RC66: GUIDE AND IMPORTANT CONTACTS

HOTEL CONTACTS

1.	SHERATON ADDIS	TEL: 251 116 62 36 34
2.	RADISSON BLU	TEL: 251 115 15 76 00
3.	HILTON HOTEL	TEL: 251 115 51 84 00
4.	ELLIY INTERNATIONAL HOTEL	TEL: 251 115 58 77 73
5.	CAPITAL HOTEL AND SPA	TEL: 251 116 67 21 00
6.	INTERCONTINENTAL ADDIS HOTEL	TEL: 251 115 50 50 66

RESTAURANTS IN ADDIS ABABA

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

WHO CONTACT PERSONS

1.	DR. KALU, AKPAKA A, WHO REPRESENTATIVE	TEL: 251 944 25 23 26
2.	MR PIERRE LESSIMI, OPERATIONS OFFICER	TEL: 251 935 99 86 41
3.	MS LISHAN 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 AMPA TRESOR, TRAVEL OFFICER	TEL.: 251 967 88 2975
7.	MRS TOTH, CONFERENCE AND PROTOCOL OFFICER	TEL.: 251 965 55 66 52
8.	MR HOUNGBO KOFI, TRANSPORT OFFICER	TEL.: 251 967 88 29 80
9.	MR WOLDE BEKELE, TRANSPORT OFFICER	TEL.: 251 912 20 09 77

SECURITY CONTACT PERSONS

1.	POLICE HOT LINE :	TEL.: 991
2.	POLICE	TEL.:251 111 57 21 21
3.	UN SECURITY	TEL.:251 115 44 55 55
4.	UN SECURITY	TEL.:251 115 51 65 37
5.	UN SECURITY	TEL.:251 115 51 29 45
6.	WHO/FSO, 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 MEETINGS.

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 51 72 00 TEL.:251 115 51 58 28
2.	DR ROLAND RIZET, WHO	TEL.: 251 929 450 518
3.	UNECA AMBULANCE	TEL.: 251 115 51 42 02 TEL.:251 115 51 58 28

ACCESS TO THE INTERNET

Internet facilities are available throughout the Conference Centre and can be accessed via WIFI:

NETWORK: UNECA GUEST

NO PASSWORD REQUIRED

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

HELP DESK

For any inquiries or assistance, please call the Help Desk (Mr C Youdi, and Mr T.Meki) on: **(251) 0925 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, 22th 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 on progress towards the implementation of the strategy to put 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**

World Health Organization
REGIONAL OFFICE FOR Africa

JOURNAL

66th SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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

ISSUED IN ENGLISH, FRENCH AND PORTUGUESE

No. 03: 21th August 2016

PROVISIONAL PROGRAMME OF WORK DAY 3: Sunday, 21st August 2016

09:00–09:05	**Agenda item 4 (cont'd)**	Report of the Subcommittee on Credentials
09:05–10:05	**Agenda item 15**	Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC66/14)
10:05–10:30	**Tea break**	
10:30–11:30	**Agenda item 13**	HIV/AIDS: Framework for action in the WHO African Region 2016–2021 (Document FR/RC66/11)
11:30–12:30	**Agenda item 14**	Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016–2021 (Document AFR/RC66/12)
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
14:30–16:00	**Agenda item 17**	The African Public Health Emergency Fund (APHEF) – The way forward (Document AFR/RC66/15)
16:00–16:30	**Coffee break**	
16:30–17:30	**Agenda item 12**	Framework for implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC66/10)
17:30–18:00	**Agenda item 16**	Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/7)
18:00	**End of the day's session**	
18:30–21:00	**Evening Side Event – Stop TB**	

Contents

RC66 ADOPTS THE REGIONAL STRATEGY FOR HEALTH SECURITY AND EMERGENCIES 2016 - 2020 AND ENDORSES THE PLAN TO IMPLEMENT RECOMMENDATIONS ON INTERNATIONAL HEALTH REGULATIONS (2005)

The 66th Session of the WHO Regional Committee, underway in Addis Ababa discussed and adopted the Regional Strategy for Health Security and Emergencies 2016 - 2020. The Regional Committee also endorsed the WHO Plan for the implementation recommendations on the role of the International Health Regulations (IHR) 2005.

The Regional Strategy for Health Security and Emergency, 2016 - 2020 aims to contribute to the reduction of morbidity, mortality, disability and socio-economic disruptions due to outbreaks and other health emergencies in the WHO African Region.

The African Region is challenged by recurrent outbreaks and other health emergencies which also threaten national, regional and global health security. Outbreaks of Ebola Virus Disease in West Africa, Yellow Fever in Angola, the Democratic Republic of Congo and Uganda, the Zika virus disease in Cabo Verde and Guinea Bissau, Lassa fever in Benin and the humanitarian crisis in Central African Republic are a few examples among others.

WHO has developed and made available to Member States, frameworks and guidelines to help them deal with these emergencies. However, there was no global or integrated regional strategy that comprehensively addresses public health emergencies. The strategy that was adopted unanimously emphasizes the use of an "all-hazards approach" to prevent, detect and respond to health emergencies.

Delegates recognized the relevance of the strategy and made important contributions aligned with IHR. Most contributions centered on the One Health Strategy, cross-border and sub-regional collaboration, strengthening health systems and the role of WHO. Concerning the roles and responsibilities of Member States, the delegates deferred discussions on the African Fund for Public Health Emergencies.

In an earlier session, delegates encouraged WHO to continue its support for countries to build core capacities for IHR (2005) to improve countries' response to outbreaks and other public health threats.

The delegates also reaffirmed the need to build resilient national health systems that can respond to any public health event. They stressed the importance of improving the epidemiological surveillance, investigation, evaluation and in particular, risk mapping and communication to raise awareness and ensure community ownership.

It was also agreed to set up a platform for sharing lessons learned from the response to previous outbreaks in Africa, emphasing that these lessons could be used to strengthen health systems in the Region. Finally, the country delegates supported the proposal by WHO to conduct external evaluations to strengthen response capacity.

AFRICAN HEALTH MINISTERS ADOPT THE REGIONAL ORAL HEALTH STRATEGY 2016-2025

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 adopted 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 programme 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 involvement 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 guideline, 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.

WE NEED RESILIENT HEALTH SYSTEMS TO ACHIEVE UNIVERSAL HEALTH COVERAGE - DR CLEOPA MAILU, EBS

Dr Cleopa Mailu, EBS
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) to reach the most vulnerable people and guarantee access, affordability and adequate human capacity to deal with health issues. For Kenya, UHC is a process that was started towards the closure of MDGs. Our Vision 2030 guides us towards the achievement of UHC. Therefore in its implementation, we put mechanisms to cushion us from losing the gains and the impetus of the MDGs.

We introduced free maternity services in public institutions for pregnant 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 levels 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 prescribed minimum health care package. Additionally, we have insured orphans to access health care through the Ministry of Labour and Social Protection and 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 access care.

How is Kenya strengthening its health systems towards achieving UHC?

We have equipped 94 health facilities across the country to provide tertiary care. Towards this endeavor, the government has spent close to 38 billion Kenya 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 have had to map them and have built static and mobile clinics to enable the people access care closer to where they live.

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 leveraging information technology 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. In addition, we have injected USD 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 7.1% of our national budget which is below the Abuja target of 15%. That notwithstanding, the government is putting emphasis on the health sector as one of the pillars of development because without health all 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 might stop needed resources. UHC dictates building systems which can absorb any shocks or eventualities.

COMOROS ON THE VERGE OF MALARIA ELIMINATION- MRS. AHMED SAID HASSANI

Mrs. AHMED SAID HASSANI, Secretary General, Ministry of Health, Social Protection and gender promotion of Comoros

Comoros reduced morbidity due to malaria by 99.9% between 2010 and 2015, and since 2014, the country has recorded no malaria deaths. What facilitated this success?

The reasons are simple. 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 effectively supported by all of our partners, both technically and financially to enable us to achieve our objective 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 for treatment of simple and severe malaria. Another important recommendation was sensitization and community mobilization to get community involvement for all strategies. Thus, since 2007, with the support of China, the country decided to implement mass treatment with Artemisinin based Combination Therapy (ACT) strategy. In 2007 we achieved 80% coverage in Moheli Island and 60% 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 whole issue of inadequate human resources at country level in terms of quality and quantity 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 tank construction because in Comoros, we build tanks to collect water. This is a place for vectors to proliferate. Therefore, to 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,

Dr. Arlindo Nascimento Rosário, Minister of Health of the Republic of Cabo Verde

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

Cabo Verde is experiencing a Zika virus outbreak, with almost 8000 suspected cases recorded since 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 priorities were 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 caused by Aedes aegypti, which is the same vector that transmits the Zika virus. Considering the frequency of travel between Cabo Verde and Angola which experienced a yellow fever outbreak, we have strengthened our resilience in order to better respond to outbreaks in general. More specifically, in reference to Zika, our plan includes virology and entomology components that are implemented with the support of Institut Pasteur in Dakar, as well as significant measures on social mobilization and enhanced vector control. In July 2016, under the patronage of the Prime Minister of Cabo Verde, an awareness-raising and prevention campaign was launched to eliminate mosquitoes and promote community engagement. We needed to scale up the campaign because the rainy season was imminent in Cabo Verde. In 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 Sixty-sixth Regional Committee to adopt to help Member States mount a rapid 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. In fact, what is needed is intersectoral action that involves other ministries in addition to the ministry of health. Cabo Verde has already established such an intersectoral team to combat outbreaks. That is fundamental.