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**WAYS AND MEANS OF IMPLEMENTING
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE
WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD**

Report of the Regional Director

1. The fifty-third World Health Assembly and the 105th Executive Board adopted a number of resolutions on certain issues of regional interest, listed below:

- (i) Research strategy and mechanisms for cooperation: Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration (EB105.R7)
- (ii) Relations with nongovernmental organizations (EB105.R18)
- (iii) Stop Tuberculosis Initiative (WHA 53.1)
- (iv) Global Alliance for Vaccines and Immunization (WHA53.12)
- (v) HIV/AIDS: confronting the epidemic (WHA53.14)
- (vi) Food safety (WHA53.15)
- (vii) Framework convention on tobacco control (WHA53.16)
- (viii) Prevention and control of noncommunicable diseases (WHA53.17)

2. This document sets out the ways and means of implementing these resolutions of regional interest, for consideration by the Regional Committee. It contains only the relevant operative paragraphs of the resolutions. Each resolution is followed by the measures already taken or proposed to be taken.

3. The Regional Director hereby invites the Regional Committee to examine and comment on the proposed strategies for implementing the resolutions of interest to our Region and provide guidance for the implementation of the WHO regional programme of technical cooperation.

CONTENTS

	Paragraphs
INTRODUCTION	1-4
EB105.R7 Research strategy and mechanisms for cooperation: Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration	5-10
EB105.R18 Relations with nongovernmental organizations	11-13
WHA53.1 Stop Tuberculosis Initiative	14-34
WHA53.12 Global Alliance for Vaccines and Immunization	35-48
WHA53.14 HIV/AIDS: confronting the epidemic	49-123
WHA53.15 Food safety	124-135
WHA53.16 Framework convention on tobacco control	136-137
WHA53.17 Prevention and control of noncommunicable diseases	138-151

ANNEX

	Page
Amsterdam Declaration to Stop Tuberculosis	19

INTRODUCTION

1. The World Health Assembly at its Fifty-third session and the Executive Board at its 105th session had adopted a number of resolutions of regional interest. The ways and means of implementing those resolutions of interest to the African Region are contained in document AFR/RC50/5 which the Regional Director hereby submits to the fiftieth session of the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of resolution AFR/RC30/R12.
2. Following the Regional Committee's decisions, guidelines and resolutions, a plan of work will be prepared to facilitate the monitoring of the implementation of the resolutions concerning the WHO regional programme of technical cooperation.
3. Document AFR/RC50/5 is presented in a format designed to facilitate discussion. It contains only the relevant paragraphs of the operative part of the resolutions adopted at the Fifty-third session of the World Health Assembly and the 105th session of the Executive Board. Each resolution is followed by measures already taken or proposed to be taken.
4. In conformity with resolution WHA 33.17, the Regional Committee is invited to examine in detail the proposals of the Regional Director as contained in this document and provide clear guidelines for optimal use of resources, taking into account the related managerial implications. The resolutions of regional interest and the ways and means of implementing them are presented below.

EB105.R7: RESEARCH STRATEGY AND MECHANISMS FOR COOPERATION: REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS, COLLABORATING INSTITUTIONS AND OTHER MECHANISMS OF COLLABORATION

5. Operative paragraph 1.1

URGES Member States to identify and strengthen national institutions of high scientific and technical standing in the field of health and public health;

6. The Regional Office will write to the WHO representatives to help Member States to identify and strengthen national institutions of high scientific and technical standing in the field of health and public health.

7. Operative paragraph 1.2

URGES Member States to inform WHO of the existence of these centres of expertise;

8. The Regional Office will inform Member States of the existence of these centres of expertise.

9. Operative paragraph 1.3

URGES Member States to make full use of WHO collaborating centres as sources of information, services and expertise, and to strengthen their own national capacity for training, research and collaboration for health development;

10. The Regional Office will encourage WHO representatives and Member States to use WHO collaborating centres as sources of information, services and expertise, and to strengthen their own national capacity for training, research and collaboration for health development.

EB105.R18: RELATIONS WITH NONGOVERNMENTAL ORGANIZATIONS

11. Operative paragraph 1

DECIDES to establish official relations with the following nongovernmental organizations:

- *Organization pour la Prevention de la Cecite*
- *International Society of Doctors for the Environment*
- *International Water Association.*

12. Operative paragraph 2

DECIDES to discontinue official relations with the following nongovernmental organizations:

- (a) *International Association on Water Quality;*
- (b) *International Water Services Association;*
- (c) *International Astronautical Federation;*
- (d) *International Society of Biometeorology;*
- (e) *International Council for Laboratory Animal Science;*
- (g) *International Leprosy Union.*

13. The Regional Office is in the process of preparing an inventory of NGOs and the types of existing relations they have with the different technical units. This is because NGOs have become important partners in health programmes, especially in countries where structural adjustment programmes have severely affected the health sector and in countries in emergency situations. The collaboration between the Regional Office and NGOs has mostly been on an informal basis. The Regional Office therefore recommends the strengthening and formalization of collaboration between qualified NGOs working in health and WHO at both the regional and national levels.

WHA53.1: Stop Tuberculosis Initiative

14. Operative paragraph 1.1

ENCOURAGES all Member States to endorse the Amsterdam Declaration to Stop Tuberculosis, as an outcome of the Ministerial Conference on Tuberculosis and Sustainable Development (Amsterdam, March 2000), and to note and apply as appropriate the recommendations from that meeting, paving the way for creation of broad and long-lasting high level political support to tackle tuberculosis within the broader context of health, social and economic development.

15. The Regional Office will submit the Amsterdam Declaration to Stop Tuberculosis (Annex) for endorsement by all Member States during the fiftieth session of the Regional Committee to be held in August/September 2000.

16. Operative paragraph 1.2

ENCOURAGES all Member States to accelerate tuberculosis control by implementing and expanding the strategy of directly observed treatment, short course (DOTS) and to commit themselves politically and financially to achieving or to exceeding as soon as possible the global targets set by resolutions WHA44.8 and WHA46.36.

17. Efforts are ongoing at country level and at the Regional Office to accelerate tuberculosis control by implementing and expanding the DOTS strategy. To date, 40 of the 46 Member States (compared to 36 out of 46 at end of 1999) are officially implementing the strategy and plans are being made to support the remaining six countries to start implementation.

18. Operative paragraph 1.3

ENCOURAGES all Member States to ensure that sufficient domestic resources are available, especially in developing countries, to enable them to meet the challenges of stopping tuberculosis, and that the capacity to apply them exists.

19. Operative paragraph 1.4

ENCOURAGES all Member States to give high priority to intensifying tuberculosis control as an integral part of primary health care.

20. The Regional Office is in the process of developing an advocacy and resource mobilization strategy to support Member States to mobilise enough resources to meet the challenges of stopping tuberculosis.

21. Operative paragraph 2.1

RECOMMENDS that Member States should participate with WHO in the global partnership to stop tuberculosis, and establish and sustain country-level partnership for:

- (a) study of antituberculosis drug resistance and means of its containment;*
- (b) improvement of diagnostic laboratories;*
- (c) access to antituberculosis drugs for the poorest populations;*
- (d) education and monitoring of patients to ensure better compliance with the treatment regimen;*
- (e) training of health workers in the DOTS strategy;*
- (f) integration of tuberculosis control into primary health care institutions and activities at the central and peripheral level.*

22. Operative paragraph 2.2

RECOMMENDS that Member States should include case detection and treatment success rates - the basic outcome measures for tuberculosis - among performance indicators for overall health sector development.

23. Plans are underway to conduct during the biennium 2000-2001, a comprehensive review of the National Tuberculosis Control Programmes as part of the activities for health sector development in all Member States, especially in the high-burden countries. In addition, the Regional Office intends to revise the Terms of Reference of the Task Force on Tuberculosis Control in Africa (TFTCA) which was

established in 1997 in order to enable it to play an intensified advocacy role in support of Member States in the implementation of this recommendation. Furthermore, a technical meeting was recently organised in Conakry, Guinea, by the Regional Office and the International Union Against Tuberculosis and Lung Diseases (IUATLD) - partner of the Stop Tuberculosis Initiative - in order to brief national tuberculosis programme managers from all the 46 Member States on the Stop TB Initiative and how it should be implemented by Member States.

24. Operative paragraph 2.3

RECOMMENDS that Member States should continue to assess the magnitude of the impact of the AIDS epidemic on the tuberculosis epidemic and develop strategies to better address tuberculosis in persons with AIDS and in HIV-infected populations, to speed up co-ordination between prevention and treatment programmes for the two epidemics so as to foster an integrated approach at all levels of the health system, and to the maximum extent possible, to monitor for multidrug-resistant tuberculosis and address issues leading to its containment.

25. In implementing this recommendation, the TB and HIV/AIDS control programmes have trained a pool of consultants in integrated management of TB and HIV/AIDS. The consultants will assist Member States to develop and implement appropriate prevention and treatment programmes for the two conditions, based on a framework developed by the Regional Office. Six such country support activities are scheduled to take place in selected countries between July and December 2000 and 10 more are scheduled for the year 2001.

26. Operative paragraph 4.1

REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden by applying, as appropriate, the recommendations of the Ministerial Conference in Amsterdam.

27. Operative paragraph 4.2

REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden by exploring partnerships and options for enhancing access to safe, high-quality curative drugs.

28. Copies of the Amsterdam Declaration have been sent to the eight countries in the African Region with high tuberculosis burden and the Regional Office is preparing follow-up plans in order to provide the necessary technical support to the development of country plans for accelerating the expansion of DOTS. These plans would include strategies for expanding partnerships in countries and at the international level in support of the efforts to control tuberculosis.

29. Operative paragraph 4.3

REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden by promoting international investment in research, development and distribution of new diagnostics to speed up case detection and strengthen epidemiological surveillance, including support to Member States for community-based prevalence surveys or among high-risk sub-populations, the poor and those who are vulnerable to infections, new drug formulations to shorten duration of treatment, and new vaccines and other public health measures to prevent disease, reduce suffering and save millions from premature death.

30. Plans are underway to establish a Global Anti-Tuberculosis Drug Facility and to seek the commitment of international partners in the development of new drugs. A meeting was held in Cape Town, South Africa in February 2000 to discuss the feasibility of developing tuberculosis drugs. Already the Gates Foundation has committed appropriately US\$25 million to research in the development of new tuberculosis drugs. In addition, other international investors have provided support to research institutions in USA and Europe to develop new diagnostics. The Regional Office is actively involved in these efforts and will continue to monitor progress while exploring measures to improve the delivery of the current treatment protocols in Member States.

31. Operative paragraph 4.4

REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden by sustaining an active and participatory partnership with external organisations throughout the development and implementation of the Stop Tuberculosis Initiative and its activities.

32. The Regional Office is revising the Regional Strategic Plan to Stop Tuberculosis. The plan will be discussed with several partners in order to obtain their active support in the overall efforts to stop tuberculosis in the African Region.

33. Operative paragraph 4.5

REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden by supporting regional programmes intended to coordinate tuberculosis control programmes.

34. The Regional Office and the WHO headquarters are collaborating to develop plans for strengthening the technical and managerial capacity for monitoring and coordinating national programmes for the control of tuberculosis.

WHA53.12: GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION

35. Operative paragraph 1

ENDORSES the objectives of the Global Alliance for Vaccines and Immunization (GAVI), a global network comprising governments, bilateral agencies, technical agencies, WHO, UNICEF, the World Bank, the pharmaceutical industry, the Bill and Melinda Gates Foundation and the Rockefeller Foundation - namely, improving access to sustainable immunization services; expanding the use of all existing safe and cost-effective vaccines; accelerating the development and introduction of new vaccines; accelerating research and development efforts for vaccines and related products specifically needed by developing countries, particularly vaccines against HIV/AIDS, malaria and tuberculosis; and making immunization coverage a centrepiece in the design and assessment of international development efforts, including debt relief;

36. The Regional Office, in collaboration with UNICEF, has established a working group to adapt the objectives and strategies of the GAVI to the realities of Africa, particularly the expansion and sustainability of routine immunization as key to the future of the expanded programme on Immunization (EPI) in Africa. Therefore, the Global Alliance for Vaccines and Immunization will be used as a forum for strengthening immunization activities.

37. Operative paragraph 2.1

URGES Member States to support the work of the Alliance by calling upon leaders at the highest levels to back vaccine and immunization initiatives in their countries, and to remove obstacles that reduce access to vaccines;

38. The work of the Global Alliance for Vaccines and Immunization within the context of health development at country level depends on the availability of recent assessment of the status of routine EPI. Based on the findings of the assessment, the Regional Office will assist Member States to review their 5-year National Plan of Action for presentation to the Board of the GAVI so as to seek support for vaccine procurement as well as improve access to vaccines. In addition, the Regional Office will continue to promote the Interagency Coordinating Committee (ICC) whose meetings are chaired by high level officials of ministries of health.

39. Operative paragraph 2.2

URGES Member States to formulate common strategies to enhance immunization delivery and to stimulate introduction of vaccines;

40. The Regional Office will continue to mobilize funds where immunization strategies are discussed. The next annual meeting of the Regional Task Force on Immunization, attended by the representatives of countries and partner agencies will address issues relating to the improvement of the delivery of immunization services.

41. Operative paragraph 2.3

URGES Member States to increase national efforts devoted to childhood immunization;

42. The Regional Office will support the efforts of Member States to further increase financial resources and improve managerial capabilities for successful childhood immunization. This will be done through meetings and capacity building of national managers.

43. Operative paragraph 2.4

URGES Member States to encourage public and private agencies to meet the objectives of the Alliance;

44. The Regional Office will ensure that the GAVI regional working group includes representatives from public and private agencies (such as ADB and UN Foundation). Guidelines for establishing Inter-agency Coordinating Committee for EPI have been disseminated. These guidelines indicate the need to include both public and private agencies in the effort to meet immunization goals.

45. Operative paragraph 2.5

URGES Member States to support and further the objectives of the Alliance through the Global Fund for Children's Vaccines and other existing mechanisms among the partners;

46. The Regional Office will be working with partners and the countries to meet the objectives of the Global Fund for Children's Vaccines.

47. **Operative paragraph 2.6**

URGES Member States to support new financing mechanisms for vaccine development and immunization;

48 The Regional Office will work with Member States on the options for financing immunization activities. Countries will need to increase their budgetary allocations and explore possible funding sources such as loans, bilateral aids and local contributions.

WHA 53.14: HIV/AIDS: CONFRONTING THE EPIDEMIC49. **Operative paragraph 1(1)**

URGES Member States to match their political commitment, as demonstrated in several recent initiatives of political leaders of Member States, to the magnitude of the problem by allocating an appropriate national and donor budget for HIV/AIDS prevention as well as for care and support of the infected and affected.

50. The OAU Health Ministers' Commitment to Action on HIV/AIDS, adopted by the Heads of States' Summit, will be disseminated to all WHO representatives for follow up with the Ministers of Health of their respective country of assignment. The resolution emphasises increased resource allocation by countries and donors to HIV/AIDS prevention and care. Advocacy will be carried out through the representatives of WHO and through support to the implementation of national strategic plans for HIV/AIDS prevention and care.

51. **Operative paragraph 1(2)**

URGES Member States to establish programmes to combat poverty with the support of donors, implement them in a rigorous and transparent manner, and advocate:

- *cancellation of debt in order to free resources for, inter alia, HIV/AIDS prevention and care, as proposed by the G8 Summit at Cologne,*
- *improvement of the living conditions of populations,*
- *reduction of unemployment,*
- *improvement of the standard of public health.*

52 A regional consultation on poverty and health was held in Harare from 19 to 21 July 2000. This will be followed by the provision of support to countries to strengthen their poverty alleviation strategies and programmes that have incorporated HIV/AIDS prevention and care as part of the proposed core health interventions.

53. **Operative paragraph 1(3)**

URGES Member States to provide increased support for UNAIDS, and WHO as one of its cosponsors, in their efforts against HIV/AIDS, including efforts in the context of the International Partnership Against HIV/AIDS In Africa;

54. National HIV/AIDS programmes will continue to participate in UN Theme Groups and the Programme Coordinating Board (PCB) and provide to the UNAIDS Secretariat and WHO the necessary guidance regarding the support expected by countries.

55. Operative paragraph 1(4)

URGES Member States to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatisation, and on promoting healthy environments to prevent and alleviate AIDS problems.

56. Inter-country consultations will be organised for the dissemination of the Regional Strategy on HIV/AIDS and STI and its Implementation Framework, which will then be incorporated into national strategic plans with the involvement of WHO representatives. The Regional Strategy endorses the approaches contained in operative paragraph 4 as key to the response to HIV/AIDS epidemic. The Inter-Divisional Working Group on HIV/AIDS will ensure that activities related to HIV/AIDS are integrated into the activities of all technical divisions of the Regional Office.

57. Operative paragraph 1(5)

URGES Member States to take all necessary measures to protect children infected and/or affected by HIV/AIDS from all forms of discrimination, stigma, abuse and neglect, in particular protecting their access to health, education and social services.

58. The guidelines and training manuals which will incorporate care and protection of children affected by HIV/AIDS are being developed for health workers.

59. Operative paragraph 1(6)

URGES Member States to apply experiences and lessons learned and the growing body of scientific knowledge regarding proven effective interventions for prevention and care in order to reduce the spread of HIV/AIDS and to increase the quality and length of life of those infected.

60. Guidelines and tools for effective evidence-based prevention and care programme are being developed and will constantly be updated, disseminated and used in providing support to activities in the countries. Technical staff in WHO headquarters and the Regional Office will continue to monitor recent developments in scientific knowledge and research.

61. Operative paragraph 1(7)

URGES Member States to ensure that blood transfusion services do not constitute an HIV risk factor by ensuring that all individuals have access to safe blood and blood products that are accessible and adequate to meet their needs, are obtained from voluntary, nonremunerated blood donors, are transfused only when necessary, and are provided as part of a sustainable blood transfusion programme within the existing health care system.

62. Advocacy, training and technical support for the development of national blood safety policies and programmes will be carried out, mainly through the two sub-regional WHO Collaborating Centres on Blood Safety that are being established. The International Partnership Against HIV/AIDS in Africa will also address issues concerning resource mobilisation for recurrent costs of blood safety programmes.

63. **Operative paragraph 1(8)**

URGES Member States to build and strengthen partnerships between health providers and the community, including nongovernmental organisations, in order to direct community resources towards proven effective interventions.

64. The Regional Strategy for HIV/AIDS, which emphasises decentralisation and collaboration with communities, will be implemented in support of this operational paragraph.

65. **Operative paragraph 1(10)**

URGES Member States to strengthen health systems that ensure adequate and skilled human resources, supply systems and financing schemes in order to address the needs for HIV/AIDS care and prevention.

66. An intercountry consultation on HIV/AIDS and health systems will be held during the year 2000. The Regional Office, OSDS/HQ and UNICEF will collaborate in assuring that HIV/AIDS care and prevention is integrated into health sector reform, the Bamako Initiative Framework, and the essential health care package.

67. **Operative paragraph 1(12)**

URGES Member States to increase access to, and quality of, care in order to improve quality of life, assure the dignity of the individual, and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution.

68. A team of consultants has been trained and will provide technical support to countries in HIV/AIDS care, including psychosocial and community-based care.

69. **Operative paragraph 1(13)**

URGES Member States to reaffirm their commitment to previous resolutions on the revised drug strategy and to ensure the necessary actions within their national drug policies to guarantee public health interests and equitable access to care, including medicines.

70. An intercountry workshop with nine countries will develop action plans for improving access to HIV-related drugs; their experience will be disseminated to all countries in the Region and technical support will be provided for adaptation and replication.

71. **Operative paragraph 1(17)**

URGES Member States to define and affirm their role and, where appropriate, engage in partnerships and solidarity initiatives to make prophylactic and therapeutic drugs accessible, affordable and safely and effectively used, whether intended for prevention of mother-to-child transmission, prevention and treatment of opportunistic diseases, or antiretroviral treatment for patients.

72. A contact group has been formed to enable internal consultations among Ministers of Health and facilitate negotiations of the pricing of antiretroviral drugs as part of a broad strategy for improving access to care; partnership between Member States and other stakeholders will be facilitated through advocacy, briefings and support for consultations.

73. Operative paragraph 1(19)

URGES Member States to continue research on the prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care of HIV-infected pregnant women and post-natal follow up for them and for their families, ensuring that such research is free from interests that might bias the results and that commercial involvement should be clearly disclosed.

74. The intercountry consultation for ten countries that are piloting activities on the prevention of mother-to-child-transmission of HIV/AIDS will be followed by the provision of technical support, in collaboration with UNICEF, UNFPA and the UNAIDS Secretariat, in order to expand the pilot activities within those ten countries as well as into other countries.

75. Operative paragraph 1(21)

URGES Member States to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of the response of the health systems to the epidemics of HIV/AIDS and sexually transmitted infections, with the promotion of intercountry sub-regional collaboration.

76. Intercountry workshops on epidemiological and behavioural surveillance on HIV/AIDS/STI, held earlier in the year, will be followed by technical support to countries to strengthen their surveillance systems. Recently completed guidelines for monitoring and evaluation of HIV/AIDS programmes will be disseminated through an intercountry meeting and as part of country-based support for national strategic plan development.

77. Operative paragraph 2(1)

REQUESTS the Director-General to continue strengthening the involvement of WHO, as a cosponsor of UNAIDS, in the United Nations system-wide response to HIV/AIDS, including at country level.

78. The World Health Organization continues to participate actively in UN Theme Groups at country level, and currently chairs meetings of the Group in 22 countries. In addition, WHO is the executing agency in many countries for the approved projects of the UN Theme Group funded by the UNAIDS Secretariat. Close consultations will be held systematically with WHO representatives and WHO HQ before and after the meetings of the Programme Coordinating Board and Committee of Co-sponsoring Organizations in order to strengthen WHO's contribution to the guidance given to the UNAIDS Secretariat. Joint planning with the Africa Department of the UNAIDS Secretariat will be undertaken during the year 2000. WHO will participate actively in all annual subregional meetings of the Theme Groups.

79. Operative paragraph 2(2)

REQUESTS the Director-General to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, and to report on progress in development of the strategy to the Executive Board at its 107th session.

80. The inter-divisional Working Group on HIV/AIDS of the Regional Office provided input to the draft strategy at a consultative meeting held in June; further consultations with countries will be undertaken through WHO country offices and the UN Theme Groups on HIV/AIDS.

81. Operative paragraph 2(3)

REQUESTS the Director-General to give priority in WHO's regular budget to the prevention and control of HIV/AIDS, and to engage the Organisation as an active partner in the implementation of a transparent and joint resource mobilization strategy in support of the unified budget and work plan of the UNAIDS Secretariat and its co-sponsors, and to actively encourage the donor community to increase support for regional and country-level interventions.

82. The Regional Director has allocated additional funds to HIV/AIDS prevention and control in the regular budget of the biennium 2000-2001; in addition, HIV/AIDS prevention and control, being one of the priority programmes, has been allocated additional funds in the 2000-2003 biennium from the efficiency savings. The Regional Director will further mobilize extra-budgetary funds in collaboration with the UNAIDS Secretariat.

83. Operative paragraph 2(4)

REQUESTS the Director-General to further mobilize funds in support of national HIV/AIDS prevention and control programmes and for care and support given through the home and community-level programmes.

84. The World Health Organization will actively participate in UN system-wide support for resource mobilization for national strategic plans; the Framework for the Implementation of the Regional HIV/AIDS/STD Strategy, which emphasises care provision, including at home and community-level, will be vigorously promoted through intercountry meetings and country-level dissemination.

85. Operative paragraph 2(5)

REQUESTS the Director-General to further support the implementation of drug price monitoring systems in Member States, at their request, with a view to the promotion of equitable access to care, including essential drugs.

86. The Essential Drugs Programme will expand its current activity of monitoring the drug prices in key market countries in the Region in order to know the general price situation, and make this information available. A workshop to develop strategies for improving access to HIV-related drugs will be held in June, followed by country support activities and the strengthening of the capacity for monitoring drug prices.

87. Operative paragraph 2(6)

REQUESTS the Director-General to strengthen Member States' capacity for the implementation of drug monitoring systems in order to better identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs.

88. Intensive support will be provided to countries through the framework of the International Partnership Against HIV/AIDS in Africa, starting with an intercountry workshop on access to HIV-related drugs for nine severely affected countries. Experience in these countries will be disseminated through intercountry meetings and through an AFRO web page on HIV/AIDS which will be established.

89. Operative paragraph 2(7)

REQUESTS the Director-General to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements.

90. The Regional Office will collaborate with the Task Force on Access to Drugs and the Essentials Drugs Programme in order to strengthen approaches for monitoring the implications of trade agreements on public health and to disseminate such analysis to the countries.

91. Operative paragraph 2(8)

REQUESTS the Director-General to involve WHO fully in the International Partnership Against HIV/AIDS in Africa, as well as other programmes against HIV/AIDS in other Member States, particularly at country level, within the context of national strategic plans.

92. The Regional Office will strengthen its involvement in country-level activities of the International Partnership Against HIV/AIDS in Africa by directing and fielding experts to support the development of the health component of national strategic plan and by strengthening the capacity of WHO country offices through the recruitment of national programme officers. An initial support through the Partnership has already started in six 'early' countries, namely Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique and Tanzania. WHO will continue to contribute to other regional and global aspects of the Partnership through participation in consultations.

93. Operative paragraph 2(9)

REQUESTS the Director-General to cooperate with Member States in organising nationally coordinated blood-transfusion services.

Two subregional WHO Collaborating Centres will be supported to conduct training workshops on Blood Safety and distance learning will be organized for managers and officials of national blood transfusion services.

95. Operative paragraph 2(10)

REQUESTS the Director-General to collaborate with Member States in strengthening the capacity of health systems both to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people and to promote health systems research to frame a policy on health systems' response to HIV/AIDS and sexually transmitted infections.

96. HIV/AIDS prevention and care will be integrated into health sector reform and Bamako Initiative Framework in countries. An intercountry workshop for identifying priorities for health systems and HIV/AIDS prevention and control activities will be organised and followed up with support for research activities.

97. Operative paragraph 2(11)

REQUESTS the Director-General to advocate respect for human rights in the implementation of measures responding to the epidemic.

98. Respect for human rights is a key principle of both the Framework of the Regional HIV/AIDS Strategy and the draft Global Health Strategy and will be advocated for within the context of their implementation.

99. Operative paragraph 2(12)

REQUESTS the Director-General to intensify the support of national efforts against HIV/AIDS, aimed at providing assistance to children infected or affected by the epidemic, focussing particularly

in the worst-hit regions of the world and where the epidemic is severely setting back national development gains.

100. The Regional Strategy on Poverty Alleviation will particularly address the needs of vulnerable groups including children affected by HIV/AIDS. Guidelines for clinical management of children with HIV/AIDS have been developed as part of the Integrated Management of Childhood Illness (IMCI), and their adaptation and use in countries will be supported.

101. Operative paragraph 2(13)

REQUESTS the Director-General to appeal to the international community, relevant United Nations agencies, donor agencies and programmes, and intergovernmental and nongovernmental organisations to also give importance to the treatment and rehabilitation of children infected with HIV/AIDS, to invite them to consider further involving the private sector.

102. In collaboration with UNICEF and other partners, advocacy for the management of HIV/AIDS will be strengthened within the IMCI programme. Advocacy with organisations such as the OAU, SADC and major NGOs will also include this issue. The IMCI guidelines, which include the management of HIV in children, will be widely disseminated to countries and partner organisations.

103. Operative paragraph 2(14)

REQUESTS the Director-General to ensure that WHO, together with the UNAIDS Secretariat and other interested UNAIDS co-sponsors, pursue proactively and effectively its dialogue with the pharmaceutical industry, in conjunction with Member States and associations of persons living with HIV/AIDS, to make HIV/AIDS-related drugs increasingly accessible to developing countries through drug development, cost reduction, and strengthening of reliable distribution systems.

104. The Task Force established under WHO's leadership for this purpose will continue to dialogue with pharmaceutical companies, in close consultation with ministers of health and other stakeholders.

105. Operative paragraph 2(15)

REQUESTS the Director-General to reinforce, promote and explore partnerships both to make HIV/AIDS-related drugs accessible through affordable prices, appropriate financing systems, and effective health care systems and to ensure that drugs are safely and effectively used.

106. A meeting between representatives of ministries of health, donor countries, the pharmaceutical industry and persons living with HIV/AIDS is being organized. A regional consultation on strengthening laboratory capacity for monitoring the use of antiretrovirals (ARVs) was held and will be followed by technical support to countries.

107. Operative paragraph 2(16)

REQUESTS the Director-General to cooperate with governments, at their request, and other international organizations on possible options under the relevant international agreements, including trade agreements, to improve access to HIV-related drugs.

108. Operative paragraph 2(17)

REQUESTS the Director-General to promote, encourage and support research and development on: vaccines appropriate for strains of HIV found in both developed and developing countries;

diagnostic tools and antimicrobial drugs for other sexually transmitted infections; and treatment for HIV/AIDS including traditional medicine.

109. In pursuit of accelerated vaccine research, a consultation on the Regional Strategy for Vaccine Research in Africa was held in June; it will be followed by strengthened collaboration between the WHO/UNAIDS/HIV Vaccine Initiative and the countries.

110. Operative paragraph 2(18)

REQUESTS the Director-General to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods.

111. Interventions on gender and HIV/AIDS are an integral part of the plans of action of the Regional Office on HIV/AIDS, and support to related activities will continue.

112. Operative paragraph 2(19)

REQUESTS the Director-General to continue, in the context of efforts underway with UNICEF, UNFPA and the UNAIDS Secretariat, to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child-transmission of HIV, and to improve the capacity of intersectoral collaboration.

113. The guidelines and tools on advocacy and mobilization of support for the prevention of mother-to-child-transmission of HIV will be developed and disseminated. A communication strategy using the mass media will be implemented. Technical support to country implementation will be provided in collaboration with UNICEF, UNFPA and the UNAIDS Secretariat.

114. Operative paragraph 2(20)

REQUESTS the Director-General to provide support to Member States for collecting and analyzing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodic updates.

115. Two intercountry workshops on HIV/AIDS/STI surveillance including behavioural aspects were organized for country surveillance experts and WHO staff. A team of technical experts has been briefed and will be fielded to countries to provide technical support. Collaboration will be continued with WHO headquarters, UNAIDS Secretariat and other partners regarding second-generation surveillance.

116. Operative paragraph 2(21)

REQUESTS the Director-General to provide increased support to Member States for the prevention of HIV transmission in injecting drug users in order to avoid an explosive spread of HIV/AIDS in that vulnerable population.

117. The Regional Office will collaborate with WHO headquarters and the UNAIDS Secretariat's initiative on prevention of HIV transmission among injecting drug users in countries where drug injecting is a significant factor in the epidemic.

118. Operative paragraph 2(22)

REQUESTS the Director-General to advocate for research on nutrition in relation to HIV/AIDS.

119. Discussions on collaboration in order to encourage research on nutrition and HIV/AIDS have been initiated with the Commonwealth Regional Health Association of the eastern, central and southern African regions. The HIV/AIDS care component of the Programme will advocate for such research in the countries.

120. Operative paragraph 2(23)

REQUESTS the Director-General to advise Member States on the appropriate treatment regimen for HIV/AIDS and to advise in collaboration with other relevant international organisations on the management, legal and regulatory issues to improve affordability and accessibility.

121. A clinical management expert, to be recruited for the Regional Programme on AIDS (RPA) team, will establish in collaboration with the UNAIDS Secretariat a technical network on HIV/AIDS management. Inter-country consultations and country technical support missions will be undertaken. The Regional Office will ensure that adequate attention is paid to regulatory and legal issues, including the improvement of affordability and accessibility.

122. Operative paragraph 2(24)

REQUESTS the Director-General to appeal to bilateral and multilateral partners to simplify the procedures for the allocation of resources.

123. The Regional Office has facilitated the simplification of allocation procedures of the Strategic Programme Development Funds of the UNAIDS Secretariat and will advocate for simplified allocation mechanisms with partners in the context of UN system-wide resource mobilisation for HIV/AIDS.

WHA53.15: FOOD SAFETY

124. Operative paragraph 2.1

REQUESTS the Director-General to give greater emphasis to food safety, in view of WHO's global leadership in public health, and in collaboration and coordination with other international organizations, notably the Food and Agriculture Organization of the United Nations (FAO), and within the Codex Alimentarius Commission, and to work towards integrating food safety as one of WHO's essential public health functions, with the goal of developing sustainable, integrated food safety systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer.

125. The Regional Office will encourage Member States' efforts and provide the technical support necessary for the implementation of this resolution.

126. Operative paragraph 2.2

REQUESTS the Director-General to support Member States in the identification of food-related diseases and the assessment of food-borne hazards, and storage, packaging and handling issues.

127 Operative paragraph 2.2 bis

REQUESTS the Director-General to provide developing countries with support for the training of their staff, taking into account the technological context of production in these countries

128 The Regional Office will provide necessary technical support to the countries for the establishment of the list of food-related diseases and for training the staff required.

129 Operative paragraph 3

REQUESTS the Director-General to focus on emerging problems related to the development of antimicrobial-resistant microorganisms stemming from the use of antimicrobials in food production and clinical practice.

130. Operative paragraph 4

REQUESTS the Director-General to put in place a global strategy for the surveillance of food-borne diseases and for the efficient gathering and exchange of information in and between countries and regions, taking into account the current revision of the International Health Regulations.

131. The Regional Office will encourage the implementation of a strategy for the surveillance of food-borne diseases in and among countries and regions as well as for the collection and dissemination of surveillance information.

132 Operative paragraph 6

REQUESTS the Director-General to provide, in close collaboration with other international organizations active in this area, particularly FAO and the International Office of Epizootics (OIE), technical support to developing countries in assessing the burden on health and prioritizing disease-control strategies through the development of laboratory-based surveillance systems for major food-borne pathogens, including antimicrobial-resistant bacteria, and in monitoring contaminants in food.

133. The Regional Office will collaborate with other agencies of the United Nations as well as partners to mobilize the technical support necessary to the countries for strengthening the capacities of national or subregional laboratories to undertake the surveillance of the principal food-borne pathogens, including antimicrobial-resistant bacteria.

134 Operative paragraph 7

REQUESTS the Director-General, in collaboration with FAO and other bodies as appropriate, to strengthen the application of science in the assessment of acute and long-term health risks related to food, and specifically to support the establishment of an expert advisory body on microbiological risk assessment and to strengthen the expert advisory bodies that provide scientific guidance on food safety issues related to chemicals, and to maintain an updated databank of this scientific evidence to support Member States in making health-related decisions in these matters.

135. The Regional Office will strengthen collaboration with FAO and other bodies for the evaluation of food-related risks; create an advisory body of experts for the evaluation of microbiological and chemical risks; and provide the support necessary for Member States to implement these resolutions.

WHA53.16: FRAMEWORK CONVENTION ON TOBACCO CONTROL

136. Operative paragraph 5

REQUESTS the Director-General to draw up, for consideration by the Negotiating Body at its first session, a draft timetable for the process, with information on costs related to the sessions of the

Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

137. The Regional Office will promote active participation of Member States in the negotiation process and provide, on request, technical support and training to members of the Negotiating Teams.

WHA53.17: PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

138. Operative paragraph 2.1

REQUESTS the Director-General to continue giving priority to the prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations.

139. The Regional Office is in the process of developing a regional strategy on noncommunicable diseases for adoption by the fiftieth session of the Regional Committee taking place in Ouagadougou this September 2000.

140. Operative paragraph 2.2

REQUESTS the Director-General to ensure that the leadership provided by WHO in combatting noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems.

141. The Regional Office will put in place an expert group to develop guidelines for noncommunicable diseases surveillance in the Region, as well as for NCD programme monitoring and evaluation. Two intensive training courses on epidemiology and public health regarding diabetes in the Region have already been organized for primary health care workers.

142. Operative paragraph 2.3

REQUESTS the Director-General to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases.

143. The Regional Office will support African countries in their efforts to address the burden of noncommunicable diseases through the promotion of healthy lifestyles of the populations. Published and unpublished research data available in the Region have been reviewed and a first compendium of the data is awaiting publication and distribution in the Region. Guidelines for primary health care doctors for the Management of Hypertension is being published.

144. Operative paragraph 2.4

REQUESTS the Director-General to strengthen existing partnerships and develop new ones, notably with specialized national and international organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise.

145. The Regional Office is collaborating with the International Network for the Control of Gynaecological Cancers in order to train experts from African countries on early screening of cervical

cancer. Technical and financial support will be offered to national associations for activities in priority noncommunicable diseases, especially those aimed at improving advocacy and awareness of noncommunicable diseases.

146. Operative paragraph 2.5

REQUESTS the Director-General to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity-building and collaborative research.

147. The Regional Office is working closely with HQ/NCD Cluster through information sharing and joint activities in support of regional activities; and is distributing to countries of the African Region and to all partners relevant global and regional strategies and their resolutions, as and when available.

148. Operative paragraph 2.6

REQUESTS the Director General to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases.

149. The Regional Office is working closely with the noncommunicable diseases Cluster of WHO headquarters and the Tobacco-free Initiative to monitor the implementation of the international intersectoral policies and regulations; and is encouraging Member States in the Region to develop national policies and regulations on healthy lifestyles for their populations.

150. Operative paragraph 2.7

REQUESTS the Director General to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy.

151. The Regional Office will:

- undertake, in collaboration with WHO Regional Collaborating Centres, multi-centre community surveys to map out the burden of noncommunicable diseases in the Region;
- undertake surveys of successful community activities and document them for experience sharing and networking in the Region.

AMSTERDAM DECLARATION TO STOP TUBERCULOSIS

24 MARCH 2000, AMSTERDAM, THE NETHERLANDS

The Ministerial Conference on Tuberculosis and Sustainable Development, involving ministerial representatives from 20 high-burden countries comprising eighty percent of the global TB burden, meeting in Amsterdam, on this the first World TB Day of the new millennium, the twenty-fourth day of March in the year 2000;

Expressing the urgent need for accelerated action against tuberculosis, a major killer of our people and a significant impediment to the development of our nations;

HEREBY ADOPTS THE FOLLOWING DECLARATION:

I. WE NOTE WITH GRAVE CONCERN THAT:

THE MAGNITUDE of suffering and death caused by the global tuberculosis pandemic is both alarming and unacceptable;

TUBERCULOSIS exerts a toll of eight million new sufferers and two million deaths every year, including many children;

WOMEN and men are most affected in their most productive years;

TUBERCULOSIS disrupts the social fabric of society by taking children out of school and stigmatizing individuals;

IT TRAPS the world's poorest, most marginalized and vulnerable groups (including prisoners) in a vicious cycle of disease and poverty;

THREE of every four people stricken by tuberculosis are young adults, many suffering from AIDS, cut down in the prime of their lives;

TUBERCULOSIS is the leading cause of death among HIV-positive people and accounts for one-third of AIDS deaths worldwide;

NO OTHER disease combination more directly blocks the development of families, communities and thus national economies;

YET, in the face of this grave situation, the level of public awareness and political commitment remains inadequate.

II. WE RECOGNIZE THAT:

THE GLOBAL tuberculosis emergency is much more than a health concern;

IT IS a complex socioeconomic problem that impedes human development, and cannot be defeated

by the health sector acting alone;

CONFRONTING tuberculosis requires collaboration across government sectors and action across society;

EXPANDED actions must be underpinned by rigorously tested technical strategies;

NEW opportunities exist to enlist modern communications, media and technology in health education aimed at improving health-seeking behaviour;

THERE exists a cost-effective cure;

HOWEVER, accessibility to safe and efficacious first-line drugs is still an important concern in many countries;

MOREOVER the affordability of and access to second - and third-line drugs requires urgent attention;

IN ADDITION, the need for accelerated development of diagnostics, new drugs and vaccines is noted;

AN ACCELERATED response to tuberculosis founded on increased political commitment is now required to avert a worldwide drug-resistant epidemic with colossal social and economic costs.

III. WE AFFIRM THAT:

THE EFFECTIVE management of tuberculosis in adults and children is an integral part of primary health care; if mainstreamed as a high priority it can be a major contributor to the overall development of national health systems;

THE WHO-recommended strategy to combat tuberculosis (DOTS) is the internationally-accepted set of core practices required to confront the disease and prevent the emergence of drug resistance;

TUBERCULOSIS control is a highly effective strategy for poverty alleviation;

ACCESS to life-saving tuberculosis control programmes providing safe, high quality drugs opens doors to life's opportunities by getting people back to work and school;

TB CONTROL represents a global public good as the epidemic will get worse if we fail to effectively treat infectious cases, track the epidemic, and share best practices and tools within and across borders;

EFFECTIVE treatment and cure of tuberculosis is one of the most tangible interventions available to extend the life of persons with HIV/AIDS;

POORLY devised actions lead to the emergence of drug-resistant epidemics.

IV. WE COMMIT OURSELVES TO ACCELERATE ACTION AGAINST TUBERCULOSIS THROUGH:

EXPANDED coverage of our populations with the WHO-recommended strategy to combat tuberculosis (DOTS) providing for at least 70% detection of infectious cases by the year 2005;

ENSURING that sufficient human and financial resources are available on a sustainable basis & expanded to meet the challenges of stopping tuberculosis;

ENSURING that the implementation capacity is developed to utilize these resources efficiently and effectively;

IMPLEMENTING, monitoring and evaluating our national tuberculosis programmes in line with internationally-accepted WHO standards;

IMPROVING systems of procurement and distribution of tuberculosis drugs to ensure quality, access, transparency and timely supply;

INCORPORATING basic outcome measures for tuberculosis as performance indicators for overall health sector performance;

PROMOTING the development of national and international partnerships to stop tuberculosis with all stakeholders in society, including government departments and organizations, private health sector, industry, nongovernmental organizations and the community;

ACTIVELY participating in the development and subsequent implementation of a global partnership agreement to Stop Tuberculosis designed to foster ownership and accountability.

V. WE CALL UPON PARTNERS:

WHILE recognizing that it is first and foremost the responsibility of affected countries to take the necessary actions essential for sustained progress against tuberculosis, we call attention to the fact that the problem is often the greatest in the very countries which can least afford to take action, and that it is in the interest of the global community to support tuberculosis control worldwide;

WELCOMING the initiative of the Director-General of WHO and the President of the World Bank who, as partners in the Stop TB Initiative, convened this Conference and have committed their organizations to work with our governments to develop and implement a global partnership agreement;

THROUGH this agreement individuals, governments, private organizations and industry can all contribute to mobilizing increased political will and financial resources and accelerating national and international progress;

RECOGNIZING the enormity of the task ahead and the huge amount of resources required we call upon international development partners from the UN system, Bretton Woods institutions, bilateral agencies, nongovernmental organizations and foundations to increase their support to tuberculosis control efforts by contributing resources, taking into account the debt burden of the recipient countries, in order to:

- develop and/or strengthen national development plans that incorporate health development and tuberculosis control as essential components;
- build new international approaches towards ensuring universal access to, and efficient national systems of, procurement and distribution of tuberculosis drugs;
- accelerate basic and operational research for the development and delivery of new tools, including diagnostics, drugs and vaccines, and pay attention to the need for improved incentives for drug and vaccine development in a manner consistent with affordability and accessibility of such new products;
- establish a Global Fund for Tuberculosis to mobilize & invest new, additional resources to support the above activities;

MOREOVER, we call upon partners not to let any externality, including politics, sanctions and war, affect the flow of logistic & financial support to programmes.

RECOGNIZING that the we represent the governments of countries with the highest burden of tuberculosis in the world, but that other countries not represented in this Conference face many or all of the same problems, we call on our colleagues around the world to join WHO, the World Bank and others in the Stop TB Initiative to actively participate in building new momentum against tuberculosis for better health for all in the new millennium.