



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC58/18

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REGIONAL COMMITTEE FOR AFRICA

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Provisional agenda item 15

**CORRELATION BETWEEN THE WORK OF THE REGIONAL COMMITTEE, THE
EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY**

Report of the Regional Director

Executive summary

1. The Sixty-first World Health Assembly and the one-hundred-and-twenty-second session of the Executive Board adopted resolutions on certain issues of regional interest. This document proposes ways and means of implementing these resolutions.
2. The document also includes the provisional agenda of the fifty-ninth session of the Regional Committee and the provisional agenda of the one-hundred-and-twenty-fourth session of the Executive Board.
3. The Regional Committee is invited to examine the proposals and adopt related procedural decisions.

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INTRODUCTION

1. This document has three objectives:
 - (a) To propose the ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board;
 - (b) To propose the provisional agenda of the fifty-ninth session of the Regional Committee, and issues that should be recommended as agenda items to the one-hundred-and-twenty-fourth session of the Executive Board and the Sixty-second World Health Assembly;
 - (c) To propose the procedural decisions designed to facilitate the work of the Sixty-second World Health Assembly in accordance with relevant decisions of the Executive Board and the World Health Assembly concerning the method of work and duration of the World Health Assembly.

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

2. The Sixty-first session of the World Health Assembly and the one-hundred-and-twenty-second session of the Executive Board adopted a number of resolutions of regional interest.
3. This document contains the requirements of the relevant operative paragraphs of these resolutions adopted at the Sixty-first World Health Assembly and the one-hundred-twenty-third session of the Executive Board. Each resolution is followed by actions already taken or planned.
4. In conformity with World Health Assembly Resolution WHA33.17 and in pursuance of operative paragraph 5 of Resolution AFR/RC30/R12, the Regional Committee is invited to examine the proposed ways and means of implementing these resolutions and provide guidance, taking into account the related resource and managerial implications. Summaries of the resolutions of regional interest and the ways and means for their implementation are presented below.

WHA61.1 Poliomyelitis: mechanism for management of potential risks to eradication

5. **Requirements:** to intensify advocacy in remaining polio affected Member States in order to reach every child during supplemental immunization activities (SIAs) so that all remaining transmission of wild poliovirus is interrupted rapidly; to interrupt wild poliovirus transmission in northern Nigeria, in order to minimize the risks of international spread; to achieve and maintain routine immunization coverage against poliomyelitis at a level greater than 80% of the childhood population and set country-specific target dates; to continue providing technical support to the remaining countries affected by poliomyelitis in their efforts to interrupt the final chains of transmission of wild poliovirus; to assist in mobilizing the financial resources necessary for full implementation of the intensified eradication effort to interrupt the final chains of transmission of wild poliovirus.
6. **Action taken or planned:** Technical Advisory Group meetings were held in Angola, Chad, Democratic Republic of Congo, Namibia, Nigeria and the Horn of Africa; high-level visits by the Director-General and the Regional Director for Africa were effected to Member States with wild circulating polioviruses; high quality SIAs, aimed at targeting high-risk Member States, are ongoing,

and identification of unreached children is continuing using monitoring data. Acute flaccid paralysis surveillance reviews are being conducted in priority countries, and recommendations based on the findings are being implemented to stop outbreaks of wild poliovirus in northern Nigeria. In addition, national task forces for the containment of wild poliovirus have been established in all Member States of the African Region. Validation of Phase 1 surveys has been completed in seven countries and is ongoing in the remaining 39 countries. Technical support has been given to 21 countries whose certification documentation was accepted by the African Regional Certification Commission; submission of documentation of seven more countries before the end of 2008 is planned. A regional advisory committee on post-polio eradication was established and met once. Scaling up the Reaching Every District and Reaching Every Ward strategies is planned in all countries in the Region to meet 90% DTP3 coverage at national level and at least 80% coverage in all districts. Member States have taken local initiative to mobilize extra funds from bilateral partners for polio activities, including surveillance.

WHA61.2 Implementation of the International Health Regulations (2005)

7. **Requirements:** to complete and update the contact details of the centre designated as the national International Health Regulations (IHR) focal point; to ensure that relevant staff within the centre access and use the Event Information Site on the WHO web site; to develop, strengthen and maintain the national core capacity requirements for surveillance and response at point of entry; to designate at least one expert for the IHR Roster of Experts; to submit every year a report on IHR (2005) implementation; to ensure effective communication between national IHR focal points and WHO IHR contact points; to promote sharing of information on actual outbreaks in order to facilitate appropriate alert and response activities for the prevention and control of infectious diseases across borders.

8. **Action taken or planned:** All 46 Member States have designated national IHR focal points, and contact points have been provided to the IHR Secretariat and the Regional Office. A total of 29 (63%) Member States have ensured that relevant staff within the centre are able to access and use the Event Information Site on the WHO web site. IHR (2005) provisions have been incorporated in the revised Integrated Disease Surveillance and Response Technical Guidelines; protocols and tools were developed to assess core capacities and requirements; 17 Member States designated at least one expert for the IHR Roster of Experts. A total of 29 experts were designated for the IHR Emergency Committee or the IHR Review Committee; 42 (91%) countries submitted annual reports to the Sixty-first World Health Assembly. An electronic mailing list of national IHR focal points was established to ensure effective communication between national focal points, HQ contact points and WHO representatives. A daily summary of events is produced and disseminated through the AFRO Website; in this way, data on current outbreaks are shared with country offices and national focal points in order to facilitate alert and response activities.

WHA61.4 Strategies to reduce the harmful use of alcohol

9. **Requirements:** to draft, in collaboration and consultation with relevant stakeholders, a global strategy on the harmful use of alcohol based on all available evidence and existing best practices that ensure that national and regional processes and circumstances are taken into account; to develop national systems for monitoring harmful use of alcohol and report to regional and global information systems; to strengthen national responses based on cost-effectiveness strategies and interventions.

10. **Action taken or planned:** A regional strategy is being prepared using national inputs on alcohol policy, best practices in the Region and consultation with relevant stakeholders. A regional information system is available, and the web site will be updated accordingly. Cost-effectiveness strategies and tools are being disseminated to countries, and technical support for their implementation is being given. A network of focal points in ministries of health of Member States is planned.

WHA61.12 Multilingualism: implementation of action plan

11. **Requirements:** to ensure equal respect for linguistic diversity at WHO headquarters, regional offices and country offices; to establish a professional staff linguistic database to indicate fluency in the official languages of the Organization; to take into account health-care background when recruiting WHO language-service staff; to encourage and promote access of quality language training for all staff of the Organization.

12. **Action taken or planned:** Linguistic diversity is respected in the Region: simultaneous interpretation in the three official languages of the Region (English, French and Portuguese) is provided in regional meetings where there is participation of more than one of the regional linguistic groups; regional publications in the three languages are issued to Member States; statutory documents in the same three languages are disseminated to Member States and posted on the Intranet for easier access by countries; access to language training for WHO staff of the Region is supported by the Regional Office and some WHO country offices.

WHA61.14 Prevention and control of noncommunicable diseases: implementation of the global strategy

13. **Requirements:** to strengthen national efforts to address the burden of noncommunicable diseases; to consider the proposed actions in the action plan for the prevention and control of noncommunicable diseases and implement relevant actions, in accordance with national priorities; to give high priority to the implementation of the elements of the WHO Framework Convention on Tobacco Control; to consider, within the framework of the Medium-Term Strategic Plan 2008–2013, allocating a higher proportion of budgets for the prevention of noncommunicable diseases.

14. **Action taken or planned:** Technical and financial support have been provided to countries to undertake STEPs surveys, and a regional database has been created for 20 countries. Integrated action plans for the prevention and control of noncommunicable diseases have been developed and implemented in two countries. A total of 36 Member States have ratified the WHO Framework Convention on Tobacco Control, and three countries have started implementation of the requirements of the Convention. Primary prevention of noncommunicable diseases based on diet and physical activity, using health promotion approaches, have been initiated in 18 countries. Collaboration continues with partners such as World Diabetes Foundation, International Diabetes Federation, Programme of Action for Cancer Therapy, International Agency for Research on Cancer, *Union Internationale Contre le Cancer*, American Cancer Society, World Heart Federation, International Agency for the Prevention of Blindness, Food and Agriculture Organization of the United Nations and others. These partnerships have fostered development of country programmes for integrated prevention and management of the main noncommunicable diseases.

WHA61.15 Global immunization strategy

15. **Requirements:** to enhance efforts to improve delivery of high-quality immunization services in order to achieve the target of equitable coverage of at least 80% in all districts by 2010 set in the Global Immunization Vision and Strategy 2006–2015; to develop and strengthen or maintain surveillance systems for vaccine-related adverse events, linked with systems for monitoring compliance with safe injection practices; to strengthen surveillance systems for vaccine-preventable diseases and monitoring of vaccination programmes; to further expand access to, and coverage of, available, affordable and cost-effective new life-saving vaccines of assured quality and efficacy.

16. **Action taken or planned:** Immunization and vaccines development surveillance systems have been established to determine the changing epidemiology of preventable diseases and to guide immunization activities. The acute flaccid paralysis surveillance system has been established in all countries in the African Region; as of December 2007, 38 countries (up from 15 in 2002) initiated nationwide case-based measles surveillance with regular monthly reports supported by a regional network of 39 national measles and yellow fever laboratories. In the African Region, 43 countries have introduced or approved the introduction of Hepatitis B vaccine and 35 countries have introduced Hib containing vaccine into their routine immunization programmes. Hospital-based surveillance for rotavirus diarrhoea and paediatric bacterial meningitis in under-fifteen children has been initiated in 12 and 19 countries, respectively, in order to gather evidence for the introduction of new vaccines.

WHA61.16: Female genital mutilation

17. **Requirements:** to support Member States to accelerate education and information of communities for full understanding of the gender, health and human rights dimension of female genital mutilation (FGM); to ensure men's and local leader's participation in the process to eliminate FGM; to work with all sectors of government, international agencies and NGOs to support FGM abandonment as a major contribution to the attainment of Millennium Development Goals 3 and 5; to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone FGM; to reinforce social and psychological support services and care, and take measures to improve health, including sexual reproductive health, in order to assist women and girls who are subjected to this violence.

18. **Actions taken or planned:** Dissemination of the resolution is planned in the 27 countries concerned with FGM. Countries will be supported to assess the level of progress in the elimination of FGM; governments will be encouraged to take leadership of campaigns for the elimination of FGM.

WHA61.18 Monitoring of the achievement of the health-related Millennium Development Goals

19. **Requirements:** to submit annually a report on the status of progress made, including main obstacles and ways to overcome them, according to the new monitoring framework, in achievement of the health-related MDGs, through the Executive Board to the World Health Assembly; to cooperate closely with all other UN and international organizations involved in the process of achieving the MDGs and to ensure that the health-related MDGs are on the agenda of the United Nations high-level meeting on the MDGs in New York in September 2008.

20. **Action taken or planned:** An assessment of countries' progress towards the health-related MDG targets was carried out in November 2007. A report was prepared for the African Union in April 2008, and a format is under preparation to assist WHO country offices to report on progress. The Regional Office contributed through the Harmonization for Health in Africa initiative to support at least 18 countries to develop, review or implement country-driven plans and strategy documents to accelerate achievement of the MDGs. The WHO Regional Office for Africa is contributing to the development of a strategic paper on the MDGs.

WHA61.19 Climate change and health

21. **Requirements:** to continue to draw to the attention of the public and policy-makers the serious risk of climate change to global health and the achievement of the health-related MDGs; to work with other United Nations organizations; to engage actively in the UN Framework Convention on Climate Change Nairobi Work Programme on Impacts, Vulnerability, and Adaptation to Climate Change in order to show its relevance to the health sector; to work on promoting consideration of the health impacts of climate change by the relevant United Nations bodies in order to help developing countries to address the health impacts of climate change; to continue close cooperation with Member States and appropriate United Nations organizations, other agencies and funding bodies in order to develop capacity to assess risks, conduct research, pilot projects and implement effective response measures for health on climate change; and to consult Member States on the preparation of a workplan for scaling up WHO technical support for assessing and addressing the implications of climate change for health and health systems.

22. **Action taken or planned:** Information on climate change and health has been disseminated in the Region. A regional workshop was held from 14 to 16 July 2008 in Tanzania with the participation of the World Meteorology Organization, United Nations Environment Programme and some countries in and outside the Region; countries shared experiences about the effects of climate change, particularly on health. The Health and Environment Conference planned for Gabon from 26 to 29 August 2008 included debates on climate change.

WHA61.20 Infant and young child nutrition: biennial progress report

23. **Requirements:** to strengthen the implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes; to promote breastfeeding and infant and young child nutrition to reduce malnutrition and child mortality (MDGs 1 and 4); to increase support for early initiation and exclusive breastfeeding for the first six months of life; to widely disseminate the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula and thus minimize the risk of bacterial infection.

24. **Action taken or planned:** Member States have been supported to revise their national laws and finalize the training manual on the International Code of Marketing of Breast-milk Substitutes. Over 30 countries have developed a national strategy on infant and young child feeding based on the global strategy; currently WHO is supporting these countries to implement their national strategies. Training has been provided for 30 consultants in integrated community- and facility-based management of severe malnutrition and for 22 regional consultants (from 12 countries) in integrated infant and young child feeding. The training of 25 regional consultants on Code implementation and monitoring will take place this year in order to support countries.

WHA61.21 Global strategy and plan of action on public health, innovation and intellectual property

25. **Requirements:** to provide support to Member States, upon request, in implementing the global strategy and plan of action; to finalize the outstanding components of the plan of action; to coordinate with other relevant international intergovernmental organizations, including World Intellectual Property Organization, World Trade Organization and United Nations Conference on Trade and Development, to effectively implement the global strategy and plan of action.

26. **Action taken or planned:** WHO will finalize the outstanding components of the plan of action concerning timeframes, progress indicators and estimated funding needs. The final plan of action will be submitted for consideration by the Sixty-second World Health Assembly through the Executive Board.

AGENDA OF THE ONE-HUNDRED-AND-TWENTY-FOURTH SESSION OF THE EXECUTIVE BOARD AND PROVISIONAL AGENDA OF THE FIFTY-NINTH SESSION OF THE REGIONAL COMMITTEE

27. The World Health Assembly, in its Resolution WHA33.17, determined that WHO directing, coordinating and technical functions are mutually supportive and urged that the work of the Organization at all levels should be interrelated. Thus the provisional agenda of the Regional Committee is drawn up so as to harmonize it, to the extent possible, with those of the Executive Board and the World Health Assembly.

Agenda of the one-hundred-and-twenty-fourth session of the Executive Board

28. The agenda of the one-hundred-and-twenty-fourth session of the Executive Board is presented in Annex 1.

Provisional agenda of the fifty-ninth session of the Regional Committee

29. A provisional agenda for the fifty-ninth session of the Regional Committee proposed by the Secretariat is presented in Annex 2.

30. The Regional Committee is invited to adopt the provisional agenda of the fifty-ninth session of the Regional Committee and propose the issues that should be recommended to the one-hundred-and-twenty-fourth session of the Executive Board and the Sixty-second World Health Assembly.

PROCEDURAL DECISIONS

31. The procedural decisions are designed to facilitate the work of the one-hundred-and-twenty-fourth session of the Executive Board and the Sixty-second World Health Assembly.

Method of work and duration of the Sixty-second World Health Assembly

32. It is proposed to convene the Sixty-second World Health Assembly from 18 to 27 May 2009 in Geneva.

33. In line with Resolution WHA52.21 on the reform of the World Health Assembly by which the Director-General is requested to make appropriate arrangements for a shortened plenary meeting, delegates at the Health Assembly will be:

- (a) requested to limit, to five minutes, their statements in such debates;
- (b) encouraged to make group or regional statements;
- (c) invited to submit written statements of not more than 600 words for inclusion in the verbatim records of the plenary meeting in lieu of taking the floor.

34. Delegates wishing to have their names placed on the list of speakers for the general discussion should notify the WHO Governing Bodies Department in advance, sending their notification to fax number: 41 22 791 41 73.

35. Copies of the statements to be made during the general discussion should be submitted to the Office of the Assistant to the Secretary of the Health Assembly by the morning of the commencement of the Assembly.

36. The credentials of delegates, alternates and advisers should be delivered to the Secretariat (Governing Bodies Department) by 1 May 2009. Credentials shall be issued by the Head of State, Minister of Foreign Affairs, Minister of Health, or any other appropriate authority. Not more than three (3) delegates shall represent a Member State at the Health Assembly. Alternates and advisers may accompany delegates. Only original documents will be examined and considered as formal credentials by the Committee on Credentials. Though not considered as formal credentials, faxes and e-mails may be sent to the Governing Bodies Department (Fax: +41 22 791 41 73; e-mail: credentials@who.int) for advance information prior to delivery of the original document. For each participant, credentials should provide the following information: LAST NAME (in capital letters), first name, title, function, institution, city and gender (unless indicated in title).

37. Resolution WHA50.1 provides that only Member States that are classified as least developed countries by the United Nations shall be reimbursed for the actual travel expenses of one delegate each. In accordance with WHO policy, tickets will be provided or reimbursed for travel by the most direct route.

Countries designated to serve on the Sixty-second World Health Assembly

38. The Chairman of the fifty-eighth session of the Regional Committee will be proposed as Vice-President of the Sixty-second World Health Assembly which will be held in May 2009.

39. The Director-General in consultation with the Regional Director shall, if necessary, consider before the Sixty-second World Health Assembly, delegates of Member States of the African Region who may serve effectively as:

- (a) Chairmen of the Main Committees A or B;
- (b) Vice-Chairmen and Rapporteurs of the Main Committees.

40. Based on the English alphabetical order and the subregional geographical grouping it is proposed to designate the following Member States on the General Committee: Côte d'Ivoire, Guinea Bissau, Kenya, Rwanda, Swaziland.

41. On the same basis it is proposed to designate the following Member States on the Credentials Committee: Cape Verde, Chad, Lesotho.

Meeting of the delegations of Member States of the African Region at the occasion of the World Health Assembly

42. Before the opening of the Sixty-second World Health Assembly, the Regional Director will convene a meeting of the delegations of Member States of the African Region on Saturday 16 May 2009, at 9.30 a.m. at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its fifty-eighth session and discuss agenda items of the Sixty-second World Health Assembly with specific interest to the African Region.

43. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning at 8.00 a.m. at the *Palais des Nations*, Geneva.

Countries designated to serve on the Executive Board

44. The one-hundred-and-twenty-fourth session of the Executive Board is scheduled to take place from 19 to 27 January 2009 at WHO headquarters, Geneva. The provisional agenda is presented in Annex 1.

45. The Executive Board consists of 34 persons designated by as many Member States. The African Region has seven (7) members on the Board. The term of office of each Member is three (3) years; new members are elected during the World Health Assembly and their term of office starts at the Executive Board session immediately following that Health Assembly. The term ends after the closing of the third consecutive Health Assembly during which the Member is replaced.

46. In September 2004, the Regional Committee by Decision 8 and Resolution AFR/RC54/R11 of the fifty-fourth session established that for the purpose of ensuring a geographical balance of Member States from the African Region on the Executive Board, the regional membership should be divided into three subregions: Subregion I, Subregion II and Subregion III corresponding to the African Region's geographical groupings. Each subregion is allocated two seats out of the seven to which the Region is entitled. The seventh seat rotates between the subregions.

47. Following these new arrangements and in accordance with Decision 8 of the fifty-seventh session of the Regional Committee, Mauritius (Subregion III), Mauritania (Subregion I), Niger (Subregion I) and Uganda (Subregion II) designated a representative each to serve on the Executive Board starting with the one-hundred-and-twenty-third session in May 2008, immediately after the Sixty-first World Health Assembly, in replacement of Liberia (Subregion I), Rwanda (Subregion II), Madagascar (Subregion III) and Namibia (Subregion III).

48. The term of office of Mali (Subregion I) will end with the closing of the Sixty-second World Health Assembly. In accordance with Decision 8 taken at the fifty-fourth session of the Regional Committee, Mali will be replaced by Burundi from Subregion II.

49. Burundi will attend the one-hundred-and-twenty-fourth session of the Executive Board, immediately after the Sixty-second World Health Assembly in May 2009. Burundi should confirm availability for attendance at least six (6) weeks before the Sixty-second World Health Assembly.

Nomination of representatives to the Special Programme of Research, Development and Research Training in Human Reproduction Membership, Category 2 of the Policy and Coordination Committee

50. The term of office of Democratic Republic of Congo and Equatorial Guinea on the Special Programme's Policy and Coordination Committee will come to an end on 31 December 2008. They will be replaced by Ethiopia and Guinea for a period of three (3) years with effect from 1 January 2009. Ethiopia and Guinea will thus join Côte d'Ivoire and Gabon on the Policy and Coordination Committee.

51. The Regional Committee is invited to adopt the proposed procedural decisions.



**World Health
Organization**

**EXECUTIVE BOARD
124th Session
Geneva, 19-27 January 2009**

**EB124/1 (draft)
20 June 2008**

DRAFT PROVISIONAL AGENDA

- 1. Opening of the session and adoption of the agenda**
- 2. Report by the Director-General**
- 3. Report of the Programme, Budget and Administration Committee of the Executive Board**
- 4. Technical and health matters**
 - 4.1 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
 - 4.2 Implementation of the International Health Regulations (2005)
 - 4.3 HIV/AIDS and mental health
 - 4.4 Prevention of avoidable blindness and visual impairment
 - 4.5 Primary health care: 30 years of the Alma-Ata Declaration
 - 4.6 Commission on Social Determinants of Health
 - 4.7 Monitoring of the achievement of the health-related Millennium Development Goals
 - 4.8 Climate change and health
 - 4.9 WHO's role and responsibilities in health research
 - 4.10 International recruitment of health personnel: draft global code of practice
 - 4.11 Counterfeit medical products
 - 4.12 Human organ and tissue transplantation
 - 4.13 Public health, innovation and intellectual property: global strategy and plan of action
- 5. Programme and budget matters**
 - 5.1 Programme budget 2006-2007: performance assessment
 - 5.2 Implementation of Programme budget 2008-2009: interim report
 - 5.3 Medium-term strategic plan 2008–2013 and proposed programme budget 2010-2011

6. Financial matters

- 6.1 Unaudited interim financial report for the financial period 2008-2009
- 6.2 Assessed contributions
 - Status of collection, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
 - Scale of assessments for 2010-2011
- 6.3 Amendments to the Financial Regulations and Financial Rules

7. Management matters

- 7.1 Partnerships
- 7.2 Multilingualism: implementation of action plan
- 7.3 Reports of committees of the Executive Board
 - Standing Committee on Nongovernmental Organizations
 - Foundations and awards
- 7.4 Provisional agenda of the Sixty-second World Health Assembly and date and place of the 125th session of the Executive Board

8. Staffing matters

- 8.1 Appointment of the Regional Director for South-East Asia
- 8.2 Appointment of the Regional Director for the Western Pacific
- 8.3 Human resources annual report (including employment and participation of women in the work of WHO)
- 8.4 Report of the International Civil Service Commission
- 8.5 Amendments to Staff Rules and Staff Regulations [if any]
- 8.6 Statement by the representation of the WHO staff associations

9. Matters for information

- 9.1 Reports of expert committees and study groups
- 9.2 Progress reports
 - A. Poliomyelitis mechanism for management of potential risks to eradication
 - B. Smallpox eradication: destruction of variola stocks (resolution WHA60.1)
 - C. Malaria, including proposal for establishment of World Malaria Day (resolution WHA60.18)
 - D. Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (resolution WHA59.12)
 - E. Prevention and control of sexually transmitted infections (resolution WHA59.19)
 - F. Strengthening of health information systems (resolution WHA60.27)

- G. Universal coverage of maternal newborn and child health interventions (resolution WHA58.31)
- H. Integrating gender analysis and actions into the work of WHO: draft strategy (resolution WHA60.25)
- I. Rational use of medicines (resolution WHA60.16)
- J. Better medicines for children (resolution WHA60.20)
- K. Health technologies (resolution WHA60.29)

10. Closure of the session



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

ANNEX 2

AFR/RC59/1

12 June 2008

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Fifty-ninth session

Kigali, Republic of Rwanda, 31 August–4 September 2009

Provisional agenda item 4

DRAFT PROVISIONAL AGENDA

1. Opening of the meeting
2. Constitution of the Subcommittee on Nominations
3. Election of the Chairman, the Vice-Chairman and the Rapporteurs
4. Adoption of the agenda
5. Appointment of members of the Subcommittee on Credentials
6. Election of the Regional Director
7. The Work of WHO in the African Region: Annual Report of the Regional Director 2008
8. Report of the Programme Subcommittee
 - 8.1 Towards reaching the health-related Millennium Development Goals: progress report and way forward
 - 8.2 Framework for implementation of the Ouagadougou Declaration on primary health care and health systems in Africa: achieving better health for Africa in the new millennium
 - 8.3 WHO Programme Budget 2010-2011: orientations for implementation in the African Region
 - 8.4 Implementation of International Health Regulations in the African Region

- 8.5 Drug resistance related to AIDS, tuberculosis and malaria: issues, challenges and way forward
- 8.6 Accelerated malaria control in the African Region: action plan
- 8.7 Neglected tropical diseases in the African Region
- 8.8 Establishment of centres of excellence for disease surveillance, public health laboratories, and food and drug regulation
- 8.9 Reduction of the harmful use of alcohol: a strategy for the WHO African Region
9. Information
 - 9.1 WHO internal and external audit reports: progress report for the African Region
 - 9.2 Report on WHO staff in the African Region
 - 9.3 Acceleration of HIV prevention in the WHO African Region: progress report
 - 9.4 Child survival: a strategy for the African Region
10. Round tables
 - Sharing best practices in strengthening local or district health systems
11. Report of the Round Table
12. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
13. Dates and places of the sixtieth and sixty-first sessions of the Regional Committee
14. Adoption of the Report of the Regional Committee
15. Closure of the fifty-ninth session of the Regional Committee.