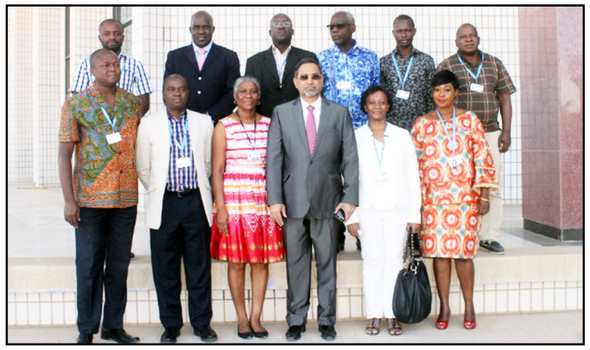
PHOTOS OF RC65 SUPPORT TEAMS



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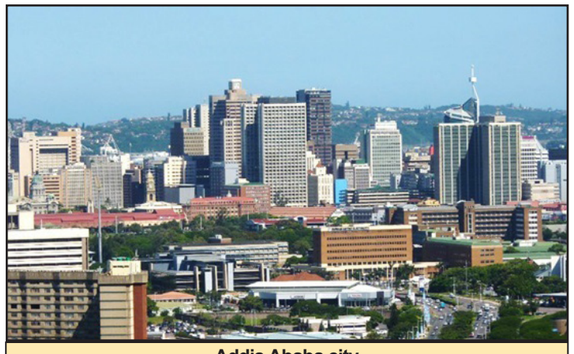
PROVISIONAL PROGRAMME OF WORK, DAY 5: Friday, 27th November 2015

10:00–11:00	**Agenda Item 19**	Adoption of the Report of the Regional Committee (Document AFR/RC/65/14)
11:00–12:30	**Agenda Item 20**	Closure of the Sixty-fifth Session of the Regional Commitee

Dates and place of the Sixty-sixth session of the WHO Regional Committe for Africa - 27th to 31st August 2016
Addis Ababa
Federal Democratic Republic of Ethiopia



Addis Ababa city

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PROGRESS ON HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS AND THE POST 2015 HEALTH DEVELOPMENT AGENDA

At the 65th session of the WHO African Regional Committee, the African Ministers of Health discussed progress made towards attaining the health related Millennium Development Goals and re-affirmed their commitment to the Sustainable Development Goals. The 17 Sustainable Development Goals were unanimously adopted by Heads of State at the United Nations General Assembly in September 2015.

Health cuts across 14 of the 17 Sustainable Development Goals. The 3rd goal specifically aims to ensure healthy lives and promote well-being for all at all ages. The WHO Regional Director for Africa indicated that the Secretariat is discussing how best to support Member States in the domestication of the post 2015 Development Agenda and emphasized the need to start implementation of concrete actions early.

Although the MDG agenda is unfinished, the progress made in its implementation was noted, particularly in tackling HIV/AIDS, Malaria and Tuberculosis. Thirty seven countries have significantly reduced HIV/AIDS incidence and 29 Member States have reduced malaria incidence significantly. In addition, 6 Member States have reduced under-five deaths by two-thirds between 1990 and 2015 while 10 Member States are on track to achieve this goal. For the 5th Millennium Development Goal on improving maternal health, 4 countries have achieved a 75% reduction in Maternal Mortality Ratio.

On the whole, Member States endorsed the report of the Secretariat and provided some specific comments for consideration. They highlighted some the facilitators of progress such as strong country ownership and leadership as well as community participation. Delegates noted that there was still a high level of inequality, even where MDGs had been achieved. Impediments to progress included persistently weak health systems and inadequate financial and human resources.

Recognizing that “Health is Wealth”, delegates emphasized the need to focus on multi-sectoral actions and promote “Health in all policies”. The need to strengthen national health information systems as a means to improve data quality and accuracy was emphasized. The focus on Universal Health Coverage and improving quality of health services are crucial for achieving SDGs. Revitalization of the Primary Health Care approach and increased focus on the 6 health system building blocks is needed to mitigate future health threats in countries. Member States acknowledged that with the ambitious SDGs targets, the support of WHO is needed more than ever and therefore requested the Secretariat to strengthen the capacity of WHO country offices in line with current needs of Member States.

Member States committed to the proposed actions in the report, and asked for WHO’s continued support. It was also agreed that countries should strengthen their health systems to ensure achievements of SDGs. Countries should adopt a multi-sectoral and comprehensive approach in the post-2015 development agenda.

INTERVIEW WITH HON DR KEBEDE WORKU ADMASSU STATE MINISTER OF HEALTH, REPUBLIC OF ETHIOPIA

Hon. Dr Kebede Worku Admassu
State Minister of Health
Republic of Ethiopia

1. Ethiopia is the pioneer of the Reproductive, Maternal, Newborn and Child Health scorecard in Africa. How has this scorecard worked and how has it improved the survival of mothers and children in Ethiopia?

We started implementing the Reproductive, Maternal, Newborn and Child Health scorecard in 2013 but its design and issues related to electronic development started in 2012. The score card has helped us to improve the accountability framework as well as to mobilize political leadership from federal to the district levels.

The political leadership apart from the health sector has started to visualize the indicators by simply using the three colours - red, green and yellow on the scorecard. If it turns out red, they will know it is something that is lagging behind or not performing as part of the target and they have to take corrective actions. Some districts are using the card to make corrections, intervene and at the same time to reward good performance.

Some districts are using the three colours on the scorecards as a method to guide discussions during review meetings. In the last two years, this has helped to significantly improve many health issues especially maternal care services. Family planning and the immunization programmes are also using this platform to share experiences.

Overall, the scorecard has helped to improve service delivery in relation to the set targets.

2. What challenges did you encounter in developing and rolling out the score card in Ethiopia?

Like any new tool the development process was not an easy task. To automate it was particularly not an easy. In addition the scorecard was not simply embraced by all because they knew it was going to track and reward performance. Data quality, timeliness, consistency, demographic differences and conversion factors are big challenges too.

3. What message would you like to give your fellow Ministers on the use of scorecards in their countries?

Scorecards are easy to implement because they are visual. They help attract the political commitment from the leadership at all levels and do not require additional or parallel system.

Scorecards can be integrated in the existing reviews as well as in monitoring and evaluation systems. Of course we need to build the capacities for the initiative or tool to work well.

They improve performance, management and tracking mechanisms, community engagement and mobilization of other sectors because, as you know, health is the responsibility of the entire political and social leadership. From what we have witnessed, scorecards are very useful.

INTERVIEW WITH DR HURUNA BABA JIBRIL HEAD OF DELEGATION, BOTSWANA

1. What are the major lessons that countries in the African region can learn from your country on the attainment of the MDG targets?

Dr Huruna Baba Jibril
Deputy Permanent Secretary
Republic of Botswana

Botswana is classified as a high middle income country and by virtue of that classification, we are expected to shoulder most of our problems especially in the health sector. With the MDGs we realized that we needed to make extra investment to achieve them. We have done well on some and on others we haven't. If you look at MDG 6 HIV/AIDS we have rolled out antiretroviral treatment to more than 95% of the population. We have reduced mother-to-child transmission of HIV to less than 3% which is really very remarkable and that has gained international recognition. We have done quite well on under-5 and infant mortality especially on infant mortality. We have reached that target of 17 per 1000 live births which is actually in excess of the MDGs targets. For the under-five mortality the target is 26 per 1000 live births and we are at 28 so we are almost there.

Where we haven't done very well is on maternal mortality because it started at very high level and considering where we came from and where we are now, we think we have done quite well. That is one area we think we need to strengthen our efforts.

The lesson learnt is that after the decision to implement the MDGs is taken, you need to make extra investment, to put more money and to train health workers. You need to find innovative ways of delivering services to achieve your targets.

2. How will the post-2015 Health Development Agenda accomplish the unfinished health issues of the MDGs?

For us it is a bit more complex this time round. Even before the SDGs, we have put in place strategies to achieve them. We have now zoned Botswana into 10 zones, appointed very experienced midwives and conducted training for health workers.

To graduate from the MDGs to SDGs we have to keep the health parameters on the SDGs. It is the unfinished business from the MDGs that we think should come first. We think that going forward our efforts should continue to achieve those unfinished business from the MDGs especially maternal mortality.

Of course even under five mortality we need to push on as we haven't reached the targets. The most important thing is to keep the agenda on as we move to the SDGs. The SDGs is not something coming from WHO. These are people's SDGs. There are a lot of components that are integrated, for example, we have reduction of poverty, education, environment so it is a lot more complex.

The major issue here is that we need to have a clear way of tracking them because now there are more targets and indicators. This is a lot more complex but what I think should happen is to identify for each country the priorities so that they pay attention to them with assistance of international organizations.

3. How WHO/AFRO should assist countries to achieve the objective of the post-2015 Development Agenda?

WHO has been with us all along, it has been very supportive and we appreciate that. But going forward, WHO should assist us to prioritize and conceptualize the way forward and on how best to meet the targets. That should be done very early as this is the time to move forward.

INTERVIEW WITH THE MINISTER OF STATE IN CHARGE OF PUBLIC HEALTH AND PRIMARY HEALTH CARE HON. DR PATRICK C. NDIMUBANZI, REPUBLIC OF RWANDA

1. What is Rwanda doing on the Social Determinant of Health (SDH)?

The vision of our health sector policy is to "Pursue an integrated and community-driven development process through provision of equitable and accessible quality health care services".

Therefore, in Rwanda today, any policy developed in health sector is guided by the following principles:

(a) **Integrated** and aligned to national goals and priorities. This also includes full decentralization and well-coordinated health services to ensure access and quality.

(b) **People-centered**, which is, valuing the community. The policies should target equity and well-being of individuals and communities focusing on marginalized groups and gender equity.

(c) **Sustainable,** building staff capacity and prioritizing value for investment. The policies should be cost effective, promote rigour and transparency of outcomes for evidence-based planning. In addition, they should promote self-reliance of organizations and individuals through the private sector.

Our Health Sector Policy was developed through an extensive consultative process with stakeholders, including the social cluster ministries, other ministries dealing with the social determinants of health, multilateral and bilateral development partners, civil society, faith based organizations and the private sector.

2. What is your government doing to implement the Regional Strategy on the Social Determinants of Health and to promote inter-sectoral collaboration?

The Government of Rwanda has made commendable progress in addressing social determinants of health through the use of a multi-sectorial approach. In 2008, the Social Affairs Cluster of ministries was established with the aim of coordinating and increasing synergies among various government institutions to help strengthen the implementation of social programmes at the national and district levels.

Rwanda is implementing all the Rio Declaration recommendations to countries which are i) to adopt better governance for health and development; ii) to promote community participation in policy-making and implementation; iii) to further reorient the health sector towards reducing health inequities; iv) to strengthen global governance and collaboration (Partnership); and v) to monitor progress and increase accountability.

Hon. Dr Patrick C. Ndimubanzi,
Minister of State in Charge of Public Health
and Primary Health Care, Republic of Rwanda

Some of the achievements made in Rwanda through coordinated, systematic multisectoral action include improvements in maternal and child health outcomes, increased health insurance population coverage and tackling malnutrition through implementation of the Nutrition Joint Action and Nutrition Strategic Plan.

3. What can other countries learn from Rwanda?

There are many lessons but I will mention only a few:

- The work and collaboration of the Social Affairs Cluster and decentralization of service delivery up to village level
- Our vibrant Community Health Program
- The Early Childhood Development Program
- Our multi-sectorial efforts to reduce/eliminate malnutrition and stunting
- The development, implementation and monitoring of Economic Development and Poverty Reduction Strategies
- The 12 years Basic Education for all Policy
- Women empowerment and promotion of gender equality.

INTERVIEW WITH DR JOSÉ VAN-DÚNEM, MINISTER OF HEALTH, ANGOLA

1. What is Angola's position on the new Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN)?

Angola views the creation of ESPEN as a step forward for the simple reason that the previous project was based on the distribution of ivermectin, and consequently covered only a fraction of neglected tropical diseases, with a focus on mass drug administration. This new approach does not focus on the targets alone. Rather, it is a multifaceted initiative that includes vector control, preventive chemotherapy, poverty reduction, enhanced productivity and improvement the quality of life in affected areas. The result is greater progress in the control of NTDs.

2. How do you assess the challenges and the objectives of ESPEN in countries where NTDs are endemic?

This set of five tropical diseases are neglected because, unlike other diseases, they do not have a wide variety of modern drugs. However, the inclusion of these diseases on the national and global agendas, will create an opportunity for more research and arouse the interest of pharmaceutical companies, thereby spawning new initiatives that enhance NTD control. As a result, these diseases will no longer be neglected and will, consequently, enjoy the same level of attention as malaria, tuberculosis and others.

The affected population in these countries is huge and the disability caused by some of these diseases is severe, meaning that national development and wealth creation capability are compromised. Consequently, this is a major step forward, in terms of health and wellbeing.

3. What recommendations do you expect RC65 to issue on these matters?

Dr José Van-Dúnem
Minister of Health
Angola

First of all, that we should engage in advocacy in order to equip our opinion leaders with the tools they need to become key players in knowledge dissemination; secondly, we should advocate for increased national funding to finance the response to these diseases. So far, such response has been heavily dependent on international donations; hence, there is need to consider an arrangement that includes national donations as well. Certain sectors that could get involved in such activities have either failed to do so or made only a timid attempt. Furthermore, national health systems also have to adapt in order to organize a more effective response.

Angola has embarked on the decentralization of health services as part of a drive to expand and finance primary health care under the leadership of municipal authorities. This process will serve as a key mechanism that enhances responsibility, such that neglected diseases become a national priority and health systems are further strengthened.