

**DEPARTURES FLIGHT SCHEDULES AND PICK UP TIME FROM HOTEL TO AIRPORT**

Airlines	Flight Number	Take-Off Time	Pick up Time
<b>5-nov.-14</b>			
ASKY	KP034	15:25	12:25
AIR France	AF805	23:40	20:00
<b>6-nov.-14</b>			
KENYA AIRWAYS	KQ542	00:25	Previous day 21:00
AIR COTE D'IVOIRE	HF523	09:20	Same day 06:00
ECAIR	LC452	09:30	Same day 06:00
AIR COTE D'IVOIRE	HF521	10:30	Same day 07:30
ETHIOPIAN AIRLINES	ET916	12:35	Same day 09:00
ASKY	KP035	12:50	Same day 09:00
ARIKAIR	W3 380	13:15	Same day 10:00
TRANSAIRCONGO	Q8702	15:30	Same day 12:00
TRANSAIRCONGO	Q8704	15:30	Same day 12:00
ARIKAIR	W3 381	17:45	Same day 14:30
AIR BURKINA	2J557	17:45	Same day 14:30
<b>7-nov.-14</b>			
ROYAL AIR MAROC	AT553	04:50	Same day 01:00
AIR CÔTE D'IVOIRE	HF525	09:10	Same day 09:10
AIR CÔTE D'IVOIRE	HF523	09:20	Same day 06:00
ECAIR	LC302	10:00	Same day 07:00
SOUTH AFRICAN AIRWAYS	SA083	10:00	Same day 07:00
AIR COTE D'IVOIRE	HF521	10:30	Same day 07:30
KENYA AIRWAYS	KQ512	13:05	Same day 10:00
ARIKAIR	W3 380	13:15	Same day 10:00
ARIKAIR	W3 381	17:45	Same day 14:30
TURKISH AIRLINES	TK561	21:45	Same day 18:00
AIR France	AF805	23:40	Same day 20:00
<b>8-nov.-14</b>			
ROYAL AIR MAROC	AT551	06:10	Same day 03:00
AIR COTE D'IVOIRE	HF523	09:20	Same day 06:00
ECAIR	LC452	09:30	Same day 06:00
AIR COTE D'IVOIRE	HF521	10:30	Same day 07:30
ASKY	KP027	12:10	Same day 09:00
TRANSAIRCONGO	Q8 559	13:30	Same day 10:00
ETHIOPIAN AIRLINES	ET917	14:15	Same day 11:00
ASKY	KP034	15:25	Same day 12:00
AIR BURKINA	2J 558	19:00	Same day 14:00
BRUSSELS AIRLINES	SN231	22:40	Same day 19:00
KENYA AIRWAYS	KQ542	23:40	Same day 20:00
<b>9-nov.-14</b>			
ROYAL AIR MAROC	AT553	04:50	Same day 01:50
AIR COTE D'IVOIRE	HF523	09:20	Same day 06:00
ETHIOPIAN AIRLINES	ET916	12:35	Same day 09:00
AIR COTE D'IVOIRE	KP035	12:50	Same day 09:50
CEIBA	C2062	14:00	Same day 11:00
TRANSAIRCONGO	Q8704	17:00	Same day 14:00
TURKISH AIRLINES	TK561	21:45	Same day 18:00
AIR France	AF805	23:40	Same day 20:00
<b>10-nov.-14</b>			
AIR COTE D'IVOIRE	HF523	09:20	Same day 06:00
ECAIR	LC302	09:30	Same day 06:00

**PROVISIONAL PROGRAMME OF WORK, DAY 5:  
Friday, 7<sup>th</sup> November 2014**

08:00–09:30	Agenda item 17	<b>WHO Reform:</b> Framework of engagement with non-State actors  17.1 Report by the Secretariat to the regional committees (Document AFR/RC64/12A)  17.2 Report by the Secretariat (Document AFR/RC64/12B)
	Agenda item 18	Draft provisional agenda and dates of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session of the Regional Committee (Document AFR/RC64/13)
09:30–10:30	Tea break	
Zero time	Agenda item 19	Information Documents (not for discussion)
	Agenda item 19.1	Report on WHO staff in the African Region (Document AFR/RC64/INF.DOC/1)
	Agenda item 19.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC64/INF.DOC/2)
	Agenda item 19.3	Poliomyelitis in the African Region: progress report (Document AFR/RC64/INF.DOC/3)
	Agenda item 19.4	The Pan African programme for public health and climate change: current status and perspectives (Document AFR/RC64/INF.DOC/4)
10:30–11:30	Agenda item 20	Adoption of the report of the Regional Committee (Document AFR/RC64/14)
11:30–12:00	Agenda item 21	Closure of the Sixty-fourth session of the Regional Committee
12:00	Lunch	

**RC64 GUIDE AND CONTACTS**

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1. MR SYLVAIN DAVI, UNDSS	TEL.: 96 38 07 05
2. MR HUGUES ADJOVI, POLICE COMMISSIONER	TEL.: 97 06 15 57

**PROVISIONAL PROGRAMME OF WORK DAY 4:  
Thursday, 6<sup>th</sup> November 2014**

08:30–09:30	Agenda item 11	African Public Health Emergency Fund: accelerating the progress of implementation (Document AFR/RC64/7)
09:30–10:30	Agenda item 12	Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC64/5)
10:30–11:00	Tea break	
11:00–12:30	Agenda item 13	Implementation of the WHO Programme Budget 2014–2015 in the African Region (Document AFR/RC64/8)
12:30–14:00	Lunch break	
14:00–15:00	Agenda item 14	Viral Hepatitis: situation analysis and perspectives in the African Region (Document AFR/RC64/6)
15:00–16:30	Agenda item 15	WHO Reform: Draft Proposed Programme Budget 2016–2017 (Document AFR/RC64/10)
16:30–17:00	Tea break	
17:00–18:00	Agenda item 16	WHO Reform: Strategic budget space allocation  16.1 Strategic budget space allocation (Document AFR/RC64/11A)  16.2 Operational Segments (Document AFR/RC64/11B)

**REGIONAL COMMITTEE ELECTS  
DR MOETI NEW REGIONAL DIRECTOR**



**Dr Matshidiso Rebecca Moeti  
WHO Regional Director Elect**

The WHO Regional Director Elect, Dr Matshidiso Moeti qualified in medicine (M.B.,B.S) and public health (Msc in Community Health for Developing Countries) at the Royal Free Hospital School of Medicine, University of London in 1978 and the London School of Hygiene and Tropical Medicine in 1986, respectively.

In her career, she has gained over 35 years of national and international public health experience with WHO, UNICEF, UNAIDS and the Botswana Ministry of Health.

During the past six years in particular, she has provided policy and strategic advice and support to the Regional Director on regional and global public health matters, especially in the areas of improved effectiveness of WHO country offices.

Dr Moeti has successfully spear-headed the development of WHO Regional Strategies in public health priority areas including communicable and non-communicable diseases, immunization, maternal and child health and the health systems.

Before then, Dr Moeti has been deeply involved in the prevention and control of communicable diseases, developing Regional strategies to tackle risk factors and has played a key role in building partnership for health in the Region.

As the WHO Representative in Malawi Dr Moeti led the WHO country team in supporting the government and its stakeholders and development partners in managing the health sector. At the height of the HIV/AIDS pandemic, Dr Moeti led the WHO Regional Office for Africa's action on treatment scale-up in the context of the "3 by 5" Initiative. In the past 35 years Dr Moeti has worked as:

- Deputy Regional Director (2011-2014) and Assistant Regional Director (2008-2011)
- Director, Division of Noncommunicable Diseases, WHO Regional Office for Africa (2007-2008)
- WHO Representative, Malawi (2005 – 2007)
- Regional Advisor HIV/AIDS, WHO Regional Office for Africa (1999-2005)
- UNAIDS Team Leader, Africa and Middle East Desk, Geneva (1997-1999)
- Regional Health Advisor, UNICEF Regional Office for East and Southern Africa (Kenya) and UNICEF Zambia Head of Health and Nutrition (1994-1997)
- Clinical and Public Health Specialist, Ministry of Health, Botswana (1978-1994)

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## PROGRESS REPORT ON THE HEALTH-RELATED MDGs IN THE AFRICAN REGION



During the on-going 64<sup>th</sup> Session of the WHO Regional Committee, the Secretariat presented to delegates a report on the progress made towards the achievement of the health-related MDGs in the African Region.

According to the report, countries in the African Region have made more progress over the past 10 years but are still not on track to achieve the health and health-related MDGs despite commitments made by governments and partners. The report points out that the main challenges concerned weaknesses of integrated country health systems, availability and management of financing, multisectoral response, coordination and the quality of data for monitoring.

The report proposes a number of interventions to countries including improved financial mobilization and management; strengthening health systems; improving the implementation of effective interventions; improving the collection, management and use of data; effectively address the issue of coordination; prepare for the transition towards the post-2015 development agenda including the unfinished business of the MDGs; increasing dialogue between the ministry of health and oversight ministries such as finance and planning; collaboration between the public sector and the private sector; and promoting South-South collaboration.

The common factors that appeared to have significantly contributed to progress in many countries include committed leadership, implementation of country plans using multi-sectoral approach including civil society, researchers and enhanced community participation.

At the end, delegates made the following recommendations to Member States on the MDGs, namely: Increase government budget for health according to Abuja Declaration and per capita expenditure as recommended by the High Level Task Force on Innovative International Financing for Health Systems; Implement relevant best practices from other countries that have made progress and achieved the MDG targets and review and identify gaps in the progress of MDGs and implement immediate mitigating priority interventions.

To WHO delegates recommended collation, dissemination and facilitation sharing of best practices from other countries that have made progress and achieved the MDGs targets; support countries to strengthen their health information systems in order to collect accurate data relevant to the MDGs and align support to countries' priorities in line with the Paris Declaration and the Accra Call to Action.

## INTERVIEW WITH THE DEPUTY MINISTER OF HEALTH, SIERRA LEONE

### 1. What are the major obstacles hindering the containment and total stoppage of spread of Ebola Virus Disease in Sierra Leone?

The main hindrance I see right now is cultural beliefs. Some of our people think Ebola is witchcraft or some kind of voodoo. When someone dies, some people perform ritual burials such as washing the body. But as we all know, when someone dies the bodies are very infectious and this is contributing to the spread of the virus.

The other obstacle we had is fear in the population. People were afraid to come to our treatment centres because they said if they do, they will only come out in body bags and be buried the Ebola way. One thing that helped us out of that problem is that people are getting better and getting discharged from treatment centres. We have Ebola survivors every week and as of today, we have 836 survivors in the country. So our message right now is that if you report early, you actually have a chance to survive and people are responding.

### 2. What is the current and future economic impact of EVD on your country?

Ebola has had tremendous negative economic impact on my country and I think it will get worse. Every single person and aspect of our economy has been affected by Ebola. Our schools and colleges are currently closed; the fishing, mining, imports, air travel, tourism, sports and others are either drastically scaled down or closed. Experts and our donor partners are gone. Road construction and water rehabilitation projects around the country have ceased. Our GDP growth rate that was 11.9% before the Ebola outbreak has reduced to about 4%.

Probably our health care system has suffered the most during this outbreak. We have lost irreplaceable health workers to Ebola and the confidence in our free health care system has gone down tremendously in the population. About 50% of the deaths in the country are not Ebola but because people fear to come to some of our health care facilities, they die needlessly in the community due to other treatable diseases or manageable conditions.

### 3. What actions is your government putting in place to reverse the epidemic?

Our government continues to call for full international support, collaboration and understanding. On our part we are trying to construct the much needed holding and treatment centres and strengthening our healthcare system. But we need more ambulances, training for our people, laboratories and funding.

One thing for sure is that we can and we will stop this epidemic. We can do it given the required resources and this is what I tell our people when I go to the treatment centres. As of today, Ebola is reducing all over the country apart from Bombali district and the Western Area which is in the city and because of the congestion there, the virus is still spreading.

I advise other African countries not to do the mistakes we have made in this outbreak – they are costly. In case of Ebola, please separate your holding and treatment centres from regular health facilities. We are struggling to regain confidence in our health facilities because of this mistake.



Madam Madina Rahman  
Deputy Minister of Health and Head of  
Sierra Leone Delegation

## INTERVIEW WITH THE MINISTER OF HEALTH, TOGO

### 1. What is the current immunization coverage in Togo?

In Togo, taking into account the "Reach Every District" (RED) strategy to strengthen the Routine Expanded Programme of Immunization and with support from partners, the focus has been on: planning; strategies to reach the target populations including the implementation of advanced strategy; monitoring for action, supervision and communication.

We have sustained the immunization coverage of the 3 doses of penta vaccine and measles to above 70%. As a result, we have reduced vaccine preventable diseases. For instance, measles cases and deaths have reduced by 62% and 94% respectively, between 2001 and 2013.

In Togo, no poliomyelitis case has been reported in the last four years. However, immunization campaigns against polio have been organized together with administration of Vitamin A, deworming with Albendazol. This has been done in a synchronized manner with the neighboring countries in the Region to achieve eradication.

In addition, Togo, supported by partners, has introduced new vaccines in the Expanded Programme of Immunization. These include vaccines against yellow fever in 2004, Hepatitis B and HiB in 2008, rotavirus and pneumococcus infections in 2014.

Based on lessons learnt on the strategic plan 2009-2013, Togo will continue to strengthen the capacities of the health systems to improve the immunization related indicators.

### 2. How is your country preparing the implementation of the Regional Immunization Strategic Plan 2014-2020?

In the context of implementation of the Regional Immunization Strategic Plan 2014-2020, Togo reviewed the different immunization normative documents such as, the Multiple Annual Comprehensive Plan and the implementation of strategies proposed within the context of the National Plan for Health Development.

Advocacy to increase the financing of immunization is going on, taking into account all immunization stakeholders.

Togo is preparing for the upcoming immunization campaign against meningitis which is planned in the coming days. Consequently, we are strengthening the capacities of the health systems to improve the vaccination related indicators in the context of implementation of the strategic plan 2009-2013.

### 3. What are the urgent measures to put in place to strengthen and increase the immunization coverage in Togo?



Dr Kwesi Séléagodji AHOOMEY-ZUNU  
Hon. Minister of Health, Togo

The most urgent measures to put in place in each country could be summarized as follows: Integrating immunization in the national health plans; ensuring universal access to new vaccines; promoting the RED strategy; ensuring the sustainable funding for immunization; strengthening partnership for health; improving the data quality; strengthening the capacities of different actors; improving the safety and regulation of vaccines; and promoting research and innovations related to immunization.

## INTERVIEW WITH HEAD OF THE DELEGATION OF SÃO TOMÉ AND PRÍNCIPE



Dr. Pascoal F. Apresentação  
Chief of delegation, Sao Tome and Principe

### 1. What in your opinion are the major achievements of the out-going Regional Director?

The work of Dr Sambo as WHO Regional Director for Africa has several aspects. One is

the fact that he was able to overcome one of the difficulties that WHO had, that is, financial reporting. During this session there was a report on achievements and overall, this report reflects that Dr Sambo was an excellent manager particularly on transparency in utilizing financial resources among others. This wasn't the case before.

Africa is affected by various adverse conditions with negative impact on the health services delivery and development. However, recent health indicators are very encouraging. The best strategy to ensure good health for the people is prevention. Therefore, it was very important to vaccinate all children against the vaccine preventable diseases such as measles. This is an achievement that cannot be contested.

By the way, many speakers in today's session were not aware that Dr Sambo is Angolan. This shows that he was able to use his advocacy, diplomacy and multilingualism to unite and

congregate all Africans as one family and that is unity in diversity. It was important to have a leader able to unite all people for one common cause which is improvement of health.

### 2. What priorities would you like the elected Regional Director to focus on?

The elected Regional Director, Dr Moeti, has many challenges ahead. Unfortunately, at the end of Dr Sambo's tenure we have had the outbreak of Ebola Virus Disease. Therefore, the most important challenge on her agenda is the coordination of all activities to control the Ebola epidemic.

Another challenge is related to the achievements of the MDGs. Dr Moeti should base on the different indicators presented by countries to develop common strategies and leverage resources to achieve the MDG objectives as one African family.