

PHOTOS OF RC64 SUPPORT TEAMS



Journal Team



Report Writers Team



Translators



Organizing Committee and staff of the WHO Country Office, Benin



Secretarial Pool Team



Hostesses



Catering Team



Drivers

**PROVISIONAL PROGRAMME OF WORK, DAY 5:
Friday, 7th November 2014**

| | | |
|-------------|------------------|---|
| 08:00–08:30 | Agenda item 18 | Draft provisional agenda and dates of the Sixty-fifth session of the Regional Committee and place of the Sixty-sixth session of the Regional Committee (Document AFR/RC64/13) |
| 08:30–09:00 | Agenda item 19 | Information Documents (not for discussion) |
| | Agenda item 19.1 | Report on WHO staff in the African Region (Document AFR/RC64/INF.DOC/1) |
| | Agenda item 19.2 | Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC64/INF.DOC/2) |
| | Agenda item 19.3 | Poliomyelitis in the African Region: progress report (Document AFR/RC64/INF.DOC/3) |
| | Agenda item 19.4 | The Pan African programme for public health and climate change: current status and perspectives (Document AFR/RC64/INF.DOC/4) |
| 09:00–10:00 | Tea break | |
| 10:00–11:30 | Agenda item 20 | Adoption of the report of the Regional Committee (Document AFR/RC64/14) |
| 11:30–12:00 | Agenda item 21 | Closure of the Sixty-fourth session of the Regional Committee |
| 12:00 | Lunch | |

DR MOETI PLEDGES TO WORK WITH ALL MEMBER STATES TO IMPROVE HEALTH IN AFRICA

The WHO Regional Director Elect, Dr Matshidiso Moeti pledged to collaborate and work closely with all the other candidates who presented themselves for the post of Regional Director. In her inaugural speech to the 64th Session of the Regional Committee, Dr Moeti thanked and congratulated the other candidates on their cooperation and recalled the fraternal and positive spirit they had during the entire campaign process and elections.



**Dr Matshidiso Rebecca Moeti
WHO Regional Director Elect**

“We have agreed among ourselves that whatever results of these elections, we will work together and collaborate to improve the health of the people of Africa”, she said.

The Regional Director Elect expressed gratitude to her country (Botswana), the South African Development Community (SADC) and to all who contributed to her successful election. “I would like to thank you for the confidence that you have put in my humble person and in my country. I also thank you for the privilege that you have given me as well as for the responsibility to lead the WHO Regional Office for Africa”.

Dr Moeti said that despite being a candidate from Botswana, supported by SADC, she highly commended the solidarity from delegates of other sub regions of the continent who did not hesitate to provide support in the spirit of Pan Africanism. “I promise that as Regional Director, I will work with each of the Member State of our Region to achieve a common goal”.

Dr Moeti particularly highlighted the issue of sustainable development in the post 2015 saying that the MDGs contributed to improvement of health in the Region. But, she added, “we did not emphasise enough the issues related to equity and human rights. Therefore, it is important to do more on these determinants of health in order to improve results.”

She reiterated her gratitude and pledged to collaborate with Member States to improve the health well being of all Africans guided by past achievements. “We will do our best to make sure that in the era of sustainable development we work hard to catch up with other continents” she said.

Contents

| | |
|--|---|
| Ebola Virus Disease Outbreak in West Africa: Update and Lessons Learnt | 2 |
| Address by Dr Brigitte Quenum | 2 |
| Interview with the Deputy Minister of Health Mozambique | 3 |
| Interview with Minister of State for Health, Nigeria | 3 |
| Photos of RC64 Support Teams | 4 |

EBOLA VIRUS DISEASE OUTBREAK IN WEST AFRICA: UPDATE AND LESSONS LEARNT



The Secretariat presented a report on the Ebola Virus Disease (EVD) outbreak that indicates that the current epidemic in West Africa has been compounded by spread from rural areas to densely populated urban towns. The report listed the main issues that confront the affected countries in the ongoing epidemic including low community awareness; negative cultural beliefs and practices; weak health systems and inadequate logistical capacity; scarce resources; poor coordination and international travel restrictions.

The report proposed urgent interventions to contain the epidemic such as raising awareness and knowledge about the disease; strengthening national capacity to detect EVD outbreaks and provide response; strengthening national capacity to provide care to patients and ensure effective infection prevention and control. Others include the early involvement of communities and opinion leaders in implementing preventive and control measures; enhancing coordination and scaling-up resource mobilization; and addressing the social determinants of health.

The United Nations Mission on Ebola Emergency Response (UNMEER) was requested to continue its leadership of the epidemic preparedness and response to effectively manage infected people and avert deaths, stop transmission of the virus and prevent the disease from re-occurring.

Delegates called for urgent action to address main challenges raised especially related to leadership and coordination, weak health systems, stigmatization of countries and the people affected by the EVD, border closure including flight cancellations. They expressed concerns at the inefficient use of the available resources, lack of national laboratory services and logistics to provide quick response, the high number of cases among health workers, lack of clear guidelines on Personal Protection Equipment quality and procurement, and absence of dedicated facilities for treatment of health workers infected with Ebola.

Delegates urged Member States to improve surveillance through implementation of the Integrated Disease Surveillance and response as well as strengthening of the International Health Regulations (IHR) core capacities; increase awareness of the population and build capacity of health workers to effectively respond to EVD.

To WHO the delegates recommended provision of support to Member States in the implementation of the National Preparedness and Response Plans including Human Resource capacity building; upgrading and accreditation of their national laboratories as well as development of sub-regional response plans. In addition, they asked WHO to work with the African Union Commission to accelerate establishment of the African Centre for Disease Control and consider Universal Health Coverage as a flagship programme to strengthen health systems.

ADDRESS BY DR BRIGITTE QUENUM ON BEHALF OF PROF. COMLAN QUENUM'S FAMILY

I would like to say firstly that the Quenum's family that I have the honour to represent here today, feels very honored and touched by the invitation made by the WHO Regional Director for Africa, Dr Luis Gomes Sambo, to participate in this ceremony to honor to the late Prof. Comlan Alfred Quenum, former WHO Regional Director for Africa from 1965 to 1984.



Dr Brigitte Quenum,
Family Representative of
Professor Comlan Alfred QUENUM

As many of you know, throughout the 20 years while serving WHO, Dr. Quenum always considered the Regional Committee as the main forum for discussion and action. Prof. Quenum's ideal was for WHO to provide all the people of the world, and particularly to African populations, the highest level of health possible.

The ambition of Prof. Quenum was always to satisfy the basic and fundamental needs of the African populations, that is, access to basic health care, access to safe drinking water and sanitation and a healthier environment.

Thirty years after his death, I still feel impressed by the relevance of that vision and the political discourse by this man of action in favour of health development. As a champion of health development in Africa, Prof. Quenum, an African and citizen of the world, was also a humanist, a social justice activist and a campaigner for world peace.

The vision of "health for all" is much more than a just slogan and is still on the agenda today as an important realistic and feasible goal. Prof. Quenum fought a war without truce in the struggle for health. Stubborn and relentless, he struggled daily to ensure social justice in access to health for all his sisters and brothers in Africa.

Prof. Quenum always wished that Africans, through their own elites should not be left to contemplate their history only, but also to be the main actors of their destiny. In his view, it was necessary to pay more attention to the training and the development of human resources.

We are convinced that the humanist and humanitarian message of Prof. Quenum was for more social justice, especially in the area of health. That message deserves, even today, a privileged place in our books and reference documents and should continue to inspire future generations.

INTERVIEW WITH DEPUTY MINISTER OF HEALTH, MOZAMBIQUE

1. What is the epidemiological situation of viral hepatitis in Mozambique?

Although the viral hepatitis is a global public health problem, the prevalence in Mozambique is still unknown.

2. What interventions has Mozambique implemented so far to control the viral hepatitis?

In terms of prevention of viral hepatitis transmission, Mozambique introduced the vaccine in 2001. The hepatitis B vaccine was introduced in the Expanded Programme of Immunization with 70% coverage among the target population.

Concerning blood transfusion, almost 100% of the blood transfused has been screened to minimize the risk of hepatitis B and C transmission.

3. What urgent measures should be adopted to control the viral hepatitis in the African Region?

First, it will be important to carry out a sero-prevalence study in the Region to better understand the prevalence of viral hepatitis.

We think that it would be important to develop and implement a regional strategy for prevention and control of viral hepatitis in the African Region.

As part of the strategy, it will be important to strengthen the information, education and communication activities to the public in general and the most-at-risk population in particular, as well as the training of national personnel while strengthening the laboratory capacities at different levels of the health systems in countries.



Dr Nazira Abdula
Deputy Minister of Health
Mozambique

INTERVIEW WITH MINISTER OF STATE FOR HEALTH, NIGERIA

1. Nigeria reduced the number of wild polio virus (WPV) by almost 90% in 2014 as compared to the same period in 2013. What was done differently to achieve this result?

The National Polio Emergency Operations Centre as a coordination platform has been working with polio partners in a coordinated manner. The Governors and their Deputies have been providing effective oversight and support in the states. There has been continuing engagement of the traditional, religious and community leaders in planning, implementation, monitoring and supervision of the campaigns, and providing support to resolve problems of non-compliance when they occur.

New strategies have been put in place in the last two years such as health camps (comprehensive care is provided to children and mothers); the wall fencing (to ensure high-coverage in the surrounding Local Government Authorities-LGAs (districts) where access is difficult due security challenges); and hit and run strategies to improve access to the target population in the security compromised areas. The implementation of Direct Observed Polio Vaccination in selected very high-risk LGAs in eleven states with the objective to reach children outside of their homes and to validate the OPV administration has also been successfully initiated in those high-risk LGAs. We have increased visibility of the OPV campaigns in the States through the distribution of different pluses (milk, soap, balloons, whistles), involving local artists to attract parents, care-givers and the target age-groups for the vaccination.

Recently, the country introduced IPV in North East States. Mobile teams were also initiated, not only to ensure vaccination as part of the integrated routine immunization to improve population immunity, but also to administer Vitamin A, deworming and anti-malaria medicines.

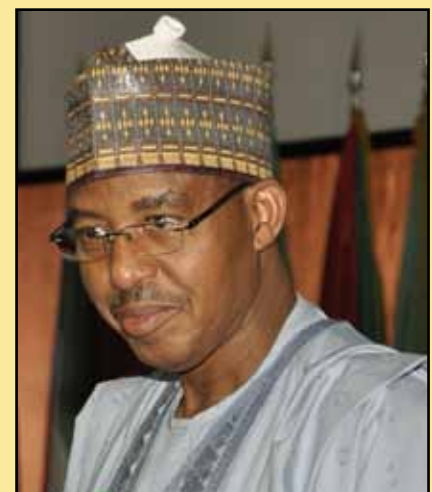
We have also strengthened the immediate outbreak response when WPV and cVDPV cases are reported, including when WPV is found through environmental surveillance. There are also cross-border activities with neighbouring countries for surveillance, implementation of Supplementary Immunization activities and routine vaccination.

2. Do you believe that Nigeria can interrupt polio transmission by the end of 2014?

Yes, the trajectory indicates that we are surely moving towards interruption of WPV transmission in Nigeria by the end of 2014. As of today, 6th November, 2014 the country recorded 6 confirmed cases of WPV1 in two States, compared to 49 cases in 9 States for the same period in 2013. The date of onset of the last WPV1 case was 24th July 2014 and no confirmed WPV3 case was reported since November 2012. There has been a sustained improvement in the quality of each round of the polio campaigns mainly due to improvement in micro-planning process and implementation of the accountability framework associated with continued improvement in routine immunization especially following the introduction of pentavalent vaccine.

3. Won't the security situation in the North East of the country and the upcoming Presidential election in 2015 compromise or disrupt the interruption of polio?

We appreciate the risks and threats associated with the insecurity in the North Eastern part of the country and the upcoming Presidential Elections. We commend the gallant efforts of our health teams, vaccinators and all those who carry on with the campaigns given the challenges in the security compromised states. Based on available surveillance data, it is clear that there is no change in terms of quality of AFP surveillance in security compromised areas compared to others. This is mainly due to the strategy of recruitment of local staff residing in those LGAs. Part of the mitigation actions put in place, is the recent introduction of IPV in selected LGAs in security compromised states of Borno and Yobe. The President of the Federal Republic of Nigeria has assured the country that immunization is on Nigeria's political agenda and funding is guaranteed.



Dr Khaliru Alhassan
Minister of State for Health
Federal Ministry of Health, Nigeria