



WORLD HEALTH ORGANIZATION 67th SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

AFRICAN COUNTRIES ADOPT THE FRAMEWORK FOR IMPLEMENTATION OF THE GLOBAL HUMAN RESOURCES STRATEGY

Delegates to the 67th Session of the WHO Regional Committee agreed on Wednesday, in Victoria Falls, Zimbabwe, to increase availability of quality of health human resources in the countries of the African region by 2030.

The commitment was made as they debate the framework of implementation of the Global Human Resources Strategy for Health by 2030 that they later approved. The aim of the framework is to ensure availability of 2.3 doctors, nurses and midwives per 1000 inhabitants as the minimum requirement to achieve Universal Health Coverage and to achieve the Sustainable Development Goal (SDG). This will enable people in many communities have access to skilled and motivated health professionals.

According to the implementation framework, by 2030 all Member States will have reduced at least by half inequities in access to health professionals; achieve at least 80%

AFRICAN HEALTH MINISTERS COMMIT TO ATTAIN UNIVERSAL HEALTH COVERAGE

Successful implementation of the Sustainable Development Goals (SDG) and attainment of the Universal Health Coverage (UHC) requires adaptation of global strategies to country context and translation of abstract concepts into concrete operational actions. This was one of the observations by delegates attending the 67th Session of the WHO Regional Committee as they debated a framework for health systems development towards UHC.

UHC is the eighth target under Sustainable Development Goal (SDG) 3 that was adopted by the United Nations General Assembly to guide global development by 2030. To achieve UHC countries have to build strong and resilient health systems that can ensure public health security, can deal with effects of climate change and are capable of ending deadly epidemics such as Ebola.

To this effect, the WHO Regional Office for Africa proposed the framework which the delegates debated and unanimously adopted. The framework is a practical tool which guides countries and health stakeholders towards attainment of UHC and SDG 3. The framework is based on integrated and holistic approaches to health system strengthening and emphasizes health lives and

of course completion rates in health training institutions and develop human resource investment plans. The framework also requires all Member States to set up accreditation mechanisms for health training institutions and to have regulatory mechanisms to promote the safety of health personnel. They are also required to have adequate oversight of the private sector and to create national accounts of health professionals, as well as human resources records and observatories for health.

Delegates agreed on specific indicators, targets, milestones and priorities for the years 2020 and 2030. They highlighted the need to ensure effective use of available resources; adoption of transformative strategies for the training of planners, health economists, human resource managers, among others. They also concurred on the need to improve the effectiveness of Community Health Worker programs and to strengthen capacities for emergency management and disaster risk management, among others.

However, they acknowledged a number of challenges to achieving sustainable development considering that only 11 of the 47 countries in the region have achieved the goal of 2.3 doctors, nurses and midwives for every 1000 inhabitants.

STRONG AND RESILIENT HEALTH SYSTEMS ARE CRUCIAL FOR IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS - MR BERHANE GHEBRETINASE, DIRECTOR GENERAL DEPARTMENT OF HEALTH SERVICES, ERITREA.



1. What is your country doing to ensure you are compliant with the International Health Regulations?

From the time when the International Health Regulations (IHR) were adopted by the World Health Assembly in 2005 and entering

wellbeing especially at the district and community levels. The framework proposes seven health system inputs: health workforce, governance, infrastructure, medicines, financing information management and service delivery systems to attain outputs, outcomes and impacts.

Speaking at the launching of the framework, the WHO Regional Director for Africa Dr Matshidiso Moeti emphasized the need to shift from health programme specific approaches used during the Millennium Development Goals era to broader health system strengthening strategies. She restated the resolve of the Regional Office to provide the required support to Member States to develop, implement and monitor such sustainable approaches.

In a panel discussion at the same function, the Permanent Secretary in the Ministry of Health Zambia Dr Jabbin Mulwanda shared experiences of addressing financial barriers to health services. The Guinea Minister for Health, Dr Abdourahmane Diallo informed delegates about implementation of a ten-year health development plan, while the Minister of Health of Cape Verde Dr Arlindo Nascimento do Rosario talked about the experience of the private sector participation in health services delivery. The Deputy Minister of Health for Zimbabwe, Mr Aldrin Musiiwa explained the use of good quality health data that can be used to monitor SDGs and UHC.

Moving forward, the delegates were urged to use the framework to define stepwise approaches to identify and prioritize actions and to engage stakeholders for attainment of UHC and SDGs. Later in the afternoon the delegates adopted the framework that has six comprehensive actions for the attainment of UHC. They are: improve availability of essential services, scale up coverage with essential health interventions, protect populations from catastrophic health expenditures, ensure effective health security, promote client satisfaction and health system responsiveness and expand coverage with essential interventions in other SDGs.



Watch video - What is Universal Health Coverage

into force in 2007, Eritrea has been building capacity to be able to respond properly and effectively to public health risks and emergencies of international concern. We asked for extension two times and in 2016, we conducted self-assessment followed by the Joint External Evaluation (JEE) in which 19 technical areas were assessed. In fact, Eritrea was the fifth country to conduct JEE in the region. The assessment showed gaps in key technical areas that had to be addressed. As a follow up, we developed a National Action Plan.

2. How can countries integrate the IHR Core capacities into their health systems?

Strong and resilient health systems are a requirement for well-functioning core capacities. In order to incorporate the core capacities into we functioning health systems, the key is to have a National Action Plan. Therefore implementing the National Action Plan in which gaps in core capacities have been identified is very crucial in building strong and resilient health systems.

3. What do you envisage to happen if the countries don't fully implement the IHR?

We all know that the WHA has extended the deadline for IHR two times and personally I don't think there will be another extension. Countries should prepare themselves to comply with the IHR and ensure the core capacities are fully achieved. Otherwise, they should prepare for failures to implement the IHR. WHO should support the countries that fail to expedite and fulfill the core capacities that are required for the IHR.

4. What should countries watch out for on this issue?

Having a national action plan is one thing and implementing it is another. So to implement the National Action Plan, countries requires good leadership. Secondly there should be a strong multi-sectoral coordination mechanisms. The MoH cannot implement the plan alone because it is a multi-action initiative. It can only be successful if all line ministries, NGOs and communities jointly implement the plan. Besides, mobilizing resources is critical as the plan requires massive resources.

Madagascar makes progress on road safety - Prof. Grandma L. Andriamanarivo, Minister of public health

1. What are the road safety challenges facing Madagascar?

For road safety, there is no legislation to address risk factors such as the driver's state of health, fatigue, drug use and the use of mobile phones while driving. In addition, the strict enforcement of the Highway Code is not yet effective, despite efforts by the government to strengthen controls at all levels. One of the biggest problems in Madagascar, as well as in other African countries, is the state of the vehicles on the roads. There are, for example, far too many old cars on the roads without proper certification. There are cars that should not be on the roads but they still there. We also problems in hospitals that care for road accident victims. For the past two years, the government has been trying to increase the number of district hospitals. Some district hospitals have been upgraded by raising the technical level by creating orthopedic surgery and trauma services. The other big challenge is the availability and reliability of the data. Finally, it is the bad state of the roads in Madagascar. In many places, the roads are very bad.



2. How are you implementing the Global Plan for the Decade of Action for Road Safety 2011-2020?

We already have the National Road Safety plan, covering the period 2015 to 2017. This is part of the implementation of the recommendations of the Brasilia Road Safety Conference. Madagascar is committed to implementing all commitments at this meeting. These include limiting the sale and importation of vehicles of poor quality, improving the quality of road safety data by strengthening the collection efforts, developing and conducting appropriate awareness campaigns through the mass media. Finally we are strengthening the surveillance system to obtain reliable data and the hospitals for quality patient care.

3. What is being done in terms of optimal care for victims of road accidents?

Support of the victims of road accidents is at the level of district hospitals. Usually, the support is immediate even if people can't pay. Most of the time, the victims of road accidents are supported for free.

Message of WHO Regional Director for Africa, Dr Matshidiso Moeti, on the Occasion of the Fifteenth African Traditional Medicine Day, 31 August 2017

Every year on 31 August, the African Region commemorates the African Traditional Medicine Day. The theme of this year's celebration is: **Integration of Traditional Medicine in Health Systems in the African Region: The Journey So Far**. This theme is in line with the World Health Organization's vision of integrating traditional medicine into all areas of health care services, based on their safety, efficacy and quality.

Recognizing that Member States have different legislation, approaches, regulatory responsibilities, delivery models related to primary health care; as well as unique profiles of traditional medicine, there is no one model that fits to all. Therefore, each Member State has made efforts towards a common aim of integrating traditional medicine into its national health system based on national capacities, priorities, relevant legislation and circumstances, and on their safety, efficacy and quality. In the past 16 years, a majority of the countries in the African Region have made commendable achievements; and traditional medicine has been included, although not fully integrated into all aspects of health care.

Since 2000, the number of countries with traditional medicine policies has risen from 8 to 40 and the number of countries with traditional medicine programmes has surged from 10 to 36. Research institutes dedicated to traditional medicine have also increased from 18 to 28. Consequently, 14 countries have issued marketing authorizations of some traditional medicine products used for the treatment of priority diseases as compared to only one in 2000. In an effort to improve skills of the health workforce, 19 countries have integrated traditional medicine in the curricula of health science students, whereas the number of countries with regulations for traditional health practitioners has surged from 1 to 31.

Every year on 31 August, the African Region commemorates the African Traditional Medicine Day. The theme of this year's celebration is: **Integration of Traditional**

ROTARY INTERNATIONAL PLEDGES TO WORK MORE WITH WHO ON POLIO ERADICATION

Rotary International took part in the 67th Session of the WHO Regional Committee as observers and used the opportunity to applaud the work done by WHO on the African continent.



“We warmly congratulate WHO and all countries on the significant progress made in the fight against several endemic diseases particularly within the framework of the Global Poliomyelitis Eradication Initiative”, said Madam Marie-Irène Richmond Ahoua Former District 9101 Governor and Member of the Rotary International Polio Plus Regional Commission. She added that “we are convinced that the African Region has all the means to achieve certification very soon”.

She urged Member States to concentrate efforts and energies on the quality of epidemiological surveillance in order to detect and stop the circulation of new viruses. “Our ambition is to remain with zero cases of polio” she said. Madam Ahoua reminded the delegates that “the opportunity is there to finally win a historic decisive victory over this very disabling disease. At the Rotary International Convention in Atlanta in June this year in commemoration of Rotary Foundation's Centennial Festivities, there was a commitment to raise \$50 million annually for three years for the polio eradication programme. This amount will be tripled by the Bill and Melinda Gates Foundation and Rotary International pledged to contribute an additional \$ 450 million to this program.

On behalf of Rotary International Madam Ahoua reaffirmed the readiness and willingness of all Rotarians the world over to work with WHO and all partners to realize “one of the greatest achievements of global health”.

RC67 eJournal



The RC67 Secretariat is pleased to announce the introduction of the Electronic Journal (eJournal) that replaces the printed version published in the previous RCs.

The easy to use eJournal will improve interactions with our readers and has new features such as

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Over the past years, collaboration between conventional and traditional health practitioners has been strengthened as countries continue to integrate traditional health practitioners into mainstream primary health care. In some countries, such as Benin and Cote d'Ivoire, traditional medicine facilities have been established; in Mali, Senegal, Uganda and the United Republic of Tanzania, practitioners collaborate in research, diagnosis, treatment, care and patient counselling. In 2010, Ghana's Ministry of Health designated 18 public hospitals to integrate the use of herbal components of African traditional medicine into their daily practice.

embedded videos, photo galleries, audio recordings and much more. The eJournal can be accessed from all electronic devices, computers, laptops, iPads and all types of mobile devices by email and can be accessed at any time during the RC.

For those who wish to receive the electronic Journal, please send an email to Phyllis Jiri at jirip@who.int



Click the [url \(link\)](#) to watch the live streaming of the 67th Session of the Regional Committee for Africa in Victoria Falls, Zimbabwe

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MEALS

Coffee Breaks and Lunch will be served free of charge to participants during the meeting.

Further catering facilities are readily available for refreshments and meals in the 4 restaurants and 3 bars of the Elephant Hills Hotel. The Breakfast Buffet is open from 7:00-10:00 in the Hotel Restaurant. For dinner, WHO shuttles are available to drive you to town, at 19:00 on Saturday and Sunday.

Although progress has been made, much more can be done to ensure that all countries in the region integrate traditional medicine practitioners, practices and products into all areas of health care services, when there is evidence on safety, efficacy and quality. Some of the major challenges hindering progress include deficiencies in appropriate regulation of practices and practitioners; monitoring and implementation of regulation on products; appropriate integration of traditional medicine services into health care service delivery and self-health care; and limited evidence-based assessment of the safety, efficacy and quality of practices and products.

As part of efforts to support countries, WHO has mobilized additional resources from partners and established a WHO Regional Expert Committee as a regional mechanism to support the effective monitoring and evaluation of the progress made in the implementation of the Regional Traditional Medicine Strategy. In addition, WHO developed a range of tools and guidelines covering the priority interventions needed to integrate safe, effective and good quality traditional medicine into all areas of health care services. These include tools for institutionalizing traditional medicine in health systems; guidelines for: regulation of traditional medicine practitioners, practices and products; registration of traditional medicines; clinical study of traditional medicines; and for the protection of traditional medical knowledge. In addition, collaboration between practitioners of traditional and conventional medicine; modules on traditional medicine for health sciences students and conventional medicine practitioners; and for traditional health practitioners in primary health care have also been developed.

As we commemorate African Traditional Medicine Day 2017, I call upon relevant regulatory authorities to enhance regulation of traditional medicine practitioners, practices and products. I urge governments to invest in biomedical and operational research aimed at expanding the scope of accepted best practices of

traditional medicine in national health systems. I finally call for stronger collaboration between governments, donors, the private sector and relevant stakeholders to take forward the integration of traditional

Lunch shuttle departs from the reception at 12:30.

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RC67 PHOTOS

medicine in health systems. These actions will ensure appropriate integration of traditional medicine into health systems to contribute to achieving universal health coverage and sustainable development goals.

I have no doubt that enhanced collaboration between the two types of practitioners will increase transparency and complementarity, mutual respect and understanding and research. It will also facilitate more efficient use of domestic medical resources; enhance self-sufficiency in health development especially for low income countries and stronger integration of traditional medicine into health system.

I take this opportunity to congratulate traditional health practitioners, researchers and experts who are making contribution to integrate traditional medicine into health systems; and WHO will continue to support this integration particularly into primary health care services.

I wish you a successful celebration.

AFRICA HEALTH MINISTERS PLEDGE FIRM ACTIONS AGAINST YELLOW FEVER

African health ministers meeting in Victoria Falls, Zimbabwe for the 67th Session of the World Health Organization (WHO) Regional Committee have agreed on ten priority actions to guide countries on the elimination of the Yellow Fever (YF) epidemics by 2026.

The actions are contained in framework for implementing the Global Strategy to eliminate YF epidemics that was presented to the delegates by Dr Zabuloni Yoti from the WHO emergency programme. He informed the delegates that “despite the availability of a vaccine with life-long immunity, the majority of countries in the African Region are at risk of Yellow fever.”

The Ministers have now committed to undertake WHO recommended risk assessments, catch-up campaigns and strictly implement the International Health Regulations (IHR) especially for travellers to and from high risk countries to tackle the disease. Other actions will be to vaccinate all people in high risk countries, improve routine immunization, vaccinate every



eligible child as well as protect workers in high-risk industries such as oil, mining, construction and forestry.

The ministers have also pledged to prepare “readiness plans” that can facilitate quick response to an outbreak on YF in urban centres. This will also entail sustaining vector surveillance and control programmes in cities and strengthening surveillance and early detection mechanisms.

In addition, the ministers undertook to establish a regional surveillance network that will bring all high-risk countries together in order to standardize case definitions and diagnostic procedures. The ministers have call upon WHO and other partners to work with the International Coordinating Group to ensure availability of a stockpile of YF emergency supplies that can back-stop countries in cases of outbreaks. This will go hand-in-hand with fostering response system that facilitates rapid case detection, reactive vaccination, good case management, vector control and community mobilization.

With the above actions people in 35 high-risk African countries will be protected against YF and international spread of the disease will be prevented through prompt detection, confirmation and rapid containment of YF outbreaks on the continent. As Dr Yoit pointed out, “with a single dose of YF vaccine per person, elimination of YF epidemic is indeed a quick public health gain.”

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THE NEW STRUCTURE OF ROLL BACK MALARIA PRESENTED TO THE DELEGATES OF THE RC67

The new structure of the Roll Back Malaria (RBM) partnership was presented during a side event organized on August 30th 2017, on the sidelines of the 67th Sessions of the WHO Regional Committee of WHO for Africa currently taking place in Victoria Falls, Zimbabwe.

Dr Kesetebirhan Admasu, Chief Executive Officer RBM, presented the new structure. RBM partnership now has a new governance model with a Board of Directors, a President, working groups and a Committee of partners. Several countries benefit from the support provided by RBM in the fight against malaria. Dr Admasu leads the RBM partnership which is based on three pillars, namely: i) putting the fight against malaria at the top of national priorities; (ii) accelerating progress by a regional approach; and iii) increasing funding for the fight against malaria.

The delegates, appreciated and welcomed the new structure and the dynamism it will bring to countries. They encouraged the new RBM to work more closely with countries while urging leaders to grant it NGO status. They welcomed the inclusion of the WHO on the Board of Directors of RBM.

Delegates were also briefed on the project to eradicate malaria in the Sahel. Dr Maganran Bagayoko, Regional Focal Point for Health and Environment at the WHO Regional Office for Africa, presented this ambitious, feasible but realistic project. The project was adopted in 2013 by the ministers of health of The Gambia, Mali, Mauritania, Niger, Senegal and Chad. The success of the project will depend on the development of a regional strategy and the identification of an ambassador for the elimination of malaria in the Sahel which will give it visibility.

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