

THE 2ND
**WHO AFRICA
HEALTH FORUM**

Achieving Universal Health Coverage
and Health Security in Africa:
The Africa We Want to See

Praia, Cabo Verde 26 – 28 March 2019



MINISTÉRIO DA
SAÚDE E DA
SEGURANÇA SOCIAL

GOVERNO DE
**CABO
VERDE**
A TRABALHAR PARA TODOS.

 **World Health
Organization**
REGIONAL OFFICE FOR **Africa**

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Abbreviations/Acronyms

AfDB	African Development Bank
AFP	acute flaccid paralysis
AFRIYAN	Africa Youth and Adolescent Network
ANC	antenatal care
AU	African Union
AUC	African Union Commission
AVADAR	Auto Visual AFP Detection and Reporting
AWD	acute watery diarrhoea
BMGF	Bill and Melinda Gates Foundation
CBOs	community-based organizations
CDC	Centers for Disease Control and Prevention
CFR	case-fatality rate
CSOs	civil society organizations
DEM	Digital Elevation Map
DHIS	District Health Information System
DRC	Democratic Republic of the Congo
DRM	Disaster Risk Management
ECOWAS	Economic Community of West African States
EDCTP	European and Developing Countries Clinical Trials Partnership
eIDSR	electronic IDSR
eSurve	Electronic Surveillance
EU	European Union
EVD	Ebola virus disease
FENSA	Framework of Engagement with Non-State Actors
GAVI	The Vaccine Alliance
GDP	gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHC	Global Health Council
GHSA	Global Health Security Agenda
GOARN	Global Outbreak Alert and Response Network
GPW	General Programme of Work
GSPN	Global Strategic Preparedness Networks
HiAP	Health in All Policies
IDSR	Integrated Disease Surveillance and Response
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHR	International Health Regulations
IHRMEF	IHR Monitoring and Evaluation Framework
ILO	International Labour Organization
IMS	Incident Management System
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LIC	low-income country

MDGs	Millennium Development Goals
MONUSCO	UN Stabilization Mission in the Democratic Republic of the Congo
NAPHS	National Action Plan for Health Security
NCDs	noncommunicable diseases
NGOs	nongovernmental organizations
NHDSP	National Health Development Strategic Plan
NHS	National Health Service
NSA	Non-State Actor
OCV	oral cholera vaccine
OOPs	out-of-pocket spending
PATH	Programme for Appropriate Technology for Health
PEPFAR	President's Emergency Programme for AIDS Relief
PHC	primary health care
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Centre
PPP	public-private partnership
RECs	regional economic communities
REMAP	Resource Mapping
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
SORMAS	Surveillance and Outbreak Response Management System
SPH	Strategic Partnership for IHR and Health Security
SSA	Sub-Saharan Africa
TGs	Technical Guidelines
THE	Total Health Expenditure
UHC	universal health coverage
UK	United Kingdom
UN	United Nations
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environment Programme
UNGA	United Nations General Assembly
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
WAHO	West Africa Health Organization
WAHF	WHO Africa Health Forum
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa



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The WHO Regional Director for Africa acknowledges the contributions of the moderators, panellists, speakers and participants, without whom the Forum will not have been such a success.

The Regional Director also acknowledges the contributions of the following members of the WHO Secretariat who played key roles in the successful organization of the Forum:

- From the Regional Office – Dr Joseph Caboré (Director for Programme Management), Mrs Pamela Drameh-Avognon (Coordinator for External Relations, Partnerships and Governing Bodies Unit), all Directors, Focal Points for the Sessions and Side Events, and all other members of the core planning team.
- From the Country Office – Dr Mariano Salazar Castellon (WHO Representative to Cabo Verde and Co-Leader of the Local Organizing Committee) and his team.
- The team of WHO rapporteurs and the principal author of this report of the Second WHO Africa Health Forum, Emil Asamoah-Odei, an independent consultant based in Accra, Ghana.

Executive Summary

The World Health Organization Africa Health Forum (WAHF) was established in 2017 to serve as a platform for strengthening collaboration between WHO and its stakeholders on Africa's health agenda and to facilitate engagement with all partners in order to promote partnerships and provide a process of dialogue towards the further development and adoption of joint innovative strategies for improving the health of Africans across the Region. This was in fulfilment of the pledge of the WHO Regional Director for Africa, Dr Matshidiso Moeti, to build strategic partnerships and to work with all Member States and partners to attain the highest possible level of health for Africa's people.

As a follow-up to the very successful First WAHF held in Kigali, Rwanda, in June 2017, the World Health Organization Regional Office for Africa convened, in collaboration with the Government of Cabo Verde, the Second WHO Africa Health Forum (Second WAHF) in Praia, Cabo Verde, from 26 to 28 March 2019. Organized under the theme "Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see", the objectives of the Second WAHF were to provide a platform to discuss innovative

strategies to address the persistent public health challenges in the African Region; promote reinforced country ownership and governance for health; and explore concrete ways for partners to contribute in reforming the work of WHO in the African Region and fulfil the aims of the "Africa Health Transformation Programme 2015-2020".

The Forum provided a unique opportunity for participants to explore the various options towards achieving universal health coverage (UHC) and health security in Africa, including deliberating on ways of improving health security, accelerating progress towards equity and UHC, and the unfinished agenda of communicable diseases, while exploring the new Sustainable Development Goal (SDG) targets, and tackling the social and economic determinants of health on the African continent.

Participants at the Forum included leaders and policy-makers, advocates, implementers and partners from various countries and with varied affiliations – government ministers, donor partners, United Nations agencies, nongovernmental organizations (NGOs), the private sector, academia, youth activists and the media.



Message of the World Health Organization Regional Director for Africa

We all know that Africa's health challenges have become increasingly complex. With the continent facing a growing number of disease outbreaks and the dual challenges of communicable and noncommunicable diseases, on the background of weak health systems, we cannot continue with business as usual.

The theme for this Forum was "Achieving Universal Health Coverage and Health Security: The Africa We Want to See." It underscored how good health for all, including ensuring health security and universal health coverage, is central to the continent's development and why the Government of Cabo Verde and the World Health Organization Regional Office for Africa jointly hosted the second WHO Africa Health Forum.

During this meeting in Praia, we reaffirmed the commitment we made in the first WHO Africa Health Forum in Kigali, Rwanda, two years ago: putting people first, promoting synergies and coherence and engaging all stakeholders behind the goal of achieving universal health coverage while leaving no one behind.

This second Forum introduced innovations and kick-started new partnerships that could reshape how we practise health development. In addition, the role of the youth in achieving Universal Health Coverage took center stage with the youths co-hosting and participating in discussions.

The forum also emphasized the need to optimize multisectoral partnerships for Universal Health Coverage and Health Security.

I trust that you will find this Forum report useful in carrying forward the fruitful partnering we started with the first Forum. I look forward to our continued and needed engagement and collaboration.

Yours sincerely,

Dr Matshidiso Moeti
WHO Regional Director for Africa



Message of the Minister of Health and Social Security Cabo Verde

Cabo Verde was honoured and proud to host the second Africa Health Forum, in partnership with the World Health Organization and under the theme “Achieving Universal Health Coverage and Health Security: The Africa We Want to See”.

In hosting this Forum, Cabo Verde reiterated its commitment to contribute to a healthier Africa, in a partnership with all countries in our region and our continent that is focused on people.

United and together for a healthier Africa!

Yours sincerely,

H.E. Dr Arlindo Nascimento do Rosário
Minister of Health and Social Security, Cabo Verde

Opening

The Forum was officially opened by His Excellency E. Jorge Carlos Almeida Fonseca, President of the Republic of Cabo Verde. Other speakers at the Opening Ceremony were the Honourable Dr Arlindo Nascimento do Rosário, Minister of Health and Social Security of Cabo Verde and Dr Matshidiso Moeti, WHO Regional Director for Africa.

In his welcome remarks the Honourable Minister of Health and Social Security expressed the appreciation of the Government of Cabo Verde to WHO for choosing his country to co-organize the Forum. He commended WHO for having established itself as the main strategic development partner in health in the country and also recognized the contributions of the entire United Nations system and the bilateral and multilateral cooperation partners that have supported health development in his country.



In welcoming the participants, the WHO Regional Director for Africa, Dr Matshidiso Moeti expressed her profound gratitude to the President, the Government and people of Cabo Verde for having offered to host the Forum, and for the remarkable progress that the country had made in improving the health of its citizens, under the personal leadership and commitment of the President. Dr Moeti recalled the progress made by the Region since the “Kigali Call-to-Action” was issued at the end of the First WAHF and the significant contributions made in ideas, strategy, tools and experience, by the WHO African Region to the global WHO Transformation Agenda being pursued under the leadership of the Director-General. Dr Moeti reminded the participants that much more needed to be done to address the persistent health challenges in the Region and that the Second WAHF was an important step in the efforts to forge additional partnerships, align priorities and galvanize commitment from national political leaders to civil society, to advance the health agenda in Africa and attain UHC and the SDGs.

In delivering the keynote address, His Excellency the President highlighted some of the key achievements of Cabo Verde in health. He invited leaders, policy-makers, academics, civil society, agencies of the UN system and potential funding partners to reflect on the health issues facing the continent and together, find new approaches. He also called on the international community to pay attention to the particular health needs of Small Island Developing States (SIDS), including their vulnerability to the consequences of climate change on the environment. In concluding his keynote address, the President congratulated the WHO Regional Director for Africa for her commitment to and leadership for health in the African Region and for launching the Innovation Challenge.

The opening ceremony was followed by a ribbon-cutting ceremony presided over by His Excellency the President and the WHO Regional Director for Africa to launch the exhibitions at the Innovations Exhibition Centre.

First Session: Taking Universal Health Coverage to the Next Level in Africa: Leaving No One Behind

In 2015, Member States adopted the SDGs. Inherent in the goals is the recognition of the important role of health in achieving sustainable development. The adoption of Goal 3.8 – *Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all* – highlights the importance of UHC for achieving the SDGs. Universal health coverage is the overarching target for all the SDG 3-specific targets, implying that attainment of all the SDG 3 targets should lead to UHC, with the opposite also being true (attaining UHC in itself would lead to attainment of the other SDG 3 targets). The targets for the health-related SDGs influence and catalyze actions towards the targets within SDG 3 to facilitate the attainment of health and well-being. Attainment of UHC is therefore central to the movement towards SDG 3 and all its related targets.

Universal health coverage requires innovative approaches to attain the outcomes of all health services, for all people, in all situations – for which the current approaches to health care are not designed. The session explored the overall approach for addressing UHC in the context of SDGs and ways to address key hindrances to attaining effective UHC results in countries in the African Region. The key conclusions were:

- Universal health coverage is central to the achievement of the SDGs; the right investments in UHC could lead to longer lives, better nutrition, good family planning, better response to epidemics, more decent jobs and less impoverishment.
- There is general recognition that UHC is a dynamic and complex process that unravels in different ways in each country. There is thus the need for an African perspective on UHC– taking cognizance of regional peculiarities, prioritizing innovative service delivery approaches and having a long-term perspective on results for UHC.
- Accelerating the strengthening of national health systems, while focusing on the primary health care (PHC) strategy as the preferred pathway, is crucial for achieving UHC, as reiterated in the Astana Declaration on PHC.
- Countries will need to re-look at systems for health governance to set up real mechanisms for engagement with stakeholders, particularly communities, and to have a proactive focus on establishing resilient health systems.
- It is not possible to move forward to attain the UHC goal without health promotion. Countries must invest in strengthening the capacity of the citizenry to better understand health issues so that they take their own actions to prevent illness and ensure well-being.

The key recommendations were:

Member States should:

- scale up implementation of the universal health coverage strategy as an effective way to guarantee the right to health for all without major financial constraints, thereby contributing to the social well-being of their populations and to the achievement of the SDGs;
- accelerate the strengthening of national health systems, focusing on the primary health care strategy as the preferred pathway to achieving universal health coverage, as reiterated in the Declaration of Astana on Primary Health Care;
- ensure active community participation in deciding, implementing and monitoring the effects of health initiatives;
- mobilize additional funding and improve the quality and efficiency of investments to accelerate and scale up efforts towards UHC.

Governments and partners should:

- actively monitor the range of essential health services available to each age group in countries to ensure that citizens enjoy greater access to the services they need for their health and well-being;
- prioritize initiatives focusing on communities, facilities and districts to build the resilience of health systems, to ensure sustained provision of essential services;
- support the expansion of health promotion, disease prevention, curative, rehabilitative and palliative interventions, particularly for the populations currently left behind;
- proactively support the generation and use of the data and statistics needed to monitor progress towards UHC in Member States, and make adjustments when necessary;
- move away from payment at the point of use because it is associated with inequities and financial barriers to access to services.



First Session: Taking Universal Health Coverage to the Next Level in Africa: Leaving No One Behind



Mr Henry Bonsu

Moderator: Journalist and International Broadcaster



Dr Proper Tumusiime

Director, Health Systems Strengthening Cluster (a.i)



Ms Loyce Pace

President and Executive Director, Global Health Council, USA



Ms Sofia Moreira de Sousa

Ambassador and Head of the EU Delegation to Cabo Verde



Dr Luis Gomes Sambo

Regional Director Emeritus, WHO African Region



Dr Leonardo Santos Simão

European and Developing Countries Clinical Trials Partnership, High Representative in Africa



Second Session: Multisectoral Collaboration to Improve Health Outcomes

The 2030 Agenda for Sustainable Development adopted by the United Nations General Assembly (UNGA) in 2015 is global in nature and focuses on ensuring the attainment of development in a manner that is equitable and sustainable. The agenda consists of intertwined and integrated seventeen SDGs and 169 targets that are all-inclusive, broad and people-centred transformative goals premised on an outcome concept to 'leave no one behind'. The SDGs place a high premium on good health by calling for an improvement in the well-being of all people regardless of status. This is in recognition that a healthy population is more productive and has greater potential to contribute to the overall social and economic development of a region or country.

The achievement of many SDGs has a bearing – whether direct or indirect – on the health goal by addressing the social determinants of health. This calls for strong and effective collaboration among all sectors. The main deterrent to achieving a multisectoral approach is the low priority given to intersectoral coordination mechanisms within specific countries. Where a response has been forthcoming it is often limited in effectiveness because of the lack of collaboration between government departments.

The reasons for this include lack of political commitment, which is reflected in the implementation of a national policy on health issues; rigid ministerial demarcations which prevent collaboration as different sectors with specific resources; ministries have often developed an inertia of their own characterized by a fixed way of doing things; poor communication and coordination between ministries; competition between sectors, each of which wants to be perceived as the 'lead' body; and the lack of a tradition of collaboration where the emphasis has instead been on vertical training which emphasizes particular professional orientations.

The Session was organized to discuss and engage stakeholders on the varied approaches to effective multisectoral coordination which can eliminate policy implementation barriers, facilitate scale-up and increase the impact that one sector or partner might generate on its own; and the setting up of a multisectoral coordination platform to address the SDGs in order to improve health outcomes.

The key conclusions were:

- Multisectoral collaboration is critical for meaningful progress towards health security and UHC. The efforts to promote the "Health in All Policies" approach or whole-of-government, whole-of-society approaches and enhance cross-sectoral action and policy coherence to improve health outcomes need to continue.
- Meaningful participation of the citizenry and the future generation, particularly the youth, in the development of policies affecting their health and well-being needs to be encouraged.
- There is the need for documentation and sharing of experiences on what works in multi and intersectoral collaboration among Member States. Countries need to invest in generating evidence to show that effective inter and multisectoral actions lead to positive health outcomes.

The key recommendations were:

Member States should:

- promote intercountry stakeholders' dialogue and public-private partnerships including with intergovernmental organizations, the private sector, development banks and regional economic communities, nongovernmental organizations, local authorities, research institutions and academia;
- strengthen public-private partnerships for health and well-being at all levels of government and across key partner agencies to enhance health promotion, prevention and care policies and actions;
- engage and ensure the meaningful participation of the citizenry, including the youth, women and other vulnerable groups in the development and implementation of policies and strategies affecting their health and well-being;
- support local government and community structures to address the determinants of health and health inequities to ensure that no one is being left behind;

- invest in gathering and using the strategic information needed for advocacy, planning and monitoring of programmes for adolescent and youth health;
- work to reduce policy barriers that limit access for young people and other vulnerable groups to health information and services (for example, HIV testing and contraception) and accelerate the development and implementation of policies that protect young people and promote their health and well-being.

Governments and partners should:

- continue to promote “Health in All Policies” and support cross-sectoral and intersectoral policy coherence and actions in order to address the determinants of health and to improve the health and well-being of the population;
- empower the health sector to effectively engage and support the other sectors to incorporate “Health in all Policies” in their processes.

WHO and other agencies of the UN system should:

- work with Member States, development partners and financial institutions to harmonize and integrate policies, strategies and high-impact interventions while expanding efforts to reach the most vulnerable populations and improving equity;
- support Member States in mobilizing funding and improve the quality and efficiency of investments to strengthen multisectoral and community engagement and; scale up innovative new tools and approaches;
- engage Heads of State and Government in championing a systematic and coherent multisectoral agenda for addressing the key determinants of health in their countries;
- provide evidence-based guidance that supports healthy choices and interventions, while applying the WHO Framework of Engagement with Non-State Actors.

Second Session: Multisectoral Collaboration to Improve Health Outcomes



Dr Joannie Bewa
Moderator: Public Health and
Public Policy Specialist



Ms Helena Rebelo Rodrigues
Head of Support Unit for the
Implementation of the Healthy
Cities Initiative, Cabo Verde



Dr Matshidiso Moeti
WHO Regional Director for
Africa



Dr Abel Kabolo
Director Health Promotion,
Environmental and
Social Determinants



Mr Abdouraman Bary
Programme Officer, United
Nations Environment Programme
Regional Office for Africa



Mr Felix Dounia Millimono
Leader, African Youth and
Adolescent Network (AFRIYAN)



Third Session: Moving Beyond Rhetoric to Evidence-Based Engagement of the Private Sector for Universal Health Coverage

The 2030 Agenda for Sustainable Development is a comprehensive and ambitious programme that aims to address the socio-ecological and economic challenges that currently deter sustainable and inclusive development. The sheer scope, ambition, indivisibility and universality of the goals signal that the world cannot approach the Agenda in the same manner in which actions for the MDGs were implemented. The SDG Agenda calls for ambitious investments, innovation and new partnerships to ensure timely achievement of the Goals. It recognizes that while the public sector plays a significant role in leading actions for the Goals, there is need to harness other partners, including the private sector, to mobilize the necessary capital, harness innovations, and support service delivery so as to do more and leave no one behind.

In recognition of the need for private sector engagement for UHC and the SDGs, there have been advocacy and numerous calls for the engagement of the private sector. Indeed, the first Africa Health Forum included a panel session on the role that the private sector must play in the attainment of UHC. While the need has been recognized, actions for greater private sector involvement for health have not matched the rhetoric. The aim of the session was to explore ways to address the key hindrances to attaining effective private sector engagement in the efforts towards UHC in countries.

The key conclusions were:

- For an enhanced engagement with the private sector, there is need for systematization, an enabling legal and policy environment and regulatory mechanisms, as well as providing support to local pharmaceutical industries to ensure good access to affordable and safe medicines.
- There is need to build trust among and between sectors, including the private sector and, for strong leadership and effective partnership to deliver more health care with the money invested.

The key recommendations were:

Member States should:

- put in place an enabling legal and policy environment and instruments that regulate the engagement and role of the private sector in UHC and health security;
- create and institutionalize forums for ongoing dialogue between health sector partners and the private sector;
- identify suitable areas for engaging and contracting the private sector to expand service coverage;
- develop adequate accountability frameworks to ensure mutual transparency and accountability vis-à-vis the private sector.

The private sector should:

- commit to working with governments to achieve the social contract that is inherent in UHC within mutually agreed accountability mechanisms and frameworks;
- leverage existing resources (technical, infrastructure, ICT) to provide innovative solutions for progress towards UHC and health security in Africa in order to ensure that no one is left behind.

WHO, other agencies of the UN system and partners should:

- provide technical support to countries to enable them to design and establish an enabling legal and policy environment as well as accountability frameworks;
- support the generation of evidence on good practices for public-private engagement to advance progress towards UHC;
- support capacity-building and experience-sharing among Member States to ensure that countries are well prepared to effectively harness the benefits of private sector engagement in health.



Moderator: Mr Henry Bonsu
Journalist and
International Broadcaster



Mr Greg Perry
Assistant General Director,
International Federation of
Pharmaceutical Manufacturers &
Associations (IFPMA)



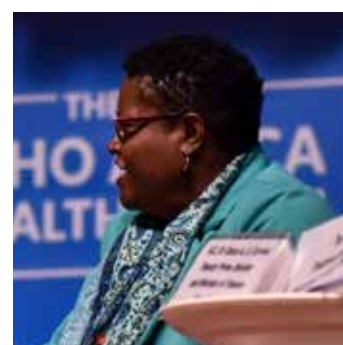
Grace Kabanaha
Technical Officer - Health
Systems Strengthening Cluster,
WHO/AFRO



**H.E. Dr Olavo Avelino
Garcia Correia**
Deputy Prime Minister and
Minister of Finance, Cabo Verde



Dr Amit Thakker
Chairman, African Health
Care Federation and Africa
Health Business



Ms Thokozile Ruzvidzo
Director, Social Affairs, United
Nations Economic Commission
for Africa



Mr Kwasi Boahene
Director Advocacy and
Programme Development,
PharmaAccess



Mr Chris Bonnett
Africa Projects Director,
GE Healthcare



Ms Sandra Lambert
Chief Commercial Officer,
Biovac, South Africa



Fourth Session: Collaboration For Improved Coordination, Preparedness And Global Health Security

Annually, the WHO African Region experiences over 100 infectious disease outbreaks and other health emergencies, resulting in unacceptably high morbidity, mortality, disability and socio-economic losses. Many of these outbreaks threaten national, regional and global health security.

Despite the availability of existing frameworks and strategies such as the International Health Regulations (IHR 2005); the WHO African Region's integrated disease surveillance and response (IDSR) strategy and the disaster risk management (DRM) strategy, tackling outbreaks and other health emergencies continues to be challenging. The latter is largely due to fragmented implementation of interventions, limited intersectoral collaboration, inadequate resources, weak health systems, and inadequate IHR 2005 core capacities.

Learning from the 2014 West Africa Ebola virus disease epidemic and other major public health emergencies, WHO has undertaken major reforms to better address global health security. A single platform across all the three levels of the Organization (headquarters, regional and country offices) has been created to address disease outbreaks and other health emergencies.

At the Sixty-sixth session of the WHO Regional Committee for Africa, ministers of health endorsed the regional strategy for health security and emergencies. The regional strategy is underpinned by an "all-hazards approach", and offers a common framework to guide Member States to formulate their national action plans for health security (NAPHS) that should be aligned with the overall sector and national development plans. The need for strong partnerships and collaboration to ensure health security in the African Region cannot be over-emphasized. Over the last two years, there have been various IHR and health security initiatives, projects, meetings, training, and workshops in Africa. These efforts by many actors under various initiatives require a common regional platform that allows them to connect, share and collaborate for better coordination to improve health security.

Four sessions on health security were organized during the Forum. The overall goal of the sessions was to bring together key national, regional and international stakeholders to share their collective achievements in IHR 2005 and to optimize multisectoral partnerships for health security in the African Region.

The key conclusions were as follows:

- Although significant investment has been made in implementing IHR, all countries in the African Region are regrettably at risk of outbreaks and other emergencies but have very varying sustainable essential capacities to quickly detect and rapidly and effectively respond to public health events.
- The Joint External Evaluations (JEEs) have shown that, except for some progress made in immunization, surveillance and laboratory capacity at the national level, all the remaining technical areas in ensuring IHR critical core capacities are still very weak, with huge funding gaps in implementing the National Action Plans for Health Security (NAPHS).
- There is the need to ensure a multisectoral approach in order to strengthen health security. The different sectors need to work together even before the outbreak occurs and good collaboration needs to be ensured to avoid duplication of efforts.
- Greater involvement of communities in the detection of and response to outbreaks and emergencies is needed, including the setting up of a social observatory that creates social intelligence for emergency preparedness.
- Additional domestic and external financial resources need to be mobilized to improve health security, strengthen health systems and to address the social determinants of Africa as there is never enough investment in the health and other sectors.

Fourth Session: Collaboration For Improved Coordination, Preparedness And Global Health Security

The key recommendations were as follows:

Member States, WHO and other agencies of the UN system and partners should:

- accelerate full implementation of the International Health Regulations (IHR 2005) and strengthen cross-border collaboration;
- propose a mechanism with clear, actionable next steps for improving collaboration and coordination for public health emergency preparedness, response and global health security at the national, regional and global level, while paying attention to the “One Health” approach;
- define the roles and responsibilities of the different stakeholders (WHO, the Africa CDC, international and national NGOs, international agencies, bilateral and multilateral funders, academia and researchers) in supporting countries to fast-track the achievement of health security;
- agree on an integrated mechanism with clear timeliness for formulating a resource mobilization strategy for sustainable (domestic and external) financing to support the implementation of the National Action Plan for Health Security (NAPHS) using a phased and focused approach among and within countries, and ensure its linkage with sector plans;
- conduct research to improve the epidemiological knowledge and risk factors of, and enhance response interventions to, the top five major causes of infectious disease outbreaks in Africa.



The Innovation Challenge

A central cross-cutting theme for the Forum was innovations. An Innovations Exhibition Centre was mounted during the Forum to showcase the top 30 health innovations selected from the inaugural WHO AFRO Innovation Challenge, which was launched by the WHO Regional Director for Africa in October 2018. The Innovation Challenge sought to source and profile health innovations that could be sustainably scaled to improve health outcomes and the quality of life; and to offer solutions to unmet health needs in Africa.

Discussions during all the sessions underscored the need to ensure that support is provided for the scaling up of the innovations that came out of the Forum. The following recommendations were made on the need to promote innovations for the achievement of UHC and health security:

Member States should:

- provide fiscal and non-fiscal incentives to support the development of health innovations;
- support the development and implementation of innovation-friendly policies;

- develop effective strategies for incorporating innovations and new technologies into health sector interventions;
- institutionalize the use of GIS technological innovations to monitor and accelerate progress towards universal health coverage, including preparing for and responding to health emergencies.

WHO, partners and the private sector should:

- play a leading role in harnessing and supporting the scale-up of health innovations from the African continent;
- identify, document and share good practices across countries, including lessons learned from interregional, South-South and triangular cooperation, in order to foster a culture of innovation internally and externally;
- scale up the promotion of technological integration and innovation in health among Member States, including showcasing exhibitions on innovations during high profile meetings and conferences.

Closing:

During the closing ceremony, the Communiqué of the Second WHO Africa Health Forum was presented by the Honourable Minister of Health, Dr Arlindo Nascimento do Rosário, Minister of Health and Social Security of Cabo Verde.

The Communiqué, among others, highlighted the key recommendations of the Forum for taking UHC to the next level; optimizing multisectoral partnerships for effective collaboration to improve health outcomes; enhancing private sector engagement for UHC and health security through evidence-based actions; ensuring health security; and promoting innovations for the achievement of UHC and health security.

The Forum requested the WHO Regional Director for Africa to present the Communiqué to the Sixty-ninth session of the WHO Regional Committee for Africa.

The Forum also recommended that Member States, partners and donors accelerate implementation of the “Kigali Call to Action” to significantly contribute to the achievement of the “triple billion” targets of the WHO Thirteenth General Programme of Work as adopted by the Seventy-first World Health Assembly.

The Forum was declared officially closed by His Excellency Jose Ulisses Correia e Silva, Prime Minister of the Republic of Cabo Verde.



1. Introduction

The 2030 Agenda for Sustainable Development provides an ideal opportunity and platform for catalyzing strategic partnerships and intersectoral engagement and action. Strategic partnerships, effective engagement and coordinated action are critical for effectively addressing the urgent and ever-changing health needs of people living on the African continent in order to achieve better access to quality and affordable care for everyone.

In fulfilment of the pledge of the World Health Organization (WHO) Regional Director for Africa to build strategic partnerships and to work with all Member States and partners to attain the highest possible level of health for Africa's people, the WHO Regional Office for Africa (WHO AFRO) established the WHO Africa Health Forum (WAHF) in 2017. The Forum is to serve as a platform to strengthen collaboration between WHO and its stakeholders on Africa's health agenda and to facilitate engagement with all partners in order to promote partnerships and provide a process of dialogue towards the further development and adoption of joint innovative strategies for improving the health of Africans across the Region.

The First WAHF was held in Kigali, Rwanda, in June 2017 under the distinguished patronage of His Excellency Mr Paul Kagame, President of the Republic of Rwanda. Organized under the theme "Putting People First: The Road to Universal Health Coverage in Africa", the Forum, which brought together some of Africa's best – key thought leaders, policy-makers and bright young people – adopted the "Kigali Call to Action" which reaffirmed the commitment of participants to "putting people first, promoting synergies and coordination and engaging all stakeholders behind the goal of achieving Universal Health Coverage, while leaving no one behind".

The World Health Organization Regional Office for Africa convened, in collaboration with the Government of Cabo Verde, the Second WHO Africa Health Forum (Second WAHF) in Praia, Cabo Verde, from 26 to 28 March 2019., under the distinguished patronage of His Excellency Jorge Carlos de Almeida Fonseca, President of the Republic of Cabo Verde and His Excellency Prime Minister José Ulisses de Pina Correia e Silva.

The theme for the Second WAHF was "Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see". This theme was chosen for two main reasons. While the healthy life expectancy (a measure of life expectancy adjusted for years spent with disability) has increased in the Region from 50.9 years to 53.8 years between 2012 and 2015, the levels of healthy life in the Region are still very low compared to other regions. Several countries are unable to provide the infrastructure, staff and commodities needed for health services; too many Africans are failing to access the health services they need; and millions of Africans are falling into poverty due to high out-of-pocket (OOP) payments.

Secondly, annually, the WHO African Region experiences over 100 infectious disease outbreaks and other health emergencies, resulting in unacceptably high morbidity, mortality, disability and socio-economic losses. Many of these outbreaks threaten national, regional and global health security. Despite the availability of existing frameworks and strategies such as the International Health Regulations (IHR 2005); the WHO African Region's Integrated Disease Surveillance and Response (IDSR) strategy and the Disaster Risk Management (DRM) strategy, tackling outbreaks and other health emergencies continues to be challenging. This is largely due to fragmented implementation of interventions, limited intersectoral collaboration, inadequate resources, weak health systems, and inadequate IHR 2005 core capacities.

The specific objectives of the WAHF are to:

- Provide a platform to discuss innovative strategies to address persistent public health challenges in the African Region;
- Promote reinforced country ownership and governance for health; and
- Explore concrete ways for partners to contribute in reforming the work of WHO in the African Region and fulfil the aims of the "Africa Health Transformation Programme 2015-2020".



The Second Forum provided a unique opportunity for participants to explore what the journey to universal health coverage and health security in Africa should look like, including deliberating on ways to improving health security, accelerating progress towards equity and universal health coverage (UHC), and the unfinished agenda of communicable diseases, while exploring the new Sustainable Development Goal (SDG) targets, and tackling the social and economic determinants of health on the African continent.

The Forum took the form of plenary opening and closing sessions, technical sessions comprising high-level moderated panel discussions under specific themes, some of them preceded by a keynote address; and mounted booth exhibitions by Member States, WHO and other organizations to facilitate specific exchanges (See Annex 1 for the Programme of Work of the Forum). The speakers included a range of African and international leaders in health policy and international development, drawn from government,

the private sector and international organizations.

A Communiqué highlighting the key recommendations of the Forum was issued during the Closing Ceremony (Annex 2). Side Events on specific topics were organized by Member States, partners and other stakeholders (See Annexes 3 - 8 for the Reports of the Side Events).

Participants at the Forum included leaders and policy-makers, advocates, implementers and partners from various countries and with varied affiliations – government ministers, donor partners, United Nations agencies, nongovernmental organizations (NGOs), the private sector, academia, youth activists and the media. In all, over 750 participants attended the Forum.

2. Opening Ceremony

The opening ceremony of the Second WAHF took place at the National Assembly of Cabo Verde in Praia, the capital city. The welcome and introductory remarks to the Forum were delivered by Dr Arlindo Nascimento do Rosário, Minister of Health and Social Security of Cabo Verde. He stated that the holding of the Second WAHF in Praia was a defining moment in consolidating the relationship between WHO and the government and people of Cabo Verde. He expressed the appreciation of the Government of Cabo Verde to the WHO Regional Director for Africa, Dr Matshidiso Moeti for choosing his country to co-organize the Forum.

Dr Rosario informed the participants that, as published by WHO, Cabo Verde had made progress in UHC. Over 80% of the population are living less than 30 minutes from a health facility and have access to an essential package of health care services, including antenatal care, safe childbirth, immunization, and the treatment of diseases such as tuberculosis and HIV/AIDS. Cabo Verde has been polio-free since 2016 and a number of diseases such as malaria, mother-to-child transmission of HIV, measles, rubella and congenital syphilis are expected to be eliminated in the next few years.

A telemedicine network has been put in place in all of the country's islands and the majority of its councils have been connected, facilitating the training of health workers to better serve the population. A social security coverage rate of over 40% of the population is significantly contributing to the reduction of financial constraints in accessing certain health goods and services, including medicines and other health products. The state budget remains the main source of health financing. The central government and local authorities are implementing the "healthy cities" strategy that already involves over half of the country's municipalities. On the whole, Cabo Verdeans are living longer with life expectancy estimated at 72 years for men and 80 years for women.

The Minister commended WHO for having established itself as the main strategic development partner in health since the early post-independence years. He also recognized the contributions of the entire UN system and the bilateral and multilateral cooperation partners that have supported health development in Cabo Verde. He ended his address by wishing the participants an excellent Forum.

In welcoming the participants, the WHO Regional Director for Africa, Dr Matshidiso Moeti expressed her profound gratitude to the President, the Government and people of Cabo Verde, for hosting the Forum. She also extended the warm greetings and sincere regrets of the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, for not having been able to participate in the forum. Dr Moeti stated that it was not by accident that the Forum was being organized in Praia, Cabo Verde. The Forum was brought to Praia for the participants to be inspired by and to learn from the remarkable progress that the country had made in improving the health of its citizens, under the personal leadership and commitment of the President, combined with the sound vision and governance, strategic actions and emphasis on equity.

In describing the particular context in which the Forum was being organized, the Regional Director recalled how during the previous week (Thursday 21 March 2019), Cyclone Idai had struck the coast of South-East Africa, flooding large swathes of land, sweeping away and covering homes, farms and crops, and most tragically, human beings. Mozambique was worst hit, with 1.8 million people affected, but significant damage and loss of life and property had also been suffered in Zimbabwe and Malawi. As at 25 March, an estimated 1000 people had died or were missing, with the number bound to rise as responders gained better access to the affected areas.

Dr Moeti also reminded the participants of the second largest epidemic of Ebola virus disease in history that was raging in the North Kivu area of the Democratic Republic of the Congo (DRC) and threatening to continue, largely due to insecurity and conflict in the background of very weak health services, which was impeding access by communities. This was despite the availability of better tools such as a vaccine and five experimental therapies such as the use of hyper serum from Ebola survivors. She then invited the participants to observe a minute of silence for those who had lost their lives in the two tragedies and humanitarian/public health crises, symbolizing all the others related to events all over the African Region.

The Regional Director reported that the African Region has an annual average of 100 acute public health events reported each year, the majority of which are due to infectious disease outbreaks, and is thus disproportionately prone to health

emergencies. She reminded the Forum that much more effort still needed to be made to address the persistent health challenges in the Region, including the fact that 50% of the more than five million children under the age of five who die globally each year are in sub-Saharan Africa, and two out of five people living with HIV in the Region still have to access anti-retroviral treatment. Data from the AFRO Health Statistics Report of 2018 showed that while total government health expenditure had increased, out-of-pocket expenditure had increased, the availability of the health workforce was far below the WHO recommended values, and service availability was low, especially among the elderly and adolescents.

Turning to the Transformation Agenda which the Secretariat has been implementing over the past four years, Dr Moeti indicated that the aims and themes of the WAHF series were central to the Agenda and that the highest priorities included helping Member States and the Region to make faster progress towards UHC, building resilience and the capacities needed for health security and to promote and pursue partnerships and value for money both within WHO and countries. This ambitious reform programme had yielded positive results such as improved health security, progress towards UHC and a more fit-for-purpose WHO Secretariat in the African Region. She expressed her pride for the achievements made and the significant contributions made, in ideas, strategy, tools and experience, to the global WHO Transformation Agenda being pursued under the leadership of the Director-General.

The Regional Director recalled that the “Kigali Call-to-Action” issued at the end of the First WAHF represented a vibrant appeal to leaders, partners, and civil society to commit to, among others, keeping UHC as the overarching approach for attaining SDG 3 – sustaining strong political will and commitment, increasing and sustaining domestic and external financial contributions and investments in health, including establishing innovative financing mechanisms, ensuring value for money and increased accountability; and building, re-orienting and re-aligning health systems towards universal health coverage, with emphasis on primary health care.

Several achievements had been made since the First Forum, including African Heads of State clearly stating their determination to drive faster progress towards UHC, including increased domestic funding for health, during the African Union (AU) Summit in Addis Ababa in February 2019; PHC being re-invigorated as a core approach across the Region; over 40 African countries now having detailed information on their capacities in epidemic and public health emergency preparedness; and the reform of the WHO Health Emergencies Programme leading to a faster, better-coordinated and more effective delivery of support to countries for outbreaks.

Dr Moeti stated that the Forum was an important step in the efforts to forge even more new partnerships, align priorities and galvanize commitment from national political leaders to civil society, to advance the health agenda in Africa and attain the SDGs. In concluding her remarks, Dr Moeti stated that she would like to commit the participants – citizens and governments of Member States in the African Region, civil society, the private sector, partners, and WHO – to supporting the achievement of UHC, and building stronger, more resilient and responsive health systems in countries. She was certain that the sharing of ideas, lessons learned, tools and approaches, and the future partnerships that would emerge from the Forum would play a great role in delivering the Region’s contribution to the ‘the triple billion’ targets of WHO.

The keynote address was delivered by His Excellency E. Jorge Carlos Almeida Fonseca, President of the Republic of Cabo Verde. He started by expressing, in his additional capacity as Chairperson of the Community of Portuguese-speaking countries, his sympathies for the loss of lives in the natural disaster that afflicted Mozambique, Zimbabwe and Malawi. He called on all States, especially those in Africa, and international organizations to make every effort to alleviate the pain and suffering of the victims of the calamity.

The President welcomed the participants to the Forum and wished them a pleasant and fruitful stay. He stated that his country was honoured to host the Forum at a time when global efforts were being made to introduce new approaches to health-care delivery. Notwithstanding the significant progress made, there were still major threats to the health

and well-being of millions of people in Africa. Conflicts, poverty, social inequalities, climate change and natural disasters all continued to have a powerful impact on people's access to health care, leaving them unprotected when health emergencies occurred.

His Excellency welcomed the theme for the Forum and invited leaders, policy-makers, academics, civil society, agencies of the UN system and potential funding partners to reflect on the health issues facing the continent and to, together, find new approaches. He also called on the international community to pay attention to the particular health needs of Small Island Developing States (SIDS), including their vulnerability to the consequences of climate change on the environment.

The President also welcomed the launching of the WHO Innovation Challenge and the strong participation of the youth in the Forum and informed the participants of his plans to co-sponsor, with the President of Senegal, a meeting of the youth of the Economic Community of West African States (ECOWAS) to deliberate on, among others, issues affecting their health.

The President highlighted some of the key achievements of Cabo Verde, including having attained an average life expectancy of 75 years; more than 90% immunization coverage rate; and a health system in which the maximum time spent to reach a health facility is about 30 minutes despite the broad geographical spread of the country's population. In addition, the country had a gross mortality rate of 4.9 per 1000 population, an infant mortality rate of 15.8 per 1000; had been considered polio-free since 2016; and was in the process of eliminating malaria and mother-to-child transmission of HIV, congenital syphilis and measles.

The President recognized the contributions of friendly countries and international organizations, notably WHO, to this success. He particularly commended the role played by

the WHO Representative in Cabo Verde, Mr Mariano Castellon Salazar. He thanked the United Nations for the distinction he received at the 2018 UN General Assembly for leading the campaign to prevent alcohol abuse known as "Menos Álcool Mais Vida" (Less alcohol, more life), which had brought together over a hundred public institutions and civil society organizations to combat alcoholism in Cabo Verde.

His Excellency also highlighted some of the persistent challenges his country was facing, including shortfalls in health system financing, excessive out-of-pocket spending by families to access health services, health emergencies, the dual burden of communicable and noncommunicable diseases and difficulties in accessing medicines. He pledged to continue with the institutionalization of a democratic system that progressively enabled citizens to freely channel their energy towards the realization of their individual and collective aspirations, including positive health outcomes.

In concluding his keynote address, the President congratulated the WHO Regional Director for Africa, for her commitment to and leadership for health in the African Region and for the choice of Cabo Verde for hosting the Forum. He then declared open the Second WAHF.

The opening ceremony was followed by a ribbon-cutting ceremony led by His Excellency the President and the WHO Regional Director for Africa to launch the exhibitions at the Innovations Exhibitions Centre. The Centre showcased the top 30 health innovations selected from the inaugural WHO AFRO Innovation Challenge, which was launched by the WHO Regional Director for Africa in October 2018. The challenge sought to source and profile health innovations that could be sustainably scaled to improve health outcomes and the quality of life; and to offer solutions to unmet health needs in Africa. The response to this call was overwhelming, with over 2 400 entries from the continent and beyond, affirming WHO's strategic role in promoting health-related innovations on the continent.



Dr. Edoed Seukies
General Medical Practitioner

3. PROCEEDINGS

3.1 First Session: Taking Universal Health Coverage to the Next Level in Africa: Leaving No One Behind

In 2015, Member States adopted the SDGs. Inherent in the goals is recognition of the important role of health in achieving sustainable development. The adoption of Goal 3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – highlights the importance of UHC for achieving the SDGs. Universal health coverage is the overarching target for all the SDG 3-specific targets, implying that attainment of all the SDG 3 targets should lead to UHC, with the opposite also being true (attaining UHC in itself would lead to attainment of the other SDG 3 targets). The targets for the health-related SDGs influence and catalyze actions towards the targets within SDG 3 to facilitate the attainment of health and well-being. Attainment of UHC is therefore central to the movement towards SDG 3 and all its related targets.

Universal health coverage requires innovative approaches to attain the outcomes of all health services, for all people, in all situations – for which the current approaches to health care are not designed. The session explored the overall approach for addressing UHC in the context of SDGs and the ways to address key hindrances to attaining effective UHC results in countries in the African Region.

The Moderator for the session was Mr Henry Bonsu, journalist and broadcaster based in the United Kingdom.

THE PANELLISTS WERE:

Dr Prosper Tumusiime, Acting Director, Health Systems and Services Cluster, WHO Regional Office for Africa

Ms Sofia Moreira Santos, European Union Ambassador and Head of the European Union Delegation to Cabo Verde

Dr Luis Gomes Sambo, WHO Regional Director Emeritus for Africa; Member of the Angolan Parliament; and Professor of Public Health, University Nova de Lisboa, Portugal

Ms Loyce Pace, President and Executive Director, Global Health Council, USA

Dr Leonardo Simão, European and Developing Countries Clinical Trials Partnership (EDCTP) High Representative for Africa, Mozambique

The Moderator started the session by reminding the participants of the SDG-3.8 target: achieving universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. He stated that achieving this target entails ensuring that health systems remain resilient to deliver essential health services to all populations at all times, including in times when health security is jeopardized.

The first panellist, Dr Prosper Tumusiime spoke about the role WHO is playing in encouraging all African countries to broaden the range of essential health services being provided and to include every citizen, while taking cognizance of the peculiarities of the African Region. He indicated that WHO plays an essential role in the global governance of health and disease due to its core global functions of establishing, monitoring and enforcing international norms and standards, and coordinating multiple actors towards common goals, and has been developing innovative service delivery approaches to accommodate UHC. In addition, WHO plays a vital role in bringing all people together, not just in the global and regional arena, but also at the local level.

Dr Tumusiime stated that the health workforce is a critical backbone for effective service delivery. In many African countries there is an inadequate number and quality of health-care workers in place to deliver essential health services. Furthermore, the inability of several governments to adequately compensate health workers has led to many of them leaving their profession in search of alternative employment.

The second panellist, Ms Sofia Moreira de Sousa informed the Forum of how the European Union (EU) is partnering with African countries to attain the goal of UHC. In 2011 the EU partnered with WHO to create the UHC Partnership. As a thematic fund, it focuses on strengthening dialogue on national health policies, strategies and plans. The UHC Partnership is led by local actors with WHO serving as its main convener and broker. Additional support is provided by the health programme managers based in the EU Delegations who monitor progress and help address any challenges.

Ms de Sousa added that, since the EU recognized that financing for UHC was important, it had allocated to date €2.6 billion globally, of which €1.2 billion was allocated to bilateral support where health-related matters were at the core; the remaining funds being allocated to UN agencies to support health. The EU also provides funding to strengthen the capacities of NGOs and has strong partnerships with the AU and its regional economic communities (RECs) and bilateral relations with individual countries. The EU trusts national authorities to allocate EU funding to their health policies. She reiterated that the sole way to attain the SDG 3.8 target was through government ownership and that since health had an impact in all national policies, multisectoral collaboration was paramount.

The moderator requested the third panellist, Dr Luis Gomes Sambo, to comment on the approaches countries needed to adopt to facilitate the analysis and use of information to inform movement towards UHC. In response, Dr Sambo said that UHC was a dynamic and complex process that involved different determinants of health, including the political situation, the physical, social and economic environments, and the individual characteristics and behaviours of persons. Thus, monitoring was fundamental to assess if countries were moving in the right direction. This implied robust health information systems being in place. In many African countries, national health information systems (NHIS) were inadequate to monitor progress. These countries needed appropriately trained and skilled staff and the necessary tools to collect, process and analyze the data. He noted that there were, however, some good practices within the Region that could be shared among countries.

Dr Sambo stated that the African Development Bank (AfDB) had invested resources to redesign NHIS to monitor key performance indicators for UHC. In 2015, a joint report released by WHO and AfDB reported that Sub-Saharan Africa (SSA) had 42% health services coverage as opposed to the WHO recommended 80% coverage. He also stated that monitoring the key performance indicator on financial protection was paramount given that poverty in Africa had increased over the years. There was too much reliance on out-of-pocket expenditure. Whereas WHO recommended that out-of-pocket (OOP) expenditure should not go beyond 25%, the African Region had an average of 36%. This challenge needed to be addressed.

The fourth panellist, Ms Loyce Pace, drawing from her experience in leading civil society advocacy efforts, spoke about how governments could best include Civil Society Organization (CSO) groups and their ideas in planning for UHC. She stated that CSOs must be included in all UHC matters. However, there was not always a clear platform available for them to be effective partners. UHC must make sense for people on the ground who were faced with multiple conditions. The best efforts should be made to serve these people, especially the most vulnerable populations. She reiterated that it was not just a matter of changing the system or model of care and financing for better coverage or access. In-depth discussions about social participation, or its barriers, and a fundamental rights-based framework as well as industry collaboration and innovation were also critical. The challenge was to find a way to sustain the rigour and results that had been achieved by vertical programmes, while converting to more systemic approaches and investments. She added that this did not need to be an either-or proposition.

Ms Payne spoke about what the Global Health Council (GHC) was doing to advance new ways of doing business, promoting WHO's UHC agenda under the General Programme of Work (GPW-13) as well as informing efforts at the regional level. It was important that advocates started to use this language in a way that supported government reforms and emphasized how effective UHC-specific programmes were being designed to make an impact. Ways needed to be found to make this thinking and language more practical, including practical ways of working effectively outside the health sector, engaging nongovernmental stakeholders, and reaching marginalized groups. She concluded by saying that every effort should be made to improve CSO engagement in UHC, including creating incentives.

The fifth panellist, Dr Leonardo Santos Simao spoke about how countries in Africa could institutionalize population engagement in health policy-making, given that participation and citizens' voices were core SDG principles as reflected in "leaving no one behind". He stated that health care provision did not happen outside the political system. Political parties reached out to communities to gauge their needs/concerns in all matters, such as health, education, sanitation, and agriculture. Political parties then collated the information

3.1 First Session: Taking Universal Health Coverage to the Next Level in Africa: Leaving No One Behind

received and returned to each community stating what they would do to improve their circumstances should the community vote for their party.

Dr Simao added that clinical trials also occurred within this context. It was of primary importance to understand communities and to communicate in a manner that they understood. It was equally important to understand that community engagement was a long-term process, not a quick-fix. In summary, communities must understand what the clinical trial was all about, including the trial being conducted with the potential to benefit the community in the long-run. It was paramount to use the appropriate terminology to enable each community to understand and to visit the community multiple times before the clinical trial started in order to respond to their queries and gain their trust.

By way of summary, the moderator highlighted the following key actions that needed to be undertaken to make UHC real – expanding the range of essential health services available in each country, for each age group; building resilient health systems; addressing equity by ensuring that no one was left behind; making available data and statistics for UHC; ensuring no payment at the point of use; promoting multisectoral collaboration; ensuring structured engagement by the private sector – without compromising equity goals; and ensuring health security. He stated that all these would require funding and asked the panellists how this challenge could be addressed.

In response, Dr Tumusiime agreed that every country required additional funding to deliver health services. There was therefore the need for the Ministry of Health to convince the Ministry of Finance to release additional domestic resources based on evidence generated. The evidence-based justification should include a list of the services that required funding, the beneficiaries, and the return-on-investments.

Dr Sambo said that the issue of having adequate financial resources to effectively deliver health services was fundamental. Utilizing evidence-based arguments to increase the allocation of domestic resources was crucial as well as using the existing financial resources more efficiently. Negotiations between the Ministry of Health, Ministry of Finance and Heads-of-State should be a non-stop process. The Ministry of Health should keep arguing for a progressive



increase in funding for health and remind decision-makers of the Abuja Declaration to which they were committed (that is, allocating at least 15% of the national budget to health). Furthermore, additional domestic resources could be raised through fiscal reforms and taxation on alcohol, tobacco, and sugary beverages.

Ms Pace stated that there was need to educate existing financing institutions such as the US President's Emergency Programme for AIDS Relief (PEPFAR), the Global Vaccine Alliance (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Bill and Melinda Gates Foundation (BMGF), the United States Agency for International Development (USAID) and others so that they could see the value of investing in UHC rather than solely funding specific disease control/elimination programmes. Currently, the mind-set of such donors was that the gains/progress made in funding vertical programmes would be limited should they shift to funding the UHC agenda. Hence, there is need to map-out in detail the UHC agenda, including the detailed financial requirements. There are UHC champions who see the holistic nature of the UHC agenda that can advocate on behalf of national authorities.

Ms de Sousa responded by saying that funding is not the only factor to move countries towards the UHC target. Cabo Verde is made up of nine islands and hence it is not easy to bring health services to all its citizens in an equitable manner.

To address this, telemedicine is being used to bring medical care closer to its citizens. The EU has strong relations with many African countries – including Cabo Verde – where the EU offers both trade and tax exemptions should they meet the standards of the International Labour Organization (ILO). These concessions could be expanded to grant countries trade and tax exemptions should they make concrete steps towards UHC.

Dr Simao stated that the Ministry of Health should seriously consider developing more lobbying capacity as it is important to reach out to parliamentarians, given that budgets are approved by the legislature. National parliaments, the media and NGOs should all be educated on the value of UHC.

During the discussions involving the audience, the following additional points were made:

- There is need to change the health governance system as well as the way multilaterals work so that NGOs and other civil society actors can meaningfully influence processes. There are NGOs which have official relations with WHO in Geneva. There is need to strengthen the relationship between NGOs/CSOs and WHO AFRO. The importance of working with Non-State Actors (NSAs) cannot be over-emphasized.
- It is not possible to move forward to attain the UHC goal without health promotion. Countries must invest in strengthening the capacity of the citizenry to better understand health issues so that they take their own actions to prevent illness and ensure their well-being.
- The cost of drugs is certainly a barrier to the attainment of the UHC goal. It would be important to build regional and national capacity for local production of essential drugs in the African Region.
- Countries need appropriate staff and tools for capturing and analyzing data to build health information systems. Ministries of Health which do not have a national monitoring framework for UHC need to develop one. This framework should be aligned with the national monitoring and evaluation framework for the National Health Development Strategic Plan (NHDSP).
- Universal health coverage cannot be achieved without health security. Each country should have a contingency fund to rapidly respond to health emergencies.

The Session made the following key recommendations:

- Scale-up implementation of the UHC strategy as an effective way to guarantee the right to health for all without major financial constraints, thereby contributing to the social well-being of populations and to the achievement of the SDGs.
- Accelerate the strengthening of national health systems, focusing on the PHC strategy as the preferred pathway to achieving UHC, as reiterated in the Declaration of Astana on Primary Health Care;
- Prioritize initiatives focusing on communities, health facilities and districts to build resilient health systems, to ensure sustained provision of essential services.
- Ensure active community participation in deciding, implementing and monitoring the effects of health initiatives.
- Mobilize additional funding and improve the quality and efficiency of investments to accelerate and scale up efforts towards UHC.
- Move away from payment at the point of use, given that it is associated with inequities and financial barriers to access to services.
- Support expansion of health promotion, disease prevention, curative, rehabilitative and palliative interventions, particularly for populations currently left behind.
- Proactively support the generation and use of the data and statistics needed to monitor progress towards UHC in Member States.
- Actively monitor the range of essential health services available to each age group in countries to ensure that citizens enjoy greater access to the services they need for their health and well-being.



3.2 Second Session: Multisectoral Collaboration to Improve Health Outcomes

The 2030 Agenda for Sustainable Development, adopted by the United Nations General Assembly (UNGA) in 2015, is global in nature and focuses on ensuring the attainment of development in a manner that is equitable and sustainable. The Agenda consists of intertwined and integrated seventeen SDGs and 169 targets that are all-inclusive, broad and people-centred transformative goals premised on an outcome concept to 'leave no one behind'. The SDGs place a high premium on good health by calling for an improvement in the well-being of all people regardless of status. This is in recognition that a healthy population is more productive and has greater potential to contribute to the overall social and economic development of a region or country.

The achievement of many SDGs has a bearing – whether direct or indirect – on the health goal by addressing the social determinants of health. This calls for strong and effective collaboration among all sectors. The main deterrent to achieving a multisectoral approach is the low priority given to inter-sectoral coordination mechanisms within specific countries. Where a response has been forthcoming it is often limited in effectiveness because of the lack of collaboration between government departments.

The reasons for this include lack of political commitment which is reflected in the implementation of a national policy on health issues; rigid ministerial demarcations which prevent collaboration as different sectors with specific resources; ministries have often developed an inertia of their own characterized by a fixed way of doing things; poor communication and coordination between ministries; competition between sectors, each of which wants to be perceived as the 'lead' body; and the lack of a tradition of collaboration where the emphasis has instead been on vertical training which emphasizes particular professional orientations.

The Session was organized to discuss and engage stakeholders on the varied approaches to effective multisectoral coordination which can eliminate policy implementation barriers, facilitate scale-up and increase the impact that one sector or partner might generate on its own; and the setting up of a multisectoral coordination platform to address the SDGs in order to improve health outcomes.

The moderator for the session was Dr Joannie Bewa, a Public Health and Public Policy Specialist from Benin.

THE PANELLISTS WERE:

Dr Matshidiso Moeti, WHO Regional Director for Africa

Ms Helena Rebelo Rodrigues, Head, Support Unit for the Implementation of the Healthy Cities Initiative, Cabo Verde

Dr Abel Kabalo, Director Health Promotion, Environmental and Social Determinants, Zambia

Dr Felix Dounia Millimono, Leader, African Youth and Adolescent Network (AFRIYAN), Guinea

Professor Abdouraman Bary, Programme Officer, United Nations Environment Programme Regional Office for Africa

In introducing the session, the moderator, Dr Joannie Bewa stated that access to health is a basic and undeniable human right and that it is more than urgent to ensure that sustainable investments are made to improve access to quality health care while taking an inclusive, equitable and adequate approach. The successful partnerships established between the health sector and education, transport, trade, water, hygiene and sanitation, security, and the private sector with the active involvement of the United Nations system, development partners and civil society need to be enhanced towards the attainment of UHC.

The first panellist, Dr Matshidiso Moeti spoke about how WHO has provided support to Member States in the adoption of the "Health in all Policies" (HiAP) approach. She stated that the intersectoral approach to improve health outcomes that WHO has adopted is based on a deliberate strategy of multisectoral engagement. As a result of WHO's advocacy, HiAP was adopted by the UNGA in 2017 as a key approach to create policy coherence across sectors in the pursuit of the SDGs. At the regional level, the AU in February 2019 adopted HiAP as part of the health sector reforms to achieve UHC and the SDGs. WHO has continued to intensify its advocacy across governments, the private sector, philanthropic foundations and partners to ensure that UHC and the SDGs remain at the top of the political and development agenda, and that adequate domestic and external resources are mobilized.

3.2 Second Session: Multisectoral Collaboration to Improve Health Outcomes

Dr Moeti cited some of the concrete achievements in implementing HiAP. For example, Small Island Developing States (SIDS) have been supported by WHO, using the HiAP approach, to develop policies, legislation and regulations, treatment programmes as well as training programmes. These have involved the private sector, civil society groups and NGOs through intersectoral action. Another example has been working with the water and sanitation sector in countries and influencing them to take concrete actions that have a high degree of influence on health outcomes as seen in cholera outbreaks. She reiterated that the health sector should be able to engage with other sectors and bring win-win results with mutual benefits. Community engagement is also one of the key areas where the health sector can work with other sectors to bring positive health results.

The Regional Director indicated that HiAP provided a structural partnership where the interests of all stakeholders are taken into account to bring mutual benefits. There are a number of platforms, declarations, and commitments that have been endorsed. For example, the adoption of healthy life-styles is everyone's business. What is required is putting these to work, monitoring what the successes are, and showing the results of these investments. She called on ministries of health to continue to look for windows of opportunity to engage with the other sectors in order to break the existing silos and generate win-win solutions for health and development. She stated that WHO will continue to promote the HiAP approach and enhance cross-sectoral action and policy coherence to improve health outcomes. WHO will also work with Member States, development partners, and financial institutions to harmonize and integrate the existing collaboration and partnership platforms.

The second panellist, Ms Helena Rebelo Rodrigues gave an overview of Cabo Verde's Healthy Cities Initiative. She stated that the adoption of the healthy cities initiatives was an important national movement following its launching by Mayors at the WHO Conference on Health Promotion in Shanghai in 2016. The initiative in Cabo Verde was launched through the "Declaration of Mindelo" in 2017 and the Constitution of the Cabo-Verdean Network of Healthy Cities and Municipalities was approved during the Fourth World Forum for Local Economic Development held in Praia.

Ms Rodrigues stressed the need to engage with all sectors as everyone is responsible for health and well-being. The Ministry of Health and Social Security has been working with all the sectors involved in the healthy cities initiative, particularly local government and CSOs. The Cabo Verde healthy cities strategy includes comprehensive health promotion at community level where people are empowered and an enabling environment is promoted to address issues concerning their health and well-being.

She reported that in 2018, the Government of Cabo Verde and the National Association of Cape Verdean Municipalities, with technical support from WHO, signed a cooperation agreement with 22 municipalities to collaborate in several areas. These include working towards smoke-free cities; promoting healthy food for everyone everywhere; reducing salt and fat diets; reducing alcohol and drug use; increasing physical activity; improving road safety; improving women's well-being and quality of life; and improving water and sanitation and waste management. The initiative also includes cultural elements and the promotion of happiness through music festivals, healthy tourism and school health programmes.

In providing an overview of the implementation of HiAP in Zambia, the third panellist, Dr Abel Kabalo stated that in pursuit of its Vision 2030 Agenda that sought to attain a middle income country status, Zambia is pursuing the HiAP strategy and that his country was one of the first countries in the region to develop a HiAP Implementation Framework. Guided by WHO, the country adopted the HiAP approach in 2017. This approach promotes public policies across sectors to systematically take into account the health and health systems implications of decisions made by the various sectors, seek synergies and avoid harmful health impacts. It also emphasizes the engagement of government, civil society, cooperating partners, the private sector and communities in efforts towards the realization of health for all. Equally, the National Health Strategic Plan 2017-2021 emphasizes strong multisectoral collaboration to address the social determinants of health. The HiAP strategic framework was launched in the last quarter of 2018.

Dr Kabalo also shared Zambia's experience in managing cholera outbreaks in the 2017/2018 rainy season and how, led by the Office of Vice President, resources were mobilized and a multisectoral response mounted. Similarly, in response to the growing burden of NCDs, Zambia has been using the multisectoral approach in its prevention and control measures. In 2016, the Head of State launched the National Health Week campaign. With a focus on the promotion of good health and the prevention and control of NCDs, all key sectors are mobilized to support and participate in the week-long activities. To promote physical activity, walkways are being added to the streets in Lusaka, the capital city. He emphasized that Zambia's experience shows that HiAP works well when all key stakeholders are fully engaged right from the planning process; have ownership and concrete areas of mutually fruitful collaboration identified for implementation.

The fourth panellist, Dr. Felix Dounia Millimono underscored the need for all stakeholders to work together to address the problems facing the youth in order to attain UHC, stating that "Health for all means all for health". He recounted the problems the youth are facing, including unemployment and poverty, early marriage, female genital mutilation, sexual abuse and abuse of alcohol and drugs in several societies and how many parents are unable to fulfil their responsibility of being the foundation of and keeping the family together. He called on CSOs to work with governments and parents to address this.

Dr Millimono stated that young people have a role to play in promoting health. He recounted how the AFRIYAN network was involved in many initiatives to address youth issues, including HIV, genital mutilation and early marriage in many countries in West Africa. He called for inclusive participation of the youth in the efforts to achieve UHC, including all processes from the dialogue and consultative stages to the implementation of policy and strategies, reiterating that their contributions would complement the gap analyses and identification of adequate approaches to improve access to services.



The panellist recommended that governments prioritize the health of young people, including allocating adequate resources. Governments need to set up a coordination platform involving all key stakeholders, including civil society, communities and development partners, in the development of policy and strategic plans targeting the youth. He also called on UN agencies, especially the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and WHO, to support the efforts of countries to build the capacity of youth groups, while promoting a culture of monitoring, evaluation and accountability.

The fifth panellist, Professor Abdouraman Bary spoke about the key roles the UN system has been playing in promoting multisectoral actions to improve the health and well-being of populations. He commended the strong working relationship between WHO AFRO and the United Nations Environment Programme (UNEP) Regional Office for Africa, including support for the adoption and implementation of the Libreville Declaration on Health and the Environment.

He informed the Forum that for many years, UNEP has been investing in the implementation of multilateral environmental agreements. Several policy documents on chemicals and waste management have been published to guide Member States protect the health and well-being of their populations. These include the Stockholm Convention and Rotterdam Convention on toxic chemicals, the Basel Convention on

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waste management and the Mina Mata Convention on mercury. Implementation of the Stockholm Convention helped phase out various toxic pesticides, including limiting the use of DDT; the Basel Convention contributed to addressing the dumping of electronic waste in Côte d'Ivoire, while the Mina Mata Convention is driving the protection of human health in extractive industries using mercury, such as in gold mining. At the regional level, the Bamako Convention has been adopted to address the entire life course of chemicals to protect human health.

Professor Abdouraman Bary called for an increase in investments in multisectoral actions for addressing environmental health threats, based on national joint plans. Countries should increase domestic funding, involve the private sector and implement innovative solutions to support the multisectoral actions needed to improve the health and well-being of populations. He gave the example of the ban on the use of plastic bags having been successful only in countries where all stakeholders were brought on board right, from the beginning of the process for managing plastics.

During the discussions involving the audience, the following additional points were made:

- The “One Health” approach offers another intersectoral platform aimed at enhancing collaboration between the health, agriculture, and environment sectors to address zoonotic diseases and human health.
- There is need for documentation and sharing of experiences on what works in multi and intersectoral collaboration among Member States. Countries need to invest in generating evidence to show that effective inter and multisectoral actions lead to positive health outcomes.
- Human resource development is key to the attainment of UHC. Human resources for health continue to be a challenge in several countries and governments are finding it difficult to retain qualified professionals at home. There is need to keep open the dialogue on public policies on human resource management. Employment opportunities for health professionals and appropriate remuneration need to be made available.



- The ministry of health not only has a leadership role but also a role to promote partnerships for health and well-being. The ministry needs to create space for the other sectors, build their capacity and appreciate their contribution to health outcomes. All attempts need to be made in finding win-win solutions for sharing leadership roles.
- The role of the private sector, civil society and communities in ensuring fair, equitable and sustainable health outcome towards UHC is crucial.
- There is need for improved health governance in Member States at all levels. Political commitment, strong leadership and good coordination mechanisms are of paramount importance in implementing integrated and multisectoral approaches.
- Create an enabling mechanism for cross-sectoral collaboration and actions to mutually achieve population health outcomes along with other goals of the sustainable development agenda
- Canvass support for health as a fundamental human right and an important indicator for national development.
- Support private and public sector investments in health promotion and primary prevention, as appropriate, and provide evidence-based guidance that supports good selection and effective implementation of interventions, while applying the WHO Framework of Engagement with Non-State Actors (FENSA).
- Encourage/ensure meaningful participation of the future generation and citizens in the development of policies affecting their health and well-being.

The Session made the following key recommendations:

- Continue to promote the “Health in All Policies” approach or whole-of-government, whole-of-society approaches and enhance cross-sectoral action and policy coherence to improve health outcomes.



3.3 Third Session: Moving Beyond Rhetoric to Evidence-Based Engagement of the Private Sector for Universal Health Coverage

The 2030 Agenda for Sustainable Development is a comprehensive and ambitious programme that aims to address the socio-ecological and economic challenges that currently deter sustainable and inclusive development. The sheer scope, ambition, indivisibility and universality of the goals signal that the world cannot approach the Agenda in the same manner in which actions for the MDGs were implemented. The SDG Agenda calls for ambitious investments, innovation and new partnerships to ensure timely achievement of the Goals. It recognizes that while the public sector plays a significant role in leading actions for the Goals, there is need to harness other partners, including the private sector, to mobilize the necessary capital, harness innovations, and support service delivery so as to do more and leave no one behind.

In recognition of the need for private sector engagement for UHC and the SDGs, there have been advocacy and numerous calls for the engagement of the private sector. Indeed, the First WAHF included a panel session on the role that the private sector must play in the attainment of UHC. While the need has been recognized, actions for greater private sector involvement in health have not matched the rhetoric. The aim of the Session was to explore ways to address the key hindrances to attaining effective private sector engagement in the efforts towards UHC in countries.

The moderator for the session was Mr Henry Bonsu, a journalist and broadcaster based in the United Kingdom. The keynote speaker was Dr Matshidiso Moeti, WHO Regional Director for Africa.

THE PANELLISTS WERE:

Honourable Olavio Correia, Deputy Prime Minister and Minister of Finance of Cabo Verde

Dr Amit Thakker, Chairman, African Health Care Federation and Africa Health Business (IFPMA)

Mr Greg Perry, Assistant General Director, International Federation of Pharmaceutical Manufacturers & Associations

Ms Thokozile Ruzvidzo, Director Social Affairs, United Nations Economic Commission for Africa (UNECA)

In delivering the keynote address, Dr Matshidiso Moeti quoted extensively from a report recently published by WHO AFRO “A Heavy Burden; the Indirect Cost of Illness in Africa”. Using data from the Burden of Disease Database, the report presents evidence on the loss in gross domestic product (GDP) resulting from morbidity and premature mortality in 2015, amounting to 2.4 trillion international dollars. She added that when one compares this loss to evidence from the Lancet Commission on Quality of Care, which estimated a loss of 6 trillion dollars, the Region alone accounted for almost 42% of the global loss in GDP. The good news is that this loss could be reduced by 47% if the SDGs were achieved. Dr Moeti underscored the need for the health sector to use such critical evidence in its engagement with ministries of finance and other sectors on the urgent need for investing in health.

The Regional Director stated that countries that have made significant progress towards UHC are those that have relied heavily on public spending. In Africa, however, resources are limited; many countries are facing shortages in critical cadres of health workers, and at least 400 million people have poor access to safe and affordable medicines. To help address these, she called on governments to take advantage of the opportunities that the private sector provides in innovation for health and the networks that can be leveraged to extend service coverage and access to medicines and more, as the existing gaps in service delivery and financial protection in the Region show clearly that the public sector cannot do it alone. The Regional Director ended her keynote address by launching the report.

Following the keynote address, Dr Grace Kabaniha, a Health Economist at WHO AFRO set the scene by presenting the key highlights of the report and other pieces of evidence on current spending on health and economic loss due to ill health. She said the report makes an investment case for health in Africa and shows the links between ill health and GDP; presents country-specific and disaggregated evidence; and calls for dialogue with ministries of finance.

Dr Kabaniha added that the report shows that NCDs are the main drivers of productivity loss and the ECOWAS sub-region and under-fives incur the greatest GDP losses in Africa. This is coupled with inadequate domestic spending on health and PHC and inefficiencies in the system. Africa lags behind the rest of the world in domestic resource mobilization, spending on health is decreasing in several low-income countries (LICs) and some countries are

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becoming richer but are not spending more on health. She stated that the persistent gaps in health systems require that a strong case be made for greater engagement by the private sector. She called on the Forum to reflect on what the private sector could do to support the efforts to achieve UHC; which areas of the health value chain would benefit best from private sector involvement; what bottlenecks are hindering the UHC agenda; what could be done to unlock these bottlenecks; and the roles different actors – public, private, donors, and CSOs – could play.

The moderator then invited three speakers from the private sector to showcase how their companies were contributing to the realization of UHC. Mr Chris Bonnett, Director of Africa Projects, GE Healthcare presented two case studies of what his company is doing in Kenya to strengthen PHC for UHC. He highlighted the partnership with the government of Kenya in which GE Healthcare was contracted to renovate 98 health facilities and equip them with low-cost diagnostic equipment. The partnership also includes building capacity for the maintenance and use of the equipment. The cadres trained include bioengineers and radiographers. The public-private-partnership (PPP) has resulted in 700 cadres being trained annually and has supported the construction of an oncology centre in Kenya as well as health facilities in Ethiopia. Using a results-based approach, the PPP has resulted in 50% improved access to care and reduced patient costs by half.

Dr Kwasi Boahene, Director of PharmaAccess spoke about the MTiba Mobile Wallet- PharmaAccess Project. With 80% of Africans having mobile phones, PharmaAccess is working with banks and governments to provide simple and affordable options for improving access to care using mobile wallets. The MPESA platform in Kenya is being used to pool different types of funding and provides capital to small and medium size health facilities to provide services. PharmaAccess is partnering with about 2000 local clinics and is reaching about 2 million clients every month. Dr Boahene underscored the importance of every little contribution towards UHC and ended by quoting a Ghanaian proverb which says “If you think you are too small to effect change, it means you have not spent a night with a mosquito”.

Ms Sandra Lambert; Chief Operations Officer of BIOVAC Institute showed how the Government of South Africa is engaging in a PPP to support the development of safe and



affordable vaccines. This was in response to a request by the Southern Africa Development Community (SADC) Member States. The PPP is partly owned by the government of South Africa (47.5%) and BIOVAC. Funding is obtained through loans from banks and partners such as the Programme for Appropriate Technology for Health (PATH). This innovative approach has resulted in technology transfer from Sanofi and Merck in the labelling and packaging of drugs. Furthermore, BIOVAC has grown and is now able to mobilize funding for the development of Group B Streptococcus Vaccine to prevent mother to child transmission of the pathogen responsible for a large proportion of neonatal deaths in the Region. Ms Lambert decried the lack of funding from governments and the lack of preferential purchasing from local manufactures that would stimulate growth of the pharmaceutical sector and appealed to them to do more.

The first panellist, the Honourable Deputy Prime Minister of Cabo Verde, Mr Olavo Correia spoke about the increasing burden of disease in Africa and the important role the health sector plays in economic development in countries. He stated that the Cabo Verdean Government accords health a high priority and is allocating about 10% of the national budget to the health sector. He acknowledged that the government is unable to proceed on its own to solve all the health problems of the people and is working to provide a conducive environment for foreign investment

in health in the country. He added that a conducive legal environment is also needed for effective engagement of the public and private sectors.

The second panellist, Mr Amit Thakker reflected on how private sector actors could be convened to explore ways to engage better with governments towards UHC. He indicated that a wind of change was being seen in this area. The relationship between the public and private sector has never been better than it is now; there is increasing engagement between the two but there is need to do more; and there is need for each stakeholder to better understand their respective roles and how the other works. He underscored the need for strong leadership and effective partnerships to deliver more and better health care with the money invested, while ensuring efficiency and value for money, and called on the two sectors to build trust with each other.

The third panellist, Mr Greg Perry spoke about the roles pharmaceutical companies are playing in ensuring better access to good quality, safe and affordable medicines and vaccines for UHC. He said that the companies were not only into manufacture but are also involved in supply chain management, training and the delivery of their products to patients and clients. He stated that in most cases the procurement and supply management (PSM) chain is the component of the drug supply process that drives the high costs of drugs and not the drug prices as set by the pharmaceutical companies. He underscored the need to strengthen national regulatory mechanisms in order to ensure access to affordable and good quality medicines and vaccines. Mr Perry proposed a triangular approach involving health workers, the public sector and the private sector, with the patient in the middle. He called on the public sector to play the role of an enabler and coordinator for boosting partnerships with the private sector.

The fourth panellist, Ms Thokozile Ruzvidzo shared her thoughts on how investments in health can be increased. She recalled the Africa Leadership Meeting and the Africa Business Coalition Meeting held by the AUC and UNECA respectively on the sidelines of the AU Summit in February 2019. Both meetings elicited commitments from Heads of State on increased domestic spending on health and greater engagement of the private sector. She highlighted the need for public private engagement to engender a win-win situation in which the public gets access to health services

and financial protection, the public sector fulfils its mandate and the private sector is also able to turn a profit. She called for greater dialogue in order for the two sectors to identify opportunities for these win-win situations. She requested governments to take advantage of the Africa Continental Free Trade Area Agreement to support the local pharmaceutical industry and import from pharmaceutical companies in the Region.

During the ensuing discussions involving the audience, the participants called for a continental approach to regulatory mechanisms, including marketing and pricing, registration and quality. They also called for a change of mindset at country level for governments and partners to support indigenous and local companies to manufacture medicines and vaccines. They requested governments to implement preferential purchasing policies targeting local manufacturers in order to stimulate growth in the pharmaceutical sector.

The Session made the following key recommendations:

- There is need for greater engagement and dialogue between the public and private sector. This will enable each sector to learn how the other works to foster trust. The private sector is willing to collaborate with the public sector and not be seen as the “bad guy”. Therefore, WHO and partners should support the systematization of public and private sector dialogue at the regional and national level.
- The public sector will need to put in place an enabling environment to foster this engagement, including an appropriate legal framework and policies that support this engagement.
- Governments are encouraged to reinforce the regulatory mechanisms for local pharmaceutical products especially if the local pharmaceutical companies are to benefit from technology transfer from more established companies which would otherwise be deterred by counterfeits.
- In engaging the private sector, the private-not-for profit sector should not be left behind as they are able to support the strengthening of service provision and the supply of medicines.
- The need for increased financing is not the only issue. There is also the need to show how countries are spending directly for health and for addressing the social determinants of health.



3.4 Fourth Session: Collaboration For Improved Coordination, Preparedness And Global Health Security

Each year, the WHO African Region experiences over 100 infectious disease outbreaks and other health emergencies, resulting in unacceptably high morbidity, mortality, disability and socio-economic losses. Many of these outbreaks threaten national, regional and global health security. Despite the availability of existing frameworks and strategies such as the International Health Regulations (IHR 2005); the WHO African Region's integrated disease surveillance and response (IDSR) strategy and the disaster risk management (DRM) strategy, tackling outbreaks and other health emergencies continues to be challenging. This is largely due to the fragmented implementation of interventions, limited intersectoral collaboration, inadequate resources, weak health systems, and inadequate IHR 2005 core capacities.

Learning from the 2014 West Africa Ebola virus disease epidemic and other major public health emergencies, WHO has undertaken major reforms to better address global health security. A single platform across all the three levels of the Organization (headquarters, regional and country offices) has been created to address disease outbreaks and other health emergencies.

At the Sixty-sixth session of the WHO Regional Committee for Africa, ministers of health endorsed the regional strategy for health security and emergencies. The regional strategy is underpinned by an "all-hazards approach", and offers a common framework to guide Member States to formulate their national action plans for health security (NAPHS). There is need to support Member States to build and sustain strong national, regional and

global frameworks for multisectoral collaboration and partnerships for effective health security governance, health systems strengthening and achieving UHC.

The need for strong partnerships and collaboration to ensure health security in the African Region cannot be over-emphasized. Over the last two years, there have been various IHR and health security initiatives, projects, meetings, training, and workshops in Africa. These efforts by many actors under various initiatives require a common regional platform that allows them to connect, share and collaborate for better coordination to improve health security.

Four sessions on health security were organized during the Forum. The overall goal of the sessions was to bring together key national, regional and international stakeholders to share their collective achievements under IHR 2005 and optimize multisectoral partnerships for health security in the African Region.

The sessions started with a "kick-off" session entitled "Health Security in Africa – From Preparedness to Response – Collaboration for Improved Coordination, Preparedness and Global Health Security". This was followed by three sessions on specific aspects of health security in the African Region – Health Security; Opportunities and Challenges; Health Security; an Entry Point to Universal Health Coverage; and Sustainable Financing for Health Security in Africa

3.4.0 Fourth Session: Kick-Off Session – Health Security in Africa: From Preparedness to Response: Collaboration for Improved Coordination, Preparedness and Global Health Security

The moderator for the session was Ms Denise Epote, Regional Director for Africa, TV5 Monde and the keynote speaker was Dr Joseph Caboré, Director of Programme Management, WHO Regional Office for Africa.

THE PANELLISTS, WHO WERE CONNECTED VIA WEBEX FROM GOMA IN THE DEMOCRATIC REPUBLIC OF THE CONGO, WERE:

Soulemane Diallo, Incident Manager, UNICEF

Michel Yao, Incident Manager, WHO

Aruna Abedi, EVD Coordinator, Ministry of Public Health, Democratic Republic of the Congo

Luigi Minkulu, Response Operations Officer, Ministry of Public Health, Democratic Republic of the Congo

Desire Tambwe, Partnerships Officer, WHO

Richard Kakule, EVD Survivor

In introducing the session, the moderator, Ms Denise Epote indicated that the kick-off session would focus on the current Ebola virus disease (EVD) outbreak in Eastern Democratic Republic of the Congo and highlight what is being done to overcome the challenges, including the insecurity situation on the ground and the resistance that emergency responders are facing. She announced that, as part of the exhibition organized during the Forum, about 20 countries were displaying key elements of their national response to health emergencies and invited the participants to visit the exhibition booths after the session.

Dr Joseph Caboré commenced his keynote address by wishing the women of Cabo Verde a happy Women's Day. He recalled that the African Region faces continual public health threats throughout the year – approximately 150 public health events of concern each year. Depending on the nature of the public health threat in question, an outbreak

can cost billions of US \$ to countries, not to mention the devastating human loss of life and the livelihoods of those who survive. He added that the Region is seeing public health outbreaks that were previously not frequently recorded – such as EVD, Marburg Virus and others, and reiterated the need to prevent such pandemic-prone diseases in future.

Dr Caboré stated that if public health outbreaks were detected early, governments and other stakeholders could rapidly respond to curb their spread and maintain a strong health security system. He called on all stakeholders to work with national authorities to develop a National Action Plan for Health Security (NAPHS) to ensure the health security of their populations. Such NAPHS should address the gaps in national capacity in order to attain the IHR core capacity standards. He added that a key constraint in implementing NAPHS is the lack of adequate finances and informed the Forum that WHO is working with Member States and other stakeholders to mobilize the necessary resources.

The keynote speaker ended his address by stating that the ongoing EVD outbreak in Eastern Democratic Republic of the Congo is the tenth EVD outbreak that the country had recorded and is also the second largest EVD epidemic recorded globally, with more than 1000 cases having been reported with a case-fatality rate of over 60%.

The panellists were then invited to provide an update on the EVD epidemic in the Democratic Republic of the Congo. It was reported that 1019 EVD cases had officially been recorded, of which 950 were confirmed cases, 65 probable cases, and 637 deaths in total. Twenty health areas in the Democratic Republic of the Congo had recorded EVD cases. A key activity that was assisting the EVD response team curb the spread of the epidemic was vaccination, with over 90 000 persons having been vaccinated to date. Key field personnel were on the ground and included public health experts from the central, provincial and local levels of the Ministry of Public Health.

The Ministry of Public Health is being supported by partners and there are 11 functional committees leading the response efforts. The central coordination team is helping to build bridges between the 11 committees in order to harmonize their efforts. The World Bank has mobilized significant financial resources to fund the response but there still remains a budget deficit. The key challenges being faced include the high population density; occurrence of the epidemic in a security-compromised area where insecurity has prevailed for many years; the prevailing reticence and resistance in the affected communities; restricted mobility which hampers the ability of the contact-tracing teams to connect with all contacts; and the lack of trust and weak community engagement.

The Government of the Democratic Republic of the Congo is leading the EVD response with strong technical and logistics/operational support from UN agencies and implementing partners. WHO continues to play the lead role in coordination of the EVD response as well as provides technical support in the areas of disease surveillance, infection prevention and control (IPC), and data analysis. UNICEF provides support in the areas of risk assessments; community engagement; communications and IPC. The World Food Programme provides logistics/operational support and the UN Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) provides security support.

Donors and the NGO community have been on the ground from the onset of the EVD outbreak. The majority of NGOs were initially funded by WHO with support from DFID and USAID. Given the current budget gap, partners have had to reduce the implementation of a number of planned activities and the number of personnel on the ground. An appeal has been made to the international community for governments to inject the necessary resources needed to curb the spread of the epidemic.

An EVD survivor described how he contracted the disease while working as a medical doctor and diagnosed one of his patients as having Ebola.

During the discussions involving the audience, the following additional points were made:

- The lessons learned from the 2014 EVD West Africa epidemic were being applied. These include using social anthropologists and sociologists to better understand the perception of risk which allows the EVD response team in Goma to define specific community engagement strategies; the use of an EVD vaccine which gives the population a better chance to survive; provision of a much improved standard of care to the population; and putting in place standard management and coordination structures and a joint and coordinated response.
- In addressing the insecurity situation, the strategies that have been adopted by the response team include the team remaining neutral in the conflict; intense dialogue with communities to help combat the disease; and dialogue with armed groups to explain the work of the response teams.
- The response to the EVD epidemic cannot be solely scientific; it must also be social and gender related. Women are involved in the EVD response efforts in Goma where women comprise approximately 40% of teams. Women need to play a central role in leading the response.
- The central role of the national government in leading and coordinating the response to the EVD is paramount.

3.4.1 Fourth Session, Part One: Health Security: Opportunities and Challenges

The aim of the session was to explore the opportunities and challenges in achieving health security in the context of Africa's efforts to achieve and sustain the IHR 2005 core capacities within the framework of achieving UHC.

The moderator for the session was Ms Denis Epote, Regional Director for Africa, TV5 Monde and the keynote speaker was Mr Elhadj As Sy, Secretary General and Chief Executive Officer of the International Federation of the Red Cross and Red Crescent Societies (IFRC).

THE PANELLISTS WERE:

Dr Farai Charasika, Senior Technical Advisor, HigherLife Foundation, Zimbabwe

Dr Desmond Williams, Country Director, US Centers for Disease Control and Prevention in Liberia

Professor Cheikh Ibrahima Niang, Social Scientist, Senegal

Dr Ali Ahmed Yahaya, Country Health Emergency Preparedness and International Health Regulations Programme Area Manager, World Health Organization Regional Office for Africa

In delivering the keynote address, Mr Elhadj As Sy reiterated the central role of communities in the response to shocks and crises and stated that "outbreaks start in communities and end with communities". He indicated that most places in Africa are affected by one form of crisis or the other, including issues related to health security with communities crying for the restoration of normalcy and human dignity. In these situations, the reaction of the communities is fear, denial, resistance and sometimes hostility. But even then, people build networks of solidarity, they support and love each other and care for their children like any other persons. The main challenge is how one can move, in solidarity, from those periods of overwhelming shock to mounting a truly caring response which is built on social norms and social cohesion.

Mr As Sy underscored the importance of partnership that is based on trust in order to pave the way for an effective response as these are the values that guide the interaction of people, adding that in order to build partnership in the long term partners have to be there all the time, before, during and after the outbreaks. These outbreaks start deep

in the heart of communities, often unnoticed except by family members or close friends, and partners need to be there to extend a helping hand to curb the spread of the outbreak. In order to mount an effective response, communities must be placed at the centre and be involved in all actions. He stressed that disease outbreaks could be stopped by the powerful voices of survivors, parents, brothers, sisters and respected community leaders.

Mr As Sy called on all governments and development partners to invest more in community-led health programmes focusing on community priorities and building health literacy for community members to understand the risk long before an infectious disease outbreak occurs. Communities need to be empowered to reduce some of the risks, including volunteers detecting and reporting unusual happenings in their communities. However, the burden should not be shifted to the shoulders of the communities alone. Governments should play a key role in supporting health security by strengthening IHR core capacities to protect their own population and also prevent public health emergencies of international concern (PHEIC). He added that partnerships that start right in households and also bridge the gaps between the rich and the poor, the young and the old are needed.

The first panellist, Dr Farai Charasika spoke about how new technology and innovations can be put to good use to build capacity for health security and UHC in Africa. He stated that the use of technology in health interventions has increased over the years and that there are simple technologies that can be used to improve health interventions. For example, a simple cell phone is a great tool for surveillance that can be used by health facilities or communities as it helps get information in real-time and provides quick information for decision-making. There is also technology for managing big datasets which eases the analysis process and reduces the time spent in analyzing data. People are even using drones to conduct assessments of the communities affected by cyclone in order to identify the severely damaged ones for targeted humanitarian assistance.

Responding to how private sector stakeholders can be mobilized, Dr Charasika advised that one needs to first identify the companies and champions that have made significant contributions in the past and use them to mobilize

other companies, as a lot of private sector entities might want to be involved but do not know how. There is also need to develop a strategy for engagement that will attract private sector entities. Since they are profit-driven organizations, whatever is brought to the table must demonstrate value for money and how it will benefit them. For example, one could showcase their brand by displaying their logos on the tents they supply for displaced populations and they could access tax breaks from governments as the private sector responds to incentives. Timing is also a very important strategy as most private entities will be more willing to provide support during outbreaks which likely might affect their businesses.

The second panellist, Dr Desmond Williams gave an overview on how the US CDC has been partnering with other stakeholders in ensuring health security and the attainment of UHC. He stated that a threat anywhere is a threat everywhere and as infectious diseases have no borders, once a disease outbreak starts in one community it can spread to other communities. He recalled the experience from the 2014 West Africa Ebola epidemic and its devastating economic impact and added that outbreaks could also cause national security issues and therefore one must prioritize the engagement of communities in order to gain their trust.

Dr Williams indicated that CDC is supporting efforts to improve health security in Africa in the areas of surveillance, and laboratory and workforce development. About 1700 CDC staff are involved in building partnerships and are deployed to multilateral organizations like WHO and UNICEF. CDC is also supporting immunization programmes globally to prevent diseases. He called on countries to develop a strong workforce and strong emergency management systems to ensure that no disruption of routine health services occurs during outbreaks. Countries also need to develop emergency preparedness plans, strong surveillance systems backed with laboratory capacity for confirmation and a workforce that can be rapidly deployed to support an emergency response since experience has shown that the speed of detection and confirmation determines how quickly one can contain an outbreak.

In advocating full engagement of communities in the prevention and response to health emergencies, the third panellist, Professor Cheikh Ibrahima Niang stated strongly that an effective response to health emergencies will require



3.4.1 Fourth Session, Part One: Health Security: Opportunities And Challenges

recognize the role of culture in everything one does and the leadership role of women. In responding to emergencies, communities need to be treated as partners; they should be involved in the design and delivery of the interventions. The responders coming from outside need to be humble in their dealings with members of the community. Every effort should be made ensure community ownership while taking into consideration the cultural and religious beliefs of the community. It is important to listen to the communities and try to understand why they do what they do and readjust the interventions in line with their beliefs so that it can be acceptable to them.

In responding to the question whether Africa is ready for the next epidemic, the fourth panellist, Dr Ali Ahmed Yahaya stated that although significant investments have been made in implementing IHR, all countries in the African Region are regrettably at risk of outbreaks and other emergencies with very varying capacities to quickly detect and rapidly and effectively respond to public health events. Dr Ali reported that over 150 public health events were recorded in the African Region in 2018. Some of these events caused a huge negative impact on the health of the population and on the economy. Member States are implementing IHR 2005 to strengthen and sustain capacities for prevention, detection and response to emergencies, with 85% of the countries having assessed their IHR capacities and 50% having developed multisectoral NAPHS with support from WHO and technical partners using standardized WHO tools.

The Joint External Evaluations (JEEs) have shown that except for some progress made in immunization, surveillance and laboratory capacity at the national level, all the remaining technical areas in ensuring IHR critical core capacities are still very weak. There are also huge funding gaps in implementing the NAPHS in the 23 countries that have completed their plans. All countries that have conducted JEEs know exactly where they are and where they want to go in the short- and long-term to ensure health security.

Dr Ali recounted how some countries in the recent past have effectively managed outbreaks. For example, in Uganda, an outbreak of Marburg was interrupted within six weeks and yellow fever was detected in a timely manner from one of the alerts reported due to enhanced surveillance systems at subnational level. This was possible due to strengthened emergency preparedness capacities in the countries and the

establishment of a fully functional public health emergency operations center (PHEOC). Dr Ali concluded by stating that although significant investments had been made in implementing the IHR monitoring and evaluation framework, the African Region is still very far in attaining the critical IHR core capacities as well as resilient health systems for UHC. Member States need to ensure allocation of adequate domestic funds and continually mobilize additional resources from international and national partners for addressing the IHR capacity gaps articulated in their NAPHS.

During the discussions involving the audience, the following additional points were made:

- For effective implementation of the “One Health” approach to ensure health security, there is need to train more animal health workers, including veterinarians and extension workers, and to strengthen the collaboration between the health sector and agriculture sector.
- There is need to ensure a multisectoral approach in order to strengthen health security. The different sectors need to work together even before outbreaks occur and good collaboration needs to be ensured to avoid duplication of efforts.
- Every effort should be made to ensure cross-border collaboration between countries using IHR as the instrument. Under the regulations, countries are obliged to protect their neighbours.

The Session made the following key recommendations:

- Countries need to strengthen their IHR critical core capacities to prevent, protect against, detect and respond to health emergencies to improve health security.
- Countries need to allocate domestic resources for implementation of their NAPHS and prioritize their interventions to achieve quick gains.
- Countries need to put communities at the centre of the response and engage them as partners in the interventions in order to build trust and solidarity even before emergencies occur.
- Countries should proactively engage the private sector to mobilize additional resources for health emergencies.



Ms Denise Epote
Regional Director for Africa,
TV5 Monde



Mr Elhadj As Sy
Secretary General, International
Federation of Red Cross and Red
Crescent Societies (IFRC)



Dr Ali Ahmed
Program Area Manager,
World Health Organization
Regional Office for Africa



Dr Farai Charasika
Senior Technical Advisor
of Higherlife Foundation
and philanthropist



Dr Desmond Williams
US CDC Country
Director, Liberia



**Professor Cheikh
Ibrahima Niang**
Social Scientist

3.4.2 Fourth Session, Part Two: Health Security: An Entry Point to Universal Health Coverage

The aim of the session was to explore the contributions of health security to UHC. The moderator for the session was Ms Zeinab Badawi of the British Broadcasting Corporation and the keynote speaker was Professor Hannah Brown-Amoakoh of the Lancet Commission on Synergies, and the Department of Health Policy, Planning and Management of the University of Ghana.

THE PANELLISTS WERE:

Professor Francis Omaswa, Executive Director, Africa Centre of Health and Social Transformation

Dr Augustina Orekunrin Olamide, Chief Executive Officer and Founder Flying Doctors, Nigeria

Professor Stanley Okolo, Director-General, West Africa Health Organization

Mr Sylvain Muzungu, Chief Executive Officer, Tantine Group Ltd

In delivering the keynote address on “The Contribution of Health Security to Universal Health Coverage”, Professor Hannah Brown-Amoakoh started by introducing the work of the Lancet Commission on Synergies. The Commission was established in 2018 with the aim of finding synergies between the three important health agendas, namely UHC, health security and health promotion, and to provide evidence and information to policy-makers in order to align their efforts to achieve these goals. The Commission is of the view that UHC, health security and health promotion constitute the three topmost agendas for global health, a view that has been corroborated by WHO’s Thirteenth General Programme of work (GPW 13) triple billion targets of promoting health, keeping the world safe and serving the vulnerable.

Professor Brown-Amoakoh stated that intersectoral collaboration is needed to achieve these three global strategies. Policy-makers in low- and middle-income countries face tough choices in prioritizing interventions for the realization of these three goals due to resource constraints, leading to the creation of gaps, fragmentation, overlaps and inefficiencies in health systems. However, these three strategic priorities could work together in a synergistic way. For instance, stronger health systems are

required for UHC and health security while efforts towards strengthening UHC could contribute to improving health security, and vice versa. Furthermore, population-based prevention interventions can also contribute to both health security and UHC.

Professor Amoakoh indicated that to promote synergies and avoid fragmentation, the Commission focuses on identifying interventions that each of these priorities contributes to across these areas and where making progress in one area amplifies progress in the others. The findings will help stakeholders to better align their efforts and resources. For example, the contribution of health security to UHC constitutes the synergy between these two agendas. Large outbreaks can overwhelm health systems and make the provision of normal health services impossible, at least temporarily, as was the case during the 2014 West Africa Ebola epidemic where more people died from lack of access to regular health services than from the Ebola virus itself. In addition, the financial impact of the Ebola response reduced the capacity to invest in health systems in the long term. This shows that investment in health systems is needed to protect the population from the devastating impact of outbreaks.

Professor Amoakoh added that UHC includes establishing priorities and functions to ensure that health systems can serve all citizens with essential health services. It also involves the prioritization of services in order to maximize the health of the population within the available resources and capacities. UHC therefore depends on the capacity of the public health system to estimate the burden and distribution of diseases and establish priorities, ensure surveillance systems which can detect outbreaks, and make available health systems information to ensure efficiency and equity of services. To achieve UHC, there is need to invest in a range of specialized and basic health services that also include public health interventions, periodic outreach services, health information and capacity for analysis, all of which are also critical for health security. UHC and health security therefore need to be brought closer together to synergize each other. She concluded that strong health systems are the cornerstone for UHC and health security and called for effective intersectoral collaboration to achieve these three global health agendas since “good health is priceless”.



In describing the efforts of African countries in building resilient health systems over the years, the first panellist, Professor Francis Omaswa said that the first opportunity African governments had to give good health to their people was getting rid of colonialism. Leaders at that time indicated that the three expected results of getting rid of colonialism were eradicating poverty, eradicating disease and eradicating ignorance. Unfortunately, these did not happen due to poor governance, including military dictatorships and corruption, among others. He added that the second opportunity came with the advent of the MDGs. Although several African countries made progress towards the achievement of the MDGs, the efforts were not enough and the Region continued to lag behind other continents. He called on African countries to seize the third opportunity offered by the SDGs to redouble their efforts and catch up with the rest of the world.

Professor Omaswa welcomed the efforts being made by the AU to prevent dictatorship and reduce corruption and the global paradigm shift where health is now seen as an investment and not a cost, even by the critics who initially

viewed health as a “bottomless pit”. He added that that there is now a critical mass of African people who are ready to move the health and development agenda of Africa forward.

The second panellist, Dr Augustina Orekunrin Olamide reflected on the importance of health security to UHC from the financial resource point of view. She recalled her experience, while working as a doctor in the United Kingdom (UK), in getting more funding for the National Health Service (NHS) in order to reduce waiting times in accident and emergency centres and provide a better service to citizens. She indicated that on moving to Nigeria, she was confronted with a situation where the national budget spent on health was very limited, compared to the UK, and a challenge of “how to do more with less”.

Dr Olamide reported that when she started her air ambulance service 10 years ago, she just adopted the model being used in the UK for medical transport but soon had to innovate on realizing that the resources available would not be sufficient. For example, she had to work with the local airlines in Nigeria to design a small cabin that could be used as an air ambulance cabin which can provide intensive care in

3.4.2 Fourth Session, Part Two: Health Security: An Entry Point to Universal Health Coverage

economy class, bringing down the cost of a flight from US \$ 25,000 to about US \$ 500. She called for innovations and local solutions for UHC and health security that can exponentially decrease the costs of health care so that one could do more with fewer resources. She concluded that there is need to focus on the most cost-effective interventions, for example PHC, which is the first pillar of health care reform in Africa.

The third panellist, Professor Stanley Okolo spoke about the efforts WAHO is making towards ensuring health security and the attainment of UHC. He stated that WAHO has a mandate of bringing together the 15 countries in the West African subregion and providing support to individual countries in the areas of health security and UHC. WAHO has an agenda to ensure that countries establish their PHEOCs and to hold them to their commitments.

Professor Okolo called on countries to focus on health promotion as one of the key strategies for improving health security and UHC. He also called for the involvement of communities in health programmes and underscored the importance of building trust with community members. In conclusion, he stated that the three things that are necessary, especially in Africa, to ensure sustainability of programmes are innovations – developing African solutions to African problems; developing capacity across the continent; and strengthening networks to share good practices and to support weaker countries.

The fourth panellist, Mr Sylvain Muzungu underscored the need for innovation in health security and UHC. He stated that the innovators who had the opportunity to showcase their work during the Forum were only a small proportion of the numerous innovators in Africa. He emphasized that innovation did not necessarily mean technology or young people given that anyone anywhere could innovate and the implementable ones will be supported and made sustainable to improve the delivery of services.. It would also be important to share innovative approaches for improving health security and UHC to enable countries to learn from each other.

During the discussions involving the audience, the following additional points were made:

- Health is now at the centre of politics and elections and, because of this, leaders now have to focus on addressing health issues as part of their campaign for political office. In addition, there has been global commitment by political leaders for UHC. Governments should ensure effective use of the limited resources.
- Some populations look at health with the wrong lens with the expectation that good health care means shiny hospitals. A good investment in health care is starting with the building blocks of health systems with infrastructure at the lowest level matched with trained human resources.
- Regional and subregional approaches and synergies need to be promoted in ensuring health security and the attainment of UHC.
- Every effort should be made to ensure that the priorities of development partners and donors are aligned with national needs and priorities.

The Session made the following key recommendations:

- Governments should ensure effective use of the limited resources making sure that every penny allocated to the health sector has an impact on the health of the population.
- Governments should invest in strengthening their IHR core capacities to improve health security and resilience of health systems.
- Countries should support the implementation of feasible innovations to improve the delivery of quality and affordable health services.
- Development partners and donors should align with country priorities to synergize their efforts for maximum impact.



Ms Zeinab Badawi
Moderator, International
Broadcaster and Chair of the
Royal African Society



Ms Hannah Brown-Amoakoh
The Lancet Commission on
Synergies, Department of Health
Policy, Planning and Management,
University of Ghana



Mr Sylvain Muzungu
CEO Tantine Group Ltd



**Mrs Olamide Augustina
Orekunrin**
Founder, Flying Doctors Nigeria



Professor Francis Omaswa
Executive Director, ACHEST



Professor Stanley Okolo
Director General

3.4.3 Fourth Session, Part Three: Sustainable Financing for Health Security in Africa

The aim of the session was to identify successful approaches and new opportunities for strengthening capacities that can maximize synergies and efficiencies in dealing with global health security at various levels – subnational, national, subregional, regional and global – in the context of Africa’s efforts to achieve and sustain the IHR 2005 core capacities within the framework of achieving UHC.

The moderator for the session was Dr Joannie Bewa, Public Health and Public Policy Specialist and the keynote speaker was Honourable Jean Paul Adam, Minister of Health of the Republic of Seychelles.

THE PANELLISTS WERE:

Mr Babatunde Olumide Omilola, Manager, Public Health, Security and Nutrition Division, African Development Bank

Dr Gaston Sorgho, Practice Manager, Health Nutrition and Population, Global Practice, World Bank

Dr Farai Charasika, Senior Technical Advisor, Higherlife Foundation and philanthropist

Ms Päivi Sillanaukee, Permanent Secretary, Ministry of Social Affairs and Health, Finland and co-chair, Joint External Evaluation Alliance

Mr Robert Kwame de Graft Agyarko, Lead Advisor, Outbreaks and Epidemics, Africa Risk Capacity, South Africa

In delivering the keynote address on “Domestic Financing for Sustainable Health Security in Africa”, Honourable Jean Paul Adam stated that African islands face a paradox in that they are often quick to achieve good health care outcomes and often lead in terms of GDP per capita but pay a premium price per capita when it comes to investing in health systems because of lack of economies of scale. In addition, they are the most vulnerable to external shocks, albeit environmental or economic, as many, just like other countries in Africa do not have resilient public health systems to respond quickly and effectively to crises, partly due to inadequate domestic investments in health systems.

Honourable Jean Paul Adam reiterated that by his country’s experience, implementing UHC, costly as it may be, is critical to ensuring health security. Universal health coverage has been built on the bedrock of political commitment to ensure that everyone has equitable access to appropriate health care for their needs with no cost barriers. The Government of Seychelles decided in 1978 that access to health care should be universal, and that Government would pay for it. With the right to free PHC inscribed as Article 29 in the national constitution, all citizens have easy access to health facilities within 20 minutes of their habitual residence, with the country having achieved antenatal care (ANC) coverage of over 97% and vaccination coverage above 97%.

Honourable Jean Paul Adam informed the Forum that the country’s experience had shown that by committing Government to deliver on primary care, the country builds more resilience to external shocks. A recent joint publication by the Government of Seychelles and the World Bank demonstrated that sustained annual investments in a strong and free of user-fees primary care system brings optimum results relative to the resources invested, and investments in PHC led to savings in other areas, and productivity gains across the economy. He said that despite the positive experience, the country was aware of the increasing burden of noncommunicable diseases that was leading to disproportionate resources going into expensive treatments in tertiary care and the threat of climate change with its effect on outbreaks. Finances and human resources that could otherwise be deployed to further improve prevention services were being diverted into permanent mobilization for outbreak management, placing an even heavier burden on financing for health systems.

Honourable Jean Paul Adam stated that in addition to increasing investments in health systems, countries need to invest more in efforts to address the social determinants of health, adding that some of the biggest health gains have been achieved through improved sanitation. Countries also need to invest heavily in preparedness for potential crises, while building national capacity to fully implement IHR. Countries must work together to reinforce regional capacity

for early warning systems, surveillance and reporting. He called on countries to exploit opportunities for cost savings in health systems to reinforce health security, while making reference to initiatives for pooled procurement of medicines and supplies in order to take advantage of economies of scale and to procure more efficiently.

He reiterated the need to continuously identify new sources of financing for health, including national insurance systems and taxation on alcohol, cigarettes, and sugar sweetened beverages which has a deterrent effect on consumption while also raising revenues. He ended by stating that every country has to explore and manage its own domestic investments in health because there is no exact formula for resource mobilization and that the key factors which must be underscored in domestic financing for sustainable health security are predictability and efficiency.

The first panellist, Dr Babatunde Olumide Omilola spoke about how the African Development Bank (AfDB) has been supporting countries in the areas of health security and UHC. He reported that since the late 1970s, AfDB has supported over 200 operations in health using both sovereign and non-sovereign lending windows. In the past few years, the Bank has supported countries to respond to outbreaks and epidemics, including the 2014 Ebola epidemic in West Africa. For example, AfDB was one of the multilateral agencies that invested US \$ 3 million at the beginning of the epidemic. This was eventually scaled up to US \$ 200 million to support the regional economy of the affected countries.

Dr. Omilola stated that one key lesson learned was that some countries lacked the capacity to absorb the resources provided for health within the agreed time frame. To address this, the Bank incorporated knowledge transfer, capacity-building and sharing of lessons into its support to Member States. He called on all relevant stakeholders, including the private sector, to come together in strong partnerships to address the current financing gap in the health sector on the continent, estimated at about US \$ 66 billion, since the public sector cannot do it alone.

In reflecting on the World Bank's support for health security and UHC, the second panellist, Dr Gaston Sorgho stated that the Bank had been highlighting the need for countries to invest in the human capital since development was dependent on people, adding that a lot of countries prioritized investment in infrastructure. He indicated that, with regard to productivity, most countries were performing below the required key performance indicators – Africa was below 50%.

Dr Sorgho reported that while Member States recognized the importance of health, most countries were not making adequate investments in both health and the social determinants of health. He called for major investments to be made in public health by all stakeholders and for effective management of the available resources.

The third panellist, Dr Farai Charasika described how Econet Wireless, the largest mobile communications company in Zimbabwe with over 8 million subscribers, had been supporting the response to outbreaks. He said that Econet Wireless, through its philanthropic arm called the HigherLife Foundation, supported the Government of Zimbabwe to respond to the 2018 cholera outbreak. Since then, the company had forged a good partnership with the ministry of health and WHO and had begun to support surveillance systems in the country. The company was currently supporting the government of Zimbabwe to establish a PHEOC for coordination of the emergency preparedness and response efforts.

Dr Charasika suggested that the private sector had some comparative advantages which governments could leverage for increased financing for health. These included strategy, skills, systems, finances and relationships. In terms of strategy, the private sector brought a new way of thinking and new ways of doing things. For example, the HigherLife Foundation worked with the government and was able to infuse a business way of thinking, seeing things from different angles and being more efficient. While the ministry of health brings the public health expertise, the private sector can also bring additional skills such as very strong data

3.4.3 Fourth Session, Part Three: Sustainable Financing for Health Security in Africa

analytics to the table to improve the information system for effective decision-making. The Foundation is supporting the ministry of health with technology, including mobile phones to improve the surveillance system for routine IDSR and community-based surveillance. The private sector can also fund the initial start-up of programmes to give the government some time to organize itself to take over eventually. For example, the Foundation is helping with the infrastructure, equipment, technology, training and even paying the staff for an initial period of three years before handing over the PHEOC to government. Lastly, philanthropic work entails understanding who else is putting money on the table for a particular purpose and thus is able to bring together players in a meaningful relationship for maximum impact.

The fourth panellist, Dr Kansliapäällikkö Päivi Sillanaukee provided insights into how African governments can raise the required financing for health security and UHC. She recalled Finland's commitment to strengthening multisectoral preparedness for all hazards and thanked WHO and partners for facilitating this work. She stated that country ownership is an essential element of the process of building capacities for health security and that uptake of the JEEs and the ensuing work on national action plans and other monitoring and evaluation tools has largely changed the understanding on preparedness and health security, marking a paradigm shift. She added that financing the implementation of NAPHS is critical for ensuring sustainable capacities to prevent, detect and respond to threats to human, animal and environmental health. This has to be matched with increased domestic financing and international support. Countries need to invest heavily in the human capital - through education, health, social protection, and gender equality; health system strengthening - providing essential public health functions, including the core IHR capacities should be seen as an integral element of a resilient health system; and multisectoral cooperation.

Dr Sillanaukee also provided an update on the work of the Alliance for Health Security Cooperation, previously called the JEE Alliance. The Alliance is a platform co-chaired by Finland and Australia which aims at facilitating the

mobilization of technical and financial resources and knowledge exchange by providing a platform for cooperation between countries, international organizations, financial institutions and NGOs. There are currently 72 members in the platform. The Alliance is focusing on facilitating dialogue on thematic areas and on disseminating information to support policy-making. The work of the Alliance has made it even clearer that there is need to bring the ministries of finance and financial institutions into this dialogue. Making a strong case for investing in preparedness and engaging all relevant sectors is essential not only in countries but also at regional and global levels. Strong country ownership and political commitment is essential. It is also essential to strengthen partnerships with the private sector and civil society.

The fifth panellist, Mr Robert Kwame de Graft Agyarko reflected on how African countries can develop a risk prediction model in addition to an emergency risk management plan. He stated that investment in preparedness is the foundation for health security sustainability and economic growth. In that respect, ministries of health need to build the evidence to enable them make a convincing case to ministers of finance for increased investments in preparedness and UHC. The WHO investment case for health can be used as one of the powerful messages to engage policy-makers on the importance of making investments in health. Strategic choices for investment will have to be made, given that the resources available are limited.

Mr Agyarko underscored the importance of exploring other innovative financing schemes such as health insurance and taxation to improve health security, given that overseas development assistance alone will not be enough. Towards this end, Africa Risk Capacity, building on existing risk profiling and risk detection mechanisms, has been working with some Member States to model their risks and provide insurance that countries can buy into to respond to epidemics. For example, Africa Risk Capacity has provided this type of insurance, amounting to US \$ 37 million, to four countries in the recent past to respond to droughts.

During the discussions involving the audience, the following additional points were made:

- Given that different population groups have different needs, prioritization and targeting of interventions must be guided by solid evidence to achieve the maximum impact. Basic services must be provided, especially at the primary care level, with the available resources while also focusing on health protection and health promotion.
- The private sector is a major contributor to the increasing burden of NCDs as some of their products, including tobacco; alcohol and sugar are the main drivers of NCDs. They should therefore be held accountable and be requested to contribute to interventions to reduce the impact of these diseases.

The Session made the following key recommendations:

- There is need to reinforce the preparedness of individual countries in order to prepare for and mitigate health

emergency risks, considering that countries are more interconnected than ever and outbreaks will strain the available resources more than ever before.

- National capacities to fully implement the IHR 2005 need to be strengthened for emergency preparedness and response.
- Additional domestic and external financial resources need to be mobilized, including exploring innovative financing mechanisms, in order to strengthen health systems and to address the social determinants, given that there is never enough investment in the health and other sectors.
- Countries should explore opportunities for cost savings to reinforce health security and promote UHC in Africa.
- Governments should engage the private sector and leverage their resources to increase financing for health in Africa.



3.4.3 Fourth Session, Part Three: Sustainable Financing for Health Security in Africa



Dr Joannie Bewa
Moderator, Public Health and
Public Policy Specialist



H.E. Dr Jean Paul Adam
Minister of Health, Seychelles



Dr Gaston Sorgho
Practice Manager, Health
Nutrition and Population, Global
Practice, World Bank



Mr Babatunde Olumide Omilola
Manager, Public Health, Security
and Nutrition Division, African
Development Bank



Dr Farai Charasika
Senior Technical Advisor
of Higherlife Foundation
and philanthropist



**Mr Robert Kwame de
Graft Agyarko**
Lead Advisor, Outbreak and
Epidemic, African Risk



Ms Päivi Sillanaukee
Permanent Secretary, Ministry
of Social Affairs and Health, Finland
and co-chair, Joint External
Evaluation Alliance



4. Closing Ceremony

The closing ceremony of the Second WAHF took place at the National Assembly of Cabo Verde in Praia. After welcoming and thanking His Excellency Jose Ulisses Correia e Silva, Prime Minister of the Republic of Cabo Verde, the Honourable Minister of Health and Social Security, Dr. Arlindo Nascimento do Rosário read out the Communiqué from the Forum. The Communiqué, among others, highlighted the key recommendations of the Forum for taking UHC to the next level; optimizing multisectoral partnerships for effective collaboration to improve health outcomes; enhancing private sector engagement for UHC and health security through evidence-based actions; ensuring health security; and promoting innovations for the achievement of UHC and health security (See Annex 2 for the Communiqué).

Dr Rosário then thanked the WHO Regional Director for Africa for her leadership and efforts in championing the health of the people in the Region. He reaffirmed his country's continued commitment to further collaboration with WHO. The Honourable Minister stated that he was convinced that the Forum marks the beginning of a process that will continue until the vision that all Africans share – “an Africa that expresses and asserts itself before the world; one in which its vast potentials find the time, space and opportunity to blossom” – is fully achieved. He added that he was convinced that the sharing of experiences and the relevant recommendations made during the Forum will continue to bind the participants together and provide the rationale for convening the Africa Health Forum in the years to come. He was emphatic that through concrete and effective actions by all stakeholders, and the innovative spirit of the young inventors and scientists showcased during the Forum, it is possible to “achieve universal health coverage; have a safer and healthier Africa; and improve the health of Africans”. Dr Rosário ended his address by thanking all those who contributed in one way or the other to the successful organization of the Forum.

In her address, the WHO Regional Director for Africa, Dr Matshidiso Moeti thanked the President and Prime Minister of Cabo Verde, the Minister of Health and Social Security and all the participating Ministers of Health and Heads of Delegation for making the Second WAHF a productive and memorable one. She also acknowledged the panellists and session moderators for their outstanding contributions. She extended a special recognition to the national organizing team, led by the Honourable Minister of Health and the

WHO Representative to Cabo Verde, and to the WHO AFRO team for the hard work put in to ensure that the technical and logistic preparations went well.

Reflecting on the conduct and outcome of the Forum, Dr Moeti said that the participants have once again shown their collective strength and resolve to remain leaders in public health. The organization of a variety of side events, including the innovation challenge, highlighted the need to broaden participation in discussions on health security and UHC. The discussions had shown clearly that it was by strengthening health systems through PHC that UHC would be attained and in WHO's case ensure that “1 billion more people benefit from UHC; 1 billion more people are better protected from health emergencies; and 1 billion more people enjoy better health and well-being”.

Dr Moeti stated that the participation of the private sector, civil society and the media was useful and allowed for a rich exchange, bringing together different perspectives and contributing to a greater understanding of the challenges faced and solutions that should be taken into account in achieving UHC. The Forum also highlighted the rich experience and good practices in Cabo Verde, including providing useful information on how countries with limited resources can improve health outcomes through effective use.

The Regional Director highlighted some key take-home messages. There is general recognition that UHC is a dynamic and complex process that unfolds in different ways in each country. There is thus the need for an African perspective on UHC– taking cognizance of regional peculiarities, prioritizing innovative service delivery approaches and having a long-term perspective on results for UHC. Countries will need to re-examine health governance systems to set up real engagement with stakeholders, particularly communities, and to have a proactive focus on establishing resilient health systems. For an enhanced engagement with the private sector, there is need for systematization, an enabling legal and policy environment and regulatory mechanisms, as well as providing support to local pharmaceutical industries to ensure good access to affordable and safe medicines.

Dr Moeti added that the Forum highlighted once again the importance of multisectoral collaboration for meaningful progress towards health security and UHC. The efforts to promote the “Health in All Policies” approach or whole-of-

government, whole-of-society approaches and enhance cross-sectoral action and policy coherence to improve health outcomes need to continue. And the meaningful participation of future generations, the youth and citizens in the development of policies affecting their health and well-being needs to be encouraged.

With regard to ensuring health security, Dr Moeti said that the discussions have reinforced the need for greater involvement of communities in the detection of and response to outbreaks and emergencies as “outbreaks begin in communities and end in communities”. There is also the need for a social observatory that creates social intelligence for emergency preparedness. She added that one of the impressive outcomes of the Forum was the Innovation Challenge, which saw great ideas coming from the youth. She urged all to ensure that support is provided for the scaling up of the ideas. She said that WHO will ensure that a “living” platform is put in place where the various innovators in the Region and beyond can continue to interact.

The Regional Director concluded her address by thanking the Speaker of the Cabo Verde Parliament for providing the excellent facilities for use during the Forum and the Prime Minister for his gracious participation in the closing ceremony. She stated that the only way to demonstrate the relevance and value of the Forum is to address holistically the health of the African people through UHC. Dr Moeti added that she was confident that if all stakeholders continued to work together, the “Universal Health Coverage and health security for the Africa that we want to see” could be achieved.

In his closing address, His Excellency Jose Ulisses Correia e Silva, Prime Minister of the Republic of Cabo Verde thanked WHO for the choice of the city of Praia to hold the Forum and commended WHO for being a model strategic partner for health development in his country. He also commended the WHO Regional Director and wished her every success in the performance of her duties.

His Excellency the Prime Minister reiterated that Cabo Verde is committed to implementing reforms, policies and investments in the health sector in order to produce a positive impact on the life expectancy and quality of life of the population. The target is to put Cabo Verde on the list of the 10 leading SIDS with the highest Human Development Index score. To that end, it is crucial that the

country achieve the requisite conditions for health and sanitation, accessible and quality education as well as an increase in per capita income.

The Prime Minister indicated that in his country, an archipelago as it is, the investment requirements and efforts are different, and investing in health infrastructure in all the islands is essential, and must be complemented by enhanced air and maritime links to facilitate mobility and to enable the roll-out of technologies such as telemedicine to allow for remote access to quality services. Cabo Verde intends to increase its social security coverage, while implementing a policy of social and productive inclusion aimed at ensuring autonomy and self-sufficiency for families and the most vulnerable groups such as children, older persons and persons with disabilities.

His Excellency the Prime Minister asserted that with strong political and civic awareness, committed leadership, assertive policies, good partnerships for development, favourable conditions for investment and an effective private sector engagement in the health sector as well as sound regulation, the African continent will make good progress towards UHC.

The Forum was then declared officially closed by His Excellency Jose Ulisses Correia e Silva, Prime Minister of the Republic of Cabo Verde.



Annex 1: Programme of Work

DAY 1:
26 MARCH 2019

08:00
Registration

09:00 – 10:30
Opening Ceremony

Master of Ceremonies

Mr Alveno Figueiredo
Media Advisor, National Assembly of Cabo Verde

Welcome Remarks

H.E. Dr Arlindo Nascimento do Rosário
Minister of Health and Social Security, Cabo Verde

Remarks

Dr Matshidiso Moeti
WHO Regional Director for Africa

Keynote and Opening Address

H.E. Jorge Carlos Almeida Fonseca
President of Cabo Verde

10:30 – 11:00
**Launch of the Exhibition to showcase
Innovations in Africa**

H.E. Jorge Carlos Almeida Fonseca
President of Cabo Verde

11:00 – 11:30
Health Break and Networking

11:30 – 13:30
**First session: Taking Universal Health
Coverage to the Next Level in Africa:
Leaving No One Behind**

Moderator

Mr Henry Bonsu
International broadcaster

Panellists

Dr Prosper Tumusiime
Director a.i., Health Systems Strengthening Cluster

Ms Sofia Moreira de Sousa
European Union Ambassador and Head of the European
Union Delegation to Cabo Verde

Dr Luis Gomes Sambo
Professor, Unit of Global Health and Biostatistics, Institute
of Hygiene and Tropical Medicine, and Regional Director
Emeritus, WHO Regional Office for Africa

Ms Loyce Pace
President and Executive Director, Global Health
Council, USA

Dr Leonardo Simão
High Representative Africa, European and Developing
Countries Clinical Trials Partnership

13:30 – 15:30
Lunch and Networking

14:15 – 15:15

Side Event: Youth

Moderators

Ms Harriet Yayra Adzofu

Youth without Borders, Ghana

Mr Ruben Filipe Semedo Ramos

Youth Activist, Cabo Verde

Panellists

H.E. Dr Fernando Elisio Freire

Minister of State, Parliamentary Affairs, President of the Council of Ministers and Minister of Sports, Cabo Verde

Hon. Toussaint Manga

Youth parliamentarian

Ms Natasha Chibesa Mwansa

Youth Activist, Zambia

Dr Rachid Awal Issa

Coordinator, Youth Club, Niamey, Niger

Dr Mamadou Kante

Deputy Regional Director, West and Central African Region, United Nations Population Fund

15:30 – 17:30

Second session: Multisectoral Collaboration to Improve Health Outcomes

Moderator

Dr Joannie Bewa

Public Health and Public Policy Specialist, Benin

Panellists

Dr Matshidiso Moeti

WHO Regional Director for Africa

Ms Helena Rebelo Rodrigues

Head, Support Unit for the Implementation of the Healthy Cities Initiative, Cabo Verde

Dr Abel Kabalo

Director Health Promotion, Environmental and Social Determinants, Zambia

Mr Felix Dounia Millimono

Leader, African Youth and Adolescent Network

Professor Abdouraman Bary

Programme Officer, United Nations Environment Programme Regional Office for Africa

18:00

Welcome Reception

Youth side event: Investing in Young People as a key to achieving the Universal Health Coverage in the Africa



Ms Harriet Yayra Adzofu
Youth Without Borders



Mr Ruben Filipe Semedo Ramos
Youth activist



H.E. Dr Fernando Elisio Freire
Minister of State, Parliamentary Affairs, President of the Council of Ministers and Minister of Sports, Cabo Verde



Mr Mamadou Kante
Deputy Regional Director West and Central African Region, United Nations Population Fund



Hon. Toussaint Manga
Youth parliamentarian



Ms Natasha Chibesa Mwansa
Youth Activist



Mr Awal Issa Rachid
President, Youth Forum, Niamey

Annex 1: Programme of Work

DAY 2:
27 MARCH 2019

09:00 – 11:00

Third session: Moving beyond rhetoric to evidence-based engagement of the private sector for Universal Health Coverage

Moderator

Mr Henry Bonsu
International broadcaster

Presentation

Dr Grace Kabaniha
Health Economist World Health Organization Regional Office for Africa

Showcase of Public-Private Interventions in Africa

Mr Chris Bonnett
Director of Africa Projects, GE Healthcare

Dr Kwasi Boahene
Director, PharmaAccess

Ms Sandra Lambert
Chief Operations Officer, BIOVAC Institute

Panellists

Honourable Olavio Correia
Deputy Prime Minister and Minister of Finance, Cabo Verde

Dr Amit Thakker
Chairman, African Health Care Federation and Africa Health Business

Mr Greg Perry
Assistant General Director, International Federation of Pharmaceutical Manufacturers & Associations

Ms Thokozile Ruzvidzo
Director, Social Affairs, United Nations Economic Commission for Africa

11:00 – 11:30

Health Break and Networking

11:30 – 12:30

Health Security in Africa – From Preparedness to Response

Moderator

Ms Denise Epote
Regional Director for Africa, TV5 Monde

Keynote Speaker

Dr Joseph Caboré
Director of Programme Management, World Health Organization Regional Office for Africa

Panellists

Aruna Abedi
EVD Coordinator, Ministry of Public Health, Democratic Republic of the Congo

Luigi Minkulu
Response Operations Officer, Ministry of Public Health, Democratic Republic of the Congo

Michel Yao
Incident Manager, World Health Organization Regional Office for Africa

Soulemane Diallo
Incident Manager, UNICEF

Desire Tambwe
Partnerships Officer, WHO

Richard Kakule
EVD Survivor

12:30 – 14:30

Lunch and Networking

Annex 1: Programme of Work

13:00 – 14:30

Side Event: Cabo Verde Good Practices for Universal Health Coverage

Moderator

Mr Alveno Figueiredo

Media Advisor, National Assembly of Cabo Verde

Panellists

Dr Manuel Faustino

Chief of Staff at the Presidency, Cabo Verde

Dr Ivanilda Reis

Advisor to the Minister of Sports; Cabo Verde

Dr Yorleydis Rosabal

Director of Reproductive Health, Ministry of Health, Cabo Verde

Dr Serafina Alves

Director General of Budget and Planning, Ministry of Health, Cabo Verde

Dr Jose Barreto

Director of Communicable Diseases, Ministry of Health, Cabo Verde

Dr Artur Correia

National Director of Health, Ministry of Health, Cabo Verde

13:15 – 14:15

Side Event: Integrated Disease Surveillance and Response: Celebrating 20 years of IDSR in Africa

Moderator

Mr Henry Bonsu

International broadcaster

Panellists

Dr Wondimagegnehu (Wondi) Alemu

Chief Technical Officer, International Health Consultancy and IDSR expert

Dr Helen Perry

Retired, US Centers for Disease Control and Prevention and IDSR expert

Dr Thelma Nelson

Director, Division of Global Health, Liberia

Dr Thomas Samba

Deputy Chief Medical Officer, Public Health

Dr Ambrose Talisuna

Regional Adviser, Health Security, Country Health Preparedness and IHR, WHO Health Emergencies Programme

Dr Andrea Long

Infectious Disease Adviser, USAID

Side event 1: Best practices – Cabo Verde Good Practices for Universal Health Coverage



Dr Manuel Faustino

Presidential Initiative "More Life, Less Alcohol"



Maria da Luz Lima

President National Institute of Public Health, Cabo Verde



Dra Ivanilda Reis

Advisor to the Minister of Sports Program "Mexi-Mexe"



Dr Tomas Valdez

Reduction of mortality in children under 5 years – WHO Country Office Cabo Verde



Dra Yorleydis Rosabal

Reduction of mortality in children under 5 years – MoH Cabo Verde



Dra Serafina Alves

Health Financing



Dra Yolanda Estrela

Health Financing



Dr Jorge Barreto

Elimination of HIV transmission from mother to child



Dr Artur Correia

Elimination of HIV transmission from mother to child

Side event 2: Integrated Disease Surveillance and Response: Celebrating 20 years of IDSR in Africa



Mr Henry Bonsu
International broadcaster



Dr Helen Perry
Retired, US Centers for Disease Control and Prevention and IDSR expert



Dr Wondimagegnehu (Wondi) Alemu
Chief Technical Officer, International Health Consultancy and IDSR expert



Dr Thelma Nelson
Director Division of Global Health, Liberia



Dr Andrea Long
Infectious Disease Adviser, USAID



Dr Ambrose Talisuna
Health Security Advisor, WHO Regional Office for Africa

Annex 1: Programme of Work

DAY 2:
27 MARCH 2019

14:30 – 16:30

Fourth session, Part One: Health Security; Opportunities and Challenges

Moderator

Ms Denis Epote

Regional Director for Africa, TV5 Monde

Keynote Address

Mr Elhadj As Sy

Secretary General, International Federation of Red Cross and Red Crescent Societies

Panellists

Dr Farai Charasika

Senior Technical Advisor, Higherlife Foundation and philanthropist

Dr Desmond Williams

Country Director, US Centers for Disease Control and Prevention in Liberia

Professor Cheikh Ibrahima Niang

Social Scientist, Senegal

Dr Ali Yahaya

Country Health Emergency Preparedness and International Health Regulations Programme Area Manager, World Health Organization Regional Office for Africa

16:30 – 17:00

Health Break and Networking

17:00 – 19:00

Side Event: Cholera Prevention and Control

Moderator

Ms Zeinab Badawi

International broadcaster and Chair of the Royal African Society

Panellists

Dr Matshidiso Moeti

WHO Regional Director for Africa

Dr Fatoumata Nafo-Traoré

Regional Director for Africa, International Federation of Red Cross and Red Crescent Societies

Dr Dominique Legros

Representative of the Global Task Force on Cholera Control

Dr Abel Kabalo

Director for Health Promotion, Environmental and Social Determinants, Zambia

Dr Richard Lako Lino

Director of Planning, Ministry of Health, South Sudan

Mr António Pedro Pina

Executive Director, National Agency for Water and Sanitation, Cabo Verde

Dr Joshua Obasanya

Representative of the Director-General, Nigeria Centre for Disease Control

Annex 1: Programme of Work

DAY 3:
28 MARCH 2019

08:00 – 08:55 Side Event: Global Strategic Preparedness Network

Moderator

Mr Ludy Suryantoro

Team Leader, WHO Strategic Partnership for IHR and Health Security

Panellists

Dr Ali Ahmed Yahaya

Programme Area Manager, Country Health Emergency Preparedness and IHR at the World Health Organization Regional Office for Africa for Africa

Ms Päivi Sillanaukee

Permanent Secretary, Ministry of Social Affairs and Health, Finland and co-chair, Joint External Evaluation Alliance

Dr Ellen Whitney

Director, IANPHI Program – U.S. Office at the Emory Global Health Institute

Dr Cyrus Shahpar

Director, Prevent Epidemics Team, Resolve to Save Lives

Mr Manuel Couffignal

International Aid Cooperation Officer, European Commission

09:00 – 11:00 Fourth session, Part Two: Health Security; an Entry Point to Universal Health Coverage

Moderator

Ms Zeinab Badawi

International broadcaster and Chair of the Royal African Society

Keynote Address

Professor Hannah Brown-Amoakoh

Lancet Commission on Synergies, and the Department of Health Policy, Planning and Management, University of Ghana

Panellists

Professor Francis Omaswa

Executive Director, Africa Centre of Health and Social Transformation

Dr Augustina Orekunrin Olamide

Chief Executive Officer and Founder, Flying Doctors, Nigeria

Professor Stanley Okolo

Director General, West Africa Health Organization

Mr Sylvain Muzungu

Chief Executive Officer, Tantine Group Limited

Side event: Cholera Prevention and Control



Ms Zeinab Badawi

International broadcaster and Chair of the Royal African Society



Dr Matshidiso Moeti

WHO Regional Director for Africa



Dr Abel Kabalo

Director Health Promotion, Environmental and Social Determinants, Zambia



Dr Fatoumata Nafo-Traoré

Regional Director for Africa, International Federation of Red Cross and Red Crescent Societies



Dr Solomon Anguei

Director of Planning, Ministry of Health, South Sudan



Dr Joshua Obasanya

Representative of the Director-General, Nigeria Centre for Disease Control



Dr Dominique Legros

Representative of GlobalTask Force on Cholera Control



Mr António Pedro Pina

Executive Director, National Agency for Water and Sanitation, Cabo Verde

Side Event: Global Strategic Preparedness Network (GSPN)



Mr Manuel Couffignal
International Aid Cooperation
Officer, European Commission



Dr Yaha Ali Ahmid
Programme Area Manager,
Country Health Preparedness
and IHR – WHOAFRO



Mr Ludy Suryantoro
Moderator



Ms Päivi Sillanaukee
Permanent Secretary, Ministry of
Social Affairs and Health, Finland
and co-chair, Joint External
Evaluation Alliance



Dr Ellen Whitney
Director, IANPHI Program – U.S.
Office at the Emory Global
Health Institute

Annex 1: Programme of Work

DAY 3:
28 MARCH 2019

11:00 – 11:30
Health Break and Networking

11:30 – 13:30
Fourth session, Part Three: Sustainable Financing for Health Security in Africa

Moderator

Dr Joannie Bewa
Public Health and Public Policy Specialist, Benin

Keynote Address

H.E. Dr Jean Paul Adam
Minister of Health, Seychelles

Panellists

Dr Babatunde Olumide Omilola
Manager, Public Health, Security and Nutrition Division,
African Development Bank

Dr Gaston Sorgho
Practice Manager, Health Nutrition and Population,
Global Practice, World Bank

Dr Farai Charasika
Senior Technical Advisor, Higherlife Foundation
and philanthropist

Ms Päivi Sillanaukee
Permanent Secretary, Ministry of Social Affairs and Health,
Finland and co-chair, Joint External Evaluation Alliance

Mr Robert Kwame de Graft Agyarko
Lead Advisor, Outbreak and Epidemic, African Risk

13:30 – 15:30
Lunch and Networking

14:15 – 15:15
Side Event: GIS Technology

Moderator

Dr Magaran Bagayoko
Director a.i., Communicable Diseases Cluster,
WHO Regional Office for Africa

Keynote Speaker

Dr Matshidiso Moeti
WHO Regional Director for Africa

Panellists

Dr Sume Gerald
Surveillance Officer WHO Country Office, Nigeria

Mr Godwin Akpan
Data Management Officer, WHO Regional Office for Africa

Dr Maria da Luz Lima
President, National Institute of Public Health, Cabo Verde

15:30 – 17:00
Closing Ceremony

Master of Ceremonies

Mr Alveno Figueiredo
Media Advisor, National Assembly of Cabo Verde

Address

H.E. Dr Arlindo Nascimento do Rosário
Minister of Health and Social Security, Cabo Verde

Address

Dr Matshidiso Moeti
WHO Regional Director for Africa

Closing Speech

His Excellency Jose Ulisses Correia e Silva
Prime Minister of the Republic of Cabo Verde

Side event on GIS technology



Dr Magaran Bagayogo,
Moderator: Director a.i.
World Health Organization
Regional Office for Africa



Dr Maria da Luz Lima
President, National Institute of
Public Health, Cabo Verde



Dr Godwin Akpan
Data Manager, WHO Regional
Office for Africa



Dr Sume Gerald
Surveillance Officer, WHO
Country Office, Nigeria

Annex 2: Second WHO Africa Health Forum – Communiqué

The Second World Health Organization Africa Health Forum (WAHF) was jointly convened by the Government of Cabo Verde and the World Health Organization Regional Office for Africa in Praia, Republic of Cabo Verde from 26 to 28 March 2019. It was a follow-up to the First WAHF organized in June 2017 in Kigali, Rwanda which committed to “putting people first, promoting synergies and coordination and engaging all stakeholders behind the goal of achieving universal health coverage while leaving no one behind”.

Organized under the distinguished patronage of His Excellency E. Jorge Carlos Almeida Fonseca, President of the Republic of Cabo Verde and His Excellency Jose Ulisses Correia e Silva, Prime Minister of the Republic of Cabo Verde, the Forum was attended by a broad and diverse range of participants, including high-ranking government officials from the ministry of health and other sector ministries, parliamentarians, civil society organizations and youth representatives, the media, agencies of the United Nations system and other stakeholders.

The theme for the Forum was “achieving universal health coverage and health security: the Africa we want to see.” The theme underscored the central role of good health and the importance of ensuring health security and universal health coverage for the continent’s sustainable development. The Forum also highlighted the need for strategic partnerships, effective engagement and coordinated actions for better management and mitigation of the urgent and ever-changing health needs of African populations.

The key thematic areas for deliberation during the Forum were aimed at taking UHC to the next level; optimizing multisectoral partnerships for effective collaboration to improve health outcomes; ensuring health security; and promoting innovations for the achievement of UHC.

The following are the main recommendations of the Forum.

On the need to take UHC to the next level:

Member States should:

- scale-up implementation of the universal health coverage strategy as an effective way to guarantee the right to health for all without major financial constraints, thereby contributing to the social well-being of their populations and to the achievement of the Sustainable Development Goals;

- accelerate the strengthening of national health systems, focusing on the primary health care strategy as the preferred pathway to achieving universal health coverage, as reiterated in the Astana Declaration on Primary Health Care;
- ensure active community participation in deciding, implementing and monitoring the effects of health initiatives;
- mobilize additional funding and improve the quality and efficiency of investments to accelerate and scale up efforts towards UHC.

Governments and Partners should:

- actively monitor the range of essential health services available to each age group in countries to ensure that citizens enjoy greater access to the services they need for their health and well-being;
- prioritize initiatives focusing on communities, facilities and districts to build the resilience of health systems, to ensure sustained provision of essential services;
- support the expansion of health promotion, disease prevention, curative, rehabilitative and palliative interventions, particularly for the populations currently left behind;
- proactively support the generation and use of the data and statistics needed to monitor progress towards UHC in Member States, and make adjustments when necessary;
- move away from payment at the point of use as it is associated with inequities and financial barriers to access to services.

On the need to optimize multisectoral partnerships for effective collaboration to improve health outcomes:

Member States should:

- promote intercountry stakeholders’ dialogue and public-private partnerships including with intergovernmental organizations, the private sector, development banks and regional economic communities, nongovernmental organizations, local authorities, research institutions and academia;

Annex 2: Second Who Africa Health Forum – Communiqué

- strengthen public-private partnerships for health and well-being at all levels of government and across key partner agencies to enhance health promotion, prevention and care policies and actions;
- engage with and ensure the meaningful participation of the citizenry, including the youth, women and other vulnerable groups in the development and implementation of policies and strategies affecting their health and well-being;
- support local government and community structures to address the determinants of health and health inequities to ensure that no one is being left behind;
- invest in gathering and using the strategic information needed for advocacy, planning and monitoring of programmes for adolescent and youth health;
- work to reduce policy barriers that limit access for young people and other vulnerable groups to health information and services (for example, HIV testing and contraception) and accelerate the development and implementation of policies that protect young people and promote their health and well-being.
- support Member States in mobilizing funding and improve the quality and efficiency of investments to strengthen multisectoral and community engagement and; scale up innovative new tools and approaches;
- engage Heads of State and Government in championing a systematic and coherent multisectoral agenda for addressing the key determinants of health in their countries;
- support private and public sector investments in health promotion and primary prevention;
- provide evidence-based guidance that supports healthy choices and interventions, while applying the WHO Framework of Engagement with Non-State Actors.

On the need to enhance private sector engagement for UHC and health security through evidence-based actions:

Member States should:

- put in place an enabling legal and policy environment and instruments that regulate the engagement and role of the private sector in UHC and health security;
- create and institutionalize forums for ongoing dialogue between health sector partners and the private sector;
- identify suitable areas for engaging and contracting the private sector to expand service coverage;
- develop adequate accountability frameworks to ensure mutual transparency and accountability vis-à-vis the private sector.

The Private Sector should:

- commit to working with governments to achieve the social contract that is inherent in UHC within mutually agreed accountability mechanisms and frameworks;
- leverage existing resources (technical, infrastructure, ICT) to provide innovative solutions for progress towards UHC and health security in Africa in order to ensure that no one is left behind.

Governments and Partners should:

- continue to promote “Health in All Policies” and support cross-sectoral and intersectoral policy coherence and actions in order to address the determinants of health and to improve the health and well-being of the population;
- empower the health sector to effectively engage and support the other sectors to incorporate “Health in all Policies” in their processes;

WHO and other agencies of the UN system should:

- work with Member States, development partners and financial institutions to harmonize and integrate policies, strategies and high-impact interventions while expanding efforts to reach the most vulnerable populations and improving equity;
-

WHO, other agencies of the UN system and Partners should:

- provide technical support to countries to enable them design and establish an enabling legal and policy environment as well as accountability frameworks;
- support the generation of evidence on good practices for public-private engagement to advance progress towards UHC;
- support capacity building and experience sharing among Member States to ensure that countries are well prepared to effectively harness the benefits of private sector engagement in health.

On the need to ensure health security:

Member States, WHO and other agencies of the UN system and Partners should:

- accelerate full implementation of the International Health Regulations (IHR 2005) and strengthen cross-border collaboration;
- propose a mechanism with clear, actionable next steps for improving collaboration and coordination for public health emergency preparedness, response and global health security at national, regional and global level, while paying attention to the “One Health” approach;
- define the roles and responsibilities of the different stakeholders (WHO, the Africa CDC, international and national NGOs, international agencies, bilateral and multilateral funders, academia and researchers) in supporting countries to fast-track the achievement of health security;
- agree on an integrated mechanism with clear timeliness for formulating a resource mobilization strategy for sustainable (domestic and external) financing to support the implementation of the National Action Plan for Health Security (NAPHS) using a phased and focused approach among and within countries, and ensure its linkage with sector plans;

- conduct research to improve the epidemiological knowledge and risk factors of, and enhance response interventions to, the top five major causes of infectious disease outbreaks in Africa.

On the need to promote innovations for the achievement of UHC and health security:

Member States should:

- provide fiscal and non-fiscal incentives to support the development of health innovations;
- support the development and implementation of innovation-friendly policies;
- develop effective strategies for incorporating innovations and new technologies into health sector interventions;
- institutionalize the use of GIS technological innovations to monitor and accelerate progress towards universal health coverage, including preparing for and responding to health emergencies.

WHO, Partners and the Private Sector should:

- play a leading role in harnessing and supporting the scale-up of health innovations from the African continent;
- identify, document and share good practices across countries, including lessons learned from interregional, South-South and triangular cooperation, in order to foster a culture of innovation internally and externally;
- scale up the promotion of technological integration and innovation in health among Member States, including showcasing exhibitions on innovations during high profile meetings and conferences.

The Forum also recommended that Member States, Partners and Donors accelerate implementation of the “Kigali Call to Action” to significantly contribute to the achievement of the “triple billion” targets of the WHO Thirteenth General Programme of Work as adopted by the Seventy-first World Health Assembly.

Annex 2: Second Who Africa Health Forum – Communiqué

During the closing ceremony, the Forum extended its sincere gratitude to His Excellency E. Jorge Carlos Almeida Fonseca, President of the Republic, His Excellency Jose Ulisses Correia e Silva, Prime Minister, and the Government and People of Cabo Verde for successfully hosting the Second Africa Health Forum.

The Forum requested the WHO Regional Director for Africa to present this “Communiqué” to the Sixty-ninth session of the WHO Regional Committee for Africa.

In line with the decision taken during the First WAHF to hold the Forum every two years, the next Forum will be held in 2021 at a venue to be determined.

Issued by:

Dr Matshidiso Moeti
WHO Regional Director for Africa

Dr Arlindo Nascimento do Rosário
Minister of Health and Social Security, Cabo Verde

28 March 2019

Annex 3: Side Event – Investing in Young People as a Key to Achieving Universal Health Coverage in Africa

Meaningful engagement is an essential motor in attaining the social and economic development goals. Any African agenda for health recognizes this, both in terms of seeking the intersectoral collaboration needed for all people to benefit from UHC and in recognizing the importance of political commitment to well-being as a strategic priority within the SDGs. There is therefore the need to engage, invest and empower youth and children, among other strategies, in order to reap the benefits of the Demographic Dividend.

Since the First WHO Africa Health Forum, the WHO AFRO Adolescent Health Flagship Programme has worked with governments, youth organizations and partners to invest in young people (10 to 24 years) towards the achievement of UHC. The focus has been on putting the health of young people in all policies, strategies and investment cases and supporting implementation of evidence-based interventions, particularly for adolescents (10 to 19 year olds) as recommended in the Global Accelerated Action for the Health of Adolescents.

A Side Event on Youth was organized during the Second WHO Africa Health Forum to dialogue on the progress made and to strengthen institutional partnerships and participatory approaches to enable young people to assume leadership in health in the African Region.

The moderators for the Side Event were Ms Harriet Yayra Adzofu of Youth without Borders, Ghana and Mr Ruben Filipe Semedo Ramos, a youth activist from Cabo Verde.

THE PANELLISTS WERE:

H.E. Dr Fernando Elisio Freire, Minister of State, Parliamentary Affairs, President of the Council of Ministers and Minister of Sports, Cape Verde

Hon. Toussaint Manga, Youth parliamentarian, Senegal

Ms Natasha Chibesa Mwansa, Youth Activist, Zambia

Dr Rachid Awal Issa, Coordinator, Youth Club Niamey, Niger

Mr Mamadou Kante, Deputy Regional Director West and Central African Region, United Nations Population Fund

The lead moderator, Ms Harriet Yayra Adzofu started the session by introducing the theme for the session – “Investing in young people as a key to achieving the UHC”, she stated that the side event was an opportunity for young people to share their problems, thoughts and perspectives on their health.

The first panellist, H.E. Dr Fernando Elisio Freire, shared Cabo Verde’s experience in engaging with various actors to ensure that youth-friendly health services are offered to young people towards the achievement of UHC. He said Cabo Verde’s dream is to better equip young people to become the effective leaders of tomorrow, while understanding the basic principles of societal development and where everyone enjoys quality life.

Towards this end, the government is investing in programmes to promote physical activity; healthy behaviours and preventing risk factors; an enabling environment for young people; access to education, health services and employment; and the prevention and control of drug use. All these efforts and initiatives are supported by the government and partners and aim at improving the socio-economic and health indicators for the whole population, and especially health for young people, in order to achieve UHC. One striking result that has been observed is that smoking rates have reduced among the youth and the adult populations.

The second panellist, Honourable Toussaint Manga reviewed the extent to which political will is being translated into action for increased investments in young people, youth engagement and leadership towards the achievement of UHC. He informed the Forum that the Pan-African Parliament has been canvassing support for the implementation of the decisions of the African Union, including the AU Summit Decision in Malabo (July 2011) on "Accelerating youth empowerment for sustainable development" and the declaration of the AU Summit in Kampala (July 2010) on "Promoting maternal, newborn and child health in Africa" as well as the Abuja Declaration and the AU Agenda 2063 that puts the youth at the centre of regional and national agenda. The Pan-African Parliament has also been lobbying national parliaments for the promulgation of laws that explicitly criminalize all types of violence against women and girls, including sexual violence, forced and early marriage and female genital mutilation.

Annex 3: Side Event – Investing in Young People as a Key to Achieving Universal Health Coverage in Africa

Mr Manga also recounted how, in Senegal, a national strategy for adolescents and youth health has been developed and a number of laws that have a real impact on the health of young people have been adopted. There are specific laws prohibiting and criminalizing female genital mutilation; prohibiting the sale of alcohol to adolescents; banning smoking in public areas; criminalizing violence, including sexual violence; and institutionalizing UHC. These laws are contributing to the protection of the rights of young people, allowing them to access health services, education and training programmes.

The third panellist, Ms Natasha Chibesa Mwansa, discussed the key challenges faced by young people in Zambia in accessing health services and how leaders and decision-makers could be held accountable to invest more and address young people's needs towards the achievement of UHC. Some of these challenges are related to the non-prioritization of young people's health, especially sexual and reproductive health, mental health and the menstrual health and hygiene of girls; the poor economies of countries, leading to inadequate infrastructure, medicines, and health care workers; culture and tradition, including child marriage, early pregnancies, stigma and harmful methods of treating illness and diseases; and ignorance leading to inability to demand what is their due.

Ms Mwansa offered suggestions for addressing these challenges. These include investing in girls and women; strengthening social accountability and holding leaders accountable, supported by reliable data and evidence; investing in education and awareness creation on health, including using all kinds of media, from social to traditional in order to sensitize and raise awareness on emerging issues; empowering young people and utilizing their energies to make positive changes happen; and implementing already existing favourable policies.

The fourth panellist, Dr Rachid Awal Issa spoke about the efforts being made in Niger to improve adolescent and youth health in the context of UHC. He stated that Niger is the country with the highest birth rate in the world, with young people representing a significant proportion of the total population. The majority of these young people live in rural areas and face problems such as lack of education and employment opportunities; inadequate access to health services; child marriage (1 out of 3 girls gets married before the age of 15 year and 48.2% of these girls have their first child

before the age of 18 years); among others. These young girls are at an increased risk of contracting STIs including HIV/AIDS and of dying from complications of childbirth.

Efforts are being made by the government and partners to create a supportive environment for young people, including the development and implementation of a number of policies and strategies and the adoption of legislations that protect young people and facilitate their access to health service and education. However, more needs to be done. He concluded that young people need more coaching, mentoring, and support in order to achieve UHC and that “young people should no longer be on the table but around the table” and “everything that is done for young people, without young people is against young people”.

The fifth panellist, Dr Mamadou Kante informed the Forum about how UNFPA was contributing to driving countries towards the achievement of UHC using the Demographic Dividend Initiative. He started by thanking WHO for recognizing the role UNFPA plays in the Region and for the being invited to be part of the Forum. UNFPA has been working towards better health for the youth by conducting policy dialogue and assisting governments in creating an enabling and supportive environment so that young people can take the space and place that they deserve in decision-making and in implementing interventions that target them.

Dr Kante stated that young people are not the problem, but a great opportunity for the Region. Hence, they should be recognized as partners, leaders, and beneficiaries in building a democratic culture on the continent. Member States should be supported to invest in young people and to facilitate access to care and services, education and employment. In doing so, the available resources should be better managed to achieve value for money. It is in this context that, with the support of UNFPA, 23 countries in the Region have developed their demographic profiles. This is expected to lead to the development and implementation of new national programmes for the youth.

Referring to the lessons learnt in working with the youth in the Central and West African subregions, Dr Kante stated that investing in young people works, but a multisectoral approach has to be adopted and innovative initiatives and solutions promoted. It is also necessary to improve governance, trigger a national momentum, mobilize communities and their leaders, and take into account the cultural dimensions in each country.

During the discussions involving the audience, the following additional points were made:

- Stronger emphasis needs to be placed on the engagement of young people in the cycle of planning, implementation, monitoring and evaluation of policies that affect them as well as in decision-making. The energy of young people should be used to drive positive and sustainable change.
- Achieving UHC is primarily a matter of political will. This needs consistent investments and innovations. The social media, which is critical today for young people, should be used to hold politicians and decision makers accountable.

The Side Event made the following key recommendations:

- Foster joint efforts and collaborative partnerships that work for and with young people for better life expectancy and more prosperous populations.
- Support countries to establish adolescent health responsive systems offering quality care and equitable access to friendly health services in order to achieve UHC for young people.

- Create a conducive environment where adolescents and youth rights are protected allowing them to express their full potential through accessing health services, education, training, technologies and employment.
- Lobby for the removal of socio-cultural and economic barriers to realizing individual potential and protect adolescents and youth from violence, exclusion, discrimination and deprivation.
- Ensure that adolescents and youth are considered as key partners and actors in developing, implementing, monitoring and evaluating their national policies and strategies.
- Lobby at the regional and country levels for high level political support for more investments in young people in order to make demographic dividend and universal coverage possible.
- Strengthen social accountability and data collection to foster decision-making and the monitoring of programmes and interventions targeting young people.

Annex 4: Side Event – Cabo Verde Good Practices for Universal Health Coverage

Cabo Verde has adopted a health system model based on the principles of universal access to health care and through coverage of essential health services in a decentralized system. Despite the structural challenges in organizing the health services and in mitigating inequalities in access to quality care posed by the archipelago nature of the country, Cabo Verde has made great strides in improving access to health care, reducing maternal and infant mortality, increasing vaccination coverage, and increasing life expectancy.

A Side Event was organized by the Ministry of Health and Social Security of Cabo Verde to share the country's experience in activities considered as good practices for the achievement of UHC. The moderator for the Side Event was Dr Maria da Luz Lima, President of the National Institute of Public Health of Cabo Verde.

THE PANELLISTS WERE:

Dr Manuel Faustino, Chief of Staff at the Presidency, Cabo Verde

Dr Ivanilda Reis, Advisor to the Minister of Sports; Cabo Verde

Dr Yorleydis Rosabal, Director of Reproductive Health, Ministry of Health, Cabo Verde

Dr Serafina Alves, Director General of Budget and Planning, Ministry of Health, Cabo Verde

Dr Jose Barreto, Director of Communicable Diseases, Ministry of Health, Cabo Verde

Dr Artur Correia, National Director of Health, Ministry of Health, Cabo Verde

In opening the Side Event, the moderator indicated that Cabo Verde has been an independent country since 1975 and has adopted a health system model based on the principles of universal access to health care, through coverage of essential health services and based on a hierarchical and decentralized provision of care. He informed the participants that the Side Event would focus on five central themes – the Presidential Initiative on “More Life, Less Alcohol”; the Programme MexiMexê (Physical Activity Programme); reduction of mortality in children under five years; health financing; and the elimination of HIV transmission from mother-to-child.

With regard to the Presidential Initiative on “More Life, Less Alcohol”, the need for intersectoral collaboration and the important roles played by the various government departments, including local government authorities and communities were stressed. A key factor in the successful organization of major related events was ensuring coordination of the efforts of the key parties, including the National Health Directorate, the Ministries of Internal Security, Education, Sports, Agriculture, Environment Civil Defence and others.

It was reported that the goal of “Programme MexiMexê” is to “encourage the practice of physical activity in schools, workplaces, homes and the community, regardless of the level of education or social class of individuals, in order to ensure a healthy lifestyle and to improve the quality of life of the people of Cabo Verde all through the life course”. The target is to reduce physical inactivity by 10% in children, adolescents, young adults and older persons by 2025. It was noted that the holding of activities and major events related to global observances such as the World Day for Physical Activity and International Women's Day, among others, had the highest participation of the population, including children, young people and adults, as they reached various rural communities.

The results of these good practices include a significant increase in the average life expectancy that is believed to be linked to the increase in health literacy, physical activity and a healthy relationship with the environment and food; a significant increase in the rate of deliveries in health services (98%); and the development of neonatology services and the Human Milk Bank and its contributions to reducing infant mortality to 15.8 per 1000 live births in 2017 and in reducing mother-to-child transmission of HIV. The gains made in the health sector have contributed substantially to the development and social cohesion of the country and to its graduation to a middle-income country. The panellists commended the government for the strong political commitment and for maintaining health in the national development agenda, and the development partners for the good technical cooperation.

The panellists highlighted innovative practices such the focus on priority issues, effective decentralization of activities to the level of municipalities and communities, and the integration of monitoring and evaluation in the implementation of activities, including the disaggregation of data by gender, place of residence and age groups.

Among the challenges raised by the panellists were inadequate financial resources for health; the over-dependence on direct payments in accessing health care and the need to ensure broader social protection of the population; and inadequate documentation of good practices.

In concluding the Side Event, the WHO Regional Director for Africa congratulated the Government and people of Cabo Verde and the panellists for the gains made in the health sector, and underscored the importance of political commitment, the engagement of health professionals and the need for rigorous systems for measurement, follow-up and evaluation in ensuring that progress is made towards the achievement of UHC.

Annex 5: Side Event – Integrated Disease Surveillance and Response: Celebrating 20 Years of IDSR in Africa

In 1998, WHO AFRO together with technical partners developed the First Edition of the IDSR Technical Guidelines (TGs) for implementing comprehensive public health surveillance and response systems at all levels of the health system in African countries. In 2010, the IDSR TGs were revised to take into consideration the coming into force of IHR 2005 in 2007; the emergence of new diseases, conditions and events; the increasing burden of NCDs; and the need to strengthen community-based surveillance for early detection, rapid confirmation and response to public health threats.

Despite the significant progress made in the implementation of the IDSR TGs for the past 20 years, the African Region continues to face challenges in its public health surveillance systems, especially the required capacity to prevent, detect and respond to public health threats. To help address these and to align with the WHO African Region's strategy for health security and emergencies 2016–2020, the WHO AFRO WHE programme conducted a series of activities between September 2017 and February 2019 that resulted in the development of a Third Edition of the IDSR TGs.

A Side Event on IDSR was organized during the Second WHO Africa Health Forum to show case the achievements and challenges of IDSR implementation in the past 20 years in the African Region and to seek further support and investments by Member States and health partners in sustaining its implementation in African countries.

The moderator for the Side Event was Mr Henry Bonsu, broadcaster and journalist based in the United Kingdom.

THE PANELLISTS WERE:

Dr Wondimagegnehu (Wondi) Alemu, Chief Technical Officer, International Health Consultancy and IDSR expert

Dr Helen Perry, Retired US CDC Staff and IDSR Expert

Dr Thelma Nelson, Director, Division of Global Health, Liberia

Dr Thomas Samba, Deputy Chief Medical Officer, Public Health

Dr Ambrose Talisuna, Health Security Advisor, WHO Regional Office for Africa

Dr Andrea Long, Infectious Disease Adviser, USAID

The first panellist, Dr Wondimagegnehu Alemu recounted the origins and history of IDSR in the WHO African Region. He recalled how IDSR started with a government request to WHO to develop a system that would facilitate early detection, reporting and containment of outbreaks. Subsequently, WHO organized a workshop to understand the request of the Member States. In 1995 it was decided to use an integrated approach that avoids duplication of efforts at country level to strengthen national capacity for surveillance in order to generate information as quickly as possible for decision-making, including laboratory capacity for confirmation of outbreaks. The process for the development of the strategy started and was completed in 1997. The strategy recommended integration of all the vertical surveillance systems into one and strong coordination of the different reporting mechanisms. Initially, 19 diseases and conditions were selected and a detailed workplan was developed to support its implementation.

Dr Alemu highlighted some of the key lessons learnt over the years in the implementation of IDSR. It is deemed that flexibility at the development phase to accommodate any surveillance system, whether vertical or case-based surveillance was crucial. It is important to secure government commitment with the ministry of health leading the process and a stepwise approach to implementation must be used. It is also important to leverage on resources from other programmes at country level given that IDSR is not well funded.

The second panellist, Dr Helen Perry spoke about the successes or benefits of IDSR over the years. She stated that IDSR is a cost-effective and cost-saving public health programme. Economic analysis has shown that it is a relatively inexpensive programme and if implemented as designed, it will result in early detection of outbreaks and reduction in the number of cases and deaths. IDSR helps in streamlining multiple resources and multiple disease requirements into a single system. This necessitated going through each of the priority diseases and extracting what was required for each one to enable identification of the skills, tasks and capabilities that are needed to be available at each level of the health system for all the required functions of surveillance. This resulted in the IDSR matrix which is a very practical tool with a consistent approach and results across the Region.

The IDSR strategy has also been adopted in other WHO regions and is used to organize their systems. The training materials have also been taken up by other programmes such as the frontline course for the field epidemiology program which was used to train health workers during the 2014 West Africa Ebola outbreak. IDSR also facilitates community engagement through the community surveillance component and engagement of all levels of the health system. The role of each level of the health system is exclusively described in the IDSR TGs. Through the 20 years, many assessments and evaluations had been conducted. Some of the bottlenecks identified include workforce challenges such as inadequate training and supervision and high turnover of staff; inadequate infrastructure such as lack of computers and power supply; and inadequate analysis and use of data at local levels.

The third panellist, Dr Thelma Nelson spoke about Liberia's experience in implementing IDSR. She indicated that Liberia adapted the first edition of IDSR in 2004 and the second edition in 2014. Initially, EVD was removed from the list of priority diseases as Liberia was not thought to be at risk of Ebola but a few months later, Liberia recorded the first Ebola outbreak. From this experience, Liberia learnt a lesson that infectious diseases have no borders and they could occur anywhere, at any time.

Following the 2014 Ebola outbreak, the IDSR technical guideline was revised to include Ebola and other diseases of international concern. During the Ebola outbreak, the surveillance system was restructured to ensure reporting at all levels of the health system, including the community. The system became more effective and was able to detect infectious diseases early such as Measles, Lassa Fever, Monkey Pox and even meningitis, even though Liberia is not part of the meningitis belt. She observed that the IDSR system has become more effective in Liberia since 2015 although there are some critical gaps such as staff attrition, and inadequate training and roll-out of e-IDSR to lower levels of the health system.

Dr Nelson added that given that Liberia is one of the countries with a high maternal mortality rate, maternal death surveillance was introduced into IDSR and is tracked on a weekly basis to identify the factors that contribute to maternal

death. The IDSR data has shown that about 86% of maternal deaths occurred in the hospital. As a result, the government is strengthening the whole system and improving the quality of care in the hospitals. In addition, infrastructure has been improved and more trained health workers deployed to ensure women are delivered by skilled birth attendants.

The fourth panellist, Dr Thomas Samba provided an update on how IDSR has been implemented post the Ebola period in Sierra Leone. Sierra Leone had adapted the first edition of the IDSR TGs in 2003 and the second edition in 2014. The strategy was initially rolled out in 4 districts and was used to monitor disease trends in peace time and the evolution of an outbreak during epidemics. While the country was in the process of mobilizing resources to roll out IDSR in more districts, the EVD epidemic occurred and it became necessary to roll it out to all levels of the health system. Despite its devastating effect, the EVD epidemic created an opportunity for the government to scale up IDSR implementation in the country using innovative approaches like electronic surveillance.

The electronic platform was established in 2016 with the introduction of community surveillance. Technical guidelines, tools and training materials were developed and health workers were trained. The country was able to introduce a weekly IDSR bulletin and the information used for decision making. An integrated supportive supervision including periodic data quality audit was also introduced to improve the quality of data generated at the lower levels of the health system. Following the revitalization effort, the IDSR indicators have significantly improved with 99% timeliness, 97% completeness and accuracy of about 60%. The country has also been able to detect and confirm outbreaks early and responded effectively and a one-health platform has been established for effective coordination of all public health events.

Dr Samba stated that the persistent challenges include inadequate logistics and operational running costs, limited mobile telephony coverage for electronic surveillance, high staff turnover, difficulties in integrating the private sector, lack of incentives for community health workers, and inadequate surveillance information from other key sectors such as agriculture and environment.

Annex 5: Side Event – Integrated Disease Surveillance and Response: Celebrating 20 Years of IDSR in Africa

The fifth panellist, Dr Ambrose Talisuna spoke about how the IDSR strategy has evolved over the years to incorporate new and emerging trends. He reported that following the adoption of the IDSR strategy in 1998 and the development of the TGs in 2002, IHR 2005, which was adopted by the World Health Assembly (WHA) in 2005 and came into force in 2007. The IHR introduced a broad scheme and required that all public health events, and not just the then three notifiable diseases, be reported. This led to the development of the 2010 IDSR TGs.

Dr Talisuna indicated that almost 10 years after the development of the 2010 IDSR TGs, there has been a lot of developments, including the 2014 West Africa Ebola outbreak and the 2016 Yellow Fever outbreak in Angola, the adoption of a new regional strategy for health security in 2016, the introduction of the concept of disaster risk management and the “one-health approach” and the use of innovations such as electronic surveillance or e-IDSR. He added that following the 2014 West Africa EVD epidemic, a new IHR monitoring and evaluation framework (IHRMEF) was developed. The IHRMEF emphasized the need for countries to implement the mandatory component of IHR annual reporting and the voluntary components (JEEs, Simulation Exercises and After-Action Reviews) to monitor and strengthen their IHR capacities. All these new developments required that the 2010 IDSR TGs be revised.

Dr Talisuna informed the participants that currently, 44 of the 47 Member States in the African Region are implementing IDSR. The remaining three have indicated their interest in adapting the 2019 TGs. He stated that a recent assessment of IDSR has shown a significant improvement in timeliness of outbreak detection and a shortened response time. For example, the time for confirmation of outbreaks used to be 21 days but has now been shortened to 2.5 days; samples used to be shipped to the US CDC in Atlanta but now outbreaks can be confirmed in Africa. With IDSR in place, outbreaks that would have taken so many days to control are now taking fewer days.

The sixth panellist, Dr Andrea Long informed the participants about USAID support to IDSR over the years. She indicated that USAID has been involved in all the stages of IDSR development since 1998, working with WHO and the US CDC. USAID contributed to the initial funding for the development of the TGs and also provided technical assistance. From USAID’s perspective, IDSR is a great and sustainable investment which is African and country-owned. She added that USAID is not the only donor supporting IDSR. The donor landscape is very dynamic with a lot of opportunities, including accessing funding from foundations and other institutions, and through public-private partnerships. She called on countries to develop concrete plans that could be used as the starting point for dialogues on resource mobilization in support of IDSR.

During the discussions involving the audience, the following additional points were made:

- To scale up IDSR and improve sustainability, there is need to introduce IDSR in training institutions, expand the e-learning platform and engage the private sector.
- Zoonotic diseases have been part of the second edition of the IDSR TGs. Collaboration between the health and animal sectors has been an on-going endeavour and needs to be strengthened and sustained. The third edition of the IDSR TGs is explicit on the “One-Health” approach.

The Side Event made the following key recommendations:

- Member States are encouraged to adapt and implement the third edition of the IDSR TGs.
- Member States should explore creative and non-traditional sources of funding to train and retain staff for IDSR since the workforce, a critical element needed for IDSR implementation, has been a nagging problem for the past 20 years.
- WHO AFRO should continue to provide technical assistance to Member States in documenting strategic approaches to scale up and sustain IDSR implementation.
- WHO AFRO, in collaboration with relevant partners, should continue to lobby for improved investment in IDSR implementation, with the strong ownership of countries.

Annex 6: Side Event – Cholera Prevention and Control

Cholera mostly affects poor and vulnerable populations and the burden and impact of cholera epidemics are particularly significant in sub-Saharan Africa countries, where case-fatality rates (CFRs) regularly exceed the upper threshold of 1%. In 2017 and 2018 over 250 000 cholera cases, including over 5 345 deaths, representing a CFR of over 2%, were reported from 17 countries in the African Region. Globally, about 1.3 million cholera cases and 143 000 deaths from cholera are reported annually.

To address this situation in an effective and sustained manner country ownership and a “buy-in” across all government sectors in prevention, preparedness and response is vital. To facilitate the implementation of activities to reduce the cholera burden in Member States, WHO AFRO has developed the Regional Framework for the Implementation of the WHO Renewed Strategy for Cholera Prevention and Control, 2018-2030 which sets clear targets and milestones to achieve reductions in the magnitude and number of cholera events in the Region. In alignment with Ending Cholera-A Global Roadmap to 2030 the regional strategy focuses on using an integrated multisectoral approach for responding to cholera outbreaks and mitigating the associated risk factors.

A Side Event on Cholera Prevention and Control was organized during the Second WAHF to dialogue on the progress made and to renew the strong regional partnership towards the elimination of cholera in the African Region.

The moderator for the Side Event was Ms Zeinab Badawi, a broadcaster with the British Broadcasting Corporation and Chair of the Royal African Society.

THE PANELLISTS WERE:

Dr Matshidiso Moeti, WHO Regional Director for Africa.

Dr Fatoumata Nafo-Traoré, Regional Director for Africa, International Federation of Red Cross and Red Crescent Societies.

Dr Dominique Legros, Representative of the Global Task Force on Cholera Control.

Dr Abel Kabalo, Director for Health Promotion, Environmental and Social Determinants, Zambia.

Dr Richard Lako Lino, Director of Planning, Ministry of Health, South Sudan

Mr António Pedro Pina, Executive Director, National Agency for Water and Sanitation, Cabo Verde

Dr Joshua Obasanya, Representative of the Director-General, Nigeria Centre for Disease Control

In her introductory remarks, the first panellist, Dr Matshidiso Moeti stated that WHO and all relevant stakeholders have agreed to eliminate cholera, an old disease which was still in circulation in the African Region. The weekly epidemiological bulletins issued by WHO AFRO indicate that cholera is still a top priority disease and has become endemic in some countries. Cholera outbreaks devastate the health of populations and have a negative socio-economic impact. Dr Moeti emphasized the need for strong engagement of political leaders; effective intersectoral collaboration, including ensuring access to safe water; and mobilization of the international community in implementing the Regional Framework for ending cholera outbreaks by 2030. She reiterated the commitment of WHO to work with all technical partners to jointly support implementation of the cholera prevention and control plans of Member States. She was emphatic that the cholera situation in the African Region is not acceptable in the world of today and that Member States and partners need to be held jointly accountable to eliminate cholera on the continent.

The second panellist, Dr Fatoumata Nafo-Traoré stated that each outbreak of cholera is a failure of the national health system and added her voice to the call for strong partnerships in the development and implementation of national plans for prevention and control of cholera. She stressed that it is important for the different partners to pool their approaches, tools and resources together to control and eliminate cholera. She advocated the mobilization of additional resources from different stakeholders, given that only limited resources are currently available to support countries. Dr Nafo-Traoré also spoke about the role the IFRC has been playing in countries to improve the capacity of communities to better manage cholera outbreaks. She said that health security begins at the community level since the involvement of communities facilitates early detection of outbreaks, adding that the Red Cross' operations at the lowest level have been a good example.

Annex 6: Side Event – Cholera Prevention and Control

The third panellist, Dr Dominique Legros, indicated that cholera affects the same vulnerable and marginalized populations and its map is linked with poverty. The risk factors include climate change, population growth and increased urbanization. He stated that the global strategy for cholera elimination, which aims at reducing the mortality resulting from cholera by 90 percent by 2030, promotes three main interventions – early detection and quick response; the adoption of a multisectoral approach for cholera prevention with more emphasis on WASH; and a multisectoral coordination mechanism with strong partnerships. Dr Legros reported that several Member States are currently developing and implementing elimination plans and cholera vaccination campaigns are being organized with already positive results in some countries. He added that the development of investment cases is crucial to further advocate for support for the ongoing efforts of Member States and that investments in cholera control will contribute significantly in the reduction of water borne diseases and malnutrition in Africa.

In giving an overview of Zambia's response to cholera, the fourth panellist, Dr Abel Kabalo reported that the Minister of Health has been leading a multisectoral response which involves different ministries and other stakeholders, including communities. The control measures implemented during outbreaks include deployment of water tanks, enhanced sanitation, organizing oral cholera vaccine (OCV) campaigns and effective mobilization of community leaders. He reiterated that Zambia is committed to implementing the Regional Framework for Elimination of Cholera by 2030.

The fifth panellist, Dr Richard Lako Lino spoke about the efforts being made in South Sudan to address cholera and other epidemic-prone diseases. These include the operations of a multisectoral task force chaired by the ministry of health, the establishment of a strong surveillance system using IDSR, and the organization of OCV campaigns. He stated that the main challenges the country faces in its response to cholera are the limited coverage of health services (44%), safe drinking water (50%) and sanitation (10%). He added that the country is in the process of finalizing its national cholera plan in line with the Regional Framework for Elimination of Cholera by 2030.

The sixth panellist, Mr António Pedro Pina informed the participants that since 1995, Cabo Verde has prioritized the improvement of the quality of water, and, in 2017, legislation on the use of decontaminated water was passed to ensure appropriate use of treated water. Systems have been put in place to ensure that suppliers adequately follow the laid-down procedures and regular training of the relevant staff is conducted. A database on the quality of water by area using a colour code is available and accessible to all citizens.

The seventh panellist, Dr Joshua Obasanya spoke about the efforts being made in Nigeria to address cholera and other epidemics. He indicated that Nigeria has established a multisectoral technical working group for all outbreak-prone diseases with a clear *modus operandi*. The country has a fully functional PHEOC which is used in coordinating the response to cholera and other epidemics. Some major achievements include the development of an updated NAPHS that takes into consideration the Regional Framework for Eliminating Cholera by 2030, conduct of a risk profiling for cholera in different areas, development of a strategy for the use of OCV in hotspot areas, and the establishment of a website which provides information on actions taken and serves as a monitoring tool for effective management of cholera. In addition, Nigeria has been using the existing polio infrastructure for the control of cholera and other outbreak-prone diseases and has established collaboration with Niger for cholera control, with regular meetings being conducted and information shared.

The Side Event made the following key recommendations:

- Countries should ensure implementation of the regional framework for implementation of the global strategy for cholera prevention and control, 2018–2030
- Countries should promote and lead the collaboration between different partners to support the implementation of priority interventions in the national action plans for cholera.

Annex 7: Side Event – Global Strategic Preparedness Network for Africa

Member States, partners and donors have called for WHO to develop the Global Strategic Preparedness Networks (GSPN) and offer a more coherent and coordinated approach so that technical support to countries can be provided through joint efforts for a clear and sustainable impact. This would involve coordinating deployment and secondment of technical experts and fostering preparedness networks by sharing of expertise, good practices, and support for countries in implementing their NAPHS, building capacity to prevent, detect and respond, and in meeting IHR 2005 commitments under the Monitoring and Evaluation Framework.

A Side Event on GSPN for Africa was organized during the Second WAHF to have an interactive dialogue on the GSPN by discussing the coordination of technical assistance at the regional and country level and how WHO AFRO can work as the convener in the Region using GSPN as the model.

The moderator for the Side Event was Mr. Ludy Suryantoro, Team Leader, WHO Strategic Partnership for IHR and Health Security.

THE PANELLISTS WERE:

Dr Ali Ahmed Yahaya, Programme Area Manager, Country Health Emergency Preparedness and International Health Regulations at World Health Organization Regional Office for Africa

Ms Päivi Sillanaukee, Permanent Secretary, Ministry of Social Affairs and Health, Finland and co-chair, Joint External Evaluation Alliance

Dr Ellen Whitney, Director, IANPHI Program – U.S. Office at the Emory Global Health Institute

Dr Cyrus Shahpar, Director, Prevent Epidemics Team, Resolve to Save Lives

Mr Manuel Couffignal, International Aid Cooperation Officer, European Commission

In opening the Side Event, the moderator, Mr Ludy Suryantoro emphasized the importance of collaboration for health emergency preparedness. He described the work of the WHO Strategic Partnership for IHR and Health Security (SPH) Department, including monitoring and tracking partner and bilateral and multilateral investments in health security to facilitate the sharing and exchange of information and stakeholder alignment of initiatives. SPH has to date tracked through its online portal more than 1800 partner and donor health security investments in 192 countries (including 717 investments in 47 African countries). SPH has a continuously growing list of 53 strategic partners (30 of which have investments in Africa), including Member States, intergovernmental organizations, development banks, institutes and non-state actors. These partners provide SPH with data on their health security investments and activities. The SPH team has a validation process to ensure the reliability of the data, including review and verification of the data prior to publication and periodic communication with donors, partners and countries to allow for updates.

Mr Suryantoro added that WHO SPH has also developed the resource mapping tool (REMAP) to support countries in the implementation of NAPHS and other health security-related plans. The tool maps the health security projects that donors are supporting in a country, allowing policy-makers, donors and partners to see where gaps exist and where more investment of financial and technical resources is needed. This provides valuable information for the country and at the same time offers visibility for the partners' investments. The REMAP tool is also used for prioritization and to open dialogue on multisectoral preparedness coordination and resource mobilization. In Sierra Leone, for example, the tool was used to prioritize US \$ 50 million in activities from a total NAPHS cost of US \$ 291 million, and to engage donors in financing implementation.

Mr Suryantoro also stated that the GSPN is being designed as a platform for coordinating the technical assistance provided to countries by stakeholder institutions, networks and public health organizations. GSPN builds on SPH's existing partner network of nearly 960 global experts to create a unique global preparedness network. GSPN will allow partners, including partners from least developed countries, to work in concert to support countries. GSPN will coordinate the deployment and

Annex 7: Side Event – Global Strategic Preparedness Network for Africa

secondment of technical experts to countries, and foster preparedness networks through the sharing of expertise, best practices and experience. All partners will join GSPN as equals, with opportunities provided through GSPN for mentorship and linkages with national public health institutions and universities, while WHO exercises its leadership role and convening power by bringing the partners together in collaboration.

The first panellist, Dr Ali Ahmed Yahaya gave an update on the progress been made since 2016 in the conduct of JEEs and the preparation of NAPHS, within the context of the IHR Monitoring and Evaluation Framework. Ninety-five countries have conducted their JEEs and to date 47 countries have followed up their assessments by developing their NAPHS. He noted that collective and coordinated action is needed to build on this momentum and implement country preparedness plans. He stressed that preparedness is vital and is only possible by ensuring that the most vulnerable populations have access to strong and resilient health systems.

Dr Yahaya reiterated that countries cannot implement their plans without adequate financial resources and technical support, while establishing complementarity between financing and the provision of technical support. It is essential that technical expertise is delivered where and when it is needed to ensure that preparedness capacities are strengthened and maintained.

The second panellist, Dr Päivi Sillanaukee spoke as co-chair of the Alliance for Health Security Cooperation (formerly known as the JEE Alliance). She stated that the new name was adopted to provide a more complete description of the Alliance and to avoid any misconception that the role of the Alliance is limited to advocacy for the completion of JEEs. The Alliance is a network that brings together governments, international organizations, foundations and NGOs, including organizations representing the private sector. In particular, the Alliance helps to ensure that challenges and opportunities identified through evaluations of national capacities are appropriately addressed through technical and financial cooperation. Moreover, the Alliance aims to highlight good practices in the development and implementation of NAPHS, including through international, multisectoral and multi-stakeholder cooperation.

Dr Sillanaukee said that the WHO GSPN initiative is very timely. She emphasized the importance of ensuring NAPHS implementation for national, regional and global health security, and reiterated the Alliance for Health Security Cooperation's commitment to supporting countries in implementing their plans. Dr Sillanaukee said the GSPN concept of coordinated stakeholder technical assistance for countries is welcome and that the Alliance for Health Security Cooperation is ready to engage with GSPN.

The third panellist, Dr Ellen Whitney spoke on behalf of the International Association of National Public Health Institutes (IANPHI). National public health institutes (NPHIs) provide leadership and expertise to protect and improve health at the national level and play a critical partnership role in accelerating the global implementation of IHR 2005. IANPHI has more than 100 members worldwide and its membership is engaged in bilateral and multilateral partnerships as well as regional networks. IANPHI links and strengthens NPHIs and fosters leadership development and advocacy for public health, contributing to building robust public health systems by supporting health security and health improvement.

Dr Whitney stated that WHO and IANPHI, along with Public Health England, are engaged in ongoing discussions over how to strengthen their collaboration. The discussions involve identifying potential synergies in areas such as surveillance, health promotion and education, along with health protection through the prevention, detection, investigation and response to outbreaks. The development of GSPN is a key part of these discussions.

The fourth panellist, Dr Cyrus Shahpar informed the participants that Resolve to Save Lives is very welcoming of the GSPN initiative and interested in participating in the preparedness network. He said that the concept of GSPN can be compared to the Global Outbreak Alert and Response Network (GOARN), a successful collaboration of institutions and networks that pools human and technical resources for rapid identification, confirmation and response to outbreaks of international importance. While GOARN is designed for response, GSPN would focus on coordinating the technical expertise needed for preparedness.

Dr Shahpar added that Resolve to Save Lives is a global public health initiative that includes the Prevent Epidemics Team, which provides technical assistance to at-risk countries directly or through partners, mobilizes resources to support preparedness, and catalyzes political will to address gaps in preparedness. Dr Shahpar emphasized the interest of Resolve to Save Lives in working with countries on building health security capacities. He encouraged countries to share their needs — as well as their expertise — for a collaborative effort to build health system resiliency and strengthen national, regional and global health security.

The fifth panellist, Mr Manuel Couffignal described the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO) and its extensive engagement in health security preparedness. He spoke in particular about the African, Pacific and Caribbean (ACP) programme, which includes close collaboration between DEVCO and WHO. DEVCO in the African Region has also been supporting regional organizations such as ECOWAS. He stated that DEVCO welcomes the proposal for GSPN coordination of technical assistance. He emphasized the importance of ensuring that DEVCO's efforts add value to the efforts being made by other partners.

During the discussions involving the audience, several participants welcomed the GSPN Initiative and called for further consultations with Member States on its development, considering that improved coordination of technical assistance to countries has the potential to reduce transaction costs and promote data sharing through alignment of efforts. They emphasized the need for countries to own the process.

The Side Event made the following key recommendations:

- WHO to continue consultations and solicit feedback from Member States and other stakeholders on GSPN development, including a follow-up meeting in May during the World Health Assembly in Geneva.
- WHO to increase advocacy efforts on GSPN, increasing awareness among Member States, partners and donors.
- Member States and partners should use the SPH Portal for sharing of information and as a platform for collaboration among GSPN partners

Annex 8: Side Event – GIS Technology

The AFRO Polio Geographical Information Systems (GIS) Technology Centre was established in 2017 with funding from BMGF to support surveillance and immunization activities in the field and to monitor in real time the carrying out of planned activities and supportive supervision. Given that the shared data from field work is geo-coded, the technology allows for verification and validation of the submitted data, which is critical for improving data quality, particularly for certification of polio eradication. Given that it is easily adaptable and versatile for any public health event, the technology has also been used to support other interventions such as immunizations, outbreaks of cholera, meningitis, measles and Lassa Fever outbreaks as well as surveys for measles campaigns, EPI coverage and mortality in inaccessible and hard-to-reach areas.

The technology is relatively cheap, requires very minimal investment and is sustainable. For most participants in the network, the investment is just an android cell-phone. As such, the GIS technology has been rapidly expanded to tens of thousands of users in less than two years. Due to its low cost investment, there is expectation that the technology will be sustained in Member States, beyond polio. The number of Member States with established AFRO Polio Eradication Programme GIS technology has increased from less than 5 in 2017 to 43 in 2018. The capabilities are both: in the ministries of health, partners and WHO country offices. Due to its user-friendliness, the technology has been expanded to community informants in hard-to-reach and inaccessible areas without formal health services. As of December 2018, there were more than 5 000 community informants in the AFRO Polio GIS network.

A Side Event on GIS Technology was organized during the Second WAHF with the objective of showcasing the versatility and real-time capabilities of the technology, and its adaptability for other health interventions beyond polio, including contributing to UHC.

The moderator for the Side Event was Dr Magaran Bagayoko, the acting Director for the Communicable Diseases Cluster at WHO AFRO. The keynote speaker was Dr Matshidiso Moeti, WHO Regional Director for Africa.

THE PANELLISTS WERE:

Dr Sume Gerald, Surveillance Officer, WHO Country Office, Nigeria.

Dr Godwin Akpan, Data Manager, WHO Regional Office for Africa.

Dr Maria da Luz Lima, President, National Institute of Public Health, Cabo Verde.

In delivering the keynote address, the Regional Director thanked BMGF for funding the AFRO GIS Centre. The Centre has been a source of pride to the Regional Office and has gone a long way to help improve the quality of polio interventions as the African Region gets closer to eradicating poliomyelitis. Dr Moeti recalled how in her opening speech at the Sixty-seventh session of the WHO Regional Committee for Africa held in Victoria Falls, Zimbabwe in August 2017, she invited Ministers of Health to visit the AFRO GIS Centre exhibition booth to experience innovation and adopt it for use in their respective countries. She said she was happy to announce that the Ministers responded positively to her call and currently 43 Member States are using the technology in their daily activities.

Dr Moeti informed the participants that the AFRO GIS Centre is supporting the countries in these efforts and has recently provided all 47 Member States with Smart Interactive Screens to enhance the use of their systems in the field in order to improve the quality of monitoring. She concluded that, to contribute towards UHC, AFRO will continue to invest in technological innovations and provide technical support to Member States, since technologies will play a critical role in the “future of health systems strengthening and public health delivery” in the Region.

The first panellist, Dr Sume Gerald made a PowerPoint presentation on the AFRO GIS Innovation, focusing on the following four used cases of GIS-based interventions – Auto Visual AFP Detection and Reporting (AVADAR); Integrated Supportive Supervision; Electronic Surveillance (eSurve); and Digital Elevation Maps (DEM) Model using the Blue Line Technology.

The second panellist, Dr Godwin Akpan presented a live demonstration on the web of the above capabilities beyond polio using the examples of Acute Watery Diarrhoea (AWD) Surveillance in Ethiopia; Ebola virus disease (EVD) preparedness surveillance in Uganda; measles coverage survey in Montessarado, Liberia; Integrated Supportive Supervision in South Sudan; Campaign supervision in the Democratic Republic of the Congo; and Environmental Sites Selection using Digital Elevation Models in Addis Ababa, Ethiopia. These scenarios were illustrated with a display of Street and Satellite Base Maps, triangulation of field data into charts and dashboards with live data and also a live demonstration of the estimation tool to determine where to make provision for environmental sites.

The third panellist Dr Maria da Luz Lima made a presentation on Cabo Verde's experience on the use of GIS technology in the Institute of Public Health.

During the discussions involving the audience, the following additional points were made:

- In countries where other electronic tools like eIDSR and the Surveillance and Outbreak Response Management System (SORMAS) are being used, it will be important to

synergize efforts for better results. It was reiterated that the AFRO GIS platform is compatible with other platforms like DHIS2, and that data could be pooled and shared in real-time through APIs.

- To ensure sustainability, governments must put in place mechanisms to replace missing phones as this was one of the problems usually encountered.

The Side Event made the following key recommendations:

- Countries should use GIS technology to accelerate attainment of UHC.
- WHO through the GIS Technology Centre in Brazzaville should provide technical support to countries to implement GIS-based innovative interventions that can foster accountability among health workers, improve data validation and contribute to UHC.

Notes

THE 2ND
**WHO AFRICA
HEALTH FORUM**



World Health Organization

Regional Office for Africa
Cité du Djoué
P.O. Box 06
Brazzaville
Republic of Congo
0047 241 39100

Tel: + (242) 06 508 11 14

Fax: + (47 241) 39503

Email: AfricaHealthForum@who.int
www.afro.who.int