

RC62 GUIDE EXPOSITION



IMPORTANT CONTACTS

1. DR JEAN-MARIE YAMEOGO, Representative a.j
TEL.: 912 201 809
2. MR ALBERT MINYANGADOU, Operations Officer,
TEL.: 927 842 852
3. MR HENRIQUE D'ALVA, Chief Transport Officer,
TEL.: 923 302 684
4. MR ORLANDO ZANGA, Travel Officer,
TEL.: 923 302 440
5. MR JOSE CAETANO, Communication Officer
TEL.: 926 854 698
6. MR JOSÉ DOS SANTOS, UN Field Security Officer
TEL.: 912 320 842
7. MR JULIO CRUZ, UN Security Officer,
TEL.: 912 320 842
8. MR ABDOULAYE DOUNBIA, AFRO Security Officer
TEL.: 943 056 494
9. UNITED NATIONS OPERATION CENTER,
TEL.: 912 616 941
10. DR ROLAND RIZET, WHO/AFRO, Staff physician
TEL.: 943 352 645
11. DR FERNANDO CASTILLO, UN Physician, Angola
TEL.: 935 177 444
(Dispensary available on the premises of the Conference Centre)

EVENTS AND SPECIAL SESSIONS

WEDNESDAY, 21ST NOVEMBER:

12:30 Roll Back Malaria Partnerships briefing lunch

19:00 Reception offered by WHO

THURSDAY, 22ND NOVEMBER:

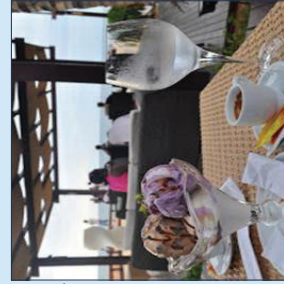
12:30 Global Fund Joint Africa Constituency

FRIDAY, 23RD NOVEMBER:

08:30 Panel Discussion - Traditional Medicine: practices, practitioners and products in the African Region

RESTAURANTS IN LUANDA

- IN TOWN (LHA DO CABO)
1. CHIMARRÃO
 2. RESTAURANT ESPRANADA GRILL
 3. RESTAURANT CARIBE
 4. MIAMI BEACH
 5. RESTAURANT LOOKAL
 6. RESTAURANT CAIS DE 4
- BELAS SHOPPING
1. CAJUEIRO
 2. MAMA MIA
 3. PANELA DE BARRO
 4. FRANGO NO CHURRASCO
 5. KFC
 6. SUSHI



PROVISIONAL PROGRAMME OF WORK, DAY 4:

Thursday, 22nd November 2012

08:30 - 09:30	Agenda Item 20	Implementation of the WHO Programme Budget 2012-2013 in the African Region (Document: AFR/RC62/16)
09:30 - 10:00	Tea break	
10:00 - 11:30	Agenda Item 21	Draft 12 th General Programme of Work (document: AFR-RC62-17)
11:30 - 13:00	Agenda Item 23	Proposed Programme budget 2014-2015 (Document: AFR/RC62/18)
13:00 - 14:30	Lunch break	
	Side Event	<i>Global Fund Joint Africa Constituency briefing - Organized by the Honorable Ministers of Health for Ghana and Cameroon</i>
14:30 - 15:30	Agenda Item 22	Establishment of the African Public Health Emergency Fund (APHEF) - Report of the Regional Director (Document: AFR/RC62/19)
15:30 - 16:00	Tea break	
16:00 - 17:00	Agenda Item 24	Information
	Agenda Item 24.1	Report on WHO staff in the African Region (Document: AFR/RC62/INFDOC/1)
	Agenda Item 24.2	Regional matters arising from reports of the WHO internal and external audits (Document: AFR/RC62/INFDOC/2)
17:00 - 17:30	Agenda Item 25	Draft agenda, dates and place of the Sixty-third session, and dates and place of the Sixty-fourth session of the Regional committee (Document: AFR/RC62/20)
17:30		End of day's session



JOURNAL

62nd SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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No. 03 : 21st November 2012

SALIENT POINTS OF THE WHO REGIONAL DIRECTOR'S REPORT

The WHO Regional Director for Africa, Dr. Luis Gomes Sambo, presented to the Regional Committee (RC) the report on the work of WHO in the African Region during the biennium 2010-2011.

Dr Sambo noted that the work of WHO in the African Region was guided by the 11th General Programme of Work, the Medium-Term Strategic Plan 2008-2013, the Country Cooperation Strategies and the WHO African Region Strategic Directions 2010-2015, whose milestones define a set of deliverable results for the Region.

The Regional Director reported that the Programme Budget 2010-2011 was implemented in a context of a heavy burden of communicable and noncommunicable diseases, with attendant high levels of maternal and infant mortality. In addition, the WHO Regional Office

and Country Offices, worked within the constraints of the current financial crisis that significantly reduced WHO's funding and capacity to respond to the needs of Member States. Notwithstanding this context, significant progress was made in the implementation of the WHO Programme Budget.

Dr. Sambo, reported that among the most significant achievements made during the biennium include:

The consolidation of the IHA partnership and facilitation of dialogue between ministries of finance and ministries of health for improved health sector funding;

- Strengthening of Integrated Disease Surveillance systems in countries; adoption of the Brazzaville Declaration on NCDs prevention and control;

(Cont'd on page 2)

THE WORK OF
WHO IN THE AFRICAN REGION
2010-2011

Biennial Report of the Regional Director



PROVISIONAL PROGRAMME OF WORK – DAY 3: Wednesday 21st November 2012

09:00 - 10:30	Agenda Item 16	Implementation of International Health Regulations (2005) in the WHO African Region (Document: AFR/RC62/12) - Subcommittee A
	Agenda Item 17	The African Health Observatory, opportunity for strengthening health information systems through national health observatories (Document: AFR/RC62/13) - Subcommittee B
10:30 - 11:00		Tea break
11:00 - 11:10	Agenda Item 6 (cont'd)	Report of the Subcommittee on Credentials
11:10 - 12:30	Agenda Item 18	Follow-up of the Report of the Consultative Expert Working Group on Research and Development : financing and coordination (Document: AFR/RC62/14)
12:30 - 14:00		Lunch break
	Side Event	<i>Roll Back Malaria Partnerships briefing - (for 9 countries: Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Gabon, Equatorial Guinea, Sao Tome & Principe)</i>
14:00 - 15:00	Agenda Item 18	Cont'd
15:00 - 15:30		Tea break
15:30 - 17:00	Agenda Item 19	Optimizing Global Health Initiatives to strengthen national health systems (Document: AFR/RC62/15)
17:00 - 17:15		Statement by the representative of Harmonization for Health in Africa (HHA)
17:15		End of day's session
19:00		Reception offered by WHO

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SALIENT POINTS OF THE REGIONAL DIRECTOR'S ANNUAL REPORT (cont'd)



Dr. Luis Gomes Samba,
WHO Regional Director for Africa

- Increase in access to HIV/AIDS treatment, HIV testing and ARV prophylaxis for PMTCT;
- Effective coordination of health response actions during emergencies;
- Enforced tobacco control legislation and action plan in an increasing number of countries;
- Endorsement of the Regional strategy for key determinants of health;
- The Luanda commitment for health and environment Strategic Alliance;
- Increased awareness of food safety and nutrition;

- Acceleration of the implementation of the Ouagadougou Declaration on Primary Health care and Health Systems in Africa.

However, several challenges and constraints still need to be urgently addressed such as:

How to mitigate the impact of a severe financial crisis that affects priority programmes in the African Region such as health systems; HIV/AIDS, tuberculosis and malaria; maternal, newborn and child health; health promotion and primary prevention including for noncommunicable diseases. Given that the most affected programmes are areas in which countries need increased technical cooperation, a major challenge was to maintain an effective and optimal level of response to country requests for technical support.

Despite their own efforts coupled with support provided by WHO and other partners, countries still experience inadequate immunization coverage, inadequate service coverage in other areas such as the prevention of HIV/AIDS, TB and malaria; maternal and child health; the control of NTDs; and the prevention and control of epidemics of communicable diseases.

The persistent weakness of health systems manifests in lack of sufficient human resources that have the required range of competencies; procurement and supply management systems that fail to ensure the availability of medicines, vaccines and diagnostic technologies; inadequate data collection and information systems that do not allow effective monitoring and projection of disease trends and evaluation of interventions and programmes; and ineffective accountability mechanisms. The effective engagement of communities in promoting their own health and influencing the quality of services delivered is also a challenge.

An additional constraint is the insecurity that prevails in parts of some countries. This has affected the optimal delivery of technical support.

Dr. Samba also highlighted the main lessons learnt during the 2010-2011 biennium as:

The burden of priority health problems can be reduced by scaling-up proven high impact interventions such as ART, DOTs LLNs and ACTs. Furthermore, the scaling up of DSR and IHR to the community level contributed to timely detection and effective response to outbreaks;

Cross-border collaboration between Member States in the area of epidemic preparedness and response, collaboration with partners, the pre-positioning of emergency kits and the establishment of rapid response teams in the field contributed to rapid containment and effective control of outbreaks and other disasters;

Continued collaboration with UN agencies and other partners through existing mechanisms such as UNDAFs at country level facilitated support to Member States. The Harmonization for Health in Africa partnership which serves as a useful platform for synergizing support to countries has been a worthwhile investment.

Working with Member States and partners including those in private organizations, have been very productive. This is exemplified by the Meningitis Vaccine Project (MVP), with joint effort in the development and widespread implementation of the conjugate meningitis A vaccine (MenAfriVac) has dramatically reduced the number of cases of meningococcal meningitis A in some countries of the meningitis belt.

INTERVIEW WITH HONOURABLE DR YATTA LUGOR, MINISTER OF HEALTH REPUBLIC OF SOUTH SUDAN

What are the current health challenges facing South Sudan?

We have a lot of health challenges in South Sudan having come from the century-long struggle for freedom. We have all kinds of neglected diseases, communicable and non-communicable diseases - all these kind of diseases are found in South Sudan.

Human resource for health is a commodity that we badly need. Our infrastructure that was destroyed during the war and we have just renovated a few of them. Most of them are not renovated and we need to build new ones because we have a huge country and accessibility to health is a big problem for our people.

Another challenge is education among our people that is still low. The literacy is about 28% that is, those who can read and write. You find that people believe only in traditional practices and many die of very simple diseases which shouldn't kill if them only they knew. These are some of the challenges that we face in South Sudan.

What are the main priority health interventions that your government plans to overcome the above challenges?

The main health interventions are training of human resources. We want to train as many doctors, nurses, midwives and technicians. We want to improve our infrastructure. Our President has requested that we build about 100 Primary Health Care centres. We are going to start soon with a loan from China.

We are encouraging our government to give us a good budget in order to tackle the health problems in our country. All along our budget has been about 2.4% of the national budget which is of course is too little yet the MDGs require that we should be given 15%. We are going to intensify health education especially on diseases that are killing our people most particularly malaria. Malaria kills about 50 people per week in South Sudan. In spite of the fact that we are treating with ACTs, diagnosing and distributing Insecticide Treated Mosquito Nets still, the mortality and morbidity due to malaria is very high.

Is the Republic of Southern Sudan participating in cross-border activities to deal with potential epidemics?

South Sudan is participating particularly on diseases that can easily cross the borders such as Ebola. Our people are taking measures to curb any entry of patients with Ebola. We have selected and trained people at the border so that they can see detect cases. For polio, South Sudan has been free for the last 3 years, and we think we are not going to have polio again.

The Republic of Southern Sudan requested to be reassigned from EMRO to AFRO. What support do you expect from the WHO Regional Office in Africa?

After our independence we were still part of North Sudan under the WHO EMRO Region. We thought we should now be reassigned to AFRO because that is where we belong. We expect AFRO to for instance, help us train some of our human resource so that we can adequately treat diseases. Already the IGAD countries have taken lead, they are sending us some professionals - doctors, nurses, midwives and this is what we expect from AFRO. Also we expect that AFRO can help us improve the infrastructure so that at least our people can find facilities nearby because our country is very vast.



Dr. Wata Leti Lugor,
Minister of Health South Sudan

EXCERPTS OF THE STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE



The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 9th to 13th July 2012 and in Luanda, Republic of Angola from 18th to 19th October 2012. The second meeting of the PSC deliberated on matters arising from the Sixty-fifth World Health Assembly and the Executive Board.

In his report, the Chairman of the PSC highlighted the following major issues. The Regional Strategy for Disaster Risk Management for the health sector that aims at contributing to human security and development through improving the health sector's management of disaster risks, the PSC reiterated the need to link disaster risk management with the African Public Health Emergency Fund.

Regarding the road map on human resources to achieve universal access to quality health care, the PSC suggested that more emphasis be put on the capacity to manage human resources in general and the production, retention and re-attraction of health workers in particular, including improving their working conditions.

On the Strategy for Health Promotion for the African Region, the PSC suggested that more emphasis be put on communication, social mobilization, the linkages between health promotion and the social determinants of health and primary health care, and the roles of households and communities in health care delivery.

Concerning the approaches to optimize Global Health initiatives to strengthen national health systems, the PSC underscored the need for Member States to increase domestic investments in health systems including achieving the Abuja target of allocating 15% of national budgets to health.

The PSC also reviewed a strategy for HIV/AIDS for the African Region and stressed the need for countries to continue mobilizing additional domestic and external resources and for full integration of HIV prevention, treatment and care interventions into the health systems.

In addition, the PSC reviewed the situation of health and human rights in the African Region and called for creation of awareness on and mainstreaming a human-rights approach into all health policies and programmes.

About the implementation of the International Health Regulations (2005) in the African Region, the PSC recommended intensification of capacity building efforts, and integration of actions related to IHR, Disaster Risk Management and Integrated Disease Surveillance and Response.

The PSC further reviewed the national and regional reports related to the Consultative Expert Working Group (CEWG) Report on financing and coordination of Research and Development and urged countries that had not conducted national consultations to do so and to participate in the "open-ended consultation" on research scheduled for November 2012.

Members of the PSC reviewed the implementation of the WHO Programme Budget 2012-2013 in the African Region, the main achievements and budget implementation levels; the draft 12th General Programme of Work and the proposed WHO Programme Budget 2014-2015. They noted with concern the slow rate of mobilization of the Voluntary Contributions component of the budget noting that this could have serious implications for WHO's ability to effectively address the health needs and priorities of Member States.

EXCERPTS OF THE STATEMENT OF THE PRESIDENT/GLOBAL DEVELOPMENT PROGRAMME, BILL & MELINDA GATES FOUNDATION

Dr Christopher Elias, began his intervention by thanking Dr Sambo, for the invitation to attend the Regional Committee for Africa meeting, and the Minister of Health for hosting the meeting in Angola.

He also acknowledged the work of the WHO Regional Office for Africa, and the Africa Region health ministers in promoting a better future for children.

In many countries on this continent, he said, health is rising, poverty is falling, and the economy is growing. Yet, today, the African region still shoulders a disproportionate burden of disease and many life-saving, life-enhancing advances are not yet being shared widely.

This is why Africa is a strategic focus of our work at the Gates Foundation. Our commitment runs deep. To date, we have invested over \$5.7 billion in the region. We are involved in a wide range of issues in Africa, from HIV/AIDS, TB, and malaria; to mother and child health to farming and financial services, to nutrition and sanitation.

The Gates Foundation is one of the largest contributors to the Global Alliance for Vaccine and Immunizations, to help ensure that systems are in place to deliver affordable vaccines in Africa. MienA is a great example of the opportunities to work and succeed together. Polio is another. But this is a critical moment in time—when your continued leadership and commitment is so important. We understand it is asking a lot when there are other health priorities such as malaria and HIV. But if we finish the job now—and we can—it will free up significant resources over the long term.

The long term success of polio eradication will depend on stronger routine immunization systems that are able to reach more children, on a consistent basis, with the vaccines they need.

At the Foundation, we recently took a fresh look at our role in strengthening immunization systems and realized that we all need to do more. Development partners and technical agencies need to work together—in a coordinated manner—to ensure that countries have the guidance and support they need as they build their systems.

Dr. Elias announced a new grant from the Gates Foundation—to the Immunization Team at WHO and the Africa Regional Office. This grant is designed to help strengthen systems in several ways:

- New tools to improve data collection, management, and analysis. With this new focus, we also need—as a community—to create a culture where it is OK to report coverage rates lower than previously expected.

- Second, supply chain and logistics. Our support will facilitate the development of a "virtual hub" to gather and share knowledge about best practices and optimal system design.

- Third, internal training for WHO staff and immunization program managers. This will be a dynamic on-line program that incorporates mentorship, peer-to-peer learning, and collaborative on-line discussion.

- And finally, we are supporting new positions in WHO to provide more sustainable systems.

The last 15 years have shown that African countries—even those without oil and mineral wealth, or favorable land and climate—can improve health, cut poverty, and grow their economies. We look forward to working closely with each of you as you advance your health priorities.



President of the Global Development Programme
from Bill & Melinda Gates Foundation
Dr. Christopher Elias