemen,

It is with a lot of gratitude that I thank all the ministers in charge of health who honoured my country by entrusting the chair of our Organization to me. It is therefore with humility, dear colleagues, that I am rendering account of my mandate to you.

In fact, you will remember that the Ministers in charge of Health met at the Sixty-fifth session of the Regional Committee from 23 to 27 November 2015 in N'Djamena, Chad, thus endorsing the Cotonou Decision that gave Chad the mandate to organize the said session.

It was on that occasion that I was elected Chairman of the Sixty-fifth session of the Regional Committee. I want to express my sincere gratitude to you for this great token of trust.

At that time, I had no idea of the sensibilities associated with this honorary post. However, the key role played by the Regional Secretariat of our Organization greatly facilitated my task.

I would therefore like to take this opportunity to very sincerely thank the WHO Regional Director for Africa and her entire team for the very important technical support given me throughout my mandate.

Dr Moeti, I would really like to express to you my sincere thanks and congratulations for the work done for the benefit of Africa and commend the perfect implementation of the recommendations of the Sixty-fifth session of the Regional Committee.

Ladies and gentlemen,

I would like to underscore three challenges that appeared very sensitive to me and which did not in any way undermine the cohesion of Member States around our common Regional Organization during my tenure as Chair of the Sixty-fifth session of the Regional Committee.

The first challenge is related to the assertion of the leadership of our Heads of State. In fact, in spite of the Cotonou Decision, Chad's tenure as Chair of the Sixty-fifth session of the Regional Committee was not guaranteed, due to security concerns in the aftermath of the attacks associated with the Boko-Haram sect in the capital.

However, the unflinching support of the Heads of State of friendly countries helped to maintain the project, better still to beat the record of participation in sessions of the past five years. Thank God, this challenge was met to the satisfaction of all.

The second challenge emerged during the Sixty-ninth World Health Assembly. Enormous stakes related to the election of the new Regional Director almost divided us.

However, the Region spoke with one voice in the statement by the Chairman of the Sixty-fifth session of the Regional Committee as reflected in Decision Ex. CI/949 of the African Union Heads of State Summit on African candidatures in international organizations making Mr Tedros Adhanom Ghebreyesus, former Minister of Foreign Affairs of Ethiopia, Africa's candidate.

Lastly, the third challenge relates to the Transformation Agenda of the WHO Secretariat in the African Region 2015-2020 presented by the Regional Director at the Sixty-fifth

session held in N'Djamena. You would also recall that following that presentation, the proposal was endorsed by all. Thus, each of us should contribute to its success.

As Chairman of the Sixty-fifth session of the Regional Committee, I initiated and obtained the support of the WHO to conduct an advocacy mission with a number of States with the aim of finding lasting solutions to our Organization's challenges and to enable it to serve us better.

To that end, I would like to share with you our small experience in terms of lessons learned by the end of our tenure that could help accelerate the reform process.

The first lesson is our weak ownership of our Regional Organization's Secretariat. This is all the more true as the effectiveness of the latter is presently under threat. And yet we need a strong Secretariat that can fully play its advisory role with our States in order to strengthen our health systems. Hence as ministers of health, we should be mindful of the "health" of the said Secretariat and ensure that it is sound and capable of delivering better.

Ladies and Gentlemen,

I need not remind you that real efforts have been made to strengthen the health systems of our Region, but there is a lack of visibility that often leads us to look elsewhere for models instead of relying on what is peculiar to our Region.

WHO must therefore highlight the capacities and competencies of our States so that they will be known to all and thereby facilitate regional cooperation.

Furthermore, WHO must support us to better organize and develop our fragile health systems into pools of complementary skills, because our individual States cannot be self-sufficient in the current context marked by health emergencies.

In sum, we should enhance and develop South-South cooperation in order to ensure better sharing of good practices.

The second lesson is that health challenges have greatly increased in Africa, and if we wish to address them effectively, some priorities will need special attention.

There is need to:

- (a) increase and sustain domestic health financing;
- (b) ensure effective contribution to the African Public Health Emergency Fund;

- (c) share experiences and good practices among countries. An example for Chad is in the area of coordination and leadership by the Head of State in the health sector (monthly meetings on health);
- (d) highlight the fight against HIV/AIDS in West and Central Africa;
- (e) own the International Health Regulations (IHR 2005) by establishing its core capacities;
- (f) support the proposal by the Director-General calling for an increase in contributions by States as part of the WHO regular budget;
- (g) ensure enhanced political commitment in the implementation of the resolutions and decisions of the Regional Committee and the World Health Assembly.

Ladies and Gentlemen and Ministers of Health,

The priorities I have outlined were submitted to the highest authorities of three States of our Region in the course of our mission. The views garnered were on the whole satisfactory. It is now up to each one of us to adopt the most suitable approach for submitting these priorities to our countries' authorities for their support.

In this regard, I suggest that WHO and future chairpersons of the Regional Committee involve themselves more in advocacy with Member States in order to back our efforts to mobilize domestic resources for health.

I would like to end by once again thanking:

- (a) The ministers of health for the trust placed in me that enabled me to successfully complete my mandate.
- (b) Dr Moeti and her entire team for their readiness and professionalism in the service of the health of the people of our Region and by expressing my sincere encouragement to them. I urge them to pursue their efforts in the reform initiated in order to improve our health systems for the well-being of the people of our continent.

On this note I wish the Sixty-sixth session of the WHO Regional Committee for Africa every success.

Thank you for your kind attention!

ANNEX 7

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

Your Excellency, Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia;

Dr Assane Ngueadoum, Minister of Public Health of the Republic of Chad and Chairperson of the Sixty-fifth session of the Regional Committee;

Honourable Minister of the Federal Ministry of Health of Ethiopia, Dr Kesetebirhan Admasu;

Honourable Ministers of Health and Heads of Delegation from Member States of the African Region;

Dr Margaret Chan, WHO Director-General;

The AUC Commissioner for Social Affairs, Dr Mustapha Sidiki Kaloko;

Ambassadors and heads of diplomatic missions accredited to the Federal Democratic Republic of Ethiopia;

Colleagues from the agencies of the United Nations system and our development partners;

Distinguished guests;

Ladies and gentlemen.

I am pleased to address this distinguished gathering at the start of the Sixty-sixth session of the WHO Regional Committee for Africa. I would like to extend our gratitude to His Excellency, President Teshome, Prime Minister Hailemariam Desalegn, the Government and the people of the Federal Democratic Republic of Ethiopia, for their warm hospitality and the excellent arrangements made to host this session of the Regional Committee.

I extend a very warm welcome to all the Ministers of Health and Regional Committee delegates from Member States, especially Ministers attending for the first time. My special thanks and gratitude equally go to all the Ministers for agreeing to a change of dates in order to accommodate the 6th Tokyo International Conference on African Development (TICAD) to be held next week in Nairobi, Kenya. This is the first-ever TICAD Summit to be held on the African continent. I extend a warm welcome to our health partners who are participating in this meeting.

Honourable delegates,

You will recall that the last time the Regional Committee met, we were at the tail end of the Ebola virus disease epidemic in West Africa. I am pleased to report that the

epidemic was brought to an end by December 2015 and the declaration of the EVD epidemic as a Public Health Emergency of International Concern was lifted in March 2016. We worked very hard to fulfil my commitment, stated before you, to work with Member States and partners to get to zero Ebola cases as quickly as possible. Subsequent flare-ups were rapidly controlled in Sierra Leone, Guinea and Liberia by June 2016. The affected countries have demonstrated an improved capacity to control flare-ups. That capacity now needs to be sustained. We are learning more about Ebola every day, including the risk of transmission through sexual contact, owing to persistence of the virus in a minority of survivors.

Consequently, we all need to remain vigilant and be able to rapidly detect and respond to suspected cases. Ongoing research on the development of Ebola vaccines and wider use of more rapid diagnostics has yielded promising results. Ebola vaccine trials initiated in 2015 in Guinea and later in Sierra Leone enabled us to conduct ring vaccination of identified contacts during the flare-ups.

We have continued to work with the Ebola-affected countries and partners to restore essential health services. WHO and partners helped the countries to develop comprehensive multisectoral recovery plans and to mobilize human and financial resources to support their implementation. We have maintained WHO presence in all the priority districts to facilitate the recovery process.

A regional risk analysis and mapping was carried out by our Health Security and Emergencies Cluster, and it guides our work in supporting preparedness and capacity building in line with the International Health Regulations. Building on the achievements of the targeted activities to strengthen Ebola virus disease preparedness in 2014 and 2015, emergency preparedness activities are being implemented in 19 priority countries with support from partners, especially DFID. Through training and simulation exercises, these countries are improving their national capacities to manage emergencies.

These investments in preparedness are already yielding promising results in terms of early detection and management of public health threats. For example, in Guinea-Bissau, improved capacity for management of emergencies through enhanced information-sharing and collaboration with partners led to timely detection and response to the Zika outbreak in June 2016. In Cameroon, there was timely detection and management of avian influenza in May 2016. The trained multisectoral national response teams conducted prompt detailed investigations in humans and poultry in line with the “one health” approach. Other countries where preparedness activities have led to timely detection of emergencies and coordinated responses include Ghana on meningitis, Tanzania on aflatoxin poisoning and Uganda on yellow fever and rift valley fever.

In May this year, the World Health Assembly approved WHO's new Health Emergencies Programme. Our way of doing business in response to outbreaks and emergencies will change radically. WHO will develop the capacity and an operational approach at field level that delivers rapid and comprehensive support to countries and communities, with technical teams and leadership working together seamlessly at the country, regional and global levels.

May I emphasize that the success of this programme will depend on the availability of funds to establish and staff the new structure. We in the African Region recognize the urgency of putting this Programme in place – our Region faces multiple and complex outbreaks and emergencies.

I will now turn to yellow fever. Some 33 countries in West, Central and East Africa are endemic for yellow fever. Over the past ten years, over 100 million people have been vaccinated in West Africa through mass campaigns, but this has not been done in Central and East Africa.

The yellow fever outbreak which started in December 2015 in Angola, including in the capital city, Luanda, is the biggest urban YF outbreak in recent times. It has led to another, largely urban, outbreak in Kinshasa, in the Democratic Republic of Congo.

In April this year, the Director-General and I visited Angola to meet with His Excellency, President Jose Eduardo dos Santos and the Honourable Minister of Health and to reiterate WHO support for the national response. Recognizing the unprecedented scale and urban nature of this outbreak, the International Coordinating Group on Vaccination has provided over 15 million doses of YF vaccine to Angola, and 4 million doses to the Democratic Republic of the Congo. By 4 August 2016, over 13 million people in Angola had been vaccinated, representing a coverage rate of 86%. Right now, three million more people are being vaccinated in the remaining 18 at-risk districts, particularly at the border with the DRC.

WHO and partners have strengthened capacity in the affected countries by sending mobile laboratories, deploying over 150 experts and providing technical guidance on clinical care, training and social mobilization. We have also supported neighbouring countries to conduct risk assessment and reinforce preparedness and surveillance.

I am pleased to inform you that there have been no new confirmed cases in Angola in the past 6 weeks. This downward trend is encouraging and attests to the commitment of the government and people of the country to halt the spread of the disease. The immediate priority is to stop the outbreak in DRC through both reactive and pre-emptive vaccination campaigns. In the largest vaccination coverage ahead of the rainy season, over 12 million people will be vaccinated in the DRC, comprising 8.5 million in Kinshasa and 3.4 million in the districts bordering Angola.

Going forward, we are completely overhauling the yellow fever strategy for the Region. We have initiated discussions with GAVI and UNICEF. Preventive yellow fever vaccination campaigns will have to be organized in Central and East Africa, and there is need to re-emphasize the importance of all countries providing the yellow fever vaccine as part of routine immunization programmes.

We have also experienced Zika virus outbreaks in Cabo Verde and Guinea-Bissau, which are linked to the outbreak in the Americas. Reported cases in Cabo Verde have declined, with the last confirmed new cases reported in March 2016, while Guinea-Bissau reported three confirmed cases by the end of June this year. We are supporting surveillance in both countries.

Having gone for two years without confirming any wild poliovirus cases in the African Region since July 2014, we are concerned about two new polio cases reported from hitherto inaccessible areas in Borno State in northern Nigeria. These areas had no access to vaccination and surveillance activities for several critical years until recently when surveillance activities detected the polio cases. The Government of Nigeria declared the polio outbreak a national public health emergency of international concern, and is working closely with partners to respond and quickly stop the outbreak. To mitigate the risk, the Governments of Chad, Cameroon, Central African Republic, Niger and Nigeria will conduct synchronized polio vaccination campaigns from 27 August 2016. The recently established multinational Lake Chad Basin Polio Coordination Task Force, comprising senior government officials and partners will oversee this effort in order to ensure quality. Moreover, surveillance activities will be intensified to avoid missing any poliovirus in circulation.

These outbreaks and others reinforce the need to strengthen capacity for preparedness and response in the Region. We will discuss the proposed Regional Strategy for Health Security and Emergencies on Saturday morning. They also underscore the importance of immunization as a key public health tool. Just over a year ago, Ministers of Health and Finance met in Addis Ababa and adopted a declaration on universal access to immunization, at the First Ministerial Conference on Immunization in the Region. We are now keen to work with countries and partners to make this commitment a reality.

Honourable Delegates,

I will now turn to two other public health issues of importance in the Region. These are HIV/AIDS and adolescent health. There has been significant progress in combating HIV/AIDS in the Region. HIV-related deaths have declined for the past 10 years, and there has been significant scale-up of services for the prevention of mother-to-child transmission and antiretroviral therapy. However, the rate of new infections has not fallen much. Young girls continue to be infected at very high rates. Half of all

adolescents living with HIV globally are found in six countries, including five in our Region. Access to HIV treatment remains limited, particularly in West and Central Africa. The AIDS epidemic is not over and remains one of our Region's biggest public health problems. We need to address underlying human rights issues such as poverty, discrimination and inequality which promote vulnerability. Improving the efficiency of HIV programmes, increasing domestic financing and lowering the cost of treatment will go a long way in meeting the needs of people living with HIV.

Adolescent health is another important issue. Africa is the only region in the world where the number of adolescents is predicted to increase over the next fifty years. We also know that the lives and prospects of adolescents have deteriorated in recent years: high unemployment, child marriage, HIV and teenage pregnancies continue to be problems. The inclusion of adolescent health in the United Nations Secretary General's Global Strategy on Women's, Children's and Adolescents' Health is a real opportunity to ensure that every adolescent has the knowledge, skills, and opportunities for a healthy and productive life, and the enjoyment of all human rights. They are our best chance to achieve radical change for a prosperous, healthy, and sustainable region, as recognized in the AU's Agenda 2063. We must put adolescents at the centre of the post-2015 framework to improve overall health and development in countries. We will prioritize high impact adolescent health interventions as one way of strengthening health systems for universal health coverage. We will be discussing adolescent health on Saturday afternoon as under Agenda Item 11.

Ladies and gentlemen,

The last World Health Assembly made some significant decisions that will impact on the work of the Organization. One of these related to the 2030 agenda for sustainable development. It generated lively and productive discussions, highlighting the critical importance of the social, economic and environmental drivers of health and well-being. It was agreed that achieving the SDGs required working across all sectors with coordinated mobilization of human, financial and material resources. Universal health coverage is seen as a central pillar in implementing the health-related SDGs.

Other public health priorities discussed include the Global Strategy on Women's, Children's and Adolescents' Health, the International Health Regulations, antimicrobial resistance, HIV and the WHO Framework of engagement with non-State actors (FENSA). We commend Member States for the strong participation of the Region in the World Health Assembly and appreciate the preparations made, including the preparatory workshop coordinated with the Secretariat and the AU Commission.

Honourable Ministers,

I am pleased to report that significant progress has been made in implementing the Region's Transformation Agenda since you endorsed it last year. It is enabling us to accelerate implementation of WHO's global reform in certain priority areas. The Secretariat has completed the process of realigning staff positions with identified priorities in the Regional Office. This has led to some staff turnover. Overall, there is an increase in the number of positions if WHO is to effectively deliver support to 47 countries, many of which are low-income with significant gaps in capacity. These positions will be filled as funds become available.

We have increased our focus on accountability and compliance and are closely monitoring the situation across all our country offices. Since accountability and compliance are a joint responsibility shared with Member States, we have developed a handbook for briefing and working with government officials, which is available here. We will be costing the Transformation Agenda and integrating it into the Programme Budget. An Information Document detailing progress on the implementation of the Transformation Agenda is available at this meeting.

The agenda items to be discussed include the "Regional Strategy on regulation of medical products." Access to medicines and vaccines is a cornerstone of universal health coverage, and is critical to achieving the health-related SDGs.

We will also be discussing the WHO Programme Budget 2018-2019. Your feedback and guidance will inform the Executive Board version, which will be used to prepare a final draft that will be submitted to the World Health Assembly in May 2017. In this regard, I urge Member States to fully participate in the forthcoming Financing Dialogue aimed at ensuring full funding of WHO's budget to deliver the results agreed in the Programme Budget.

Side events on some important themes include Roll Back Malaria, tuberculosis and Ethiopia's experience with Emergency Medical Services and the Health Development Army.

Distinguished delegates,

As you all know, we will soon be electing a new WHO Director-General. I would like to remind the Regional Committee that the 2013 World Health Assembly adopted a "Code of Conduct" for the election of the Director-General of the World Health Organization. In accordance with the "Code of Conduct", prospective candidates are encouraged to hold campaign events on the side-lines of the Regional Committee. It is not envisaged that candidates or their Member States will officially present their

candidacies during this session of the Regional Committee. We wish all the candidates well in their campaigns.

I would like to end by thanking you heartily for the warm and cordial support you lent to me as Regional Director over the past year. I made a number of official visits this year to Member States and other countries and I was humbled by your gracious reception of me and my colleagues. We have had very fruitful discussions which will improve the health of our people. We visited key partners and I thank you all for your collaboration in supporting countries, working with us, especially at country level.

My special thanks go to Dr Margaret Chan for her steadfast support. This is her last Regional Committee meeting and we are aware that she has paid special attention to the African Region during her term, about which I am sure she will say more. I am sure you will join me in applauding her leadership as Director-General, and wish her the best in her future endeavours.

I look forward to interacting with you all during this Sixty-sixth session of the Regional Committee. We are sure to have lively and productive deliberations with concrete outputs.

I thank you very much for your attention.

ANNEX 8

ADDRESS BY DR MARGARET CHAN, WHO DIRECTOR-GENERAL

Mister chairman,
Excellencies,
Honourable ministers,
Distinguished delegates,
Representatives of the African Union,
Dr Moeti,
Ladies and gentlemen.

I thank the government of Ethiopia for so graciously hosting this Sixty-sixth session of the Regional Committee for Africa.

In health, Ethiopia is best known for its training and massive deployment of a new cadre of health extension workers, who brought basic preventive and curative services to the doorsteps of the country's vast rural population.

Ethiopia also made headlines when it reached the Millennium Development Goal for reducing childhood mortality two years ahead of schedule.

Earlier this year, Addis Ababa hosted the African Development Week, a high-level meeting attended by ministers of finance and economy.

They looked, in particular, at how the 2030 Agenda for Sustainable Development and Africa's Agenda 2063 can shape African development well into the future.

Within this context of bold ambitions, your discussions during this session can take guidance from a third agenda, specific to health in Africa: The Africa Health Transformation Programme.

This five-year framework for WHO leadership, with universal health coverage as its vision, aims to capitalize on a number of encouraging trends, which your Regional Director refers to as a "once-in-a-generation opportunity to transform the future of health on this continent."

The region's recent economic growth has been unprecedented. The birth of a solid middle class is expected to sustain and deepen this growth.

Diseases that kept life expectancy low and sapped productivity are gradually being defeated.

A vibrant and innovative younger generation has created an entrepreneurial drive unmatched anywhere else in the world. In the coming years, the largest generation of youth in history will be born here in Africa, another boost to an economic boom.

The ubiquitous availability of mobile phones has revolutionized commerce and broadened access to bank accounts, savings accounts, and loans.

Mobile phones have given pastoralists and smallholder farmers access to market prices and instant weather information.

At the same time, a dramatic increase in the use of social media helps keep elections fair and governments honest.

I fully agree with your Regional Director. This is a unique opportunity to transform the health and well-being of the African people.

Africa still bears the world's heaviest burden from infectious diseases at a time when its overstretched health systems and budgets are grappling with the rise of costly and complex noncommunicable diseases.

Weak health systems and inadequate human and financial resources remain huge barriers.

Africa, which had the longest distance to travel, is still catching up with the rest of the world.

The fact that so much has been achieved despite these constraints is truly remarkable.

When I first addressed this committee in 2007, the dual epidemics of HIV and tuberculosis were rampant, devastating lives and livelihoods.

AIDS, then the leading cause of death in both children and adults, was responsible for a drop in African life expectancy from 62 years to 47 years.

Only around half of all TB cases were being detected, and the first reports of bacteria resistant to second-line drugs were emerging.

Efforts to control malaria were having no significant impact on morbidity and mortality in most countries.

The costs of insecticide-treated nets and artemisinin-based combination therapy were judged unaffordable, and no agreement had been reached on whether these

products should be distributed free, at subsidized prices, or by commercial for-profit enterprises.

Polio eradication was floundering after a serious setback. Intense transmission of wild poliovirus in northern Nigeria made that country responsible for more than 80% of the global polio burden and seeded reintroduction of the virus into several African countries that had been polio-free.

The situation on all these fronts is dramatically different today.

In July of this year, Nigeria celebrated two years without a single case of wild poliovirus. On the heels of this success came reports of two children paralyzed by polio in Nigeria's difficult Borno State.

This setback in no way undermines the tremendous job done by the government in getting down to zero cases. You will get there again. We will get this job done.

Since I first addressed this Committee, deaths from AIDS dropped from 1.6 million in 2007 to 800,000 last year.

In 2007, only 5% of pregnant women were covered by programmes for preventing mother-to-child transmission of the virus. Today, that figure is 75%.

Altogether, more than 12 million Africans are receiving antiretroviral therapy.

From 2000 to 2015, interventions to control TB in Africa saved more than 10 million lives. The Stop TB target of an 85% rate for treatment success was met in 21 countries, with the regional average standing at 79%.

From 2000 to 2015, malaria mortality declined by an astonishing 66%.

Over the same period, the proportion of children sleeping under a treated net increased from 2% to 68%. In just four years between 2010 and 2014, the proportion of malaria cases receiving a diagnostic test before treatment increased from 41% to 65%.

WHO estimates that reductions in malaria cases in this region saved an estimated \$900 million in case management costs between 2001 and 2014.

They said it could not be done. But Africa did it.

These results provide powerful evidence of what can be achieved in resource-constrained settings, and an equally powerful incentive for further investment of domestic and foreign resources.

They also provide a reason for optimism as the world moves into the era of sustainable development.

Ladies and gentlemen,

In my view, Africa stands to benefit the most from implementation of the SDG agenda. Four realities support this view.

The first is poverty. Nothing holds health development back in this region so much as the firm grip of poverty.

This is poverty that undermines the health of populations, and poverty that cripples the performance of health systems.

Every single regional strategy or implementation plan before this committee cites lack of resources and weak health systems as the biggest barriers to progress.

As with the MDGs, the alleviation of poverty is an overarching SDG objective, but with a difference.

As an integrated and interactive agenda, the SDGs aim to tackle poverty, not superficially through hand-outs, but fundamentally, by addressing its root causes.

For example, the SDGs include a target for doubling the agricultural productivity and incomes of small-scale food producers.

Think of what this can do in a region where nearly 70% of the food supply is produced by smallholder farmers.

Think of the food security needed to cope with the continent's weather extremes of drought and floods that are already increasing as a result of climate change.

Second, the SDG agenda, with its emphasis on policies that promote sustainable improvements and make the fair distribution of benefits an explicit objective, provides a foundation for more effective aid.

This region has suffered disproportionately from ineffective aid, often focused on a single problem or disease, which encouraged fragmentation, duplication, high transaction costs, the creation of parallel procurement and distribution systems, and a heavy reporting burden on ministries of health.

The new emphasis on sustainability encourages the channelling of assistance in ways that build fundamental capacities. In my experience, most countries want capacity, not charity.

Third, the SDGs formally embrace the necessity of multisectoral collaboration. What they do especially well is to recognize that today's complex health challenges can no longer be addressed by the health sector acting alone.

Curbing the rise of antimicrobial resistance requires policy support from agriculture. Abundant evidence shows that educated mothers have the healthiest families.

Access to modern energy fuels economic growth, but it also reduces millions of deaths from chronic lung disease associated with indoor air pollution.

Finally, the inclusion of a target for reaching universal health coverage, including financial risk protection, gives health the power to build fair, stable, and cohesive societies while also furthering the overarching objective of ending poverty.

Ensuring that all people receive essential health care without risking financial hardship can have a significant impact on poverty.

WHO estimates that out-of-pocket expenditures on health services push 100 million people into poverty and cause 150 million to experience financial catastrophe every year.

Though health is only one of 17 goals, it occupies pride of place in the 2030 agenda. Health is an end-point that reflects the success of multiple other goals.

Because the social, economic, and environmental determinants of health are so broad, progress in improving health is a reliable indicator of progress in implementing the overall agenda.

In the final analysis, the ultimate objective of all development activities, whether aimed at improving food and water supplies or making cities safe, is to sustain human lives in good health.

Ladies and gentlemen,

The reforms already introduced by your Regional Director put this office in a strong position to directly shape health conditions in Africa.

The five-year transformation programme provides a powerful strategic framework for doing so, with its analysis of the greatest needs and barriers to progress, its identification

of priority actions, and its articulation of time-bound deliverables that hold WHO leadership accountable for producing results.

Health security and emergencies are understandably a top priority for this region. The frequency and magnitude of outbreaks and other health emergencies in the recent past are the greatest ever recorded. The worst may be yet to come.

WHO has introduced organization-wide reforms, covered in your documents, to improve our performance during health emergencies.

The new single programme marks a fundamental change for WHO, in which our traditional technical and normative functions are augmented by operational capacities.

Implementation of this change has moved forward quickly.

I have read many reports, and attended many conferences, workshops, and summits, that have assessed the WHO response to the Ebola outbreak in West Africa.

One conclusion is widely shared.

A well-functioning health system is the best defence against the threat from emerging and re-emerging diseases. More and more, I see this conclusion ingrained in thinking about the future of health development.

In this SDG era, universal health coverage stands a good chance of serving as a platform for both fair and inclusive health development and increased global health security.

Ladies and gentlemen,

This is the last time I will address this committee.

I am extremely proud of what ministries of health, and their partners, have achieved, with solid guidance and support from this Regional Office and the African Union.

Your Regional Director brings great capability, especially in the control of infectious diseases, and great compassion, especially for the health of Africa's women and children.

You are in good hands.

As I conclude, let me offer three brief pieces of advice.

First, be patient. Take your cue from Africa's 2063 agenda, which adopts a very long-term view.

Donors want quick results, but it takes time to build well-functioning health systems, to develop pharmaceutical manufacturing capacity, and to implement the business plan for the African Medicines Agency.

Hold fast to the long-term view and negotiate assistance on your own terms.

Second, understand that changes that contribute to economic growth or follow in its wake can introduce new threats to health. Economic benefits do not always offset detrimental impacts.

For example, some economists interpret increased consumption of fast and processed foods as a positive sign of the purchasing power of Africa's growing middle class.

But for health, this is not a positive sign. Not at all.

Industrialized food production, including the use of factory farms, puts meat on the table, but it also introduces a host of health and environmental problems.

In 2008, the World Food Programme began sourcing its food supplies from smallholder farmers. A few large food companies are doing the same, bringing in technology and infrastructure, yet sustainably using Africa's traditional agricultural resources.

This is an approach to food security that better matches the African brand and narrative, especially in a continent where small-scale agriculture remains the backbone of many economies.

Finally, stay optimistic. The future of Africa depends on its people, and not on commodity prices or oil and mineral reserves.

Put your people first.

Take good care of their health.

And set their talents loose.

Thank you.

ANNEX 9

OPENING SPEECH BY HIS EXCELLENCY, DR MULATU TESHOME, PRESIDENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Dr Margaret Chan Director-General of the World Health Organization,
Honorable Ministers of Health of Member States of the African Region,
Honorable Dr Matshidiso Moeti, WHO Regional Director for Africa,
Distinguished Delegates,
Ladies and Gentlemen.

I'm delighted to have been invited to speak at this annual gathering of the World Health Organization's Sixty-sixth session of the Regional Committee Meeting of Africa.

From the outset let me say that it also gives me a pleasure to acknowledge the remarkable achievements in our African continent in regards to improving the health status of our people. Over the past two decades, we have made significant progress, both in the saving of millions of lives and also in improving the quality of the lives of our people. We should be proud of our achievements.

While we should celebrate our accomplishments in significantly increasing the life expectancy of our citizenry and considerably decreasing maternal and child mortalities, infections of TB, HIV/AIDS and malaria – we should not remain complacent — it is imperative that we continually retool, remain committed and set our goals for higher achievements.

It is also with gratitude and thankfulness that I want to take this opportunity to salute our communities, for owning and making of their good health; policy makers, for setting transformative agendas; health sector staff, for their untiring implementation; national and international partners, for their committed and sustained support; and the private sector, for their partnership.

Thank you all!

I'd also like to remind you that, due to its direct and indirect impact, health is one of the important determinants of the incidence of poverty. As good health plays a substantial role and is a driver of our economic growth and development, as leaders, we need to acknowledge the instrumental and intrinsic value of good health and give it the necessary attention.

Honorable Guests Ladies and Gentlemen,

In the coming decades, Africa's demographic shifts will be bringing significant challenges to the development of our health sectors. Africa is the only continent that is expected to almost double in population size by 2020, from over 1 billion to 2.7 billion. Such increase is expected to result in significant bulge both in youth and aging populations, exerting pressure in our health systems.

Also, in the coming decades, increasingly, our continent will be challenged by a triple burden of communicable and noncommunicable diseases, including injuries. For example, noncommunicable chronic diseases are expected to account for almost half deaths in Africa and are expected to overtake communicable diseases as the most common cause of death.

Therefore, we have to stay vigilant and prepared to address both current and emerging health threats – let us not lose sight that our present preparedness is a guaranteed investment for tomorrow.

Of course, daunting challenges will still be lurching ahead of us, epidemics such as Ebola will not be a one-time occurrence. We have to be vigilant and be ready to address impending threats by strengthening our health systems and collaborations in tackling these borderless threats, otherwise, the consequences will be dire. To this end, we have to take lesson from history, learn from our experiences and be ready for the future.

In the post-Millennium Development Goals agenda it is also necessary that we sustain the gains made thus far and look to the new Sustainable Development Goals as the beginning of new era to renew our commit, and not only develop, but transform our health sector. We must also focus on equity in the use of health services and health outcomes. No one should be left behind.

Honorable participants

I am confident in this gathering of Health Ministers of the African region your deliberation will bring about policy decisions which will positively impact the lives of millions of lives in our continent. Therefore, your policy directions should lend themselves to be actionable.

Because, actions speak louder than words and we must deliver on our promises, as the expression goes we must “walk the walk” – which is a moral imperative.

Now, I would like to ask African Ministers of Health to extend your support to the candidacy of Dr Tedros Adhanom as Director General Director of WHO, which has

been overwhelmingly endorsed by the African Union. Dr Tedros brings to the table and impressive credential and experience with a vision and experience to enhance the efficiency and effectiveness of the World Health Organization to tackle existing and emerging health threats.

Finally, I wish you a productive meeting and enjoyable stay in Addis Ababa, and I declare the Sixty-sixth session of the Regional Committee meeting of WHO African Region officially open.

Thank you.

LIST OF DOCUMENTS

AFR/RC66/1	Agenda of the Sixty-sixth session
AFR/RC66/2	The Work of WHO in the African Region 2015-2016: Report of the Regional Director
AFR/RC66/3	Statement of the Chairperson of the Programme Subcommittee
AFR/RC66/4	Draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
AFR/RC66/5	Regional oral health strategy 2016–2025: addressing oral diseases as part of NCDs
AFR/RC66/6	Regional strategy for health security and emergencies 2016–2020
AFR/RC66/7	Health in the 2030 Agenda for Sustainable Development
AFR/RC66/8	Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health: implementation framework for the African Region
AFR/RC66/9	Global strategy for Women's, Children's and Adolescents' Health 2016–2030: Implementation in the African Region
AFR/RC66/10	Framework for implementing the End TB Strategy in the African Region 2016–2020
AFR/RC66/11	HIV/AIDS: Framework for action in the WHO African Region 2016–2020
AFR/RC66/12	Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2020
AFR/RC66/13	Regional strategy on regulation of medical products in the African Region, 2016–2025
AFR/RC66/14	Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region
AFR/RC66/15	The African Public Health Emergency Fund – The way forward
AFR/RC66/16	New Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa
AFR/RC66/17	Draft Proposed Programme Budget 2018-2019
AFR/RC66/18	Draft provisional agenda and dates of the Sixty-seventh session of the Regional Committee and venue of the Sixty-eighth session of the Regional Committee
AFR/RC66/19	Report of the Sixty-sixth session of the WHO Regional Committee for Africa

INFORMATION

AFR/RC66/INF.DOC/1	Progress report on implementation of the Regional HIV Strategy 2011–2015 (Document AFR/RC66/INF.DOC/1)
AFR/RC66/INF.DOC/2	Progress report on Health and Human Rights: current situation and way forward in the African Region
AFR/RC66/INF.DOC/3	Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management
AFR/RC66/INF.DOC/4	Progress report on utilizing eHealth solutions to improve national health systems in the African Region
AFR/RC66/INF.DOC/5	Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region
AFR/RC66/INF.DOC/6	Progress report on the implementation of the regional strategy on enhancing the role of traditional medicine in health systems (2013–2023)
AFR/RC66/INF.DOC/7	Progress report on the implementation of the road map for scaling up the human resources for health for improved health service delivery in the African Region, 2012–2025
AFR/RC66/INF.DOC/8	The Reform of WHO's work in health emergency management: report of the Director-General
AFR/RC66/INF.DOC/9	Progress report on the establishment of the Africa Centre for Disease Control
AFR/RC66/INF.DOC/10	Progress report on the implementation of the Transformation Agenda
AFR/RC66/INF.DOC/11	Report on WHO staff in the African Region
AFR/RC66/INF.DOC/12	Regional matters arising from reports of the WHO internal and external audits
AFR/RC66/CONF/DOC/1	Address by Honorable Dr Kesete-birhan Admasu Birhane, Minister of Health for Ethiopia
AFR/RC66/CONF/DOC/2	Address by Mr Assane Nguéadougou, Minister of Health of the Republic of Chad, Chairperson of the Sixty-fifth session
AFR/RC66/CONF/DOC/3	Address by Dr Matshidiso Moeti, WHO Regional Director for Africa
AFR/RC66/CONF/DOC/4	Address by Dr Margaret Chan, WHO Director-General
AFR/RC66/CONF/DOC/5	Address by His Excellency the President of the Federal Democratic Republic of Ethiopia Dr Mulatu Teshome
AFR/RC66/INF/01	Information Bulletin on the Federal Democratic Republic of Ethiopia

DECISIONS

Decision 1	Nomination of the Chairman, the Vice-Chairmen and the Rapporteurs of the Regional Committee
Decision 2	Composition of the Subcommittee on Credentials
Decision 3	Credentials
Decision 4	Provisional agenda, dates and place of the Sixty-seventh session and place of the Sixty-eighth session of the Regional Committee
Decision 5	Replacement of members of the Programme Subcommittee
Decision 6	Designation of Member States of the African Region to serve on the Executive Board
Decision 7	Method of work and duration of the Seventieth World Health Assembly

RESOLUTIONS

AFR/RC66/R1	Regional Oral Health Strategy 2016–2025: Addressing oral diseases as part of NCDs
AFR/RC66/R2	Regulation of medical products in the WHO African Region, 2016–2025
AFR/RC66/R3	Regional strategy for health security and emergencies
AFR/RC66/R4	Vote of thanks