



WHO Programme Budget 2010-2011 in the African Region

The PSC expressed concern about the impact of the severe income shortfall on priority programmes, leading to reductions in the numbers of staff and scaling-down of activities. They congratulated the Secretariat for the measures being taken to mitigate the situation. The Programme Subcommittee recommended that the partnerships between WHO, the Regional Economic Communities and the African Union Commission be strengthened in order to mobilize additional resources and provide synergized support to Member States for priority health programmes.

Orientations for implementing the WHO Programme Budget 2012-2013 in the African Region

Members of the Programme Subcommittee expressed concern about the reduction of 13.4% in the Programme Budget 2012-2013 as compared with the 2010-2011 biennium. They agreed with the proposed guiding principles for the implementation of the Programme Budget 2012-2013. They recommended that the technical support provided by WHO should facilitate the adoption of the Primary Health Care approach and the integration of vertical programmes into existing services in order to strengthen health systems. The PSC advised the Secretariat to use innovative strategies to mobilize resources and strengthen harmonization with other development partners in order to effectively align with country priorities.

Framework document for the African Public Health Emergency Fund

The meeting, while endorsing Scenario 1, agreed that the four proposed scenarios for financing the Fund from agreed appropriations from Member States be submitted to the Regional Committee for consideration. They suggested that the scenarios be updated using more recent data on GDP. They also suggested that every effort be made, including advocating with Heads of States, so that countries contribute to the Fund. The PSC recommended that the African Development Bank be kept as the fund trustee, while increasing the revolving fund, and that the name of the Advisory Committee be changed to the Monitoring Committee.

Bus Transport : Yamoussoukro to Abidjan

Day	Weekday	Departure hours
1st Sep.	Thursday	15:00
2nd Sep.	Friday	07:00
3rd Sep.	Saturday	07:00 09:00 11:00

Departure times are from the Hotel Des Parlementaires. Buses will depart from Hotel Le Président approximately 15 minutes later. Allow 4 hours to reach the Abidjan Airport from Yamoussoukro.

SOCIAL EVENTS

Thursday, 1st September :

- 20h00: Gala dinner at Hotel President, Poolside.

Friday, 2nd September:

- 13H30: City Tour
- 19H00: Religious Concert at the Basilique Notre Dame de la Paix.

WHO AWARDS CEREMONY



WHO AFRO's accomplishments would not be possible without the dedication and commitment from its staff. It's employees are the lifeblood pumping valuable technical knowledge for the Organization and for countries.

Following an intensive nomination process, which included all levels of staff in all locations of the Region, and after peer review, awards are granted to outstanding staff members, managers and teams in the WHO African Region.

The Awards and Recognition Programme promotes a culture of on-going recognition of WHO staff members to motivate them to contribute to the achievements of the Organization's goals.

The following were the 2011 nominees:

- M Phakama Brighten Dlamini
Secretary - WHO Country Office in Swaziland
Outstanding Staff
- Dr. Thomas Karengera
Technical Officer EHA Focal Point - WHO Country Office in Chad
Best Manager
- Dr. Pascal Mkanda
Medical Officer MCH Cluster - WHO Country Office in Ethiopia
Outstanding Team

2011 WORLD NO TOBACCO DAY AWARDS

As part of the commemoration of the World No Tobacco Day, 31st May 2011, the World Health Organization recognizes the services and efforts made by individuals, institutions and organizations towards tobacco control in countries.

The purpose of this initiative is to promote and encourage civil society to participate in tobacco control activities.

The six winners of the World No Tobacco Day awards were:

- * Associação para a Defesa do Consumidor
Cape Vert
- * Dr. Dionko Moaoué
Legal Adviser - Ministry of Public Health
Chad
- * Mr. Ibrahima Sory Cisse
President- Co-Founder de "Generation Sans Tabac"
Guinea
- * Mr. Haja Ramamonjisoa
President de NY SAHY
Madagascar
- * Mr. Ebeh Adayade Kodjo
Executive Director de "Alliance Nationale des Consommateurs et de l'Environment"
Togo
- * Mr. Killian Manyengawana
Graphic artist for Blue Africa LTD Company
Zimbabwe

61ST SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA



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PROVISIONAL PROGRAMME OF WORK, DAY 4: THURSDAY, 1 SEPTEMBER 2011

09:00-10:30	Item 14	Monitoring the implementation of the health Millennium Development Goals (Document AFR/RC61/9)
10:30 - 11:00		Tea break
11:00 - 12:30	Item 15	Framework for public health adaptation to climate change in the African Region (Document AFR/RC61/10)
12:30 - 14:00		Lunch break
14:00-15:30	Item 16	Progress report on poliomyelitis in the African Region. (Document AFR/RC61/11)
15:30 - 16:30	Item 17	Progress reports
	Item 17.1	Progress report on the Road map for accelerating the attainment of the Millennium Development Goals related to maternal and newborn mortality in Africa. (Document AFR/RC61/PR/1)
	Item 17.2	Progress report on decade of Traditional medicine in the African Region (Document AFR/RC61/PR/2)
	Item 17.3	Progress report on the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria. (Document AFR/RC61/PR/3)
	Item 17.4	Progress report on the Implementation of the Regional Health Promotion Strategy (Document AFR/RC61/PR/4)
16:30 - 17:00		Tea break
17:00-18:00	Item 18	Information
	Item 18.1	Report of WHO staff in the African Region (Document AFR/RC61/INF.DOC/1)
	Item 18.2	WHO internal and external audit reports (Document AFR/RC61/INF.DOC/2)
	Item 19	Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly (Document AFR/RC61/12)
	Item 20	Information on the date and place of the Sixty-second session of the Regional Committee and deliberations on the date and place of its Sixty-third session. (Document AFR/RC61/13)
18:30		End of day session

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EXCERPTS FROM THE OPENING REMARKS OF THE MINISTER OF HEALTH OF CÔTE D'IVOIRE



Prof. N'Dri Yoman Thérèse
Minister of Health and AIDS Control,
Côte d'Ivoire

During the opening of the ceremony of the RC61, the Minister of Health and AIDS Control of Côte d'Ivoire, Professor Thérèse N'Dri Yoman, thanked the President and Government of Côte d'Ivoire for its commitment to health. Adding further, the Honourable Minister thanked the Government and Member States for hosting the RC61 in the country, which is recovering from an unprecedented socio-political crisis.

The significance of hosting the RC61 at the *Fondation Félix Houphouët-Boigny*, built by the former President Houphouët-Boigny, was highlighted in her opening address. The former President Houphouët-Boigny, a physician himself established not only the Abidjan Faculty of Medicine in 1968-1972, but also the construction of three University Teaching Hospitals in Abidjan. Thus, the hosting of this year's Regional Committee meeting is in keeping with his legacy, as he attached great importance to hosting high level meetings regarding public health in the African Region, to improve health of the African populations.

The Honourable Minister, noted the relevance of this years' theme noting that all African countries are under increased pressure to come up with relevant and targeted actions to address the challenges still facing African states. These include public health emergencies such as high maternal and child mortality, persistent epidemics like polio, cholera, malaria, measles and yellow fever which have been or are being eradicated elsewhere.

The Minister further expressed optimism and urged all Ministers to come up with relevant and targeted actions during the Sixty-first session of the Regional Committee to eradicate these scourges and ease access to treatment for all our people. As noted, the Honourable Minister said, "It should therefore not only be a session of hopes and great expectations, but also a session of actions for our people".

In conclusion, the Honourable Minister quoting the French idiom said, "Nothing is impossible to the French" and added "The Ivorian is never discouraged".

REPORT OF THE PROGRAMME SUBCOMMITTEE



The Programme Subcommittee (PSC) met in Brazzaville, Republic of Congo, from 7 to 10 June 2011 and reviewed the documents to be presented during the 61st session of the Regional committee. Below are the excerpts of the statement of the Chairman of the Programme Subcommittee highlighting the main suggestions, concerns and recommendations of PSC related to the following issues:

Strategy for the elimination of measles in the African Region by 2020

The PSC suggested the inclusion, in the document, of community involvement and empowerment; strengthening of Public-Private partnerships; strengthening procurement and supply management systems for vaccines and medicines; and strengthening cross border surveillance and management of measles outbreaks. The PSC expressed concern about the changing epidemiological pattern of measles, which shows an increasing proportion of cases in young infants, older children and adults, and asked the Regional Office to look into it and provide evidence-based technical guidance on the current measles vaccination schedule.

Health Millennium Development Goals (MDGs)

The PSC noted with concern that unless the current rate of progress was significantly increased, most countries in the Region were unlikely to achieve the MDGs. Members of the Programme Subcommittee suggested that more prominence be given to the role of WHO and other partners in the document.

The Programme Subcommittee recommended that, in order to achieve the MDGs, governments and their development partners should significantly increase investments in health; explore innovative ways of mobilizing additional resources; strengthen their roles in advocacy and negotiations for price reductions of medicines and vaccines in order to make them more affordable; and implement high-impact interventions.

Framework for Public Health Adaptation to Climate Change

The Programme Subcommittee underscored the importance of a well-coordinated multisectoral response that is well articulated in national action plans that are adequately resourced. They called for joint planning between the ministries of health and environment in the context of the Health and Environment Strategic Alliance established through the Libreville Declaration, as well as setting up country working groups as envisaged in the Luanda Declaration.

They recommended that the collaboration between WHO, UNEP, the African Union Commission and Regional Economic Communities be strengthened.

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LAUNCH OF THE AFRICAN FEDERATION OF PUBLIC HEALTH ASSOCIATIONS

During the 61st Session of the WHO Regional Committee for Africa, national African Public Health Associations held meetings and worked towards the formation and launch of the African Federation of Public Health Associations (AFPHA).

The meeting was attended by representatives of 27 countries and adopted a constitution and Bylaws of the Federation. Thereafter, they elected the Executive Committee as follows:

- President: Dr Mathias Some (Burkina Faso);
- Vice President: Dr Flavia Senkubuge (South Africa);
- Secretary: Dr Tewabech Beshaw (Ethiopia).

Five other committee members were elected from Algeria, Cameroon, Côte d'Ivoire, Mozambique and Uganda.



The African Federation of Public Health Associations was launched at a special session of the Regional Committee on Wednesday 31st August, 2011.

WHO Regional Director for Africa, Dr Luis Gomes Sambo, the President of the World Federation of Public Health Associations, Prof Ulrich Laaser, the new President of the African Federation of Public Health Associations Dr Matias Somé and Dr. Tewabech Bishaw the Co-Chair of the organizing Committee of the 13th World Congress on public health to be held in Addis Ababa Ethiopia, 23 to 27 April 2012 addressed the gallery during the launch.

The Secretariat of the AFPHA will be based in the Ethiopian Public Health Association in Addis Ababa, Ethiopia.

- The Vision of AFPHA is to have a healthy productive population in Africa.
- The mission of AFPHA is therefore to engage all key stakeholders in Africa and the world, through active national Public Health Associations and an active Federation, to influence policies, strategies and activities that will positively impact the health of all the African people.

The membership of the Federation (AFPHA) is open to all multi-disciplinary national Public Health Associations in the African countries. However other public health entities can collaborate with the Federation as associate members or as active partners.



INTERVIEW WITH THE MINISTER OF FINANCES FROM UGANDA

What is your opinion concerning the launching of the African Public Health Emergency Fund?

This is a most welcome development, and further enhance the solidarity principle of the WHO and AFRO members states in responding to public health emergencies. It complements efforts of member states in mobilising resources for epidemics. As we know, epidemics do not respect borders and can spread from one state to the next state.

Is Uganda ready to co-finance the Fund? Which of the four proposed scenarios is the most appropriate in your point of view?

Uganda is ready to co-finance the Fund as we also stand to benefit from it and it also ensures that States have additional resources to respond to outbreaks both within and outside their borders. Uganda prefers scenario 4 (50% plus 50% option).

Uganda, as in other African countries experienced a number of disasters such as floods, droughts, epidemics. How has Uganda responded to past emergencies?

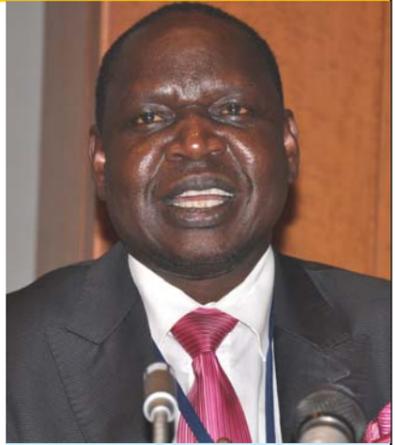
Uganda has a national emergency fund established within the Ministry of Disaster Preparedness and Refugees; we have an inbuilt capacity to respond to disasters. However, if it exceeds the budget allocated, then we have to declare it as national emergency to request support from international partners.

Where and how will Uganda generate fund to contribute to the APHEF given the current financial crisis?

Uganda is not experiencing the effects of the financial crisis, but experiencing the second round effect of the global economic crisis. For priority areas such as this, we use funds from our internal resource envelope to finance this Fund. We have an opportunity at the moment; our expenditure, we fund up to about 70%, and only 30% of the national budget is from development partners. So we are thinking of improving the revenue to GDP from 13% to 16% and we are working towards this. We believe that from this revenue that will be coming from the improved tax base we will be able to utilise some of these funds for contributing to the African Public Emergency Fund.

Funding alone will not be enough to face the current epidemics and natural disasters that countries in the region are facing. What else should countries do to ensure that they can prepare, respond and can quickly recover from disasters?

First and foremost, information dissemination must be timely and accurate to ensure effective coordination. Secondly, we must have the necessary telecommunications and infrastructure, road network. For instance, if people are cut-off by floods, we must build road networks, emergency bridges and helicopters available at short notice to respond. We must also ensure that people have the necessary education and training to enable them to have quick responses and these responses must also cut across other state boundaries, because if you are prepared only in one state, then you will not be able to ensure timely and swift response.



Hon. Fred Jachan Omach
Minister for Finance, Planning & Economic Development of Uganda

EXCERPTS OF THE INTERVIEW WITH THE MINISTER FOR HEALTH FROM MOZAMBIQUE



Dr. Alexandre Manguela
Minister of Health of Mozambique

What are the major challenges that should be addressed by Mozambique in public health financing

Mozambique has embraced the decision of African Heads of State to allocate 15% of national budget to the health sector, and the Government has adopted measures in that regard. However, with the economic and social crisis in recent years, amounts allocated to the sector have somewhat been eroded and the Government is currently striving to make the necessary adjustments. We hope that in 2012, it will be possible for us to allocate the quota fixed by Heads of State of our continent.

The major challenges facing us are: intensifying the mobilization of domestic resources; relying on the capacities of Mozambicans to manage resources and allocate them to the health system, since resources from international assistance are often uncertain and are also provided under conditions that we cannot always fully meet. Within the Government, the health sector is still holding discussions, especially with the Ministries of Finance, Planning and Development to ensure the allocation of more sustainable and adequate resources from the State budget.

We are also working hard to improve our capacity to manage the available resources. We are training officials in the area of financial and resource management so that we can make the best of what we have and improve our internal control mechanisms by developing account auditing capacities; we are improving our general health inspection services so as to create favourable conditions for efficient use of public resources.

What role can donors play in supporting the health sector in Mozambique?

In fact, donors have been generously allocating resources within their means to Mozambique. Sometimes, they also contact other stakeholders such as the Ministries of Finance, Planning and Development, thus creating a conducive atmosphere for entities involved in health promotion. We are very grateful to them for their support.