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HANDBOOK OF RESOLUTIONS AND DECISIONS OF THE REGIONAL COMMITTEE FOR AFRICA

Volume IV (1989-1999)
Thirty-ninth to forty-ninth sessions

CCRDA

WORLD HEALTH ORGANIZATION
Regional Office for Africa
Harare

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Regional Office for Africa
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2000

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EXPLANATORY NOTES

This handbook contains resolutions and decisions adopted by the Regional Committee for Africa from the thirty-ninth to the forty-ninth sessions.

The handbook has been arranged in accordance with the programme classification in the Eighth General Programme of Work (8GPW).

For the decisions, the year and the serial number are given.

The serial number preceding each resolution shows the session at which it was adopted. For example, "AFR/RC39/R1", indicates the reference number of a resolution of the thirty-ninth session.

Indicated immediately below each resolution or decision, and to the right, are the date of adoption, the session underlined and the page number of the final report of the appropriate Regional Committee, e.g. "September 1989, 39, 6".

Cross-references to corresponding sessions of Volume I or Volume II are provided, where appropriate, in the present volume. Resolutions or decisions which fall under more than one heading are repeated in the appropriate sections.

Cross-references to the page(s) carrying the full text of each resolution or decision are presented in the Numerical Index at the end of the document.

This volume also contains the resolutions and decisions adopted by the Regional Committee at its sessions during the period 1989-1994, which were printed in Volume III of the handbook.

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LIST OF SESSIONS OF REGIONAL COMMITTEES FOR AFRICA IN THIS VOLUME

Session	Place and date	Resolution Code
Thirty-ninth session	Niamey, 6-13 September, 1989	AFR/RC39/R...
Fortieth session	Brazzaville, 5-12 September, 1990	AFR/RC40/R...
Forty-first session	Bujumbura, 4-10 September, 1991	AFR/RC41/R...
Forty-second session	Brazzaville, 2-9 September, 1992	AFR/RC42/R...
Forty-third session	Gaborone, 1-8 September, 1993	AFR/RC43/R...
Forty-fourth session	Brazzaville, 7-14 September, 1994	AFR/RC44/R...
Forty-fifth session	Libreville, 6-13 September, 1995	AFR/RC45/R...
Forty-sixth session	Brazzaville, 4-11 September, 1996	AFR/RC46/R...
Forty-seventh session	Sun City, 1-5 September, 1997	AFR/RC47/R...
Forty-eighth session	Harare, 31 August-4 September, 1998	AFR/RC48/R...
Forty-ninth session	Windhoek, 30 August-3 September, 1999	AFR/RC49/R...

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Main Committees of the World Health Assembly

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

(i) Chairmen of the Main Committees A and B (Rule 34 of the Assembly's Rules of Procedure);

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Members entitled to designate Persons to serve on the Executive Board

(4) The Member State of the African Region whose term of office expires at the end of the Forty-fourth World Health Assembly is Mozambique.

(5) The new member of the Executive Board will be designated by Sierra Leone. The practice of following the English alphabetical order shall be continued.

(6) Member States entitled to designate persons to serve on the Executive Board should confirm their availability at least one month before the World Health Assembly.

Closure of the Forty-fourth World Health Assembly

(7) The representative of Algeria will speak on behalf of the Region at the closure of the Forty- fourth World Health Assembly. Decision 6(1 1) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

(8) The Regional Director will convene this meeting on Monday, 6 May 1991 at 10 a.m. at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its fortieth session.

September 1990, 40, 3

Decision 1991/10 ***Method of work and duration of the Forty-fifth World Health Assembly***

President of the World Health Assembly

(1) During the forty-second session of the Regional Committee the African Region will designate a President for the World Health Assembly in 1994. The candidate will be chosen from among the member countries of Subregion III.

Vice-President of the World Health Assembly

(2) The Chairman of the forty-first session of the Regional Committee will be proposed for one of the offices of Vice-President of the Forty-fifth World Health Assembly in May 1992. If for any reason the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the heads of delegation of the countries from which the incumbent Chairman and first and second Vice-Chairmen of the Regional Committee come, will, in that order, assume the office of Vice-President.

Members entitled to designate persons to serve on the Executive Board

(3) The Member States of the African Region whose terms of office expire at the end of the Forty-fifth World Health Assembly are Niger and Nigeria. The new members of the Executive Board will be designated by Swaziland and Togo.

Closure of the Forty-fifth World Health Assembly

(4) The representative of the Republic of Angola will speak on behalf of the African Region at the closure of the Forty-fifth World Health Assembly. Decision 6(11) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

(5) The Regional Director will convene this meeting on Monday, 4 May 1992 at 10 a.m. at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-first session.

September 1991, 41, 3

Decision 1992/9 ***Method of work and duration of the Forty-sixth World Health Assembly***

President of the World Health Assembly

(1) During the forty-third session of the Regional Committee, the African Region will designate a candidate for the President of the World Health Assembly in 1994. The candidate will be chosen from among the member countries of Subregion III.

Vice-President of the World Health Assembly

(2) The Chairman of the forty-second session of the Regional Committee will be proposed for one of the offices of Vice-President of the Forty-sixth World Health Assembly in May 1993. If for any reason, the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the Heads of delegation of the countries from which the incumbent Chairman and first and second Vice-Chairmen of the Regional Committee come, will, in that order, assume the office of Vice-President.

Members entitled to designate persons to serve on the Executive Board

(3) The terms of office of Rwanda, Sao Tome and Principe, Senegal and Seychelles, will expire at the closure of WHA.46 in May 1993. Accordingly, following the usual practice and using the English

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alphabetical order, the Regional Committee decided that Togo, Uganda, the United Republic of Tanzania and Zaire will be the new Member States entitled to designate persons to serve on the Executive Board, starting from the Ninety-second session of the Executive Board in May 1993 immediately after the Forty-sixth World Health Assembly.

Closure of the Forty-sixth World Health Assembly

(4) The representative of Benin will speak on behalf of the African Region at the closure of the Forty-sixth World Health Assembly if the final agenda so requires. Decision 6(11) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

(5) The Regional Director will convene this meeting on Monday, 4 May 1993 at 10 a.m. at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-second session.

September 1992, 42, 3

Decision 1993/9 ***Method of work and duration of the Forty-seventh World Health Assembly***

President of the World Health Assembly

(1) The Chairman of the forty-third session of the Regional Committee will be proposed for the office of President of the forty-seventh World Health Assembly in May 1994. If for any reason, the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as President of the World Health Assembly, the Heads of Delegation of the countries from which the incumbent Chairman and first and second Vice-Chairmen of the Regional Committee come, will, in that order, assume the office of President.

Members entitled to designate persons to serve on the Executive Board

(2) The term of office of Sierra Leone will expire at the closure of WHA.47 in May 1994. Accordingly, following the usual practice and using the English alphabetical order, the Regional Committee decided that Zambia will be the new Member States entitled to designate a person to serve on the Executive Board, starting from the ninety-third session of the Executive Board in May 1994.

Closure of the forty-seventh World Health Assembly

(3) The representative of Benin will speak on behalf of the African Region at the closure of the forty-seventh World Health Assembly if the final agenda so requires. Decision 6(11) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

(4) The Regional Director will convene this meeting on Monday, 2 May 1994 at 10 a.m. at *the Palais des Nations, Geneva,* to confirm the decisions taken by the Regional Committee at its forty-third session.

September 1993, 43, 3

Decision 1994/9 ***Method of work and duration of the Forty-eighth World Health Assembly***

President of the World Health Assembly

(1) In May 1994, the Chairman of the forty-third session of the Regional Committee for Africa was elected as President of the Forty-seventh World Health Assembly. The cycle for the African Region will start again in the year 2000.

Vice-President of the World Health Assembly

(2) The Chairman of the forty-fourth session of the Regional Committee will be proposed for one of the offices of Vice-President of the Forty-eighth World Health Assembly in May 1995. If for any reason the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in her place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the heads of delegation of the countries from which the incumbent Chairman and the first and second Vice-Chairmen of the Regional Committee come, will, in that order, assume the office of Vice-President.

Members entitled to designate persons to serve on the Executive Board

(3) The term of office of Cameroon and Swaziland will expire with the closure of WHA.48, and following the usual English alphabetical order, they will be replaced by Zimbabwe and Algeria who will join Togo, Tanzania, Uganda, Zaire and Zambia, and attend EB96.

Informal meeting of the Regional Committee

(4) The Regional Director will convene this meeting on Monday, 1 May 1995 at 10 a.m. at the Palais des

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Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-fourth session.

September 1994, 44, 3

Decision 1995/10 ***Method of work and duration of the Forty-ninth World Health Assembly***

President of the World Health Assembly

(1) In May 1994, the Chairman of the forty-third session of the Regional Committee for Africa was designated by the African Region of WHO as the President of the Forty-seventh World Health Assembly. The cycle for the African Region will start again in the year 2000.

Main Committees of the World Health Assembly

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

(i) Chairmen of Main Committees A and B (Rule 34 of the Assembly's Rules of Procedure);

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Daily meetings of African delegations to the World Health Assembly

(3) The African delegations to WHA.47 and WHA.48 found it useful to meet everyday in order to exchange views on the ongoing work of WHA and to consult each other on the stand to take with regard to discussions scheduled in the plenary and in the committees. It is proposed that this practice be continued and that the African delegations meet daily at 8.00 a.m. at the Palais des Nations in a room to be indicated in the daily JOURNAL of announcements at the Assembly.

Member States entitled to designate persons to serve on the Executive Board

(4) Following the usual English alphabetical order, Algeria and Zimbabwe designated persons to serve on the Executive Board starting from the session of EB.96 immediately after WHA.48, joining Togo, Uganda, United Republic of Tanzania, Zaire and Zambia.

(5) The term of office of Togo, Uganda, United Republic of Tanzania and Zaire will expire with the closure of WHA.49. They will be replaced by Angola, Benin, Botswana and Burkina Faso who will attend EB.97.

Informal meeting of the Regional Committee

(6) The Regional Director will convene this meeting on Monday, 20 May 1996 at 8.00 a.m. at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-fifth session.

September 1995, 45, 3

Decision 1996/10 ***Method of work and duration of the Fiftieth World Health Assembly***

President of the World Health Assembly

(1) In May 1994, the Chairman of the forty-third session of the Regional Committee for Africa was designated by the African Region of WHO as the President of the Forty-seventh World Health Assembly. The cycle for the African Region will start again in the year 2000.

Main Committees of the World Health Assembly

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

(i) Chairman of the Main Committees A and B (Rule 34 of the Assembly's Rules of Procedure);

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Daily meetings of African delegations to the World Health Assembly

(3) The African delegations to the Forty-seventh and Forty-eighth sessions of the Health Assembly had found it useful to meet everyday in order to exchange views on the ongoing work of the Health Assembly and to consult each other on the stand to take with regard to discussions in the plenary and in the committees. However, in the light of resolution WHA48.17 which requests the Director-General to continue to review methods of work of the World Health Assembly, and the current streamlining of the Assembly's work, there will no longer be daily meetings except in exceptional circumstances.

Members entitled to designate persons to serve on the Executive Board

(4) Following the usual English alphabetical order,

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Angola, Benin, Botswana and Burkina Faso designated persons to serve on the Executive Board starting with the Ninety-eighth session of the Executive Board, joining Algeria, Zambia and Zimbabwe.

(5) Burundi will attend the One hundredth session of the Executive Board, replacing Zambia whose term of office expires with the closure of the Fiftieth Health Assembly.

Informal meeting of the Regional Committee

(6) The Regional Director will convene this meeting on Monday, 5 May 1997 at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-sixth session.

September 1996, 46 3

Decision 1997/8 ***Method of work and duration of the Fifty-first World Health Assembly***

President of the World Health Assembly

(1) The African Region will designate a candidate for the post of President of the World Health Assembly in the year 2000. It last designated one in May 1994.

Vice-President

(2) In accordance with Decision 5(3) of the thirty-third session of the Regional Committee, the Chairman of the forty-seventh session of the Regional Committee will be proposed for one of the offices of Vice-President of the Fifty-first World Health Assembly in 1998. If for any reason the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (First and Second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the heads of delegation of the countries of origin of the incumbent Chairman and the First and Second Vice-Chairmen of the Regional Committee, in that order, will assume one of the offices of Vice-President.

Members entitled to designate persons to serve on the Executive Board

(3) The Member States of the African Region whose terms of office expire at the end of the Fifty-first World Health Assembly are Algeria and Zimbabwe. Following the usual English alphabetical order, Cape Verde and Central African Republic will replace them, joining Angola, Benin, Botswana, Burkina Faso and Burundi.

(4) These Member States (Cape Verde and Central African Republic) entitled to designate persons to serve on the Executive Board should confirm their availability at least one month before the Fifty-first World Health Assembly.

Main Committees of the World Health Assembly

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

(i) Chairmen of the Main Committees A and B (Rule 34 of the Rules of Procedure of the World Health Assembly).

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Informal meeting of the Regional Committee

(6) The Regional Director will convene this meeting on Monday, 11 May 1998 at 8.00 a.m. at the Palais des Nations, Geneva, to confirm the decisions of the Regional Committee regarding Member States that will serve on the different committees of the World Health Assembly.

September 1997, 47,3

Decision 1998/7 ***Method of work and duration of the World Health Assembly***

President of the World Health Assembly

(1) The African Region will designate a candidate for the post of President of the World Health Assembly in the year 2000. It last designated one in May 1994.

Vice-President

(2) The Chairman of the forty-eighth session of the Regional Committee will be proposed for one of the offices of Vice-President of the Fifty-second World Health Assembly in May 1999. If for any reason the incumbent Chairman of the Committee is unable to perform this duty, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the heads of delegation of the countries from which the incumbent Chairman and first and second Vice-Chairmen of the Regional Committee come, will, in

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that order, assume the office of Vice-President.

Member States entitled to designate persons to serve on the Executive Board

(3) The Member States of the African Region whose terms of office expire at the end of the Fifty-second World Health Assembly are: Angola, Benin, Botswana and Burkina Faso. Following the usual English alphabetical order, they will be replaced by Chad, Comoros, Republic of Congo and Côte d'Ivoire.

(4) The Fifty-first World Health Assembly, by Resolution WHA51.26, decided that Member States entitled to designate a representative to the Executive Board should designate them as government representatives, technically qualified in the field of health. These members (Chad, Comoros, Republic of Congo and Côte d'Ivoire) entitled to designate persons to serve on the Executive Board should confirm their availability at least six weeks before the Fifty-second World Health Assembly.

Main Committees of the World Health Assembly

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

(i) Chairmen of the Main Committees A and B (Rule 34 of the World Health Assembly's Rules of Procedure);

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Informal meeting of the Regional Committee

(6) The Regional Director will convene this meeting on Monday, 17 May 1999 at 8.00 a.m. at the Palais des Nations, Geneva, to confirm the decisions of the Regional Committee regarding Member States who will serve on the different committees of the World Health Assembly

September 1998 48, 2

Decision 1999/8 ***Method of work and duration of the World Health Assembly***

President of the World Health Assembly

(1) The Chairman of the forty-ninth session of the Regional Committee for Africa will be designated as the President of the Fifty-third World Health Assembly to be held in May 2000. The last time the African Region designated a person to be President of the World Health Assembly was in May 1994.

Main committees of the World Health Assembly

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

(i) Chairmen of the Main Committees A and B (Rule 34 of the Health Assembly's Rules of Procedure);

(ii) Vice-Chairmen and Rapporteurs of the Main Committees.

Member States entitled to designate persons to serve on the Executive Board

(3) Following the usual English alphabetical order, Chad, Comoros, Republic of Congo and Côte d'Ivoire designated persons to serve on the Executive Board, starting from its 104th session, immediately after the close of the Fifty-second World Health Assembly. They joined Burundi, Cape Verde and Central African Republic from the African Region.

(4) The term of office of Burundi will expire with the closure of the Fifty-third World Health Assembly. Burundi will be replaced by Equatorial Guinea, which will attend the 106th session of the Executive Board.

(5) The Member State entitled to designate a person to serve on the Executive Board (Equatorial Guinea) should confirm its availability at least six weeks before the Fifty-third World Health Assembly.

(6) By Resolution WHA 51.26, the Fifty-first World Health Assembly decided that Member States entitled to designate a representative to the Executive Board should designate them as government representatives, technically qualified in the field of health.

Informal meeting of the Regional Committee

(7) The Regional Director will convene this meeting on Monday, 15 May 2000, at 08.00 a.m. at the Palais ations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-ninth session.

September 1999, 49, 3

1.2 EXECUTIVE BOARD

For previous resolutions see Volume 1, pages 3-7

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1.3 REGIONAL COMMITTEE

1.3.1 Programme Subcommittee

Decision 1990/14 ***Replacement of members of the Programme Subcommittee***

At the expiration of the replacement schedule of members of the Programme Subcommittee which was established by Decision 8 of the thirty-fourth session, the Regional Committee decided to draw up the new table.

The Regional Committee thanked Kenya, Lesotho, Mali, Mauritania, Mauritius and Mozambique, the outgoing members for their excellent contributions to the work of the Subcommittee.

In accordance with resolution AFR/RC25/R10 and Decision 14 of RC40, the following 12 countries are new members of the Programme Subcommittee (1991-1992); Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, Zaire and Cameroon.

September 1990, 40,5

REGIONAL COMMITTEE - FORTIETH SESSION
REPLACEMENT SCHEDULE OF MEMBERS OF THE PROGRAMME SUBCOMMITTEE

Year of selection	1989	1990	1991	1992	1993	1994
Country	Terms of office					
Algeria			1992/93			
Angola*			1992/93			
Benin			1992/93			
Botswana				1993/94		
Burkina Faso				1993/94		
Burundi				1993/94		
Cameroon**		1991/92				
Cape Verde				1993/94		
Central Afr. Rep.				1993/94		
Chad				1993/94		
Comoros					1994/95	
Congo					1994/95	
Equat. Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia					1994/95	
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						1995/96
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						(1996/97)
Mozambique						
Namibia						

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Year of selection	1989	1990	1991	1992	1993	1994
Country	Terms of office					
Niger	1990/91					
Nigeria	1990/91					
Rwanda	1990/91					
Sao Tome and Principe	1990/91					
Senegal	1990/91					
Seychelles	1990/91					
Sierra Leone		1991/92				
Swaziland		1991/92				
Togo		1991/92				
Uganda		1991/92				
United R. of Tanzania			1992/93			
Zaire		1992/92				
Zambia			1992/93			
Zimbabwe			1992/93			

*Angola had participated in the 1978/79 sessions, and its terms of office ended in the 1985 session. Its next term of office will be in 1992.

** In 1979 when the first replacement schedule was prepared, Cameroon was listed as the United Republic of Cameroon, just above the United Republic of Tanzania. When the second schedule was prepared in 1984, Cameroon was listed as Cameroon just above Cape Verde and thus lost its turn. Hence its election in 1990.

September 1990, 40, 6

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AFR/RC40/R4 ***Optimal use of WHO resources: Consideration of the regional programme budget policy***

The Regional Committee,

Considering resolutions AFR/RC36/R3 and AFR/RC37/R12 relating to the regional policy on the programme budget;

Considering the efforts made by Member States and the Regional Director to better define priority areas of cooperation with WHO, particularly by establishing priority programmes and the five-year action programme for implementing the health development scenario with particular emphasis on management;

Having examined the Regional Director's report on the implementation of the regional policy on the programme budget;

Having examined the draft programme budget for 1992-1993;

1. NOTES with satisfaction that the formulation of the programme budget for the period 1992-1993 is in keeping with the regional policy on the programme budget, particularly with respect to determination of priorities;

2. CONGRATULATES Member States and the Regional Director for the concrete actions taken in implementing the regional policy on the programme budget;

3. CALLS UPON Member States:

(i) to follow up the efforts that have already been made in implementing the regional policy and the programme budget;

(ii) to further strengthen implementation of priority programmes of the African Region, as well as the five-year action programme, in view of the fact that these two complementary aspects are meant to translate the three-phase health development scenario into programming and managerial terms;

(iii) to strengthen the use of the AFROPOC system for optimum use of WHO resources, particularly with respect to programming activities;

4. CALLS UPON the Regional Director:

(i) to strengthen WHO collaboration with countries, particularly, in the implementation of priority programmes, and the improvement of the

use of the AFROPOC system to follow up the management and the evaluation of technical activities;

(ii) to continue to report to the Regional Committee, every two years, on progress achieved and problems encountered in implementing the regional policy on the programme budget;

(iii) to review the criteria and formulae used for the determination of each country's allocation, which have been in operation for ten years, and to take appropriate action based on the review.

September 1990, 40, 11

AFR/RC40/R5 ***Proposed Programme Budget 1992-1993***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1992-1993;

1. NOTES that the Programme Budget, the second under the Eighth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for budgeting;

2. OBSERVES that participation by members of the Programme Subcommittee in Regional Programme Meetings, with a view to the preparation of the programme budget, facilitates the work and decisions of the Regional Committee;

3. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

4. APPROVES the report of the Programme Subcommittee, which endorsed the Proposed Programme Budget;

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1992-1993 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1992-1993.

September 1990, 40, 11

Decision 1991/15 ***Replacement of members of the Programme Subcommittee***

At the expiration of the replacement schedule of members of the Programme Subcommittee which was established by Decision 8 of the thirty-fourth session, the Regional Committee decided to draw up the attached new table (see page 7).

The Regional Committee thanked Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal and Seychelles whose terms of office had expired, for their excellent contribution to the work of the Subcommittee.

In accordance with resolution AFR/RC25/R10 and Decision 15 of RC41, Algeria, Angola, Benin, United Republic of Tanzania, Zambia and Zimbabwe will replace in 1992-1993 the members of the Programme Subcommittee whose terms have expired.

CRDA

REGIONAL COMMITTEE - FORTY-FIRST SESSION
REPLACEMENT SCHEDULE OF MEMBERS OF THE PROGRAMME SUBCOMMITTEE

Year of selection	1989	1990	1991	1992	1993	1994
Country	**Term of office**					
Algeria			1992/93			
Angola*			1992/93			
Benin			1992/93			
Botswana				1993/94		
Burkina Faso				1993/94		
Burundi				1993/94		
Cameroon**		1991/92				
Cape Verde				1993/94		
Central Afr.Rep.				1993/94		
Chad				1993/94		
Comoros					1994/95	
Congo					1994/95	
Equat. Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia					1994/95	
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						1995/96
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						(1996/97)
Mozambique						
Namibia						
Niger	1990/91					
Nigeria	1990/91					
Rwanda	1990/91					
Sao Tome & Principe	1990/91					
Senegal	1990/91					
Seychelles	1990/91					
Sierra Leone		1991/92				
Swaziland		1991/92				
Togo		1991/92				
Uganda		1991/92				
United Rep. of Tanzania			1992/93			
Zaire		1991/92				
Zambia			1992/93			
Zimbabwe			1992/93			

* Angola had participated in the 1978/79 sessions, and its terms of office ended in the 1985 session. Its next term of office will be in 199

** In 1979 when the first replacement schedule was prepared, Cameroon was listed as the United Republic of Cameroon, just above th United Republic of Tanzania. When the second schedule was prepared in 1984, Cameroon was listed as Cameroon just above Cap Verde and thus lost its turn. Hence its election in 1990.

CCRDA

AFR/RC41/R13 ***Rationalization of the financial resources of the Regional Office for Africa***

The Regional Committee,

Recalling the section in the report of the Regional Director concerning the Budget and Finance Unit (paragraphs 7.25 to 7.28) and its budgetary constraints;

Mindful of the high cost of its sessions to both the Regional Office and Member States;

Considering the concerns voiced by the majority of delegations regarding the multiple annual meetings at ministerial level (the Regional Committee, the Conference of Ministers of Health and the World Health Assembly);

Having analyzed the agenda and the preparatory work of the Programme Subcommittee;

1. CALLS UPON Member States desirous of hosting a regional committee to take responsibility for all additional costs;

2. SUGGESTS that the Regional Director should reduce the length of sessions by submitting an agenda appropriate to policy decisions taken at the continental level, and entrust experts with responsibility for technical questions.

September 1991, 41, 21

AFR/RC42/R2 ***Proposed Programme Budget 1994-1995***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1994-1995;

1. NOTES that the Programme Budget, the third under the Eighth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for overall budgeting;

2. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Subcommittee;

4. ENDORSES the Proposed Programme Budget, and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1994-1995 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1994-1995.

September 1992, 42, 5

CCRDA

REGIONAL COMMITTEE - FORTY-SECOND SESSION
REPLACEMENT SCHEDULE OF MEMBERS OF THE PROGRAMME SUBCOMMITTEE

Year of selection	1989	1990	1991	1992	1993	1994
Country	Terms of Office					
Algeria			1992/93			
Angola*			1992/93			
Benin			1992/93			
Botswana				1993/94		
Burkina Faso				1993/94		
Burundi				1993/94		
Cameroon**		1991/92				
Cape Verde				1993/94		
Central Afr.Rep.				1993/94		
Chad				1993/94		
Comoros					1994/95	
Congo					1994/95	
Equat. Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia					1994/95	

Year of selection	1989	1990	1991	1992	1993	1994
Country	Terms of Office					
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						1995/96
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						(1996/97)
Mozambique						
Namibia						
Niger	1990/91					
Nigeria	1990/91					
Rwanda	1990/91					
Sao Tome & Principe	1990/91					
Senegal	1990/91					
Seychelles	1990/91					
Sierra Leone		1991/92				
Swaziland		1991/92				
Togo		1991/92				
Uganda		1991/92				
United Rep. of Tanzania			1992/93			
Zaire		1991/92				
Zambia			1992/93			
Zimbabwe			1992/93			

*Angola had participated in the 1978/79 sessions, and its terms of office ended in the 1985 session. Its next term of office will be in 1992.

**In 1979 when the first replacement schedule was prepared, Cameroon was listed as the United Republic of Cameroon, just above the United Republic of Tanzania. When the second schedule was prepared in 1984, Cameroon was listed as Cameroon just above Cape Verde and thus lost its turn. Hence its election in 1990.

CCRDA

AFR/RC44/R4 ***Proposed Programme Budget 1996-1997***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1996-1997,

1. NOTES that the Programme Budget, the first under the Ninth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for overall budgeting;

2. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Subcommittee;

4. ENDORSES the Proposed Programme Budget for 1996-1997, and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget (1996-1997) to the Director-General for examination and inclusion in the Organization's proposed Programme Budget 1996-1997.

September 1994, 44.8

Decision 1995/5 ***Member States entitled to nominate persons to serve on the Programme Subcommittee***

The term of office of the following countries will expire with the closure of the forty-fifth session of the Regional Committee: Comoros, Congo, Equatorial Guinea, Ethiopia, Gabon and The Gambia. Following the usual English alphabetical order, they will be replaced by: Liberia, Madagascar, Malawi, Mali, Mauritania and Mauritius.

September 1995, 45.

Recognizing the need to streamline the conduct of its own work,

1. DECIDES to limit the duration of its sessions to five days;

2. URGES the Regional Director:

(i) to take the necessary steps to implement this decision when the forty-seventh session of the Regional Committee is convened;

(ii) to restructure the work of the Regional Committee by making the best use of the competence of the Programme Subcommittee and by pursuing efforts to evaluate the outcomes of WHO's activities in the countries;

(iii) to examine the advantages and disadvantages of hosting ordinary sessions of the Regional Committee every two years and to report on the issue to the forty-eighth session of the Regional Committee.

September 1996, 46, 7

Decision 1997/5 ***Replacement of members of the Programme Subcommittee***

The term of office of the following countries will expire with the closure of the forty-seventh session of the Regional Committee: Liberia, Madagascar, Malawi, Mali, Mauritania and Mauritius. They will be replaced by: Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone and Swaziland. Serving for their last year in this cycle will be the following countries: Eritrea, Mozambique, Namibia, Niger, Nigeria and South Africa.

September 1997, 47, 2

Decision 1997/6 ***Agenda of the forty-eighth session of the Regional Committee***

The Regional Committee approved the Provisional Agenda of the forty-eighth session of the Regional Committee (document AFR/RC47/4 Add.1).

September 1997, 47, 2

Decision 1998/5 ***Replacement of members of the Programme Subcommittee***

The term of office of the following countries will expire with the closure of the forty-eighth session of the Regional Committee: Eritrea, Mozambique, Namibia, Niger, Nigeria and South Africa. They will be replaced by: Algeria, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

September 1998, 48, 2

AFR/RC48/R1 ***Proposed Programme Budget for 2000-2001***

The Regional Committee,

Having carefully examined the Report submitted to the Programme Subcommittee on the Proposed Programme Budget for the financial period 2000-2001;

1. NOTES that the Programme Budget, the last under the Ninth General Programme of Work and the first in the 21st century, was prepared in accordance with the directives issued by the Organization, and that the amount for the previous financial period has been maintained, representing zero growth which remains the basis for overall budgeting;

2. COMMENDS the Regional Director for having continued to give practical effect to the policy and programmatic orientations defined by the directing organs;

3. APPROVES the report of the Programme Subcommittee;

4. APPROVES the Proposed Programme Budget for the financial period 2000-2001; and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget for the period 2000-2001 to the Director-General for consideration and inclusion in the Proposed Programme Budget of the Organization for the financial period 2000-2001.

September 1998, 48, 5

Decision 1999/5 *Replacement of members of the Programme Subcommittee*

The term of office of the Programme Subcommittee of the following countries will expire with the closure of the forty-ninth session of the Regional Committee: Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone and Swaziland. They will be replaced by Angola, Benin, Botswana, Burkina Faso, Burundi and Cameroon.

September 1999, 49, 2

CCRDA

Decision 1999/6 ***Provisional agenda of the fiftieth session of the Regional Committee***

The Regional Committee approved the provisional agenda of the fiftieth session of the Regional Committee.

September 1999, 49, 2

1.3.2 Subcommittee on Nominations

Decision 1989/1 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

Having considered the report of the Subcommittee on Nominations, and in compliance with Rule 10 of the Rules of Procedure and resolution AFR/RC23/R1, the Regional Committee elected the following officers:

Chairman

Hon. Lt-Colonel Ousmane Gazaéré,
Minister of Health of Niger

Vice-Chairmen:

1. Dr Vaz D'Almeida,
Minister of Health of Sao Tome and Principe

2. Dr J. Séraphin,
Minister of Health of Madagascar

Rapporteurs for the thirty-ninth session

1. Mrs Zahra M. Nuru,
Principal Secretary, Ministry of Health, United Republic of Tanzania.

2. Dr P. Ngendhayo,
Minister of Health of Rwanda

3. Dr Leonaldo Simao,
Minister of Health of Mozambique

Rapporteurs for the Technical Discussions

1. Hon. Mrs Allina K. M. Nyikosa,
Minister of Health of Zambia

2. Dr Fernandes Flavio,
Minister of Health of Angola

3. Dr Mohamed Salem Ould Zein,
Technical Adviser, Ministry of Health and Social Affairs, Mauritania.

September 1989, 39, 1

Decision 1990/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Wednesday, 5 September 1990, and was composed of representatives of the following 12 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros and Congo. The Subcommittee elected Mrs G. Lombilo (Central African Republic) as Chairman.

September 1990, 40, 1

Decision 1990/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Dr Ossebi Douniam,
Minister of Health and Social Affairs (Congo)

Vice-Chairmen:

Dr F. J. Fernandes, Minister of Health (Angola)
Mr Z. Kaheru, Minister of Health (Uganda)
Dr A. P. D. Delgado, (Cape Verde)

Rapporteurs

Dr A.P.D. Delgado (Cape Verde)
F.M. Mueke (Kenya)
Dr B. Ahmed (Comoros)

Rapporteurs for Technical Discussions

Mrs W. Manyeneng (Botswana)
Dr A. G. Nogueira (Guinea-Bissau)
Dr D. Kielem (Burkina Faso)

September 1990, 40, 1

Decision 1991/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Thursday, 5 September 1991, and was composed of representatives of the following 12 Member States: Botswana, Chad, Central African Republic, Congo, Gambia, Kenya, Malawi, Mauritania, Mozambique, Rwanda, Sierra Leone and the United Republic of

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Tanzania. The Subcommittee elected Dr L.S. Simao (Mozambique) as Chairman.

September 1991, 41, 1

Decision 1991/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Dr Norbert Ngendabanyikwa
Minister of Health (Burundi)

1st Vice-Chairman:

Dr N. Iyambo
Minister of Health (Namibia)

2nd Vice-Chairman:

Dr L. Nobre Leite,
Minister of Health (Cape Verde)

Rapporteurs:

Dr G. A. Williams (Nigeria)
Dr V. Devo (Togo)
Dr J. Bonfim (Sao Tome and Principe).

Rapporteurs for the Technical Discussions:

Mr S. Subramanien (Mauritius)
Dr (Mme) O. G. Dossou (Benin)
Dr Maria Antonio (Angola)

September 1991, 41, 1

Decision 1992/1 ***Composition of the Subcommittee on Nominations***

The Regional Committee appointed a Subcommittee on Nominations composed of representatives of the following 12 Member States: Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya and Lesotho. The Subcommittee elected Dr Manlan Kassi Leopold of Côte d'Ivoire as Chairman at its first meeting on Wednesday, 2 September 1992.

September 1992, 42, 1

Decision 1992/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Dr (Hon) B. Kawimbe
Minister of Health (Zambia)

1st Vice-Chairman:

Mr C. Dabire,
Minister of Health (Burkina Faso)

2nd Vice-Chairman:

Dr (Mme) D.F. Bragança Gomes
Minister of Health (Sao Tome and Principe)

Rapporteurs:

Dr (Lt. Col.) A. A. Gibril (Sierra Leone)
Dr B. J. Andriamahefazafy (Madagascar)
Dr F. Fernandes (Angola)

Rapporteurs for the Technical Discussions

Dr E. G. Muzira (Uganda)
Prof. Pierre Guissou (Burkina Faso)
Mr J. L. Chomera (Mozambique)

September 1992, 42, 1

Decision 1993/1 ***Composition of the Subcommittee on Nominations***

The Regional Committee appointed a Subcommittee on Nominations composed of representatives of the following 12 Member States: Côte d'Ivoire, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania and Mauritius. The Subcommittee elected Dr H. Ntaba (Malawi) as Chairman at its first meeting on Wednesday, 1 September 1993.

September 1993, 43, 1

Decision 1993/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

After considering the report of the Subcommittee on Nominations, and in compliance with Rule 10 of the

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Rules of Procedure and resolution AFR/RC41/R1, the Regional Committee unanimously elected the following officers:

Chairman:

Hon. Dr B. K. Temane
Minister of Health (Botswana)

1st Vice-Chairman:

Hon. Mme H. Godinho Gomes
Minister of Health (Guinea Bissau)

2nd Vice-Chairman:

Mr Mahamat Nouri
Minister of Health (Chad)

Rapporteurs:

Mr Ahmed O. Ghnahallah
Minister of Health (Mauritania)

Dr J. H. Makumbi
Minister of Health (Uganda)

Dr L. Santos Simao
Minister of Health (Mozambique)

Rapporteurs for Technical Discussions

Dr Pius Achola (Kenya)
Dr Kane Ibrahima (Mauritania)
Dr Ildo de Carvalho (Cape Verde)

September 1993, 43, 1

Decision 1994/1 ***Composition of the Subcommittee on Nominations***

The Regional Committee appointed a Subcommittee on Nominations composed of representatives of the following 12 Member States: Algeria, Burundi, Central African Republic, Chad, Comoros, Equatorial Guinea, Guinea, Lesotho, Malawi, Namibia, Nigeria and South Africa. It elected Dr N. Rapeela (Lesotho) as Chairman.

September 1994, 44, 1

Decision 1994/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

After considering the report of the Subcommittee on Nominations (document AFR/RC44/WP/01), and in compliance with Rule 10 of the Rules of Procedure and Resolution AFR/RC41/R1, the Regional Committee unanimously elected the following officers:

Chairman:

Hon. Mme H. Godinho Gomes
Minister of Health (Guinea Bissau)

1st Vice-Chairman:

Mr Christophe Dabiré
Minister of Health (Burkina Faso)

2nd Vice-Chairman:

Mr Ralph Adam,
Minister of Health (Seychelles)

Rapporteurs:

Dr N.A. Adamafio,
Director of Medical Services (Ghana)

Mr Asane Diop,
Minister of Health (Senegal)

Dr Ildo de Carvalho,
Director-General of Health (Cape Verde)

September 1994, 44, 1

Decision 1995/1 ***Composition of the Subcommittee on Nominations***

The Regional Committee appointed a Subcommittee on Nominations made up of representatives of the following 12 Member States: Angola, Benin, Botswana, Cameroon, Eritrea, Liberia, Madagascar, Mali, Mozambique, Sao Tome & Principe, Senegal and Swaziland.

The Subcommittee elected Dr Marthinho Sanches Epalanga, Minister of Health of Angola, as its Chairman.

September 1995, 45, 1

Decision 1995/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

After considering the report of the Subcommittee on Nominations (document AFR/RC45/WP/01), and in compliance with Rule 10 of the Rules of Procedure and resolution AFR/RC41/R1, the Regional Committee unanimously elected the following officers:

Chairman:

Dr S. Mba Bekale
Minister of Health (Gabon)

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1st Vice-Chairman

Dr J. Phaahla
Head of Delegation (South Africa)

2nd Vice-Chairman

Dr O. Bangoura
Head of Delegation (Guinea)

Rapporteurs

Dr P. Kilima
Head of Delegation (United Republic Tanzania)

Mr Bopenda Bo'Nkumu
Head of Delegation (Zaire)

Dr Fernando da Silveira
Minister of Health (Sao Tome & Principe)

September 1995, 45, 1

Decision 1996/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Wednesday, 4 September 1996 and was composed of representatives of the following 12 Member States: Burkina Faso, Cape Verde, Ethiopia, Gabon, Ghana, Madagascar, Mali, Seychelles, Uganda, Zaire, Zambia and Zimbabwe. The Subcommittee elected Honourable Jacquelin Dugasse (Minister of Health, Seychelles) as Chairman.

September 1996, 46, 1

Decision 1996/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Honourable Joshua M. Angatia
Minister of Health (Kenya)

1st Vice-Chairman

Dr Tekeste Fekadu
Vice Minister of Health (Eritrea)

2nd Vice-Chairman

Dr Abdelkrim M'Hatef
Director, International Relations and Cooperation,
Ministry of Health (Algeria)

Rapporteurs

Mme I. Njie-Saidy
Minister of Health
(Gambia)

Mme Cécile Ferra-Frond
Minister of Health (Central African Republic)

Dr Antonica Francisco Rosario Da Costa Hembe,
Director of Public Health (Angola)

Rapporteurs for the Technical Discussions

Dr M.I. Goraseb (Namibia)
Dr Abou Beckr Gaye (Senegal)
Dr Rosa Maria Soares (Cape Verde)

September 1996, 46, 1

Decision 1997/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Monday, 1 September 1997 and was composed of the representatives of the following 12 Member States: Cameroon, Congo (Republic of), Comoros, Côte d'Ivoire, Guinea Bissau, The Gambia, Mali, Kenya, Lesotho, Rwanda, Sao Tome & Principe and Senegal. The Subcommittee elected Mr Ousmane Ngom, Minister of Health and Social Welfare of Senegal as its Chairman.

September 1997, 47 ,1

Decision 1997/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Dr Nkosazana Dhlamini Zuma
Minister of Health (South Africa)

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Vice-Chairmen:

Prof. Marina d'Almeida- Massougbodji
Minister of Health, Social Welfare and Women's Affairs (Benin)

Mr Said Bakarijecha, Minister of Health of Zanzibar (Tanzania)

Rapporteurs:

Dr Joseph Dawson Otoo,
Director, National Health Insurance Scheme (Ghana)

Dr Koffi Sama
Minister of Health, (Togo)

Dr Humberto Cossa
National Director of Planning & Cooperation
Ministry of Health (Mozambique)

Rapporteurs for Technical Discussions:

Dr Paulinus L. N. Sikosana
Secretary of Health & Child Welfare (Zimbabwe)

Dr Adrien Ware
Director of Preventive Medicine (Burkina Faso)

Dr Gilberto Frota
Director of Planning and Finance,
Ministry of Health (Sao Tome & Principe)

September 1997, 47, 1

Decision 1998/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Monday, 31 August 1998, and was composed of the representatives of the following 12 Member States: Algeria, Burundi, Chad, Equatorial Guinea, Malawi, Mauritania, Mauritius, Namibia, Niger, Nigeria, Sierra Leone and Togo. The Subcommittee elected Dr Ebrahim Batchassi, Director-General of Health of Togo as its Chairman.

August 1998, 48, 1

Decision 1998/2 ***Election of the Chairman, the Vice-Chairmen and the Rapporteurs***

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

Chairman:

Dr T.J. Stamps
Minister of Health and Child Welfare (Zimbabwe)

Vice-Chairmen:

Dr Mohamed Ould Mennou
Director of Health Protection (Mauritania)

Dr Aurélio Armândio Zilhão
Minister of Health (Mozambique)

Rapporteurs:

Dr Adem Ibrahim Mohammed
Minister of Health (Ethiopia)

Dr Akpa Raphaël Gbary
Director of Community Health (Côte d'Ivoire)

Dr Gilberto da Costa Frota
Director of Planning, Administration and Finance
(Sao Tome & Principe)

August 1998, 48, 1

Decision 1999/1 ***Composition of the Subcommittee on Nominations***

The Subcommittee on Nominations met on Monday, 30 August 1999, and was composed of representatives of the following Member States: Angola, Botswana, Comoros, Republic of Congo, Côte d'Ivoire, The Gambia, Liberia, Mozambique, Rwanda, Senegal, South Africa and Zambia.

The Subcommittee elected Dr Léon Alfred Obimbat, Minister of Health, Solidarity and Humanitarian Action of the Republic of Congo as its Chairman.

August 1999, 49, 1

Decision 1999/2 ***Election of the Chairman, Vice-Chairmen and Rapporteurs***

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

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Chairman:

Dr Libertina Amathila
Minister of Health and Social Services (Namibia)

First Vice-Chairman

Mr Faustin Boukoubi
Minister of Health and Population (Gabon)

Second Vice-Chairman

Mme Diakite Fatoumata N'diaye
Minister of Health, the Elderly and Solidarity (Mali)

Rapporteurs

Dr Saleh Meky
Minister of Health (Eritrea)

Mme Prof. Ratsimbazafimabefa Rahantalalao Henriette
Minister of Health (Madagascar)

Mme Rosa Maria Silva
Director-General of Health (Cape Verde)

August 1999, 49, 1

1.3.3 Subcommittee on Credentials

Decision 1989/2 ***Composition of the Subcommittee on Credentials***

In accordance with Rule 3 of the Rules of Procedure and resolution AFR/RC25/R17, the Regional Committee appointed a Subcommittee on Credentials consisting of the representatives of the following 11 Member States: Algeria, Cameroon, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Togo, Uganda and Zimbabwe.

September 1989, 39, 2

Decision 1989/3 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Ethiopia, Equatorial Guinea, Gambia, Gabon, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaïre, Zambia and Zimbabwe.

All credentials were in order.

September 1989, 39, 2

Decision 1990/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar and Malawi. The Subcommittee elected Dr J. J. Séraphin (Madagascar) as Chairman.

September 1990, 40, 2

Decision 1990/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaïre, Zambia and Zimbabwe.

The Subcommittee was unable to examine the credentials of Ghana and Liberia.

September 1990, 40, 2

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Decision 1991/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule [illegible] of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Burkina Faso, Central African Republic, Comoros, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Nigeria, Senegal, Uganda, Zaïre and Zimbabwe. The Subcommittee elected Professor L.K. Mumian (Côte d'Ivoire) as Chairman.

September 1991, 41, 1

Decision 1991/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Namibia,, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The Subcommittee was unable to examine the credentials of Chad, Ethiopia, Lesotho, Madagascar, Mauritania, Mauritius, Niger and Zaïre.

September, 1991, 41, 2

Decision 1992/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule [illegible] of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Botswana, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Malawi, Mali, Mauritania, Mauritius, Namibia and Niger.

The Subcommittee elected Mrs G. Lombilo, of Central African Republic as Chairman.

September, 1992, 42, 1

Decision 1992/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Central African Republic, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The Subcommittee was unable to examine the credentials of Liberia and Zaïre.

September 1992, 42, 2

Decision 1993/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda and Tanzania.

The Subcommittee elected Dr Nickey Iyambo (Namibia) as Chairman.

September 1993, 43, 2

Decision 1993/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Angola, Benin, Botswana, Burkina-Faso, Burundi, Cameroon, Cape Verde, Chad, Central African Republic, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

The Subcommittee was unable to examine the credentials of Algeria, Ethiopia and Senegal.

September 1993, 43, 2

Decision 1994/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 11 Member States: Cameroon, Eritrea, Madagascar, Mali, Mauritius, Niger, Sao Tome and

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Principe, Swaziland, United Republic of Tanzania, Zaire and Zimbabwe.

The Subcommittee elected Hon. Dr F.C. Silveira (Sao Tome and Principe) as Chairman.

September 1994, 44, 1

Decision 1994/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

September 1994, 44, 2

Decision 1995/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Burkina Faso, Burundi, Cape Verde, Chad, Mauritania, Mauritius, Namibia, Niger, Rwanda, Seychelles, Sierra Leone and South Africa.

The Subcommittee elected Mr Tahirou Niandou, Assistant Secretary-General, Ministry of Health of Niger, as its Chairman.

September 1995, 45, 1

Decision 1995/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

September 1995, 45, 2

Decision 1996/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Algeria, Angola, Benin, Cameroon, Congo, Equatorial Guinea, Liberia, Mozambique, Sao Tome & Principe, Seychelles, Swaziland and Togo. The Subcommittee elected Mr Muntu Mswane (Minister of Health, Swaziland) as Chairman.

September 1996, 46, 1

Decision 1996/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republique, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, South Africa, Swaziland, Tanzania, Togo, Uganda, Zaïre, Zambia and Zimbabwe.

The Subcommittee was unable to examine the credentials of Sierra Leone.

September 1996, 46, 2

Decision 1997/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Botswana, Cape Verde, Chad, Democratic Republic of Congo Congo, Eritrea, Ethiopia, Gabon, Madagascar, Malawi, Mali, Uganda and Zambia.

The Subcommittee on Credentials met on 3 September 1997. Delegates of the following Member States were present: Botswana, Cape Verde, Democratic Republic of the Congo, Eritrea, Gabon, Madagascar, Malawi, Mali, Uganda and Zambia. It elected Mr V. Musowe, Representative of Zambia, as its Chairman.

September 1997, 47, 2

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Decision 1997/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Comoros, Congo (Republic of), Congo (Democratic Republic of), Côte d'Ivoire, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

September 1997, 47, 2

Decision 1998/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Central African Republic, Comoros, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Senegal, Tanzania and Zimbabwe.

The Subcommittee on Credentials met on 1 September 1998. Delegates of the following Member States were present: Central African Republic, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Senegal, United Republic of Tanzania and Zimbabwe. It elected Honourable J. I. Kalweo, Minister of Health of Kenya, as its Chairman.

August 1998,48, 1

Decision 1998/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the representatives of Cape Verde, Central African Republic, Chad, Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

September 1998, 48, 2

Decision 1999/3 ***Composition of the Subcommittee on Credentials***

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Subcommittee on Credentials consisting of representatives of the following 12 Member States: Algeria, Benin, Cameroon, Democratic Republic of Congo, Malawi, Mauritius, Niger, Sao Tome & Principe, Swaziland, Seychelles, Togo and Uganda.

The Committee on Credentials met on 30 August 1999. Delegates of the following Member States were present: Algeria, Benin, Cameroon, Democratic Republic of Congo, Malawi, Mauritius, Niger, Sao Tome & Principe, Swaziland, Seychelles, Togo and Uganda. It elected Mr Jacquelin Dugasse, Minister of Health of Seychelles, as its Chairman.

August 1999, 49, 2

Decision 1999/4 ***Credentials***

The Regional Committee, acting on the proposal of the Subcommittee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe, and found them to be in order.

August 1999, 49, 2

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1.3.4 Dates and Places of the Regional Committees

Decision 1989/8 ***Dates and places of the fortieth and forty-first sessions of the Regional Committee***

The Regional Committee decided to hold its fortieth session in Brazzaville in September 1990 and its forty-first session in Burundi in September 1991.

September 1989, 39, 3

Decision 1990/13 ***Dates and places of the Forty-first and Forty-second sessions of the Regional Committee***

The Regional Committee decided to hold its forty-first session at Bujumbura (Burundi) in September 1991, and its forty-second session in Brazzaville in September 1992 in accordance with resolution AFR/RC35/R10. It noted the kind invitation of Chad, Swaziland, and Botswana to host future sessions.

September 1990, 40, 4

Decision 1991/11 ***Dates and places of the forty-second and forty-third sessions of the Regional Committee***

The Regional Committee decided to hold its forty-second session in Brazzaville (Congo), its regional headquarters, in September 1992 in accordance with resolution AFR/RC35/R10. The Committee also decided to hold its forty-third session in Brazzaville, in 1993, unless a country invites the Regional Committee and pays the full extra costs of holding the meeting outside the Regional Office.

September 1991, 41, 4

Decision 1992/11 ***Dates and places of the forty-third and forty-fourth sessions of the Regional Committee***

The Regional Committee decided to hold its forty-third session in Brazzaville, its regional headquarters, in September 1993 in accordance with resolution AFR/RC35/R10, unless a country invites the Regional Committee to meet elsewhere and pays the full extra costs of holding the meeting outside the Regional Office.

The forty-fourth session which will adopt the Programme Budget 1996-1997 will be held in Brazzaville in 1994.

September 1992, 42, 4

Decision 1993/11 ***Dates and places of the forty-fourth and forty-fifth sessions of the Regional Committee***

The Regional Committee decided to hold its forty-fourth session in Brazzaville (Congo), its regional headquarters, in September 1994 in accordance with resolution AFR/RC35/R10. Unless invited to meet elsewhere by a country committed to take responsibility for all additional costs to the Organization, the forty-fifth session will also be held in Brazzaville.

September 1993, 43, 4

Decision 1994/12 ***Dates and places of the forty-fifth and forty-sixth sessions of the Regional Committee***

The Regional Committee decided to hold its forty-fifth session in Libreville (Gabon) from 6 to 13 September 1995 in accordance with resolution AFR/RC35/R10. The forty-sixth session will be held in Brazzaville where the 1998-1999 Budget can be most conveniently discussed.

September 1994, 44, 4

Decision 1995/11 ***Dates and places of the forty-sixth and forty-seventh sessions of the Regional Committee***

The Regional Committee decided to hold its forty-sixth session in Brazzaville in September 1996, when the 1998-1999 Budget can be most conveniently discussed.

The Committee also decided to hold its forty-seventh session in Brazzaville unless a country invites the Regional Committee to meet elsewhere and agrees to pay the full extra costs of holding the meeting away from the Regional Office.

September 1995, 45, 4

Decision 1996/11 ***Dates and places of the forty-seventh and forty-eighth sessions of the Regional Committee***

The Regional Committee decided to hold its forty-seventh session in the Republic of South Africa from 1 to 5 September 1997 and its forty-eighth session in September 1998 in Brazzaville where the Programme Budget for 2000-2001 can be most conveniently discussed.

September 1996, 46, 4

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Decision 1997/10 ***Dates and places of the forty-eighth and forty-ninth sessions of the Regional Committee***

The Regional Committee decided to hold its forty-eighth session in Senegal in September 1998 and the forty-ninth session in Namibia in September 1999.

September 1997, 47, 4

Decision 1998/9 ***Dates and places of the forty-ninth and fiftieth sessions of the Regional Committee***

The Regional Committee confirmed its previous decision to hold its forty-ninth session in Namibia in August-September 1999. The fiftieth session will be held in Brazzaville unless an invitation to hold it outside the Regional Office is accepted by the Regional Committee.

September 1998, 48, 3

Decision 1999/10 ***Dates and places of the fiftieth and fifty-first sessions of the Regional Committee***

The Regional Committee, in accordance with the Rules of Procedure, accepted to hold its fiftieth session in Ouagadougou, Burkina Faso, in August 2000. Concerning the fifty-first session, the Republic of Congo made an offer to host the meeting. The Regional Committee will take a decision on this invitation at its fiftieth session.

September 1999, 49, 4

1.3.5 Technical Discussions

Decision 1989/4 ***Choice of the subject for the Technical Discussions in 1990***

The Regional Committee chose the following subject for the Technical Discussions at its fortieth session: "Management of health systems". "Training of Health Personnel" was chosen for 1991 and "Public Health Research" for 1992.

September 1989, 39, 3

Decision 1989/5 ***Nomination of the Chairman for the Technical Discussions in 1990***

The Regional Committee nominated Mr Martial Mboumba (Gabon) as Chairman of the Technical Discussions at the fortieth session.

September 1989, 39, 3

Decision 1990/5 ***Choice of the subject for the Technical Discussions in 1991***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-first sessions: "Training of health personnel: Mobilization of human resources". "Public health Research" was retained for 1992.

September 1990, 40, 2

Decision 1990/6 ***Nomination of the Chairman for the Technical Discussions in 1991***

The Committee nominated Dr M. A. Bankole (Nigeria) as Chairman of the Technical Discussions at the forty-first session.

September 1990, 40, 2

Decision 1991/5 ***Choice of the subject for the Technical Discussions in 1992***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-second session: "Public health Research".

September 1991, 41, 2

Decision 1991/6 ***Choice of the subjects for the Technical Discussions in 1993, 1994 and 1995***

The Regional Committee decided to select for the next three-year period the following subjects for the Technical Discussions:

(i) 1993 - Development of health infrastructure

(ii) 1994 - Selection and development of health technologies

(iii) 1995 - Health care financing

September 1991, 41, 2

Decision 1991/7 ***Nomination of Chairman of the Technical Discussions in 1992***

The Committee nominated Professor F. K. Nkrumah (Ghana) as Chairman of the Technical Discussions at the forty-second session of the Regional Committee, and Professor N. Coulibaly (Côte d'Ivoire) as alternate Chairman.

September 1991, 41, 7

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Decision 1992/5 ***Choice of the subject for the Technical Discussions in 1993***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-third session: "Development of health infrastructure".

September 1992, 42, 2

Decision 1992/6 ***Nomination of the Chairman and the Alternate Chairman of the Technical Discussions in 1993***

The Committee nominated Professor K.L. Manlan as Chairman of the Technical Discussions at the forty-third session of the Regional Committee, and Architect Alberto Pires Comacho Ribeiro as Alternate Chairman

September 1992, 42, 2

Decision 1993/5 ***Choice of the subject for the Technical Discussions in 1994***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-fourth session: "Selection and development of health technologies".

September 1993, 43, 2

Decision 1993/6 ***Nomination of the Chairman of the Technical Discussions in 1994***

The Committee nominated Dr A. R. Noormahomed (Mozambique) as Chairman of the Technical Discussions at the forty-fourth session of the Regional Committee, and Dr Yunkap Kwankan (Cameroon) as Alternate Chairman.

September 1993, 43, 2

Decision 1994/5 ***Choice of the subject for the Technical Discussions in 1995***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-fifth session: Health Care financing".

September 1994, 44, 2

Decision 1994/6 ***Nomination of the Chairman and the Alternate Chairman for the Technical Discussions in 1995***

The Committee nominated Dr R. R. Chatora (Zimbabwe) as the Chairman and Dr L. C. Sarr (Senegal) as the Alternate Chairman for the Technical Discussions at the forty-fifth session of the Regional Committee for Africa in 1995.

September 1994, 44, 2

Decision 1995/6 ***Choice of the subject for the Technical Discussions in 1996***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-sixth session: "Building monitoring and evaluation into national health development programmes".

September 1995, 45, 2

Decision 1995/7 ***Nomination of the Chairman and the Alternate Chairman of the Technical Discussions in 1996***

The Regional Committee nominated Professor R.E. Tshibassu Mubiay as Chairman of the Technical Discussions in 1996 and Dr Olive Shishana as the Alternate Chairman for the Technical Discussions at the forty-sixth session of the Regional Committee for Africa in 1996.

September 1995, 45, 2

Decision 1996/5 ***Choice of the subject for the Technical Discussions in 1997***

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-seventh session: "Health information and communication: Closing the gaps".

September 1996, 46, 2

Decision 1996/6 ***Nomination of the Chairman and the Alternate Chairman of the Technical Discussions in 1997***

The Committee nominated Dr Alex Quarmyne Chairman of the Technical Discussions in 1997 and Dr Claude Ondongo as the Alternate Chairman.

September 1996, 46, 2

Decision 1997/9 ***Future of Technical Discussions***

The Committee decided to continue to hold Technical Discussions alongside its sessions.

September 1997, 47, 2

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Decision 1998/8 ***Choice of the subject for the Technical Discussions in 1999***

The Regional Committee decided at its forty-seventh session to continue to hold Technical Discussions alongside its sessions. The Regional Committee, therefore, chose "Disease control in the African Region in the 21st century" as the subject for the Technical Discussions in 1999.

September 1998, 48, 3

Decision 1999/9 ***Choice of the subject for the Technical Discussions in 2000***

The Regional Committee decided at its forty-seventh session, to continue to hold Technical Discussions alongside its sessions. The Regional Committee, therefore, selected "Reducing maternal mortality: A challenge for the twenty-first century" as the subject for the Technical Discussions in 2000.

September 1999, 49, 4

SUBJECTS AND CHAIRMEN OF TECHNICAL DISCUSSIONS

This table regroups procedural decisions 1989/4, 1990/5, 1991/5, 1992/6, 1993/5 1994/5, 1995/6, 1996/5 and 1998/8

Year	Procedural Decision	Subjects	Chairman	Alternate Chairman
1990	1989/6	Management of health systems	Mr Martial Mbouba (Gabon)	
1991	1990/5	Training of health personnel: Mobilization of human resources	Dr M.A. Bankole (Nigeria)	
1992	1991/5	Public health research	Prof. F.K. Nkrumah (Ghana)	Prof. N. Coulibaly (Côte d'Ivoire)
1993	1992/6	Development of health infrastructure	Prof. K.L. Manlan (Côte d'Ivoire)	Architect Alberto Pires Comacho Robeiro
1994	1993/5	Selection and development of health technologies	Dr A.R. Noormahomed (Mozambique)	Dr Yunkap Kwankan (Cameroon)
1995	1994/5	Health care financing	Dr R.R. Chatora (Zimbabwe)	Dr L.C.Sarr (Senegal)
1996	1995/6,	Building monitoring and evaluation into national health development programmes	Prof. R.E. Tshibassu Mubiay (Democratic Republic of Congo)	Dr Olive Shishana (South Africa)
1997	1996/5	"Health information and communication: Closing the gaps"	Dr Alex Quarmyne	Mr Claude Ongongo
1998	-	"The promotion of environmental health in countries of the WHO African Region: The role of ministries of health"	Mr T. R. Ramaema (South Africa)	-
1999	1998/8	"Disease Control in the African Region in the 21st Century"	Prof. P. Ndumbe (Cameroon)	Prof. A. Kadio (Côte d'Ivoire)

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1.3.6 Acknowledgements

AFR/RC39/R6 ***Participation of the Director-General in the thirty-ninth session of the Regional Committee***

The Regional Committee,

Having followed with particular interest the Director-General's statement during the discussion on the biennial report of the Regional Director on the work of WHO in the African Region for 1987-1988;

1. WELCOMES the special interest shown by the Director-General in the problems of the African Region;

2. THANKS the Director-General for his determination not to make any further reductions in the Region's share of the budget (should the case arise) as compared with allocations to other Regions, but to take full account of the health and economic situation in Africa;

3. THANKS the Director-General for taking the decision to place this important matter before the Executive Board;

4. NOTES with satisfaction the Director-General's appreciation of the active and very positive participation of the African Region in the sessions of the World Health Organization;

5. REQUESTS the Regional Director to transmit this resolution to the Director-General.

September 1989, 39, 14

AFR/RC39/R11 ***Vote of thanks***

The Regional Committee,

Mindful of the tremendous efforts made by the people and Government of the Republic of Niger to ensure the success of the thirty-ninth session of the WHO Regional Committee for Africa, held in Niamey from 6 to 13 September 1989;

Appreciative of the extremely warm and fraternal welcome extended to the delegates by the people and the Government of Niger;

Conscious of the resolute political commitment of those responsible at the national level for implementing their national strategies to attain HFA/2000 through primary health care;

1. THANKS His Excellency General Ali Saïbou, Chairman of the Supreme Council for National Guidance, President of the Republic and Head of State of Niger, for hosting its meeting and showing so much concern for the participants;

2. COMPLIMENTS His Excellency the President of the National Development Council of Niger on his relevant and encouraging address on the occasion of the opening ceremony, in which he focused mainly on the health development problems of Africa, and of Niger in particular;

3. EXPRESSES its sincere gratitude to the people and Government of Niger for their outstanding hospitality;

4. INVITES the Regional Director to transmit this motion of thanks to His Excellency General Ali Saïbou, Chairman of the Supreme Council for National Guidance, President of the Republic and Head of State of Niger.

September 1989, 39, 22

AFR/RC40/R14 ***Vote of thanks***

The Regional Committee,

Considering the tremendous efforts made by the people and Government of the People's Republic of the Congo to ensure a successful fortieth session of the WHO Regional Committee for Africa held in Brazzaville from 5 to 12 September 1990;

Appreciating the warm and brotherly welcome extended by the people and Government of Congo;

Conscius of the resolute commitment of those responsible at the national level for implementing their national strategies for attaining HFA/2000 through primary health care;

1. THANKS His Excellency General Dennis Sassou Nguesso, Chairman of the Central Committee of the "*Parti Congolais du Travail*", President of the Republic and Head of State;

(i) for honouring with his presence the opening ceremony of the fortieth session of the Regional Committee; and

(ii) for his timely and encouraging address focusing mainly on health problems in Africa and in the Congo, particularly on the role of improved management in the achievement of Health for All by the Year 2000;

2. EXTENDS its gratitude to the Government of the People's Republic of the Congo for their warm hospitality;

3. REQUESTS the Chairman of the fortieth Regional Committee to present this motion of thanks to His Excellency General Dennis Sassou Nguesso, Chairman of the Central Committee of the "*Parti Congolais du Travail*", President of the Republic and Head of State.

September 1990, 40, 2

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AFR/RC41/R15 ***Vote of thanks***

The Regional Committee;

Considering the time, efforts and resources deployed by the people and Government of Burundi to ensure the complete success of the forty-first session of the Regional Committee, held at Bujumbura from 4 to 10 September 1991;

Appreciating the particularly warm and fraternal welcome by the people and Government of Burundi to the delegates;

Considering the firm political commitment of the national authorities to accelerating the achievement of health for all by making use of the African Health Development Scenario;

1. THANKS His Excellency, Major Pierre Buyoya, President of the Republic of Burundi, for having kindly hosted and personally inaugurated the session;

2. NOTES WITH SATISFACTION the relevant and most encouraging address delivered by the President of the Republic at the opening ceremony, focused on the main health problems facing African countries;

3. EXPRESSES its sincere gratitude to the Government and people of Burundi for the exceptional quality of their hospitality;

4. REQUESTS the Regional Director to convey to His Excellency Major Pierre Buyoya, President of the Republic of Burundi, this motion of thanks.

September 1991, 41, 2

AFR/RC42/R12 ***Vote of thanks***

The Regional Committee,

Considering the tremendous efforts made by the people and Government of the Republic of the Congo to ensure a successful session of the WHO Regional Committee for Africa held in Brazzaville from 2 to 9 September 1992;

Appreciating the warm and brotherly welcome extended by the people and Government of Congo;

Considering the political commitment and determination of those responsible at national level to implement their national strategies for attaining HFA/2000 through primary health care;

1. THANKS His Excellency Professor Pascal Lissouba, President of the Republic of the Congo:

(i) for honouring with his presence the opening ceremony of the forty-second session of the Regional Committee; and

(ii) for his timely and encouraging address focusing mainly on health problems in Africa and in the Congo, and on the need for more stringent management of resources for the achievement of Health for All by the Year 2000;

2. EXTENDS its gratitude to the Government and People of the Republic of the Congo for their warm hospitality;

3. REQUESTS the Chairman of the forty-second session of the Regional Committee to present this motion of thanks to His Excellency Professor Pascal Lissouba, President of the Republic of the Congo.

September 1992, 42, 20

AFR/RC43/R11 ***Vote of thanks***

The Regional Committee,

Considering the time, efforts and resources deployed by the people and Government of Botswana to ensure the complete success of the forty-third session of the Regional Committee, held at Gaborone from 1 to 8 September 1993;

Appreciating the particularly warm and fraternal welcome by the people and Government of Botswana to the delegates;

Considering the firm political commitment of the national authorities to accelerating the achievement of health for all by making use of the African Health Development Framework;

1. THANKS, most warmly, His Excellency Sir Ketumile Masire, N.Y.B., G.C.M.G., M.P., President of the Republic of Botswana, for having graced the opening ceremony with his presence and formally inaugurated the forty-third session;

2. NOTES, with satisfaction, the relevant and most encouraging address by the President of this enviable country, at the opening ceremony which focused on the main health problems facing African countries and how to tackle them;

3. EXPRESSES very heartily its gratitude to the Government and people of Botswana for the exceptional quality of their hospitality;

4. REQUESTS the Regional Director to convey this vote of thanks to His Excellency, Sir Ketumile Masire, N.Y.B., G.C.M.G., M.P., President of the Republic of Botswana.

September 1993, 43, 20

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AFR/RC44/R18 ***Expression of appreciation to Dr G. L. Monekosso***

The Regional Committee,

Recognizing his devotion to international health and the contribution made by Dr G. L. Monekosso as Regional Director for Africa over the past ten years;

1. THANKS Dr G. L. Monekosso for his dedicated leadership and invaluable contribution to health development in the African Region;

2. REQUESTS him to continue to contribute to health development in the Region in his personal capacity;

3. DECIDES that, in view of his immense contribution, he be made Regional Director Emeritus.

September 1994, 44, 22

AFR/RC44/R19 ***Vote of thanks***

The Regional Committee,

Considering the time, efforts, resources and hospitality of the People and Government of the Congo to ensure the complete success of the forty-fourth session of the Regional Committee held in Brazzaville from 7 to 14 September 1994;

Appreciating the particularly warm and fraternal welcome by the People and Government of Congo to the delegates;

Considering the firm political commitment of the national authorities to continue to accelerate the achievement of health for all within the African Health Development Framework;

1. THANKS most warmly His Excellency Professor Pascal Lissouba, President of the Republic of the Congo, for having graced the opening ceremony with his presence and formally inaugurated the forty-fourth session;

2. NOTES, with satisfaction, the relevant and most encouraging address by the President of this beautiful country at the opening ceremony, which address focused on the main health problems facing African countries and how to tackle them;

3. EXPRESSES very heartily its gratitude to the Government and People of the Congo for the exceptional quality of their hospitality;

4. REQUESTS the Regional Director to convey this vote of thanks to His Excellency Professor Pascal Lissouba, President of the Republic of the Congo.

September 1994, 44, 23

AFR/RC45/R10: ***Motion of thanks***

The Regional Committee,

Considering the tremendous amount of time, effort and resources deployed by the Government of Gabon to ensure the success of the forty-fifth session of the Regional Committee, held in Libreville from 6 to 13 September 1995;

Appreciating the exceptionally warm and fraternal welcome by the Government and people of the Republic of Gabon to the delegates;

Considering the political commitment and determination of those responsible at national level for implementing strategies to attain Health for All through primary health care;

1. THANKS, most warmly, His Excellency El Hadj Omar Bongo, President of the Republic and Head of State, for hosting its forty-fifth session and for showing so much interest in the well-being of participants;

2. COMPLIMENTS His Excellency Paulin Obame Nguema, Prime Minister of the Republic of Gabon for delivering a highly relevant message on behalf of the Head of State at the opening ceremony in which he encouraged Member States to seek new solutions to problems of health development in the Region through solidarity;

3. EXPRESSES its profound gratitude to the Government and People of Gabon for their outstanding hospitality;

4. REQUESTS the Regional Director to convey this motion of thanks to His Excellency El Hadj Omar Bongo, President of the Republic and Head of State.

September 1995, 45, 14

AFR/RC46/R5 ***Vote of thanks***

The Regional Committee,

Considering the time, efforts, resources and hospitality put in by the people and Government of the

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Republic of the Congo to ensure the complete success of the forty-sixth session of the Regional Committee held in Brazzaville from 4 to 11 September 1996;

Appreciating the particularly warm and brotherly welcome of the people and Government of the Republic of the Congo to the Delegates;

Considering the firm commitment of the national authorities to continue to accelerate the achievement of health for all through primary health care,

1. THANKS His Excellency Professor Pascal Lissouba, President of the Republic of the Congo, for having graced the opening ceremony with his presence and for formally opening the forty-sixth session of the Regional Committee;

2. EXTENDS its gratitude to the Government and people of the Republic of the Congo for their warm hospitality;

3. REQUESTS the Regional Director to convey this motion of thanks to His Excellency Professor Pascal Lissouba, President of the Republic of the Congo.

September 1996, 46, 8

AFR/RC47/R8 ***Vote of thanks***

The Regional Committee,

Considering the time, effort and resources expended by the Government of South Africa to ensure the success of the forty-seventh session of the Regional Committee, held in Sun City from 1 to 5 September 1997;

Appreciating the exceptionally warm and friendly welcome of the Government and People of South Africa to the Regional Committee;

Fully conscious of the fact that this is the very first time that South Africa has been so intimately involved in the planning and organization of the Regional Committee;

1. THANKS most sincerely His Excellency, Mr Nelson Mandela, President of the Republic of South Africa, for hosting its forty-seventh session and for the high level of efficiency manifested and the exemplary hospitality and consideration accorded to the delegates;

2. WELCOMES the inspiring message delivered by Mr Thabo M. Mbeki on behalf of the Head of State at the opening ceremony in which he emphasized the formidable challenge posed to our Region by the HIV/AIDS epidemic;

3. EXTENDS its gratitude to the Minister of Health, Dr N. Dlamini Zuma for her tireless efforts in the preparations for, and the efficient manner in which she conducted the deliberations of, the forty-seventh session of the Regional Committee;

4. COMMENDS the Government and People of South Africa for their warm hospitality;

5. REQUESTS the Regional Director to convey this vote of thanks to His Excellency Mr Nelson Mandela, the Government and the entire People of South Africa.

September 1997, 47, 12

AFR/RC48/R8 ***Vote of thanks***

The Regional Committee,

Appreciating the true African spontaneity of the Government of Zimbabwe in facilitating the hosting of the forty-eighth session of the Regional Committee at such a short notice;

Touched by the traditional African hospitality accorded to all the representatives of Member States and other participants;

Fully aware of the efforts made and expenses incurred by the Government of Zimbabwe to ensure the success of the forty-eighth session of the Regional Committee;

1. EXPRESSES its deep appreciation to His Excellency, Mr Robert Mugabe, President of the Republic of Zimbabwe, for graciously agreeing to preside over the opening session of the Regional Committee;

2. UNDERTAKES to convey to the Member States the message delivered by His Excellency President Robert Mugabe concerning health development in Africa;

3. EXPRESSES its sincere gratitude to the Government and People of Zimbabwe; and

4. REQUESTS the Regional Director to convey its sincere thanks to His Excellency, President Robert Mugabe and to the Government and People of Zimbabwe.

September 1998, 48, 15

AFR/RC49/R8 ***Vote of thanks***

The Regional Committee,

Fully aware of the time, effort and resources expended by the Government of Namibia to ensure the successful conduct of the forty-ninth session of the Regional Committee;

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Fully conscious of the fact that this was the first time that Namibia was so intimately involved in the planning and organization of the Regional Committee;

1. THANKS most sincerely His Excellency, Dr Sam Nujoma, President of the Republic of Namibia, and his Government for hosting the Regional Committee meeting;

2. EXPRESSES its deep appreciation to His Excellency, President Sam Nujoma for graciously agreeing to preside over the opening session of the Regional Committee and delivering an inspiring opening address;

3. EXTENDS its gratitude to the Honourable Minister of Health of Namibia, Dr Libertina Amathila, for her tireless efforts in making extensive preparations for the Regional Committee session, and the efficient manner in which she conducted the proceedings of the meeting;

4. EXPRESSES its sincere thanks to the Government and People of Namibia for their warm hospitality;

5. REQUESTS the Regional Director to convey this vote of thanks to His Excellency, Dr Sam Nujoma and the Government and People of Namibia.

September 1999, 49, 14

1.4 INTERRELATIONSHIP BETWEEN GOVERNING BODIES

1.4.1 Agendas of the World Health Assembly, the Executive Board and the Regional Committee

Decision 1989/6 ***Agendas of the fortieth session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the fortieth session of the Regional Committee as proposed by the Regional Director in Annex 3 of document AFR/RC39/11.

It invited the Chairman of the thirty-ninth session and the Regional Director to re-arrange and modify the said provisional agenda in the light of developments in the regional programme.

September 1989, 39, 3

Decision 1989/7 ***Agendas of the eighty-fifth session of the Executive Board and the Forty-third World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the eighty-fifth session of the Executive Board and the Forty-third World Health Assembly and of their correlation with the provisional agenda of the fortieth session of the Regional Committee.

September 1989, 39, 3

Decision 1990/7 ***Agenda of the forty-first session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the forty-first session of the Regional Committee as proposed by the Regional Director in Annex 4 of document AFR/RC40/12.

September 1990, 40, 7

Decision 1990/8 ***Agendas of the eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly and of their correlation with the provisional agenda of the forty-first session of the Regional Committee.

September 1990, 40, 7

Decision 1991/8 ***Agenda of the forty-second session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the forty-second session of the Regional Committee as proposed by the Regional Director in annex 4 of document AFR/RC41/12.

September 1991, 41, 7

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Decision 1991/9 ***Agendas of the eighty-ninth session of the Executive Board and Forty-fifth World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the eighty-ninth session of the Executive Board and the Forty-fifth World Health Assembly, and of their correlation with the provisional agenda of the forty-second session of the Regional Committee.

September 1991, 41, 2

Decision 1992/7 ***Agenda of the forty-third session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the forty-third session of the Regional Committee as proposed by the Regional Director in Annex 3 of document AFR/RC42/8 Corr.2.

September 1992, 42, 2

Decision 1992/8 ***Agendas of the ninety-first session of the Executive Board and the Forty-sixth World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the ninety-first session of the Executive Board and Forty-sixth World Health Assembly, and of their correlation with the provisional agenda of the forty-third session of the Regional Committee.

September 1992, 42, 3

Decision 1993/7 ***Agenda of the forty-fourth session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the forty-fourth session of the Regional Committee as proposed by the Regional Director in Annex 3 of document AFR/RC43/5.

September 1993, 43, 2

Decision 1993/8 ***Agendas of the ninety-third session of the Executive Board and the Forty-seventh World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the ninety-third session of the Executive Board and the Forty-seventh World Health Assembly, and of their correlation with the provisional agenda of the forty-fourth session of the Regional Committee.

September 1993, 43, 3

Decision 1994/7 ***Agenda of the forty-fifth session of the Regional Committee for Africa***

The Regional Committee approved the provisional agenda of the forty-fifth session of the Regional Committee (Annex 3 of document AFR/RC44/10).

September 1994, 44, 2

Decision 1994/8 ***Agendas of the ninety-fifth session of the Executive Board and the Forty-eighth World Health Assembly: regional implications***

The Regional Committee took note of the agendas of the ninety-fifth session of the Executive Board and the Forty-eighth World Health Assembly, and their correlation with the provisional agenda of the forty-fifth session of the Regional Committee.

September 1994, 44, 2

Decision 1995/8 ***Agenda of the forty-sixth session of the Regional Committee***

The Regional Committee approved the provisional agenda of the forty-sixth session of the Regional Committee (Annex 3 of document AFR/RC45/8).

September 1995, 45 2

Decision 1995/9 ***Agendas of the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly: regional implications***

The Regional Committee took note of the provisional agendas of the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly, and their correlation with the provisional agenda of the forty-sixth session of the Regional Committee.

September 1995, 45, 3

Decision 1996/8 ***Agenda of the forty-seventh session of the Regional Committee***

The Regional Committee noted the provisional agenda of the forty-seventh session of the Regional Committee proposed by the Regional Director in Annex 3 of document AFR/RC46/5.

September 1996, 46, 2

Decision 1996/9 ***Agendas of the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly***

The Regional Committee took note of the provisional agendas of the ninety-ninth session of the Executive Board and the Fiftieth World Health

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Assembly, and of their correlation with the provisional agenda of the forty-seventh session of the Regional Committee.

September 1996, 46, 2

Decision 1997/6 ***Agenda of the forty-eighth session of the Regional Committee***

The Regional Committee approved the Provisional Agenda of the forty-eighth session of the Regional Committee (document AFR/RC47/4 Add.1).

September 1997, 47, 2

Decision 1997/7 ***Agendas of the 101st session of the Executive Board and the Fifty-first session of the World Health Assembly***

The Regional Committee took note of the provisional agenda of the 101st session of the Executive Board and the Fifty-first session of the World Health Assembly.

September 1997, 47, 3

Decision 1998/6 ***Agendas of the 103rd session of the Executive Board and the Fifty-second session of the World Health Assembly***

The Regional Committee took note of the provisional agendas of the 103rd session of the Executive Board and the Fifty-second session of the World Health Assembly.

September 1998, 48, 2

Decision 1999/6 ***Provisional agenda of the fiftieth session of the Regional Committee***

The Regional Committee approved the provisional agenda of the fiftieth session of the Regional Committee.

September 1999, 49, 2

Decision 1999/7 ***Agendas of the 105th session of the Executive Board and the Fifty-third session of the World Health Assembly***

The Regional Committee took note of the provisional agendas of the 105th session of the Executive Board and the 53rd session of the World Health Assembly.

September 1999, 49, 3

1.4.2 Resolutions of regional interest

AFR/RC47/R4 ***Promotion of the participation of women in health and development***

The Regional Committee,

Recalling World Health Assembly resolution WHA50.16 on the employment and participation of women in the work of WHO;

Recalling further the global initiatives of various nations and other organizations in this regard;

Recognizing the strategic role of women in achieving sustainable development and the additional value that a balanced work force can bring to national and international health work;

Appreciating the steps taken by the Regional Office to increase the participation of women in the work of the Organization;

1. STRONGLY URGES Member States:

(i) to make systematic efforts to support the strategies of the Regional Office through the identification of suitable women candidates to assume positions of responsibility as well as to prepare them for future roles;

(ii) to nominate women to participate in the work of the Organization through attendance at governing bodies, scientific and technical advisory meetings, and expert panels;

(iii) to appoint focal points in all ministries of health not only to facilitate and promote the contribution of women to health and development at national and regional levels, but also to foster their participation in the work of WHO;

2. REQUESTS the Regional Director:

(i) to identify the obstacles in the recruitment and retention of women in professional posts and to develop and implement an appropriate plan to overcome those obstacles;

(ii) to continuously urge Member States to encourage and promote the participation of women in national health development as well as in the work of WHO;

(iii) to call upon the focal points in the ministries of health, as and when appropriate, in efforts to promote equality; and

(iv) to assess periodically the progress made in this regard.

September 1997, 47, 9

AFR/RC47/R7 ***Peace and stability in Sierra Leone and the Congo***

The Regional Committee,

CCRDA

Deeply concerned about the many outbreaks of conflicts in numerous African countries, leading to the displacement of people within and across borders, with incalculable effects on the health of the affected people;

Worried about ongoing conflicts, especially in Sierra Leone and the Congo;

Convinced that peace and stability are preconditions for health and development;

Conscious of the fact that these conflicts result in immense damage, destruction of health infrastructure and loss of health personnel;

1. FORMALLY APPEALS to all parties involved in the conflicts to take the necessary measures to resolve these conflicts by peaceful means and end the unnecessary loss of human lives;

2. APPEALS to all African countries to support, in a spirit of solidarity, all ongoing initiatives to help the affected countries to restore peace and stability;

3. REQUESTS the Regional Director:

(i) to provide the affected countries with the necessary support, especially support that will help prevent epidemics and other health problems arising from these conflicts;

(ii) to bring this resolution to the attention of the Heads of State of the countries of the Region, the Secretary-General of the Organization of African Unity and the Director-General of the World Health Organization.

September 1997, 47, 12

CCRDA

2. WHO'S GENERAL PROGRAMME DEVELOPMENT AND MANAGEMENT

2.1 EXECUTIVE MANAGEMENT

2.1.1 Appointment of the Regional Director

AFR/RC39/R1 ***Nomination of the Regional Director***

The Regional Committee,

Considering Article 52 of the Constitution, and in accordance with Rule 52 of the rules of Procedure,

1. NOMINATES Dr Gottlieb Lobe Monekosso as Regional Director for Africa;

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Gottlieb Lobe Monekosso for a further period of five years with effect from 1 February 1990.

September 1989, 39, 6

AFR/RC44/R1 ***Nomination of the Regional Director***

The Regional Committee,

Considering Article 52 of the Constitution, and in accordance with Rule 52 of its Rules of Procedure,

1. NOMINATES Dr Ebrahim Malick Samba as Regional Director for Africa, and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Ebrahim Malick Samba for a period of five years from 1 February 1995.

September 1994, 44, 5

AFR/RC48/R7 ***Regional Search Committee for the selection of the Regional Director***

The Regional Committee,

Bearing in mind that the forty-ninth session of the Regional Committee will consider the nomination of a Regional Director for the period 1 February 2000 to 31 January 2005;

Considering that transparency and equity should be the watchwords for the evaluation of candidates, using established criteria; and

- Further considering the desirability of ensuring that the competition should be open and healthy in order to select the most suitable candidate;

1. ADOPTS the criteria annexed to this resolution as the criteria to be met by the candidate nominated for the post of Regional Director;[1]

2. DECIDES:

(a) to establish a Regional Search Committee that shall operate within the existing Rules of Procedure, to assist the Regional Committee in the consideration of the nomination of Regional Director at its forty-ninth session;

(b) that the Search Committee shall have the following terms of reference:

(i) to encourage Member States to propose suitable candidates;

(ii) to interview all candidates, evaluate their written statements and their other expressed views and intentions in relation to the requirements of the post;

(iii) to consider any views on the candidates expressed by the Director-General when the candidatures are transmitted to the Search Committee; and

(iv) to evaluate the candidates in their entirety and report thereon to the Member States;

(c) that the Committee shall have the following composition of seven members including a chairman:

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(i) Ex officio members:

- First Vice-Chairman of the forty-eighth session of the Regional Committee, who shall be the chairperson of the Search Committee (Mauritania);
- Chairman of the Programme Subcommittee during the forty-eighth session of the Regional Committee (Nigeria); and
- Chairman of the Technical Discussions at the forty-eighth session of the Regional Committee (South Africa);

with the following respective alternates, who will replace the member in the event the latter withdraws or is unable to complete the work of the Committee for any reason:

- Second Vice-Chairman of the forty-eighth session of the Regional Committee (Mozambique);
- Vice-Chairman of the Programme Subcommittee during the forty-eighth session of the Regional Committee (Senegal), and
- In the absence of an Alternate Chairman of the Technical Discussions at the forty-eighth session of the Regional Committee, a delegate designated by Swaziland from among the delegates at the forty-eighth session of the Regional Committee; and

(ii) Four other members designated by the following Member States from among the delegates at the forty-eighth session of the Regional Committee:

- Angola, Burkina Faso, Burundi and Ethiopia;

with four respective alternates designated by the following Member States from among the delegates at the forty-eighth session of the Regional Committee, who will replace the member in the event that the latter withdraws or is unable to complete the work of the Committee for any reason:

- Cape Verde, Chad, Cameroon and Ghana;

(d) any member or alternate whose candidature is submitted to the Director- General by a Member State shall automatically be withdrawn from the Search Committee;

(e) that the Search Committee shall meet not less than eight weeks before the date fixed for the opening of the Regional Committee at which the Regional Director is to be nominated, to interview and evaluate the candidates; and

(f) that the Chairman of the Search Committee shall send, under confidential cover, to each Member State of the Region, through the Director-General, the Search Committee's evaluation report on all candidates who meet the criteria laid down; and

3. REQUESTS the Director-General to send copies of:

(i) all communications sent to the Member States pursuant to the Rules of Procedure for the nomination of the Regional Director; and

(ii) all proposals and accompanying curricula vitae received from Member States by the deadline for submission of candidatures to the Search Committee not less than ten weeks before the date fixed for the opening of the next session of the Regional Committee, and to transmit the report of the Search Committee to each Member State of the Region when received from the Chairman.

September 1998, 48, 12

AFR/RC49/R1 ***Nomination of the Regional Director***

The Regional Committee,

Considering Article 52 of the Constitution, and

In accordance with Rule 52 of its Rules of Procedure,

1. NOMINATES Dr Ebrahim Malick Samba as Regional Director for Africa, and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Ebrahim Malick Samba for a period of five years from 1 February 2000.

August 1999, 49, 5

2.1.2 Regional Office

AFR/RC48/R6 ***Situation of the WHO Regional Office***

The WHO Regional Committee,

Considering the damage to property and other losses suffered by the Regional Office, the staff and their families;

Considering the sense of responsibility and courage demonstrated by the Regional Director and the staff;

CCRDA

Considering the agreement signed between Congo and WHO on 1 August 1952 establishing in Brazzaville the headquarters of the Regional Office for Africa of the World Health Organization;

Considering the readiness of the Government of Zimbabwe to host the WHO Regional Office in Harare on a temporary basis;

Considering the decision taken by the Executive Board on 13 January 1998 on the recommendation of the forty-seventh session of the Regional Committee to move the WHO Regional Office temporarily to Harare following the events in Brazzaville;

Considering the two missions conducted by WHO to assess the situation of the Regional Office for Africa and the subsequent visit to Brazzaville of the WHO Regional Director for Africa; and

Recognizing the commitments and efforts made by the Government of the Republic of Congo to make reparation for the damage and losses suffered by the Organization and its staff and restore normal living and working conditions in Brazzaville, especially in Djoué;

1. REQUESTS the Regional Director:

(i) to periodically report to the Governing Bodies of the Organization progress in the situation of the Regional Office in Brazzaville; and

(ii) to institute, in collaboration with the Congolese Government, such measures as are necessary, including adherence to the United Nations security standards, for a gradual return of the staff to Brazzaville; and

2. EXPRESSES its gratitude to the Government of Zimbabwe and its people for their spontaneous offer and their hospitality.

September 1998, 48, 11

2.1.3 Regional experts

For previous resolutions, see Volume I, page 103

2.2 REGIONAL DIRECTOR'S DEVELOPMENT PROGRAMME

AFR/RC40/R3 ***Discussion of United Nations General Assembly resolution 44/211: Operational activities for development***

The Regional Committee,

Having considered the United Nations General Assembly Resolution 44/211 and the working paper submitted by the Regional Director;

Noting the contents of the UNGA Resolution 44/211 on Operational Activities for Development of the United Nations System, and particularly operative paragraphs 12 to 34 and the many useful development-related themes embodied in the UN Resolution;

Agreeing that Member States have sole responsibility for the coordination of external assistance and principal responsibility for its design and management;

Appreciating the fact that a coordinated approach to predictable, substantial external development assistance, including assistance from the UN System would be more conducive to rapid progress in countries;

Recalling the numerous resolutions of the World Health Assembly and the Regional Committee which refer to most of the issues stated in UNGA Resolution 44/211, including the need for initiatives aimed at strengthening economic support to countries facing serious economic constraints;

Noting the extent to which several principal themes and objectives of the UN Resolution correspond to actions and strategies already being implemented by WHO;

Reiterating the fact that the World Health Organization as a specialized intergovernmental body with its own constitution, mandate and funded by the Member States and working in close partnership with them should continue to maintain its independence and visibility to further enhance health development, while working in close partnership and harmony with the entire UN System and other bilateral and multilateral agencies and nongovernmental organizations;

Recognizing the valuable collaboration of the World Health Organization with Member States in the formulation and implementation of health sector activities in the context of total development;

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Noting that even greater cooperation within the UN System in the utilization of scarce external assistance would make it more productive;

Reaffirming that the existing mechanisms of the WHO for the development and implementation of programmes and projects are in consonance with national aspirations and the development objectives referred to in the UNGA Resolution 44/211;

1. THANKS the Director-General and the Regional Director of the World Health Organization for its technical collaboration given through the years in support of the member countries in the identification of their priorities and programme objectives in the health sector in consonance with national needs and for the assistance provided in strengthening national capabilities in the administration and management of the health sector through programmes such as health situation and trend analysis, managerial processes in national health development, etc.;

2. REQUESTS the Regional Director to bring to the attention of the Director-General the need for setting up an appropriate mechanism with regional participation for an in-depth study of the issue involved in relation to the functioning of the Organization within the UN System.

September 1990, 40, 9

AFR/RC41/R10 ***Implementation of the Health Care Financing Programme (HECAFIP)***

The Regional Committee,

Considering the rising cost of health services which national budgets alone have for a long time not been able to absorb;

Considering the drastic cuts in health budgets as a result of serious economic and financial crises adversely affecting the Member States;

Considering the disastrous consequences of the situation on the health sector, namely the deceleration of the implementation of health programmes, the re-emergence of some diseases which were under control in the previous decades, the rapid propagation of other diseases including AIDS, the dilapidation of health institutions, the scarcity of health personnel, etc.;

Considering on the one hand, the actual fall in external aid to Member States within the framework of bilateral or multilateral cooperation and its unpredictability and on the other, the urgent need to mobilize additional resources for health;

Considering that the current excessive cost of health services cannot be absorbed by the efforts of the communities only;

Recognizing the managerial shortcomings observed in Member States and the importance of equitable distribution, effective and judicious management of the meagre resources available;

Considering the frequently expressed readiness of communities to assume their decisive role in massive mobilization and effective participation in the struggle for health;

Recognizing the utmost need to immediately surmount the economic difficulties hampering the implementation of health programmes through coordination actions based on social dialogue and collaboration between individuals, communities, governments and external financial institutions;

1. SUPPORTS the initiative of the Regional Director in developing a Health Care Financing Programme (HECAFIP);

2. INVITES the Regional Director:

(i) to speed up the establishment of regional and subregional structures for the management of this programme;

(ii) to organize a large-scale introduction of the programme to the Member States and the international community in the quest for funding sources;

3. REQUESTS the Director-General to intensify his efforts in the mobilization of increased assistance to most African countries facing severe economic constraints, including debt relief assistance and debt-for-health swaps;

4. INVITES Member States:

(i) to substantially increase the financial allocation to the health sector;

(ii) to take as appropriate the necessary legislative measures for the implementation of the programme (for example, legislation on the management of the health fund by communities);

(iii) to set up mechanisms for true social dialogue between governments, the people and partners of development;

(iv) to reinforce and vitalize district and regional health committees as well as national health coordination committees which are multisectoral and responsible for fostering social dialogue and determining the needs of the countries;

(v) to provide WHO representatives with competent officials for the establishment of national management committees and technical consultative groups for the HECAFIP programme;

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5. INVITES the international community to support this African initiative which requires substantial human, financial and material resources for its commencement and implementation.

6. REQUESTS the Regional Director to submit a progress report on this programme to the forty-second session of the Regional Committee.

September 1991, 41, 18

AFR/RC41/R14 ***The Bujumbura Appeal: "A call for Africa" launched at the forty-first Regional Committee, Bujumbura, 4-10 September 1991***

Recalling the resolution adopted in 1986 by the special session of the United Nations General Assembly on the crisis in Africa, calling upon the rest of the world to help us Africans insofar as we can show that we are helping ourselves;

We note that:

(i) Heads of State and Government of the Organization of African Unity (OAU) gave overwhelming support in the declaration entitled "Health as a Foundation for Development" (AHG/DECL 1 (XXIII)) adopted in 1987;

(ii) Heads of State and Government have endorsed the Bamako Initiative launched at the thirty-seventh session of the Regional Committee for Africa, and jointly sponsored by WHO/AFRO and UNICEF to strengthen the quality of health services, especially at the peripheral level, through community health revolving funds;

(iii) the Special Health Fund for Africa was officially launched in June 1990 at the regional level and some member countries have since launched the Fund at the national level;

(iv) the draft Declaration on the present health crisis in Africa, prepared by the African Ministers of Health and adopted by Heads of State and Government at the OAU Summit in June 1991;

(v) the Regional Committee, during its forty-first session held at Bujumbura, Burundi, from 4 to 10 September 1991, adopted a resolution aimed at supporting the implementation of a regional health care financing programme (HECAFIP);

CONSIDERING:

(i) the unacceptably high levels of infant and maternal mortality;

(ii) the AIDS pandemic and its serious inherent social, economic and political consequences;

(iii) the re-emergence of malaria as the leading cause of morbidity and mortality;

(iv) the burgeoning epidemics of cholera, and other epidemics;

(v) the rapid population growth that is hampering our health development efforts;

(vi) the suffering of the most needy, especially women and children, as a result of "policies of economic reform";

(vii) the problems of debt that now threaten the survival of our Member States; and

(viii) the poor quality of health services delivery and the deteriorating health status of the population as a result of the economic crisis;

THE REGIONAL COMMITTEE, FOLLOWING ITS FORTY-FIRST SESSION HELD AT BUJUMBURA, BURUNDI, FROM 4 TO 10 SEPTEMBER 1991, LAUNCHES TODAY "A CALL FOR AFRICA";

1. WE CALL UPON INDIVIDUALS, FAMILIES AND COMMUNITIES;

(i) to *affirm* their individual responsibility for their own health;

(ii) to *express* their determination to take charge of their own health;

2. WE CALL UPON OUR GOVERNMENTS:

(i) to *give* greater priority to health and therefore to increase the financing of health programmes on a sustainable basis;

(ii) to *avoid* wars and internal conflicts in view of their implications for the economy and health;

(iii) to *ensure* adequate water supply and better conditions of sanitation and housing to combat the cholera epidemic;

(iv) to *pursue* with determination the objective of "education for all by the year 2000" to enhance the possibilities of attaining health for all;

(v) to *devise* equitable, effective and efficient mechanisms for the financing of health care;

3. WE CALL UPON THE INTERNATIONAL COMMUNITY:

(i) to *stand by* the commitment undertaken in the 1986 Resolution of the United Nations General Assembly by substantially increasing its aid to Africa;

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(ii) to *strengthen* collaboration with WHO and to make substantial resources available to tackle the enormous problems arising from the AIDS pandemic;

(iii) to *give* effective support to countries in their efforts to provide an adequate supply of safe water and better conditions of sanitation in order to prevent waterborne diseases, especially cholera.

4. WE CALL UPON OUR CREDITORS TO:

alleviate the crushing burden of debt which threatens our very survival, by granting at least substantial debt relief.

5. WE CALL UPON THE PRIVATE SECTOR, PARTICULARLY NONGOVERNMENTAL ORGANIZATIONS TO:

assist our health development efforts as much as possible.

Finally, the Regional Committee is firmly convinced that if all our partners respond to this appeal, we will attain the objective of Health for All and we will also be able to ensure a better life for our children and future generations of our peoples.

September 1991, 41, 23

AFR/RC42/R13 ***General mobilization for community health in Africa***

The Regional Committee,

Considering "the Appeal for Africa", launched in Bujumbura by the forty-first session of the Regional Committee for Africa of WHO in September 1991, for general mobilization for community health in Africa;

Considering the continuing deterioration in the health situation of African populations, especially in rural areas;

Considering the decision taken by the Committee at its forty-first session to launch, as from 1992, a large-scale campaign of general mobilization for community health in Africa;

Considering the very favourable reactions of the African communities, Member States, United Nations agencies, international organizations and of international opinion to this campaign, which reactions may be seen in:

- the setting-up in most countries of national structures to coordinate mobilization activities;
- the commitment of African communities to intensifying action for health at their respective levels;
- the commitment made by many funding agencies, international organizations and NGOs;

Considering the successful launching of the campaign of general mobilization for community health in Africa with the holding in Brazzaville from 4-6 September 1992 of the International Conference on Community Health in Africa (CISCA);

Considering the important participation by African delegations, representatives of the international community and of the press in the Conference;

Considering the many initiatives taken by African communities in favour of health and reported on during CISCA;

Considering the firm commitment of Africa to mobilize and overcome AFROPESSIMISM;

Considering the pertinence of the Special Health Fund for Africa as an instrument for supporting community action;

Considering the insufficient impact of health policies that have been designed for the most part without the effective participation of the populations concerned;

Considering that the objective of Health for All cannot be achieved without resolute commitment by the communities themselves;

1. THANKS the Congolese Government for having responded to the Bujumbura Appeal by organizing the CISCA;

2. THANKS African governments, international agencies and other partners for their support in the holding of CISCA;

3. THANKS the Regional Director and his team for their technical support in the mobilization campaign for community health in Africa;

4. URGES African governments, international agencies and other partners:

(i) to continue their support for community health in Africa;

(ii) to take up the mobilization campaign that has just been launched with the holding of CISCA;

(iii) to undertake in their respective countries activities designed to encourage the communities to mobilize for even more significant action for health;

(iv) to take all necessary measures to mobilize resources that might support community initiatives;

(v) to place special emphasis on the community health sections of their national health programmes;

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(vi) to communicate regularly to the Regional Office the results of their activities in the framework of the mobilization campaign, so as to ensure follow-up;

5. REQUESTS the Regional Director to give technical support to the countries in the implementation of community health activities and to report to the Regional Committee at its forty-third session on progress made in the framework of the general mobilization campaign for community health in Africa.

September 1992, 42, 20

AFR/RC47/R3 ***WHO reform and African health priority***

The Regional Committee,

Deeply concerned about the poor health situation in Africa, the slow pace of progress which calls for more active involvement of Africans in the work of WHO, and the lack of concrete progress in the implementation of the United Nations System-wide Special Initiative for Africa since it was launched in 1996;

Recognizing that the health problems and needs of Africa represent a challenge not only for Africa but for the entire international community;

Noting for example that the African Region has:

(i) forty per cent of people living in absolute poverty;

(ii) two-thirds of all people living with HIV/AIDS worldwide;

(iii) ninety per cent of all global malaria deaths;

(iv) forty-three per cent of all children world-wide who die from vaccine-preventable diseases;

(v) thirty-five per cent of children, under five years, suffering from chronic malnutrition;

(vi) less than forty per cent of mothers with access to qualified personnel during child birth;

Considering the disproportionate budgetary allocation to the African Region vis-à-vis the magnitude of its health problems and needs;

Aware of the ongoing reform of WHO and in particular the establishment of a special group of the Executive Board to review the WHO Constitution;

Noting that there is still inequitable representation of staff from Africa at the highest level of the Organization;

2. REQUESTS the Executive Board:

(i) to ensure that the health problems in Africa are considered as a global challenge and accorded the highest priority;

(ii) to develop more objective, equitable and practical criteria for overall budgetary allocation taking into consideration the priority health needs of the Region;

(iii) to take steps to ensure equal opportunity and representation of persons designated by Member States to the Executive Board so that no one group of Member States can exert a controlling influence within the Organization;

2. REQUESTS the Director-General:

(i) to provide all necessary information and procedural support that will enable the Executive Board to deal with the aforementioned requests expeditiously and comprehensively;

(ii) to ensure that the requirements of Article 35 of the Constitution are met; that Article states that the paramount consideration in the employment of staff shall be, inter-alia, to assure that the internationally representative character of the Secretariat is maintained at the highest level, and due regard paid to the importance of recruiting staff on as wide a geographical basis as possible.

September 1997, 47,

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2.3 GENERAL PROGRAMME DEVELOPMENT

AFR/RC39/R2 ***The work of WHO in the African Region: Biennial report of the Regional Director for 1987-1988***

The Regional Committee,

Having considered with satisfaction the Report of the Regional Director for 1987-1988 on the Work of WHO in the African Region;

Reaffirming the commitment of Member States to strengthen collaboration with WHO in general and the Regional Office in particular;

1. COMMENDS the Regional Director for the high quality of his report, both in its substance and presentation, and for the sustained efforts of WHO to promote and support health development in the African Region;

2. NOTES with appreciation the new initiatives undertaken by the Regional Director during the biennium, particularly those relating to the heightening of political awareness about the important role of health in the development of the Region, the Bamako Initiative, and the Special Fund for Health in Africa;

3. FURTHER NOTES with satisfaction the steady strengthening of relations between the Regional Office and other organizations of the United Nations system as well as regional institutions, notably the OAU, ECA and the ADB group;

4. CALLS UPON Member States to intensify and broaden actions designed to accelerate progress towards health for all, particularly through the implementation of the three-phase health development strategy adopted for the Region in 1985;

5. ENDORSES the Report of the Regional Director for the period 1987-1988;

6. REQUESTS the Regional Director to continue his efforts to mobilize human, technical and financial resources in support of the regional programme.

September 1989, 39, 6

AFR/RC40/R13 ***The work of WHO in the African Region: Succinct report of the Regional Director for 1989***

The Regional Committee,

Having examined the succinct report of the Regional Director for 1989;

Noting that its presentation complies with resolution AFR/RC25/R2;

Recognizing the gravity of the current financial situation of the Organization and its adverse effects on programme implementation;

1. APPROVES the report of the Regional Director;

2. CONGRATULATES the Regional Director on the quality and clarity of the document;

3. CALLS on Member States:

(i) to take appropriate steps to implement the health development scenario in order to accelerate the attainment of HFA/2000 with emphasis on activities at the local level;

(ii) to strengthen the development of national health systems based on primary health care, using as a frame of reference the plan of action for implementation of the scenario, paying particular attention to management of health services, training of health personnel, and research in public health in accordance with the priority programmes and with specific programmes chosen by the various countries;

REQUESTS the Regional Director:

(i) to relentlessly pursue his efforts at promoting intersectoral cooperation under the existing structures at the various levels of the development system: local, intermediate and central;

(ii) to take appropriate measures to mobilize adequate extrabudgetary funds needed to support primary health care especially at the local level.

September 1990, 40, 22

AFR/RC41/R12 ***The Work of WHO in the African Region: Biennial report of the Regional Director for 1989-1990***

The Regional Committee,

Having examined the biennial report of the Regional Director on the Work of WHO in the African Region;

Reaffirming the desire of Member States to strengthen collaboration with WHO in general and the Regional Office in particular;

1. COMMENDS the Regional Director on the quality of his report, in terms of both form and content, and on the sustained work of WHO to promote and support health development in the African Region.

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2. NOTES with satisfaction the new initiatives taken by the Regional Director during the biennium, especially those aimed at making the political authorities more fully aware of the importance of health in the development of the Region and the establishment of a framework for the achievement of health for all;

3. NOTES also with gratitude the continuous strengthening of international links between the Regional Office and other international agencies such as the UN, OAU, UNICEF, UNFPA, UNDP, the World Bank and the African Development Bank;

4. CALLS UPON Member States to intensify and develop efforts to accelerate the achievement of health for all;

5. APPROVES the report of the Regional Director;

6. REQUESTS the Regional Director to continue his efforts to mobilize human, technical and financial resources in support of the regional programme.

September 1991, 41, 20

AFR/RC42/R1 ***The Work of WHO in the African Region: Succinct report of the Regional Director for 1991***

The Regional Committee,

Having examined the succinct report of the Regional Director for 1991;

Noting that its presentation complies with resolution AFR/RC25/R2;

Noting with satisfaction that this report covers such priority areas as support to national health systems, health protection and promotion, and the prevention and control of diseases, including AIDS;

Recognizing the gravity of the current financial situation of the Organization and its adverse effects on the implementation of the regional programme;

1. APPROVES the report of the Regional Director;

2. CONGRATULATES the Regional Director on the quality and relevance of the document;

3. CALLS on Member States:

(i) to take appropriate steps to implement the priority programmes based on the African health development framework;

(ii) to strengthen national health systems based on primary health care, by paying particular attention to management, training and research;

(iii) to increase the health allocation in national budgets;

4. REQUESTS the Regional Director:

(i) to further strengthen the offices of the WHO representatives, especially by delegating more authority to them, including authority in budgetary matters, and give more support to WHO/country teams;

(ii) to take appropriate measures to mobilize extrabudgetary funds needed to accelerate the implementation of priority programmes, particularly at the local level.

September 1992, 42, 5

AFR/RC43/R1 ***The Work of WHO in the African Region: Biennial Report of the Regional Director, 1991-1992***

The Regional Committee,

Having examined the biennial report of the Regional Director on the Work of WHO in the African Region for the period 1991-1992;

Noting with satisfaction that the report covers such areas of priority as national health systems, the protection and promotion of health, the fight against diseases including AIDS and relevantly stresses not only the activities but also perspectives and planned activities at regional level to support national programmes;

Noting further with satisfaction that because of the consensus the African Health Development Framework had gained among the countries and donor agencies, many districts were becoming operational, which could lead to the elimination and eradication of certain diseases, to a better control of AIDS and to the financing of health services;

Appreciating the emphasis placed on the collective efforts at district and community levels as a way of attaining the objectives set by Member States and the international community;

1. APPROVES the report of the Regional Director as well as its guidelines;

2. CONGRATULATES the Regional Director on the quality of his report and the presentation made by himself and his team;

3. ENCOURAGES the Regional Director to pursue his effort with a view to attaining the objectives and targets set for the 90s;

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4. NOTES with satisfaction the new initiatives taken by the Regional Director during the biennium particularly those aimed to:

(i) strengthen the role of WHO representatives with WHO country teams that are better structured and orientated;

(ii) develop the health care financing programme (HECAFIP) to support the partnership between governments, communities and other partners such as NGOs;

(iii) take new initiatives to strengthen the fight against AIDS in Africa;

(iv) mobilize communities in order to establish health for all at operational districts;

(v) accelerate the elimination and eradication of certain diseases in accordance with the resolutions of the Regional Committee and the World Health Assembly;

5. APPRECIATES the continued efforts to strengthen relations between the Regional Office and other organizations of the United Nations system as well as regional and subregional institutions;

6. URGES Member States to intensify and develop activities aimed at accelerating the establishment of Health for All by giving priority to regional programmes with defined timetables for implementation as recalled in the biennial report of the Regional Director;

7. REQUESTS the Regional Director to pursue his efforts in mobilizing the necessary human, technical and financial resources to support national programmes.

September 1993, 43, 5

AFR/RC44/R2 ***The Work of WHO in the African Region in 1993: succinct report of the Regional Director***

The Regional Committee,

Having examined the succinct report of the Regional Director on the Work of WHO in the African Region in 1993;

Noting that its presentation complies with resolution AFR/RC25/R2;

Noting with satisfaction that the report covers such priority areas as emergency preparedness and response, coordination of the Health for All Strategy, national health systems, health protection and promotion, and the prevention and control of diseases, including AIDS;

Noting further with satisfaction that in spite of the difficult social and financial circumstances, Member States and the international community are working towards the operationality of many districts within the context of the African Health Development Framework;

1. APPROVES the report of the Regional Director;

2. CONGRATULATES the Regional Director on the quality of his report, his presentation and that of his team;

3. ENCOURAGES the Regional Director to pursue his efforts with a view to attaining the objectives and targets set for the 1990s;

4. NOTES with satisfaction the initiatives taken by the Regional Director during 1993, especially those related to:

(i) emergency and humanitarian support to Member States affected by civil or social unrest or by natural disasters;

(ii) technical support to Member States even during disruptive conflicts in the host country;

5. CALLS on Member States:

(i) to take appropriate steps to implement priority programmes based on the African Health Development Framework;

(ii) to increase the health allocation in national budgets;

(iii) to develop emergency preparedness plans based on the particular circumstances prevalent in each country;

(iv) to intensify their efforts in the fight against AIDS in Africa;

6. REQUESTS the Regional Director:

(i) to pursue vigorously the decentralization of the Regional Office technical support system by further strengthening country offices and capacities of subregional locations to enable them to better respond to the needs of the countries;

(ii) to pursue his efforts in mobilizing the necessary human, technical and financial resources to support national programmes;

(iii) to further enhance the efficient utilization of WHO resources by undertaking any necessary refinements of the AFROPOC system;

(iv) to further strengthen the capacity of the Regional Office to effectively monitor health activities, health management, health achievements and also monitor the implementation of community-based, district-managed AIDS prevention and care, emergency preparedness and response as well as health financing activities in Member States.

September 1994, 44, 5

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2.4 EXTERNAL COOPERATION FOR HEALTH AND SOCIAL DEVELOPMENT

AFR/RC40/R1 ***Situation in Liberia***

The Regional Committee,

Considering the dramatic situation, starvation and the worsening of the health situation of the population of Liberia resulting from continuing civil strife;

Aware that only urgent international assistance can reduce the loss of human lives and the suffering of the populations most affected;

Taking into account the recent appeals from the African Heads of State, the OAU and the Economic Community of West African States;

1. REGRETS the deteriorating situation in Liberia;

2. GIVES its deep moral support to the people of Liberia;

3. SOLEMNLY APPEALS to the international community to pay special attention and provide urgent humanitarian relief to the people most in need, particularly inside Liberia, as well as to the Liberian refugees in the neighbouring countries;

4. REQUESTS Member States of the African Region to mobilize their own public opinion in order to make available humanitarian aid, especially food and medical supplies, to the Liberian population;

5. CALLS upon the parties in the conflict to allow access of humanitarian assistance groups so that they can serve the needy populations especially women and children.

6. REQUESTS the Director-General and the Regional Director of WHO to urgently assess the health situation of the population in Liberia and mobilize financial and technical support to meet the emergency needs.

September 1990, 40, 7

AFR/RC40/R3 ***Discussion of United Nations General Assembly resolution 44/211: Operational activities for development***

The Regional Committee,

Having considered the United Nations General Assembly Resolution 44/211 and the working paper submitted by the Regional Director;

Noting the contents of the UNGA Resolution 44/211 on Operational Activities for Development of the United Nations System, and particularly operative paragraphs 12 to 34 and the many useful development-related themes embodied in the UN Resolution;

Agreeing that Member States have sole responsibility for the coordination of external assistance and principal responsibility for its design and management;

Appreciating the fact that a coordinated approach to predictable, substantial external development assistance, including assistance from the UN System would be more conducive to rapid progress in countries;

Recalling the numerous resolutions of the World Health Assembly and the Regional Committee which refer to most of the issues stated in UNGA Resolution 44/211, including the need for initiatives needed for strengthening economic support to countries facing serious economic constraints;

Noting the extent to which several principal themes and objectives of the UN Resolution correspond to actions and strategies already being implemented by WHO;

Reiterating the fact that the World Health Organization as a specialized intergovernmental body with its own constitution, mandate and funded by the Member States and working in close partnership with them should continue to maintain its independence and visibility to further enhance health development, while working in close partnership and harmony with the entire UN System and other bilateral and multilateral agencies and nongovernmental organizations;

Recognizing the valuable collaboration of the World Health Organization with Member States in the formulation and implementation of health sector activities in the context of total development;

Noting that even greater cooperation within the UN System in the utilization of scarce external assistance would make it more productive;

Reaffirming that the existing mechanisms of the WHO for the development and implementation of programmes and projects are in consonance with national aspirations and the development objectives referred to in the UNGA Resolution 44/211;

1. THANKS the Director-General and the Regional Director of the World Health Organization for its technical collaboration given through the years in support of the member countries in the identification of their priorities and programme objectives in the health sector in consonance with national needs and for the assistance provided in strengthening national capabilities in the administration and management of the health sector through programmes such as health situation and trend analysis, managerial processes in national health development, etc;

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2. REQUESTS the Regional Director to bring to the attention of the Director-General the need for setting up an appropriate mechanism with regional participation for an in-depth study of the issue involved in relation to the functioning of the Organization within the UN System.

September 1990, 40, 9

AFR/RC40/R11 ***Emergency preparedness and response in the African Region***

The fortieth Regional Committee,

Recalling World Health Assembly resolutions WHA34.26, WHA38.29 and WHA42.16, OAU Resolution CM/RES/1253 (LI), UN General Assembly Resolutions 42/169 and 44/236, and Regional Committee resolution AFR/RC38/R25;

Aware of the serious impact of disasters on the health infrastructure and the economic development of African countries;

Acknowledging the action taken by the United Nations Secretary General by declaring the 1990s as the International Decade for Natural Disaster Reduction (IDNDR) and the establishment of the Decade Secretariat and the Trust Fund;

Noting with appreciation the Regional Director's report on "Emergency Preparedness and Response in Africa" (document AFR/RC40/8);

1. APPEALS to the concerned agencies of the UN System working in the Region to cooperate, collaborate and harmonize their efforts with the WHO Regional Office and its Pan-African Centre for Emergency Preparedness and Response in alleviating the negative impact of disasters in member countries;

2. RECOMMENDS that Member States:

(i) implement the relevant parts contained in the report;

(ii) regularly submit reports on the incidence of disasters in their respective countries to the WHO Regional Office for Africa and/or the Pan-African Centre for Emergency Preparedness and Response at Addis Ababa;

(iii) strengthen cooperation between the health sector and other concerned sectors; and

(iv) support the implementation of activities as contained in the International Decade for Natural Disaster Reduction (IDNDR);

3. RECOMMENDS that the Regional Director:

(i) cooperate and collaborate with the OAU General Secretariat as well as other relevant bodies and institutions in the implementation of the OAU Resolution CM/1253 (LI) on the organization of a regional meeting on disasters in Africa to identify priority projects of national, subregional and regional importance;

(ii) organize relevant workshops, seminars and training courses for African technicians, middle level managers and policy makers;

(iii) cooperate with the IDNDR Secretariat in implementing the relevant objectives and goals of the Decade through concerted efforts and concrete project proposals to be implemented during the Decade;

(iv) strengthen the existing network of collaborating centres for disaster mitigation in the Region; and

(v) mobilize the necessary funds for supporting African countries in their efforts for preparedness and response to disasters.

September 1990, 40, 20

AFR/RC40/R12 ***Assistance to countries hosting refugees and displaced persons***

The Regional Committee,

Having considered the Regional Director's report (AFR/RC40/8 Rev. 1) on emergency preparedness and response in respect of natural disasters and epidemics in Africa, and considering the similar consequences arising from situations of conflict;

Acknowledging the efforts made by the international aid and relief agencies and the governments which are supporting large refugee populations, in providing effective emergency requirements for the refugees;

Noting the negative impact that an influx of refugees has on the economy, the health sector and the health development programmes of those governments;

Considering the adverse effects that such influxes of displaced persons have on the health services, especially on district health care systems in those districts hosting refugees and displaced persons;

1. THANKS the Regional Director for the report on emergency preparedness and response;

2. THANKS the Member States who have received refugees and displaced persons, for their efforts to provide them with health care;

3. URGES Member States and international organizations to support the host governments' efforts to provide health care to the refugees and displaced persons;

4. CALLS upon the Member States and international organizations according to their capabilities to provide

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necessary support to national health programmes which have been affected by the impact of refugees on the health sector;

5. REQUESTS the Regional Director;

(i) to make use of regional funds from the WHO Regular Budget to help governments overcome the health problems especially in districts currently hosting refugees and displaced persons;

(ii) to assist in mobilizing financial, material and technical resources from donor agencies and governments to strengthen the health services of those governments hosting refugees and displaced persons;

(iii) to report to the forty-second session of the Regional Committee for Africa on the progress made in the implementation of this resolution.

September 1990, 40, 21

AFR/RC42/R11 ***Emergency preparedness and response and humanitarian assistance in the African Region***

The Regional Committee,

Recalling World Health Assembly Resolutions WHA34.26, WHA38.29 and WHA42.16, OAU resolution CM/RES/1253 (LI), UN General Assembly Resolutions 42/169, 44/211, 44/236 and 46/182 and resolutions AFR/RC38/R25, AFR/RC40/R11 and AFR/RC40/R12 of WHO Regional Committee for Africa;

Aware of the serious impact of disasters on health infrastructure and the economic development of African countries;

Acknowledging the action taken by the UN Secretary General by declaring the 1990s as the International Decade of Natural Disaster Reduction (IDNDR) and the establishment of the Decade Secretariat and the Trust Fund;

Acknowledging the need for further coordination of relief provided by UN agencies and the restructuring now being implemented by the UN Director of Humanitarian Affairs;

Considering the priorities indicated by the OAU regional meeting on disasters in April 1992;

Noting with appreciation the Regional Director's report on "Emergency Preparedness and Response in Africa", (document AFR/RC42/18);

1. APPEALS to the appropriate agencies of the UN System working in the Region to cooperate, collaborate and harmonize their efforts with those of the WHO Regional Office and the WHO Pan-African Centre for Emergency Preparedness and Response in alleviating the negative impact of disasters in member countries;

2. URGES Member States:

(i) to continue to elaborate and update their national Emergency Preparedness and Response plans where surveillance, training and the building of stocks should be envisaged;

(ii) to submit on a regular basis reports on the incidence of disasters in their respective countries to the WHO Regional Office for Africa and/or the Pan-African Centre for Emergency Preparedness and Response in Addis Ababa;

(iii) to strengthen cooperation between the health sector and other sectors concerned;

(iv) to support the implementation of activities as contained in the International Decade for Natural Disaster Reduction (IDNDR);

3. REQUESTS the Regional Director:

(i) to cooperate and collaborate with the OAU General Secretariat, the UN Director of Humanitarian Affairs as well as other relevant bodies and institutions in the implementation of the disaster reduction priority projects identified at national, subregional and regional levels by the OAU meeting on disaster held in April 1992;

(ii) to organize relevant workshops, seminars and training courses for middle level managers and policy makers;

(iii) to cooperate with the IDNDR Secretariat in implementing the relevant objectives and goals of the Decade through concerted efforts and concrete project proposals to be implemented during the Decade;

(iv) to strengthen the existing network of collaborating centres for disaster mitigation in the Region with particular attention to the Horn of Africa and the southern Africa sub-region;

(v) to mobilize the necessary funds for supporting African countries in prevention activities and for preparedness and response to disasters.

September 1992, 42,

AFR/RC44/R16 ***Establishment of an African Group for Humanitarian Action***

The Regional Committee;

Considering that Africa, our continent, is going through an unprecedented crisis of disease, indigence and under-development, with a resurgence of epidemics and violence that threaten us all and of which Rwanda is simply a paroxysm;

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In view of this crisis and the tragedies that threaten our existence, and in support of strategies for sustainable development in Africa;

1. COMMENDS the Regional Director for the work already done in the provision of emergency health assistance for the stricken populations in Africa;

2. ENCOURAGES Member States to set up multidisciplinary emergency response and relief teams, to operate under the coordination of the WHO Regional Office for Africa;

3. REQUESTS the Regional Director:

(i) to examine this matter and initiate jointly with Member States, international organizations and NGOs concerned, the mechanisms required for establishing an African Group for Humanitarian Action, to consist of health professionals and disaster medicine specialists from Member States;

(ii) to take appropriate measures to raise ordinary and additional resources meant for assisting African States that are facing emergency health situations as a result of natural disasters or internal conflicts;

4. FURTHER REQUESTS the Regional Director to report on the implementation of this resolution to the forty-fifth session of the Regional Committee.

September 1994, 44, 21

AFR/RC44/R17 ***Special Programme of cooperation with the Republic of Rwanda***

The Regional Committee,

Considering the dramatic health situation which currently exists in the Republic of Rwanda;

Noting the tragic loss of life, material damage and the destruction of health infrastructure;

Affirming that emergency health assistance is essential for the population of Rwanda;

Taking note of the content of the information document prepared by the Regional Director;

Recalling resolutions WHA47.29 on Rwanda calling on Members States, national and international organizations and agencies to provide urgent financial, material and technical support to the neighbouring countries, particularly to Burundi, Tanzania, Uganda and Zaire in their efforts to provide emergency help to the refugee populations.

1. THANKS the Regional Director and the Director-General for the technical assistance already given to Rwandan population.

2. DECIDES to create a special programme of cooperation with Rwanda.

3. INVITES Member States, in the spirit of TCDC and African solidarity, to give full moral, technical, financial and material support to this programme.

4. REQUESTS the Regional Director to:

(i) mobilize technical and financial resources for the implementation of this special programme;

(ii) consider using funds from the Regional Director's development programme to meet the most urgent requests;

(iii) convey this resolution to the Director-General for submission to the Executive Board and the world Health Assembly, in accordance with resolution WHA33.17 (paragraph 3 (1)).

5. REQUESTS the Director-General to make every effort to:

(i) release the funds required to finance the special programme of cooperation with the Republic of Rwanda, using if necessary the funds from the Director-General's development programme;

(ii) seek, for the purpose, contributions from bilateral and multilateral sources of financing;

6. REQUESTS the Regional Director to report to the forty-fifth session of the Regional Committee on the implementation of this resolution.

September 1994, 44, 22

AFR/RC46/R4 ***Health and peace***

The Regional Committee,

Deeply concerned about the numerous conflicts afflicting many African countries and leading to trans-border population drifts and internal displacements of people, with incalculable consequences for the health of the affected people;

Recognizing that the victims of these conflicts are mainly the most vulnerable groups of the population, namely children, women, the elderly, the sick and the disabled;

Aware of the fact that the destruction of health infrastructure and the loss of health personnel resulting from these conflicts deprive populations of one of their most fundamental rights enshrined in the Constitution of the World Health Organization, namely the right to enjoy the highest attainable standard of health;

Noting that the explosion of epidemics of communicable diseases and malnutrition as well as

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psychosocial disorders are some of the most serious consequences of the armed conflicts;

Convinced that peace is absolutely necessary for health promotion and for all sustainable human development, through solidarity and cooperation among people and states;

Aware of the adverse repercussions of armed conflicts on not only the affected countries but also the neighbouring countries;

Recalling resolution AFR/RC42/R11 on emergency preparedness and response, and humanitarian assistance in the African Region;

Recalling also resolution AFR/RC44/R7 which appeals to Member States to organize "Days of Peace" for children's vaccination;

1. APPEALS solemnly to countries affected by international conflicts, whatever the type, to make every effort to end such conflicts by peaceful means in order to preserve the lives of innocent people, especially women, children, the elderly, the sick and the disabled by *inter alia* institutionalizing an African Day of Peace for Health;

2. APPEALS to Heads of State and Government of the Organization of African Unity to take appropriate measures to prevent and stop these conflicts and, at the very least, to protect the health of the most vulnerable populations, especially women, children, the elderly, the sick and the disabled;

3. REQUESTS the Regional Director to transmit this resolution to the Heads of State of the countries of the Region, the Secretary General of the OAU and also the Director-General of WHO for the information of the Executive Board and the World Health Assembly.

September 1996, 46, 7

AFR/RC47/R1 ***Regional strategy for emergency and humanitarian action***

The Regional Committee,

Deeply concerned by the increasing frequency and severity of emergencies occurring in Africa;

Recognizing the great magnitude of the health, social, political and economic consequences of both natural and man-made disasters;

Concerned about the inadequacy of national mechanisms and critical resources to deal with emergencies and provide the necessary humanitarian action;

Realizing that the communities are hitherto viewed as mere victims and not as potential actors in dealing with emergencies;

Mindful of resolutions AFR/RC40/R11, AFR/RC42/R11, AFR/RC44/R16 and AFR/RC46/R4 of this Committee on issues related to emergency and humanitarian action adopted in earlier years;

Having carefully examined the Regional Director's report as contained in document AFR/RC47/7 outlining a WHO regional strategy for emergency and humanitarian action;

1. APPROVES the proposed strategy aimed at strengthening WHO's technical cooperation with Member States in the area of emergency and humanitarian action;

2. UNDERSCORES the essential and leading role of WHO in coordinating international preparedness and response to all health aspects of emergencies and disasters;

3. APPEALS to international partners to undertake their interventions in emergency situations within the context of the national health framework and in the most flexible manner in order to ensure that all affected populations, in all areas, benefit from their support, without political consideration;

4. INVITES Member States:

(i) to develop or strengthen their capacity to manage emergencies, not only through training, but also by strengthening institutional capacities including early warning systems and allocation of appropriate resources;

(ii) to create, where this does not already exist, as a matter of urgency, a National Emergency Fund;

(iii) to integrate emergency and humanitarian programmes and activities into their national health development plans;

(iv) to take or strengthen measures to effectively involve communities in emergency preparedness and response;

(v) to promptly declare emergencies, including notification of epidemics, in order to ensure quick response;

(vi) to identify, classify and map potential sources of emergencies, in order to facilitate the countries' readiness to cope with them;

(vii) to set up a multisectoral emergency committee, where this does not exist; and

(viii) to cooperate with and support neighbouring countries on issues related to emergencies.

5. REQUESTS the Regional Director:

(i) to provide necessary support to Member States in their efforts to develop their capacity to manage emergencies;

(ii) to explore the feasibility of having a World Emergency Awareness Day to be used by

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Member States as an opportunity to sensitize and mobilize all stakeholders around issues related to emergency and humanitarian action:

(iii) to provide appropriate guidelines and technical support that will facilitate the proper identification, classification and mapping of potential sources of emergencies;

(iv) to support efforts aimed at enhancing and assuring effective cooperation among countries on issues related to emergency and humanitarian action;

(v) to develop a roster of African experts in emergency and humanitarian action, and ensure the optimal use of these experts by Member States;

(vi) to make available appropriate information relating to the capacity of nongovernmental organizations operating in the area of emergency and humanitarian action in the Region, and provide guidance on how to develop and use indigenous ones;

(vii) to support, as a matter of high priority, studies to assess the real medium and long-term impact of emergencies on the health sector;

(viii) to report annually to the Regional Committee.

September 1997, 47, 5

2.5 HEALTH FOR ALL STRATEGY COORDINATION

AFR/RC41/R5 ***Second evaluation of the implementation of the strategy for health for all by the year 2000 in the African Region***

The Regional Committee,

Recalling resolution WHA34.36 of the World Health Assembly adopting the global strategy for Health for All by the Year 2000;

Recalling resolutions WHA39.7, AFR/RC35/R1 and AFR/RC37/R14 by which Member States decided to periodically monitor and evaluate progress made in implementing their national strategies for Health for All, and to report on such progress;

Noting that Member States carried out the Second Evaluation of their national strategies for health for all from 1 October 1990 to 31 January 1991 following a Common Framework for the Evaluation (document WHO/HST/90.1) and on the basis of the 12 global indicators reformulated in conformity with resolution EB85.R5;

Acknowledging the progress attained by countries in improving their national processes for monitoring and evaluation within the framework of health systems management, as well as the persistent difficulties encountered in gathering and processing relevant and reliable information;

Noting that much still remains to be done in extending coverage and improving the quality of primary health care;

Having considered the report of the Regional Director on the second evaluation of the implementation of the Strategy of Health for All by the Year 2000 in the African Region (document AFR/RC41/8);

1. ENDORSES the report of the Regional Director on the Second Evaluation of the Strategy of Health for All in the African Region;

2. EXPRESSES satisfaction with the efforts made by Member States in strengthening the process of monitoring and evaluation, and with its integration in the process of national health systems management;

3. URGES Member States:

(i) to make greater use of data and the conclusions of their national evaluation with a view to strengthening or reorienting their policies and strategies for health development and to ensure proper dissemination of all processed data of the conserved users;

(ii) to take adequate technical measures to set up mechanisms and procedures for collecting, processing and using the necessary health data, within the framework of a national system of health information geared towards decision-making and management of health systems at local (district), intermediate and central levels;

(iii) to grant an appropriate level of human and financial resources to national health structures and institutions so as to strengthen their capacities for extending coverage, improving the quality of primary health services and for managing epidemiological and health information;

4. REQUESTS the Regional Director:

(i) to intensify technical cooperation with countries in the area of the strengthening of health systems management, particularly with regard to the development of national health information systems;

(ii) to continue to promote concepts, methods, and tools adapted to the needs of the various health structures and institutions at the different levels of the health system with a view to improving the continuous monitoring and evaluation of progress towards health for all;

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(iii) to report to the forty-third session of the Regional Committee on the strengthening of the management of information support to national health systems in Member States;

5. INVITES the Regional Director to forward document AFR/RC41/8 to the Director-General as a contribution to the Second Evaluation of the global strategy of health for all and the Eighth Report on the World Health Situation.

September 1991, 41, 12

AFR/RC43/R10 ***Implementation of Health for All strategies***

The Regional Committee,

Noting the progress by Member States on Health for All (HFA) strategies contained in the Regional Director's Report;

Welcoming the statement in the Regional Director's Report that the WHO/AFRO staff have continued to cooperate in the World Bank study on *"Better Health in Africa";*

Having received the message of the World Bank on World Development Report 1993, on Investing in Health, and on *Better Health in Africa;*

Considering that, in their essence, the proposals in *Better Health in Africa* fall within the African Health Development Framework articulated by the Regional Office for Africa;

Noting that member countries have already initiated community-based district-focused activities;

1. REQUESTS the Regional Director to pursue and intensify the cooperation, with the World Bank and others concerned, on *Better Health in Africa*, and especially on its follow-up at the international as well as at the country level, with emphasis on community-based and district-focused interventions;

2. INVITES bilateral and multilateral donors to provide financial support necessary to make possible the organization of follow-up activities, including formation of a Consultative Group and the holding of a Ministerial Conference, after the publication of the final version of *Better Health in Africa*;

3. REQUESTS the Regional Director, in consultation with the World Bank, to report on the implementation of this resolution at the forty-fourth Regional Committee.

September 1993, 43, 19

AFR/RC44/R3 ***Implementation of strategies for Health for All by the Year 2000 in the African Region: Third monitoring***

The Regional Committee,

Noting with satisfaction that from 1 March to 30 April 1994 Member States conducted the Third Monitoring of the implementation of their national strategies for health for all, in accordance with resolutions WHA39.7, AFR/RC35/R1 and AFR/RC37/R14;

Recalling the resolution on the Second Evaluation (AFR/RC41/R5), 1991) requesting Member States to make greater use of the data and the conclusions resulting from the monitoring and evaluation of the implementation of the strategies for health for all;

Having considered the report of the Regional Director on the Third Monitoring (AFR/RC44/4);

1. APPROVES the report of the Regional Director on the Third Monitoring of the implementation of strategies for health for all in the African Region;

2. INVITES Member States to meet the challenge of health for all Africans by drawing on the conclusions of their national monitoring exercise;

3. CALLS UPON Member States to pursue capacity-building in information support to the management of national health systems in order to ensure the effective integration of the evaluation and monitoring process in decision-making concerning health development;

4. REQUESTS the Regional Director:

(i) to intensify efforts for technical cooperation with Member States of the Region in the preparation and conduct of the forthcoming Third Evaluation;

(ii) to send document AFR/RC44/4 to the Director-General as the contribution of the African Region to the Global Report on the Third Monitoring of the implementation of the strategy for health for all worldwide, to be submitted to the World Health Assembly in 1995 (WHA48, 1985);

(iii) to submit annually a progress report on implementation of Health for All Strategies.

September 1994, 44, 6

AFR/RC45/R9 ***Implementation of health-for-all strategies***

The Regional Committee,

Recalling its resolution AFR/RC43/R10, in which it requested the Regional Director to pursue and intensify cooperation with the World Bank and others concerned on *Better Health in Africa;*

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Finding *Better Health in Africa* consistent with long-standing policy positions of the World Health Organization such as the Alma Ata Declaration;

Having heard the statement of the Chair of the Better Health in Africa Expert Panel;

Welcoming and reaffirming the importance of African leadership on health reform, both at regional level through WHO and the Better Health in Africa Expert Panel, and at country level through Ministries of Health and their many local partners.

1. ENDORSES *Better Health in Africa* as a framework for action for health reform at country level;

2. REQUESTS the Regional Director to continue the active engagement of WHO on health reform and the work of the Better Health in Africa Expert Panel;

3. INVITES Donors to join in sponsoring the work of the Panel.

September 1995, 45, 13

AFR/RC49/R7 ***Regional Health-for- All policy for the 21st century: Target 2020***

The Regional Committee,

Confirming the relevance of the principles and values underpinning the primary health care approach to the implementation of the health-for-all policy and the fact that they are a source of inspiration for African countries;

Considering the magnitude and persistence of health problems created by communicable diseases, particularly HIV/AIDS, complications of pregnancy and childbirth, the numerous childhood diseases, mental health, environments that adversely affect health, risky lifestyles and behaviours, ineffectiveness of health services, complex emergencies, armed conflicts and their tragic impact on African populations;

Convinced, at the dawn of the third millennium, of the need to propose to African nations a frame of reference for national health development policies capable of providing lasting solutions to the various health problems that the countries are facing;

Considering the adoption by the World Health Assembly in May 1998, of the "World Health Declaration" which affirms the need to give effect to the Global Health-for-All Policy for the 21st century through implementing relevant regional and national policies;

Having considered the proposed regional Health-for-All Policy for the 21st century and Health Agenda 2020 (document AFR/RC49/8(b), Rev.1);

1. COMMENDS the Regional Director for efforts made in this regard, the indepth analysis of the health development process in the Region over the past decades and for the futures studies covering the period up to the year 2020.

2. NOTES with satisfaction the progress made by the Region in the formulation of a Regional health development policy that focuses on regional priorities and recommends to Member States to carry out further consultations at the national level, bringing together other sectors and all actors and partners so as to obtain the widest possible contribution to the formulation of the Regional Health-for-All Policy.

3. REQUESTS the Regional Director,

(i) to reflect as from now, in the 2000-2001 programme of collaboration with Member States, the following regional priorities: malaria; HIV/AIDS and tuberculosis prevention and control; child survival; safe motherhood; response to complex emergencies and epidemics; health sector reform; health promotion and poverty alleviation;

(ii) to organize an intersectoral and multidisciplinary meeting, to which will be invited international institutions and agencies interested in the health development of the Region , on the proposed Regional Health-for-All Policy for the 21st century;

(iii) to submit, for adoption by the fiftieth session of the Regional Committee, the regional health-for-all policy for the 21st century and a strategic framework for action up to the year 2020.

September 1999, 49, 13

2.6 INFORMATICS MANAGEMENT

There is no resolution on this subject at regional level

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3. HEALTH SYSTEM DEVELOPMENT

3.1 HEALTH SITUATION AND TREND ASSESSMENT

AFR/RC41/R5 ***Second evaluation of the implementation of the strategy for health for all by the year 2000 in the African Region***

The Regional Committee,

Recalling resolution WHA34.36 of the World Health Assembly adopting the global strategy for Health for All by the Year 2000;

Recalling resolutions WHA39.7, AFR/RC35/R1 and AFR/RC37/R14 by which Member States decided to periodically monitor and evaluate progress made in implementing their national strategies for Health for All, and to report thereon;

NOTING that Member States carried out the Second Evaluation of their national strategies for health for all from 1 October 1990 to 31 January 1991 following a Common Framework for Evaluation (WHO/HST/90.1) and on the basis of the 12 global indicators reformulated in conformity with resolution EB85.R5;

Acknowledging the progress attained by countries in improving their national processes for monitoring and evaluation within the framework of health systems management, as well as the persistent difficulties encountered in gathering and processing relevant and reliable information;

Noting that much still remains to be done in extending coverage and improving the quality of PHC;

Having considered the report of the Regional Director on the second evaluation of the implementation of the strategy of Health for All by the Year 2000 in the African Region (AFR/RC41/8);

1. ENDORSES the report of the Regional on the Second Evaluation of the Strategy of Health for All in the African Region;

2. EXPRESSES satisfaction with the efforts made by the Member States in strengthening the process of monitoring and evaluation, and with its integration in the process of national health systems management;

3. URGES Member States:

(i) to make greater use of data and the conclusions of their national evaluation with a view to strengthening or reorienting their policies and strategies for health development and to ensure proper dissemination of all processed data of the conserved users;

(ii) to take adequate technical measures to set up mechanisms and procedures for collecting, processing and using the necessary health data within the framework of a national system of health information geared towards decision-making and management of health systems at local (district), intermediate and central levels;

(iii) to grant an appropriate level of human and financial resources to national health structures and institutions so as to strengthen their capacities for extending coverage, improving the quality of PHC services and for managing epidemiological and health information;

4. REQUESTS the Regional Director:

(i) to intensify technical cooperation with countries in the area of the strengthening of health systems management, particularly with regard to the development of national health information systems;

(ii) to continue to promote concepts, methods and tools adapted to the needs of the various health structures and institutions at the different levels of the health system with a view to improving the continuous monitoring and evaluation of progress towards health for all;

(iii) to report to the forty-third Regional Committee on the strengthening of the management of information support to national health systems in Member States;

5. INVITES the Regional Director to forward document AFR/RC41/8 to the Director-General as a contribution to the Second Evaluation of the global strategy of health for all and to the Eighth Report on the World Health Situation.

September 1991, 41, II

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3.2 MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT

For previous resolutions see Volume II, page 91

3.3 RESEARCH AND HEALTH SYSTEM DEVELOPMENT

AFR/RC41/R6 *Management of information support to district health systems*

The Regional Committee,

Recalling resolutions AFR/RC37/R4 and AFR/RC37/R14 relating to the need to strengthen the management of information support to District Health Systems;

Appreciating the progress made by countries in the use of "community health indicators" and "criteria" for operationality of districts" designed in application of relevant resolutions of the Regional Committee;

Conscious of the importance of information support as an essential element for improving health systems management;

1. THANKS the Regional Director for having designed and made available to countries practical instruments for monitoring and evaluating progress towards health for all at the district level;

2. URGES Member States to utilize them in a systematic manner and to adapt them to their national health systems, while ensuring their integration in the strengthening of existing national systems for health information and their complementarity with the global mechanism for evaluating strategies for health for all.

3. REQUESTS the Regional Director to strengthen technical and financial support to the district management information systems in particular, to the effective use of "Regional community health indicators" and "criteria for operationality of districts".

September 1991, 41, 13

AFR/RC49/R2 *Health sector reform in the WHO African Region: Status of implementation and perspectives*

The Regional Committee,

Recalling that the adoption of the African Health Development Framework and the Bamako Initiative by the Regional Committee in 1985 and 1987, respectively, marked the first regional efforts to reorient and strengthen national health systems in the Region which had been largely weakened by the economic reforms undertaken in response to the economic crisis of the 1980s;

Noting that most countries of the Region have, since the beginning of the decade, further embarked on reforming their health sectors to enhance their capacity to deal with the increasing health problems and ultimately improve the health status of the population;

Concerned that efforts in this regard are mostly piecemeal rather than comprehensive and that in some countries the efforts are spearheaded by external partners rather than governments;

Recognizing that for health sector reform to achieve its set goal of improving the health status of the population, it must first produce changes that will lead to health systems development and strengthening as prerequisites for improving the performance of health services;

Having examined the Regional Director's report as contained in document AFR/RC49/7 on the status of implementation and perspectives of health sector reform in the countries of the Region;

Noting also with satisfaction the efforts that the UN agencies have made, under the leadership of the World Health Organization and the World Bank, to organize intercountry meetings that have enabled all countries of the Region, which are at varying stages of the health sector reform process, to share experiences on this important subject;

1. ADOPTS the report of the Regional Director;

2. CALLS UPON Member States:

   (i) to intensify their efforts to undertake appropriate health sector reforms that are in conformity with national health policies;

   (ii) to actively involve all stakeholders - the private sector, civil society, communities, external partners and government agencies outside the ministry of health;

   (iii) to ensure that government assumes leadership at every stage of the reform process and secures the necessary support of national and international partners;

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(iv) to cooperate with one another, within the context of technical cooperation among developing countries, in designing and implementing their health sector reforms;

(v) to advocate for and promote reforms on other health-related sectors such that health sector reforms will lead to sustainable health development.

3. REQUESTS the Regional Director:

(i) to make a synthesis of the experiences on health sector reforms as reported by countries of the Region and disseminate it widely to Member States;

(ii) to develop, on the basis of the synthesis of experiences, a framework that will guide Member States in designing, implementing and evaluating their health sector reform;

(iii) to put in place effective mechanisms for providing timely and appropriate support to Member States and for contributing to the strengthening of national capacities, infrastructure and technology management in order to ensure sustainable health development;

(iv) to take steps to further intensify the collaboration between World Health Organization, the World Bank, the African Development Bank, and other UN agencies concerned so as to ensure that the implementation of the health component of the UN Special Initiative on Africa facilitates the health sector reform process in the individual countries;

(v) to report to the fifty-second session of the Regional Committee on the progress achieved in implementation of health sector reforms in Member States and the ***added value*** of the implementation of the health component of the UN Special Initiative on Africa;

4. APPEALS to the African Development Bank, bilateral donors and UN agencies including the World Bank, to provide greater support to government-led health sector reform efforts in the countries of the Region.

September 1999, 49, 5

AFR/RC49/R6 ***Review of the Implementation of the Bamako Initiative***

The Regional Committee,

Recalling Regional Committee resolution AFR/RC37/R6 on the improvement of the health of women and children through essential drugs financing and management at the community level;

Recalling also the request that the 47th session of the Regional Committee made to the Regional Director to undertake a review of the progress made after a decade of implementation of the Bamako Initiative;

Taking into account the recommendations made during the review of the implementation of the Bamako Initiative in the African Region at the meeting jointly organized by the Government of Mali, WHO and UNICEF in Bamako, Mali, from 8 to 12 March 1999;

Considering the appeal made at the Bamako Initiative review meeting for the provision of support to Member States for continuing the implementation of the Initiative;

Acknowledging the crucial role of the Bamako Initiative as a pertinent strategy for realizing the goals of primary health care and improving the accessibility and coverage of health services;

Having carefully examined the report of the Regional Director contained in document AFR/RC49/13: review of the implementation of the Bamako Initiative;

1. RECOGNIZES the significant achievements made by Member States;

2. NOTES the constraints encountered and the lessons learnt in implementing the Bamako Initiative;

3. APPROVES the report of the Regional Director and the proposal to develop an implementation framework for strengthening the community dimension of health sector reform;

4. INVITES Member States:

(i) to include the Bamako Initiative in their agenda for health sector reform, and to implement the Initiative as the community dimension of the reform;

(ii) to ensure that national policies and strategies have a strong community focus, empower individuals and families to improve their own health and well-being and develop the capacity of communities to co-manage essential health services;

(iii) to develop a new national framework for the implementation of the Bamako Initiative, including an essential package of care adapted to current priority areas such as Roll Back Malaria, the Integrated Management of Childhood Illness, the Safe Motherhood Initiative, HIV/AIDS and Tuberculosis prevention and control;

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4. ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

AFR/RC42/R6 ***Reorientation and restructuring of hospitals based on primary health care in Africa***

The Regional Committee,

Having examined document AFR/RC42/6 on the reorientation and restructuring of hospitals based on primary health care submitted by the Regional Director;

Noting the unsatisfactory conditions prevailing in most hospitals of the African Region;

Recognizing the serious challenges that African hospitals have to cope with in order to contribute more effectively to the attainment of health for all Africans;

Recalling the unanimous decision of Member States to accelerate the implementation of primary health care in the Region in accordance with the provisions of the African Health Development Framework approved in Lusaka in 1985;

1. CONGRATULATES the Regional Director on his report;

2. APPROVES the proposed options and approaches contained in document AFR/RC42/6, aimed at assisting the countries of the Region in reviewing the role of hospitals in implementing primary health care;

3. URGES Member States:

(i) to review the roles, functions, organization and management of their hospitals in consonance with the suggested orientations;

(ii) to adopt legislative texts to redefine the mission of hospitals, their institutional relations with other health structures and institutions, as with health-related sectors and the communities;

(iii) to strengthen the training of hospital personnel in primary health care;

(iv) to strengthen the technical, administrative and logistic capacities of hospitals as well as those of peripheral institutions in conformity with the new functions of the hospital.

4. .REQUESTS the Regional Director:

(i) to pursue research efforts in this field;

(ii) to give all necessary technical and financial support to countries' initiatives;

(iii) to report on progress made to the forty-third session of the Regional Committee.

September 1992, 42 11

AFR/RC45/R3 ***Strategies for improving the quality of care in health care institutions in the African Region***

The Regional Committee,

Considering the commitment of all Member States to the objective of Health for All Africans;

Convinced that the attainment of this objective absolutely depends on the quality of health services and care;

Aware of the role that the States should play in protecting their people against all social risks and allocating resources to the health sector;

Aware of the responsibility of the health professionals in ensuring that resources allocated to health are used optimally to enhance the quality of health services and care;

Aware also that users have the right to demand better quality services;

1. URGES Member States:

(i) to establish a national quality of care programme designed as one of the main components of health sector reforms, given its impact on the outcome expected of other programmes;

(ii) to introduce in the training programmes of all health workers knowledge, skills and attitudes required to deliver quality care;

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(iii) to give incentives to health care institutions at all levels to develop internal and external evaluation schemes for the continuous improvement of the quality of care provided;

2. REQUESTS the Regional Director:

(i) to draw up and implement a plan for the collection and dissemination of information on methods of providing quality care and the results achieved in the Member States; such information will be directed to the general public, decision makers, health professionals, finance officials and educators;

(ii) to provide support to member States for the establishment and implementation of quality of care programmes;

(iii) to encourage Member States to allocate a percentage of their budget for technical cooperation with WHO to quality care activities;

(iv) to report on the progress made in the implementation of this resolution to the forty-seventh session of the Regional Committee.

September 1995, 45, 7

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5. DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH

5.1 FELLOWSHIPS

AFR/RC39/R5 ***Fellowships policy and health manpower development***

The Regional Committee,

Considering that fellowships constitute a major WHO programme;

Considering that this activity is highly appreciated by Member States for the development of their health manpower resources;

Considering the need for optimal use of the Organization's resources in this connection;

Bearing in mind the relevant resolutions adopted by the governing bodies of the Organization and collectively by Member States, in particular resolution EB71.R6 of the Executive Board;

Conscious of the increasingly high cost of long-term study outside the African Region, which places a substantial burden both on the ordinary budget of WHO and on the budgets of States;

Conscious of the need for Member States to strengthen existing facilities for training and to organize or create such facilities where they do not exist;

1. CONGRATULATES the Regional Director:

   (i) on the objectivity and realism of his report on fellowships policy in the African Region;

   (ii) on the surveys carried out to analyze the cost of fellowships in the different WHO regions and the efforts made to rationalize the management of the programme, in particular by the introduction of computerization in connection with AFROPOC;

2. REQUESTS Member States:

   (i) to draw up policies, strategies and plans of action consistent with the objective of health for all;

   (ii) to operate regular and adequate procedures for the selection of candidates for fellowships, having regard to the relevance of the causes and the abilities of the candidates with greater specificity in the criteria used for selection and stricter application of these criteria, ensuring thatall parties concerned are involved, including WHO Representatives;

   (iii) to undertake regular reviews of the utilization of fellows after their training, and in particular to cooperate with WHO in the programme evaluation procedures established by the Organization;

   (iv) to help to alleviate the burden on the programme's budget by introducing more stringent control on the authorization of extensions of fellowships already awarded;

   (v) to strengthen procedures which would enable certain schools or faculties of medicine in the Region to work together to establish subregional and regional facilities for postgraduate studies in the health sciences;

3. REQUESTS the Regional Director:

   (i) to define the management of the fellowships programme, instituting gradual controlled decentralization of the programme to give greater responsibility to countries and to the WHO offices established in them;

   (ii) to assist Member States in their efforts to improve the planning and evaluation of their health manpower policy through fellowships for basic study, specialization and/or further study;

   (iii) to take appropriate steps to increase the financial, technical and logistic support which WHO can offer to Member States faced with the problems of setting up institutions for medical training;

   (iv) to pay special attention to the countries where it is not possible for the moment to set up schools of medicine with a view to giving them support in the search for solutions, particularly in the framework of the African Region and in the spirit of TCDC;

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(v) to continue his approaches to agencies of the United Nations system, intergovernmental organizations, development banks and the international community at large to further strengthen the support that is desired; and

(vi) to report to the forty-first Regional Committee.

September 1989, 39, 11

AFR/RC41/R9 ***WHO study grants***

The Regional Committee,

Recognizing the importance of health manpower development to the achievement of Health for All by the Year 2000;

Conscious of the need to emphasize support to training in health management and research and training related to national health priority programmes;

Aware of the need for Member States to concentrate resources on the training of health and health-related personnel at the district and intermediate levels;

Considering the contribution made by WHO fellowships to the development of health management in the Member States;

Considering that fellowships as a mechanism for the training of the manpower required for the global objective of Health for All by the Year 2000 are claiming an increasingly large part of the WHO budget:

1. URGES Member States:

(i) to review the existing health manpower development policies, strategies and plans so as to accelerate health development;

(ii) to strengthen the training of their personnel at the district and intermediate levels;

(iii) to rationalize the utilization of trained health personnel, with a view to reducing disparities between the urban and rural areas and with particular attention to their conditions of work;

(iv) to increasingly adopt training strategies that lower cost and broaden coverage so as to increase the impact of training on the development of health manpower;

(v) to increasingly adopt mechanisms for training that are less costly and broader in scope, so that training has more impact on health personnel development and emphasis is placed as far as possible on training at institutions in the African Region;

2. REQUESTS the Regional Director:

(i) to continue to support the efforts of Member States in the development of health manpower;

(ii) to promote training mechanisms that lower cost and broaden coverage;

(iii) to make available new options, such as study grants, that lower the cost of support for individual and group training;

(iv) to report to the forty-third Regional Committee on the progress made.

September 1991, 41, 17

AFR/RC48/R3 ***Regional strategy for the development of human resources for health***

The Regional Committee,

Having reviewed the Regional Director's report on the development of human resources for health;

Recalling World Health Assembly resolutions WHA42.27, WHA47.9, WHA48.8 and WHA49.1 and Regional Committee resolutions AFR/RC37/R13 and AFR/RC38/R15 on the role of health personnel in the implementation of national health development policies and plans;

Seeking to apply the spirit of the 1993 World Conference and the 1995 Regional Conference on Medical Education;

Mindful of the need to make optimal use of the available human resources as part of the ongoing health sector reform in the countries of the African Region;

Recognizing the increasing burden of the problem of brain drain on the Member States;

Recognizing the increasing attrition of health personnel in Member States due to HIV/AIDS epidemic;

Aware that health sector reform and reorientation of professional practice and training should be coordinated, pertinent and acceptable;

Recognizing the need for an integrated approach to the development of health services and human resources for health;

Aware also that this approach to the development of human resources should be adapted to the needs and means of the countries and be based on active participation of the entire health personnel at all levels of the health system just as for beneficiaries of health

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care, policy-makers and officials of the private and public sectors, representatives of professional associations and teaching institutions, and all persons in charge of economic and social development; and

Considering WHO's special role in health matters, which can facilitate working relations between health authorities, professional associations and schools of health in the African Region;

1. ENDORSES the regional strategy for the development of human resources for health contained in document AFR/RC48/10;

2. URGES Member States:

(i) to harmonize national health policy and the plan for the development of human resources for health;

(ii) to collaborate with all the institutional sectors of health development in the formulation and implementation of policies and plans for the development of human resources for health in order to better meet the needs and improve the health status of the population;

(iii) to promote and support health systems research with a view to determining the standard health team for each of the various levels of the health care system, the optimal numerical strength, the mix and deployment of health personnel and the technologies and working conditions most likely to improve their performance in the provision of quality health care;

(iv) to support efforts to improve education, training, utilization of health personnel and regulation of health professions; and

3. REQUESTS the Regional Director:

(i) to encourage health authorities, professional associations and schools of health to study and establish, in a coordinated manner, new models of care and new working conditions that will enable health personnel to play their specific roles in order to better meet the needs of beneficiaries of health care;

(ii) to support the development of guidelines and models that will enable the countries to strengthen their capacity to plan, train, utilize and regulate health professions;

(iii) to ensure continuity in the work of the regional multidisciplinary advisory group on the development of human resources for health;

(iv) to reorganize and strengthen the unit responsible for the human resources for health programme in order to ensure easier coordination of regional and national efforts for optimal use of health personnel;

(v) to sensitize partners to, and mobilize resources for, the implementation of this strategy; and

(vi) to keep the Regional Committee informed of the progress made in the implementation of this resolution and to report to the Committee every other year.

September 1998, 48, 6

5.2 TRAINING

AFR/RC39/R10 *Reform of medical education*

The Regional Committee,

Recognizing the key role medical personnel should play in accelerating the achievement of health for all;

Aware that the way medical personnel are trained affects their ability to render health care adapted to national health priorities;

Considering resolution WHA42.38 on the Edinburgh Declaration on the reform of medical education;

Bearing in mind the plan of action adopted at the African Ministerial Consultation on Medical Education (Abuja, Nigeria, 5-7 July 1989);

1. THANKS the World Federation for Medical Education and the Association of Medical Schools in Africa for respectively championing the global and regional efforts to reorient medical education so as to adapt it to the realities in the countries;

2. APPRECIATES the steps taken by the Regional director in support of the global and regional movement to reorient medical education;

3. REITERATES its call to Member States to give urgent and serious support to the recommendations of the Edinburgh Conference and the plan of action adopted at the African Ministerial Consultation on Medical Education;

4. REQUESTS the Regional Director:

(i) to disseminate the Edinburgh Declaration and the Abuja Plan of Action on the reform of medical education within the African Region;

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(ii) to continue to provide support to the Regional Task Force on Medical Education as the regional mechanism for accelerating the reform of medical education;

(iii) to collaborate with the World Federation for Medical education and other international agencies to support regional, country and institutional efforts towards the reforms advocated;

(iv) to assist Member countries to mobilize the resources needed for the planned reforms;

(v) to pay special attention to the countries where it is not possible for the moment to set up schools of medicine with a view to giving them support in the search for solutions, particularly in the framework of the African Region and in the spirit of Technical Cooperation among Developing Countries.

September 1989, 39, 20

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6. PUBLIC INFORMATION AND EDUCATION FOR HEALTH

AFR/RC47/R2 ***Regional information, education and communication strategy for health promotion in African communities***

The Regional Committee,

Recalling the importance given by the WHO Constitution and the Declaration of Alma-Ata to information and education as a means of promoting health;

Recalling World Health Assembly resolutions WHA27.27 and WHA42.44;

Taking into account the recent Jakarta Declaration on health promotion into the twenty-first century;

Recognizing the urgent need and demand for information to enable people take simple measures to protect and promote health;

Cognizant of the crucial role health information, education and communication initiatives can play in making people adopt healthy behaviour and lifestyles;

Recognizing that health information, education and communication activities are essential elements of health promotion programmes and can expedite the attainment of health for all in the Region;

1. APPROVES the Regional Information, Education and Communication Strategy for Health Promotion in African Communities;

2. CALLS on Member States:

(i) to develop or strengthen strategies for health information, education and communication as essential elements of health promotion;

(ii) to take appropriate measures to strengthen the necessary infrastructure and provide adequate resources at all levels for health information, education and communication initiatives;

(iii) to facilitate the acquisition of equipment for information, education and communication activities, such as radio sets, by making them tax-free;

(iv) to intensify the production and distribution of appropriate information and education materials to enable the people protect and promote health;

(v) to promote the development and pretesting of health information materials in local languages;

(vi) to make greater use of all available communication channels, including traditional media, for health information and education in support of national health care programmes and establish links with the mass media in order to enhance health promotion activities;

(vii) to ensure that people in the rural areas, the underprivileged in urban centres and disadvantaged groups such as the blind and the deaf have adequate access to health information and education materials;

(viii) to develop effective monitoring and evaluation mechanisms for information, education and communication activities;

(ix) to develop a relevant and timely health information system in order to ensure the availability of up-to-date information for health education;

3. REQUESTS the Regional Director:

(i) to provide support to Member States to enable them to develop or strengthen and implement alternative methods of health promotion in support of health-for-all programmes;

(ii) to organize periodic regional workshops and seminars for mass media practitioners and other health communicators and promote the establishment of networks of health communicators and promoters;

(iii) to develop models and guidelines whenever appropriate to assist Member States to produce effective health information and education materials;

(iv) to mobilize, in collaboration with other agencies, funds in support of health information, education and communication activities in the Region;

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(v) to identify collaborating centres that will help to promote research, training and the effective dissemination of health information;

(vi) to prepare an inventory of effective health information, education and communication methods and practices in the Region and share them with Member States;

(vii) to publicize successes in health information, education and communication in the African Region;

(viii) to support efforts made to promote intercountry activities in information, education and communication;

(ix) to report to the forty-ninth session of the Regional Committee on progress made in the implementation of the strategy.

September 1997, 47, 6

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7. RESEARCH PROMOTION AND DEVELOPMENT

7.1 HEALTH RESEARCH

Decision 1989/9 ***Nomination of the representative of the African Region on the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

The Regional Committee thanked Mozambique, the outgoing member of the Joint Coordinating Board, for its contribution to the development of research in tropical diseases at both the regional and world levels.

The Regional Committee nominated Sao Tome and Principe to represent the Region on the said Board for the next three years.

September 1989, 39, 4

Decision 1990/12 ***Nomination of representatives of the African Region to membership in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and Training in Human Reproduction***

The Regional Committee nominated Sierra Leone and Swaziland to represent the African Region in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and training in Human Reproduction.

The Committee thanked Cameroon and Rwanda whose terms of office will expire on 31 December 1990 for their contributions, on behalf of the African Region, to the activities of the Policy and Coordination Committee.

September 1990, 40, 4

Decision 1991/14 ***Nomination of the representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

Since the term of office of Rwanda is now expiring, Senegal will be the new member and will join Sao Tome and Principe to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases.

The term of office of Senegal will start in January 1992.

September 1991, 41, 4

Decision 1991/16 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The Regional Committee nominated Togo to replace the Gambia on the Policy Coordination Committee of the Special Programme of Research, Development and Research and Training in Human Reproduction.

September 1991, 41

Decision 1992/10 ***Nomination of the Representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

Since the term of office of Sao Tome and Principe will expire in December 1992, Algeria will be the new member and will join Senegal to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases.

The three-year term of office of Algeria will start in January 1993.

September 1992, 42, 4

Decision 1992/12 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

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The Regional Committee thanked Senegal, the outgoing Member of PCC, for its services in the Committee, and following the English alphabetical order, nominated Uganda to serve on the PCC for the next three years.

The term of office of Uganda will start in January 1993.

September 1992, 42, 4

AFR/RC48/R4 ***Strategic health research plan for the WHO African Region***

The Regional Committee,

Having examined the Regional Director's report on health research in the Region;

Recalling World Health Assembly resolutions WHA4.26 and WHA33.25 relating to health research;

Bearing in mind the importance accorded by the Regional Committee to health research policies during the different sessions of the Technical Discussions, particularly during the 42nd (document AFR/RC42/TD/1) and the 47th (document AFR/RC47/TD/1) sessions; and

Considering that health research was one of the means for obtaining reliable information to guide decision-making and improve the management and quality of the services of health systems;

1. APPROVES the strategic health research plan for the African Region;

2. REQUESTS the Member States:

(i) to determine, together with all parties concerned, priority research areas at the national level;

(ii) to draw up medium- and long-term research policies and strategies consistent with national health development policies;

(iii) to create an enabling environment for researchers to function effectively;

(iv) to build national research capacities, particularly through resource allocation, training of senior officials, strengthening of research institutions and establishment of coordination mechanisms;

(v) to put in place a national health research plan, in collaboration with health development partners;

(vi) to establish a national committee to formulate and ensure compliance with ethics, especially regarding the conduct of clinical trials on humans;

3. URGES the Regional Director:

(i) to draw up and disseminate an inventory of health research institutions in the Region;

(ii) to draw up and disseminate an inventory of research work on health and health-related areas;

(iii) to strengthen the health research programmes of the Regional Office as well as the effectiveness of the African Advisory Committee for Health Research and Development;

(iv) to take stock of WHO collaborating centres aiming at optimizing their role in the conduct and promotion of health research;

(v) to promote the training of trainers in research methodology in the Member States;

(vi) to encourage the exchange of experiences and the dissemination and application of research findings;

(vii) to sensitize partners (NGOs, multilateral and bilateral cooperation agencies, etc.), and mobilize financial and technical resources to support the Member States in the implementation of their priority research programmes;

(viii) to put in place mechanisms for monitoring and evaluating the progress made in the Region;

(ix) to inform the Regional Committee every two years on the progress made in the implementation of the strategic plan.

September 1998, 48, 8

7.2 REGIONAL RESEARCH CENTRES

For previous resolutions see Volume II, page 104

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8. GENERAL HEALTH PROTECTION AND PROMOTION

8.1 NUTRITION

AFR/RC39/R4 ***Future orientation of nutrition programmes***

The Regional Committee,

Recalling resolutions AFR/RC27/R14, AFR/RC37/R8 and AFR/RC38/R4;

Noting the overall evolution and expansion of nutrition programmes in the past two decades;

Considering that the critical situation which still prevails in most countries calls for accelerated effort and action;

Considering also that many countries have not yet adopted adequate intersectoral or sectoral food and nutrition policies, programmes or plans of action;

1. CONGRATULATES the Regional Director for his report on the nutrition programmes;

2. EXTENDS its thanks to the organizations that have collaborated in the programme, particularly FAO, UNICEF, OAU, ICCIDD, the Interagency Food and Nutrition Surveillance Programme, the ACC Subcommittee on Nutrition and the governments of Belgium, Denmark, Italy and Sweden;

3. INVITES Member States:

(i) to draw up sectoral and intersectoral medium-term plans of action for food and nutrition development with the support of multilateral and bilateral organizations;

(ii) to strengthen urgently the food and nutrition component of district-focused health development and intensify related health sector activities, including control of infectious diseases and improved water supply and sanitation;

(iii) to improve, through appropriate intersectoral action, the production, storage, preservation, processing, marketing, promotion and consumption of nutritious local foods;

(iv) to stimulate community participation in food and nutrition programmes, particularly the major role that is played by women, and to pay special attention to the nutritional needs and problems of women and children;

(v) to develop community-based growth monitoring, and district-based food and nutrition surveillance systems and data banks, and to use the data for appropriate action at all levels;

(vi) to mobilize all possible action for control of specific nutritional disorders (vitamin A and iodine deficiencies, and anaemias) with a view to eliminating them as public health problems before the year 2000;

(vii) to organize national meetings on the prevention of chronic diet-related diseases of affluence (cardiovascular diseases, obesity, diabetes mellitus);

(viii) to organize a national working group to determine national priorities and promote national competence in action-oriented nutrition research at the local level;

(ix) to develop capacities for the management of food and nutrition programmes at district and community levels;

4. REQUESTS the Regional Director:

(i) to provide support to suitable nutrition courses throughout the Region;

(ii) to organize subregional workshops on action-oriented nutrition research at the local level, in the major linguistic groups;

(iii) to ensure that courses and necessary action in the management of iodine deficiency disorder control programmes are organized as soon as possible in the Region;

(iv) to assemble information and develop programmes for the prevention of diseases related to the affluent type of diet;

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(v) to convene periodically appropriate interagency meetings on nutrition, such as the African Regional Task Force on Food and Nutrition Development;

(vi) to organize, jointly with other UN agencies and the OAU, an "International Decade on Food and Nutrition in the African Region, 1990-2000";

(vii) to mobilize more resources for all the above activities at both country and international levels.

September 1989, 39, 9

AFR/RC41/R11 ***Breastfeeding***

The Regional Committee,

Recalling resolutions AFR/RC39/R4 on the future orientation of nutrition programmes; AFR/RC40/R2 on accelerating the improvement of maternal and child health; WHA27.43, WHA31.47, WHA33.32, WHA34.22, WHA35.26, WHA37.30 and WHA39.28 concerning infant and young child feeding and WHA41.11 and WHA43.3 on protecting and supporting breastfeeding;

Recalling also the Innocent Declaration on Protection, Promotion and Support of Breastfeeding (Florence, 1990) which stated that "all governments by the year 1995 should have taken action to give effect to the International Code on the Marketing of Breastmilk Substitutes;

Noting that over the last decade a lot of effort has been put into promoting breastfeeding and regulating the marketing of breastmilk substitutes and other methods of infant feeding, including weaning foods;

Aware that breastfeeding continues to decline, despite the knowledge of its health and economic benefits;

1. THANKS all those international and national organizations that have been supporting and promoting breastfeeding and requests their continued support;

2. URGES all Member States:

(i) to encourage exclusive breastfeeding during at least the first four to six months after birth;

(ii) to elaborate appropriate national legislation;

(iii) to ensure full implementation of the International Code and related resolutions in all African countries as a minimum requirement for assisting, developing, supporting, protecting and promoting breastfeeding;

(iv) to adopt and implement the 10 steps to successful breastfeeding as conveyed in the joint WHO/UNICEF statement (1988) in its entirety.

3. REQUESTS the Regional Director to monitor the implementation of the Code in all countries of the Region and to report on progress to the Regional Committee every two years.

September 1991, 41, 19

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8.2 ORAL HEALTH

AFR/RC44/R13 Rev.1 ***Oral health in the African Region: Present situation and minimum action for improvement***

The Regional Committee,

Considering resolution WHA36.14 (1983) of the World Health Assembly which called on Member States to follow the available strategies when developing their national oral health strategies;

Considering resolution AFR/RC30/R4 (1980) which called on Member States to integrate oral health into primary health care programmes;

Considering recommendations made by the Conference of Heads of Dental Health Services in the African Region (1969) and the Regional Expert Committee on Oral Health (1978), on the need to establish public dental health services;

Considering that Member States have accepted the African Health Development Framework and the District Health-for-All Package as structural and organizational strategies for accelerating the achievement of HFA/2000;

Bearing in mind that oral health problems are becoming a cause for serious concern in the countries of the Region, and that much can be achieved at low cost using preventive measures;

1. CONGRATULATES the Regional D irector for the information document (AFR/RC44/INF.DOC/3) which serves as a basis for improving national oral health programmes;

2. INVITES Member States:

(i) to formulate a comprehensive national oral health policy and plan based on primary health care, monitor its implementation and evaluate its impact;

(ii) to introduce oral health in the District Health for All Package in all districts;

(iii) to set up a mechanism or appoint a focal point in order to coordinate the implementation of national oral health programmes;

(iv) to develop adequate training programmes for oral health care workers at all levels particularly at the district level;

(v) to introduce preventive oral health education in the curriculum of teacher training institutions;

(vi) to make provision for an oral health programme budget which makes allowance for capital and recurrent expenditure.

3. REQUESTS the Regional Director:

(i) to continue to give the necessary technical support to Member States for the improvement of their national oral health programmes and their integration into primary health care;

(ii) to intensify efforts to mobilize adequate extrabudgetary resources with a view to strengthening programme activities in oral health;

(iii) to promote and support appropriate applied research activities aimed at providing solutions to oral health problems as well as for development of effective methods and means for their prevention and management;

(iv) to report to the forty-seventh session of the Regional Committee, on progress achieved in this programme.

September 1994, 44, 17

AFR/RC48/R5 ***Oral health in the WHO African Region: A regional strategy***

The Regional Committee,

Bearing in mind that health and well-being directly influence oral health;

Concerned about the deterioration of oral health in the African Region;

Recognizing that previous approaches to oral health in the Region have neither taken account of the epidemiological priorities of the Region nor identified reliable and appropriate strategies to address them;

Noting that previous efforts have consisted of an unplanned and *ad hoc* evolution of curative oral health services which, in most cases, are poorly distributed and only reach affluent or urban communities;

Mindful of World Health Assembly resolution WHA36.14 and Regional Committee resolutions AFR/RC30/R4 and AFR/RC44/R13 adopted in the past; and

Having carefully examined the report of the Regional Director contained in document AFR/RC48/9 outlining a WHO regional strategy for oral health;

1. APPROVES the proposed strategy aimed at strengthening the capacity of Member States to improve community oral health;

2. CALLS UPON Member States:

(i) to develop national oral health strategies and implementation plans with emphasis on the prevention, early detection and management of oral diseases;

(ii) to systematically and meaningfully interpret oral health epidemiological information by describing oral disease prevalence, severity and age-wise distribution in the population;

(iii) to give particular attention to the most severe oral problems that people have to live with (e.g. NOMA, oral cancer and oral manifestations of HIV infection/AIDS);

(iv) to develop appropriate and affordable programmes that match the oral health needs of the community;

(v) to integrate oral health activities in all primary health care programmes;

(vi) to integrate training in essential oral health skills in the curricula of health personnel and others who have the responsibility for oral health promotion;

(vii) to strengthen health facilities with appropriate oral health technologies, methods, equipment and human resources;

(viii) to undertake operational research on oral health priority problems and needs;

(ix) to integrate oral health in national health management information systems;

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3. REQUESTS the Regional Director:

(i) to provide technical support to Member States for the development of national oral health strategies and implementation plans;

(ii) to provide support to all countries to enable them to strengthen or develop and implement cost-effective oral health care services, particularly at the district level;

(iii) to provide guidelines and technical support that will facilitate the proper identification of oral health priority problems and appropriate cost-effective interventions;

(iv) to promote and support the development of suitable training programmes for effective delivery of oral health services;

(v) to promote and support relevant research activities aimed at providing solutions to oral health problems; and

(vi) to report to the 50th session of the Regional Committee on the progress made in the implementation of the strategy

September 1998, 48, 9

8.3 ACCIDENT PREVENTION

For resolutions on this subject see Volume I, page 151

8.4 TOBACCO OR HEALTH

There is no resolution on this subject at regional level

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9. PROTECTION AND PROMOTION OF THE HEALTH OF SPECIFIC POPULATION GROUPS

9.1 MATERNAL AND CHILD HEALTH INCLUDING FAMILY PLANNING

A FR/RC39/R8 ***Maternal health and safe motherhood***

The Regional Committee,

Recalling resolutions WHA32.42, WHA38.22, WHA40.27, and WHO42.42 on the social objective of Health for All by the Year 2000, maturity before parenthood and the promotion of responsible parenthood, the promotion of safe motherhood and the improvement of women's health;

Endorsing the recommendations of the conference on safe motherhood held in Nairobi in February 1987 and Niamey in February 1989;

Aware of the precarious nature of the health of women in the Region;

Concerned with the fact that data on maternal morbidity and mortality in the Region are inadequate;

Aware that simple, affordable, effective and acceptable methods and measures exist for decreasing maternal morbidity and mortality;

1. URGES Member States:

(i) to review the health situation of women and assess related programmes and existing services;

(ii) to prepare district-based plans of action for reducing maternal mortality;

(iii) to take action to ensure that the appropriate antenatal and obstetric care and family planning services are available at the peripheral level and that referral services are functional at the district level in order to cope with obstetric emergencies, particularly in isolated communities;

(iv) to establish a data collection system to enable communities to evaluate the effectiveness and impact of the programmes implemented and to enable competent structures to make adequate health plans;

(v) to initiate action-oriented research at the community level to improve performance;

.2. REQUESTS the Regional Director:

(i) to assist Member States in analyzing existing maternal care services;

(ii) to continue to support the efforts of Member States in maternal health planning, training and research;

(iii) to mobilize additional financial and human resources to strengthen WHO's capacity to respond to the needs of Member States in this area, at their request;

(iv) to maintain and strengthen collaboration with United Nations agencies and with governmental and nongovernmental organizations at the national, regional and world levels in order to better assist Member States;

(v) to report to the forty-first session of the Regional Committee on the progress made in the field of maternal health.

September 1989, 39, 17

AFR/RC40/R2 ***Accelerating the improvement of maternal and child health***

The Regional Committee,

Recalling Resolutions AFR/RC39/R3 on the Expanded Programme on Immunization, AFR.RC39/R4 on the future orientation of nutrition programmes: AFR/RC39/R8 on maternal health and safe motherhood; WHA43.4 on protecting, promoting and supporting breastfeeding; and WHA43.10 on women, children and AIDS,

Noting the many activities already under way in the countries in the field of maternal and child health including family planning;

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Considering that the health of the majority of women and children still leaves much to be desired in spite of the efforts of Member States;

Alarmed at the growing prevalence of sexually transmitted diseases and AIDS amongst women and at the high risk of transmission of AIDS from infected mother to child;

Having examined the report presented by the Regional Director on the review of maternal and child health in the African Region (document AFR/RC40/4);

1. CONGRATULATES the Regional Director for his report on the maternal and child health programme;

2. ENDORSES the objectives, strategies and targets proposed in the document AFR/RC40/4 for maternal and child health promotion;

3. INVITES Member States:

(i) to intensify programmes for control of infectious diseases particularly at community level;

(ii) to expand growth monitoring and promotion activities to all health units and to develop community-based growth monitoring promotion (for which guidelines already exist) as a focal point for child survival and development (CSD) activities;

(iii) to adopt national targets for child survival and development and maternal health, adapted to realities of the country;

(iv) to expand and improve antenatal, delivery and postnatal services so as to increase coverage of the community, and to foster community-based activities along the same lines;

(v) to promote breastfeeding and family planning so as to ensure adequate spacing of pregnancies and the protection and enhancement of the health of mothers and children;

(vi) to promote programmes for improvement of maternal and child nutrition and especially the control of specific nutritional disorders: anaemias, iodine and vitamin-A deficiencies, wherever they occur;

(vii) to develop vigorous measures for AIDS prevention and control to be fully integrated in MCH/FP services at all levels in order to achieve effective community-based action;

(viii) to accelerate literacy programmes and promote viable and sustainable income generating activities to all communities as a means of enhancing women's full participation in health and development;

(ix) to strengthen basic and in-service training in MCH and FP with special emphasis on measures to reduce maternal and child morbidity and mortality;

(x) to integrate maternal and child health and family planning concerns in community-based, district-managed health-for-all initiatives;

(xi) to undertake a critical review of national MCH/FP/Nutrition activities and services at all levels, from the grassroots (community participation) to the central level, with a view to improving the management of these activities at all levels of the health system;

4. REQUESTS the Regional Director:

(i) to increase support to all countries of the Region in respect of maternal and child health, family planning and nutrition;

(ii) to develop regional and subregional activities to improve the management of MCH/FP/Nutrition programmes, with particular emphasis on programme planning, monitoring and evaluation;

(iii) to strengthen MCH/FP/Nutrition training programmes in the Region;

(iv) to develop regional data banks on maternal and child health/family planning status and programmes, and methodologies for similar national programmes;

(v) to stimulate and support integrated action-oriented research in maternal and child health services as well as human reproduction;

(vi) to continue to cooperate with Member States in strengthening national activities for "Women, Health and Development" in the Region;

(vii) to intensify cooperation with UNDP, UNICEF, UNFPA, ILO, FAO, World Bank, and other multilateral, bilateral and nongovernmental organizations, for the promotion of safe motherhood and child health, as part of overall socioeconomic development.

September 1990, 40, 7

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AFR/RC43/R6 ***Women, Health and Development***

The Regional Committee,

Recalling previous World Health Assembly resolutions on women, health and development, in particular resolutions WHA40.27, WHA42.42, WHA43,10 and WHA45.25;

Noting with concern that despite the appreciable efforts made by the Member States the level of schooling of young girls still remained low particularly in the rural areas;

Considering Regional Committee resolutions AFR/RC39/R9 (1989) on Traditional Practices Affecting the Health of Women and Children and AFR/RC40/R2 (1990) on literacy programmes and viable and sustainable income-generating activities;

Recognizing the central role played by women in Africa in undertaking responsibilities for family members in health care and the important place they occupy in the socioeconomic development of the continent;

Bearing in mind that women's health is a fundamental human right, and should be made a priority area for investments;

Noting with great dismay the lack of feedback on result of implementation of these resolutions, lack of gender-segregated statistics, unacceptably high maternal mortality rates, and the low socioeconomic position of women which have been highlighted in the Regional Director's report;

Considering that Member States have endorsed the African Health Development Framework for accelerating the achievement of HFA/2000;

1. THANKS the Regional Director for his concise and comprehensive report;

2. REGISTERS appreciation for initiating data collection and presentation on Female Genital Mutilation;

3. CALLS upon Member States:

(i) to develop an enabling legal framework for women to play their role in every sphere of development;

(ii) to reiterate Regional Committee resolutions AFR/RC39/R9 on Traditional Practices Affecting the Health of Women and Children and in particular, the practice of Female Genital Mutilation; AFR/RC40/R2 on Accelerating Literacy Programmes and Promoting Viable and Sustainable Income-generating Activities in all communities as a means of enhancing women's full participation in health and development;

(iii) to make women's health a priority area for appropriate investment in education and income-generating activities;

(iv) to mobilize local and external resources for women, health and development activities;

(v) to review their respective country budgets (AFROPOC) with a view to making appropriate allocations to the various components of their Women, Health and Development programme;

(vi) to undertake to empower women through greater access to information, knowledge, development resources and decision making;

(vii) to encourage the development of local technologies in collaboration with WHO and other agencies in order to facilitate women's domestic activities;

(viii) to create a secretariat or similar structure, or where possible ministries or commissions, to promote and monitor the implementation of resolutions on women, health and development;

(ix) to integrate women, health and development activities into primary health care;

4. CALLS upon international, governmental and nongovernmental organizations and private voluntary foundations to support WHO activities concerning women, health and development in the African Region;

5. REQUESTS the Regional Director:

(i) to ensure continuous efforts in mobilizing resources and increase budgetary allocations in support of the women, health and development programme;

(ii) to accelerate routine collection of data on Female Genital Mutilation, give appropriate technical advice to Member States and report regularly at Regional Committee meetings on progress made;

(iii) to give the necessary technical support to Member States in the formulation and implementation of women, health and development activities, including the development of a database on women's issues;

(iv) to organize national, technical and management training activities for women leaders as well as intercountry seminars and workshops to

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facilitate the exchange of experiences and the promotion to the programme at national and regional levels;

6. FURTHER REQUESTS the Regional Director to report to the forty-fifth session of the Regional Committee on progress made in Women, Health and Development programmes in the Region.

September 1993, 43, 13

AFR/RC44/R11 ***Regional strategy for the accelerated reduction of maternal and neonatal mortality in the African Region***

The Regional Committee,

Recalling the World Health Assembly resolutions WHA32.42, WHA40.27, WHA42.42,WHA45.22;

Considering the Regional Committee resolutions AFR/RC38/R6 relating to the creation of a Regional Centre for Training and Research in Family Health; AFR/RC39/R8 on Maternal Health and Safe Motherhood in the Region; and AFR/RC40/R2 on Accelerating the Improvement of Maternal and Child Health;

Acknowledging that pregnancies carry disproportionately high risks resulting from the current socioeconomic status of the woman in the Region;

Considering the urgent need to improve the quality of care offered to women and children, and in particular to the newborn;

Considering that in many countries non-medical individuals such as nurses and midwives are not yet allowed to dispense life-saving care, even when they are the only health personnel available;

Noting with satisfaction that some Member States have already adopted policies in favour of safe motherhood and have actively translated these policies into operational programmes;

Commending the Regional Director on his initiative in establishing country support teams in the offices of the WHO representatives;

1. THANKS the Regional Director for his exhaustive and clear report;

2. REQUESTS Member States:

(i) to develop a favourable legal framework for midwives in particular and other health personnel in general enabling them to acquire the necessary skills and to act independently to save lives;

(ii) to mobilize the necessary local and external resources to accelerate the reduction of maternal and neonatal morbidity and mortality through the promotion of the Minimum District Health Package for safe motherhood and newborn care;

(iii) to collaborate intensively with the institutions and the nongovernmental organization concerned with maternal and child health and safe motherhood with a view to deriving the maximum benefits from the existing resources and avoiding duplication of efforts;

(iv) to review their training programmes for all categories of health personnel with a view to strengthening national capacities in communication and counselling;

(v) to continue to use and give maximum support to the WHO country support team;

(vi) to establish or continue to develop a simple and functional statistical information system with a minimum of indicators to help monitor and evaluate programmes aimed at reducing maternal and perinatal mortality;

3. REQUESTS the Regional Director:

(i) to continue to provide WHO country teams with the necessary technical and financial support for accelerating the reduction of maternal and neonatal morbidity and mortality in the Region;

(ii) to establish within the Regional Office a multidisciplinary team comprising, among others, a midwife with skills to analyze the status of safe motherhood programmes in the countries and make necessary recommendations to the Regional Director;

(iii) to organize intercountry workshops and seminars for training, management and research activities in MCH/FP, including safe motherhood, with a view to strengthening national capacities in these areas;

(iv) to participate, through the Regional Centre for Training and Research in Family Health at Kigali, in national capacity building by training multidisciplinary paramedical teams in life-saving care;

(v) to continue to provide the countries with technical assistance in developing and perfecting statistical information systems by drawing on the Regional Centre for Training and Research in Reproductive Health at Kigali.

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4. FURTHER REQUESTS the Regional Director to report on the progress made in the area of safe motherhood during the forty-sixth session of the Regional Committee.

September 1994, 44, 15

AFR/RC49/R4 ***Integrated management of childhood illness (IMCI): strategic plan for 2000-2005***

The Regional Committee,

Recalling World Health Assembly resolution WHA48.12 which adopted IMCI in May 1995 as a cost-effective strategy for child survival and development;

Recalling the regional *Policy Framework for Technical Cooperation with Member States,* in which IMCI was confirmed as an appropriate and effective strategy that should be implemented in the Region;

Considering that 70% of childhood deaths are due to acute respiratory infections, diarrhoeal diseases, measles, malaria and malnutrition and that IMCI is an appropriate strategy for controlling these childhood killer diseases;

Bearing in mind the spirit of international events such as the 1978 Alma-Ata conference on primary health care, the adoption of the Convention on the Rights of the Child in 1989, and the 1990 World Summit for Children during which government leaders committed themselves to giving the child a better future;

Aware of the high infant and child mortality rates in the countries of the Region and the need to support health sector development in a broad setting which provides opportunities for implementing preventive, promotive, curative and rehabilitative interventions;

Acknowledging that the Integrated Management of childhood illness will help reduce under-five morbidity and mortality and that the strategy is capable of enhancing cost effectiveness;

Considering the present status of implementation of IMCI in the African Region and the need to give more intensive support for the implementation of this strategic plan;

Recognizing the invaluable support that multilateral and bilateral cooperation partners have given to the countries to date for IMCI implementation,

1. APPROVES the regional strategic plan for the integrated management of childhood illness (IMCI) as presented in document AFR/RC49/10.

2. CALLS UPON Member States:

(i) to include the IMCI strategy in national health policies and plans of action;

(ii) to accelerate IMCI implementation, maintaining a step-wise approach and paying attention to quality, particularly during the expansion phase;

(iii) to take the necessary steps to ensure greater availability of human and financial resources, and to strengthen district health systems, for sustainable implementation of the IMCI;

(iv) to revise their essential drug list in order to facilitate the implementation of the IMCI strategy;

(v) to strengthen the nutritional rehabilitation of sick children ;

3. REQUESTS the Regional Director:

(i) to provide support to Member States to strengthen and accelerate the implementation of the strategic plan;

(ii) to develop human resources and mobilize regular budget and extrabudgetary resources to support the implementation of the strategic plan;

(iii) to monitor the implementation of the strategic plan in the countries and facilitate the sharing of experiences and lessons learned among the Member States;

(iv) to report to the fifty-first session of the Regional Committee on the progress made in the implementation of the strategic plan;

4. REQUESTS international and other partners concerned with the implementation of IMCI in the African Region to intensify their support to the countries for the implementation of the IMCI strategic plan.

September 1999, 49 ,

CRDA

9.2 ADOLESCENT HEALTH

AFR/RC45/R7 ***Health of the youth and adolescents: situation report and trend analysis***

The Regional Committee;

Recognizing that the health of the youth and adolescents constitutes a critical element for the health of future generations and for health development in general, and that both the current and future health of young people depend essentially on their actions, options and behaviour, and the environment;

Noting that current knowledge and available information do not adequately reveal the magnitude of the problem;

Aware of the multisectoral and multidisciplinary characteristics of problems affecting the youth and adolescents;

Having considered the Regional Director's report contained in document AFR/RC45/14;

1. CALLS UPON Member States:

(i) to involve young people themselves and those working with them in the development of appropriate policies and programmes for the youth and adolescents with emphasis on multisectoral and multidisciplinary approach;

(ii) to mobilize local and external resources needed for proper care of the youth and adolescents;

(iii) to revise training programmes for all categories of health personnel so as to strengthen national capacities in communication, counselling and management of the problems of the youth and adolescents;

(iv) to develop or create management information systems with appropriate indicators to facilitate follow-up and evaluation of youth and adolescent health;

2. REQUESTS the Regional Director:

(i) to support Member States in developing and implementing policies and programmes on the health of the youth and adolescents with multisectoral and multidisciplinary approach, strengthening service delivery, training and operational research;

(ii) to organize intercountry workshops on management, training and operational research on the problems of youth and adolescents in order to strengthen national capacity;

(iii) to elaborate a regional strategy to assist countries in their efforts to cope with the problems of this target group in an integrated manner;

(iv) to report to the forty-eighth session of the Regional Committee on the improvements achieved in the health of the youth and adolescents.

September 1995, 45, 12

9.3 HUMAN REPRODUCTION RESEARCH

Decision 1990/12 ***Nomination of Representatives of the African Region to membership in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and Research Training in Human Reproduction***

The Regional Committee nominated Sierra Leone and Swaziland to represent the African Region in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and Training in Human Reproduction.

The Committee thanked Cameroon and Rwanda whose terms of office will expire on 31 December 1990 for their contributions on behalf of the African Region to the activities of the Policy and Coordination Committee.

September 1990, 40, 4

Decision 1991/16 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The Regional Committee nominated Togo to replace the Gambia on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

September 1991, 41, 5, (Corregenda)

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Decision 1992/12 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The Regional Committee thanked Senegal, the outgoing member of the PCC, for its services in the Committee, and following the English alphabetical order, nominated Uganda to serve on the PCC for the next three years.

The term of office of Uganda will start in January 1993.

September 1992, 42, 4

Decision 1993/12 ***Nomination of the Representative of the Region to the Special Programme of Research , Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

Since the terms of office of Sierra Leone and Swaziland would expire at the end of 1993, and following the English alphabetical order, the Regional Committee nominated Tanzania and Zaire to serve on the Policy and Coordination Committee (PCC) for the next three years. The terms of office of Tanzania and Zaire will start in January 1994.

September 1993, 43, 4

Decision 1994/13 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The term of office of Togo will expire on December 1994, and following the English alphabetical order, the Regional Committee nominated Zambia to replace Togo with effect from January 1995.

September 1994, 44, 4

Decision 1995/12 ***Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The term of office of Uganda will expire on 31 December 1995, and following the English alphabetical order, the Regional Committee nominated Zimbabwe to replace Uganda with effect from 1 January 1996.

Decision 1996/12 ***Nomination of the Representative of the African Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)***

The term of office of Zaire will expire on 31 December 1996, and following the English alphabetical order, the Regional Committee nominated Algeria to replace Zaire with effect from 1 January 1997.

September 1996, 46, 4

Decision 1997/11 ***Nomination of Representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research Development and Research Training in Human Reproduction (HRP)***

The term of office of Zambia and Zimbabwe will come to an end on 31 December 1997. Following the English alphabetical order, they will be replaced by Benin and Botswana from 1 January 1998 for a term of three (3) years.

September 1997, 47, 4

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the area of reproductive health so as to enhance the overall cost-effectiveness of reproductive health activities at national and regional levels between Member States and other key players;

(v) to sustain and increase support to the training of health personnel in reproductive health in Member States;

(vi) to report on progress in the implementation of the reproductive health strategy at the forty-ninth session of the Regional Committee in 1999.

September 1997, 97, 10

Decision 1998/10: ***Nomination of Representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)***

The term of office of Zimbabwe will come to an end on 31 December 1998. Following the English alphabetical order, it will be replaced by Botswana, which will join Algeria, Angola and Benin from 1 January 1999 for a term of three years.

September 1998, 48, 4

Decision 1999/11: ***Nomination of Representatives of the African Region to the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)***

The terms of office of Algeria and Angola as members of the PCC will come to an end on 31 December 1999. Following the English alphabetical order, they will be replaced by Burkina Faso and Burundi, which will join Benin and Botswana as members of the PCC from 1 January 2000 for a term of three years.

September 1999, 49, 4

9.4 WORKERS' HEALTH

For previous resolution, see Volume II pages 111-112

9.5 HEALTH OF THE ELDERLY

There is no resolution at regional level on this subject

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10. PROTECTION AND PROMOTION OF MENTAL HEALTH

10.1 PSYCHOSOCIAL AND BEHAVIOURAL FACTORS IN THE PROMOTION OF HEALTH AND HUMAN DEVELOPMENT

There in no resolution at regional level on this subject

10.2 PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE

AFR/RC47/R6 ***Tobacco control***

The forty-seventh session of the WHO Regional Committee for Africa meeting in Sun City, South Africa;

Noting that by the year 2030, 10 million deaths globally will be related to tobacco use, and most of them in developing countries;

Deeply concerned that while demand for tobacco in developed countries is decreasing, there is a tendency by tobacco companies in these countries to promote their products in developing countries;

Aware that these products will be utilized to lure adolescents and children to start smoking;

Recognizing the fact that the US Government has made progress towards developing a domestic agreement with tobacco companies to control the advertisement and sale of tobacco products;

1. URGES the Director-General:

(i) to appeal to the US Government to include in their final domestic agreement clauses to prevent its companies from exporting this health hazard to developing countries with poor legislative and control capacities;

(ii) to support African countries to put in place effective tobacco control measures;

(iii) to accelerate development of the proposed International Framework Convention on Tobacco Control and ensure full African participation in its development;

(iv) to identify a collaborating centre on tobacco control within the African Region;

2. REQUESTS the Regional Director to report to the forty-ninth session of the Regional Committee on progress made.

September 1997, 47, 11

10.3 PREVENTION AND TREATMENT OF MENTAL HEALTH AND NEUROLOGICAL DISORDERS

AFR/RC40/R9 ***Community mental health care based on the district health system approach in Africa***

The Regional Committee,

Recalling resolution AFR/RC38/R1 on prevention of mental, neurological and psychosocial disorders;

Appreciating the good progress made in the establishment and/or strengthening of National Mental Health Coordinating Groups and formulation of national mental health programmes in 24 member countries;

Aware that critical evaluation has revealed that mental health problems constitute a significant

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proportion of all health problems and that mental health care tends to be separated from the mainstream of general health care, a situation further compounded by the lack of qualified staff;

1. APPRECIATES the efforts being made by Member States concerned in the establishment of intersectoral National Mental Health Coordinating Groups;

2. THANKS the Regional Director for developing the proposals for implementation strategies for community mental health care based on the district health system approach in Africa (document AFR/RC40/10);

3. INVITES Member States:

(i) to ensure its wide dissemination in all districts of their countries;

(ii) to provide for the study of the ways and means of its application;

(iii) to develop a national strategy that integrates mental health care within primary health care and facilitates its application via the country's health pyramid;

(iv) to designate a senior officer in the Ministry of Health to be responsible for the coordination of the development and implementation of a national mental health programme;

(v) to develop comprehensive national mental health programmes which also include alcohol and drug abuse control;

4. REQUESTS the Regional Director:

(a) to distribute this document to all Member States;

(b) to maintain his effort in:

(i) promoting and supporting intercountry collaboration and cooperation through the TCDC mechanism;

(ii) supporting the development of a regional network of training institutions;

(iii) promoting and supporting research aimed at providing solutions to mental health problems as well as for development of effective methods and means for their prevention and management;

(iv) providing technical support to countries in the development of their national mental health programmes and in activities to evaluate their impact on health in general;

(v) mobilizing extrabudgetary resources for mental health care, especially of risk groups;

(c) to report on the progress made to the forty-third session of the Regional Committee.

September 1990, 40 ...

AFR/RC44/R14 ***Accelerating the development of Mental Health in the African Region***

The Regional Committee,

Considering resolution WHA 39.23 (1986) of the World Health Assembly which called on Member States to apply preventive measures against mental and neurological disorders and psychosocial disturbances;

Considering resolution AFR/RC38/R1 (1988) which called on Member States to promote the establishment or strengthening of national mental health coordinating groups and improve social infrastructure for the treatment and rehabilitation of the mentally ill;

Considering also resolution AFR/RC40/R9 (1990) which called on Member States to implement community mental health care based on the district health system approach;

Aware that for historical reasons mental health services are poorly developed in most countries of the Region and that there is a high prevalence of psychosocial problems associated with poverty, illiteracy, rapid urbanization, migration, socioeconomic crises, wars, and disasters;

Aware that the adoption of a new strategy which will help to achieve integrated, decentralized mental health services based on primary health care with indispensable community participation is of paramount importance;

Concerned by the fact that Mental Health (4.2) and Prevention and Control of Substance Abuse (4.3.2) are under separate sections in the Ninth General Programme of Work and under different Divisions at Headquarters;

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1. INVITES Member States:

(i) to formulate or update national mental health programmes (including child mental health) with primary emphasis on prevention and to include in them psychosocial and behavioural knowledge and technology;

(ii) to review and modernize their mental health legislation;

(iii) to integrate mental health into the general health system and to decentralize mental health service;

(iv) implement mental health as a component of primary health care in the District Health-for-All Package;

(v) to develop adequate training in mental health for primary health care workers;

(vi) to introduce knowledge on the promotion of mental health and the prevention of illness in the teaching programmes of undergraduates, nurses and all health care personnel;

(vii) to provide the mentally ill, as appropriate, with adequate access to health services and psychiatric treatment;

2. REQUESTS the Regional Director:

(i) to support the Member States in developing policy and national mental health programmes and their integration into primary health care;

(ii) to promote and support cooperation and the exchange of information and knowledge between countries of the Region;

(iii) to promote and support research activities aimed at the promotion of mental health and the prevention of mental and neurological disorders as well as development of effective methods for their treatment and rehabilitation;

(iv) to undertake appropriate communications and activities with the Director General so as to put Mental Heath as a subject for discussion on the Agenda of the forthcoming World Health Assembly;

(v) to report to the forty-seventh session of the Regional Committee on progress achieved in the mental health programme.

September 1994, 44, 19

AFR/RC49/R3 *Regional Strategy for Mental Health*

The Regional Committee,

Aware of the magnitude and the public health importance of mental, neurological and psychosocial problems which have been aggravated by the stigma attached to them;

Concerned about the growing poverty, the increasing frequency of natural disasters, and the escalation of wars and other forms of violence and social disruption, which are causing growing psychosocial problems such as alcohol and drug abuse, prostitution, the phenomenon of street children, child abuse and domestic violence;

Recalling World Health Assembly resolutions WHA28.81 (1975) on the assessment of problems relating to alcohol abuse, WHA30.45 (1977) on the creation of the African Mental Health Action Group, Regional Committee resolution AFR/RC40/R9 (1990) which called on Member States to implement community mental health care based on the district health system approach, and AFR/RC44/R14 (1994) on accelerating the development of mental health in the African Region;

Appreciating the efforts already made by Member States and their partners to improve the mental health of their people and prevent and control substance abuse;

Recognizing the need to review existing approaches in this area and develop a comprehensive strategic framework for mental health and the prevention and control of substance abuse in the countries of the African Region;

Having carefully examined the report of the Regional Director as contained in document AFR/RC49/9, which sets forth WHO's regional strategy for mental health;

1. APPROVES the proposed strategy aimed at strengthening the capacity of Member States to improve the quality of life of their people by promoting healthy lifestyles, and preventing and controlling mental, neurological and psychosocial disorders;

2. REQUESTS Member States:

(i) to take into account mental health concerns in their national health policies and strategies; recognize the need for the multisectoral approach and integrate mental health into their general health services, particularly at the district level, with adequate community participation;

(ii) to establish or update national programmes and plans of action for the implementation of activities on mental health and the prevention and control of substance abuse, according to their priorities;

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(iii) to promote mental health and healthy behaviour using the commemoration of the World Mental Health Day (10 October);

(iv) to formulate or review legislation in support of mental health and the prevention and control of substance abuse;

(v) to designate a focal point in the ministry of health to manage the mental health programme thus established;

(vi) to provide financial resources for the implementation of the related activities and consider introducing cost-sharing schemes where appropriate;

(vii) to intensify capacity-building, taking into account the mental health dimension, when drawing up national human resources development plans and to use regional health training institutions;

(viii) to ensure that a research culture is built into their national programmes;

(ix) to undertake community-based psychosocial rehabilitation interventions, targeting vulnerable and high-risk groups, especially displaced persons, refugees, victims of landmines, health workers, and people with chronic mental and neurological conditions as well as people living with HIV/AIDS;

3. REQUESTS the Regional Director:

(i) to provide technical support to Member States for the development of national policies and programmes on mental health and the prevention and control of substance abuse as well as the drawing up or revision of mental health legislation;

(ii) to take appropriate measures to enhance WHO's capacity to provide timely and effective technical support, at regional and country levels, to national programmes on mental health and the prevention and control of substance abuse;

(iii) to increase support for the training of health professionals in mental health at different levels of the health system and promote the use of traditional medicine within the context of African realities;

(iv) to facilitate the mobilization of additional resources for the implementation of the mental health strategy in Member States;

(v) to draw up operational plans for the implementation of the regional strategy for the period 2000-2001;

(vi) to report to the 51st session of the Regional Committee on the progress made in the implementation of the regional strategy for mental health.

September 1999, 49/7

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11. PROMOTION OF ENVIRONMENTAL HEALTH

11.1 COMMUNITY WATER SUPPLY AND SANITATION

AFR/RC41/R4 ***Accelerating the implementation of water supply and sanitation programmes in the African Region***

The Regional Committee,

Recalling resolutions AFR/RC34/R8 and WHA39.20 on the progress achieved in the first half of the International Drinking Water Supply and Sanitation Decade (IDWSSD); AFR/RC35/R6 and AFR/RC38/R13 laying stress on the role of safe water supply and sanitation in the control of diarrhoeal disease and in the eradication of dracunculiasis respectively; WHA42.25 calling for sustained efforts to extend and intensify Decade activities in the 1990s in the framework of the Health-for-All Strategy;

Having examined the report presented by the Regional Director on the progress achieved in the water supply and sanitation sector by Member States in the Region;

Recognizing that nearly all countries in the Region have actively implemented programmes for the improvement of water supply and sanitation services as an integral component of the primary health care approach;

Acknowledging the significant progress achieved by the countries in providing better access to water supply and sanitation facilities under difficult social and economic conditions, often aggravated by natural disasters or armed conflicts;

Noting with satisfaction the region-wide increase of awareness and the recognition of the importance of safe water supply and adequate sanitation to the health and well-being of the population;

Considering the breadth and the depth of experience gained at all levels in the countries to overcome the many constraints hampering the development of the sector;

Concerned with the considerable ground still to be covered to satisfy the essential needs of the underserved populations, especially those living in rural and peri-urban areas;

1. CONGRATULATES the Regional Director for his report on the progress made, in the Decade, in the Member States of the African Region;

2. ENDORSES the strategies and action plans proposed in document AFR/RC41/7 for the development of the water supply and sanitation programmes in the 1990s;

3. INVITES Member States in pursuance of the practical application of the regional strategy based on the African Health Development Scenario and, in particular, the district focus approach to primary health care delivery:

(i) to plan and effectively integrate the activities of water supply and sanitation with those of other priority programmes in health and health-related sectors;

(ii) to undertake reinforcing actions in the field of management, training and research at the district, provincial and central levels with a view to enhancing the effectiveness and efficiency of programme delivery;

(iii) to mobilize national and external financial, human and material resources in proportion to identified needs in the country mainly through community participation, local revolving funds, cost sharing schemes and by means of appropriate bankable projects to obtain external funding;

(iv) to emphasize the optimal utilization and exploitation of existing facilities through sustained comprehensive actions in order to ensure appropriate operation, adequate maintenance as well as rehabilitation;

(v) to carry out at the end of 1991 an assessment of the Decade as at December 1990 as part of the management strengthening mechanism for the 1990s and in contribution to the regional review of the Decade;

4. REQUESTS the Regional Director:

(i) to further reinforce cooperation with all Member States through sustained strategic, technical and operational support to national water supply and sanitation programmes integrated in primary health care;

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(ii) to collaborate with Member States in the assessment of the Decade by providing the necessary methodological and other support;

(iii) to intensify cooperation with external support agencies in the overall development of the sector;

(iv) to present an end-of-Decade assessment report to the forty-second session of the Regional Committee.

September 1991, 41, 10

AFR/RC42/R7 ***Final evaluation report of the International Drinking Water Supply and Sanitation Decade (1981-1990) in the African Region of WHO***

The Regional Committee,

Having considered the document on the Evaluation of the International Drinking Water Supply and Sanitation Decade (1981-1990) in the African Region of WHO presented by the Regional Director;

Recalling resolution WHA42.25 of the World Health Assembly on sustained efforts to extend and intensify Decade activities in the 1990s in the framework of the Health-for-All Strategy, and resolution AFR/RC41/R4 on accelerating the implementation of water supply and sanitation programmes in the African Region of WHO;

Noting that while significant progress has been achieved during the Decade by the countries, with increased external and financial support in providing better access to water supply and sanitation facilities, countries are still encountering difficulties in achieving the set goals especially in rural and peri-urban areas;

Recognizing that maximum use should be made of lessons learnt and experiences gained during the Decade in overcoming the major constraints hampering the development of the sector;

Concerned with the immense task ahead and the enormous financial, manpower and material resources required to achieve the goal of universal access to safe water supply and sanitation in the Region;

Reiterating the fact that safe water supply and sanitation continues to play a special role in promoting the concept of safe drinking water supply and sanitation as an essential component of primary health care;

Bearing in mind that national health agencies should continue to play a special role to promote the concept of safe drinking water supply and sanitation as an essential component of, primary health care;

1. CONGRATULATES the Regional Director for his comprehensive report on the Evaluation of the International Drinking Water Supply and Sanitation Decade in the African Region of WHO;

2. ENDORSES the Report of the Regional Director;

3. THANKS all external support agencies that contributed to the development of the sector during the Decade and requests their continued support in the 1990s;

4. EXPRESSES satisfaction with the efforts made by Member States to ensure appreciable progress towards the goal of the Decade in spite of the many constraints encountered;

5. URGES Member States:

(i) to pursue the implementation of the regional strategies and action plans endorsed by the forty-first session of the Regional Committee and in resolution AFR/RC41/R4 on the development of water supply and sanitation programmes in the 1990s;

(ii) to ensure that bodies responsible for water supply and sanitation, including, where applicable, ministries of health, critically review their Decade experience in order to consider whether a change of strategy in objectives and targets would be appropriate, bearing in mind that these services are essential for the attainment of the goal of Health for All by the Year 2000;

(iii) to develop institutional structures that will enable communities to assume responsibility in planning, financing and implementation, particularly with regard to operation and maintenance;

(iv) to encourage more vigorous community mobilization with a view to generating locally the necessary additional resources for sustaining the water supply and sanitation programme;

(v) to give particular attention to specific elements that enhance sustainability such as the use of appropriate and affordable technologies the involvement of women, the integration of health and hygiene education, cost recovery, drinking water quality surveillance and control;

(vi) to monitor the resulting impact of safe water and sanitation on health, giving particular attention to the reduction of diarrhoeal diseases, including cholera and the reduction of schistosomiasis and dracunculiasis, particularly in the affected areas;

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(vii) to emphasize that the provision of safe drinking water should accompany or closely follow the provision of excreta disposal facilities and health and hygiene education and to increase funds for these activities;

(viii) to periodically review the status of community water supply and sanitation in terms of service coverage and other relevant factors;

(ix) to encourage greater investment in national water supply and sanitation programmes both by national governments and external donors;

4. REQUESTS the Regional Director:

(i) to continue to support the countries in implementing resolution AFR/RC41/R4 "Accelerating the implementation of water supply and sanitation programmes in the African Region", by seeking to obtain the greatest possible benefits for health and ensuring that sanitation develops *pari passu* with water supply;

(ii) to continue strengthening the Organization's technical cooperation particularly in regard to manpower, institutional and technological developments, information exchange and international coordination;

(iii) to continue to collaborate with other United Nations agencies, bilateral and multilateral bodies to direct more of their resources towards the crucial needs of Member States, ensuring that their support is of the greatest possible benefit to health;

(iv) to report periodically to future Regional Committee sessions, under a separate agenda item on developments resulting from the implementation of the present resolution.

September 1992, 42, 12

11.2 ENVIRONMENTAL HEALTH IN RURAL AND URBAN DEVELOPMENT AND HOUSING

AFR/RC43/R2 ***Report on Environmental sanitation in the African Region: Trend Analysis***

The Regional Committee,

Having examined the document on the Trend analysis of Environmental Sanitation in the African Region of WHO and the information document (AFR/RC43/INF.DOC/1) "Africa 2000: Initiative on an International Programme for Water Supply and Sanitation in Africa", presented by the Regional Director;

Considering the United Nations Conference on Environment and Development and its principal results, the Rio Declaration on Environment and Development and Agenda 21;

Recalling resolution WHA42.25 on the sustained efforts to extend and intensify the International Drinking Water Supply and Sanitation Decade activities in the 1990s, resolution WHA.46.20 on the WHO Global Strategy for Health and Environment, and resolution AFR/RC42/R7 on further development of water supply and sanitation in the Region;

Noting with concern that, in spite of the appreciable effort and the considerable progress achieved during the Decade, the standard of sanitation in the Region is still low, particularly in the rural and peri-urban areas;

Realizing that the inadequate water supply and poor sanitation situation in countries in Africa have been major factors in the unacceptably high level of morbidity and mortality from communicable diseases in the Region;

Recognizing the magnitude of the task of effectively controlling and managing solid wastes generated in the rapidly expanding urban areas in our Region;

Recognizing the link that exists between environmental deterioration and uncontrolled demographic growth, which exerts constant pressure on natural resources and generates more waste products endangering the health of the population;

Recognizing the urgent need to take appropriate steps to assess and control the growing health risks associated with industrial pollution and indiscriminate use of pesticides and the burning of biomass fuel for daily energy needs;

Affirming that proper sanitation and sound waste management are crucial in the promotion and protection of human health and of the environment, both of which are necessary for sustainable development;

Reiterating that ministries of health should maintain their leadership role at all levels in effectively integrating environmental health as an essential component of primary health care within the African Health Development Framework;

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1. CONGRATULATES the Regional Director on his report and endorses it with its Agenda for action;

2. ENDORSES the "Africa 2000: Initiative on an International Programme for Water Supply and Sanitation in Africa", and its operational process;

3. EXPRESSES satisfaction at the efforts made by Member States to promote and develop environmental sanitation despite the many constraints;

4. URGES Member States:

(i) to draw up comprehensive policies, legislation, plans and strategies on environmental health, as components of national health plans for sustainable development, and update existing public health legislation;

(ii) to give priority to the development of human resources to meet the needs for better management capability and to provide the effective intersectoral collaboration and coordination needed to address environmental health issues;

(iii) to further develop actions to mobilize national and external resources in response to identified needs;

(iv) to undertake immediate situation assessment of major pollution arising from domestic and industrial wastes, vehicular exhaust, and the burning of biomass fuel, and ensure regular monitoring with a view to making decisions on development and management issues;

(v) to undertake research on systematic application of safe and affordable technologies of excreta disposal methods and of solid and industrial waste management;

(vi) continue to increase public awareness on the importance and benefits of adequate sanitation at home, in the work place, in the community and in schools, through education on hygiene and the environment;

(vii) to make the people aware of the relationship between population growth and environmental degradation and strengthen family planning programmes;

5. CALLS UPON international, governmental and nongovernmental organizations:

(i) to strengthen their support for the improvement of environmental health, through cooperative programmes, such as "Africa 2000: Initiative on an International Programme for Water Supply and Sanitation in Africa;"

(ii) to continue promoting and strengthening international cooperation for the monitoring and control of trans-boundary movement of hazardous and toxic wastes;

6. REQUESTS the Regional Director:

(i) to maintain support to countries in implementing resolution AFR/RC42/R7 on Accelerating the Implementation of the Water Supply and Sanitation Programme, with emphasis on the sanitation component in order to reduce its coverage gap in relation to water supply;

(ii) to continue strengthening technical cooperation aimed at capacity-building with special reference to the development of institutions, human resources, and appropriate technologies;

(iii) to pursue collaboration with other international, governmental and non-governmental organizations in mobilizing resources, through the "AFRICA 2000: Initiative on an International Programme for Water Supply and Sanitation in Africa", and other programmes directed at raising the standard of sanitation particularly in rural and peri-urban areas;

(iv) to continue collaboration with international and regional organizations in promoting and developing a mechanism for technical cooperation among countries in the Region for monitoring and controlling trans-boundary movement of hazardous and toxic wastes;

(v) to submit a progress report on implementation of this resolution to the Regional Committee at its forty-sixth session.

September 1993, 43/6

11.3 HEALTH RISK ASSESSMENT OF POTENTIALLY TOXIC CHEMICALS

For previous resolutions, see Volume II, pages 114-115

11.4 CONTROL OF ENVIRONMENTAL HEALTH HAZARDS

For previous resolutions, see Volume II, page 119-120

11.5 FOOD SAFETY

There is no resolution at regional level on this subject

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12. DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE TECHNOLOGY

12.1. CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY

AFR/RC44/R15 ***Selection and development of health technologies at district level***

The Regional Committee,

Appreciating the outcome of the Technical Discussions held at the Forty-fourth session of the WHO Regional Committee for Africa on the Selection and Development of Health Technologies at the District level;

Convinced that proper assessment, introduction, management, maintenance and use of health technologies are essential for the efficiency, effectiveness and quality of the entire health system;

Concerned at the widespread under-utilization and misuse of health technologies in Member States, resulting in decreased quality of care and high wastage of scarce resources, and at the lack of attention given to the subject;

Aware that for most Member States the absence of suitable health technology policies is at the root of the problem and is an underlying reason for all other obstacles preventing them from fully utilizing the potential of health technologies in improving the health of the countries;

1. URGES Member States:

(i) to develop a comprehensive health technology policy as an integral part of their overall national health policies and development plans;

(ii) to strengthen health care technical services at district, provincial and central levels with adequate budget and infrastructure provision in order to ensure proper planning, selection, procurement, maintenance and utilization of health technologies;

(iii) to reinforce and utilize effectively national and international training capacities to ensure the development of the whole range of required human resources, including health technology managers, engineers, technicians and craftsmen, and user training;

(iv) to include concepts and practices in health technology management in the education and training of health professionals;

(v) to define an essential health technology package, replete with costing, for various categories of health institutions in the district health system and, in due course, at provincial and central levels.

2. APPEALS to partners in health development in Member States, including international and bilateral development agencies, nongovernmental and private organizations and foundations, to give technical and financial support to national and intercountry programmes in the field of health technology management;

3. REQUESTS the Regional Director:

(i) to strengthen the Organization's activities in health technology assessment and management;

(ii) to reinforce the Organization's assistance to Member States in the development and implementation of health technology policies and plans, training and information support;

(iii) to make appropriate provision from the regular budget and also mobilize extrabugetary resources for the activities outlined;

(iv) to publish and widely disseminate the report of these Technical Discussions.

September 1994, 44, 20

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12.2 ESSENTIAL DRUGS AND VACCINES

Decision 1990/11 ***Nomination of representatives of the African Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs***

The Regional Committee nominated Uganda and Zaire to represent the Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs; their terms of office will start in January 1991. The Committee noted that the term of office of Uganda will end on 31 December 1991, while that of Zaire will end in December 1992.

The Committee thanked Guinea and Tanzania who represented the Region in 1990.

September 1990, 40, 4

Decision 1991/13 ***Nomination of representatives of the African Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs***

The fortieth session of the Regional Committee nominated Uganda and Zaire to represent the African Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs. The term of office of Uganda will end on 31 December 1991, while that of Zaire will end on 31 December 1992. In January 1992, Zambia will replace Uganda, following the English alphabetical order, and will serve for three years (1992-1994). In January 1993, Zimbabwe will replace Zaire, and will serve for three years.

The Committee thanked Uganda whose term of office ends on 31 December 1991 for having effectively represented the Region.

September 1991, 41, 3

Decision 1994/11 ***Nomination of representatives of the African Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs***

The term of office of Zambia will end on 31 December 1994, while that of Zimbabwe will end on 31 December 1995. In January 1995, Algeria will replace Zambia, following the English alphabetical order, and will serve for three years (1995-1997). In January 1996, Angola will replace Zimbabwe, and will serve for three years.

September 1994, 44, 4

AFR/RC41/R8 ***African initiative on essential drugs***

The Regional Committee,

Having considered the contents of document DAP/MAC(3)/91.6 on the African Initiative on Essential Drugs presented by the Regional Director;

Having been reminded of the current unsatisfactory drug situation in a number of Member States of the African Region;

Noting with dismay that there are still far too many drugs circulating in the African countries and that many of these drugs are fake, of substandard quality and of little therapeutic value;

Recalling the unanimous decision of Member States to support the decentralization of activities in accordance with the Three-phase Health Development Scenario endorsed during the thirty-fifth Regional Committee meeting in Lusaka in 1985 which involved strengthening of the central, intermediate and district levels and consequently of WHO infrastructures down to the country level;

1. INVITES the Member States:

(a) to endorse the efforts being made by the Regional Director in collaboration with the Action Programme on Essential Drugs in Geneva regarding plans aimed at raising funds for the implementation of the Initiative at regional, subregional and country levels;

(b) to promote self-sufficiency by encouraging community participation in essential drugs programmes through such schemes as the Bamako Initiative in support of maternal and child health and primary health care in general;

(c) to cooperate with WHO in appointing a national to serve as focal point to work closely with the WHO Representative in each country in the implementation of the Initiative on Essential Drugs;

(d) to intensify contact with the WHO Representative at country level in the implementation of the essential drugs and vaccines programme;

(e) to promote collaboration with international, governmental and nongovernmental organizations in the implementation of the Initiative;

(f) to set up within the context of regional as well as continental economic cooperation groups,

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viable regional or subregional pharmaceutical production units;

2. REQUESTS the Regional Director:

(a) to give all support possible - technical and financial - to the Initiative at regional, subregional and country levels;

(b) to render technical support to the Initiative and encourage the establishment of sustainable financing mechanisms for the supply of essential drugs and vaccines;

(c) to cooperate with governmental and non-governmental organizations as well as the pharmaceutical industry and donor agencies in mobilizing funds for the Initiative;

(d) to collaborate with relevant international agencies to support the African Region in setting up viable drug producing units;

(e) to report to the forty-third Regional Committee meeting on the progress made in raising funds, strengthening the WHO country offices, and implementing national programmes within the Initiative on Essential Drugs.

September 1991, 41, 15

AFR/RC42/R3 ***Vaccine procurement***

The Regional Committee,

Considering the report of the Regional Director on the strategies for the control of EPI target diseases in the 1990s;

Recalling resolutions AFR/RC39/R2, WHA41.28, WHA42.32 and the World Summit for Children which set the goals to be achieved through immunization programmes during the 1990s;

Recalling resolution AFR/RC41/R1 which calls on Member States to accelerate the implementation of plans of operation for disease specific initiatives and identify how programme achievements can be sustained and built upon through the provision of the necessary resources;

Applauding the agencies of the United Nations system, governmental and nongovernmental organizations which have ensured smooth provision of vaccines in Member States;

Concerned with the increasing cost of EPI vaccines;

Aware of the increasingly limited available funds from donors for the procurement of the new EPI vaccines, including Hepatitis B vaccine and yellow fever vaccine;

1. APPRECIATES the support from UNICEF, Rotary International, agencies of the United Nations system, governmental and nongovernmental organizations in improving the delivery of immunization services and the implementation of strategies for meeting EPI targets and goals for the 1990s;

2. URGES Member States:

(i) to commit funds within the limit of nationally available resources to purchase the less expensive variety of EPI vaccines;

(ii) to encourage where possible cost-sharing as a way to ensure EPI sustainability;

(iii) to consider, where possible, ways to ensure local production of high-quality vaccines;

(iv) to ensure that such locally-produced vaccines meet WHO requirements;

(v) to ensure that locally produced vaccines are marketed throughout the Region.

3. CALLS on Member States and EPI partners to make available additional financial and technical support to achieve the EPI goals and operational targets set for the 1990s;

4. REQUESTS the Regional Director:

(i) to collaborate with UNICEF and other international organizations connected with the Expanded Programme on Immunization in order to negotiate with the manufacturers of EPI vaccines to maintain the price at a level affordable by developing countries;

(ii) to ensure, in collaboration with UNICEF and other international organizations, the mobilization of resources for the procurement of new vaccines;

(iii) to provide technical, logistical and managerial support to countries which have the capacity to produce high-quality vaccines;

(iv) to report to the Regional Committee on the progress achieved in the implementation of this resolution.

September 1992, 42, 6

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Decision 1997/12 ***Nomination of a Representative of the African Region to the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs***

The term of office of Algeria will come to an end on 31 December 1997. Following the English alphabetical order it will be replaced by Benin starting from 1 of January 1998 for a term of office of three (3) years.

September 1997, 47, 4

Decision 1998/12 ***Nomination of a Representative of the African Region to the Management Committee (MAC) of the Action Programme on Essential Drugs***

The term of office of Angola will come to an end on 31 December 1998. Following the English alphabetical order, it will be replaced by Botswana. Botswana will join Benin, which is already a member of MAC, from 1 January 1999 for a term of three years.

September 1998, 48, 4

Decision 1998/13 ***Ad hoc Working Group on the Revised Drug Strategy***

Decision EB102(14) established an *ad hoc* working group on the revised drug strategy. The decision, also established a sub-group in connection with the *ad hoc* group. The sub-group will comprise the Chairman of the drafting group established during the Fifty-first World Health Assembly and two Member States from each WHO Region, of which at least one will be a Member of the Executive Board, to be nominated by the Regional Committees.

In accordance with decision EB102 (14), the Regional Committee is requested to nominate its representatives to the sub-group.

This decision calls for the subgroup to assist WHO in its contacts with relevant interested parties (World Trade Organization, World Intellectual Property Organization, Industry, NGOs) and to draft a resolution for consideration at the 103rd session of the Executive Board.

The 48th Regional Committee for Africa was requested to nominate the following two Member States to sit in the subgroup established by decision EB102 (14), which was accepted:

1. Cape Verde (Executive Board Member)
2. South Africa (non-Executive Board Member)

September 1998, 48, 4

AFR/RC49/R5 ***Essential Drugs in the WHO African Region: Situation and Trend Analysis***

The Regional Committee,

Recalling World Health Assembly resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12. WHA47.13, WHA47.16, WHA47.17, WHA49.14 and WHA52.19 on the WHO revised drug strategy; Regional Committee resolutions AFR/RC37/R6 on essential drugs and vaccines; AFR/RC38/R18 on the Bamako Initiative; and AFR/RC38/R19 on local production of essential drugs;

Recalling also World Health Assembly resolutions WHA22.54, WHA31.33, WHA41.19, WHA42.43 and WHA44.33 and Regional Committee resolutions AFR/RC28/R3, AFR/RC33/R3 and AFR/RC36/R9 on the use of traditional medicines;

Concerned about the present situation where over 50% of the population in the Region lack regular access to essential drugs despite the fact that national drug policies exist;

Concerned further that prevailing economic difficulties and the effects of structural reforms on the social sector are adversely affecting access to essential drugs;

Noting with satisfaction the establishment for the African Region of the Intensified Essential Drugs Programme to help address present and future challenges in the pharmaceutical sector;

Reaffirming the commitment of Member States to develop, implement and monitor national drug policies and programmes for improving the availability and accessibility of drugs of proven quality and to ensure their rational use;

1. APPROVES the report of the Regional Director on essential drugs in the WHO African Region;

2. URGES Member States:

(i) to establish mechanisms for consultation between the ministry of health and other relevant ministries on monitoring the impact on access to essential drugs of the globalization of trade, international trade agreements, economic reforms, and health sector reforms;

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(ii) to review and enforce legislation and regulations pertaining to the control of the illicit trade in pharmaceuticals and the use of traditional medicines, and recognize generic drug substitution rights of pharmacists wherever applicable;

(iii) to collaborate with one another, particularly at subregional level, coordinate efforts for local production of essential drugs, and implement joint bulk purchasing;

(iv) to strengthen national drug regulatory authorities and drug quality assurance mechanisms and, where feasible, establish national quality control laboratories and make effective use of the existing regional laboratories;

(v) to collaborate actively with WHO and other partners in the implementation of the intensified Essential Drugs Programme for the African Region;

3. REQUESTS the Regional Director:

(i) to continue to support Member States in their efforts to develop and implement pharmaceutical legislations and regulations, national drug policies, and essential drug programmes;

(ii) to collaborate with Member States in the development of tools, guidelines, and methodologies for monitoring and evaluating programmes;

(iii) to support Member States:

(a) in monitoring and analyzing the pharmaceutical and public health implications of globalization, regional and international trade agreements such as those in the World Trade Organization (WTO), and on the Trade-Related Aspects of Intellectual Property Rights (TRIPS);

(b) in promoting intercountry collaboration on local production, particularly of generic essential drugs;

(c) in undertaking the joint bulk purchasing of drugs;

(d) in developing their human resources in the area of pharmaceuticals;

(e) in mobilizing resources for the implementation of the Intensified Essential Drugs Programme for the African Region at country level;

(f) in carrying out research on medicinal plants and promoting their use in the health care delivery systems;

(iv) to report to the fifty-first session of the Regional Committee on progress made and problems encountered in the implementation of the Intensified Essential Drugs Programme for the African Region.

September 1999, 49, 10

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12.3 DRUG AND VACCINE QUALITY, SAFETY AND EFFICACY

For previous resolutions see Volume I, pages 165-168

12.4 TRADITIONAL MEDICINE

AFR/RC39/R9 *Traditional practices affecting women and children*

The Regional Committee,

Considering the adverse effects on maternal and child health of certain traditional practices such as female circumcision, early marriage, nutritional taboos and other such practices;

Considering the high priority given by WHO and Member States to maternal and child health;

Convinced that the World Health Organization has an important role to play in the control of traditional practices affecting maternal and child health;

1. RECOMMENDS that the Member States concerned:

(i) adopt appropriate policies and strategies to eliminate female circumcision;

(ii) organize educational and informational activities, bearing in mind local cultural contexts, in order to:

- create awareness among women and men of the dangers of female circumcision, early marriage, nutritional taboos and similar practices;

- inform the general public of the possible relationship between the propagation of infectious diseases, including AIDS, and female circumcision;

(iii) prohibit the medicalization of female circumcision and discourage health personnel from performing this operation;

(iv) include in training programmes for health personnel and traditional birth attendants relevant information on the dangers of female circumcision;

(v) encourage research projects to identify the most effective means of controlling these practices;

(vi) take the steps necessary to put into practice the various recommendations made at the national and international levels in this area;

2. REQUESTS the Regional Director:

(i) to provide appropriate support to Member States in the implementation of this resolution;

(ii) to include this topic in the agenda of a future session of the Regional Committee.

September 1989, 39, 19

AFR/RC40/R8 ***Traditional medicine***

The Regional Committee,

Aware of the important role played by traditional medicine in health delivery in Africa, and that globally, over a quarter of all prescribed medicines are based on substances found in plants and that the economic value of such products is high and rapidly growing;

Recalling earlier resolutions of the World Health Assembly (WHA22.54, WHA31.33, WHA40.33, WHA41.19) and the Regional Committee for Africa (AFR/RC28/R3, AFR/RC33/R3, AFR/RC36/R9) on traditional medicine and modern health care, especially on the use of medical plants in the health services system;

Aware that overall economic and development interests tend to take precedence over health needs and a number of countries in the Region are becoming increasingly dependent upon external support for the supply of their essential drugs;

Believing in the need to take practical and effective measures to strengthen traditional systems of medicine, particularly the economic potential of these systems and their ability to meet the basic drug needs of the people;

Mindful of the fact that many species of medicinal plants are threatened by ecological and environmental changes in the world;

Having examined with appreciation the report of the Regional Director on traditional medicine;

1. CONGRATULATES the Regional Director for his report;

2. NOTES with satisfaction the continued interest shown by the Regional Director in this matter, particularly the appointment of a regional officer in charge of traditional medicine;

3. NOTES with satisfaction:

(i) the efforts made by some countries on the subject;

(ii) the holding in Niamey, Niger from 13 to 16 February 1989 of the first meeting of WHO traditional medicine collaborating centres in the African Region;

(iii) the holding in Arusha, Tanzania, from 19 to 23 February 1990 of the International Conference of Experts from Developing Countries on Medicinal Plants;

4. URGES Member States to continue their efforts aimed at promoting and developing their traditional medicine systems, particularly the medicinal plant component;

5. URGES all governments:

(i) to draw up within the context of their national health systems, appropriate policies and legislation for enhancing the development of national traditional medicine activities;

(ii) to actively mobilize funds necessary for the promotion of traditional medicine;

(iii) to appoint, where appropriate, an official to be in charge of national activities in traditional medicine as part of the national primary health care programme;

6. REQUESTS the Regional Director:

(i) to continue to intensify efforts to mobilize adequate extrabudgetary resources in order to further strengthen programme activities in traditional medicine;

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(ii) to take appropriate steps to set up theme-specific studies on traditional medicine;

(iii) to strengthen cooperation and exchanges of experience in the development and application of the medicinal plant utilization strategy, including technical cooperation among developing and developed countries;

(iv) to report to the forty-second session of the Regional Committee on progress achieved in the implementation of this programme.

September 1990, 40, 16

12.5 REHABILITATION

AFR/RC45/R6 ***Disability prevention and rehabilitation: regional situation analysis and future trends***

The Regional Committee,

Recognizing the relevance of disability prevention and rehabilitation programmes for attaining the social objective of Health for All by the Year 2000 and that rehabilitation is the fourth main component of primary health care;

Accepting the macro framework for dealing with people with disabilities incorporated in the following UN documents:

- The World Programme for Action concerning disabled persons;
- The standard rules on the equalization of opportunities for people with disabilities;
- The United Nations Charter on the Rights of people with mental handicap;

Bearing in mind the magnitude of disability problems in the Region;

Noting that the community-based rehabilitation strategy provides a framework for developing and providing all types of rehabilitation, and ensuring that services reach people with disability in their communities;

Having considered the Regional Director's report contained in document AFR/RC45/15;

1. CALLS UPON Member States:

(i) to initiate or strengthen comprehensive national disability prevention and rehabilitation policies/programmes using the community-based rehabilitation approach,

(ii) to promote the integration of community-based rehabilitation programmes into national health systems based on primary health care;

(iii) to promote the training of rehabilitation personnel particularly at the community and district level;

(iv) to develop or create management information systems with appropriate indicators to facilitate follow-up and evaluation of disability prevention and rehabilitation;

(v) to involve people with disabilities in the development and implementation of programmes on disability and rehabilitation;

2. REQUESTS the Regional Director:

(i) to continue to give the necessary technical support to Member States to strengthen their national disability prevention and rehabilitation programmes;

(ii) to further strengthen collaboration with other UN agencies and NGOs involved in disability prevention and rehabilitation programmes;

(iii) to report to the forty-seventh session of the Regional Committee on the progress achieved in this programme.

September 1995, 45, 10

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13. DISEASE PREVENTION AND CONTROL

13.1 IMMUNIZATION

AFR/RC39/R3 ***Expanded Programme on Immunization: Regional strategies for eliminating neonatal tetanus and for eradicating poliomyelitis***

The Regional Committee,

Considering resolutions AFR/RC38/R2 of the thirty-eighth session of the Regional Committee and WHA41.28 of the Forty-first World Health Assembly concerning, respectively, the elimination of neonatal tetanus from the African Region by 1995 and worldwide eradication of poliomyelitis by the year 2000;

Having considered the Regional Director's report on regional strategies to eliminate neonatal tetanus and eradicate poliomyelitis (document AFR/RC39/6);

1. CONGRATULATES the Regional Director on his clear and concise report;

2. APPROVES the Regional strategies contained in the Regional Director's report and aimed at eliminating neonatal tetanus and eradicating poliomyelitis;

3. EXTENDS its thanks to the international, governmental and nongovernmental organizations which have already begun to support activities to eliminate neonatal tetanus and eradicate poliomyelitis. These organizations include UNICEF, the Canadian Public Health Association, USAID and Rotary International;

4. INVITES the Member States:

(i) to give priority to these strategies in their national immunization programme;

(ii) to accelerate the preparation and implementation of national and district plans of action, in accordance with regional strategies;

(iii) to take all appropriate steps to increase EPI coverage in general and tetanus and poliomyelitis immunization in particular;

(iv) to increase epidemiological surveillance capability at the district level and strengthen neonatal tetanus and poliomyelitis reporting;

(v) to maintain continuous surveillance to ensure that activities aiming at the elimination of neonatal tetanus and the eradication of poliomyelitis are integrated into the Expanded Programme on Immunization, thus strengthening the development of PHC at the district level;

(vi) to ensure that activities to eliminate neonatal tetanus and eradicate poliomyelitis are district-based;

5. REQUESTS the Regional Director:

(i) to support countries' efforts to prepare and implement their plans of action;

(ii) to improve, in collaboration with UNICEF and the other organizations of the United Nations system, governmental and nongovernmental organizations, the coordination, mobilization and utilization of resources for the implementation of EPI by strengthening the neonatal tetanus and poliomyelitis components with a view to the elimination and eradication of these diseases.

(iii) to strengthen technical support capabilities at all levels so as to enhance the contribution of the Regional Office to the elimination of neonatal tetanus and the eradication of poliomyelitis;

(iv) to report every two years to the Regional Committee on the progress achieved in the implementation of these strategies.

September 1989, 39, 7

AFR/RC41/R1 ***Progress report on the Expanded Programme on Immunization: achievements and challenges for the 1990s***

The Regional Committee,

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Recalling the relevant resolutions of the governing bodies relating to the Expanded Programme on Immunization and in particular resolutions AFR/RC35/R9 on the mid-decade evaluation, WHA41.28 on global eradication of poliomyelitis by the year 2000, AFR/RC38/R2 on the elimination of neonatal tetanus in the Region by 1995 and AFR/RC39/R3 on Regional strategies for eliminating neonatal tetanus and for eradicating poliomyelitis;

Recognizing the commitment of the World Summit for Children to give high priority to the rights of children, their survival, protection and development;

Appreciating the acceptance by Member States of the African Health Development Scenario as an organizational framework for accelerating the achievement of Health for All by the Year 2000;

Bearing in mind that some EPI target diseases are still common in the Region;

Considering that health systems and health workers have demonstrated their ability adequately to implement EPI;

Having studied the report of the Regional Director on achievements and strategies for the 1990s (document AFR/RC41/4);

1. THANKS the Regional Director for his clear and comprehensive report, setting forth achievements to date and the challenges ahead for the decade;

2. URGES STRONGLY peripheral health workers, programme supervisors and national EPI managers to pursue their dedicated efforts in favour of the immunization of children;

3. RENEWS ITS THANKS to the EPI partners collaborating in the development of the programme in the Region, specifically UNICEF, the Canadian Public Health Association (CPHA), Rotary International, USAID-funded projects Combating Childhood Communicable Diseases (CCCD) and Resources for Child Health (REACH), the United Kingdom Save the Children Fund (SCF), the *Association pour la Médécine préventive* (APMP/France), the World Bank, UNDP, JICA and others for their continuing support;

4. CALLS UPON Member States:

(i) to review their national expanded programme on immunization, *district by district*, in order to establish the activities to be emphasized during the 1990s with a view to attaining national targets;

(ii) to accelerate the implementation of plans of operation for the disease specific initiatives of elimination of neonatal tetanus, eradication of poliomyelitis and measles control within an organizational framework covering all people in the country and emphasizing operational activities;

(iii) to identify how programme achievements can be sustained and built upon in the 1990s through the provision of the necessary manpower, material and financial resources;

5. APPEALS to the international, governmental and nongovernmental organizations as well as to private voluntary organizations to collaborate in sustaining achievements and in developing them further;

6. REQUESTS the Regional Director:

(i) to support the efforts of Member States to implement their plans of operation for the elimination of neonatal tetanus, the eradication of poliomyelitis and measles control;

(ii) to continue, in collaboration with UNICEF and other United Nations agencies, governmental and nongovernmental organizations, the coordination, mobilization and utilization of resources for the development of the regional and national Expanded Programme on Immunization;

(iii) to strengthen technical support at all levels of the organization in order to increase WHO's contribution to national programmes and in particular to their initiatives with regard to specific diseases.

7. REQUESTS the Regional Director to report to the forty-third Regional Committee on progress made in the Expanded Programme on Immunization.

September, 1991, 41, 7

AFR/RC42/R4 ***Expanded Programme on Immunization: Regional strategies for eliminating neonatal tetanus and for eradicating poliomyelitis***

The Regional Committee,

Considering resolutions AFR/RC38/R2 and AFR/RC39/R3 concerning, respectively, the elimination of neonatal tetanus by 1995 and the eradication of poliomyelitis by the year 2000;

Considering the status of the Expanded Programme on Immunization as presented to the Regional Committee at its forty-first session;

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Having considered the Regional Director's report on updating regional strategies for reducing the incidence of EPI target diseases;

1. APPROVES the orientation for these strategies proposed by the Regional Director in his report;

2. INVITES the international, governmental and nongovernmental organizations that support EPI activities in the Region to increase their contributions to the achievement of the programme objectives set by the international community and Member States;

3. INVITES Member States urgently:

(i) to set targets for reduction of the incidence of neonatal tetanus and poliomyelitis;

(ii) to improve epidemiological monitoring at district level;

(iii) to increase their contribution to programme operating expenses;

4. REQUESTS the Regional Director:

(i) to improve, in collaboration with UNICEF, Rotary International and other governmental organizations, the coordination of resources and activities both at regional and national levels;

(ii) to ensure regular follow-up of progress made by Member States and, if need be, modify the strategic orientation of the programme so that the target for 1995 may be attained;

(iii) to present annually a progress report to the Regional Committee.

September, 1992, 42, 10

AFR/RC43/R8 ***Expanded Programme on Immunization: Priority Intervention for Programme Acceleration***

The Regional Committee,

Having examined the report of the Regional Director contained in document AFR/RC43/19 which highlights priority actions that could accelerate the progress of regional EPI;

Recalling resolution AFR/RC35/R9 which launched the acceleration phase of EPI with the declaration of the "African Immunization Year";

Considering resolution AFR/RC41/R1, which highlights the strengthening of immunization activities, district by district, so as to maintain and increase immunization coverage;

Considering resolution AFR/RC42/R4 requesting each country to set targets for reducing the incidence of neonatal tetanus and poliomyelitis, improve epidemiological monitoring at district level and increase the contribution of national budgets to the operating costs of national programmes, including the purchase of vaccines;

Noting with satisfaction that some Member States have already set up mechanisms for the financing of the programme, especially for the purchase of vaccines, in pursuance of resolution AFR/RC42/R3;

Considering that the new approach to poliomyelitis eradication requires the creation of zones where the virus is not transmitted and the gradual extension of such polio-free zones:

Having noted, with satisfaction, the progress made in some 12 countries of the Region which have attained and maintained high immunization coverage and significantly reduced the incidence of poliomyelitis, neonatal tetanus and even measles, thus creating the first potentially polio-free zone in our Region;

Acknowledging that the socio-political conflicts which certain countries of the Region are experiencing are responsible for a drop in immunization coverage;

1. COMMENDS the Regional Director for the information and orientations contained in his report;

2. REITERATES the priority that Member States should give to the acceleration of national immunization programmes so as to attain the set objectives of eliminating neonatal tetanus, eradicating poliomyelitis and controlling measles;

3. STRONGLY REQUESTS Member States:

(i) to undertake rigorous monthly surveillance of immunization coverage and of the incidence of EPI priority target diseases in each district;

(ii) to regularly transmit to the Regional Office the monthly report on the incidence of poliomyelitis, neonatal tetanus and measles as well as a report every six months on immunization coverage;

(iii) to adopt more aggressive operational strategies in order to expand immunization coverage in each district;

(iv) to strengthen coordination with EPI partners so as to further mobilize resources required for their activities;

(v) to set up for those who have not yet done so, mechanisms for the financing of programmes, particularly for the purchase of vaccines;

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(iv) to report on progress to Member States and the Regional Committee.

September 1994, 44, 10

AFR/RC45/R5: ***Expanded Programme on Immunization: disease control goals the count-down has started***

The Regional Committee,

Recalling various EPI resolutions adopted during the past few years, including resolutions AFR/RC42/R4, AFR/RC43/R8 and AFR/RC44/R7 on priority interventions for programme acceleration to achieve its goals;

Having considered the proposed strategies and activities for each epidemiological bloc, as part of the Regional EPI Plan of Action for 1996-2000;

Having examined the progress report by the Regional Director on the progress of the Expanded Programme on Immunization in the African Region;

1. APPROVES the orientations provided for the immunization programmes in Africa in the Regional Director's report;

2. URGES Member States:

(i) to develop their national strategic EPI Plans of Action to cover the period up to the Year 2000, which specify activities for social mobilization, integration and sustainability as well as budget needs and national resources allocations, to achieving the goals of eradication of poliomyelitis, elimination of neonatal tetanus, measles control and other EPI goals set for the 1990s;

(ii) to plan and implement national immunization days and other supplemental immunization activities such as mopping-up where indicated, at least twice a year, preferably in a synchronized manner for countries in the same epidemiological bloc, not later than 1997;

3. REITERATES its gratitude to Rotary International, the USA Centres for Disease Control, UNICEF, USAID, Canadian Public Health Association (CPHA) and other EPI partners for their support to EPI activities in Africa and invites other donors to further increase their contributions to the benefit of young African generations;

4. REQUESTS the Regional Director:

(i) to advocate EPI strategies for achieving the poliomyelitis eradication goal in the African Region, during his meetings with the Heads of State, political leaders and other high-level opinion leaders to ensure their commitment and support to national immunization programmes;

(ii) to monitor the implementation of the EPI disease control strategies in the Eastern and Southern Africa epidemiological blocs and in some countries of other epidemiological blocs because their successes will be critical in increasing the effectiveness of the regional strategies, and in boosting poliomyelitis eradication and other diseases elimination/reduction initiatives in the entire Region;

(iii) to strengthen collaboration with all international agencies, other donor organizations and other EPI partners, in order to achieve better coordination of policies and resources and to ensure efficiency and sustainability of immunization programmes;

(iv) to report on progress to the forty-sixth session of the Regional Committee.

September 1995, 45, 9

13.2 DISEASE VECTOR CONTROL

There is no resolution at regional level on this subject

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13.3 MALARIA

AFR/RC42/R8 ***Regional Programme for Malaria Control: Progress and prospects for the 1990s***

The Regional Committee,

Having considered the report of the Regional Director on the malaria situation in the African Region of WHO;

Recognizing the alarming malaria situation in most African countries and the negative effects of this scourge on socioeconomic development and the survival of the African child;

Taking cognizance of WHO's efforts to mobilize international awareness for malaria control by organizing three interregional conferences and a ministerial meeting;

Noting with satisfaction that several countries have reformulated their malaria control strategies in conformity with the regional strategy recommended by the Brazzaville conference on malaria;

Commending the initial efforts made in some countries to strengthen malaria control programmes;

1. ENDORSES the report of the Regional Director;

2. INVITES Member States:

(i) to adopt malaria control policies and strategies adapted to their socioeconomic realities and prepare plans to implement control programmes;

(ii) to strengthen their commitment and that of their communities to malaria control activities;

(iii) to declare malaria control as one of the primary health and development priorities of the country;

(iv) to create malaria control units within the disease control divisions of ministries of health and strengthen existing ones;

(v) to mobilize the needed local and external resources for the implementation of programmes;

(vi) to assure the success of the forthcoming ministerial conference of Amsterdam by preparing tangible proposals to reinforce malaria control;

3. APPEALS to the international community to support the efforts of WHO and Member States in the implementation of national plans of action;

4. APPEALS to United Nations agencies, in particular UNDP and UNICEF, and to nongovernmental organizations to strengthen their commitment to malaria control through cooperation programmes aimed at strengthening health services and child survival in Africa;

5. REQUESTS the Regional Director:

(i) to assure the necessary technical support to Member States for the preparation or reformulation of malaria control programmes;

(ii) to pursue efforts to strengthen technical competence in the countries of the Region;

(iii) to enhance the development of operational research activities aimed at improving ongoing programmes;

(iv) to participate in mobilizing resources for malaria control;

(v) to continue to sensitize donors to increase their participation in malaria control activities in Africa;

(vi) to submit to the forty-third session of the Regional Committee a progress report on malaria control programmes in the Region.

September 1992, 42, 14

AFR/RC43/R5 ***Regional Programme for Malaria Control***

The Regional Committee,

Recognizing the persistent alarming malaria situation in most countries of the Region and its disastrous consequences on health and development;

Noting with satisfaction the commitment of Member States and the international community, expressed in the World Declaration on the Control of Malaria adopted at the ministerial conference in Amsterdam in October 1992;

Recalling resolution WHA46.32 adopted during the 46th World Health Assembly;

Having examined the Regional Director's report on the progress achieved in malaria control contained in document AFR/RC43/13;

Commending the efforts of some Member States especially in updating national malaria control plans and training of health personnel;

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Having noted the proposed targets of a regional malaria control plan for 1994-1997;

1. CONGRATULATES the Regional Director for the actions that have already been undertaken and the orientations contained in his report;

2. INVITES Member States:

(i) to ensure their continued political commitment as well as that of the health staff and strengthen that of their communities for malaria control;

(ii) to develop and reformulate intersectoral malaria control programmes in line with the regional strategy emphasizing appropriate elements (case management, vector control and chemoprophylaxis) according to their eco-epidemiological situation;

(iii) to outline in the national action plans precise targets and specific indicators to guide the implementation of their programmes;

(iv) to monitor closely the development of malaria parasite resistance to chloroquine and other antimalarial drugs and to share the results with WHO and neighbouring countries;

(v) to mobilize local and external resources and include malaria control in their national health development plans;

3. APPEALS to agencies of the United Nations system, bilateral and multilateral development organizations, nongovernmental organizations and private foundations to give more support to WHO and Member States in combating malaria;

4. REQUESTS the Regional Director:

(i) to maintain and strengthen the technical support of the Regional Office to Member States in formulating/reformulating national plans in accordance with the new strategy for malaria control;

(ii) to continue efforts for reinforcing the skills of health personnel in the correct management of malaria at all levels of the health system;

(iii) to support the monitoring of the development of malaria parasite resistance to chloroquine and other antimalarial drugs in the countries and to disseminate the results with countries on a regular basis;

(iv) to mobilize more resources for malaria control activities;

(v) to keep Member States and the Regional Committee informed of the progress made in the implementation of this resolution.

September 1993, 43, 12

AFR/RC45/R4 ***Regional Programme on Malaria Control***

The Regional Committee,

Noting the worsening epidemiological status of malaria in some countries, as seen in the increase in the number of cases, the appearance of deadly epidemics and the outbreak of high levels of resistance to antimalarial drugs, especially in southern and eastern Africa;

Concerned about the serious difficulties facing malaria control and which are linked, inter alia, to the low level of commitment of governments in terms of human and financial resources, the inadequate involvement of the communities, the low level of performance of health workers, shortages of drugs for case management, inadequacy of means of prevention, and population movements;

Convinced that most of these difficulties are largely due to low level of social mobilization for malaria control;

Having examined the Regional Director's report as contained in document AFR/RC45/11 on the situation of the malaria control programme in the Region;

Having noted with satisfaction the development of the SPF66 vaccine developed by Professor Patarroyo;

1. APPROVES the Regional Director's initiative aimed at promoting the accelerated implementation of the regional strategy so as to obtain concrete results and motivate the countries and donors to invest more in this programme;

2. DECIDES that National Social Mobilization Days for malaria control be organized as from 1996 in all countries where malaria is endemic;

3. APPEALS to Member States, international organizations, multilateral and bilateral institutions, technical and scientific institutions and nongovernmental organizations to mobilize additional technical, material and financial resources to support the organization of National Social Mobilization Days for malaria control, the improvement of case management and the promotion of the use of insecticide-impregnated materials;

4. APPEALS to Member States:

(i) to strengthen the commitment of health and communities to the sustainable implementation of the two major interventions in the control of this plague, i.e. appropriate case management and individual protection through the use of insecticide-impregnated mosquito nets and other materials, especially by ensuring that they are available and acceptable at the community level;

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(ii) to decentralize malaria control activities, especially to the communities;

5. REQUESTS the Regional Director:

(i) to promote the organization of National Social Mobilization Days for malaria control at the level of the political leaders, international organizations and other partners;

(ii) to provide the technical support required for the planning and evaluation of these national days;

(iii) to pursue efforts aimed at strengthening national capacities, especially in the area of integrated, early and appropriate malaria case management, the use of insecticide-impregnated materials such as mosquito nets, continued monitoring and evaluation of national programmes;

(iv) to follow up the evolution of *Plasmodium falciparum* resistance in countries of the Region, particularly in those most affected;

(v) to keep Member States and the Regional Committee informed of progress achieved in the implementation of this resolution and of progress on the SPF66 antimalaria vaccine.

September 1995, 45 8

13.4 PARASITIC DISEASES

AFR/RC40/R10 ***Onchocerciasis control in the African Region***

The Regional Committee,

Referring to the Regional Committee resolutions AFR/RC25/R16-1975 and AFR/RC28/R8-1978;

Recognizing that:

(i) over the past decade, tremendous advance has been made in the Onchocerciasis Control Programme area in West Africa where an estimated 12.5 million people have been protected against infection and some seven million children born in the programme area since the onset of the control have so far lived free from the risk of infection;

(ii) in several major endemic zones outside the original OCP countries with high blindness rates, little progress has been made and little information is available about the true extent and severity of onchocerciasis;

(iii) recent surveys in a number of countries have revealed a higher number of infected persons than was previously recorded and therefore the total estimated number of infected persons of 17.5 million and about 340 000 people either blind or suffering from reduced visual acuity and/or constricted visual fields would be an underestimate;

(iv) the OCP countries have reached a stage in their onchocerciasis control activities where the integration of certain activities into the national primary health care system (devolution) is urgent and greater effort is needed in the non-OCP countries to assess the extent and severity of onchocerciasis;

1. THANKS the Regional Director for his report and his efforts in supporting the OCP countries in better planning and implementation of their devolution activities and for the non-OCP countries for preparing their national programmes using invermectin for the chemotherapy of onchocerciasis on a community basis;

2. REQUESTS that Member States affected by onchocerciasis:

(i) prepare or update their national plans of action for onchocerciasis control including epidemiological assessment, public information and health education;

(ii) take advantage of the availability of the micro-filaricide ivermectin for the chemotherapy of onchocerciasis on a community basis and endeavour to meet the requirements of the manufacturers of the drug for satisfactory evaluation of the cost-effective use of the drug in national control programmes;

3. REQUESTS the Regional Director:

(i) to continue to support the OCP countries in implementation of their devolution plans and to provide technical support to the non-OCP countries for the epidemiological assessment of their onchocerciasis situation and the planning of control activities using ivermectin;

(ii) to encourage intra and intercountry consultations to ensure the exchange of information and the promotion of proven strategies as well as TCDC-inspired research;

(iii) to provide assistance in training in parasitic diseases control including onchocerciasis by means of workshops, seminars and special courses;

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(iv) to make every effort to mobilize additional budgetary resources for support to onchocerciasis control activities;

(v) to present a progress report on onchocerciasis control in the Region at the forty-second session of the Regional Committee;

5. REQUESTS the Director-General to stimulate research aimed at developing a safe, low-cost and effective macrofilaricide.

September 1990, 40, 18

AFR/RC41/R2 ***Programme on the eradication of dracunculiasis in the African Region***

The Regional Committee,

Noting that some of the recommendations in Resolution WHA39.21 adopted by the World Health Assembly in 1986 and in resolution AFR/RC38/R13 adopted by the thirty-eighth session of the Regional Committee in 1988 have yet to be fully implemented by a number of Member States;

Noting that as a result of the nation-wide active case searches conducted in several countries since 1988, the distribution of dracunculiasis in affected communities has been determined;

Considering that the urgent mobilization of communities, their leaders and the resources needed to organize interventions and strengthen surveillance require priority attention;

Believing that the regional dracunculiasis eradication strategy is still an effective strategy;

Mindful of Resolution WHA39.21 of the World Health Assembly and resolution AFR/RC38/R13 of the Regional Committee (1988);

Having studied the Regional Director's report on progress made towards dracunculiasis eradication in the African Region of WHO;

1. ENDORSES the report of the Regional Director;

2. ENDORSES a continuation of the combined strategy of provision of safe drinking water, active surveillance, health education and vector control for the eradication of the infection;

3. URGES all affected Member States:

(i) to organize as quickly as possible nation-wide active case searches, develop national plans of action for dracunculiasis eradication by 1995 and mobilize resources for strengthening of surveillance within the context of primary health care;

(ii) to give high priority to endemic areas in providing safe drinking water and to intensify national surveillance of dracunculiasis and report thereon regularly to WHO;

4. INVITES bilateral and international development agencies, private voluntary organizations and foundations:

(i) to support the countries to introduce, within primary health care, a dracunculiasis eradication component into rural water supply schemes and into agricultural and health education programmes in endemic areas;

(ii) to provide the necessary funds;

5. REQUESTS the Regional Director:

(i) to reinforce the leading technical role of WHO in dracunculiasis eradication;

(ii) to intensify coordination with other international organizations and bilateral agencies for the mobilization of the necessary resources in support of dracunculiasis eradication activities in affected countries;

(iii) to intensify regional surveillance of the disease and encourage cooperation and coordination between adjacent endemic countries through TCDC mechanisms;

(iv) to submit a report on the status of the implementation of these activities in the affected countries to the Regional Committee at its forty-third session.

September 1991, 41, 8

AFR/RC43/R9 ***Eradication of dracunculiasis***

The Regional Committee,

Mindful of Resolution WHA39.21 of the Thirty-ninth World Health Assembly and resolution AFR/RC38/R13 adopted in 1988 at the thirty-eighth session of the Regional Committee, and AFR/RC41/R2 adopted in 1991 at the forty-first session of the Regional Committee;

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Noting that some of the recommendations in Resolution WHA39.21 adopted by the Thirty-ninth World Health Assembly in 1986 and in resolution AFR/RC38/R13 adopted by the thirty-eighth Regional Committee in 1988 have yet to be fully implemented by a number of Member States;

Noting that as a result of the nation-wide active case searches conducted in several countries since 1988, the distribution of dracunculiasis in affected communities has been determined;

Considering that the urgent mobilization of communities, their leaders and the resources needed to organize interventions and strengthen surveillance require priority attention;

Convinced that the regional dracunculiasis eradication strategy is still an effective strategy;

Having studied the Regional Director's report on progress made towards dracunculiasis eradication in the African Region of WHO;

1. APPROVES the report of the Regional Director;

2. ENDORSES continuation of the composite strategy of providing safe sources of drinking water, active surveillance, health education, vector control and personal prophylaxis for the eradication of the infection;

3. URGES all affected Member States:

(i) to give high priority to endemic villages in providing safe sources of drinking water and to intensify national surveillance of dracunculiasis;

(ii) to strengthen village-based active surveillance in the context of primary health care, and to intensify health education and dracunculiasis prevention activities aimed at dracunculiasis eradication by 1995;

4. INVITES bilateral and international development agencies, private voluntary organizations, foundations, agencies and other appropriate international and regional organizations:

(i) to help countries to introduce, within the context of primary health care, a dracunculiasis eradication component into water supply development schemes in rural areas and into agricultural and health education programmes in endemic areas;

(ii) to provide extrabudgetary funds for this support;

5. REQUESTS the Regional Director:

(i) to reinforce the leading technical role of WHO in dracunculiasis eradication;

(ii) to intensify coordination with other international organizations and bilateral agencies for the mobilization of the necessary resources in support of dracunculiasis eradication activities in affected countries;

(iii) to intensify regional surveillance of the disease and encourage cooperation and coordination between adjacent endemic countries through TCDC mechanisms;

(iv) to submit a report on the state of these activities in the affected countries to the Regional Committee at its forty-fourth session.

September 1993, 43, 18

AFR/RC44/R8 ***Eradication of dracunculiasis***

The Regional Committee,

Mindful of Resolution WHA44.5 of the Forty-fourth World Health Assembly in 1991 and resolution AFR/RC41/R2 adopted in 1993 by the Regional Committee;

Noting that some of the recommendations in resolution AFR/RC38/R13 adopted by the thirty-eighth Regional Committee in 1988 are yet to be fully implemented by a number of Member States;

Noting that as a result of the nation-wide active case searches conducted in several countries since 1988, the distribution of dracunculiasis in affected communities has been determined;

Encouraged by the progress made in many countries towards dracunculiasis eradication;

Considering that the urgent mobilization of communities, their leaders and the resources needed to organize interventions and strengthen surveillance require priority attention;

Convinced that the regional dracunculiasis eradication strategy is still an effective strategy;

Having studied the Regional Director's report on progress made towards dracunculiasis eradication in the African Region of WHO;

1. ENDORSES the report of the Regional Director;

2. ENDORSES a continuation of the strategy of providing safe sources for drinking water, active surveillance, health education, vector control and personal prophylaxis for the eradication of the infection;

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3. URGES all affected Member States:

(i) give high priority to endemic areas in providing safe sources of drinking water and intensify national surveillance of dracunculiasis and report on a quarterly basis to WHO;

(ii) strengthen village-based active surveillance within the context of primary health care and intensify health education and prevention activities aimed at dracunculiasis eradication by 1995;

4. INVITES bilateral and international development agencies, private voluntary organizations, foundations, agencies and other appropriate international and regional organizations to:

(i) support the countries by introducing, within the context of primary health care, a dracunculiasis eradication component into water supply development schemes in rural areas and into agricultural and health education programmes in endemic areas;

(ii) provide extrabudgetary funds for this support;

5. REQUESTS the Regional Director to:

(i) reinforce the leading technical role of WHO in dracunculiasis eradication;

(ii) intensify coordination with other international organizations and bilateral agencies for the mobilization of the necessary resources in support of dracunculiasis eradication activities in affected countries;

(iii) intensify regional surveillance so as to monitor trends in the prevalence and incidence of the disease and encourage cooperation and coordination between neighbouring endemic countries through TCDC mechanisms;

(iv) submit to the Regional Committee at its forty-fifth meeting a progress report on the activities in the affected countries.

September 1994, 44, 11

AFR/RC45/R8 ***Eradication of dracunculiasis***

The Regional Committee,

Noting that the strategy adopted to attain the objective of eradication has, since its inception, led to a spectacular reduction in the incidence of dracunculiasis;

Realizing that, as the incidence of the disease falls, it will be increasingly difficult to maintain the level of commitment of the communities, leaders and other national and international partners;

Having considered the report of the Regional Director contained in document AFR/RC45/13;

1. ADOPTS the report of the Regional Director:

2. ENDORSES the continuation and stepping up of the implementation of a combined strategy involving the supply of safe drinking water, active surveillance, health education, vector control and individual prophylaxix in order to completely eradicate dracunculiasis;

3. URGES all the affected Member States:

(i) to take appropriate measures to maintain the commitment of communities and other partners until the disease is eradicated;

(ii) to strengthen community-based active surveillance, while integrating it into primary health care activities;

4. THANKS sincerely once again the bilateral development agencies, international organizations, nongovernmental organizations and private foundations for their immense contributions, and invites them to maintain their support to endemic countries in their efforts to eradicate dracunculiasis;

5. REQUESTS the Regional Director:

(i) to adapt the regional strategy to the present epidemiological context of dracunculiasis;

(ii) to strengthen the technical support provided to countries in order to speed up the process of eradication of dracunculiasis;

(iii) to submit a progress report on dracunculiasis eradication in the Region to the forty-sixth session of the Regional Committee.

September 1995, 45, 13

CCRDA

13.5 TROPICAL DISEASES RESEARCH

Decision 1989/9 ***Nomination of the representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

The Regional Committee thanked Mozambique, outgoing member of the Joint Coordination Board, for its contribution to the development of research in tropical diseases at both the regional and world levels.

The Regional Committee nominated Sao Tome and Principe to represent the Region on the said Board for the next three years.

September 1989, 39, 4

Decision 1991/14 ***Nomination of the representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

Since the term of office of Rwanda is now expiring, Senegal will be the new member and will join Sao Tome and Principe to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases.

The term of office of Senegal will start in January 1992.

September 1991, 41, 4

Decision 1992/10 ***Nomination of the representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases***

Since the term of office of Sao Tome and Principe will expire in December 1992, Algeria will be the new member and will join Senegal to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases. The three-year term of office of Algeria will start in January 1993.

September 1992, 42, 4

Decision 1994/14 ***Nomination of representatives of the African Region on the Joint Coordination Board (JCB) of the Special Programme of Research and Training in Tropical Diseases***

The term of office of Senegal will expire on 31 December 1994, and following the English alphabetical order, the Regional Committee nominated Angola as the new member that will join Algeria to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme of Research and Training in Tropical Diseases. The three-year term of Angola will begin in January 1995.

The Regional Committee expressed sincere gratitude to the Government of Senegal for its contribution to this important programme.

September 1994, 44, 4

Decision 1995/13 ***Nomination of representatives of the African Region on the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical Diseases***

The term of office of Algeria will expire on 31 December 1995, and following the English alphabetical order, the Regional Committee nominated Benin as the new member that will join Angola to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical Diseases. The term of office of Benin will begin in January 1996.

The Regional Committee expressed sincere gratitude to the Government of Algeria for its contribution to this important programme.

September 1995, 45, 4

Decision 1997/13 ***Nomination of a Representative of the African Region to the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical Diseases (TDR)***

The term of office of Angola will expire on 31 December 1997. Following the English alphabetical order it will be replaced by Botswana starting from 1 January 1998 for a term of three (3) years.

September 1997, 47, 4

Decision 1998/11 ***Nomination of a Representa tive of the African Region to the Joint Coordination Board (JCB) of the Special Programme on Research and Training in Tropical Diseases (TDR)***

The term of office of Benin will expire on 31 December 1998. Following the English alphabetical order, it will be replaced by Burkina Faso starting from 1 January 1999 for a term of three years.

September 1998, 48, 4

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13.6 DIARRHOEAL DISEASES

AFR/RC41/R7 ***Cholera epidemic in the African Region***

The Regional Committee,

Considering the alarming situation caused by the cholera epidemic in the Region;

Considering Resolutions AFR/RC35/R6 and AFR/RC36/R9 on the control of diarrhoeal diseases in general and cholera in particular;

Considering resolutions AFR/RC38/R24 on health infrastructure organization at the district level to cope with epidemics;

Considering resolution WHA44.6 of the World Health Assembly on cholera;

Recognizing that cholera epidemics are essentially connected with the lack of safe water supplies of adequate quality and quantity;

Recognizing that the utilization of available technology could prevent the recurrence of epidemics related to water and inadequate sanitation, and in particular to unhygienic excreta disposal and the absence of personal hygiene in general;

Recognizing the importance of coordinated multisectoral action to combat cholera both within each country and between neighbouring countries;

1. THANKS the Regional Director for his report;

2. EXPRESSES its deep concern at the epidemic outbreaks of cholera in the Region, and in particular at the very high and unacceptable rates of case fatality;

3. APPEALS to Member States to give highest priority to cholera control, in particular by:

(i) ensuring adequate supply of potable water and hygienic sanitation, and excreta disposal in particular, at the community level;

(ii) ensuring that individuals, families and communities are appropriately informed and educated with regard to the measures that should be taken to prevent and control cholera;

(iii) reinforcing the training of health personnel, particularly at the district level, in the correct management of cases of diarrhoea, including cholera;

(iv) improving disease surveillance and notification systems at the district level to facilitate early warning of any epidemic of cholera;

4. REQUESTS Member States to prepare and implement national plans for the prevention and control of cholera;

5. REQUESTS the Regional Director:

(i) to continue to support the countries that are facing epidemics of cholera;

(ii) to impress continuously upon Member States the importance of the control of diarrhoeal diseases;

(iii) to re-emphasize to Member States that as of now cholera vaccination has no place in the control of cholera epidemics;

(iv) to strengthen training in the correct management of cases of diarrhoea, including cholera, especially in the countries affected by cholera;

(v) to continue to mobilize external support for the control of cholera and other epidemics in Africa;

(vi) to ensure coordination of measures to control cholera between neighbouring countries, particularly during epidemic situations;

(vii) to give technical support as appropriate to Member States in the formulation and implementation of their national plans for the prevention and control of cholera.

September 1991, 41, 14

AFR/RC42/R10 ***Programme on the control of diarrhoeal diseases***

The Regional Committee,

Recalling resolutions AFR/RC35/R9 and AFR/RC38/R10;

Having considered the Regional Director's report on the Diarrhoeal Disease Control Programme;

Having been informed that:

(i) as at 1991, forty-two countries had developed CDD programmes;

(ii) access to oral rehydration salts increased from 38% in 1987 to 52% in 1989 and the oral rehydration therapy use rate increased from 19% in 1987 to 36% in 1989;

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(iii) programme reviews and surveys have been undertaken to evaluate national CDD programme progress in 34 countries; and

(iv) training of health personnel has increased in all areas especially in case management.

Considering that diarrhoeal disease control includes both proper case management and prevention of diarrhoea;

1. EXPRESSES ITS SATISFACTION with the significant progress made in the implementation of national diarrhoeal disease control programmes;

2. EXTENDS ITS APPRECIATION to UNICEF, bilateral and other international, nongovernmental agencies, for their sustained collaboration and support to the CDD programme;

3. URGES Member States to intensify their commitment to diarrhoeal disease control activities as an integral component of primary health care, giving special attention to activities with impact on childhood mortality, such as case management training at the operational level and prevention activities in order to reduce diarrhoea morbidity;

4. REAFFIRMS that the establishment of a programme for effective diarrhoeal disease control should include multisectoral plans for the prevention and control of cholera and case management training as the best means to ensure the control of cholera epidemics in the Region;

5. REITERATES that it is necessary for programmes to emphasize continued breastfeeding, increased fluid intake, the use of potable water, good hygiene, proper disposal of faeces and immunization against measles for the prevention of diarrhoeal diseases;

6. FURTHER REAFFIRMS that treatment should consist of administration of oral rehydration fluids, together with correct advice on its use and appropriate feeding during and after diarrhoea, including referral when necessary;

7. REQUESTS the Regional Director:

(i) to pursue collaboration with Member States to strengthen national control programmes, through the promotion and support of training activities, with emphasis on case management courses at the operational level, communication activities and programme evaluations, in order to increase acceptance of oral rehydration therapy and to improve effective case management of the disease; this, in order to ensure the achievement of the regional targets of 80% access to oral rehydration salts and 60% use of oral rehydration therapy by 1995 for children under five years of age;

(ii) to reinforce collaboration with UNICEF, bilateral and international and nongovernmental organizations in funding and implementing programme activities;

(iii) to continue efforts to assist governments to mobilize resources for the implementation of programme activities by supporting; together with other funding partners, national donor planning meetings;

(iv) to keep Member States and the Regional Committee apprised of the progress made in the implementation of the programme on the Control of Diarrhoeal Diseases.

September 1992, 42, 17

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13.7 ACUTE RESPIRATORY INFECTIONS (ARI)

AFR/RC41/R3 ***Acute respiratory infections (ARI)***

The Regional Committee,

Considering Resolution WHA44.7 of the World Health Assembly calling on Member States to establish national ARI control programmes which should be integrated into primary health care;

Considering that Member States have endorsed the African Health Development Scenario as an organizational framework for accelerating the achievement of HFA/2000;

Bearing in mind that ARI are a major public health problem in the countries of the Region;

Concerned with the magnitude of childhood mortality due to ARI which has been highlighted in the Regional Director's report;

Having studied the Regional Director's report:

1. THANKS the Regional Director for his concise and comprehensive report;

2. CALLS upon Member States to draw up comprehensive national ARI control programmes as one of the priority programmes for reducing mortality in infants and early childhood, and as important steps:

(i) undertake in particular health manpower training in the technical and operational aspects of the programme with emphasis on standard case management;

(ii) integrate ARI control activities into PHC;

(iii) mobilize local and external resources for the programme;

3. CALLS upon international, governmental and nongovernmental organizations as well as private voluntary organizations and foundations to support ARI control activities in the African Region;

4. REQUESTS the Regional Director:

(i) to lend the necessary technical support to Member States in the formulation of their national ARI control programmes and their integration into PHC;

(ii) to organize technical and management training activities for nationals in charge of ARI control as well as seminars and workshops to facilitate the exchange of experiences and the promotion of the programme at national and regional levels;

(iii) to report to the forty-fourth session of the Regional Committee on progress made in the expansion of ARI control programmes in the Region.

September 1991, 41, 9

AFR/RC44/R9 Rev.1 ***Control Programme for Acute Respiratory infections: Achievements***

The Regional Committee,

Considering Resolution WHA44.7 of the World Health Assembly calling on Member States to establish national ARI control programmes which are integrated into primary health care;

Considering resolution AFR/RC41/R3 of the Regional Committee calling on Member States to prepare relevant national programmes for ARI control in order to reduce significantly mortality among infants and young children;

Reaffirming its adhesion to the Declaration and Plan of Action of the World Summit of September 1990 in favour of the "Rights of the Child", especially as regards the reduction by 33% by the year 2000 of the total annual deaths due to ARI;

Having examined the report of the Regional Director;

1. CONGRATULATES the Regional Director on his comprehensive and concise report;

2. INVITES Member States:

(i) to accelerate the preparation of their plans of operation and above all to ensure their implementation, by emphasizing early and correct case management;

(ii) to reorient the basic training of health personnel in the light of the strategies of the programme;

3. INVITES the partners of health development in Member States to give technical and financial support to national programmes;

4. URGES the Regional Director:

(i) to strengthen WHO technical support to planning, training, monitoring and evaluation of national programmes;

(ii) to continue with the organization in the countries of orientation seminars to involve all actors and partners in the field with a view to promoting the strategies of the programme;

(iii) to support every approach aimed at integrating CDD/ARI activities into the Child Survival Programme;

5. URGES the Regional Director to report to the forty-sixth session of the Regional Committee on the progress made and problems encountered in the implementation of this programme.

September 1994, 44, 12

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13.8 TUBERCULOSIS

AFR/RC40/R7 ***Review of the tuberculosis programme***

The Regional Committee,

Considering Resolutions WHA27.54, WHA33.36 and WHA36.30 of the World Health Assembly which specifically called on Member States to establish national tuberculosis control programmes consisting of diagnostic, treatment and preventive services covering the whole population and integrated into general health services and into PHC;

Considering resolutions AFR/RC23/R8 and AFR/RC28/R9 of the WHO Regional Committee for Africa which lay emphasis on strengthening the epidemiological surveillance of communicable diseases and on planning control programmes;

Considering that Member States have accepted the health development scenario as a structural and organizational framework for accelerating the achievement of HFA/2000;

Considering different recommendations made by the International Union against Tuberculosis and by different expert committees on tuberculosis control technologies, particularly those relating to screening by bacilloscopy and to different therapeutic regimens;

Bearing in mind that tuberculosis is still a major public health problem in the countries of the Region;

Concerned by the impact of HIV infection and AIDS on the evolution of tuberculosis;

Noting that the decline in standard of living has adversely affected the situation as regards tuberculosis;

Having discussed in detail the Regional Director's report;

1. THANKS the Regional Director for his excellent report which also serves as a basis for formulating national tuberculosis control programmes;

2. CALLS UPON Member States:

(i) to take all the measures necessary to analyze their national tuberculosis situation in order to establish the exact epidemiological profile and particularly the spread of tuberculosis in the community and the impact of HIV and AIDS infection on the spread of the disease;

(ii) to formulate or revise national control programmes which take into account the three-phase scenario as a structural and organizational framework covering all the people in the country with activities distributed at all the levels of the health system and among the different health development partners;

(iii) to systematize and strengthen the use of bacilloscopy as a method of diagnosis and decide on standard therapeutic regimens to be used in all the health facilities;

(iv) to undertake in particular health manpower training in the technical and operational aspects of the programme, especially screening, bacilloscopy, treatment and follow-up of patients on treatment, and contact-tracing;

(v) to integrate tuberculosis control activities into primary health care from the planning stage, taking special account of leprosy and AIDS control;

(vi) to mobilize local and external resources for the programme;

(vii) to take advantage of the resources mobilized for the prevention and control of AIDS to strengthen tuberculosis control activities;

3. CALLS UPON international, governmental and nongovernmental organizations as well as private voluntary foundations to support tuberculosis control activities in the African Region;

4. REQUESTS the Regional Director:

(i) to provide the necessary technical support to Member States in the formulation of their national tuberculosis control programmes and in their integration into primary health care;

(ii) to organize technical and management training activities for national officers in charge of tuberculosis control as well as seminars and workshops to facilitate the exchange of experiences and the promotion of the programme at the national, regional and district levels;

(iii) to disseminate all the relevant information available on tuberculosis control;

(iv) to mobilize additional resources to support national programmes;

5. REQUESTS the Regional Director to report to the forty-second session of the Regional Committee on the progress made in the institution of national tuberculosis control programmes.

September 1990, 40, 14

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AFR/RC42/R9 ***Regional programme for tuberculosis and leprosy control***

The Regional Committee,

Recalling resolutions AFR/RC40/R7, WHA44.8 concerning tuberculosis and WHA44.9 on Leprosy;

Expressing concern that over six hundred thousand deaths and one million four hundred thousand new cases of tuberculosis continue to occur annually in our Region;

Recognizing that tuberculosis is rapidly increasing in the Region owing to the AIDS pandemic;

Further recognizing that resourceful application of existing technology can achieve the goal of tuberculosis control programmes even under very difficult conditions;

Noting with satisfaction the significant progress made with multidrug therapy (MDT) for leprosy resulting in reductions in the prevalence of the disease;

Having considered the Regional Director's report on the tuberculosis and leprosy control programme;

Conscious of the need for the gradual social rehabilitation of leprosy patients as well as the steady closing down of leprosy sanatoriums;

1. CONGRATULATES the Regional Director for the excellent and concrete actions taken to revitalize the regional programme for the control of tuberculosis and leprosy;

2. CALLS UPON Member States:

(i) to take, at the highest level, the political commitment to intensify tuberculosis and leprosy control as an integral part of primary health care; review the situation of current control activities, particularly, of tuberculosis in the light of the AIDS pandemic by introducing Short Course Chemotherapy (SCC) for tuberculosis, expanding the MDT coverage for leprosy, and improving the management system;

(ii) to strengthen managerial capabilities within national programmes, particularly at the district level and to improve training in tuberculosis and leprosy control for health workers at all levels, including medical students and nurses;

(iii) to strengthen health education activities through various approaches, including community participation, particularly in respect of the social rehabilitation of the leprosy patient;

3. CALLS UPON international, governmental and nongovernmental organizations as well as private voluntary foundations to continue supporting tuberculosis and leprosy control activities in the African Region;

4. CALLS UPON the Regional Director:

(i) to intensify support to Member States for the establishment and strengthening of national control programmes in order to improve screening and treatment, and to attain a cure rate target of 85% sputum-positive patients under treatment and to detect 70% of cases by the year 2000 in an integrated approach to Primary Health Care;

(ii) to strengthen technical support to Member States for the implementation of multidrug therapy so as to achieve the global elimination of leprosy as a public health problem by the year 2000;

(iii) to continue mobilizing financial resources for implementation of short course chemotherapy and multidrug therapy;

(iv) to continue strengthening national management capability for tuberculosis and leprosy control through support for training and operational research;

5. REQUESTS the Regional Director to monitor the progress of the programme and report to the Regional Committee on a regular basis.

September 1992, 42, 14

AFR/RC44/R6 ***Regional Programme for Tuberculosis***

The Regional Committee,

Expressing concern that over half a million deaths and one million and a quarter new cases of tuberculosis continue to occur annually in our Region;

Recognizing that tuberculosis is rapidly increasing in our Region owing to the AIDS pandemic;

Further recognizing that short course chemotherapy (SCC) is one of the most cost effective interventions in medicine;

Having considered the Regional Director's progress report on the Regional Tuberculosis Programme;

1. CONGRATULATES the Regional Director on the excellent and concrete actions taken to strengthen the regional programme for the control of tuberculosis;

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2. CALLS UPON Member States:

(i) to show maximum political commitment by setting up national control programmes with a central unit and making provision for budgetary allocations towards the implementation of the WHO recommended control strategy;

(ii) to strengthen management capacity and capability within national programmes, particularly at district level, using the training modules;

(iii) strengthen health education activities through various approaches including community participation, particularly in respect of the social stigma attached to tuberculosis;

3. CALLS UPON international, governmental and nongovernmental organizations as well as private voluntary foundations to further provide financial and technical support for tuberculosis control activities in the African Region;

4. CALLS UPON the Regional Director:

(i) to target activities towards improving the cure rate of sputum smear positive tuberculosis to 85% and to detect 70% of such cases by the year 2000 as an integrated approach to primary health care;

(ii) to strengthen technical support to Member States for the implementation of SCC;

(iii) to continue playing a catalytic role in mobilizing the financial resources required for implementation of SCC;

(iv) to continue strengthening national management capability for tuberculosis through training and promotion of operational research;

5. REQUESTS the Regional Director to monitor the progress of the programme and report regularly to the Regional Committee.

September 1994, 44, 9

13.9 LEPROSY

AFR/RC42/R9 ***Regional programme for tuberculosis and leprosy control***

The Regional Committee,

Recalling resolutions AFR/RC40/R7, WHA44.8 concerning tuberculosis and WHA44.9 on leprosy;

Expressing concern that over six hundred thousand deaths and one million four hundred thousand new cases of tuberculosis continue to occur annually in our Region;

Recognizing that tuberculosis is rapidly increasing in the Region owing to the AIDS pandemic;

Further recognizing that resourceful application of existing technology can achieve the goal of tuberculosis control programmes even under very difficult conditions;

Noting with satisfaction the significant progress made with multidrug therapy (MDT) for leprosy resulting in reductions in the prevalence of the disease;

Having considered the Regional Director's report on the tuberculosis and leprosy control programme;

Conscious of the need for the gradual social rehabilitation of leprosy patients as well as the steady closing down of leprosy sanatoriums;

1. CONGRATULATES the Regional Director for the excellent and concrete actions taken to revitalize the regional programme for the control of tuberculosis and leprosy;

2. CALLS UPON Member States:

(i) to take, at the highest level, the political commitment to intensify tuberculosis and leprosy control as an integral part of primary health care; review the situation of current control activities, particularly, of tuberculosis in the light of the AIDS pandemic by introducing Short Course Chemotherapy (SCC) for tuberculosis, expanding the MDT coverage for leprosy, and improving the management system;

(ii) to strengthen managerial capabilities within national programmes, particularly at the district level and to improve training in tuberculosis and leprosy control for health workers at all levels, including medical students and nurses;

(iii) to strengthen health education activities through various approaches, including community participation, particularly in respect of the social rehabilitation of the leprosy patient;

3. CALLS UPON international, governmental and nongovernmental organizations as well as private

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voluntary foundations to continue supporting tuberculosis and leprosy control activities in the African Region;

4. CALLS UPON the Regional Director:

(i) to intensify support to Member States for the establishment and strengthening of national control programmes in order to improve screening and treatment, and to attain a cure rate target of 85% sputum-positive patients under treatment and to detect 70% of cases by the year 2000 in an integrated approach to Primary Health Care;

(ii) to strengthen technical support to Member States for the implementation of multidrug therapy so as to achieve the global elimination of leprosy as a public health problem by the year 2000;

(iii) to continue mobilizing financial resources for implementation of short course chemotherapy and multidrug therapy;

(iv) to continue strengthening national management capability for tuberculosis and leprosy control through support for training and operational research;

5. REQUESTS the Regional Director to monitor the progress of the programme and report to the Regional Committee on a regular basis.

September 1992, 42, 15

AFR/RC44/R5 Rev. 1 ***Elimination of Leprosy in the African Region***

The Regional Committee,

Recalling resolutions WHA44.9 and AFR/RC42/R9 concerning leprosy;

Expressing satisfaction with the progress so far made in leprosy control in the Region;

Recognizing that political commitment has increased in all our Member States;

Further recognizing that national and international nongovernmental and other organizations increased support to countries to develop national action plans;

Having considered the Regional Director's report on leprosy elimination;

1. CONGRATULATES the Regional Director on the excellent and concrete actions taken towards the implementation of multidrug therapy among Member States;

2. CALLS UPON Member States:

(i) to increase and sustain the political commitment to further expanding to 100% MDT coverage of leprosy;

(ii) to strengthen management capacity and capability within national programmes, particularly at district level;

(iii) to strengthen health education activities through various approaches including community participation, particularly in respect of the rehabilitation and social reintegration of leprosy patients;

3. CALLS UPON international, governmental and nongovernmental organizations as well as private voluntary foundations to continue supporting leprosy control activities in the African Region;

4. CALLS UPON the Regional Director to target activities towards improving leprosy control in the 10 most endemic countries by:

- providing training in management at district level using the training modules;
- developing monitoring and evaluation tools;
- providing direct consultants' support;
- encouraging NGOs to sustain financial support to programmes and promoting health systems research for capacity building in Member States;

5. REQUESTS the Regional Director to monitor the progress of the programme and report regularly to the Regional Committee.

September 1994, 44, 8

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13.10 ZOONOSES

There is no resolution at regional level on this subject

13.11 SEXUALLY TRANSMITTED DISEASES

There is no resolution at regional level on this subject

13.12 RESEARCH AND DEVELOPMENT IN THE FIELD OF VACCINES

There is no resolution at regional level on this subject

13.13 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Decision 1990/10 ***Nomination of representatives of the African Region on the Management Committee of the Global Programme on AIDS (GPA)***

The Committee noted the expiry, at the end of 1990, of the term of office of Zambia. It nominated Congo in replacement of this country for a three-year term beginning 1 January 1991; Congo will join Zimbabwe to represent the Region on the Management Committee of the Global Programme on AIDS (GPA)

September 1990, 40, 4

Decision 1991/12 ***Nomination of representatives of the African Region on the Management Committee of the Global Programme on AIDS (GPA)***

Since the term of office of Zimbabwe will expire at the end of 1991, Botswana will replace Zimbabwe for a three-year term beginning 1 January 1992. Botswana will join Congo to represent the Region on the Management Committee of the Global Programme on AIDS.

September 1991, 41, 4

Decision 1993/10 ***Nomination of representatives of the African Region on the Management Committee of the Global Programme on AIDS (GPA)***

Since the term of office of Congo will expire at the end of 1993, Côte d'Ivoire will replace Congo and will serve for a three-year term beginning 1 January 1994. Côte d'Ivoire will join Botswana to represent the Region on the Management Committee of the Global Programme on AIDS.

September 1993, 42, 10

Decision 1994/10 ***Nomination of representatives of the African Region on the Management Committee of the Global Programme on AIDS (GPA)***

During the forty-third session, the Regional Committee nominated Côte d'Ivoire to replace Congo for a three-year term beginning 1 January 1994. Côte d'Ivoire joined Botswana to represent the Region on the Management Committee of the Global Programme on AIDS. Following the resignation of Botswana from the Committee, Ethiopia will replace it from October 1994 for a term of two years.

September 1994, 44, 3

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AFR/RC39/R7 ***AIDS control programme***

The Regional Committee,

Having examined the report of the Regional Director in document AFR/RC39/5;

Considering the Declaration of the United Nations General Assembly confirming the lead role assigned to WHO in the conception, organization and coordination of AIDS control at the global level;

Noting with satisfaction the implementation of resolutions WHA40.2, WHA41.24, AFR/RC37/R5 and AFR/RC38/R9;

Appreciating the unreserved support of Member States for the global strategy for AIDS control and the implementation of activities at both regional and country levels;

Noting with satisfaction the many different efforts expended by the international committee in an unprecedented surge of solidarity to combat the AIDS pandemic;

Considering that the rapid spread of this pandemic makes it one of the most serious health problems in the world in general and in the African Region in particular;

Concerned at the particular threat to youth on account of the high prevalence of infection and disease in this age group, and the adverse impact of this situation on the socioeconomic development and demographic balance of the countries in the Region;

Recognizing the importance for the success of AIDS control programmes of such questions as epidemiological surveillance, the integration of activities into PHC, management, decentralization and research;

Recalling that in accordance with the distribution of tasks and functions between different levels of the Organization, direct support to national programmes and coordination of regional activities fall within the competence of the Regional Office;

Aware of the importance of socio-cultural factors in the organization of AIDS control;

Convinced therefore that the Regional Office is in the best position to develop and implement an appropriate strategy for control based on the specific situations in the Region;

1. COMMENDS the Regional Director for his report;

2. COMMENDS the Director-General for his extraordinary efforts to mobilize extrabudgetary resources and for the relevance of programmes currently in progress in countries;

3. THANKS the international community for the support given to AIDS control in the countries of the Region;

4. INVITES Member States:

(i) to include AIDS control among the priorities in their respective socioeconomic and health development programmes;

(ii) to promote and develop information, education and communication activities in order to control the AIDS pandemic more effectively;

(iii) to continue their collaboration with WHO and other partners, and with countries of the Region, in a spirit of frank dialogue and open exchange of information;

(iv) to pay special attention to the protection of children and adolescents;

(v) to strengthen national control programmes, especially in the following areas:

- epidemiological surveillance;
- integration of activities into PHC;
- improvement of management at all levels of the national health system;
- decentralization based on the district approach;
- promotion of research and development, taking account of established ethical criteria at the national and global levels;

(vi) to take the necessary steps to protect the human rights and dignity of infected persons and people with AIDS;

5. REQUESTS the Director-General to proceed to decentralize the programme so that the appropriate structures can be established to provide effective support to and continuous follow-up of national programmes;

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6. REQUESTS the Regional Director:

(i) to continue to support Member States in the implementation of national AIDS control programmes in the framework of the three-phase health development scenario;

(ii) to give clear guidelines to the intercountry teams and WHO Representatives in order to assist countries to effectively integrate AIDS control programmes into PHC;

(iii) to mobilize, in collaboration with the Director-General, additional resources to support national programmes and regional activities;

(iv) to report to the fortieth session of the Regional Committee on the AIDS situation in the Region and the implementation of this resolution.

September 1989, 39, 14

AFR/RC40/R6 ***AIDS prevention and control programme***

The Regional Committee,

Having examined the Regional Director's report contained in document AFR/RC40/5;

Considering the UN General Assembly Declaration confirming the leading role assigned to WHO in the conception, organization and coordination of AIDS prevention and control activities at the global level;

Noting with satisfaction the implementation of resolutions WHA40.2, WHA41.24, AFR/RC37/R5, AFR/RC38/R9 and AFR/RC39/R7;

Acknowledging with thanks the active participation of the Member States in the global strategy on AIDS prevention and control and the performance of activities at regional and country levels;

Noting with satisfaction the numerous efforts made by the international community as a sign of unprecedented solidarity to prevent and control the AIDS pandemic;

Considering that the rapid progression of this pandemic makes AIDS one of the most serious health problems in the world in general, and in the African Region in particular;

Concerned about the particular threat it poses to the youth due to the high prevalence of the infection and the disease in this group and about the negative impact of such a situation on the socioeconomic development and demographic balance of the countries of the Region;

Recognizing the importance, for the success of AIDS prevention and control programmes, of such issues as epidemiological surveillance, integration of activities into PHC, management, decentralization and research;

Recalling that, in accordance with the assignment of duties and functions to various levels of the Organization, direct support for national programmes and coordination of the regional activities fall under the jurisdiction of the Regional Office;

Aware of the importance of the socio-cultural factors involved in the organization of AIDS prevention and control;

Convinced that, as a result, the Regional Office is best placed to ensure coordination and appropriate monitoring, based on the specific characteristics of the Region, with a view to planning and implementing and appropriate prevention and control strategy;

1. CONGRATULATES the Regional Director for his report;

2. CONGRATULATES the Director-General for the considerable efforts made in the mobilization of resources, for the relevance of the programme developed in the countries and for the efforts made to effectively decentralize AIDS prevention and control activities in accordance with primary health care principles and resolution AFR/RC39/R7;

3. THANKS the international community for the support provided for the prevention and control of AIDS in the countries of the Region;

4. INVITES Member States:

(i) to use the PHC approach and to continue to intensify and accelerate the integration process, to include AIDS prevention and control in the list of the priorities in their respective socioeconomic and health development programmes and to decentralize AIDS prevention and control activities at the peripheral level according to the Three-Phase African Health Development Scenario and make optimal use of available national resources;

(ii) to promote and develop information, education and communication activities so as to make the prevention and control of AIDS and other sexually transmitted diseases (STD) more effective;

(iii) to continue collaboration with WHO and other partners as well as with the countries of the Region

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in a spirit of frank dialogue and open exchange of information;

(iv) to pay particular attention to the protection of children and adolescents;

(v) to intensify measures to protect health care workers;

(vi) to consolidate national prevention and control programmes, especially in the following areas:

(a) definition of a national policy on blood transfusion, including the organization of a coordinated national blood transfusion service;

(b) utilization of a medium-term plan for national AIDS prevention and control programmes so as to facilitate the application of strategies for the prevention of the risk of HIV transmission through blood and blood products;

(c) epidemiological surveillance;

(d) integration of activities into PHC;

(e) improvement of management at all levels of the national health system;

(f) decentralization based on the district approach;

(g) promotion of research/development, taking into account the ethical rules established at the national and global levels;

(vii) to take measures necessary to protect human rights and the dignity of infected persons and AIDS patients;

5. REQUESTS the Director-General to carry on the process of decentralizing the programmes already started in order to set up appropriate structures with a view to providing effective support and ensuring the ongoing monitoring of national programmes;

6. REQUESTS the Regional Director:

(i) to continue supporting Member States in the implementation of national AIDS prevention and control programmes and this, within the framework of the three-phase health development scenario;

(ii) to strengthen, through additional personnel postings, intercountry teams and the offices of WHO Representatives with a view to helping the countries to effectively integrate AIDS prevention and control programmes into primary health care;

(iii) to continue to mobilize, in collaboration with the Director-General, supplementary resources in support of national programmes and regional activities;

(iv) to ensure timely response to countries' requests, particularly in case of essential equipment, materials and reagents;

(v) to submit a report to the forty-first session of the Regional Committee on the situation of AIDS in the Region and on the implementation of this resolution.

September 1990, 40, 12

AFR/RC42/R5 ***AIDS prevention and control programme***

The Regional Committee,

Having examined the Regional Director's report contained in document AFR/RC42/5 Rev.1;

Recalling resolutions WHA40.26, WHA41.24, AFR/RC41/R14, WHA42.33, WHA42.34. WHA45.35 as well as United Nations General Assembly resolution 46/203 and the declaration AHG/DECL/.1 (XXIII) of Heads of State and Government of OAU;

Noting with satisfaction the implementation of resolutions AFR/RC37/R5, AFR/RC39/R7 and AFR/RC40/R6;

Concerned that the AIDS pandemic is still spreading rapidly and at an alarming rate in developing countries generally and in the countries of the African Region in particular within a context of already existing African Health crisis as per OAU declaration AGH/DECL.3 (XXVII);

Recognizing that the human immunodeficiency virus, the causative agent of AIDS, is spreading from urban to rural parts of the countries of the Region in which the majority of the population resides;

Recognizing that heterosexual transmission is the significantly predominant mode of transmission of HIV in the Region;

Greatly concerned about the emerging severe socioeconomic consequences of the disease due to high prevalence of the infection in men, women and children, the growing number of AIDS patients and rising rates of opportunistic infections such as tuberculosis in the communities, which is causing an increasing burden on the already overloaded health services and calling for close collaboration between AIDS and tuberculosis control programmes;

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Convinced that the effective prevention and control of AIDS is an act that requires high political commitment and substantial community mobilization efforts;

Noting the salutary effect that the decentralization of the global AIDS strategy has had on AIDS prevention and control efforts;

Acknowledging with satisfaction the active collaboration of all organizations and agencies of the United Nations system, and the many nongovernmental organizations in the global AIDS control strategy;

Expressing appreciation for the significant technical, material and financial resources which the multilateral, bilateral United Nations agencies and nongovernmental organizations have provided in support of the global AIDS strategy in general, and the national AIDS programmes in the Member States of the Region in particular;

Noting with satisfaction the efforts made by Member States in the implementation of national AIDS prevention and control plans;

Acknowledging the leading role and support given to the national AIDS programmes of Member States by the Regional Office;

1. CONGRATULATES the Regional Director on his report;

2. ENDORSES the recommendations and actions taken to implement the global strategy and Regional thrusts for the prevention and control of AIDS in the Member States;

3. THANKS the Director-General for the updated global strategy, and for his continued effort to mobilize resources for the global AIDS control programme;

4. APPEALS to the international community to increase their support to the countries of the Region to enable them meet the rising needs of the escalating number of AIDS patients and orphans, as well as cope with the severe economic consequences of the disease on the communities;

5. APPEALS to Member States:

(i) to give their highest political, administrative, technical and financial commitment to AIDS prevention at all national levels;

(ii) to intensify efforts to implement the regional thrusts and the updated global AIDS strategy, paying particular attention to action directed at women, children, and adolescents and the health care needs of patients and their families;

(iii) to strengthen their national AIDS committees and the management of their national AIDS programmes;

(iv) to mobilize national and international resources for the establishment of national blood transfusion services, including development and strengthening of laboratory services at district and national levels, and ensure the prevention of HIV infection from blood and blood products by screening all blood donations, providing counselling guidance and other preventive elements;

(v) to ensure a multisectoral approach at the national and international levels for AIDS prevention and control and in mobilizing resources;

(vi) to monitor and take necessary measures to protect human rights and the dignity of AIDS patients and oppose discrimination against persons or groups known to be or suspected of being HIV infected;

(vii) to intensify efforts to establish comprehensive programmes for the control of sexually transmitted diseases and integrate them with the AIDS prevention and control programme;

(viii) to integrate the national AIDS and sexually transmitted diseases prevention and control activities with primary health care and undertake the decentralization of AIDS/STD programmes to district and community levels.

6. REQUESTS the Regional Director:

(i) to continue to urge Member States to give their highest commitment to national AIDS prevention and control programmes;

(ii) to strengthen the managerial capability of Member States through the provision of technical assistance and by organizing technical and managerial training activities for national officials involved in AIDS prevention and control;

(iii) to provide technical guidance to Member States in the planning, programming, review and formulation of the second generation medium-term plans with emphasis on multisectoral response to AIDS prevention and control;

(iv) to assist Member States in their efforts to mobilize resources in support of national AIDS programmes and in multisectoral response to the pandemic;

(v) to encourage and provide technical assistance to Member States in the development of community-based home care of AIDS patients, their families and communities;

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(vi) to assist countries in the development of interventions and in the evaluation of their impact in order to improve strategies for the prevention and control of AIDS in all programme areas;

(vii) to provide technical guidance to countries in the mobilization of youth, women, men, workers and the community;

(viii) to submit a report to the forty-third session of the Regional Committee on the AIDS situation in the Region and on the implementation of this resolution.

September 1992, 42, 8

AFR/RC43/R3 ***Prevention and control of AIDS in the African Region: Meeting the Challenge of the AIDS Epidemic***

The Regional Committee,

Having examined the report of the Regional Director contained in document AFR/RC43/9 which described the state of the AIDS epidemic and the efforts of Member States in combating the epidemic;

Noting with concern the continuing spread of the epidemic to other areas hitherto unaffected by HIV infection despite the increasing level of interventions aimed at controlling it in the Member States of the Region;

Recalling the resolution adopted at its fortieth session (AFR/RC40/R6) calling on Member States to place emphasis on regionally relevant strategies for AIDS prevention and control and give the programme all necessary political commitment;

Noting with appreciation the political commitment to national AIDS control efforts expressed in the Declarations of the OAU Heads of State on the AIDS epidemic in Africa, AHG/DECL.3 (XXVII), in Abuja, 1991 and AHG/DECL.1 (XXVIII) in Dakar, 1992);

Noting with grave concern that there has been a dramatic reduction in the level of WHO/GPA staff posts in the countries of the Region from 86 to 40 and that this reduction in posts will severely affect the capability of WHO to deliver technical cooperation to the Member States;

Believing that the current AIDS prevention and control efforts in many Member States require to be further reinforced with the enactment of appropriate national policy instruments and legislation to enforce and to extensively implement effective strategies for the prevention of sexual transmission of HIV and guaranteeing of blood safety;

Believing furthermore that governments should actively encourage the setting up of organizations at all levels of government and society (national, intermediate and district) in order to ensure an appropriate and sustainable response to the HIV/AIDS epidemic;

1. APPEALS to the international community to reinforce multisectoral collaboration for achievement of the goals of the global AIDS strategy and to increase the financial and material support given to the World Health Organization and the Member States of the African Region which has been the most severely affected by the HIV/AIDS epidemic;

2. COMMENDS the Regional Director on the effective manner in which he has continued to discharge his advocacy role towards the Member States, and for the technical guidance and support that the Regional Office has continued to give to the national AIDS prevention and control programmes;

3. URGES Member States:

(i) to intensify their efforts to ensure that the objectives and activities jointly agreed by the countries and the World Health Organization for the implementation of the global and regional strategies are achieved;

(ii) to enact the necessary policy and legal instruments to establish appropriate national organizations and to promote and initiate essential activities for the prevention and control of HIV/AIDS;

(iii) to intensify their efforts to mobilize national financial and material resources for the prevention of HIV and reduction of its impact on individuals, families and communities;

(iv) to encourage multilateral involvement in the planning and provision of support to national AIDS control efforts;

(v) to encourage the private sector and non-governmental organizations to provide financial and material resources for the AIDS control effort;

(vi) to guarantee the complete decentralization and integration of HIV/AIDS control activities, in conformity with the principles of the African Health Development Framework;

4. REQUESTS the Regional Director:

(i) to reinforce and sustain the leadership role of WHO in HIV/AIDS prevention and control;

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(ii) to pursue vigorously the agreed programme of decentralization of GPA Technical Support from headquarters to AFRO including the transfer of appropriate resources to enable the Regional Office to deliver effective technical support to the Member States;

(iii) to intensify collaboration and coordination with the other agencies of the United Nations System, international organizations, bilateral agencies and nongovernmental organizations in the planning and implementation of HIV/AIDS prevention and control activities;

(iv) to intensify WHO collaboration with the Member States and provide technical support as necessary;

(v) to submit a report on the status of the epidemic in the countries of the Region and on the progress made in the implementation of this resolution to the Regional Committee at its forty-fourth session.

September 1993, 43, 8

AFR/RC44/R12 ***AIDS control: current status of AIDS control activities in the African Region***

The Regional Committee,

Having examined the report of the Regional Director contained in document AFR/RC44/6 which describes the current AIDS situation in the African Region and the efforts of Member States in combating the epidemic;

Recalling resolutions AFR/RC43/R3 and AFR/RC42/R5 which called on Member States to strengthen the management of their national AIDS programmes and increase commitment and support for AIDS prevention and control;

Noting with great concern that only 10 countries out of 46 Member States of the African Region can guarantee safety of blood transfusion in health care settings;

Recalling that although HIV transmission by blood transfusion is not the most important mode but the one mode that Member States can completely prevent through the establishment nationwide of well-equipped blood transfusion centres;

Concerned that the structural adjustment programmes instituted to improve the national economies of many countries of the Region are affecting the ability of Member States to tackle AIDS control and provide adequate remuneration for AIDS control personnel;

1. CONGRATULATES the Regional Director for the clarity of his report and thanks him for the detailed information provided on the current status of AIDS Control in the Region;

2. COMMENDS the member countries for their laudable efforts in the implementation of the thrusts of the AIDS control programme, particularly those dealing with information, education and communication (IEC), community mobilization and the integration of HIV/AIDS and STD programmes;

3. URGES Member States:

(i) to take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals, and set goals and targets for the attainment of HIV-free blood transfusion in health care settings;

(ii) to emphasize interventions targeted at adolescents by developing specific national policies and programmes;

(iii) to appoint adequately qualified and experienced persons to the post of AIDS programme managers to reflect the importance that the programme deserves, and take appropriate steps to encourage them to remain for longer periods with the AIDS control programme;

(iv) to integrate the IEC component of national AIDS control programmes into the national health education services of the ministries of health;

(v) to ensure that donor funding for AIDS is used solely for programme activities;

(vi) to mobilize human and financial resources at all levels for AIDS control activities;

(vii) to give their maximum support to the joint and cosponsored United Nations programme on HIV/AIDS when it is established;

(viii) to take urgent steps to implement the OAU Heads of State declaration on the AIDS epidemic in Africa [AHG/decl.1 (XXVIII)] which was adopted in July 1992 in Dakar, the Cairo resolution [AHG/Res.223 (XXIX)] on the AIDS epidemic in Africa, and the Tunis declaration on AIDS and the African Child in Africa (June 1994);

4. REQUESTS the Regional Director:

(i) to support the Member States in developing policy and national strategies on blood safety which

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are indispensable for securing the safety of blood in the African Region in the short, medium and long terms;

(ii) to intensify WHO collaboration with Member States to strengthen the management of their national programmes, and consider appeals from the Member States for the inclusion of their AIDS programme managers in the HFA country teams;

(iii) to vigorously undertake action to mobilize resources from the donor community for AIDS control in the African Region;

(iv) to submit a progress report on the implementation of this resolution to the Regional Committee at its forty-fifth session.

September 1994, 44, 16

AFR/RC45/R1 ***HIV/AIDS/STD: Prevention and control in the African Region***

The Regional Committee,

Recognizing that HIV/AIDS/STD remains one of the most important public health problems in Africa;

Noting with concern that the change in management structure of the HIV/AIDS/STD control programme at the global level risks disrupting both the regional and country AIDS control activities;

Concerned by the fact that while the epidemic trend is going up, current financing of technical support to countries is being terminated;

Preoccupied by the lack of clear information on the functioning of UNAIDS, and worried that in spite of WHO's mandate as the lead agency in technical cooperation and coordination in international health matters, the role of WHO regional and country offices vis à vis UNAIDS is still not clearly understood;

Noting that each agency co-sponsoring UNAIDS will continue to fulfill its own mandate;

Having examined the report of the Regional Director contained in document AFR/RC45/5, which describes the current AIDS situation in the African Region and the efforts of Member States in combating the epidemic;

1. REAFFIRMS that, as far as the African Region is concerned, WHO will continue to play its technical leading role in health matters concerning HIV/AIDS/STD control at country level with the full support of the Regional Office;

2. URGES Member States:

(i) to strengthen the national coordination mechanisms for HIV/AIDS/STD prevention and control which will include the UN system, bilateral agencies, NGOs and the private sector;

(ii) to ensure that provisions are made for HIV/AIDS/STD prevention and control in national budgets, not only by the health sector but also by the other sectors, because of the multisectoral dimensions of the problem;

(iii) to ensure that African country representatives in the UN system promote the strategy for HIV/AIDS/STD prevention and control as recommended by the Summit of Head of State of the OAU such as the one on "measures to address the HIV/AIDS epidemic in AFRICA: Achievements and challenges [CAMH/Res.3 (v)]" and the WHO Regional Committee for Africa;

3. URGES Member States of the African Region on the Programme Coordination Board (PCB) of UNAIDS to reflect the concerns raised during the forty-fifth session of the WHO Regional Committee for Africa about the importance of maintaining technical assistance on HIV/AIDS/STD at country level without interruption;

4. REQUESTS the Regional Director:

(i) to reinforce and sustain the technical leadership role of the WHO in health matters concerning HIV/AIDS/STD preventions and control;

(ii) to undertake, on behalf of the WHO African Region, in collaboration with other interested parties, advocacy for HIV/AIDS/STD control strategies as recommended by the Regional Committee whenever he is meeting African leaders, the donor community, other UN agencies, NGOs and others;

(iii) to ensure that adequate provision is made in the regular budget both at the regional and country levels in order that appropriate technical support for HIV/AIDS/STD activities is provided to country programmes;

(iv) to pursue vigorously his support to Member States in their efforts to mobilize international resources for HIV/AIDS/STD control;

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(v) to establish a high level team of African experts, in collaboration with interested partners, to advise the Regional Director on the most appropriate strategies, interventions and mechanisms for integrating activities as well as on operational research at country level;

(vi) to develop collaborative mechanisms with UNAIDS to produce guidelines on the coordination of HIV/AIDS/STD prevention and control activities in the African Region and ensure a smooth transition from GPA to UNAIDS in all areas, including technical support and financial and staff matters;

(vii) to convey this resolution to the Director-General for submission to the Executive Board and the World Health Assembly;

(viii) to convey the resolution to the Secretary-General of the Organization of African Unity in order to keep the Heads of State and Government updated.

September 1995, 45, 5

AFR/RC46/R2 ***Strategy on HIV/AIDS/STD Prevention and Control in the African Region***

The Regional Committee,

Recognizing once more that HIV/AIDS/STD remains one of the most important public health problems in Africa;

Noting that most of the HIV/AIDS/STD programmes are designed and implemented in a vertical and non-sustainable way;

Concerned by the rising number of HIV infections and the high incidence of STDs and tuberculosis in the Region in the face of diminishing national and external resources allocated to HIV/AIDS/STD programmes;

Referring to resolution AFR/RC45/R1 which reaffirmed WHO's technical leading role in health matters concerning HIV/AIDS/STD prevention and control at country level;

Acknowledging the commitment of the OAU Heads of State and Government on the issue of HIV/AIDS/STD in Africa as expressed in the Dakar Declaration (1992) and the Tunis (1994) Declaration;

Noting that countries have endorsed the multisectoral approach to the planning, implementation, monitoring and evaluation of national HIV/AIDS/STD programmes;

Concerned by the problem of non-accessibility of drugs for HIV/AIDS and STDs;

Having examined the Regional Director's report (document AFR/RC46/8) proposing a new regional strategy for HIV/AIDS/STD prevention and control,

1. APPROVES the new regional strategy on HIV/AIDS/STD prevention and control proposed in document AFR/RC46/8;

2. URGES Member States:

(i) to readjust their national strategies on HIV/AIDS/STD prevention and control in the light of the new regional strategy, and hence put more emphasis on integration, especially with the tuberculosis programme, decentralization and empowerment of national AIDS control programmes;

(ii) to make substantial provisions in their national budgets for the integrated HIV/AIDS/STD programmes;

(iii) to ensure that other sectors assume full responsibility for planning and allocating resources, and for implementing and evaluating HIV/AIDS/STD activities within their area of competence;

(iv) to mobilize local resources with the support of WHO country representatives and organize resource mobilization meetings for HIV/AIDS/STD integrated prevention and control activities;

(v) to establish and/or strengthen a national multisectoral body which will be responsible for advocacy, policy, planning, resource mobilization and coordination to which all the sectors will be answerable;

3. APPEALS to other partners to reinforce their commitment to supporting the HIV/AIDS/STD programmes at country and regional levels, by allocating adequate technical and financial resources for country integrated and coordinated interventions under country leadership;

4. REQUESTS the Regional Director;

(i) to strengthen the regional HIV/AIDS/STD programme in order to provide the appropriate technical support to countries by integrating HIV/AIDS/STD activities into the other health programmes;

(ii) to promote collaboration between countries which belong to the same epidemiological bloc;

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(iii) to continue to play a strong advocacy role by collaborating with other partners in the implementation of the new regional strategy with the support of the OAU and in furthering the implementation of the Dakar (1992) and Tunis (1994) OAU Summit declarations on HIV/AIDS/STD in Africa;

(iv) to take all appropriate action to assist countries to provide adequate care to HIV/AIDS and STD patients, including access to appropriate drugs;

(v) to encourage and support research with a view to providing countries with the means for HIV/AIDS treatment and prevention, including the use of African herbal plants;

(vi) to mobilize extrabudgetary resources for HIV/AIDS/STD prevention and control in the Region;

(vii) to continue his efforts towards the establishment of good collaboration mechanisms with UNAIDS and other partners at regional and country levels;

(viii) to report to the forty-seventh session of the Regional Committee on the progress achieved in the implementation of this resolution.

September 1996, 46, 5

13.14 OTHER COMMUNICABLE DISEASES PREVENTION AND CONTROL ACTIVITIES

AFR/RC43/R7 ***Epidemiological surveillance of communicable diseases at the district level***

The Regional Committee,

Considering that the frequent occurrence in the African Region of epidemics such as cholera, plague, yellow fever, cerebrospinal meningitis, malaria and many others brings untold human suffering and loss of human lives;

Considering epidemiological surveillance as a powerful management tool for predicting the occurrence of epidemics, enabling the prior mobilization of resources and for prevention and control of potential epidemics;

Bearing in mind that Member States consider the district as the anchor for strengthening health systems through a decentralized management approach;

Having considered the Regional Director's report on the epidemiological surveillance of communicable diseases at district level;

Having also considered the report of the Regional Director on "Extending the role of nursing/midwifery personnel in the epidemiological surveillance of diseases";

1. CONGRATULATES the Regional Director for his reports;

2. APPROVES the proposed steps for strengthening epidemiological surveillance at various levels of the national health system, including the organization of training activities at district level;

3. DECLARES the next five years a period for preventing the occurrence of and combating epidemics of communicable diseases in Member States through improved epidemiological surveillance at district level;

4. URGES Member States:

(i) to review current epidemiological surveillance activities at district level, identify weaknesses and take the necessary steps for improvement;

(ii) to ensure participation of nurses/midwives and other health care personnel in epidemiological surveillance of communicable diseases for improved disease control;

(iii) to prepare specific guidelines for use by staff at the periphery, for surveillance and prevention of potentially epidemic diseases of local importance;

(iv) to reinforce training in epidemiology for district health teams, notably using WHO modules;

(v) to develop well-staffed and properly equipped laboratory services;

5. REQUESTS the Regional Director:

(i) to provide technical and financial support for short- and long-term training programmes in epidemiological surveillance;

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(ii) to monitor progress in training activities for epidemiological surveillance in Member States using WHO country teams;

(iii) to disseminate information on epidemics of communicable diseases in the Region and continue to support countries in combating them;

(iv) to report to the forty-sixth session of the Regional Committee on progress made in implementation of this resolution.

September 1993, 43, 15

AFR/RC48/R2 ***Integrated epidemiological surveillance of diseases: Regional strategy for communicable diseases***

The Regional Committee,

Recalling World Health Assembly resolutions WHA22.47, WHA41.28 and WHA48.13 on the epidemiological surveillance of communicable diseases adopted by the World Health Assembly in 1969, 1988 and 1995 respectively;

Recalling also Regional Committee resolutions AFR/RC38/R24 and AFR/RC43/R7 relating to the evaluation and strengthening of national epidemiological surveillance systems, particularly to ensure early detection and effective control of epidemics;

Aware of the weakness of national epidemiological surveillance systems and the pressing need to have, at all times, appropriate information on disease trends and on the effectiveness, efficacy and impact of interventions of disease control programmes;

Acknowledging that the integrated approach applied to epidemiological surveillance was likely to enhance cost-effectiveness; and

Having reviewed the report of the Regional Director contained in document AFR/RC48/8 as well as the report of the Programme Subcommittee relating thereto;

1. APPROVES the regional strategy for integrated surveillance of diseases as presented in document AFR/RC48/8;

2. CALLS UPON Member States:

(i) to carry out, if not yet done, an exhaustive evaluation of their systems for epidemiological surveillance of diseases in order to identify their weaknesses and their needs in terms of human, financial and material resources, including means of communications;

(ii) to evaluate the laboratory component of disease control programmes so as to provide it with the resources needed to contribute to epidemiological surveillance, and to the surveillance of bacteria and parasite resistance of drugs;

(iii) to take the necessary steps, including resource allocation, to implement the regional strategy for surveillance of diseases by giving special focus to the integrated approach;

(iv) to effectively participate in intercountry cooperation activities in the spirit of subregional cooperation protocols adopted collectively through, *inter alia,* rapid notification of epidemics to WHO and neighbouring countries; and

(v) to effectively use the available epidemiological data in taking decisions on priority setting and resource allocation;

3. REQUESTS international partners concerned with the epidemiological surveillance of diseases in Africa to provide support to the countries and the World Health Organization in the implementation of the present strategy; and

4. REQUESTS the Regional Director:

(i) to provide support to Member States to enable them to implement the present strategy;

(ii) to pursue the effort to put in place technical teams in the epidemiological blocs in order to provide the countries with the technical support they need in the implementation of epidemic preparedness and rapid response to epidemics within the framework of subregional cooperation protocols and corresponding plans of action;

(iii) to mobilize regular budget resources and extrabudgetary resources to support the implementation of the strategy at country, epidemiological bloc and regional levels; and

(iv) to report to the Regional Committee every other year on the implementation of the strategy.

September 1998, 48, 5

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13.15 BLINDNESS AND DEAFNESS

For previous resolutions, see Volume I, page 200

13.16 CANCER

For previous resolutions, see Volume I, page 203

13.17 CARDIOVASCULAR DISEASES

AFR/RC43/R4 ***Community-based measures for control and prevention of cardiovascular diseases for the 1990s***

The Regional Committee,

Considering Resolution WHA42.35 (1989) of the World Health Assembly which called on Member States to strengthen their efforts to apply available knowledge on the prevention and control of noncommunicable diseases by means of integrated, community-based programmes which give priority to national requirements;

Recalling Resolution WHA 36.32 (1983), which urged Member States to pay particular attention to wider possibilities for prevention and control of cardiovascular diseases as an integral part of their national health plans;

Considering that Member States which had the capacity to do so were called upon to provide financial and technical support to developing countries in implementing their programmes;

Considering that Member States have endorsed the African Health Development Framework as a means of accelerating the achievement of Health for All by the Year 2000;

Considering the number of studies and surveys that have been undertaken on cardiovascular diseases in the Region over the last ten years;

Bearing in mind that cardiovascular diseases increase as the population ages, and that manpower and equipment to manage these diseases are not available and will not be available in the near future;

Having studied the Regional Director's report:

1 THANKS the Regional Director for his concise and comprehensive report;

2. CALLS upon Member States:

(i) to assess the extent of cardiovascular disease problems in their populations and to select priorities for implementation using the best methods and strategies for prevention, in order to reduce risk factors among the population;

(ii) to launch national programmes for the training of health workers at national, intermediate and district levels;

(iii) to train health workers in community-based PHC activities and use them for the prevention and control of cardiovascular diseases;

(iv) to mobilize local and external resources for cardiovascular disease prevention and control activities;

(v) to strengthen or establish mechanisms for easy diagnosis of cardiovascular diseases, whether through systematic medical examinations in school health and workers' health programmes, or through periodic screening campaigns, which should include rural districts and communities;

3. CALLS upon international, governmental and nongovernmental organizations as well as private voluntary foundations to support cardiovascular disease control and prevention in the African Region;

4. REQUESTS the Regional Director:

(i) to lend the necessary technical support to Member States for the formulation of their national cardiovascular disease control and prevention programmes and for their integration in PHC;

(ii) to organize technical and management training activities for nationals in cardiovascular disease

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control and prevention, and seminars and workshops to facilitate the exchange of experiences and the promotion of programmes at national and regional levels;

(iii) to mobilize more resources for all the above activities at both country and international levels;

(iv) to take the appropriate steps to encourage adhesion of specialized institutions of the African Region to the network of collaborating centres of the project for Monitoring Trends and Determinants of CVD (MONICA);

(v) to report regularly to the Regional Committee on progress made in prevention and control of cardiovascular diseases in the Region.

September 1993, 43, 10

13.18 OTHER NONCOMMUNICABLE DISEASES PREVENTION AND CONTROL ACTIVITIES

There is no resolution at regional level on this subject

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14. HEALTH INFORMATION SUPPORT

AFR/RC41/R6 ***Management of information support to district health systems***

The Regional Committee,

Recalling resolutions AFR/RC37/R4 and AFR/RC37/R14 relating to the need to strengthen the management of information support to District Health Systems;

Appreciating the progress made by the countries in the use of "community health indicators" and "criteria for operationality of districts" designed in application of relevant resolutions of the Regional Committee;

Conscious of the importance of information support as an essential element for improving health systems management;

THANKS the Regional Director for having designed and made available to countries practical instruments for monitoring and evaluating progress towards health for all at the district level;

2. URGES Member States to utilize them in a systematic manner and to adapt them to their national health systems, while ensuring their integration in the strengthening of existing national systems for health information and their complementarity with the global mechanism for evaluating strategies for health for all.

3. REQUESTS the Regional Director to strengthen technical and financial support to the district management information systems in particular, to the effective use of "Regional community health indicators" and criteria for operationality of districts".

September 1991, 41, 14

AFR/RC47/R2 ***Regional information, education and communication strategy for health promotion in African communities***

The Regional Committee,

Recalling the importance given by the WHO Constitution and the Declaration of Alma-Ata to information and education as a means of promoting health;

Recalling World Health Assembly resolutions WHA27.27 and WHA42.44;

Taking into account the recent Jakarta Declaration on health promotion into the twenty-first century;

Recognizing the urgent need and demand for information to enable people take simple measures to protect and promote health;

Cognisant of the crucial role health information, education and communication initiatives can play in making people adopt healthy behaviour and lifestyles;

Recognizing that health information, education and communication activities are essential elements of health promotion programmes and can expedite the attainment of health for all in the Region;

1. APPROVES the Regional Information, Education and Communication Strategy for Health Promotion in African Communities;

2. CALLS on Member States:

(i) to develop or strengthen strategies for health information, education and communication as essential elements of health promotion;

(ii) to take appropriate measures to strengthen the necessary infrastructure and provide adequate resources at all levels for health information, education and communication initiatives;

(iii) to facilitate the acquisition of equipment for information, education and communication activities, such as radio sets, by making them tax-free;

(iv) to intensify the production and distribution of appropriate information and education materials to enable the people protect and promote health;

(v) to promote the development and pretesting of health information materials in local languages;

(vi) to make greater use of all available communication channels, including traditional media, for health information and education in support of national health care programmes and establish links with the mass media in order to enhance health promotion activities;

(vii) to ensure that people in the rural areas, the underprivileged in urban centres and disadvantaged groups such as the blind and the deaf have adequate access to health information and education materials;

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(viii) to develop effective monitoring and evaluation mechanisms for information, education and communication activities;

(ix) to develop a relevant and timely health information system in order to ensure the availability of up-to-date information for health education;

3. REQUESTS the Regional Director:

(i) to provide support to Member States to enable them develop or strengthen and implement alternative methods of health promotion in support of health-for-all programmes;

(ii) to organize periodic regional workshops and seminars for mass media practitioners and other health communicators and promote the establishment of networks of health communicators and promoters;

(iii) to develop models and guidelines whenever appropriate to assist Member States to produce effective health information and education materials;

(iv) to mobilize, in collaboration with other agencies, funds in support of health information, education and communication activities in the Region;

(v) to identify collaborating centres that will help to promote research, training and the effective dissemination of health information;

(vi) to prepare an inventory of effective health information, education and communication methods and practices in the Regional and share them with Member States;

(vii) to publicize successes in health information, education and communication in the African Region;

(viii) to support efforts made to promote intercountry activities in information, education and communication;

(ix) to report to the forty-ninth session of the Regional Committee on progress made in the implementation of the strategy.

September 1997, 47, 7

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15. SUPPORT SERVICES

15.1 PERSONNEL

For previous resolutions see Volume 1 pages 234-238

15.2 GENERAL ADMINISTRATION AND SERVICES

For previous resolutions see Volume 1, pages 240-249

15.3 BUDGET AND FINANCE

AFR/RC40/R4 ***Optimal use of WHO resources: Consideration of the regional programme budget policy***

The Regional Committee,

Considering resolutions AFR/RC36/R3 and AFR/RC37/R12 relating to the regional policy on the programme budget;

Considering the efforts made by Member States and the Regional director to better define priority areas of cooperation with WHO, particularly by establishing priority programmes and the five-year action programme for implementing the health development scenario with particular emphasis on management;

Having examined the Regional Director's report on the implementation of the regional policy on the programme budget;

Having examined the draft programme budget for 1992-1993;

1. NOTES with satisfaction that the formulation of the programme budget for the period 1992-1993 is in keeping with the regional policy on the programme budget, particularly with respect to determination of priorities;

2. CONGRATULATES Member States and the Regional Director for the concrete actions taken in implementing the regional policy on the programme budget;

3. CALLS UPON Member States:

(i) to follow up the efforts that have already been made in implementing the regional policy on the programme budget;

(ii) to further strengthen implementation of priority programmes of the African Region, as well as the five-year action programme, in view of the fact that these two complementary aspects are meant to translate the three-phase health development scenario into programming and managerial terms;

(iii) to strengthen the use of the AFROPOC system for optimum use of WHO resources, particularly with respect to programming activities;

4. CALLS UPON the Regional Director:

(i) to strengthen WHO collaboration with countries, particularly in the implementation of priority programmes and the improvement of the use of the AFROPOC system to follow up the management and evaluation of technical activities;

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(ii) to continue to report to the Regional Committee, every two years, on progress achieved and problems encountered in implementing the regional policy on the programme budget;

(iii to review the criteria and formulae used for the determination of each country's allocation, which have been in operation for ten years, and to take appropriate action based on the review.

September 1990, 40,10

AFR/RC40/R5 ***Proposed Programme Budget, 1992-1993***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1992-1993;

1. NOTES that the Programme Budget, the second under the Eighth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for budgeting;

2. OBSERVES that participation by members of the Programme Subcommittee in Regional Programme Meetings, with a view to the preparation of the programme budget, facilitates the work and decision of the Regional Committee;

3. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

4. APPROVES the report of the Programme Subcommittee, which endorsed the Proposed Programme Budget;

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1992-1993 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1992-1993.

September 1990, 40, 11

AFR/RC41/R13 ***Rationalization of the financial resources of the Regional Office***

The Regional Committee,

Recalling the section in the report of the Regional Director concerning the Budget and Finance Unit (paragraphs 7.25 to 7.28) and its budgetary constraints;

Mindful of the high cost of its sessions to both the Regional Office and Member States;

Considering the concerns voiced by the majority of delegations regarding the multiple annual meetings at ministerial level (the Regional Committee, the Conference of Ministers of Health and the World Health Assembly);

Having analyzed the agenda and the preparatory work of the Programme Subcommittee;

1. CALLS UPON Member States desirous of hosting a regional committee to take responsibility for all additional costs;

2. SUGGESTS that the Regional Director should reduce the length of sessions by submitting an agenda appropriate to policy decisions taken at the continental level, and entrust experts with responsibility for technical questions.

September 1991, 41, 21

AFR/RC42/R2 ***Proposed Programme Budget, 1994-1995***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1994-1995;

1. NOTES that the Programme Budget, the third under the Eighth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis of overall budgeting;

2. COMMENTS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Sub-Committee;

4. ENDORSES the Proposed Programme Budget; and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1994-1995 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1994-1995.

September 1992, 42, 5

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AFR/RC44/R4 ***Proposed Programme Budget 1996-1997***

The Regional Committee,

Having studied in detail the report submitted by the Programme Subcommittee on the Proposed Programme Budget 1996-1997,

1. NOTES that the Programme Budget, the first under the Ninth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for overall budgeting;

2. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Subcommittee;

4. ENDORSES the Proposed Programme Budget for 1996-1997;

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1996-1997 to the Director-General for examination and inclusion in the Organization's proposed Programme Budget 1996-1997.

September 1994, 44, 8

AFR/RC45/R2 ***Criteria and formulae for the determination of country budget allocations***[1]

The Regional Committee,

Recalling paragraph 4(iii) of resolution AFR/RC40/R4 which called upon the Regional Director to review the criteria and formulae used for determination of each country's allocation, which criteria had been in operation for 10 years, and to take appropriate action based on the review;

Having examined the Regional Director's report contained in document AFR/RC45/2;

Noting that the report of an internal working group had been reviewed by the Programme Sub-Committee in 1991;

Noting that there had been consultations with Member States after that review, leading to an Expert Group meeting in 1992 to finalize the study;

1. ADOPTS the criteria and weighting recommended in the Regional Director's report;

2. CALLS UPON Member States to assist the Regional Office to keep up to date the data on the parameters used in the model;

3. REQUESTS the Regional Director:

(i) to introduce the revised criteria and weighting in the determination of the country allocations for the 1998-1999 budget;

(ii) to refine the results of this exercise in the light of extrabudgetary resources available to any country or special need arising in a country, or special situations in the Region as a whole;

(iii) to re-examine this new model, its parameters and weighting system during the preparation of the budget for the first biennium of each General Programme of Work or every six years, and to take appropriate action.

September 1995, 45, 6

AFR/RC46/R1 ***Proposed Programme Budget for 1998-1999***

The Regional Committee,

Having examined in detail the report submitted by the Programme subcommittee on the Proposed Programme Budget 1998-1999.

1. NOTES that the Programme Budget, the second under the Ninth General Programme of Work, has been prepared in accordance with the world Health Organization's guidelines and that the level in monetary terms is the same as the level for 1996-1997, reflecting a zero growth rate in real terms which has been the basis for overall budgeting;

2. COMMENDS the Regional director for giving expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Subcommittee;

[1] RC45 document AFR/RC45/2

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4. ENDORSES the Proposed Programme Budget for 1998-1999, and

5. REQUESTS the Regional director to transmit the Proposed Programme Budget for 1998-1999 to the Director-General for examination and inclusion in the Organization's Programme Budget for 1998-1999.

September 1996,46, 5

AFR/RC48/R1 ***Proposed Programme Budget for 2000-2001***

The Regional Committee,

Having carefully examined the Report submitted to the Programme Subcommittee on the Proposed Budget for the financial period 2000-2001,

1. NOTES that the Programme Budget, the last under the Ninth General Programme of Work and the first in the 21st century, was prepared in accordance with the directives issued by the Organization, and that the amount for the previous financial period has been maintained, representing zero growth which remains the basis for overall budgeting;

2. COMMENTS the Regional director for having continued to give practical effect to the policy and programmatic orientations defined by the directing organs;

3. APPROVES the report of the Programme Subcommittee;

4. APPROVES the Proposed Programme Budget for the financial period 2000-2001; and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget for the period 2000-2001 to the Director-General for consideration and inclusion in the Proposed Programme Budget of the Organization for the financial period 2000-2001.

September 1998, 48, 5

15.4 EQUIPMENT AND SUPPLIES FOR MEMBER STATES

For previous resolutions, see Volume 1, page 239

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