



Ministers agree on an aggressive plan to control mosquitoes and other vectors causing diseases

Vector-borne diseases present a health risk for more than 80% of the world's population. They account for 17% of the global communicable disease burden and kill more than 700 000 people annually. For example, more than 60 million people globally are at risk of human African trypanosomiasis (sleeping sickness), while 11.7 million cases of schistosomiasis are reported every year. More than 38 million cases of lymphatic filariasis (elephantiasis) and about 15 million cases of onchocerciasis (river blindness) occur annually in the world.

The burden of these diseases is particularly high in the WHO African Region. The region accounts for 90% of the global burden of malaria, for instance, and reports 130 000 cases and 500 deaths of yellow fever annually. In addition, 24 000 cases of visceral leishmaniasis (caused by sand fly bites), and, on average, 19 000 cases of cutaneous leishmaniasis are reported from the region annually.

The increase in diseases is partly attributed to the impacts of climate change that have helped expand the environments favourable to the vectors. Compounding the situation, the previous

package of approaches to prevention and elimination for vector-borne diseases did not prioritize vector-control interventions, largely due to human resource, technical and infrastructural capacity gaps in vector surveillance and research.

To address these challenges, Health Ministers at RC69 yesterday discussed the increasing threat of vector-borne diseases and adopted the Framework for the Implementation of the Global Vector Control Response in the WHO African Region.

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Time to deliver: Congo First Lady reminds RC69 delegates that combating sickle cell disease is a political choice



In African countries where sickle cell disease is a major public health concern, the control programmes are neither national in their coverage nor providing basic facilities to diagnose and manage patients. Systematic newborn screening for the disease using a simple blood test is not a common practice – diagnosis is typically made only when a severe complication emerges. Health workers at the primary care level do not have the necessary knowledge and skills to prevent or manage the disease. Counselling and prevention of crises and infections are simple measures not readily accessible to most patients.

As a result, the majority of children with the most severe form of sickle cell disease die before their fifth birthday, usually from an infection or severe anaemia. And significant morbidity and mortality occur among adults.

More than 66% of the 120 million people in the world living with sickle cell disease live in Africa. The highest prevalence is found in parts of East, Central and West Africa. The disease causes extreme pain, life-threatening infections and other complications, such as stroke or loss of vision.

It is these realities that prompted a side event during RC69 under the patronage of the First Lady of the Republic of the Congo, HE Antoinette Sassou-Nguesso, who has become a global advocate for tackling the disease.

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Interview with Dr Eugène Aka Aouélé, Minister of Health and Public Hygiene of Côte d'Ivoire

“Côte d'Ivoire is on the verge of implementing universal health insurance for all citizens.”

On the sidelines of RC69, the Minister of Health and Public Hygiene of Côte d'Ivoire spoke to the Journal team. He announced that his country will launch its universal health insurance scheme on 1 October. In preparation for the launch more than two million people have already enrolled for the scheme.

Watch the interview here



Interview with Dr Arlindo Nascimento do Rosário, Minister of Health and Social Security of Cabo Verde

Digital health is fundamental to bringing health services closer to communities in small islands in Cabo Verde.

Cabo Verde Minister of Health and Social Security, Dr Arlindo Nascimento do Rosário, spoke to the RC69 Journal about his country's experiences in using digital technology to accelerate the attainment of universal health coverage. He highlighted their achievements, such as the state-of-art telemedicine facilities that connect island communities for real-time virtual medical consultations and surgical operations (a distant surgeon guides a local

surgeon). He also highlighted the WHO support to promote the pooled procurement of essential medicines for Small Island Developing States, which has reduced costs and improved the supply chain management system.

[Watch the interview here](#)



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Health Ministers take stock of progress with the Regional Strategy for Health Security and Emergencies



Countries of the WHO African Region contend with more than a hundred public health emergencies annually. Many of these emergencies can be mitigated through proven public health

interventions and strong health systems, but most of those health systems remain weak.

Delegates to RC69 discussed the progress report on the regional strategy for health security and emergencies for 2016–2020. The report covers only work done between 2016 (when the strategy was adopted) and 2018. The strategy was developed to assist Member States to follow through on the International Health Regulations (2005) and its bold targets, which all States have committed to achieve.

The report documents significant progress made in strengthening and sustaining health emergency preparedness and response capacities. During the session, many delegates gave positive feedback on the strategy. One delegate noted how it had helped the country conclude the joint external evaluation, which led to the government allocating additional resources for health security and emergencies. Another delegate commented on how the strategy strengthened the country's application of the International Health Regulations and credited it for a forthcoming response plan, with a focus on the most vulnerable populations. The strategy, said another delegate, led to the revision of the health development plan, with a special budget line included.

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Report on cancer control in the African Region shows slow progress



Cancer has long been recognized as a major concern for countries in the African Region, but progress in implementing national strategies to reduce morbidity and mortality has been slow. Unfortunately, the number of cancer cases across the region continues to rise.

Yet, several targets specified in a 2008 WHO Resolution and slated to be achieved by 2013 were missed, according to a Progress Report on the Implementation of the Regional Strategy for Cancer Prevention and Control presented to Member States at the RC69 yesterday.

The report was welcomed by many delegates who took the opportunity to highlight the progress that had been made in their respective countries. However, major challenges and risks still exist. These include low population and political awareness about cancer; inadequate financial investment in cancer; lack of publicly funded programmes; and weak and fragmented health systems, including limited primary care capacity and poor surveillance, all of which hamper the full implementation of the cancer strategy.

The delegates urged the WHO Regional Office to provide support for shaping more robust information and reporting systems, for the training of oncology professionals and to assist with

improving community engagement. They called on all governments in the region to increase domestic funding for cancer prevention and control programmes.

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Interview with Dr Mohamed Lamine Yansané, Senior Advisor to the Minister of Health of Guinea

“Community health should be the vehicle for transmitting all preventive, curative and promotional care.”

The Senior Advisor to the Minister of Health of Guinea, Dr Mohamed Lamine Yansané, spoke to the RC69 Journal team on how his country is strengthening community health as part of their strategy towards achieving universal health coverage. He said that Guinea has endorsed the Astana Declaration on Primary Health Care and believes that community health should be the platform for implementing all preventive, curative and promotional health interventions.

Watch the interview here



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Interview with Dr Silvia Lutucuta, Minister of Public Health of Angola

“Partnership and joint work between African countries is essential to solving the public health challenges of Africa.”

The Minister of Health of Angola, Dr Silvia Lutucuta, gave a positive opinion of the ongoing RC69 in an interview with the Journal team. She said that African countries can benefit from working together to define strategies for addressing the public health problems of the region. She commended the Transformation Agenda and excellent work that the WHO African Region is doing under the leadership of Dr Matshidiso Moeti. She also highlighted the support received from WHO that had enabled her country to timely and effectively respond to a recent outbreak of vaccine-

derived poliovirus.

[Watch the interview here](#)



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[Interview with Dr Amir Aman Hagos, State Minister of Health of Ethiopia](#)

“Intersectoral collaboration has been critical to reduce the double burden of malnutrition.”

In an interview with the RC69 Journal team, the State Minister of Health of Ethiopia, Dr Amir Aman Hagos, explained the strategies that his country has deployed to combat malnutrition, the lessons they had learned on prevention and the collaboration between his Ministry and 10 other Ministries to implement the national policy. He also spoke about his country’s support to the strategic plan to reduce the double burden of malnutrition in the WHO African Region just adopted during RC69.

[Watch the interview here](#)



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Ensuring no child is left behind: Immunization for all by 2030



Immunization is successful when countries prioritize it, engage and involve communities and ensure sustainable funding. This message during a day-four side event led by Gavi, the Vaccine Alliance underscored the importance of governments owning the process and committing to reaching every child.

Jacqueline Lydia Mikolo, Minister of Health and Population of the Republic of Congo and session chairperson, emphasized that cross-sector collaboration, community ownership and good data quality are necessary for successful immunization coverage. Success, she added, includes strengthening both routine and supplementary immunization.

The Director of Programme Management in the WHO Africa Regional Office, Dr Joseph Cabore,

acknowledged that political commitment to immunization is at its highest in the region and, because of it, the average immunization coverage rate is nearly 70%. However, he pointed out, this falls short of the global target of 90%. “We need to reach at least 200 million children to close this gap, and hopefully, the new Gavi strategy will enable countries to get to hard-to-reach areas,” he said.

That Gavi strategy, according to Pascal Bijleved, Director Country Support for Gavi in Geneva, was recently adopted for 2021–2025 and represents a significant shift in focus to overturn the stagnation affecting immunization coverage. The vaccine investment takes a life-course approach and involves building new delivery platforms that will strengthen primary health care by providing more moments in which a child, adolescent or adult is in contact with health workers. It also includes approval for investment in studies to address gaps in knowledge.

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WHO and Africa CDC endorse their first joint work plan on improving health security in Africa

Africa experiences more than 160 acute health emergencies each year, 82% of which are due to preventable infectious disease outbreaks. To strengthen the collaborative response to these emergencies, the World Health Organization and the African Union Commission through its Africa Centres for Disease Control and Prevention have endorsed a one-year Joint Work Plan for the Implementation of the Framework for Collaboration to Improve Health Security in Africa.

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Exploring the tasty and nutritious cuisine of Congo



The Republic of the Congo is dominated by water – its rainy season lasts nine months and feeds the mighty Congo River and its many tributaries, which then thunders through the rain forests to the cold Atlantic Ocean.

It comes as no surprise, then, that the cuisine of this unique country is dominated by dishes that include fish. One of the most popular of these is *saka-saka*, the preparation of which is a labour of love involving the diligent pounding of a large quantity of cassava leaves to create the deep green

paste that forms the basis of this delicacy.

To prepare *saka-saka*, boil together oil, smoked fish, onions, peanut butter and a variety of spices – in portions satisfying your personal taste and the demands of your family recipe, and an hour later it will be ready to enjoy. Some recipes call for meat instead, some leave it vegetarian.

This dish is commonly accompanied by starchy manioc, which is the cassava root that is grilled, fried or boiled (but never eaten raw because the tuber contains toxic cyanogenic glucosides).

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Important contacts during RC69

- Regional Office reception:+242 05 770 02 02
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Transportation

Delegates will be transported from the recommended hotels to and from the venue of the meeting every morning. No shuttle service has been planned during lunch breaks; lunch will be served at the meeting venue.

Hospitals and clinics

In case of a health emergency, please call the WHO doctor (Roland Rizet) listed above. However, there are several hospitals that you can visit directly:

- Centre Hospitalier et Universitaire de Brazzaville (CHUB)::+ 242 22 282 61 49
 - Hôpital Central des Armées Pierre Mobengo:+ 242 06 654 91 32
 - Net Care (face SNDE, Avenue du Maréchal-Lyautey):+242 05 547 09 11
 - COGEMO:+242 06 665 60 46
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Recommended hotels

The list of recommended hotels is attached to the Information Bulletin. It is strongly encouraged that you book only a hotel on this list for your safety and security and to benefit from the shuttle service provided by the organizers.

Exhibitions



Delegates are invited to visit the various exhibitions in and outside the tents at the back of the Regional Office building. There are several showcases of WHO work on diverse themes, including polio eradication, the Regional Transformation Agenda, universal health coverage, communicable and noncommunicable diseases and maternal and child health. Inside the middle tent is a photo exhibition documenting the successful strategies that Nigeria has taken up towards eliminating AIDS. Outside the tent is a display of photographs featuring WHO in Action.

Internet connection

There is open access Wi-Fi network called RC69 that is available to all delegates.

Coffee and lunch breaks

Morning and afternoon refreshments and lunch will be served to all delegates free of charge in the tents near the exhibition hall from Monday to Friday.

Banks and currency

The monetary unit in Congo is the CFA franc. The exchange rate with the euro is 656 CFA and 589 CFA to the US dollar. An Ecobank ATM is located in the corridor leading to conference room No. 2 in the Regional Office. The machine accepts Ecobank and visa cards from other banks and is accessible 24 hours a day, seven days a week. Other ATMs that operate 24 hours are available in the city.

Day 5: Friday, 23 August 2019

10:00–12:00	Agenda item 17	Adoption of the report of the Regional Committee (Document AFR/RC69/12)
12:00–12:30	Agenda item 18	Closure of the Sixty-ninth session of the Regional Committee
12:30–14:30	Lunch	

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Dates and place of the Seventieth Session of the WHO Regional Committee for Africa



**The next session of the WHO Regional Committee for Africa
will take place**

24-28 August 2020 in Lome, Togo

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