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Fifty-ninth session

Kigali, Republic of Rwanda, 31 August–4 September 2009

**ADDRESS BY DR LUIS GOMES SAMBO,  
WHO REGIONAL DIRECTOR FOR AFRICA**

Your Excellency, Mr Paul Kagame, the President of the Republic of Rwanda,  
Chairman of the fifty-eighth session of the Regional Committee,  
Honourable Ministers,  
Director-General of WHO,  
Distinguished Guests,  
Ladies and Gentlemen,

It is my great pleasure and distinct honour to welcome all of you to the Fifty-ninth session of the World Health Organization, Regional Committee for Africa.

Your Excellency, Mr Paul Kagame, I would like first of all to express our gratitude to you and to the Government and the People of Rwanda for the hospitality and excellent arrangements made for this meeting. Under your leadership and wisdom, the offer of Rwanda to host this session in the beautiful city of Kigali is a testimony to your commitment and support to the work of WHO and to Africa's health development endeavors.

I wish to extend a warm welcome to the ministers of health and health development partners, hoping that your stay in Kigali and your participation in this event will be convivial and productive.

This meeting takes place at a time when countries in the Region are facing the effects of the global economic downturn, increasing social inequalities, recurrent epidemics and emerging diseases which hinder our collective efforts towards the achievement of the Millennium Development Goals. Despite these challenges, some countries have made significant progress towards attainment of the health MDGs and other internationally agreed health goals. We should accept, as a matter of principle, that health systems obtain results according to the way they are designed and managed; and if a health system is not delivering the desired results, then it must be reformed in some way.

Therefore, we should not hesitate to explore our capacity for innovation and find new ways which could lead to improved performance of health systems and better health outcomes.

Following your advice last year, the Regional Committee this year will discuss important issues such as:

- progress towards the achievement of the health MDGs;

- a proposed framework for implementation of the Ouagadougou Declaration on Primary Health Care and health systems in Africa;
- orientations for the implementation of the WHO Programme Budget 2010-2011 in the African Region;
- proposed global code of practice for international recruitment of human resources for health;
- a framework for accelerated malaria control in the African Region: taking advantage of new opportunities;
- a strategy for accelerated measles control, building on our previous success and seizing the opportunity of the global elimination plan;
- preparedness and response to epidemics including ways of mitigating the current influenza A (H1N1) pandemic;
- framework for implementation of the Algiers Declaration on Health Research and discussion on criteria for establishing centres of excellence; and
- public health, innovation and intellectual property aiming at improving access to public health goods.

The delegates will have the opportunity to focus on the HIV/AIDS pandemic, the greatest public health challenge in sub-Saharan Africa, for which I have invited a number of special guests. I have the pleasure to welcome and to recognize His Excellency, Dr Festus Mogae, former President of Botswana and Chair of Champions for an HIV-Free Generation who will address this gathering during the opening ceremony. His Excellency, Dr Jorge Sampaio, former president of Portugal and UN Secretary-General's Special Envoy to the Stop TB partnership, will address us in the special session dedicated to co-infection with HIV and tuberculosis. Mr Michel Sidibe, Executive Director of the Joint United Nations Programme on AIDS (UNAIDS) with which we have excellent collaboration, will be making a keynote address in one of the plenary sessions. Her Excellency, Mrs Jeanette Kagame, the First Lady of the Republic of Rwanda, will address this committee in a special session in her capacity as the High Representative of the African AIDS Vaccine Programme. I trust that the leadership and commitment of these distinguished guest speakers will provide an impetus to the current global and African efforts in reversing the devastating effects of the HIV/AIDS pandemic.

The meeting will also give due attention to the intractable problem of very high maternal mortality, a silent tragedy occurring day and night in homes and health facilities across the African Region, particularly in very resource-poor settings. As you recall, last year the Regional Committee meeting adopted a resolution for improved women's health as well as the annual commemoration of women's health on 4 September. This year we will celebrate the first Women's Health Day, for which I invited Advocate Bience Gawanas, the Commissioner of the African Union for Social Affairs, and Mrs Afoussatou Diarra, Judge of the Supreme Court of Mali, to speak about the status of women's health and new initiatives aimed at its improvement. Together, we shall find new ways to stop this tragedy and give new hope to the fate of pregnant women in sub-Saharan Africa.

Your Excellency, Mr President,  
Honourable Ministers,  
Distinguished Guests,  
Ladies and Gentlemen,

Five years ago, when I assumed office as Regional Director, I undertook to strengthen resource mobilization to countries; strengthen and expand partnerships for health; increase support for health systems; promote the scaling up of proven essential health interventions; and enhance the responses to key determinants of health.

It is my pleasure to report that with the generous and enormous contributions from you, honourable ministers of health, the international health partners and the entire health community, significant achievements have been made, while some challenges remain.

In order to strengthen WHO response to the needs of countries, a fundamental restructuring of the Regional Office was undertaken and its functional structure, managerial bodies and business plan were adjusted to better respond to regional priorities and challenges. Technical cooperation functions were delegated and resources decentralized to three intercountry technical support teams in Ouagadougou, Libreville and Harare to provide timely response to countries in priority health programmes. The establishment of the Intercountry Support Teams greatly benefited from the support of the Heads of State and Government of Burkina Faso, Gabon and Zimbabwe, to whom I express my deep gratitude. You are witnesses to the effectiveness of these teams in responding to emergency situation such as epidemics and disasters.

During the last few years, we also initiated and supported actions aimed at maximizing synergy and coherence among international health partners resulting in improved alignment with national health priorities, policies and systems. A special mention should be made of Harmonization for Health in Africa (HHA) that is an innovative mechanism of collaboration among the African Development Bank, UNICEF, UNAIDS, UNFPA, the World Bank and WHO to provide joint support to countries in a coherent and coordinated manner. Beyond that, within the same period, we also fostered collaboration with bilateral partners and other multiagency coordination mechanisms in the spirit of the Rome Declaration, the Paris Declaration and, most recently, the Accra Agenda for Action on aid harmonization and effectiveness.

Within the context of UN reform, WHO joined the UN regional directors teams (RDT) based in Johannesburg and Dakar as the leader of the health cluster. I should also highlight the improvement of collaboration between the Regional Office and the African Union, the Economic Commission for Africa, SADC, ECOWAS, CEMAC and ECSA. Let me also mention the special attention paid to small island developing states with whom we have established a forum for experience sharing on public health matters of common interest.

In the area of health systems strengthening, the Regional Office has provided extensive support to countries for health policy formulation and strategic planning. Regional health policies and strategies have been proposed by the Regional Office and jointly adopted by Regional Committees to inform the development and review of national health policies and programmes. WHO experts have also been instrumental in supporting countries to draft their submissions to the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) which are currently providing grants for health systems.

At this juncture, I should highlight and express my appreciation of the advocacy and leadership roles played by the honourable ministers of health representing the African Region on the boards of GAVI, the Global Fund, RBM and other global health initiatives and mechanisms. Our collective commitment to strengthen health systems led to the adoption of the Ouagadougou Declaration at the

International Conference on Primary Health Care and Health Systems in Africa held in April 2008. Likewise in June 2008, the Algiers Declaration adopted at the Ministerial Meeting on Research for Health provided a roadmap for strengthening health systems through a focus on health research, information systems and knowledge management. During the coming days, we will discuss and agree on ways of implementing these two important declarations.

In relation to scaling up essential health interventions towards attaining the health MDGs, progress has been made in some countries in the areas of HIV/AIDS, malaria and child health. With regard to maternal health, despite existing knowledge and tools, no progress has been made. As a result of investments in TB control, the DOTS coverage rate has improved. However, TB diagnosis and treatment are complicated by the high prevalence of HIV/AIDS which is the major driving force behind the current TB epidemic in the African Region where about 38% of TB patients are co-infected with HIV. Increased multidrug-resistant TB and extensively drug-resistant TB have brought additional challenges to TB control. In my view, scaling up efforts have not yet reached the ideal level of coverage in spite of increased support from partners.

Routine immunization coverage has improved in general and contributed to progress towards MDG 4 attainment. Nevertheless polio eradication remains a serious challenge to be addressed. The international community is seriously concerned about the spread of polio across Africa. After significant progress in eradicating polio, the African Region has witnessed a recent setback with increasing numbers of children being paralyzed by polio in a few countries in the year 2009.

We recognize the efforts of Member States to contain the current outbreak and provide protection to infants and young children. However, in all infected countries, all under-five children must be reached during house-to-house vaccination campaigns. There is a need to conduct at least two annual consecutive rounds of high quality synchronized preventive campaigns during the coming three years alongside efforts to strengthen routine immunization.

Sub-Saharan Africa is prone to epidemics such as cholera, viral haemorrhagic fevers, H5N1 avian influenza and more recently influenza A (H1N1) which occurred in the Region, creating an additional burden to health systems. Currently the influenza A (H1N1) pandemic is affecting 20 out of 46 countries, with a total number of 3867 reported cases and 11 deaths in the Region.

I am persuaded that the only way countries can cope with the high burden of diseases, maternal and child mortality, recurrent epidemics and emerging diseases is through strengthening of health systems with emphasis on the reinforcement of human, financial and health technology capacities at local level. This is a challenge to all of us but particularly to governments that have the responsibility of leading development processes. International health partners also have an important role in providing more comprehensive support to national health systems rather than focusing on diseases or specific health conditions. We do need a more critical approach to health system reforms and we need to accelerate the pace of implementation of our plans in order to achieve more significant results in terms of improved health status of people.

In addressing health determinants, the Regional Office has made some progress in raising awareness about environmental health risks, harmful use of alcohol, tobacco use, high-risk sexual behaviour and other behavioural risk factors. Surveys were conducted in almost all Member States and risk factors identified, generating evidence for programme development in addressing

noncommunicable diseases such as cardiovascular disease, cancer, diabetes, sickle-cell disease among others.

Your Excellency, Mr President,  
Honourable Ministers,  
Distinguished Guests,  
Ladies and Gentlemen,

A more detailed account of my work as Regional Director during the last five years is available and will be circulated.

During my current tenure, I have visited 44 countries of the Region and have had the privilege to witness the ongoing efforts made by governments and partners to improve the health of the people. I learnt ways in which WHO could better position itself strategically to complement government efforts and harness existing synergies with other health development partners. This contributed to the updated WHO country cooperation strategies in all 46 countries of the Region.

I am grateful for the trust and privilege that you have bestowed upon me to serve the Region in my current capacity. This would not have been possible without the unwavering support of you honourable ministers, the Director-General and all WHO staff in the African Region to whom I convey my heartfelt gratitude.

I express the willingness to continue having your confidence and to serve Africa and the World Health Organization for a longer period of time to be able to consolidate the foundation that has been laid in recent years.

Thank you very much for your attention.