



**Telecommunication  
Development Bureau (BDT)**

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Geneva, 30 August 2012

Participating countries of the ITU Centres of  
Excellence Network for Portuguese and Spanish  
speaking countries in Africa

**Subject:** Workshop on “Concepts for a new Regulatory Framework” for Portuguese and Spanish speaking countries in Africa, São Tomé and Príncipe, 8-11 October 2012

Dear Sir/Madam,

On behalf of the International Telecommunication Union (ITU), I am pleased to invite you to participate in the workshop on “**Concepts for a new Regulatory Framework**” for Portuguese and Spanish speaking countries in Africa, to be held in **São Tomé and Príncipe**, from **8 to 11 October 2012**. The workshop will be hosted by the Autoridade Geral de Regulação, AGER. The workshop is being conducted under the aegis of the ITU Centres of Excellence Network for Portuguese and Spanish speaking countries in Africa. It will be delivered in Portuguese.

The workshop will provide an overview of main topics for a modern regulatory framework, with debate on what is an appropriate model for different countries in different circumstances. The workshop will cover both multi-sector and sector specific regulation. Particular attention will be given to consumer protection as an important aspect of regulation in a liberalised marketplace. It will also provide a practical framework to implement the basic structure of a regulatory framework for electronic communications and will focus on the role of the regulator in areas like licencing and consumer protection, enabling the participants, not only to draft legislation, but also to prepare regulatory decisions to improve competition and promote public policies.

The following topics will be addressed:

- Historical evolution of regulation
- Fundamental Principles
- Authorization and licensing
- Ex ante regulation of markets
- Consumer protection
- Universal Service
- Network and information security
- Protection of privacy and personal data
- Institutional structure

This workshop will target managers and other professionals from regulatory bodies, policy makers and operators from Portuguese and Spanish speaking countries in Africa.

In order to benefit from each other’s experiences, participants are invited to prepare and present case studies during the workshop.

If you wish to participate in this workshop, please complete the attached Registration form (Annex 1) and return it to Mr. José da Graça Diogo by e-mail ([diogoigd@yahoo.com](mailto:diogoigd@yahoo.com); [diogoigd@hotmail.com](mailto:diogoigd@hotmail.com)) or by fax: +239 227 371, with copy to the Project Coordinator, Ms Ermelinda Mondlane ([ermelinda.mondlane@itu.int](mailto:ermelinda.mondlane@itu.int)), tel: +258 21 497 133, fax: +258 21 490 079, by **21 September 2012** at the latest.

A partial fellowship, covering only the daily subsistence allowance in São Tomé and Príncipe, will be granted to one participant of each eligible country at the request of the administrations. However, countries are free to send more than one participant for this workshop, as long as they meet the cost of travel, accommodation and related expenses in São Tomé and Príncipe.

If interested, please complete the attached Fellowship application form (Annex 2) and return it to [\*\*bdtfellowships@itu.int\*\*](mailto:bdtfellowships@itu.int), as indicated in the form, **no later than 21 September 2012**.

Additional information on this workshop, including the programme as well as an information note for participants can be found on the ITU Academy Portal at <http://academy.itu.int/index.php/events>. For any further information you may need, please contact Ms Ermelinda Mondlane directly.

Yours faithfully,

[Original signed]

Brahima Sanou  
Director

Annexes: 1. Registration form  
2. Fellowship form

## ITU Centres of Excellence

Workshop on "Concepts for a New Regulatory Framework" for  
Portuguese and Spanish speaking countries in Africa

São Tomé and Príncipe  
8-11 October 2012

<b>Registration Form</b>
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Please use **CAPITAL** letters.

Family Name:.....

Given Name:.....

Title/Function:.....

Name of Organisation/Company:.....

Office Address:.....

Town:..... Country:.....

Telephone Number(s):.....

Fax Number(s):.....

E-mail:.....

Arrival: Date..... Time ..... Flight No. ....

Departure: Date..... Time ..... Flight No. ....

Please fax or email this form duly completed by **21 September 2012** to the following persons:

<p>Mr. José da Graça Diogo Gabinete de Comunicação e Relações Externas Autoridade Geral de Regulação, AGER Tel: +239 227 359 Fax: +239 227 361 Email: <a href="mailto:diogoigd@yahoo.com">diogoigd@yahoo.com</a> <a href="mailto:diogoigd@hotmail.com">diogoigd@hotmail.com</a></p>	<p>Ms Ermelinda Mondlane Project Coordinator Instituto de Formação das Telecomunicações Maputo Mozambique Tel: +258 21 497 133 Fax: +258 21 490 079 Email: <a href="mailto:Ermelinda.Mondlane@itu.int">Ermelinda.Mondlane@itu.int</a></p>
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## ITU Centres of Excellence

Workshop on "Concepts for a New Regulatory Framework"  
for Portuguese and Spanish speaking countries in Africa



São Tomé and Príncipe  
8-11 October 2012

Please return to: Administration Division E-mail : [bdtfellowships@itu.int](mailto:bdtfellowships@itu.int)  
(ADM) Tel: +41 22 730 5487 / 5095  
ITU/BDT Fax: +41 22 730 5778  
Geneva (Switzerland)

Request for a fellowship to be submitted before 21 September 2012

Participation of women is encouraged

Country: \_\_\_\_\_

Name of the Administration or Organization: \_\_\_\_\_

Mr. / Ms. \_\_\_\_\_

(family name)

(given name)

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PASSPORT INFORMATION:**

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of issue: \_\_\_\_\_ In (place): \_\_\_\_\_ Valid until (date): \_\_\_\_\_

**CONDITIONS:**

1. One partial fellowship per eligible country (covering only daily subsistence in São Tome and Príncipe).
2. Priority will be given to those presenting a paper.
3. Imperative that fellows be present from the first day and participate during the entire duration of the workshop.

Signature of fellowship candidate: \_\_\_\_\_ Date: \_\_\_\_\_

TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING  
OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL  
STAMP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_