

RC64 GUIDE AND CONTACTS



WHO CONTACT PERSONS

1. DR YOUSSEF GAMATIE, WHO COUNTRY REPRESENTATIVE	TEL.: 97 97 82 82
2. DR ARISTIDE ROCH SOSSOU, ACCOMMODATION	TEL.: 97 60 40 95
3. MR COLLINS BOAKYE-AGYEMAN, COMMUNICATION & MEDIA	TEL.: 61 69 40 57
4. MR PATRIC AVOGNON, TRANSPORT	TEL.: 61 69 40 92
5. MR RODRIGUE HOUNTY, TRANSPORT	TEL.: 97 14 44 09
6. MRS ENIKO TOTH, LOGISTICS	TEL.: 61 69 40 81
7. MR THOMAS BIKOUMOU, IT	TEL.: 61 69 40 72
8. MRS LYDIA AHOJANGBO, EXHIBITION	TEL.: 97 29 02 57

MEDICAL SERVICE CONTACT PERSONS

1. DR ROLAND RIZET, WHO PHYSICIAN	TEL.: 61 69 41 13
2. DR ROGER RAKOTOMANGA	TEL.: 96 59 80 81

SECURITY CONTACT PERSONS

1. MR SYLVAIN DAVI, UNDSS	TEL.: 96 38 07 05
2. MR HUGUES ADJOVI, POLICE COMMISSIONER	TEL.: 97 06 15 57



The WHO Director-General and the Regional Director for the African Region after being awarded by the Government of Benin for their work

PROVISIONAL PROGRAMME OF WORK DAY 4: Thursday, 6th November 2014

08:30–09:30	Agenda item 12	Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC64/5)
09:30–10:00	Tea break	
10:00–11:30	Agenda item 13	Implementation of the WHO Programme Budget 2014–2015 in the African Region (Document AFR/RC64/8)
11:30–13:00	Agenda item 14	Viral Hepatitis: situation analysis and perspectives in the African Region (Document AFR/RC64/6)
13:00–14:30	Lunch break	
14:30–16:00	Agenda item 15	WHO Reform: Draft Proposed Programme Budget 2016–2017 (Document AFR/RC64/10)
16:00–16:30	Tea break	
16:30–18:00	Agenda item 16	WHO Reform: Strategic budget space allocation
	16.1	Strategic budget space allocation (Document AFR/RC64/11A)
	16.2	Operational Segments (Document AFR/RC64/11B)

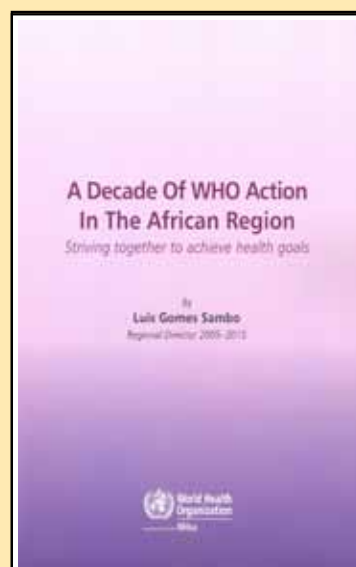
A DECADE OF WHO ACTION IN THE AFRICAN REGION

On 3rd of November, the WHO Regional Director, Dr Luis Gomes Sambo, launched the report on “A Decade of WHO Action in the African Region - striving together achieve health goals”.

Dr Sambo in his report, mentioned that the African Region’s public health load has been heavy, but WHO/AFRO has taken significant steps to ease it.

The ten chapters of the Regional Director’s report are:

1. Restructuring WHO in the African Region;
2. Strengthening health delivery;
3. Putting the health of mothers and children first;
4. Accelerated action on HIV/AIDS, TB and malaria;
5. Intensifying the prevention and control of communicable diseases;
6. Noncommunicable diseases;
7. Accelerating the response to the determinants of health;
8. Looking after the team;
9. Looking ahead; and
10. A final word on the MDGs.



VOTING FOR THE NEW REGIONAL DIRECTOR FOR THE AFRICAN REGION

Today is the last stage of the process to nominate the candidate whose name will be submitted to the Executive Board for appointment.

The voting will follow as in paragraph 8 of Rule 52 of the Rules of Procedures:

- Each representative places the name of one candidate on his or her ballot paper.
- If no candidate receives a majority of votes from the representatives present and voting, the candidate receiving the least number of votes is eliminated at each ballot until a candidate receives the required majority.
- Rule 48 of the Rules of Procedure of the EB provides that the appointment of a Regional Director shall be for five years.



Prof. Thérèse Aya N'Dri-Yoman
Côte D'Ivoire



Dr Jean Marie Okwo-Bele
The Democratic Republic of Congo



Dr Fatoumata Nafou-Traoré
Mali



Prof. Dorothee Kinde-Gazard,
Benin



Dr Matshidiso Rebecca Moeti
Botswana

The above candidates were interviewed by delegates to the 64th Session of the WHO Regional Committee for Africa.

Voting takes place today.

Contents

Interview with the Minister of Health, Tanzania	2
Interview with the Health Policies Adviser, MoH, Guinea	2
Interview with the Principal Secretary of Health, Kenya	3
Interview with the Minister of Health, Angola	3
RC 64: Guide and contacts	4

PROVISIONAL PROGRAMME OF WORK DAY 3: Wednesday, 5th November 2014

08:15–08:30	Agenda item 5 (cont'd)	Report of the Subcommittee on Credentials
08:30–10:30	Agenda item 8 (cont'd)	Nomination of the Regional Director (Voting—closed meeting) (Document AFR/RC64/INF.DOC/5)
10:30–11:00	Tea break	
11:00–12:30	Agenda item 9	Progress towards the achievement of the health-related Millennium Development Goals in the African Region (Document AFR/RC64/4)
12:30–14:00	Lunch break	
14:00–16:00	Agenda item 10	Ebola virus disease outbreak in West Africa: update and lessons learnt (Document AFR/RC64/9)
16:00–16:30	Tea break	
16:30–18:00	Agenda item 11	African Public Health Emergency Fund: accelerating the progress of implementation (Document AFR/RC64/7)

INTERVIEW WITH THE MINISTER OF HEALTH, TANZANIA



Hon Dr Seif S. Rashid,
Minster of Health of Tanzania

The United Republic of Tanzania is one of the four countries in the African Region that have already achieved the MDG target to reduce child mortality by three quarters. Hon Dr Seif S. Rashid, the Minister of Health explains some of the reasons behind this achievement.

1. What lessons would you like to share with other member states on this achievement?

The reduction of under-five and childhood mortality in Tanzania is due several factors. One of these is the control of killer diseases such as acute respiratory infections and diarrhoea through personal hygiene and sanitation. Curative services are insignificant in the reduction of under-

five morbidity and mortality.

On the other side immunization is very important. The more children you protected against immunizable diseases the less morbidity and mortality you will have. For Tanzania, the immunization coverage is over 90% and that is one of the key factors that have enabled us to achieve the MGDs number 4 before 2015.

There is accessibility to health services, reforms in the provision of health care and participation of the people in health care provision. For Tanzania we call this the Primary Health Care Development Plan that incorporates communities in the construction of dispensaries, health centres thus significantly improving access to health care services.

Of course, the leadership and willingness of the politicians and the government to ensure that everything is taken on board are also critical. We have not left behind private sector because they have big role in the reduction of morbidity and mortality. This is what Africa can learn from Tanzania.

2. In your opinion what are the main challenges faced by countries in the African Region in achieving the MDG targets?

The challenges are very similar in most of our countries. For example, the number, availability and distribution of human resources are big challenges. The few health workers available are allocated in particular areas living others without.

Then there is lack institutional reforms and uneven income distribution in the population. At the same time, Tanzania and other African countries have been struck by the global economic situation that has affected our economies.

In some countries the political will and commitment of government to health care have lagged behind. The other issue is lack of the enabling environment to attract investment and encourage private sector development. As I said before, the private sector is really a key partner in the provision of health care in addressing a lot of health care challenges.

3. What immediate actions are needed to overcome these challenges?

We need to address the human resource challenge, that is, training, deployment and remuneration of health workers. We should devise the best ways of putting the MDGs agenda in our country's national comprehensive plans, to have budgets and the commitment to allocate enough resources to implement actions on MDGs. Countries should ensure stakeholder participation and involve them in planning and implementation of activities. The private sector should never be left behind. We need innovative ways of mobilizing financial resources for the health sector and where feasible, institutionalize universal insurance coverage.

INTERVIEW WITH THE HEALTH POLICIES ADVISER, MINISTRY OF HEALTH AND PUBLIC HYGINE, GUINEA

1. Guinea is one of the three countries highly struck by the Ebola Epidemic in West Africa. What is the current epidemiological situation?

The Ebola virus disease outbreak was declared in Guinea last March. However, we are aware that the first cases were reported in December 2013. Since that time up to the end of October 2014, the country notified almost 1600 cases with approximately 800 deaths with an estimated case fatality rate of 50%. The epidemic progressed in waves. We hoped to have controlled the outbreak by June 2014. Unfortunately, after 2 to 3 weeks of calm in July, the epidemic re-emerged. This period coincided with recrudescence in Liberia and Sierra Leone our neighbours. Since that time up to mid-October, the number of cases and deaths continued to increase. But we are entering an optimistic phase because for two weeks now, we are registering a reduction in the number of cases and deaths in Guinea as well as in other countries affected by the epidemic. However, we will not declare victory so early because we still need to strengthen the control of the epidemic to ensure that the mistakes made at the beginning are not repeated.



Dr Mohamed Lamine Yansané
Health Policies Adviser, Ministry of
Health and Public Hygiene, Guinea

2. What are the main challenges that your country is facing to contain the epidemic?

The main challenge is the diagnosis and contact tracing. Unlike DRC where the epidemic was localised, in Guinea it is generalized, and is concentrated in urban areas where population mobility is very important. This is why the containment strategies didn't achieve good results. On the other hand, it is critical to ensure that all contacts that are requested to stay at home have means to survive the 21 days of confinement. The second challenge is the population participation in this struggle. Even now, we still have people denying the epidemic. Several communities do not believe that Ebola is in the country and therefore they are not collaborating in the control efforts. It is required that health services identify the best possible strategies for community participation. There is also need to create cells at community level to ensure that communities are involved in the identification of cases and in contact tracing.

3. What is planned to contain the epidemic?

With support of the international community, today we are in process of increasing the number of the Ebola Treatment Centres, establishing Community Care Centres in affected villages and sensitization of the population. These pillars are critical and we expect that the conditions for care and treatment of patients will improve with ambulances, the centres for treatment and mainly with the training of staff. As you know the epidemic surprised us. We had neither structures nor trained personnel to face the epidemic. One of our challenges is establishing structures and trained personnel and involvement of communities in this struggle.

INTERVIEW WITH THE PRINCIPAL SECRETARY OF HEALTH, KENYA



Dr Khadijah Kassachoon
Principal Secretary of Health, Kenya

1. What in your view were the major achievements during the tenure of the outgoing RD?

The outgoing Regional Director has made several achievements. Overall we have seen general improvements on communicable diseases especially through high immunization coverage against measles, polio and diphtheria. We have also seen great progress in polio eradication with only a few countries reporting outbreak cases per year. New vaccines have been introduced for pneumonia, rotavirus, meningitis and HPV. This has reduced mortality and morbidity in the Region.

On HIV/AIDS we have seen decreased incidence of HIV infections in most countries as well as reduced mother-to-child transmission of HIV. Medical Male Circumcision was introduced and this has contributed greatly to HIV prevention.

Screening for TB patients is now up to 75% and there is great improvement in the treatment success. Development of green-light mechanism has increased access to second line TB Drugs. For malaria we have seen trends reducing by 31 percent from 2000 to 2010.

For Noncommunicable Diseases the endorsement of the Brazzaville declaration enabled countries to focus on innovative strategies of dealing with NCDs. Surveillance for NCDs has improved in many countries and this has provided data for decision making. Indeed, many countries have formed units and programmes to address NCDs.

Child, adolescent, maternal health and ageing have all witness significant improvements. There is also a strong advocacy for women's health in the Region.

We have also witness the drafting, signing, ratification and implementation WHO Framework Convention on Tobacco Control by many countries in the Region. This has led to development and enactment of legislation banning smoking in public places, prohibition of tobacco advertising on national media and introduction of mandatory graphic warnings on tobacco products in some countries.

On provision of health services there has been adoption of the regional roadmap for scaling up the health workforce for the period 2012-2015. This roadmap is to help meet the urgent need for universal health coverage.

2. What, in your opinion, are the priorities that new Regional Director should focus on in the next 5 years?

The next RD should ensure that there is better coordination in the response to the Ebola Virus Disease epidemic in West Africa. At the moment there are so many interested organizations and agencies but coordination has not been very strong. The RD should also assist countries technically and financially to build better capacity for disaster preparedness and response.

At the same time, the next RD should focus on formulating strategies to ensure that gains made in achievement for the health MDGs are sustained beyond 2015. The post 2015 development agenda should focus on universal health care.

Resource mobilization for health is another area the next RD should focus on. It will also be important for the next RD to coordinate the Region to carry out and invest more in research and development in health areas that are of priority.

INTERVIEW WITH THE THE MINISTER OF HEALTH, ANGOLA



Dr José Vieira Dias Van-Dúnem
Minister of Health, Angola

1. The contribution of Member State to the African Public Health Emergency Fund is still a challenge. What solutions could Angola suggest to improve the Member States contributions?

We understand that emergencies are unexpected phenomena and when the Regional office advocated for the establishment of this Fund, Angola contributed. We think that there are measures to be implemented such as: the tobacco and alcohol taxation, taxes on natural resources, particularly minerals for countries with such resources. All of this could be an important source to ensure financing of the African Public Health Emergency Fund.

Unfortunately, most countries have not yet contributed to the Fund. During the Ebola epidemic, which is affecting one part of Africa, the response was delayed mainly because there were no adequate resources to support the affected countries through WHO. Probably as lessons, we could understand that this would be money well spent. WHO has been very astute in the management of resources made available and therefore it is worthwhile that African countries contribute to this Fund.

2. There are two alternatives for management of this Fund, namely the WHO financial system or through the African Development Bank. What is your position?

The Angola position is that in the last ten years we are no longer hear about difficulties of financial management at WHO. We have even forgotten that this was one of the problems that the Organization had in the past.

With a well established financial reporting, good governance and transparent management, as WHO now has, it does not make sense that funds are removed from the Organization. We must strengthen WHO. We know the existence of difficulties related to the financing that has been reduced to ensure adequate quality human resources and therefore the management of the Fund by WHO will be a way to support the Organization to continue to have cadres with the necessary skills and quality.

3. Honourable Minister do you consider that an alliance with the private sector could strengthen this Fund?

The private sector is indispensable. It is part of the social responsibility and should be called to contribute to this and other Funds. Apart from the private sector, civil society must also contribute more. We must find innovations for society to participate in actions that will at the end benefit them. Therefore, the Member States need to devise innovative and attractive forms of funding to potentially contribute to funds like this one.