WHO CONTACT PERSONS

1. DR. JEAN-Marie Varcido, WHO-Representative
   TEL: 235 62 02 02 02
2. MR. FRANCIS AIOL, WHO-ADMINISTRATOR
   TEL: 235 63 17 78 16
3. MR. CAMILLE LUKAZ, WHO-CHIEF OF TRANSPORT
   TEL: 235 62 02 28 77
4. MR. JOSE MATHIBI, WHO-TRAVEL OFFICER
   TEL: 235 63 25 17 17
5. MR. THOMAS BOKROM, WHO-IT OFFICER
   TEL: 235 61 27 16 10

HEROISM AND MENTAL HEALTH IN EMERGENCIES

1. Disaster mental health
2. You can’t win without the will
3. The power of knowing who you are
4. Men and women in disasters

MEDICAL SERVICE CONTACT PERSONS

1. DR. SOUBAR HAMID, MINISTRY OF HEALTH
   TEL: 235 66 25 02 02
2. DR. ROLAND RIZET, WHO
   TEL: 235 91 37 74 25
3. DR. DJABAR HAMID, MINISTRY OF HEALTH
   TEL: 235 66 25 02 02
4. MR. JAPHET MOUDOUBA, WHO TRAVEL OFFICER
   TEL: 235 66 29 06 38
5. MR. CAMILLE LUKAZ, WHO-CHIEF OF TRANSPORT
   TEL: 235 62 02 28 77

AIR FRANCE AF 599 PARIS 23:55hr 3 hours before dep.
AIR COTE D’IVOIRE KP 023 LOME 09:00hr 3 hours before dep.
AIR COTE D’IVOIRE KP 023 DOUALA 09:00hr 3 hours before dep.
ROYAL MAROC AT 268 CASABLANCA 00:35hr 3 hours before dep.
ETHIOPIAN ET 558 ADDIS 14:15hr 3 hours before dep.
ASKY KP 023 LOME 08:00hr 3 hours before dep.
TURKISH AIRLINES TK 567 ISTANBUL 10:55hr 3 hours before dep.
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SECURITY CONTACT PERSONS

1. POLICE
   TEL: 235 63 31 00 01/02
2. WHOSIP (AIR ABDELRAHMAN DOUMA)
   TEL: 235 69 37 75 45
3. TOLL FREE HOTLINE
   TEL: 2320
4. FIRE SERVICE 1
   TEL: 235 25 62 11 11
5. FIRE SERVICE 2
   TEL: 235 63 62 12 12

AFRICA MALARIA STRATEGY: ACCELERATING TOWARDS MALARIA ELIMINATION IN AFRICA

A side event titled “Africa Malaria Strategy: Accelerating towards malaria elimination in Africa” will take place from 17:00 to 18:00 hours today:

Programme:
1. Malaria control and elimination: where are we? Dr Magda Robalo, WHO-ARF;
2. A new era on malaria control and elimination in Africa, Ethiopian example. Dr Kesete-Birhan Admassu, Minister of Health of the Federal Democratic Republic of Ethiopia;
3. Abuja Declaration towards the elimination of AIDS, Tuberculosis and Malaria in Africa. Dr Mustapha Sidiki Kaiko, Commissioner of Social Affairs, the African Union Commission;
4. Introduction of the Africa Malaria Strategy and its implementation framework. Dr Issa Sanou, Malaria Programme, WHO/AFRO;
5. Discussions

AFRICAN PUBLIC HEALTH EMERGENCY FUND

In 2012, the Ministers for Health of African Region established the African Public Health Emergency Fund (APHEF) as a solidarity mechanism to support African Member States to enhance their response to public-health emergencies. On the third day of the ongoing 65th session of the WHO Regional Committee for Africa, the WHO African Secretariat presented a progress report on the implementation of the fund so far.

In considering the report, the delegates re-emphasized the importance of the fund in improving health outcomes during emergencies and also noted the challenges which continue to impede its successful implementation. They called upon WHO to scale up high level advocacy to Member States concerning the fund. They also highlighted the need for efficient deployment of the fund to ensure quick implementation of the proposed actions. Furthermore, they endorsed the development of a framework for effective oversight of the fund and that a percentage of the funds should be earmarked for emergency preparedness.

Almost all delegates who spoke during the session endorsed the proposed actions of the report and called for its speedy implementation. They particularly called for urgent convening of the meeting of experts who should among other things examine the reasons why Member States are not making contributions, review the financial modalities of APHEF and mechanisms for contribution, analyse the criteria for calculating the yearly contribution of countries and define the relationship between APHEF, national and global health emergency funds. The WHO Regional Director for Africa in her comments pledged that the Secretariat will ensure quick implementation of the proposed action. She, on the other hand, called on Member States to ensure that they respond to requests for information on the APHEF in a timely manner so that the fund can be re-organized as soon as possible.

South Africa made a pledge of US$1 million which it said will be immediately made available to APHEF. Other Member States also pledged to follow up on their contributions to the fund.

SIDE EVENTS

- Interview with the Minister of Health, Zimbabwe
- Interview with the Minister of Health, Senegal
- Interview with the Minister of Health, Guinea-Bissau
- Interview with the Minister of Health, Sierra Leone

CONTENTS

1. Interview with the Minister of Health, Zimbabwe
2. Interview with the Minister of Health, Senegal
3. Interview with the Minister of Health, Guinea-Bissau
4. Interview with the Minister of Health, Sierra Leone
5. RC65: Department Right Schedules and Side Events

Available on the Internet: http://www.afro.who.int

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To address the increasing burden of communicable and non-communicable diseases in the African Region, African Heads of State and Government at the 65th Ordinary Session of the African Union (AU) Summit held in Addis Ababa in January 2014, the Heads of State and Government further urged the Africa Union Commission (AUC), WHO and other stakeholders to support the establishment of the Africa CDC.

Consequently, the delegates at the 65th session of the WHO Regional Committee for Africa reviewed the progress made on the establishment of the Centre and proposed the way forward to accelerate its creation.

The delegates commended the key achievements made so far which include among others, the development of a concept note, establishment of a multinational taskforce comprising of 16 Member States to develop the modalities and roadmap for establishment of the Centre and assessment of existing centres of excellence in Africa. The delegates also recognized and discussed the challenges in the establishment of the centre which include the role of WHO in the Centre, which African countries and institutions should be part of the ACDC and the challenges of mobilizing the necessary resources (financial and human) for its establishment.

Further, the delegates proposed adaptation of the Centre to the African context and the use of existing public health infrastructures such as National Centres for Disease Control and WHO collaborating centres as a basis for its establishment. In this regard, they encouraged Member States to urgently reach consensus on the centres which would be included in the Africa CDC. The delegates also called for sustainable mechanisms to ensure availability of adequate resources (human and financial) for effective its establishment.

The delegates noted the importance of the Africa CDC and its potential to improve health security in the Region and called for accelerated efforts for its establishment. They emphasized the significance of clarifying the roles and responsibilities of stakeholders who are involved in the Centre in order to avoid duplication of efforts. Specifically, the delegates would appreciate clear demarcation of roles between WHO, the African Union and the Centre. They mandated WHO to provide technical leadership to the Centre under the overall leadership and ownership of Member States.

Furthermore, the delegates proposed adaptation of the Centre to the African context and the use of existing public health infrastructures such as National Centres for Disease Control and WHO collaborating centres as a basis for its establishment. In this regard, they encouraged Member States to urgently reach consensus on the centres which would be included in the Africa CDC. The delegates also called for sustainable mechanisms to ensure availability of adequate resources (human and financial) for effective its establishment.

1. How should countries improve the operations of the APHEF?

Countries should utilize the operations manual, and the guidelines provided by secretariat on the use of the Fund. We should also quickly review the criteria for calculating contributions and levels of contributions by Member States to the Fund. While Zimbabwe has benefited from the fund during a national disaster, it has been difficult for the Minister of Health to convince treasury to release our annual contributions. Support is required to make the APHEF contribution a national budget line item in order to ensure country compliance and prioritization of health disaster emergencies.

Countries should familiarize themselves with the Fund’s mechanisms for identifying and approving disaster emergencies for APHEF support and the mechanisms for accountability in the use of the funds in line with the Regional Director’s accountability strategy.

Member States should generate reports on how this fund has made a difference in our approach to detecting and effectively managing health disaster emergencies as a way of strengthening the implementation of the IHR (2005), and address the local, regional and global health security threats.

2. What do you suggest as the basis of appropriate contributions by Member States (MS)?

We are in agreement with a review of the criteria for assessing contributions by MS, from what Zimbabwe accessed in 2013, the allocated contribution appeared fair. The current fiscal challenges in the country have affected our ability to honor our commitment, but we sincerely hope to address the situation as best we can.

3. What should be the eligibility criteria for countries to access the APHEF?

All countries, regardless of income levels should be eligible to access the Fund, because when disaster strikes everyone requires support. The provision for emergency support should therefore be kept open, and use the disaster rating to deploy the APHEF resources, unless a country demonstrates that it can cope.