**HOTEL CONTACTS**

1. SHERATON ADDIS TEL: 251 116 32 36 34
2. RADISSON BLU TEL: 251 115 15 76 00
3. HILTON HOTEL TEL: 251 115 51 84 00
4. ELLIO INTERNATIONAL HOTEL TEL: 251 115 56 77 73
5. CAPITAL HOTEL AND SPA TEL: 251 116 61 21 00
6. INTERCONTINENTAL ADDIS HOTEL TEL: 251 115 50 50 66

**RESTAURANTS IN ADDIS ABABA**

1. SHERATON ADDIS, LOCATED IN THE UNIC.
2. FINFINE, LOCATED IN THE NIGERIAN LOUNGE.
3. KALDIS, LOCATED IN THE ROTUNDA AND ZAMBEZI BUILDING.
4. TIVOLI, LOCATED BY THE UNICA ENTRANCE (VEHICLES).

**WHO CONTACT PERSONS**

1. DR. KALU AKANNA, WHO REPRESENTATIVE TEL: 251 845 25 23 28
2. MR PIERRE LEMIS, OPERATIONS OFFICER TEL: 251 935 99 86 41
3. MISUSHAN NEGUSSIE, LOGISTICS AND PROCUREMENT TEL: 251 944 73 19 82
4. MR TESHOME FANTAYE, PROTOCOL ASSISTANT TEL: 251 912 12 00 24
5. MR ODON MUSHOBEKWA – ADMIN. SERVICES OFFICER TEL: 251 967 88 29 93
6. MR AMSPRANT, TRAVEL OFFICER TEL: 251 967 88 29 95
7. MRS TOTH, CONFERENCE AND PROTOCOL OFFICER TEL: 251 965 55 66 52
8. MR KALBUKE BEKELE, TRANSPORT OFFICER TEL: 251 912 20 00 77

**SECURITY CONTACT PERSONS**

1. POLICE HOT LINE TEL: 991
2. FINFINE, LOCATED IN THE NIGERIAN LOUNGE.
3. UN SECURITY TEL: 251 115 61 65 37
4. UN SECURITY TEL: 251 115 44 55 55
5. UN SECURITY TEL: 251 115 44 55 55
6. UN SECURITY TEL: 251 115 58 77 73
7. WHO, MR FOFANA IBRAHIM TEL: 251 967 88 29 93

**MEDICAL SERVICES AND CONTACT PERSONS**

The United Nations Health Centre, Situated on the ground floor of the Conference Centre, provides emergency medical services to participants. Delegates attending the meetings are accessible via WiFi.

**IN CASE OF A MEDICAL EMERGENCY, PLEASE CALL THE PHONE NUMBERS LISTED ON THE LAST PAGE OF THIS INFORMATION NOTE.**

1. DR GRACE FOMBAD, UN HEALTH CARE CENTRE TEL: 251 115 15 76 00
2. DR ROLAND RIZET, WHO TEL: 251 929 450 51 8
3. UNICA AMBULANCE TEL: 251 115 51 82 02
4. TIVOLI, LOCATED BY THE UNICA ENTRANCE (VEHICLES).
5. INTERCONTINENTAL ADDIS HOTEL TEL: 251 115 50 50 66.

**WATER**

It is recommended that you drink bottled mineral water during the whole period of the RC66.

**BADGES**

Badges will be produced only at the conference centre. Please make sure you always wear your badge on the premises of the conference centre.

**CURRENCY AND BANKING**

The local currency is the Ethiopian Birr. All local banks provide currency exchange services with an exchange rate that is uniform. Please note that it is illegal to exchange your currency on the black market – only deal with official banks. All major hotels have FOREX services.

ATMs are widely available in hotels, on the UNECA compound and around the city. VISA cards are widely accepted, and some ATMs now accept MasterCard as well. All transactions are cash-based, so please plan accordingly.

**HELP DESK**

For any inquiries or assistance, please call the Help Desk (Mr C’Youd, and Mr T.Meki) on: (251) 0929 50 05 23 and 0929 50 05 22

**EVENTS AND SPECIAL SESSIONS**

**SUNDAY, 21st AUGUST:**

13:30-14:30 Extending Health Systems to the Grassroots: the Ethiopian Experience with Emergency Medical Services and the Health Development Army

18:00-18:45 Polio side event - Meeting of Ministers of Lake Chad countries and Central African Republic

**MONDAY, 22nd AUGUST:**

13:30-14:30 The GAVI Alliance

18:00-19:30 Experience of China on the Universal Health Coverage and updates on China’s collaboration with Africa

**TUESDAY, 23rd AUGUST:**

11:00 Closure of the RC66 – 11:00

**SIDE EVENT ON TUBERCULOSIS**

A side event will be held today on tuberculosis, at the Radisson Blu hotel, from 19:00 to 21:00 hours.

The meeting will be co-chaired by the WHO Regional Director, Dr Matshidiso Moeti and the Minister of health of the Republic of South Africa, who is also the President of the Board of Directors of the Stop TB Partnership Dr. Aaron Motsoaledi.

The objectives of this meeting are to:

- Share an update on current trends of TB and co-infection TB-HIV, as well as an progress towards the implementation of the strategy to put an end to TB and the targets of the global plan developed by the Stop TB Partnership;
- Discuss the key approaches targeting a paradigm shift in funding and implementation to put an end to tuberculosis; and
- Provide a platform for strengthening partnerships and collaboration between WHO, the Stop TB partnership and the countries.

**IN OUR NEXT ISSUE, READ ABOUT**

- Key issues for the African Region on achieving the health targets of the Sustainable Development Goals.
- 3 Heads of delegation discuss key health issues affecting their countries.

**PROVISIONAL PROGRAMME OF WORK DAY 3:**

**SUNDAY, 21st August 2016**

09:00-09:05 Agenda Item 4 (cont’d) Report of the Subcommittee on Creditors

09:05-10:05 Agenda Item 15 Framework for implementing the Global Technical Strategy for Malaria 2016-2030

10:05-10:30 Tea break


11:30-12:30 Agenda Item 14 Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016-2021

12:30-14:30 Lunch break

13:30-14:30 Side Event - Extending Health Systems to the Grassroots: the Ethiopian Experience with Emergency Medical Services and the Health Development Army

14:30-15:00 Tea break

15:00-15:30 Coffee break

16:30-17:30 Agenda Item 12 Framework for implementing the End TB Strategy in the African Region 2016-2020

17:30-18:00 Agenda Item 16 Health in the 2030 Agenda for Sustainable Development

18:00 End of the day’s session

18:30-21:00 Evening Side Event – Stop TB
Drs. Cleophas Kwal, L.O.D. Cabinet Secretary for Health Ministry of Health, Kenya

What do you plan to do to sustain the MDG gains through UHC?

We need Universal Health Coverage (UHC) in order to achieve the most vulnerable people and guarantee access, affordability and adequate human capacity to deal with health challenges. The health sector went through a process that started towards the closure of MDGs in 2015 towards the achievement of UHC. Therefore in its implementation, we put mechanisms to identify gaps and the impediments of the MDGs.

We introduced free maternity services in public facilities for acceptable women who are not able to pay and encourage them to deliver in these facilities. Since the introduction, the number of women delivering in health facilities has increased from 44% to 62%. We also abolished user fees in all the primary health care facilities including dispensaries and health centers. More people now seek care in our facilities as cost is one of the impediments to health care access.

Furthermore, we introduced health insurance for the elderly to access the health services; for people who are insured orphans to access health care through the Ministry of Labour and Social Protection. We have also insured people with severe disabilities who are not able to afford out of pocket expenditures. The government also uses the national health insurance fund so that all able people can subscribe to it and secure.

How is Kenya strengthening its health systems towards achieving UHC?

We have equipped 94 health facilities across the county to provide tertiary care. Towards this endeavor, the government has increased the number from 38 billion Kenyan Shillings to refurbish, equip with modern equipment and to introduce new services. Furthermore, the government has targeted health services for informal settlements or slums where many live with inadequate facilities. In targeting these populations we had to map them and have built static and mobile clinics to enable the people to access primary health care.

Training of health workers to provide services is critical to UHC. From our 53 health training colleges we have increased intake capacity from 19,000 to 27,000 graduating close to 9000 health workers annually. The graduates from these colleges, who include clinical officers, nurses, laboratory and health information staff, now comprise 80% of our health workforce. We are also introducing telemedicine and mobile telephones to complement our manpower capacity especially in reporting.

On infrastructure we have invested USD 9 million annually to support growth and sustainability in our facilities. We have increased the number of beds by 42 million for the last three years to support free maternity services. All these funds have been from our domestic resources. We are cognizant of the need for sustainability and hence are matching what we do with local resources.

How does your government plan to finance UHC?

The health sector receives close to 71% of our national budget which is below the Abuja target of 15%. There is a need to mobilize more resources in order to support UHC. In order to mobilize more resources, the government is putting emphasis on the health sector as one of the pillars of development because without health the other pillars will become weak. We have to find ways to raise domestic funding to support our health sector.

What is the future of UHC in Kenya and in Africa generally?

We need to build resilient health systems in terms of human resources, infrastructure and financing. We should cushion ourselves against donor fatigue or any other process that may affect our health sector. UHC dictates building systems which can absorb any shocks or eventualities.

The delegates to the 66th Session of the WHO Regional Committee currently going in Addis Ababa discussed and unanimously adopted the Regional Oral Health Strategy 2016-2025. This strategy aims at fighting oral diseases in the context of Non Communicable Diseases (NCDs).

Oral diseases are part of NCDs and are prevalent in the African Region. They have a negative social impact and affect the quality of life of those affected. Their treatment represents an economic burden for individuals, communities and countries. In many countries, most of the cases are not treated because of the uneven distribution or inadequate infrastructure, lack of oral health professionals and the absence of national policies.

The adapted strategy has four objectives and five targets for prevention and effective control of oral diseases in the WHO African Region. It is based on six guiding principles and offers a series of priority cost-effective and evidence-based measures. The measures are in the context of universal health coverage and are intended to improve awareness, leadership and multisectoral approach to reduce or take action on the risk factors. The measures are also meant to strengthen health systems, improve surveillance of oral diseases and assess progress including research. The regional strategy signals a paradigm shift from vertical programming to integration of oral diseases in the programmes of action against NCDs.

Delegates underscored the importance of oral diseases, debated the increased associated risk factors and acknowledged the low attention given to oral health especially in terms of financing. They stressed the role of political commitment and support in the fight against oral diseases noting that this requires a multisectoral approach, as well as robust coordination to avoid verticalisation.

Delegates agreed that collaboration between countries to develop infrastructure and health worker’s capacities was one of the major way to combat oral diseases. They noted the critical role of data to guide planning and funding for oral health services. They affirmed the need to reorganize services as a prerequisite for integrated healthcare in general and dental care in particular.

Delegates requested WHO to support the Member States to advocate for the oral health to the highest levels and to provide guidance, tools and standards on the prevention and treatment of oral diseases. They also asked WHO to mobilize resources and promote investments in oral health by the private sector.

The Ethiopian Association of Dentists and the International Association for Dental Research provided support and additional information during debate and adoption of the strategy.

Comoros reduced morbidity due to malaria by 59.9% between 2010 and 2015, and 2015, since the country has recorded no malaria deaths. What facilitated this success?

The Malaria has reduced since 2015. It is several combined interventions. Firstly, the commitment at the highest level of the State by setting elimination of malaria, as a first national priority. This priority has been included in all national plans, including the National Programme of Health, the National Health Development Plan, and of course the National Strategic Plan. Then, we have been effective, supported by all of our partners, both technically and financially to enable us to achieve our objectives which was to reduce prevalence of malaria from 8.9% to less than one percent towards malaria elimination. The partners who have supported us, include WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Republic of China, Roll Back Malaria, UNICEF and UNFPA.

What were the essential interventions implemented?

The country conducted a review of the malaria program in 2011 with the support of WHO. This enabled us to assess the strategies and interventions being implemented. The recommendations from this review focused on the scale up of the distribution of bed nets to the entire population and indoor residual spraying. They also focused on the availability and free access to drugs to treat simple and severe malaria. Another important recommendation was sensitization and community mobilization to get community involvement for all strategies. Thus, for 2015, with the support of China, the country decided to implement mass treatment with Artemisinin based Combination Therapy (ACT) strategy. In 2017 we achieved 80% coverage in Mohéli Island and 66% in Grande Comore in 2012. We are one of the countries that have the potential to interrupt the transmission of malaria as indicated by WHO.

What were the major constraints?

First, we had to push the strategy of mass treatment. It has not been easy. However, the Government has undertaken this with financial support from China, and also with local financing through strong advocacy that allows the implementation of this strategy. The major constraint is the lack of financial resources. With the level we have reached, we need to maintain gains. This requires significant funding. The current epidemiological situation, dictates that we focus our efforts on surveillance, early detection and active search for cases. We have a very limited number of partners. Today, for example, if the Global Fund to Fight AIDS, Tuberculosis and Malaria withdraws, we will face serious problems. This is a major concern. There is also the weakness of inadequate human resources at country level in terms of quality, quantity and type that must be addressed.

What are the prospects for the country to achieve the goal of malaria elimination?

In addition to addressing the above challenges, emphasis should be placed on compliance with the standards of task construction because in Comoros, we build tanks to collect water. This is a place for vectors to proliferate. Therefore, we bring people to the standards that have been set, we need to strengthen the oversight and mobilize more partners to support us. Finally, we seek the support of WHO to help us to develop strategic documents for resources mobilization, to build capacity and to develop investment plans. All this, should allow us to achieve our goal of malaria elimination in Comoros. We strongly believe it.

The Zika outbreak in Cabo Verde is declining substantially - Dr Arlindo Nascimento Rosário

What is the current situation of the Zika virus outbreak in the Republic of Cabo Verde and the risk of its transmission to other countries?

Cabo Verde is experiencing a Zika virus outbreak, with almost 8000 suspected cases and 420 reported cases. In September 2015. Not all those cases have been confirmed. What I can say is that the outbreak peaked in November-December 2015. Since then, the disease has been declining substantially. Cabo Verde has not recorded any confirmed cases since April 2016.

What were the priorities identified and what specific actions are being taken to counter the Zika outbreak in Cabo Verde?

One of the earliest actions that Cabo Verde implemented, in accordance with the International Health Regulations (IHR, 2005), was to assess the outbreak with the assistance of international organizations and partners. An intersectoral control plan was developed in February 2016. As you may be aware, in 2009, we had a dengue fever outbreak in the country. When this outbreak happened, we realized that we in Cabo Verde, an awakening, a realization and prevention campaign was launched to eliminate mosquitoes and promote community engagement. We needed to scale up the campaigns, improve information technologies and systems within the Ministry of Health. In Cabo Verde, summary, we have undertaken numerous actions with the support of partners, non-governmental organizations, municipal councils and grassroots associations.

What recommendations would you like the Sixtieth Regional Committee to adopt to help Member States mount a resilient, effective response and recover from the negative impact of outbreaks and health emergencies such as Zika, Ebola or yellow fever in the Region?

Outbreaks place enormous pressure on any country’s health system. In developing countries like ours, there is indeed the need to pay greater attention to preparedness and response to outbreaks. In fact, the first recommendation is to implement IHR, with the timely notification of any disease outbreak. Remember that beyond their impact on health, outbreaks equally affect economic development, tourism and other sectors. Another major constraint is the lack of financial resources. In addition to the Ministry of Health, Cabo Verde has already established such an intersectoral team to combat outbreaks. That is fundamental.

The delegates to the 66th Session of the WHO Regional Committee currently going in Addis Ababa discussed and unanimously adopted the Regional Oral Health Strategy 2016-2025. This strategy aims at fighting oral diseases in the context of Non Communicable Diseases (NCDs).