

Issued in English, French and Portuguese

N°3 Available on the Internet: <http://www.afro.who.int> 31<sup>ST</sup> August 2011

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



Dr Luis Gomes Sambo  
WHO Regional Director for Africa

Some prevailing challenges that need addressing in the African Region highlighted in the Report include:

- How to ensure adequate coverage of essential interventions and services to achieve regional and global health goals?
- Maintaining adequate human resources with the required range of competencies;
- Establishment of procurement and supply management systems that ensure the timely availability of medicines,

vaccines and diagnostic technologies;

- Strengthening health information systems for improved disease surveillance, to enable more timely projection of disease trends and evaluation of interventions and programmes;
- Reinforcing accountability mechanisms that involve civil society.

As the number and range of health actors expand, there is a need for improved integration, coordination and alignment to national priorities. The multiplicity of health initiatives and health actors in the regional health development arena calls for a stronger brokerage role by WHO.

Additionally, the global financial crisis has adversely affected the magnitude of voluntary contributions to WHO in the African Region. This has exacerbated the existing earmarking of income and ability to maintain WHO's priority programmes, such as control of HIV/AIDS, TB and malaria, as well as maternal and child health.

Dr. Sambo highlighted the main lessons learnt during 2010 as:

- Increased demand for WHO technical support to Member States; resource mobilization will be critical to meet this increasing demand;
- Strengthened collaboration with partners, including Regional Economic Communities, facilitated implementation of planned activities to achieve planned results within the prevailing global financial situation. It is vital to work effectively with other UN agencies and optimize the capacity to support countries within the UNDAF at country level, leveraging the resources allocated for joint UN work;
- Country Cooperation Strategies are instrumental to harmonize and align WHO and other development partners' contribution to national health policies and plans. Focusing the limited available resources on activities that have the greatest impact towards planned expected results will also be an important adjustment to the situation.

Among the priorities that would require WHO intervention the Regional Director underscored the need to continue to provide support to countries in the following:

- To accelerate progress towards the MDGs focusing on the implementation of World Health Assembly and Regional Committee Resolutions as well as the Strategic Directions adopted in 2010, namely:
- Provision of normative and policy guidance as well as strengthening partnerships and harmonization;
- Support 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 NCDs and accelerating response to the determinants of health.

**SALIENT POINTS OF THE REGIONAL DIRECTOR'S REPORT**

Dr Luis Gomes Sambo, Regional Director (RD), presented to the Regional Committee (RC) the report on the work of WHO in the African Region in 2010.

The RD noted that despite the global financial crisis and its significant impact on the socio-economic and health situation at country and international levels, many countries and donors made efforts to maintain their commitments to funding health.

Health systems in some countries showed significant improvement, despite gaps in leadership and governance, insufficient funding and an inadequate health workforce, remaining major bottlenecks. The weaknesses of national health systems ultimately limits the capacity to ensure universal coverage of essential health interventions and services, including the ability to effectively respond to disasters and disease outbreaks.

Dr. Sambo reported that the African Region continues to battle a high burden of communicable diseases, even with reductions in new cases of malaria and HIV reported in some countries. Millions of people were affected by epidemic-prone diseases, in addition to the increase in non-communicable diseases (NCDs) and conditions, including violence and injuries.

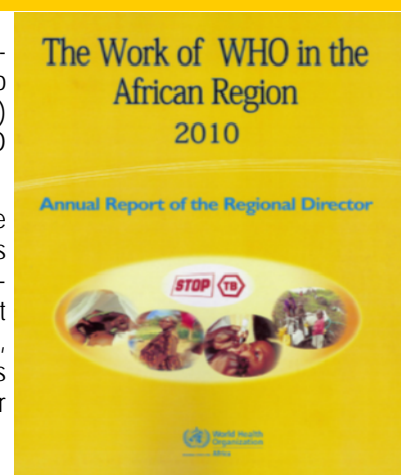
More positively, the increased momentum towards addressing the disproportionately high burden of neglected tropical diseases (NTDs) in the Region became apparent in 2010.

The region is also characterized by high maternal and child mortality ratios. Recent estimates indicate that most countries in the Region are not on track to achieve the Millennium Development Goals (MDG) 4 and 5. The average maternal mortality ratio in the African Region is 620 per 100000 live births.

Notwithstanding these challenges, the report on the work of WHO in the African Region in 2010 demonstrates the remarkable achievements made in 2010 by each of WHO's 13 strategic objectives.

The Regional Director informed the RC that WHO provided guidance and worked to maintain quality technical support to countries in the following areas:

- Strengthening and expanding partnerships for health;
- Promoting scaling up of essential health interventions;
- Identifying and addressing gaps in national policies,
- Strategic and regulatory frameworks;
- Strengthening surveillance, monitoring and evaluation.



PROVISIONAL PROGRAMME OF WORK DAY 3: Wednesday, 31 <sup>st</sup> August 2011		
08:30-10:30	<b>Item 9</b>	Framework document for the African Public Health Emergency Fund (Document AFR/RC61/4)
10:30-11:00 Tea break		
11:00-13:00	<b>Item 10</b>	WHO Reform for a Healthy future (AFR/RC61/5):
<ul style="list-style-type: none"> <li>10.1 Concept paper on the Governance of WHO (AFR/RC61/CP/1)</li> <li>10.2 Concept paper on an independent evaluation of WHO (AFR/RC61/CP/2)</li> <li>10.3 Concept paper on the World Health Forum WHO (AFR/RC61/CP/3)</li> </ul>		
13:00-13:10	<b>Item 5</b>	Report of the Subcommittee on Credentials
13:10-14:30 Lunch break		
14:30-15:00	<b>Side event</b>	Launch of the African Federation of Public Health Associations
15:00-16:00	<b>Item 11</b>	Implementation of the WHO Programme Budget 2010-2011 in the African Region (Document AFR/RC61/6)
16:00-17:00	<b>Item 12</b>	WHO Programme Budget 2012-2013: Orientations for implementing in the African Region (Document AFR/RC61/7)
17:00-17:30 Tea break		
17:30-19:00	<b>Side event</b>	Consultative meeting of Ministers of Health with GAVI Secretariat: Sustainability of Vaccination Programmes
19:00 End of day session		



CONTENTS	Page
Salient points of the WHO Regional Director's Report	2
Summary of the panel discussion on health financing	2
Message of the WHO Regional Director on the 9th African Traditional Medicine Day	3
Excerpts from interview with the Minister of Health of Benin	3
RC61: Guide and important contacts and provisional programme - day 4	4

**SUMMARY OF THE PANEL DISCUSSION ON HEALTH FINANCING**



A panel discussion on health financing was held on 30th August to: (a) share country experiences in securing sufficient funding for strengthening health systems and increasing access to quality health care towards achieving the MDGs; (b) share and disseminate the HHA report on "Investing in Health for Africa: the case for strengthening systems for better health outcomes"; (c) discuss the main funding strategies and options for increasing fiscal space to strengthen national health systems in the African Region; (d) propose ways of raising additional funds for the health sector and improving the efficiency of utilization of both domestic and external resources; and (e) make recommendations for improving health financing.

The Chairman of the panel discussion was Mr Modou Fada, Minister of Health of Senegal and the Co-Chairs were Dr Gianfranco Rotigliano, Regional Director of UNICEF WCARO and Mr Makinwa, Africa Regional Director of UNFPA. Three technical presentations were made titled: "Current financial challenges to meeting the MDGs in the Region", "Investing in Health for Africa: the case for strengthening systems for better health outcomes" and "Fiscal space, Efficiency and Quality of Service" by WHO, the African Development Bank and the World Bank respectively.

Participants acknowledged the need to improve the use of health resources with more consideration for efficiency and equity. Mismanagement as well as wastage and inefficient use of resources continue to be a matter of concern. This is also often due to poor accountability and transparency both to external partners and in-country tax payers.

Government ability to adequately address health needs and priorities is often constrained by multiple priorities at both national and international level and multiplicity/mushrooming of international commitments and initiatives. Countries noted that achieving universal coverage requires additional funding, necessitating expansion of the fiscal space with due consideration to macroeconomic stability. It was also recognized that increasing funding alone will not necessarily improve health outcomes unless proper oversight management systems and improved accountability and efficiencies gains are introduced. It will also require, among others, adequately trained and motivated health workforce to provide quality health care services, infrastructure to improve geographical access, regulating the private sector, ensuring that funds reach district levels in a timely manner; elimination of financial barriers; and addressing the health needs of the large pool of informal sector employees.

Member States acknowledged that they still have poor capacity to collect local taxes and revenue and a limited tax base. Member States further recognized the untapped potential of the private sector and the need to engage on Public Private Partnerships for health financing and service delivery.

Recommendations were made and will be included in the RC61 Report. The Regional Committee adopted with amendments document AFR/RC61/PD/1: Health Financing: Sharing experiences in securing funding to achieve national health development goals.

EXCERPTS OF THE MESSAGE OF THE WHO REGIONAL DIRECTOR FOR AFRICA,  
ON THE OCCASION OF THE NINETY AFRICAN TRADITIONAL MEDICINE DAY - 31<sup>ST</sup> AUGUST 2011

Today, 31 August 2011, we commemorate the Ninth African Traditional Medicine Day under the theme “*Conservation of medicinal plants: Africa's Heritage*”. Between 25-50% of modern medicines are derived from plants. The World Health Organization estimates that nearly 80% of the population in developing countries depends on traditional medicine for their primary health care needs.

The theme for this year's African Traditional Medicine Day celebration underscores the World Health Assembly Resolution on medicinal plants; the Regional Strategy on Traditional Medicine; the Plan of Action on the Organization of African Unity Decade (2001–2010) for African Traditional Medicine; and the United Nations Convention on Biological Diversity. The adoption and ratification of these policy frameworks by countries of the Region has placed the conservation and rational and sustainable use of medicinal plants in the arena of public health.

Despite progress in many aspects of traditional medicine, countries are confronted with challenges such as the depletion of uncommon medicinal plants due to environmental degradation, deforestation, uncontrolled burning, livestock grazing, poor agricultural practices and timber logging. Furthermore, many countries in the Region lack the necessary legislation for sustainable conservation of medicinal plants and mechanisms for the protection of endangered medicinal plant species.

Mitigating these challenges and consolidating the gains so far requires the formulation and implementation of comprehensive national policies for conservation of medicinal plants. We recommend the cultivation of medicinal plants including development of botanical gardens; establishment of comprehensive databases on existing medicinal plants; and protection of endangered species of medicinal plants.

The private sector needs to be encouraged to invest in traditional medicine research and training as well as the cultivation and conservation of medicinal plants. I call upon academic and research institutions to compile medicinal plants inventories; conduct relevant research to generate scientific evidence on the safety, efficacy and quality of medicinal plants; and build capacity of human resources in this field. I also encourage the compilation of scientific information on medicinal plant species, focusing on scarce medicinal plants in Africa.

Let me also take the opportunity of the commemoration of the Ninth African Traditional Medicine Day, to urge our partners to continue to support the work of countries in designing and implementing their national programmes, policies and plans on the conservation of medicinal plants.

Saving the African Region's medicinal plant resources needs an effective, sustainable and coordinated conservation strategy. The stakes are high; we have to do all we can to conserve medicinal plants, our African heritage.



RC61 TRADITIONAL MEDICINE EXHIBITION



HOTELS CONTACTS

- Hotel Président de Yamoussoukro - Tel.: (255) 30 64 64 64
- Hotel des Parlementaires - Tel.: (255) 30 64 68 10

CONTACT NUMBERS OF UN-APPROVED PHYSICIANS

- Dr Roland Rizet, WHO Regional Staff Physician, tel.: 58 40 28 38  
(Dispensary available on the premises of the Conference Centre)
- Dr Sissoko, tel.: 07 07 53 53C
- Dr Ange N'Goran, tel.: 07 43 12 42 / 02 03 79 29
- Dr Aka N'Guetta, tel.: 09 46 47 47 / 01 40 39 90
- Dr Arnaud Abbey, tel.: 05 46 71 46 / 40 43 85 190

WHO SECRETARIAT CONTACTS

- Dr Mamadou Ball, Representative, tel.: 09 834 047
- Mr Djimtoloum, Administrator, tel.: 46 964 535/ 02 238 8132
- Mrs Eniko Toth, Conference and Protocol Officer, tel.: 44 054 230
- Mr C. Boakye, Communications Officer, tel.: 48 439 346
- Mr S. Ajibola, Press Officer, tel.: 09 301 251
- Mr Abdoulaye Doumbia, Security Officer, tel.: 44 092 488
- Mrs M.Paule Rutabuzwa, Travel Officer, tel.: 48 500 406
- Mr Pascal Mouhouelo, Exhibition, tel.: 242 06 68 63 710
- Dr Rui Gama Vaz, Journal Coordinator, tel.: 46 756 523

EVENTS AND SPECIAL SESSIONS

Wednesday 31<sup>st</sup> August:

- Exhibition on the occasion of the African Traditional Medicine Day - Main Hall, all day
- Launch of the African Federation of Public Health Associations.
- Consultative meeting of Ministers of Health with GAVI Secretariat: Sustainability of Vaccination Programmes.
- Exhibition on the occasion of the Traditional Medicine Day.

SOCIAL EVENTS

Thursday, 1st September :

- 20h00: Gala dinner at Hotel President, Poolside.

Friday, 2nd September:

- 13H30: City Tour
- 19H00: Religious Concert at the Basilique Notre Dame de la Paix.

PROVISIONAL PROGRAMME OF WORK, DAY 4:  
THURSDAY, 1 SEPTEMBER 2011

09:00-10:30	<b>Item 13</b>	Measles elimination by 2020: A strategy for the African Region (Document AFR/RC61/8)
10:30 - 11:00		Tea break
11:00 - 12:30	<b>Item 14</b>	Monitoring the implementation of the health Millennium Development Goals (Document AFR/RC61/9)
12:30 - 14:00		Lunch break
14:00-15:30	<b>Item 15</b>	Framework for public health adaptation to climate change in the African Region (Document AFR/RC61/10)
15:30-16:30	<b>Item 16</b>	Progress report on poliomyelitis in the African Region. (Document AFR/RC61/11)
16:30- 16:45		Tea break
16:45 - 17:30	<b>Item 17</b>	<b>Progress reports</b>
	<b>Item 17.1</b>	Progress report on the Road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn mortality in Africa. (Document AFR/RC61/PR/1)
	<b>Item 17.2</b>	Progress report on decade of Traditional medicine in the African Region (Document AFR/RC61/PR/2)
	<b>Item 17.3</b>	Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria. (Document AFR/RC61/PR/3)
	<b>Item 17.4</b>	Progress report on the Implementation of the Regional Health Promotion Strategy (Document AFR/RC61/PR/4)
17:30-18:30	<b>Item 18</b>	<b>Information</b>
	<b>Item 18.1</b>	Report of WHO staff in the African Region (Document AFR/RC61/INF.DOC/1)
	<b>Item 18.2</b>	WHO internal and external audit reports (Document AFR/RC61/INF.DOC/2)
	<b>Item 19</b>	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC61/12)
	<b>Item 20</b>	Information on the date and place of the Sixty-second session of the Regional Committee and deliberations on the date and place of its Sixty-third session. (Document AFR/RC61/13)
18:30		End of day session

EXCERPTS OF THE INTERVIEW WITH THE MINISTER FOR HEALTH FROM BENIN

*Honourable Minister, what should be done to promote traditional medicine in the African Region?*

Last week was marked by a traditional medicine fair in my country, which brought together, on this important occasion, all the traditional healers recognized by the Ministry of Health. These are healers who accepted the scientific support of the Ministry of Health and with whom we started adopting a Cartesian approach, i.e. those who followed our advice and agreed to have their products tested in order to determine their safety. In other words, it is important to ensure that these medicines are not harmful to consumers. It is also important that we support them in this approach so that the medicines they propose can be added to the range of medicines approved for the market.

*How is traditional medicine integrated into your country's health system?*

We have at the Ministry of Health a special programme in charge of promoting pharmacopoeia. First of all, the programme prepares a Directory of traditional healers operating in the country. They are classified in the Directory according to diseases. It then makes a collection of plants, and establishes a botanical garden where these plants can be obtained. Finally, it trains traditional healers in the diagnostic and treatment approach. We have a directory of traditional healers who treat AIDS, malaria and tuberculosis. I would also like to insist on biological diagnosis because, most often, our traditional healers only treat the symptoms; they do not adopt the virus approach, as they are ignorant of the cause and effect relationship. When they observe an improvement in the clinical signs, they conclude that they have cured the disease, which is not the case at all. It is really necessary to assist them by teaching them the notions of biological approach. We have already started doing that. Initially, there was some resistance, but now most of them have come together to form a federation and are beginning to understand.

*What kind of research is Benin conducting on traditional medicine?*

Actually, something is being done in this area. We have already tested several products for malaria and have observed, through biology, a decline in parasite density; there has even been a total complete cleaning of parasite density, depending on the products. In this regard, I would like to say that our traditional healers have problems with medicine doses; hence, the importance of supporting them with the dosage, as well as concentration of their products. The reason is that there are aqueous extracts that are not adequately concentrated. We can, therefore, propose to them other types of concentration of their products so that they can be advisedly used by our people.



Prof. Kinde Gazard Dorothée Akoko  
Minister of Health, Benin



Traditional leaders from Yamoussoukro at the opening ceremony - RC61