

Issued in English, French, Portuguese and Spanish

N° 3

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1 September 2010

**PROVISIONAL PROGRAMME OF WORK DAY 3:
Wednesday, 1 September 2010**

09:00 - 10:45	Item 7.4	Cancer of the cervix in the African Region: Current situation and way forward (Document AFR/RC60/6)
	Item 7.5	Health Systems Strengthening: Improving District health service delivery, and community ownership and participation (Document AFR/RC60/7)
10:45 - 11:15	<i>Tea break</i>	
11:15 - 12:45	Item 7.6	Sickle cell disease: A strategy for the WHO African Region (Document AFR/RC60/8)
	Item 7.7	Multidrug-resistant and extensively drug-resistant TB in the African Region: Situation analysis, issues and the way forward (Document AFR/RC60/10)
12:45 - 14:00	<i>Lunch break</i>	
14:00 - 15:00	Item 7.9	The global financial crisis: Implications for the health sector in the African Region (Document AFR/RC60/12)
15:00 - 15:45	Item 7.10	Recurring epidemics in the WHO African Region: Situation analysis, preparedness and response (Document AFR/RC60/9)
15:45 - 16:15	<i>Tea break</i>	
16:15 - 17:15	Item 7.11	Emergency preparedness and response in the African Region: Current situation and the way forward (Document AFR/RC60/11)
17:15 - 19:00	Item 7.12	Framework document for the African Public Health Emergency Fund (Document AFR/RC60/13)
19:00	End of session	

DR LUIS SAMBO HONORED BY THE ROTARY INTERNATIONAL


(From left to right: Dr Sambo, Mr. Bieleu, Prof. Iloki, Dr Rizet)

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Dr Luis Sambo receives Rotary International Award	4

SALIENT POINTS OF THE REGIONAL DIRECTOR'S REPORT

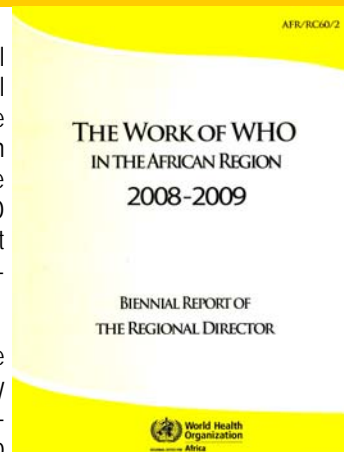
Dr Luis Gomes Sambo, Regional Director, presented to the Regional Committee (RC) the report of the work of WHO in the African Region during the 2008-2009 biennium, the first of implementation of the WHO Medium Term Strategic Plan, that sets out the WHO strategic directions for the period 2008-2013.

The Regional Director informed the Committee that WHO strenuously worked with governments of Member States of the African Region to strengthen their focus on health issues and their commitment to financing the health sector. WHO leadership in the health sector has been strengthened at country level, and its governance has been improved with the consolidation of its decentralization policy and the engagement and expansion of strategic partnerships for health in light of the principles of Paris Declaration.

Dr. Sambo reported that during the biennium the health status of people in the Region continued to be a matter of concern. Most countries did not make sufficient progress towards achieving health MDG targets. The Region continued to bear a high burden of communicable and non-communicable diseases. Some Member States experienced outbreaks of diseases. The capacity of WHO to assist Member States to prepare for and respond to emergencies was strengthened, with significant improvements in the timeliness and quality of response. Implementation of measles control strategies in the African Region led to 92% reduction of estimated measles deaths by the end of 2008. However, some countries faced constraints in sustaining the performance of immunization services.

HIV/AIDS, tuberculosis and malaria remained major public health problems during the biennium. Normative tools were developed to support countries in scaling up HIV/AIDS and malaria control interventions and in applying the Stop TB strategy. Access to HIV/AIDS prevention, treatment and care improved and at least five countries reached the Universal Access target for prevention of mother-to-child transmission. The coverage of prevention of mother-to-child transmission (PMTCT) services increased to 45%. Support was provided to countries to access TB medicines through the Global Drug Facility.

Noncommunicable diseases continued to be a growing public health problem. The 2009 Nairobi Call to Action for closing the implementation gap in health promotion and the 2009 Mauritius Call for Action for control of diabetes, cardiovascular diseases and other noncommunicable diseases provided opportunities to address the increasing burden of noncommunicable diseases in the Region.



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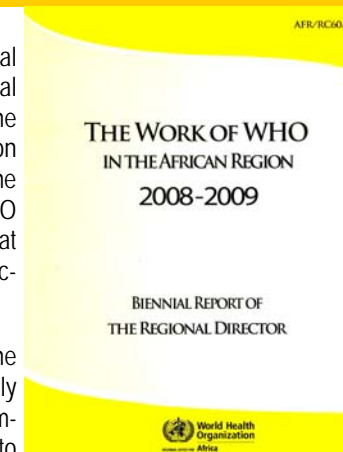
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SALIENT POINTS OF THE REGIONAL DIRECTOR'S ANNUAL REPORT (cont'd)



The Regional Director also reported that the African Region still has the highest maternal, neonatal and under-five mortalities, estimated respectively at 900 deaths per 100 000 live births, 45 deaths per 1000 live births and 145 deaths per 1000 live births. The launch by the African Union Commission of the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA), the adoption by the RC Resolution on Women's health in the WHO African Region were some of the actions to address the worrying situation of maternal health.

Dr. Sambo informed that the weakness of national health systems in the Region remained a matter of concern during the biennium. Member States continued to grapple with challenges related to inadequate financial and human resources and limited access to quality essential medical products and technologies including essential medicines, clinical laboratory services and diagnostic imaging services. The shortage of the health workforce continued to be most acute in the Region, with the majority of countries facing critical human resources for health.

The First Interministerial Conference on Health and Environment adopted the Libreville Declaration on Health and Environment in Africa committing governments to implementing 11 priority actions including the establishment of a health and environment strategic alliance in order to address health and environment challenges in Africa.

Partnerships were fostered with bilateral and multilateral bodies. This has resulted in ensuring WHO leadership in health matters with focus on country level, taking into account Aid Effectiveness in the context of the Paris Declaration. Focus is now placed on supporting the roll out and implementation of UNDAF.

Dr. Sambo highlighted that among the key lessons learnt included: progress in delivering on global and regional commitments requires accelerated and scaled-up actions by Member States; country ownership, good governance and multisectoral collaboration are required for effective planning and delivery of interventions and services; financial resources, team work and well-trained and motivated health care workers facilitate implementation; the changing global landscape requires that WHO focus on its core functions and forge strategic partnerships; WHO continuing dependence on voluntary contributions from donors needs to be addressed by identifying sustainable and predictable financial sources; and the presence of competent technical staff in WHO is critical for continuing WHO leadership.

Among the priority areas that would require WHO urgent action the Regional Director underscored the need of provision of normative and policy guidance as well as strengthening partnerships and harmonization; supporting the strengthening of health systems based on the primary health care approach; putting the health of mothers and children first; accelerated actions on HIV/AIDS, malaria and tuberculosis; intensifying the prevention and control of communicable and noncommunicable diseases; accelerating response to the determinants of health.

EXCERPTS FROM THE INTERVENTION OF THE GUEST SPEAKER



Dr Meskerem Grunitzky-Bekele, UNAIDS Director, Inter-country Team WCARO

It is a great honour for me to represent the UNAIDS Executive Director, Mr Michel Sidibe, here at the sixtieth session of the WHO Regional Committee for Africa. He has requested me to convey his sincere and warm greetings and congratulations to the Government of Equatorial Guinea for organizing this big meeting.

Tangible progress been made in Africa in the strengthening of health systems and services. However, the combined effect of poverty and low investment in health has resulted in an overwhelming burden of diseases such as HIV/AIDS, malaria and tuberculosis as well as high maternal and infant mortality and other noncommunicable diseases. That is why several initiatives for health system strengthening (HSS) have started in recent years. In addition, the current financial and economic crisis requires that we better coordinate our efforts through rational use of available resources and avoid fragmentation and duplication.

Against this background, after the High Level Forum and the meeting in Tunis in June 2006, a regional mechanism known as Harmonization for Health in Africa (HHA) was established jointly by the African Development Bank, UNAIDS, UNFPA, UNICEF, WHO and the World Bank. The mechanism aims to facilitate and support: (i) evidence-based national planning, budgeting for better health outcomes; (ii) alignment and harmonization with country processes and priorities; and (iii) removal of barriers to health system strengthening.

The HHA Initiative is in keeping with the Paris Declaration on Aid Effectiveness and the Accra agenda for action.

Given the success of the coordination of technical resources and support to countries and regional entities among partners of the HHA Initiative, many other partners such as the Global Fund, the Global Health Workforce Alliance, USAID and others (Tunis, 2009), have expressed their will to join the membership of the HHA Initiative.

The effectiveness and sustainability of response to HIV/AIDS depend, to a large extent, on the success of efforts at health system strengthening and at development in general. Similarly, investment in HIV is an entry point to health system strengthening and the attainment of universal access and MDGs.

The HHA Initiative is a unique and innovative mechanism for effective and coordinated support to countries, and deserves to be strengthened and sustained. Its leadership and ownership by countries and sustained commitment of partners to adhere to the mechanism are crucial to its success.

Last but not least, permit me to commend the WHO Regional Office for Africa which coordinates this partnership through its Regional Director, Dr Luis Gomes Sambo, for his personal commitment, the Secretariat team for the effectiveness of its work and all HHA members for their commitment and determination to make this mechanism the pillar of their joint actions in Africa.

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



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INTERVIEW WITH THE MINISTER OF HEALTH OF ETHIOPIA

How does community participation help in the development of the health system of your country?

First of all we have to see what is the reality on the ground, what are the health problems in our country, especially in the rural and slum areas. Most of the diseases, 60% to 80% of them are related to communicable diseases that can be easily preventable or even treated. But lack of awareness is the major challenge and behavioural change the major concern.

We have an institutionalised community health service program. It is staffed by female workers trained for a year after high school graduation. They receive health promotion information, so that the family in general and mother and kids in particular are given attention at these services. Thereafter, the communities and the household use the communities conversations sessions as a platform to identify problems and put forward solutions. Sometimes, they are even involved in the construction of health posts at which extension workers provide services. Without having community participation, there is no way to achieve any health programme. Take immunization for example. You can provide supplies but if you don't provide awareness in the community and if the population don't believe that it is helpful, how can they come to the health posts and get their kids vaccinated? So, community participation is the centre piece to improve the health status of the population and strengthening health services.

What challenges stand in the way of universal access to primary health care in Africa?

If you talk about primary health care services, access to communities can be thought due to the long distance to the health facilities, aggravated by situations when these facilities are not well staffed or equipped. However, these facilities need commitment and support from the government and development partners. There is also need alignment of the donor's community to support infrastructure such as constructions. If you don't have adequate infrastructures in place, it is not possible to have these programs or services operational. The donor 's community need to support African countries in financing the construction or health facilities, particularly at the primary health care, so that communities can better access health services. Of course one of the most important challenges id funding.



*Dr Kebede WOKRU,
State Minister of Health of Ethiopia*

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WHO AWARDS CEREMONY

Every year, during a special ceremony, the WHO Regional Office for Africa recognizes outstanding contributions made by staff members and teams to the work of the Organization in the Region throughout the previous year.

This year, nine awards have been granted to staff members and teams in the WHO African Region, i.e. five Outstanding Staff Awards, two Outstanding Manager Awards and two Outstanding Team Awards.

On 30th August 2010, four of the recipients were present at the CEMAC Parliament Palace to receive their awards from Dr Margaret Chan, the Director-General of the World Health Organization, the other five awards will be given to the recipients on another occasion, in due course.



From left to right: Dr. Luis Sambo, Dr. Louazani, Mr. F. P. Obama Asue, Dr. Chan, Mrs. Koko, Dr. Walker, Mr. Mouhouelo

The recipients were :

- **Mrs Samen Rose Koko**, WHO Representative's Assistant in the WHO Country Office in Bangui, Central African Republic, Outstanding Staff Award
- **Mr Pascal Mouhouelo**, Librarian, Library, in the WHO Regional Office for Africa, Brazzaville, Republic of Congo, Outstanding Staff Award
- **Dr Sidi Allel Louazani**, Regional Advisor for the Surveillance of Risks Factors, at the WHO Regional Office for Africa, Brazzaville, Republic of Congo, Outstanding Manager Award
- **Dr Oladapo Walker**, Coordinator of the Inter-country Support team in Harare, Zimbabwe, Outstanding Team Award on behalf of the Cholera Command and Control centre in the WHO Country Office in Harare.

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DR LUIS SAMBO RECEIVES ROTARY INTERNATIONAL AWARD

The Paul Harris Fellow Award, the highest in Rotary, was presented to Dr Luis Gomes Sambo, on Tuesday, 31 August 2010, by Mr Jean Richard Bieleu, delegated by Rotary International as Observer at the sixtieth session of the WHO Regional Committee Africa, in his capacity as member of the PolioPlus Committee for Africa.



The award is the Regional Director's ultimate reward for his work in partnership for poliomyelitis control in Africa.

RC60: GUIDE AND IMPORTANT CONTACTS

CONTACT NUMBERS OF UN-APPROVED PHYSICIANS

- Dr Roland Rizet, WHO Regional Staff physician, Tel.: 551 139 335 (*medical office on the premises of the conference centre*)
- Dr Manuel Nguema Ntutumu, tel.: 222 278 701
- Dr Pascual Ndjomo Mbo, tel.: 222 502 809
- Dr Santiago Monte Nguba, tel. : 222 288 989

WHO CONTACT PERSONS

- Dr Gaye Abou Beckr, Representative, tel.: 222 216 854
- Mrs. Rebecca Gil, Administrative Officer, tel.: 222 785 741
- Mr. Santime Kabeya, Administrative Officer, tel.: 222 658 631
- Mr. Pierre Lessimi, Administrative Services Officer, tel.: 222 653 304
- Mrs. Eniko Toth, Conference and Protocol Officer, tel.: 222 658 377
- Mr. C. Boakye, Communications Officer, tel.:551 139 546
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- Ms Alexandra Lebas, Travel Officer, tel.: 551 139 312
- Mrs Marie-Paule Kaboré, Exhibition, Tel.: 222 658 608
- Dr Rui Gama Vaz, Journal Coordinator, Tel.: 551 113 94 56

EVENTS AND SPECIAL SESSIONS

Thursday, 2 September:

- GAVI special session: "Update on new and revised GAVI policy development"

Friday, 3 September:

- Panel discussion: Universal access to Emergency Obstetric and Newborn Care

RESTAURANTS

- Candy (+240 333) 09 34 50
- Hôtel Sofitel (+240 333) 09 00 61 / 222 62 30 90
- Hôtel Tropicana (+240 222) 27 25 70 / 222 27 43 73
- Hôtel Paraiso (+240 333) 09 88 04
- Da Luna (+240 222) 25 44 73

PROVISIONAL PROGRAMME OF WORK, DAY 4: THURSDAY, 2 SEPTEMBER 2010

09:00–09:30	Item 8	Information
	Item 8.1	WHO internal and external audit reports: Progress report for the African Region (Document AFR/RC60/INF.DOC/1)
	Item 8.2	Report on WHO staff in the African Region (Document AFR/RC60/INF.DOC/2)
09:30–10:00	Item 9	Report of the Regional Task force on the prevention and control of substandard/spurious/false-labelled/falsified/counterfeit medical products in the WHO African Region (Document AFR/RC60/16)
10:00–10:30	Tea break	
10:30–11:30	Item 9 (cont.)	Report of the Regional Task force on the prevention and control of substandard/spurious/false-labelled/falsified/counterfeit medical products in the WHO African Region (Document AFR/RC60/16)
11:30–12:30	Item 10	WHO Programme Budget 2012-2013 (Document AFR/RC60/17)
12.30 a.m. - 14.00 a.m.	Lunch break	
14:00–14:30	Item 10 (cont.)	WHO Programme Budget 2012-2013 (Document AFR/RC60/17)
14:30–16:00	Item 11	The future of financing for WHO (Document AFR/RC60/18)
16:00–16:30	Tea break	
16:30–17:30	Item 13	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC60/19)
	Item 14	Dates and places of the sixty-first and sixty-second sessions of the Regional Committee (Document AFR/RC60/20)
5:30 pm	End of session	

RC60 EXHIBITION

The stands of the exhibition, located on ground –2, near the tea-break venue, will be open throughout the duration of the meeting.

The following items will be on display: publications, other medical literature, posters etc. from WHO headquarters, regional and country levels.

The Association of the Traditional Health Practitioners of Equatorial Guinea will be holding a Traditional Medicine Exhibition during RC60.



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	Item 8.1	WHO internal and external audit reports: Progress report for the African Region (Document AFR/RC60/INF.DOC/1)
	Item 8.2	Report on WHO staff in the African Region (Document AFR/RC60/INF.DOC/2)
09:30–10:00	Item 9	Report of the Regional Task force on the prevention and control of substandard/spurious/false-labelled/falsified/counterfeit medical products in the WHO African Region (Document AFR/RC60/16)
10:00–10:30	Tea break	
10:30–11:30	Item 9 (cont.)	Report of the Regional Task force on the prevention and control of substandard/spurious/false-labelled/falsified/counterfeit medical products in the WHO African Region (Document AFR/RC60/16)
11:30–12:30	Item 10	WHO Programme Budget 2012-2013 (Document AFR/RC60/17)
12.30 a.m. - 14.00 a.m.	Lunch break	
14:00–14:30	Item 10 (cont.)	WHO Programme Budget 2012-2013 (Document AFR/RC60/17)
14:30–16:00	Item 11	The future of financing for WHO (Document AFR/RC60/18)
16:00–16:30	Tea break	
16:30–17:30	Item 13	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC60/19)
	Item 14	Dates and places of the sixty-first and sixty-second sessions of the Regional Committee (Document AFR/RC60/20)
5:30 pm	End of session	

RC60 EXHIBITION

The stands of the exhibition, located on ground –2, near the tea-break venue, will be open throughout the duration of the meeting.

The following items will be on display: publications, other medical literature, posters etc. from WHO headquarters, regional and country levels.

The Association of the Traditional Health Practitioners of Equatorial Guinea will be holding a Traditional Medicine Exhibition during RC60.

