SOUVENIRS PHOTOS - RC61

Group Photo at the opening ceremony

Members of WHO / AFRO Support Team

The Journal team

The Report Writing Team

Awards to WHO Staff

Secretaries' pool

Translators

Hostesses

60th SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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PROVISIONAL PROGRAMME OF DAY 5: Friday, 2 September 2011		
10:00-11:00	Agenda item 20	Adoption of the report of the Regional Committee (Document AFR/61/14)
11:00–11:30	Agenda item 21	Closure of the Sixty-first session of the Regional Committee.

Date and place of the sixty-second session of the WHO Regional Committee for Africa:

Luanda (Angola) - 2012

City of Luanda

CONTENTS

Consultative Meeting of Ministers of Health of the African Region with the GFATM

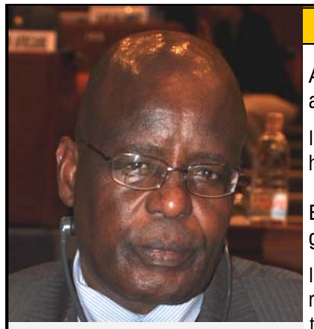
A panel discussion was held on 30 August 2011 to identify ways to maximize access to and utilization of resources provided through the Global Fund for AIDS, TB and Malaria. The session was co-chaired by Dr. Luis Sambo, WHO Regional Director for Africa and the Executive Director of the Global Fund, Professor Michel Kazatchkine, with eminent contributions from Namibia's Minister of Health and Social Services Dr. Richard Kamwi and the Executive Director for the Roll Back Malaria Partnership, Prof. Awa Marie Coll-Seck.

Dr Sambo acknowledged concerns raised in the Region regarding efficiency in the utilization of funds as well as interruption of grants in some countries, leading to adverse impacts on vulnerable populations and low success rates. Acknowledging the need for the improved utilization of funds and strengthened dialogue between the GFTAM and recipient countries, Dr. Sambo reiterated WHO's support and commitment to health system strengthening for the benefit of recipient countries and vulnerable populations.

A rich discussion followed the introductory reports during which member state delegations shared experiences in mobilizing and utilizing resources from the GFATM.

Critical issues raised by delegations related to the simplification of GFATM processes; improving alignment of GF support with national strategies and plans; improving communication between GF mechanisms and CCMs taking into consideration the dignity of the Member States; effectively involving civil society and the private sector; proactively thinking about sustainability; strengthening programme support, management, procurement, monitoring and evaluation as well as undertaking participative internal and external audits.

Overall, the usefulness of the GF in the context of National Health and development plans was recognized by all delegates. It was suggested that recommendations be documented for subsequent reference during WHO Governing Body meetings and other international fora. Dr Margaret Chan advocated for improved coordination and harmonization of GFATM processes to ensure transparency, accountability and accelerate progress towards the MDGs.



Mr. Gaotlhaetse Matlhabaphiri
Deputy Minister of Health
Botswana

EXCERPTS FROM THE INTERVIEW WITH THE DEPUTY MINISTER OF HEALTH FROM BOTSWANA

Available evidence indicates that most countries in the African region have not made progress to achieve health related MDGs targets. What are the major reasons?

In almost all developing countries, in particular in Africa, countries have many numerous challenges. While health maybe a priority, but because of other challenges, they may not give it a reasonable budget.

Botswana is one of the few counties in the African region that already reach ART universal access target of 80%. What lessons would you like to share?

In Botswana, since 2002/03 we had a large number of people dying and people were not going to work. We realised the need to make HIV/AIDS a priority. Now about 95% of HIV affected individuals have access to ARVs through more than 200 ART facilities and people can access them at outreach facilities in the villages.

With international donors reducing funding for HIV/AIDS, TB and malaria due to the financial crisis, how does Botswana fill the gap?

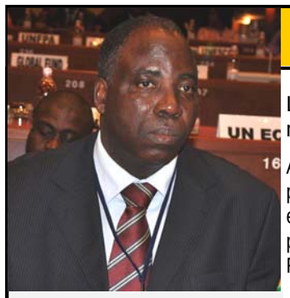
Botswana's total national budget is around 35 billion Pula (US$5.3bn) and its budget for ARVs is over 1 billion Pula (US$153m) per year. About 5-10% of Botswana's health budget goes for ARVs alone. We spend more than 2 billion Pula (US$ 306m) per year on HIV/AIDS throughout the Ministry of Health, taking into account all HIV programmes from other Ministries and the National AIDS Council, which is quite high. We are also assisted by other international partners, however, the highest amount comes from our national budget.

What lessons can you share with other countries?

While countries look for external assistance, we need to grow our own national budgets. External donors can assist us, and if they know we are moving on and coming up with our own funding, we make our countries more attractive. Also by funding health from our own resources, we ensure that we are more self-reliant and our programmes more sustainable.

How are you experiencing the RC 61 thus far, and what are you looking forward too?

I am extremely excited about this year's RC 61. I am excited by the commitment from all Ministers regarding health system strengthening, the contributions and statements from the Director-General, the Regional Director, as well as the Minister of Foreign Affairs who opened the ceremony. From the discussions held thus far, as Ministers of Health, you can see the outright commitment, there is no question about it. I am excited to see all the energy, interest and commitment to strengthen our health systems and move Africa's progress higher.



Professeur Charles Kondi Agba
Minister of Health Togo

EXCERPTS FROM THE INTERVIEW WITH THE MINISTER OF HEALTH FROM TOGO

Le Togo fait partie des pays ayant procédé à la revue du programme de lutte contre le paludisme et à la mise à jour du plan stratégique. Quelles sont les expériences que vous voudriez bien partager ?

Au cours cette revue et de la mise au point du plan stratégique, nous avons noté l'appui des partenaires. Nous pouvons citer en premier Roll Back Malaria qui nous a apporté un appui technique et financier. Nous pouvons citer en second, l'équipe inter pays de Ouagadougou. Ils sont venus, ils nous ont soutenus et ils nous ont éclairés. Et puis nous avons bénéficié surtout d'un appui politique au plus haut niveau. C'est-à-dire que le Président de la République et le Premier Ministre ont pris conscience de la situation, et lorsque le Gouvernement a été formé, mon prédécesseur, le Ministre de la santé d'alors, a reçu une lettre de mission dans laquelle il était inscrit cette préoccupation majeure de nos patrons. Enfin, nous avons mis en place au niveau local une équipe motivée et compétente, qui a été très critique lors de la revue. Voilà ce que je peux partager comme expériences au cours de cette revue et de la mise en place du plan stratégique.

Quels sont les principaux défis à relever afin de garantir la meilleure lutte antipaludéenne et quelles sont les actions que votre gouvernement a mises ou compte mettre en place dans ce cadre ?

Je crois que ceci doit être commun à tous les pays. L'OMS nous suggère d'aller à l'accès universel. Au Togo, nous sommes dans cette démarche. Nous souhaitons et nous œuvrons pour qu'au Togo, tous ceux qui sont susceptibles de dormir sous moustiquaires imprégnées, dorment effectivement sous moustiquaires imprégnées. Actuellement nous avons engagé une campagne élargie, je dirai même une campagne totale de distribution de moustiquaires imprégnées à longue durée d'action (MILDA). Nous voulons que plus de la moitié de la population totale du Togo (environ 3.500.000) reçoive une MILDA. Nous couplons cette campagne avec la distribution d'Albendazole, d'Ivermectine et de Praziquantel, médicaments contre la bilharziose. Cette campagne s'appuie principalement sur les agents de santé communautaire, nous en avons environ 12.000 sur toute l'étendue du territoire.

C'est par cette approche communautaire que nous essayons d'aller vers l'accès universel. Nous n'y seront pas tout de suite puisque malgré tout l'appui que nous avons reçu du Fonds mondial, de l'OMS, de Plan Togo, et de plusieurs autres partenaires, nous n'avons pas encore pu réunir les 3.500.000 MILDA. Actuellement nous essayons de mobiliser un gap d'à peu près 700.000. Nous allons continuer à chercher. Nous allons d'ailleurs revenir à RBM et voir comment combler ce gap, surtout matériels. Pour le gap financier, on peut tenir. Mais notre défi aujourd'hui est de trouver 700.000 moustiquaires imprégnées.

EXCERPTS FROM THE INTERVIEW WITH THE DIRECTOR GLOBAL HEALTH DELIVERY BILL & MELINDA GATES FOUNDATION (BMGF)

Dr. Rajeev Venkayya
Director
Global Health Delivery
Bill & Melinda Gates Foundation

What has been the role of BMGF in scaling-up the uptake of existing vaccines in the African Region?

Our principal role in scaling-up of vaccines globally and in Africa has been to support the work of the GAVI Alliance. The Alliance is responsible for financing the introduction of new vaccines and strengthening immunization programmes especially in low income countries. In its 10 years existence it has had tremendous impact in the introduction and uptake of Hepatitis B and Pentavalent vaccines. We are now working with GAVI, to introduce the pneumococcal and rotavirus vaccines in over 40 countries, many of which are in Sub-Saharan Africa.

What support is the BMGF providing to countries in the African Region to interrupt polio transmission?

As a partner to the Global Polio Eradication Initiative (GPEI) we work closely with those countries that are endemic for WPV and those that have re-established transmission. Significant progress has been made; in fact, polio has been reduced by 99% since the call for elimination in 1988. We are working closely with the GPEI in Angola, Chad, DRC, Nigeria and South Sudan to interrupt polio and achieve global eradication in the near future. To achieve this, it is important that we have high-level political engagement to ensure that polio eradication is a priority and that we have financial support both from donors as well as developing country governments. Also, Health Ministers need to continue to strengthen their immunization programmes to reach all children. These interventions will not only eradicate polio, but also control measles and other vaccine preventable diseases.

What new vaccines are currently being developed with the BMGF's support?

The Foundation is currently supporting vaccine development programmes against childhood pneumonia, diarrhoea as well as HIV, Malaria and TB. These activities are managed through the Product Development Partnerships (PDPs). These groups include the Malaria Vaccine Initiative, the Path Vaccine Solutions, the Rotavirus Vaccine Project, and Meningitis Vaccine Project and so on. We work with these PDPs to manage a portfolio of vaccine candidates and makes progressive investments in those candidates that show the most promise. A great example is the malaria vaccine, which we are funding through the Malaria Vaccine Initiative. One candidate is in Phase 3 clinical trials. The preliminary results from this study are expected to be available later this year.

The RC60 adopted the African Immunization Week. What is the Foundation's opinion of this initiative?

This is a great initiative that will further raise the priority, visibility and reach of immunization programme, going from an immunization day, to an immunization week and later a Health Week by adding other cost-effective preventative health interventions. So, we are really excited about this initiative in the African Region and we hope that it becomes an anchor for additional preventative health services. The Foundation's support to this initiative is channelled through GAVI, who in turn support this work through cash based programmes to help countries strengthen immunization. We presume that some of the resources given to GAVI will be used to support the African Immunization Week activities.

EXCERPTS FROM THE INTERVIEW WITH THE MINISTER OF HEALTH FROM CAPE VERT

Dr. Maria Cristina Fontes Lima
Deputy Prime Minister
Minister of Health

Cape Verde is one of the countries that have made progress in the improvement of maternal and child health and implementation of MDG 4 and 5. Apart from these improvements, what other challenges are you facing?

It is true that we have virtually achieved the Millennium Development Goals relating to maternal and child health. The main challenge that remains to be addressed has to do with quality assurance. We feel we have made progress in areas concerning the MDGs, but there is still stagnation in some programmes that are dependent on social determinants.

This success may be partly attributed to the fact that, since it attained independence, Cape Verde has invested in a free programme, for both maternal health and child protection services. Next year, we will celebrate the 35th anniversary of this programme, which continues to be strengthened, is highly popular and accounts for the current progress.

The main challenge is sustaining the progress made through good governance, good management and implementation capacity, and free access, given the prevailing situation of poverty. We now face the challenges of assuring quality and providing more training for gynaecologists, obstetricians and nurses to enable them to improve their performance. This will help us to overcome the difficulties that persist in care provision, procedures and prevention. We need to improve our services for certain population groups, particularly adolescents, and pay attention to early pregnancies. This remains an issue of concern to us. We think it will be more difficult than before, because quality improvement takes time, but we are not discouraged. We are now trying to invest in quality and prevention, using health centres that already have nation-wide coverage in order to do the work of promotion and ensure that, through prevention and quality improvement, we can continue to make progress.

Some African countries still bear a very heavy burden of maternal and child mortality. What interventions will you recommend for these countries, based on your experience?

At its inception, our programme focused on maternal and child protection. In its 35 years of existence, it has expanded its coverage to reproductive health. Built upon free provision of care, it gradually expanded to cover the entire national territory, thereby giving economic and geographical access to the population. We provide ante-natal care for detection at the early stage and encourage women to give birth in health facilities and we immunize newborns. I will recommend investment and sound management of health resources. That should be an investment, not an expenditure, because we are talking about the health of women and children, which is fundamental and should be well managed so that we can have a healthy people with the capacity to work. Much resources have been made available and, today, we are discussing the sustainability of health.