



**WHO-OAFLA Relation Building Meeting
7-8 December 2016, Brazzaville, Congo**

Final meeting report

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ABBREVIATIONS

ADI:	Addis Declaration on Immunization
AFRO :	WHO Regional Office for Africa
AIDS:	Acquired Immunodeficiency Syndrome
ARVs:	Antiretrovirals
AU:	African Union
CARMMA:	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CDS:	Communicable Diseases Cluster
DPM:	Director of Programme Management, AFRO
DRC:	Democratic Republic of the Congo
eMTCT:	Elimination of Mother-to-Child Transmission
FGM:	Female Genital Mutilation
FRH:	Family and Reproductive Health Cluster, AFRO
HIV:	Human immunodeficiency Virus
ICASA:	International Conference on AIDS and Sexually Transmitted Infections in Africa
MCH:	Maternal and Child Health
OAFLA:	Organization of First Ladies Against HIV/AIDS in Africa
PMTCT:	Prevention of Mother-to-Child Transmission
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNFPA:	United Nations Population Fund
UNGA:	United Nations General Assembly
UNICEF:	United Nations Children's Fund
UN:	United Nations
WHO:	World Health Organization

INTRODUCTION

During the 16th General Assembly of the Organization of African First Ladies against HIV/AIDS (OAFLA) held on 31 January 2016, a collaborative agreement was signed between the President of OAFLA, the First Lady of the Republic of Ghana and the WHO Regional Director for Africa.

The collaborative partnership between OAFLA and WHO focusses on the following areas:

- ✓ HIV prevention in general and elimination of mother-to-child transmission in particular;
- ✓ ending preventable maternal, neonatal, child and adolescent deaths;
- ✓ reducing vulnerability, stigmatization and removing structural barriers to accessing quality HIV/AIDS and reproductive health services;
- ✓ promoting access to a comprehensive, integrated package of essential MCH/HIV/AIDS interventions and services;
- ✓ advocacy for protecting young people and women against violence including early marriage;
- ✓ prevention, care and treatment of the most common female cancers such as breast and cervical cancer; and
- ✓ supporting countries to strengthen health systems and attain the Abuja commitments and scaling up HIV treatment and care.

In line with the implementation of this collaborative agreement, the two organizations agreed to hold a joint meeting to build a working relationship between WHO and OAFLA through information sharing on the roles and mandates of each organization and agreeing on joint action for the period 2017-2018.

The meeting took place at the WHO Regional Office for Africa in Brazzaville from 7 to 8 December 2016. The key objectives of this joint meeting were as follows:

- (i) to obtain a better understanding of the structure, roles and mutual benefits of collaboration between WHO/AFRO and OAFLA;
- (ii) to review the joint framework for action and agree on priority activities for the period 2017;
- (iii) to agree on the implementation and monitoring modalities.

This two-day meeting was attended by 35 participants (annex 3), including First Ladies' technical advisors from 17 Member States (Burkina Faso, Burundi, Guinea-Bissau, Central African Republic, Chad, Congo, Comoros, Guinea, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, South Africa and Zambia), representatives from UNFPA, UNICEF and UN Women as well as technical teams from WHO AFRO.

MEETING HIGHLIGHTS

1. Opening session

Dr Joseph Cabore, WHO Director of Programme Management, welcomed participants on behalf of Dr Matshidiso Moeti, the WHO Regional Director for Africa. He noted that, through the First Ladies, a number of collaborative activities involving OAFLA had taken place. Such activities had underscored the importance of the work of the First Ladies and also contributed to advancing the health agenda on the continent, particularly in the areas of maternal and child health and HIV prevention.

Dr Cabore said: “First Ladies, as mothers of our nations, have an important role in advocating for important issues that impact directly and indirectly on the health of women and girls, such as education of the girl child, eliminating child marriage as well as provision of water and sanitation”.



Dr Joseph Cabore in the middle, Dr Zawaira Felicitas on his left and Ms Sonia Ndimbira on the right

Dr Joseph Cabore highlighted key issues and challenges facing the Region in the area of health. These include the HIV/AIDS crisis in the West and central African subregions with an unacceptable number of deaths and new infections among children and adolescents; the vulnerability and lack of care and treatment for women, children and adolescents in the recurrent humanitarian situations in many countries; the hepatitis burden in the Region; the emerging women’s cancers, among others. He then urged that these issues be considered in the identification of priority actions for the next two years.

In her remarks, the Executive Secretary of OAFILA, Ms Sonia Ndimbira, highlighted the fact that the meeting was a unique opportunity for both parties to further strengthen collaboration and improve the health and well-being of Africa’s women and children who are the most vulnerable populations in the Region. She stated that the First Ladies of Africa were looking forward to the recommendations which would come out of the joint meeting, as a clear guideline for the way forward.

The methodology of the meeting included plenary sessions and group work. Three main sessions were organized to better understand the respective structures, roles, strategic priorities and potential areas of collaboration.

2. Structure, roles and priority actions of WHO/AFRO and OAFLA

The first objective of the meeting was to obtain a better understanding of the structure, roles and mutual benefits of collaboration between WHO/AFRO and OAFLA.

The key presentations provided an overview of WHO/AFRO and OAFLA, their structures and strategic priorities. Two WHO clusters working closely with OAFLA (Family and Reproductive Health and Communicable Diseases) discussed their key priorities and potential areas of collaboration.

The WHO AFRO Regional Office organogram shows that WHO covers a variety of health interventions including health system strengthening, family and reproductive health, communicable and noncommunicable diseases, as well as emergencies and outbreaks.

WHO Country and Liaison Offices are located in 47 Member States and are supported by three Intercountry Support Teams (ISTs) and the Regional Office based in Brazzaville. WHO's vision is to ensure universal health coverage in the context of the African health transformation programme 2015-2020. There are five AFRO strategic priorities which are:

- Improving health security by tackling epidemic-prone diseases, emergencies and new health threats
- Driving progress towards equity and universal health coverage
- Pursuing the post-2015 development agenda / Sustainable Development Goals
- Tackling the social and economic determinants of health
- Building a responsive and results-driven WHO Secretariat.

The Family and Reproductive Health (FRH) cluster promotes health through the life cycle. The main objectives of the cluster are to (i) end preventable maternal, child and adolescent deaths and control vaccine-preventable diseases; (ii) improve nutrition, sexual and reproductive health, gender, equity and human rights and (iii) promote healthy ageing.

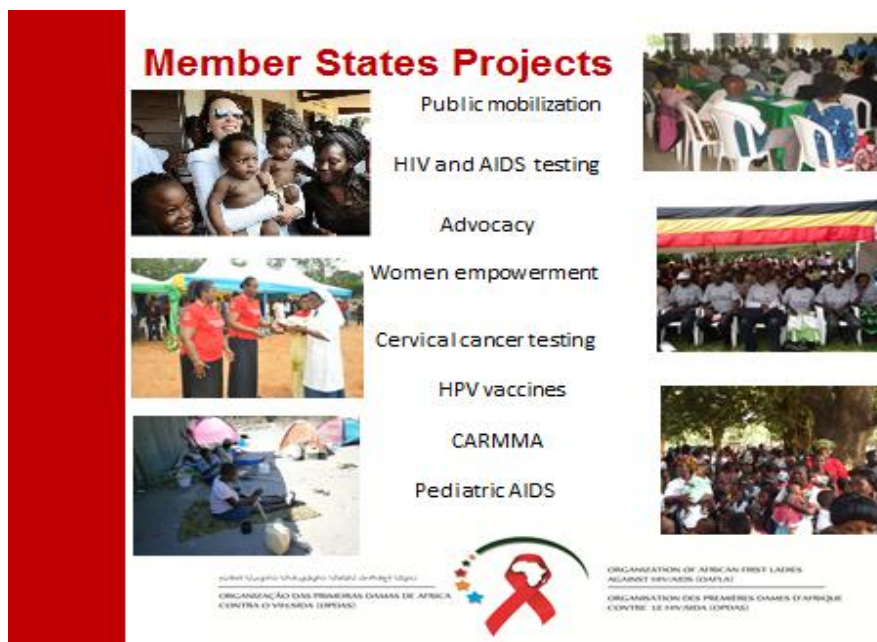
The Communicable Diseases (CDS) cluster focuses on communicable diseases and the prevention of neglected tropical diseases, as well as control and surveillance across the Region. The cluster also promotes the protection of the human environment in pursuit of improved health outcomes. The strategic objectives of the CDS Cluster are to (i) provide effective technical and policy leadership; (ii) support better data, mapping and surveillance; (iii) enhance communications and partnerships; (iv) facilitate technical support for implementation; and (v) secure resources and support domestic resource mobilization for the elimination and control of communicable diseases.

The major challenges addressed by FRH and CDS are related to weak health systems and governance, as well as prevailing health and social determinants which are to be addressed from outside the health sector, for example, education, poverty and security. African First Ladies can play a critical advocacy role in improving health in countries.

OAFLA was presented by its Executive Secretary as the largest global network of spouses of Heads of State created in 2002 in partnership with UNAIDS. Its mission is to advocate for effective policies and strategies towards the elimination of HIV and AIDS, reduce maternal and child mortality and empower women and children through strategic partnerships. OAFLA is working under a five-year strategic plan. The main thematic objectives for the current 2014-2018 strategic plan are to contribute to national efforts in: (i) preventing, managing and eliminating HIV and AIDS; (ii) reducing maternal, neonatal and child mortality and (iii) controlling cervical cancer. The First Ladies implement national activities and projects and some regional campaigns as a collective effort.

The most recent achievements at regional level include campaigns to end child marriage (2015) and the "All In" campaign to end adolescent AIDS (2016).

At national level, some examples of achievements include ongoing support provided to PMTCT in all OAFLA member states; to cervical and breast cancer screening in South Africa, Mozambique, Malawi; nutrition advocacy in Ethiopia, national campaigns to end child marriage, among others. More experiences of OAFLA activities at country level were later shared by participants.



Among challenges that the First Ladies are facing are the limited financial resources needed to implement their plans and to sustain their initiatives. To respond to that challenge, the First Ladies are working with partners to mobilize resources and are using a two-pronged approach to ensure the continuity of their initiatives. The first thrust is advocacy, in collaboration with government bodies such as ministries of health, to obtain the necessary resources for their health programmes.

The second thrust of the approach is the establishment of First Ladies' Foundations at country level to support vulnerable populations, with the possibility of developing strong collaboration with donors and the private sector.

OAFLA expects to mobilize more resources from external and domestic resources through its partnership with WHO. The current collaboration and communication between WHO and First Ladies' offices in countries need some improvements according to OAFLA participants.

There are significant potential benefits of the partnership with the First Ladies, notably the attention their advocacy receives from policy-makers and the respect they command among grassroots communities.

3. OAFLA country experiences

All experiences highlighted the critical role that First Ladies play in advocating for effective policies and strategies towards the elimination of HIV and AIDS, the reduction of maternal and child mortality, the benefits of immunization, and the empowerment of women and youth. Three experiences of OAFLA at the country-level were shared from Zambia, Kenya and Congo.

- **Zambia First Lady's leadership in the 2015 African Vaccination week using the GAVI toolkit.**

The overall objective was to raise awareness on immunization and engagement of stakeholders towards the vaccination of children and mothers to reduce maternal and child death. The GAVI toolkit content was: vaccine launches, introductions and catch-up, round tables, sports, education and music entertainment.

The OAFLA Secretariat spearheaded the collaboration between WHO and OAFLA Zambia Chapter in that particular event. Other partners involved were UNICEF, Ministry of Health and Ministry of Community Development, Mother and Child Health, the media and musicians.



- **The Kenyan First Lady initiative called “Beyond Zero” is to undertake inspiring actions to change lives, create awareness and sensitize on the elimination of mother-to-child transmission and also on maternal, newborn, child and adolescent issues.** Some achievements of the Beyond Zero initiative include a 50% drop in mother-to-child transmission from 2013 to 2015; 30,000 deaths averted in under-five children living with HIV, mobile clinics available in 47 counties for a range of services including immunization, PMTCT, family planning, cervical cancer screening, etc. One big challenge pointed out was the increase in new HIV infections among adolescents and young people in Kenya from 21% in 2013 to 51% in 2015 in the 15-24 age group. Two thirds of these are among girls and young women. The First Lady is contributing to the national effort and leading some initiatives; for example, at the 2016 World AIDS Day, she rewarded Counties that tested the highest number of adolescents and young people for HIV.

World AIDS Day – Dec. 2016

The WAD-2016 was officiated by the First Lady of the Republic of Kenya H.E. Margaret Kenyatta

Theme: Prevention of HIV with a focus on AYP



- Other countries including Congo shared a number of initiatives and projects run by their First Ladies including HIV/AIDS prevention and care; breast and cervical cancer awareness and screening campaigns and advocacy; the fight against sickle cell disease; child marriage, female genital mutilation, etc. All the First Ladies have prioritized as a core activity, the elimination of mother-to-child transmission of HIV. They play a fundamental role in supporting countries' implementation of the eMTCT national plan. Moreover, the dual elimination of HIV and syphilis in certain areas in Kenya and in several other countries was seen as a good practice. The First Ladies should play a critical role in advocating for dual elimination of HIV and syphilis in the African Region. Considering that adolescents and young people represent a growing share of people living with HIV, the First Ladies are promoting innovative approaches for sexuality education to reach the youth and adolescents, including, sports, education via media platforms and offering free internet hubs that the youth can access daily.

4. OAFLA Collaboration with Partners

A panel moderated by Ms Sonia Ndimbira, the executive secretary of OAFLA, was organized to provide a better understanding of OAFLA's partnership with UN agencies. Panellists were from WHO, UNFPA, UN Women and UNICEF.

UNICEF: Areas of collaboration between UNICEF and the First Ladies at country level cover a broad spectrum of activities ranging from: HIV/AIDS-related work including the prevention of mother-to-child transmission of HIV (PMTCT) which has become a crucial intervention in the global fight against the epidemic; sanitation and hygiene (especially targeting girls); advocating against harmful practices such as child marriage and female mutilation; education and protection of girls and women; and promotion of child nutrition. UNICEF is currently working with OAFLA on promoting the early childhood development agenda.

UN Women: UN Women highlighted its interest in beginning dialogue with OAFLA to identify strategic entry points at the country-level to build upon what has already been done by the First Ladies and to provide technical assistance as necessary. UN Women is interested in forging a strong partnership with OAFLA and sees opportunities to work with the First Ladies in areas such as: the elimination of sexual and gender-based violence against women and girls by offering second-chance education programmes, ending teenage pregnancy, ending child marriage, etc.; the empowerment of women; and the achievement of equality between women and men as partners and

beneficiaries of development, human rights, humanitarian action and peace and security. Established in 2010, UN Women is the United Nations entity for gender equality and the empowerment of women, and it leads and coordinates the UN system's work on gender equality as well as promotes accountability through regular monitoring of system-wide progress in the area of gender.

UNFPA-OAFLA collaboration is a long-standing partnership with both entities working together on promoting maternal, infant and child health and development in Africa. UNFPA's mantra is to deliver a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled. At the September 2016 UN Summit, OAFLA and UNFPA co-organized a high-level event bringing together decision-makers and key stakeholders, including Heads of State and government, First Ladies, heads of UN agencies and civil society organizations, to expand access to sexual and reproductive health services for adolescent girls across Africa. Another example provided by UNFPA of strong collaboration between both agencies is the area of social mobilization activities on the effective implementation of CARMMA (a joint initiative of the AUC and UNFPA to accelerate the reduction of maternal mortality in Africa) to include scaling-up good practices in maternal and child health development. UNFPA's priority in 2017 is to strengthen relations with OAFLA in the area of rolling back obstetric fistula – a silent epidemic in Africa.

WHO: In many African countries, WHO country offices and the First Ladies have been working together on national high level activities such as campaigns or celebrations of health events. WHO country offices have been providing the necessary technical support in collaboration with ministries of health. Most joint activities are national campaigns on polio and immunization, campaigns to end gender-based violence, FGM and early marriage, CARMMA, eMTCT related activities; celebration of national Mother and Child Health Weeks, World AIDS Day, National day for “Zero tolerance of FGM”, etc... At regional and international levels, WHO has been providing inputs into the OAFLA Directory, and has been participating in OAFLA events organized on the margins of AU Summits and the UN General Assembly.

In addition to these ongoing collaborative activities, since early 2016, AFRO and OAFLA have decided to strengthen their partnership and to formalize it through a project collaboration agreement. The two organizations have identified key joint activities that can impact the health of African populations. WHO panellists recalled that the objective of the meeting was to strengthen bilateral relations between WHO and OAFLA by identifying joint priority activities for 2017.

The panel discussion was a great opportunity for sharing experiences from UN agencies working with the First Ladies. There is a need to harmonize and streamline activities for more efficiency and benefits for the population. It was pointed out that for all HIV/AIDS-related activities at country-level, the Joint UN Teams on AIDS should serve as the coordination platform.

For the new partnerships, both WHO and UN Women, they were requested to join the First Lady's Task Force where they exist and to share with OAFLA the names and contact information of their respective representatives in each African country.

OAFLA also agreed to share the names and contact information of its technical officers in each African country to facilitate communication and plan ahead for joint activities.

5. Agreed joint activities between OAFLA and WHO

The background of the collaborative agreement between WHO and OAFLA was provided by Dr Innocent Ntaganira, Head of WHO Liaison Office to the AU and UNECA. The agreement was signed during the 16th General Assembly of OAFLA on 31 January 2016 between the President of OAFLA, the First Lady of the Republic of Ghana and the WHO Regional Director for Africa. The

partnership goal is to contribute to national efforts to eliminate HIV and end preventable maternal, neonatal, child and adolescent deaths as well as to protect vulnerable people and women against violence.

The collaborative partnership between OAFLA and WHO focusses on the following areas:

- HIV prevention and elimination of mother-to-child transmission;
- Reducing vulnerability, stigmatization and removing structural barriers to accessing quality HIV/AIDS and reproductive health services;
- Promoting access to a comprehensive, integrated package of essential maternal, newborn, child and adolescent interventions and services and scaling up HIV treatment and care;
- Advocacy for protecting young people and women against violence, including early marriage;
- Prevention, care and treatment of the most common female cancers such as breast and cervical cancer; and
- Supporting countries to strengthen health systems and attain the Abuja commitments.

The WHO/OAFLA joint framework was presented to ensure that all participants had a common understanding of the key activities selected for this joint effort.

Three group work sessions were organized to outline joint actions for implementation in 2017



Group work photo

Three group work sessions were organized around key activities. The groups came out with a number of priorities to be jointly implemented, the timeline, and next steps and method for measurement as well.

Three areas were prioritized for 2017. They include nine joint actions, three of which should be the top priorities for 2017. Activities were consolidated in a yearly calendar format (Annex 1). These are the priority activities around the four main areas:

5.1. HIV/AIDS:

- Host a joint side meeting at ICASA (International Conference on AIDS) planned in December 2017 in Côte d'Ivoire to review and plan for 2018.
- Collaborate in the celebration of World AIDS Day (1 December 2017). The focus could be advocacy to accelerate HIV prevention, care and treatment for adolescents and children in the African Region.

5.2. Maternal and child health,

The focus will be on the celebration of international/African/national days related to women or children with special emphasis on the 2017 vaccination week. The following activities could be carried out:

- Launch jointly the 2017 Vaccination week: Generic Toolkit, press statement, theme, generic key messages and seed grants are provided by WHO for the launch.
- Joint celebration of the international days/weeks related to women and maternal/child health, for example, International Women's Day (8 March), Day of the African Child (16 June), Nutrition Week (30 October)
- Advocacy and support for the Addis Declaration on Immunization (ADI), calls for its effective implementation.

5.3. Cervical and breast cancers

Joint advocacy to establish or reinforce national programmes, mobilize resources for prevention, screening and treatment of cancers in women.

In addition to specific areas, another priority action is to use the African Union (AU) Summit and the United Nation General Assembly (UNGA) platforms to meet and monitor progress. OAFLA will be organizing side events and meetings where WHO should be invited in January 2017 for the AU summit and September 2017 for the United Nations General Assembly.

RECOMMENDATIONS/FOLLOW-UP ACTIONS:

- ✓ All national events should use a communication strategy that aims at raising awareness and educating communities
- ✓ WHO should provide technical support and develop generic messages and material to OAFLA one month in advance for use for the event
- ✓ UN family in country to collaborate using existing platforms, e.g. H6 or UNAIDS to ensure uniform messaging for OAFLA members.
- ✓ As next step, facilitate communication between OAFLA and WHO country offices by briefing WHO country representatives on the meeting outcomes and by sharing contacts of WRs with the OAFLA Secretariat
- ✓ OAFLA to also share with all UN partners, the names and contact information of OAFLA Technical Officers of each country.

CONCLUSION

The meeting achieved the stated objective of building a strong relationship between the WHO Regional Office for Africa and OAFLA. The two parties committed to their partnership and agreed on joint actions that will be implemented in 2017 based on the mandates of each organization. It is expected that the joint actions will improve the health and well-being of African children, women and their families. The shared information, support and continuous dialogue between both parties will be vital in sustaining the important relationship especially at country level. The monitoring of priority joint actions will be through the regular modalities of the two organizations through country office reports and regional reports.

ANNEXES

Annex 1- Joint WHO/OAFLA Priority actions for 2017

2017 Priority Actions	Calendar	National	Regional /International	Comments
1. World Day on Cancers	4 February	x		Advocate for Cervical cancer awareness, screening and testing
2. International Women's Day Celebrations	8 March	x		Reinforce country commitment to the global strategy on women's, children's and adolescents' health
3. Celebrate African Vaccination Week	April		x	Top priority.
4. Celebrate the Day of the African Child	June	x		Advocacy for access to ARVs for children and adolescents
5. 19th OAFLA General Assembly at the African Union Summit	January/ July		x	Top priority.
6. 72 nd United Nations General Assembly	September		x	Side Event on global strategy on women's, children's and adolescents' health
7. World Nutrition Day	30 October	x		Advocacy on healthy diets for the prevention of all forms of malnutrition and noncommunicable diseases.
8. Celebrate World AIDS Day	1 December	x		Accelerate eMTCT advocacy
9. 19th ICASA in Abidjan, Côte d'Ivoire	December		x	Top priority.

Annex 2- Agenda of the meeting

Wednesday, 7 December 2016		
Time	Topics	Responsible/Facilitators
Opening session MC: Alice Soumare, WHO		
8.30-09.00	Registration	Mrs Claudes/Claudine
9.00-10.00	Welcome remarks	Dr Felicitas Zawaira, FRH Director
	Statement by OAFLA	Ms Sonia Ndimbira, OAFLA
	Opening remarks	Dr Joseph Cabore, DPM
	Introduction of participants	Dr Alice Soumare, WHO
	Meeting objectives and expected results	Dr Françoise Bigirimana
	Administrative information Security briefing Group photograph	Mr Kofi Houngbo, Mr Abdoulaye Doumbia,
10:00-10:30	Coffee/Tea Break	Ms Claudine Bakekolo
Objective 1: To obtain a better understanding of the structure, roles and mutual benefits of collaboration between WHO/AFRO and OAFLA <i>Chair: Dr Felicitas Zawaira, FRH Director, Rapporteurs: Symplice Mbolla Mbassi</i>		
10:30-11:00	Overview of WHO /AFRO, structure and strategic priorities	Dr Felicitas Zawaira, FRH Director
11:00-11:30	Overview of OAFLA structure, strategic directions and priorities	Ms Sonia Ndimbira, OAFLA
11:30-12:00	Overview and key priorities of the FRH Cluster and potential areas of collaboration with OAFLA	Dr Felicitas Zawaira, FRH Director
12:00-12:30	Overview and key priorities of the CDS Cluster and potential areas of collaboration with OAFLA	Dr Frank LULE, CDS
12.30-13.00	Discussions	All
13:00-14:00	Lunch Break	Ms Claudine Bakekolo
To obtain a better understanding of the structure, roles and mutual benefits of collaboration between WHO/AFRO and OAFLA (next) <i>Chair: Sonia Ndimbira, OAFLA, Executive Secretary, Rapporteurs: Helena O'Malley</i>		
14:00-14:30	Country Presentations on OAFLA experiences	Ms Mildred Gift Chuumbwe (Zambia), Mr Michel Mongo (Congo),

		Dr Emmy Chesire (Kenya),
14.30-15.00	Discussions	
15:00-15:30	Coffee/Tea Break	Ms Claudine Bakekolo
15:30-16:20	Panel on Collaborative experiences between First Ladies and partners + Discussions	UNFPA, UN Women, UNICEF, WHO
16:20-16:30	Wrap-up and Closure of Day 1	Chair
16:30-17:00	Facilitators meeting	
Thursday, 8 December 2016		
Time	Topics	Responsible/ Facilitators
Objective 2: To review the joint framework for action and agree on priorities for the period 2017-2018 <i>Chair: Dr Frank LULE, CDS, Rapporteur: Dr Nirina Razakaso</i>		
8.30-9.00	Recap of Day 1	Rapporteurs
9.00-9.45	Presentation of the WHO/OAFLA joint framework + Discussions	Dr Innocent Ntaganira
9.45-10.00	Introduction of group sessions	Dr Frank Lule
10:00-10:30	Coffee/Tea Break	Ms Claudine Bakekolo
10.30-12.00	Group sessions to develop joint action plan	Facilitators
Objective 3: To agree on the implementation and monitoring modalities <i>Chair: Dr Frank LULE, CDS, Rapporteur: Dr Françoise Bigirimana</i>		
12.00-13.00	Plenary session on proposed activities, implementation modalities and monitoring mechanism	Dr Frank Lule
13:00-14:00	Lunch Break	Ms Claudine Bakekolo
14.00-15.00	Plenary session on proposed activities, implementation modalities and monitoring mechanism (next)	Dr Frank Lule
15.00-15.30	Way forward, Wrap-up and Closure	Dr Felicitas Zawaira, FRH Director
15:30-16:00	Coffee/Tea Break	Ms Claudine Bakekolo

Annex 3- List of participants

	Names	Title	Country/ Institution
Country participants			
1	Mr Ndo Omar Benjamin	Technical Advisor	Burkina Faso
2	Mme Consolate Nduwarugira	Technical Advisor	Burundi

3	Pr Nestor Mamadou Nali	Technical Advisor	Central African Republic
4	Mme Kamaria AHAMADA	Director of Facilities of public and private health care	Comoros
5	Mr Michel Mongo	Technical Advisor	Congo
6	Pr Hervé Fortuné MAYANDA	Technical Advisor	Congo
7	Dr Benjamin ATIPO	Technical Advisor	Congo
8	Mme Elisabete de Barros	Staff Member of the Ministry of Health	Guinea-Bissau
9	Dr Yves Piou Gamet Beavogui	Programme Manager and Monitoring and Evaluation	Guinea
10	Dr Emmy Chesire	Technical Advisor	Kenya
11	Ms Ethel Kapyepye	Technical Advisor	Malawi
12	Mme Mariam SYLLA	Technical Advisor	Mali
13	Dr Anabela Chambuca Pinho	Director of the First Lady's Cabinet	Mozambique
14	Mr Mahamane Tahe	Technical Advisor	Niger
15	Mme Toudjani Saratou M. G.	Directrice Exécutive, Bureau de la Première Dame Rep. Du Niger	Niger
16	Mrs Beatrice U. Bassey	Coordinator of the African First Ladies Peace Mission	Nigeria
17	Ms Radegonde Ndejuru	Advisor to the First Lady	Rwanda
18	Sithabile Mdabe	Technical Advisor	South Africa
19	Mme Dillah Lucienne	Technical Advisor	Chad
20	Ms Mildred Gift Chuumbwe	Technical Advisor	Zambia
21	Ms Sonia Ndimbira	Executive Secretary of OAFLA	Ethiopia
WHO and other partners			
22	Dr Ntaganira Innocent	AU/WHO	Ethiopia
23	Mr Benoit Libali	Deputy Representative - UNFPA	Congo
24	Mr Bruno Bilombo	Adolescent Specialist/UNFPA	Congo
25	Ms Awa Ndiaye Seck	UN Women Representative	DRC

26	Christine Nare Kabore	UNICEF Congo	Congo
27	Dr Zawaira Felicitas	FRH director/WHO/AFRO	Congo
28	Dr Bigirimana Françoise	PMTCT /WHO/AFRO	Congo
29	Dr Mbola Mbassi S.	Adolescent /WHO/AFRO	Congo
30	Dr Lule Franck	HIV/WHO/AFRO	Congo
31	Dr Razakaso H. Nirina	HIV/WHO/AFRO	Congo
32	Dr Anya Blanche	IVD/WHO/AFRO	Congo
33	Dr Omalley Helena	IVD/WHO/AFRO	Congo
34	Dr Drameh-Avognon Pamela S.	PRM/WHO/AFRO	Congo
35	Mrs Alice Soumare	HHA/WHO/AFRO	Congo