

RC65 GUIDE AND IMPORTANT CONTACTS

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4. DR ABDOULAYE ADAM DJOROU, MINISTRY OF HEALTH	TEL: 235 66 29 06 38

POLIO LEGACY – TRANSITION PLANS

A side event titled "Polio Legacy – Transition Plans" will be held today from 17:30 to 18:30 hours in room 142.

Participating countries: Angola, Chad, The Democratic Republic of Congo, Ethiopia, Nigeria and South Sudan.

The objectives of the event are to commit Member States to establishing a plan for transitioning all polio-funded resources by Q3-2016 and ensure government leadership in this process while working in close collaboration with partners and key stakeholders.

The session will be chaired by the WHO Regional Director for Africa.

Programme:

1. Introductions and opening remarks by the Regional Director
2. Roundtable discussion
3. Follow-up and closing

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.

The event is aimed at introducing the draft Africa Malaria Strategy and agree on the next steps towards its adoption and implementation. The session will be co-chaired by the Honourable Minister of Health of Ethiopia, the WHO Regional Director for Africa and the Commissioner of Social Affairs at the African Union Commission.

Programme:

1. Malaria control and elimination: where are we? Dr Magda Robalo, WHO/AFRO;
2. Abuja Declaration towards the elimination of AIDS, Tuberculosis and Malaria in Africa. Dr Mustapha Sidiki Kaloko, Commissioner of Social Affairs, the African Union Commission;
3. 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
4. Introduction of the Africa Malaria Strategy and its implementation framework. Dr Issa Sanou, Malaria Programme, WHO/AFRO
5. Next steps towards adoption of the Strategy by African Leaders. Dr Marie-Goretti Ndayisaba, Social Affairs Department, African Union Commission.

PROVISIONAL PROGRAMME OF WORK DAY 3: Thursday, 26th November 2015

09:00–10:30	Agenda item 8	Progress on health-related Millennium Development Goals and the post 2015 health development agenda (Document AFR/RC65/4)
10:30–11:00	<i>Tea break</i>	
11:00 – 12:30	Agenda item 17	Information
	Agenda item 17.1	Report on WHO staff in the African Region (Document AFR/RC65/INF.DOC/1)
	Agenda item 17.2	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC65/INF.DOC/2)
	Agenda item 17.3	Poliomyelitis in the African Region: progress report (Document AFR/RC65/INF.DOC/3)
	Agenda item 17.4	Progress report on the implementation of the Health Promotion Strategy for the African Region (Document AFR/RC65/INF.DOC/4)
	Agenda item 17.5	Progress report on the Strategy for Addressing Key Determinants of Health in the African Region (Document AFR/RC65/INF.DOC/5)
	Agenda item 17.6	Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region (Document AFR/RC65/INF.DOC/6)
	Agenda item 17.7	Progress report on the establishment of the African Medicines Agency (Document AFR/RC65/INF.DOC/7)
	Agenda item 17.8	Briefing on the new Neglected Tropical Diseases entity (Document AFR/RC65/INF.DOC/8)
12:30–13:00	Agenda item 18	Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and place of the Sixty-seventh session of the Regional Committee (Document AFR/RC65/13)
13:00–15:00	<i>Lunch break</i>	
15:00–16:30	Plenary Session	Health Security and International Health Regulations (hosted by WHO)
16:30–17:00	<i>Tea break</i>	
17:00–18:00	<i>Side Event</i>	<i>The Africa Malaria Strategy: Accelerating towards malaria elimination in Africa (Hosted by the Honorable Minister of Health for Ethiopia)</i>
19:00	<i>Dinner hosted by the Government of the Republic of Chad</i>	

SIDE EVENTS

UPDATE ON GAVI-THE VACCINE ALLIANCE (HOSTED BY GAVI)

Today from 13:00 to 14:00 a side event on GAVI- the Vaccine Alliance will be held with the following **objectives**:

- To provide an update to Ministers and other participants on the latest policy developments and strategic evolution with a focus on GAVI's new strategy on coverage, equity and sustainability.
- To provide countries the opportunity to share their experiences on these areas and give feedback to GAVI on how to work together to achieve objectives of the new strategy

Programme:

- Opening remarks by the WHO African Regional Director.
- Update from GAVI by Dr Hind Khatib Othman, Managing Director for Country Programme
- Countries' experience in achieving coverage, equity and sustainability on immunization
 - o Malawi
 - o Chad
 - o Ghana
- Discussion and Closing remarks



JOURNAL

65th 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: 25th November 2015

PROVISIONAL PROGRAMME OF WORK DAY 3: Wednesday, 25th November 2015

09:00–10:30	Agenda item 12	Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC65/8)
10:30–11:00	<i>Tea break</i>	
11:00–12:00	Agenda item 13	African Public Health Emergency Fund: stocktaking (Document AFR/RC65/9)
12:00–14:00	<i>Lunch break</i>	
13:00 – 4:00	<i>Side Event</i>	<i>Update on GAVI - The Vaccine Alliance (hosted by GAVI)</i>
14:00–15:30	Agenda item 10	Research for health: a strategy for the African Region (Document AFR/RC65/6)
15:30–16:00	<i>Tea break</i>	
16:00–17:30	Agenda item 15	Regional orientation on the implementation of the WHO Programme Budget 2016-2017 (Document AFR/RC65/11)
17:30 – 18:30	<i>Side Event</i>	<i>Polio Legacy – Transition Plans (Meeting hosted by Secretariat)</i>
18:30	End of the day's session	

ACCESS TO THE INTERNET

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

Palais 15 Janvier network.
Password: **palaistchad**

Cyber Cafe facilities are also available on the first floor of the Conference centre.

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THE TRANSFORMATION AGENDA OF THE WHO SECRETARIAT IN THE AFRICAN REGION 2015 - 2020

Delegates to the 65th session of the WHO Regional Committee for Africa discussed and endorsed the Transformation Agenda of the WHO Secretariat in the African Region from 2015 to 2020.

This agenda aims to enhance the Organization's leadership role in health development, reliability and effectiveness. Areas of focus of the agenda are pro-results values, smart technical focus, responsive strategic operations and effective communications and partnerships.

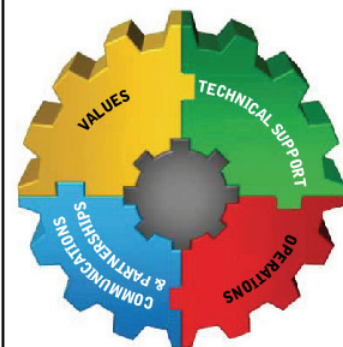
The WHO Regional Director for Africa, Dr Moeti, presented progress made in implementing the Transformation Agenda, details of which were available in the 100-day report that has been shared with the Member States. Among other measures, the Regional Director informed delegates that the Secretariat is strengthening accountability and internal control in its operations. She also indicated that the agenda will be measured and evaluated against a robust set of performance indicators, with rigorous monitoring and evaluation to gauge progress.

The delegates welcomed this agenda with its four focus areas which are expected to bring about positive change. A robust, capacitated and results-oriented Secretariat is essential for Member States. Recognizing that WHO cannot do everything, everywhere, the prioritization of WHO's work through smart technical focus was commended. Being cognisant of the fact that WHO's core work will be measured by better health outcomes in countries, delegates expressed the need to increase representation at country level.

Delegates indicated that there is need for the Organization to re-assert itself in health leadership and facilitate partner's coordination in the region. The proposal of the Secretariat to hold regional health forum every two years would provide opportunity for gathering other constituencies outside the health sector, including civil society, water, finance ministries, among others.

Following discussions, the delegates agreed that the Transformation Agenda should continue to provide the framework for future work of WHO in the Region. They also agreed that WHO should continue to develop capacity to support Member States in various priority areas based on the Organization's comparative advantage.

4 TRANSFORMATION FOCUS AREAS



ENHANCING CAPACITY FOR EBOLA OUTBREAK PREPAREDNESS, DETECTION AND RESPONSE IN AFRICA



During a session which took place on 24th November 2015, delegates at the 65th session of the WHO Regional Committee for Africa adopted a report which proposed a number of actions aimed at improving preparedness for, response to and recovery from Ebola Virus Disease (EVD) outbreaks in the African Region.

EVD remains a major challenge in Central and West Africa. The 2014 EVD epidemic in West Africa is unprecedented in terms of its scope, public health and socioeconomic impact with over 28,000 cases and 11,000 deaths reported so far. The severity of the outbreak is largely attributed to late detection, transmission in densely populated urban areas and chronically weak health systems in the affected countries. In addition, weak implementation of the International Health Regulations (IHR), inappropriate cultural practices and lack of experience of health workers about the management of the disease also exacerbated the situation.

The report urged Member States to strengthen community participation, ownership and leadership through better understanding of community beliefs and perceptions, production and dissemination of culturally sensitive messages to communities and strengthening of efforts towards achievement of zero cases. Other proposed actions are acceleration of health system recovery and strengthening, consolidation of emergency preparedness systems including strengthening of the IDSR and IHR systems. WHO was mandated to document the lessons learnt from this outbreak, re-inforce its leadership and capacity for technical coordination of epidemic response, accelerate mobilization of required resources for epidemic management, establish a regional emergency workforce and actively contribute to the ongoing discussions on WHO emergency reforms.

During the discussions leading to the adoption of the report, the delegates noted that most of the lessons highlighted are valid and therefore mandated WHO to rapidly implement the recommendations of the report and those of other Regional and Global resolutions on Ebola management. In addition to the actions proposed in the report, the delegates recommended strong political leadership at all levels, solidarity, collaboration and exchange of information among countries and adoption of multi-sectoral approaches for management of outbreaks.

Furthermore, the delegates highlighted the importance of accelerating the establishment of the Africa Centre for Disease Control, strengthening capacity for research and development of rapid diagnostic tools, essential medicines, vaccines and clinical care protocols for management of EVD and to scale up epidemic preparedness in the Region. Finally, the delegates called upon WHO to provide the required technical guidance for effective post-Ebola health system recovery in the affected countries.

INTERVIEW WITH HON. SARAH OPENDI MINISTERS OF STATE FOR HEALTH, REPUBLIC OF UGANDA

1. What can you say about the Transformation Agenda proposed by the WHO AFRO Secretariat?

I thank the WHO Regional Director Dr Moeti for full filling her pledge to transform WHO AFRO secretariat. The transformation agenda is a welcome idea because it focuses on results, tries to improve the technical work of the secretariat and of course, to improve communication and coordination with member states. I assure the secretariat of our full support and we shall do our best to walk the talk.



Hon. Sarah Opendi
Minister of State for Health
Republic of Uganda

2. How can member states assist the WHO AFRO Secretariat to improve on accountability?

We need to promote transparency as a first aspect. Information on all funding should be shared with all countries and leaders at different levels and of course there should be biannual reporting by countries to the WHO secretariat. If this is done, we shall be able to improve accountability rather than waiting until the end to give reports.

3. What improvements would you like to see in the technical work of the WHO Secretariat?

The secretariat working through the country representatives should hold regular meetings with Ministries of Health to ensure that people deliver results. We have to ensure that people are employed on performance contracts so that they deliver results.

In this way, WHO shall work better and of course give that required technical support. Those that occupy various offices must deliver results; they will do this better if they are given performance contracts.

When it comes to responding to epidemics for instance, we want to see WHO moving faster so that it leads the health agenda on the African continent. In West Africa we have had different players in the field and of course to me, this was part of the problem that contributed to failure to tackle the epidemic in a short time. WHO should remain the lead agency on health development in the African region and others should only play a complimentary role. If they are to do anything they should work closely or through WHO.

We also have the African Union (AU) that coordinates African countries. WHO should work with AU to promote one health agenda and avoid duplication. Sometimes the AU promotes a different health agenda, ministers of health make different decisions and WHO focuses elsewhere. At the end you fail to know who has driven what agenda or achieved what!

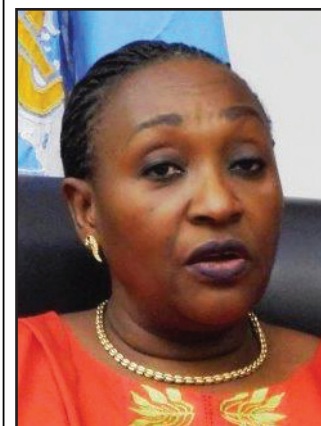
4. How can WHO enhance the South-to-South collaboration in dealing with public health problems?

Again, WHO should remain the lead organization so that if there is any emergency or outbreak anywhere any organization that needs staff goes through WHO. WHO should be the entity to identify and recommend technical staff to work in affected countries.

I urge WHO to develop a database of experts and an online mechanism to be able to quickly share information. The database of technical experts will facilitate formation of virtual Rapid Response Teams that can be easily and quickly deployed whenever needed.

WHO should focus on its core mandate. We want WHO to assist Member States with the Sustainable Development Goals and we want to see the global health security agenda closely followed through by WHO. This will ultimately benefit all of us.

INTERVIEW WITH DR RAYMONDE GOUDOU COFFIE, MINISTER OF HEALTH AND HIV/AIDS CONTROL, CÔTE D'IVOIRE



Dr Raymonde Goudou Coffie
Minister of Health and HIV/AIDS
Control

1. Because of Côte d'Ivoire's proximity to two of the three countries severely affected by the EVD it was feared that your country would also be affected. What are the key actions that your country took to prevent the epidemic?

Thank you for the opportunity for me to explain the policy, strategies and preparedness actions implemented to fight the Ebola epidemic.

Côte d'Ivoire borders Guinea and Liberia, two high-burden countries and given the significance of population movements it is at high risk of EVD transmission. Given

this situation, strategies were laid mainly at the highest level by the Head of State, Prime Minister and the entire Government. A pro-active approach was the basic principle in the fight against the epidemic.

Awareness and social mobilization allowed a strong community engagement leading to ownership of the fight against the disease. We very quickly established four coordination outposts at land borders with the affected countries. This initiative helped to strengthen actions in high-risk communities.

The community-based epidemiological surveillance has been critical. The training of health workers and the organization of simulation exercises helped reassure health personnel. At the early stage, the biosafety level at the

Pasteur Institute of Cote d'Ivoire (IPCI) was increased thereby enabling it to carry out biological diagnosis of EVD in Cote d'Ivoire.

2. What was the involvement of communities in the prevention against this disease?

As I noted above communities were highly involved in the fight. The involvement of religious and community leaders alongside the government in the fight against the disease has been significant. The communities were organized to support the work of the government especially in the detection of suspected cases. Community health workers accepted to be trained to participate in the contact tracing efforts.

3. What are the lessons learned by Cote d'Ivoire that you can share with other countries?

I can tell you that we have rich experience in EVD preparedness. The coordination of the preparations and response at all levels, capacity building of community health workers, early detection of cases and treatment and strengthening of diagnostic laboratories capabilities are essential elements.

In post Ebola crisis, our various health systems should be able to detect the smallest alerts in our countries for prompt response. This requires establishment of emergency management centers in our countries. I welcome the proposed establishment of the African CDC in the five regions. Recurring epidemics in Africa are impeding economic development. The involvement of the Ministers of Economy and Finance should allow allocation of necessary resources for rapid response.

INTERVIEW WITH DR MARIA CRISTINA FONTES LIMA, MINISTER OF HEALTH OF CABO VERDE



Dr Maria Cristina Fontes Lima
Minister of Health Cabo Verde

1. What problems and challenges need to be addressed to ensure that health resources contribute to the development of a resilient and flexible health care system in the African Region?

There is no doubt that the main problems are lack of funding and poor management. We need funding to increase, train, motivate and retain human resources and to build a health care system that enables us to adequately address all health challenges. We also need to ensure the efficient use of resources, promote accountability and make an effort to increase domestic funding. I am talking about the need for each country to spend at least 44 US dollars per capita.

It is not possible for countries that spend between 15 and 30 US dollars per capita to build resilient and flexible health systems. A clear message must be sent to our countries and our Heads of State that priority should be given to health. It has become clear that health must be taken seriously, otherwise we will end up with situations that paralyze the economy and reverse growth trends, as was the case with the Ebola virus disease outbreak in Liberia and Sierra Leone.

2. What concrete measures would you propose to address these shortcomings?

Dr. Margaret Chan has declared that we cannot continue with 'business as

usual'. We are living through times when aid is on the decline. Countries are making progress in various areas. Others have wealth that can actually be mobilized for health, but a home-grown funding effort must be made at the national level. Taxation in Africa must be organized such that persons who have the means can contribute to the building of a system that benefits everyone. We need enormous human resources in order to guarantee universal health coverage and efficiently manage available resources. We also need to encourage the contribution of our citizens and boost our capacity to mobilize the population. Finally, we must have the humility to request WHO to assess our health systems in a bid to help us understand our current status, our weaknesses and what we can do with available resources. Cabo Verde has already done this with the International Health Regulations.

3. What are the experiences that Cabo Verde would like to share with the Region, on building partnerships for training and strengthening human resources for health?

The private sector can certainly make a contribution in terms of human resources, equipment, medicines and diagnosis. Civil society organizations can play a crucial role, especially in prevention and health promotion. Cabo Verde signed the "IHP+ Global Compact", as part of our commitment to establish global partnerships for health, involving civil-society associations, faith-based institutions and municipalities to raise awareness, help people improve their health and promote healthy lifestyles. We lay much emphasis on disease control, building infrastructure and hospitals when we are in a position to improve the quality of life. Another best practice that has helped enhance and empower human resources is telemedicine. Cabo Verde focuses resources on densely-populated areas and promotes teleconsultations for the less-populated islands, thereby ensuring the proper and more rational management of its resources. The results have been fantastic.