1. **HOTEL CONTACTS**

- **RC66: GUIDE AND IMPORTANT CONTACTS**
- **RC66: HOTEL CONTACTS**

1. SHERATON ADDIS  TEL: 251 116 36 34
2. RADISSON BLU  TEL: 251 115 15 76 00
3. HILTON HOTEL  TEL: 251 115 15 84 00
4. ELLIY INTERNATIONAL HOTEL  TEL: 251 116 58 77 73
5. CAPITAL HOTEL AND SPA  TEL: 251 116 57 21 00
6. INTERCONTINENTAL ADDIS HOTEL  TEL: 251 116 50 50 66

**RESTAURANTS IN ADDIS ABEBA**

1. SHERATON ADDIS, LOCATED IN THE UKC.
2. FINFINE, LOCATED IN THE LEBANESE LOUNGE.
3. KALDIS, LOCATED IN THE ROTUNDA AND ZAMBIEI BUILDING.
4. TIVOLI, LOCATED BY THE UNeca ENTRANCE (Vehicles).

**WHO CONTACT PERSONS**

1. DR. KALI APARANA, WHO REPRESENTATIVE  TEL: 251 844 25 32 88
2. MR. PERRE LESME, OPERATIONS OFFICER  TEL: 251 855 89 86 41
3. MS. USHMA NAGUSIE, LOGISTICS AND PROCUREMENT  TEL: 251 844 73 19 82
4. MR. TEBOOMBA FUTURE, PROTOCOL, OFFICER  TEL: 251 912 12 00 24
5. MR. DUNN WASHINGTON, ADMIN. SERVICES OFFICER  TEL: 251 967 88 29 93
6. MR. AMPA TRESOR, TRAVEL OFFICER  TEL: 251 967 88 30 75
7. MS. TOW, CONFERENCE AND PROTOCOL OFFICER  TEL: 251 866 66 66 62
8. MR. HOUNGO HOUFI, TRANSPORT OFFICER  TEL: 251 967 88 29 99
9. MR. WOLOU BEKELE, TRANSPORT OFFICER  TEL: 251 912 30 19 37

**SECURITY CONTACT PERSONS**

1. POLICE HOT LINE:  TEL: 999
2. POLICE  TEL: 251 116 57 21 21
3. UN SECURITY  TEL: 251 116 54 44 55
4. UN SECURITY  TEL: 251 116 51 05 77
5. UN SECURITY  TEL: 251 116 51 22 45
6. VANDAGE, MR. FOFANA BRAHIAN  TEL: 251 867 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 meetings.

In case of a medical emergency, please call the phone numbers listed on the last page of this information note.

- **1.** DR. GRACE FOMBA, UN HEALTH CARE CENTRE  TEL: 251 115 51 72 00
- **2.** DR. ROLAND KIT, WHO  TEL: 251 116 54 31 12
- **3.** UNeca AMBULANCE  TEL: 251 115 58 20 55

**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. Almost all transactions are cash-based, so please plan accordingly.

**IN OUR NEXT ISSUE, READ ABOUT**

Key issues for the African Region on achieving the health targets of the Sustainable Development Goals.

5 Heads of delegation discuss key health issues affecting their countries.

**EVENTS AND SPECIAL SESSIONS**

**MUNDAY, 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**

**SCREEN PANEL DISCUSSION ON UNIVERSAL HEALTH COVERAGE JOURNEY: EXPERIENCE OF CHINA AND UPDATES ON CHINA COLLABORATION WITH AFRICA**

There will be a panel discussion today on Universal Health Coverage Journey: Experience of China and updates on China collaboration with Africa. The meeting will be chaired by Dr Mathiulho Rebeca Mota, WHO AFRO Regional Director.

The objectives of the panel discussion are to:

(a) Share experience of China on the UHC journey and health system reforms.
(b) Provide an update on China’s collaboration with Africa in health, food and drug regulation.
(c) Take steps on Partnership between China and Africa on capacity for production and increasing access to affordable quality medicines in Africa.

**IN OUR NEXT ISSUE, READ ABOUT**

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

**PROVISIONAL PROGRAMME OF WORK DAY 4:**

Monday, 22nd August 2016

<table>
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<tr>
<th>Time</th>
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<tr>
<td>09:00-10:00</td>
<td>Agenda item 16 Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/10)</td>
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<td>10:00-11:00</td>
<td>Agenda item 20 WHD Programme Budget 2018–2019 (Document AFR/RC66/17)</td>
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<td>11:00-11:30</td>
<td>Tea break</td>
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<td>11:30-12:30</td>
<td>Revised Terms of Reference of the Programme Subcommission of the WHO Regional Committee for Africa (Document AFR/RC66/16)</td>
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<td>12:30-14:30</td>
<td>Lunch break</td>
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<td>Side Event GAVI Alliance</td>
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<td>14:30–16:00</td>
<td>Agenda item 16 Regional strategy on regulation of medical products in the African Region (Document AFR/RC66/19)</td>
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<td>15:00–15:30</td>
<td>Coffee break</td>
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<td>17:30–18:00</td>
<td>Agenda item 22 Progress report on implementation of the Sixty-eighth session of the Regional Committee for Africa (Document AFR/RC66/INF10/DCC1)</td>
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<td>18:00 End of the day’s session</td>
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**THE AFRICAN PUBLIC HEALTH EMERGENCY FUND CONTRIBUTES TO MANAGEMENT OF EMERGENCIES DESPITE CHALLENGES**

Since its establishment in 2012 up to the end of June 2016, the African Public Health Emergency Fund (APHEF) has disbursed a total of US$ 2.73 million to support life-saving interventions in 13 countries. This is despite the fact that only a few Member States have contributed to this fund. According to a report by the WHO Regional Office Secretariat to the ongoing 69th Session of the WHO Regional Committee for Africa, APHEF, which was established in 2012, has contributed to the management of several emergencies.

In 2016, APHEF supported the yellow fever outbreak in Angola and the El Niño crisis in Ethiopia. In 2014 and 2015, the fund supported provision of emergency health care to the internally-displaced populations in Central African Republic and South Sudan; refugees in Cameroon; and flood victims in Burkina Faso, Malawi and Zambia. In addition, APHEF supported the response to the outbreaks of meningococcal meningitis in Niger and Eloba in the Democratic Republic of Congo, Guinea, Liberia and Sierra Leone.

The APHEF report indicates that persistently low level of contributions by the Member States and lack of sustained advocacy in the 67th Session of the Regional Committee for Africa inhibited the optimal functioning of APHEF. The variations in the amounts of Member States contributions are also indicated as a challenge. Other challenges includes insufficient funds to respond to country requests and inadequate reporting and accountability of funds disbursed to countries.

The delegates supported the principle of continuing with this solidarity and trust fund. The fact that only 13 countries had ever contributed to the fund was acknowledged. The issue of competing priorities leading to non-compliance was also indicated during discussions. The need to further engagement with the African Union and the Ministers of Finance in countries was emphasized. There was also need to harmonize this fund with other regional and global complementary fund for emergencies.

Following discussions, Members States endorsed the proposed actions with amendments and agreed to continue contributing to the fund. A proposal was made for another task force to review the formula for contributions of Member States. The proposed amounts in the report had been proposed by the Expert group in June 2016 following a decision of the 65th session of the Regional Committees. In the proposed yearly contributions presented in the report, 32 Member States had reduced their annual contributions while 14 countries had increases. Of the 14 countries that were assessed for increment, 11 were increased from USD 5000 to USD 7, 350 while 2 were increased from USD 5, 000 to USD 7, 000.

The adjustments to the current proposed Member States contributions will be presented at the 67th session of the WHO Regional Committee for Africa, in 2017. While awaiting the revised formula for contributions, Member States agreed to continue contributing to the fund. A minimum amount (USD 37,700) as annual contribution was proposed until adoption of a new formula.

It is envisaged that implementation of the agreed action points will positively improve the functionality of this crucially important fund.
What is your country doing to ensure that your people have efficacious, safe and quality medical products?

First, we have to ensure that the country has efficacious drugs that can be used without any fear of harming our people. We have a regulatory body, that is, the Food and Drugs Authority (FDA) that ensures that drugs that come into Ghana are of the right standard. The ability to bring in substantial drugs is really diminished because of the stringent tests they go through. We are quite proud of what we have been able to achieve and what the FDA does for us.

What are the important progress made by Burkina Faso since 2013 on eHealth?

Burkina Faso has developed its national health Development Plan covering the period 2011-2020. This document takes into account the eight strategic orientations defined in the national health policy. Convinced that information and communication technologies are an opportunity for health system strengthening, the Ministry of health has made tremendous efforts to implement projects to develop health initiatives. Therefore, the country has developed what is called “a national health data warehouse.” It is a system based on web technology that uses the “district health information system” platform. It offers the possibility of routine data management for health statistics, records of patients, early warning system of disease, surveillance, programs as well as human, financial and logistical resources.

What are the most important challenges to human resources for health in your country?

The Ministry of Health of the Federal Democratic Republic of Ethiopia shared two best practices on Health Development Army (HDA) and Emergency Medical Services (EMS) in a side event at the ongoing 66th Session of the Regional Committee. Ethiopia has made tremendous efforts to strengthen human resources for health. The two programmes have been successful. They are a clear testimony of the human resources for health for which Ethiopia is so much proud.

What challenges should countries watch out for on the issue of medical products?

As countries grow, more people and drugs come into the country which increases the burden on the FDA. You have to employ more staff and increase laboratory capacity to be able to handle the increased demands. Anticipating the future and expand accordingly is a major challenge.

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