

## IMPORTANT CONTACTS

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## PANEL DISCUSSION

### TRADITIONAL MEDICINE : PRACTICES, PRACTITIONERS & PRODUCTS IN THE AFRICAN REGION

A panel discussion on "Traditional Medicine: practices, practitioners and products in the African Region" will be held tomorrow from 15:00 to 17:00 hours.

The Honorable Minister of Health of Angola and Chairperson of the RC62 will chair the panel discussion.

Two keynote speakers will introduce the topics for discussion, namely:

1. Professor Abayomi SOFOWORA (Nigeria), Former Chairman, WHO Regional Expert Committee on Traditional Medicine (Regulation of African Traditional Medicine: Practices, Practitioners and Products);
2. Mr Emmanuel SACKY (African Regional Intellectual Property Organization, ARIPO) (Intellectual property rights and indigenous knowledge).

The following panelists will then present their own experiences:

1. Professor Ange ABENA (Republic of Congo), Professor, Université Marien N'Gouabi. Former Minister of Higher Education and Research (Traditional Medicine Products).
2. Professor Drissa DIALLO (Mali), Director, Department of Traditional Medicine, National Public Health Research Institute and Member of WHO Regional Expert Committee on Traditional Medicine (Intellectual Property Rights).
3. Mrs Julie Quincy AYODELE (Nigeria), Traditional Medicine Practitioner (Practitioners).
4. Dr Felisbela GASPAR (Mozambique), Director, Traditional Medicine Institute (Practices, Practitioners and Products).



## PROVISIONAL PROGRAMME OF WORK, DAY 5: Friday, 23<sup>rd</sup> November 2012

10:00–11:30 Agenda item 27 Adoption of the report and resolutions of the Sixty-second Regional Committee (Document AFR/RC62/21)

11:30–12:00 Agenda item 28 Closure of the Sixty-second session of the Regional Committee.

## EVENTS AND SPECIAL SESSIONS

### THURSDAY, 22<sup>nd</sup> NOVEMBER:

12:30 Global Fund Joint Africa Constituency

15:00 Panel Discussion - Traditional Medicine: practices, practitioners and products in the African Region

## TRAVEL ARRANGEMENTS FOR DEPARTURE

**Participants are requested to provide their air tickets to the travel desk to allow the secretariat to plan individual travel arrangements.**

## DEPARTURES FLIGHT SCHEDULES AND PICK UP TIME FROM HOTEL TO AIRPORT

22 November 2012				
Airlines	Flights Number	Take-Off Time	Pick up Time	Remarks
Taaq Angola	DT 650	00H10	21H00	Night of 21 nov
Portugal Airlines	TP 288	09H25	06H25	
South Africa	SA 055	14H05	11H00	
Brussels Airlines	SN 359	20H25	17H25	
23 November 2012				
Royal Air maroc	AT 290	02H40	00H40	Night of 22 nov
Portugal Airlines	TP 288	09H25	06H25	
Kenya Air Ways	KQ 771	10H30	06H25	
Air Mozambique	TM 471	11H00	08H00	
Ethiopian Airlines	ET 850	13H50	10H50	
South Africa	SA 055	14H45	11H45	
Iberia	IB 6322	23H40	20H40	
Lufthansa	LH 561	23H10	20H10	
24 November 2012				
Taaq Angola	DT 526	07H00	04H00	
Arik Air	W3 117	07H00	04H00	
Taaq Angola	DT 587	07H30	04H00	
Portugal Airlines	TP 288	09H25	05H00	
Air Namibia	SW 773	12H15	09H15	
South Africa	SA 055	14H05	12H05	
KLM	KL 582	20H00	17H00	
25 November 2012				
Portugal Airlines	TP 288	09H25	06H25	
Taaq Angola	DT 741	11H00	08H00	
Taaq Angola	DT 577	12H15	09H15	
Air Namibia	SW 773	12H15	09H15	
Taaq Angola	DT 502	14H30	11H30	
South Africa	SA 055	14H45	11H30	
Emirate	EK 794	18H15	15H15	
Brussels Airlines	SN 359	20H25	17H25	
26 November 2012				
Royal Air maroc	AT 290	02H40	00H40	Night of 25 nov
Portugal Airlines	TP 288	09H25	06H25	
Ethiopian Airlines	ET 850	13H50	10H50	
South African	SA 055	14H05	10H50	



# JOURNAL

## 62<sup>nd</sup> SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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

ISSUED IN ENGLISH, FRENCH AND PORTUGUESE

No. 04: 22<sup>nd</sup> November 2012

## PROVISIONAL PROGRAMME OF WORK DAY 4 : Thursday, 22<sup>nd</sup> November 2012

08:30–10:00	Agenda item 21	Draft 12th General Programme of Work (Document AFR/RC62/17)
10:00–10:30	<b>Tea break</b>	
10:30–12:00	Agenda item 23	Proposed Programme Budget 2014-2015 (Document AFR/RC62/18)
12:00–13:00	Agenda item 24	Information
	Agenda item 24.1	Report on WHO staff in the African Region (Document AFR/RC62/INF.DOC/1)
	Agenda item 24.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC62/INF.DOC/2)
13:00–14:30	<b>Lunch break</b>	
	<b>Side Event</b>	<b>Increasing Africa engagement in Global Fund governance- organized by the Joint Africa Constituency</b>
14:30–15:00	Agenda item 25	Draft agenda, dates and place of the Sixty-third session, and dates and place of the Sixty-fourth session of the Regional Committee (Document AFR/RC62/20)
15:00–17:00	Agenda item 26	Panel Discussion — Traditional Medicine: practices, practitioners and products in the African Region (Document AFR/RC62/PD)
17:00	<b>Tea break and end of the day's session</b>	

## REGIONAL COMMITTEE 62 ADOPTS ROAD MAP ON HUMAN RESOURCES FOR HEALTH



Delegates at the 62<sup>nd</sup> Session of the WHO Regional Committee on Tuesday unanimously adopted the Road Map for scaling up the human resources for health to improve health service delivery in Africa.

The Road map proposes strategies and actions to overcome the health workforce challenges in Africa. Some of the proposed strategies include strengthening the capacity to countries in HRH governance and leadership; establishing or strengthening national regulatory mechanisms for the health workforce; improving coordination and harmonization mechanisms; and increasing investment in HRH production with appropriate skills mix.

Currently, in the African Region, 36 countries have a health human resources crisis and 10 of these face critical shortages. This acute shortage of skilled health works means that most countries are unable to avail appropriately skilled health workers in the right quantity where they are needed.

Delegates stressed the relevance of the Road Map noting that it is critical in the context of health systems strengthening for health services delivery and suggested that the Road Map should also address issues concerning recruitment, appropriate distribution of health workers between private and public sectors and between urban and rural areas. They raised concern over production, retention and motivation, norms and standards; and brain drain that have negatively affected service delivery in Africa.

To effectively implement the Road Map, delegates recommended that Member States should strengthen South-South cooperation as well as the role of the Ministry of Health in the production, recruitment and retention of health workers. They also recommended that Members States should ensure availability of appropriate infrastructure and equipment to improve the conditions of training institutions, working and living conditions of health workers.

Delegates recommended that WHO should continue supporting development and implementation of national human resources policies, strategic plans and road maps including monitoring and evaluation every two years. In addition, WHO is to facilitate the harmonization of norms and standards in collaboration with existing regional economic communities.

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## EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH OF SAO TOME & PRINCIPE



Minister of Health & Social Welfare,  
Sao Tome & Principe  
Dr. Carlos Gomes

**What are the main activities currently being undertaken in your country to strengthen health promotion and community participation?**

For many years the Government of Sao Tome and Principe has made numerous efforts to strengthen health promotion, focusing on the following interventions: health workforce training, collaboration and coordination with other sectors of government, promotion of partnerships with the private sector and academic institutions, carrying out research and involving communities and civil society organizations in identifying and addressing the health issues that affect communities.

With support from WHO, Sao Tome and Principe developed its National Health Promotion Policy in July 2010. This strategic document aims at improving the health and quality of life of the population. A number of initiatives are planned for 2013, including the development of a National Health Promotion Strategy, in the context of cooperation with WHO; implementation of several interventions in the field of education for health and community mobilization; drafting the "Manual on Education for Health and Nutritional Education", and the development of information, education and communication materials.

We will also carry out training for physicians on the theme of "Planning and Managing Programmes in Primary Health Care", given that these are decisively important for improving the efficiency and effectiveness of Primary Health Care delivery. As you can see, health promotion is a key priority for the Government of Sao Tome and Principe. However, the protection of health is the duty of one and all.

**What funding mechanisms exist in your country to ensure the proper financing of health promotion interventions in health programmes?**

Through the national budget, the Government of Sao Tome and Principe is constantly seeking to allocate funding for health promotion, prevention and treatment of disease, and convalescent care.

**How will the current Health Promotion Strategy contribute to improving public health in the African Region?**

We anticipate that the Health Promotion Strategy for the African Region will have a positive impact in African countries, provided they follow the guidelines laid down by the WHO Regional Committee for Africa at its 62nd session and put these into practice. As you know, today we approved a resolution on this topic, which clearly states what Member States must do to ensure that everyone achieves the goals that have been established. Everything will depend on whether or not the guidelines that have been established are followed.

**How can traditional media (TV, radio and information, communication and education materials) and modern media (Internet, mobile telephones, etc.) be used to train people on how to promote healthy behaviour for individuals, families and communities?**

I think the media play an important and essential role in awareness-raising, in training and in changing the behaviour of the various stakeholders (citizens, families and communities) during the process of promoting health. We should not forget that social media are the "fifth estate". Hence their importance and their role in promoting health. We need to be able to harness the power of these media for the public good.

## EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH OF MAURITANIA

**Mr Minister, what progress has been made in your country regarding the implementation of the International Health Regulations (2005)?**

The International Health Regulations (IHR) are a very important public health instrument in a country. Concerning IHR (2005) we have already covered several stages. We have set up an intersectoral committee, because the IHR do not concern only health. They also concern transport, civil aviation, ports, security forces, etc. Hence, it is the entire administration that is concerned. The intersectoral committee worked on the IHR document and we designated a health focal point. We organized an awareness-raising day for cadres of other government departments. We also prepared a follow-up report on IHR implementation which is transmitted each year to WHO. Regarding the 15 June 2012 deadline, the date on which countries were supposed to have completed their implementation process, we had obtained an extension and have made tremendous effort by providing WHO with a report. We also designated sectoral focal points in other government departments. With WHO support, our country adopted the enhanced documentary review methodology to evaluate IHR implementation capacities and prepare the 2012-2014 action plan to fill the gaps so as to have the required minimum IHR core capacities. Therefore, the entire mechanism has now been put in place for IHR implementation.

**What challenges are you facing in the implementation process?**

Mauritania is a very vast country, two-thirds of which is desert. We therefore have borders which are difficult to control. Our first challenge is how to apply the regulations at all borders. The second challenge concerns the mobilization of financial resources, because we generally have enormous problems in the sector, but financing is channelled to other sectors. The third challenge we are facing, but which we have started addressing, is intercountry cooperation. For successful IHR implementation, there must be cooperation between countries, especially at the border. In this regard, an extremely important effort is being made by the Senegal River Development Organization which brings together Senegal, Mali and Mauritania. There are extensive consultations between the member countries concerning communicable and endemic diseases in this region.

**How is Mauritania using the IHR (2005) to respond to cross-border epidemics of international public health concern?**

First of all, there is information sharing. The IHR enable us to share and receive information. Whenever an epidemic is declared in a country, WHO is notified and it sends the information to other countries. In this way, we are informed of the outbreak of epidemics. Also under IHR, we conduct joint vaccination campaigns. This is the case with the polio eradication initiative where synchronized campaigns are conducted. We also hold periodic consultations in countries.

**What challenges is your country facing regarding compliance with recommendations related to Yellow Fever in international travel in the context of IHR (2005) implementation?**

Concerning yellow fever, Mauritania is not an endemic country but we remain vigilant because we are a transit country for migrants. We experience a significant flow of populations transiting through Mauritania and who sometimes stay in the country for a long time. We are therefore very vigilant at points of entry on our borders. The populations of some endemic countries request vaccination certificates from us and we require that our pilgrims, when going for Hadj, are vaccinated against yellow fever. The cost of such vaccination is fully borne by the State.



Minister of Health, Mauritania  
Mr Housseynou Hamady Ba

## EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH OF THE GAMBIA

**What are the main challenges that your country is facing in terms of human resources for health?**

In The Gambia we still have limited capacity in our human resources for health. Currently, we have inadequate health workers like specialised doctors, high level nurses and midwives. Our challenge is on how to manage and distribute them evenly within the country so that they can provide the services and at the same time stay motivated and perform. There is dependency on external assistance, technical assistance and this is something that is quite challenging and worrying.

**What actions are planned to overcome the identified challenges?**

The Government of The Gambia has emphasized skilling up and doubling training of health workers across the board throughout the health professions. What we have decided to do is scale up training in health, training of the trainers and strengthening of the professional councils. It is very critical that we strengthen our councils so that they can not only do the right things but also do regulatory aspect in addition to monitoring the standards that are supposed to be established for the professions. We are trying to strengthen our planning directorate which has a huge stake

in human resources for health and in their management including, the Health Management Information System.

**In your opinion how can the proposed roadmap to scaling up the human resources for health contribute to addressing the human resources problems in the African region?**

The Gambia welcomes the Roadmap because it is really timely and it is necessary for scaling up of health human resources in our Region.

I think that it is very important in terms of raising the bar for training and education. These are some of the priorities and challenges we have and I think the Roadmap really addresses them. The roadmap is also timely in helping us come up with innovative means of motivating and also scaling up performance of health workers.

Human resource development has a lot to do with financial resources. Without adequate financial support to scale up the human resource in every aspect, from the training to motivation to getting the equipment that health workers need we cannot achieve much.

We did a short survey in my country and asked health professionals what they



Minister of Health, The Gambia  
Ms Fatim Badjie

needed most to keep motivated. Besides the remuneration some of them said just to have the right and adequate equipment was enough

motivation. So, from all angles, say, information gathering, computers, training, human resource development requires a lot of financial injection. We cannot establish and develop human resources for health without adequate financial resources.

## DECADE OF VACCINES AND GAVI ALLIANCE UPDATE



A side event on the Decade of Vaccines and GAVI update was organised 20th November and chaired by the Minister of Health of Angola, the Chairperson of the 62nd session of the RC.

Dr Luis Sambo, the WHO Regional Director for Africa in his introductory remarks stated that the Global Vaccine Action Plan (GVAP), which was endorsed by the World Health Assembly (WHA) in May 2012, define what the immunization community wants to achieve over the next decade. He also mentioned that the RC was expected to play a key role in facilitating the annual review of immunization progress as requested by Member States at the WHA.

Dr Nshimirimana from the WHO Regional Office

for Africa recalled that the WHA urged member states to apply the vision and the strategies of the GVAP according to countries' epidemiological situation paying particular attention to improving EPI performance, to commit resources to achieve goals and key milestones and to report every year the progress to the RC. However, countries should ensure that support to GVAP includes a strong

focus on strengthening systems and creating synergies with other primary health care programmes.

Dr Seth Berkeley the GAVI Chief Executive Officer, informed the audience that over half of the GAVI's disbursement is given to the African Region. Countries have so far immunised an additional 370 million children with GAVI support since 2001. He also said that the African Region has become a leader in introducing new vaccines against top killer childhood diseases and reaffirmed that vaccines are available to the world's poorest countries at significantly low prices. Dr Berkeley said that a new vaccine introduction grant and operational support for campaigns policy has

been recently adopted by the GAVI board and this will facilitate timely, effective implementation of critical activities.

Dr Christopher Elias, the President of Global Development at the Bill & Melinda Gates Foundation presented the progress of GAVI during the past 10 years. This has led to the Decade of Vaccines call to further build on the current momentum to bring the benefits of immunization to all people irrespective of who they are and where they live. He further announced that the BMGF is supporting cutting-edge technologies on the future vaccines and the Foundation will continue to sponsor the global vaccine research forum. Dr. Elias stated that strengthening vaccine delivery systems is of paramount importance and that improving data quality is necessary to direct programme decisions.

In his closing remarks, Dr. Sambo stated that support for national immunization programmes should be well coordinated, the introduction of new vaccines is still too slow and this need to be accelerated for the attainment of MDG-4.

The Chairperson of the 62<sup>nd</sup> session of the RC in his closing remarks highlighted the fact that every opportunity to introduce more cost-effective interventions to improve the well-being of the African population should be explored.