



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

21 August 2019

English

RC69 e-Journal



RC69 delegates nominate Dr Matshidiso Moeti for appointment for a second term as WHO Regional Director for Africa

On the second day of the RC69 meeting, the delegates nominated Dr Matshidiso Moeti for appointment as WHO Regional Director for Africa for a second term. Dr Moeti's current term of

office comes to an end on 31 January 2020.

During a briefing session on the nomination, the WHO Legal Counsel, Derek Walton, explained the procedure for the nomination process: In line with Rule 52 of the Rules of Procedure of the Regional Committee for Africa, the Director-General announced to the African Member States on 14 February 2019 that each of them could propose for the post of Regional Director (no later than 18:00 Central European time of 24 May) the name of one suitably qualified and experienced citizen of that State having a medical background.

Subsequently, the Director-General communicated to Member States on 6 June 2019 that Botswana had proposed the candidature of Dr Moeti for re-appointment. With no other proposal made, she became the sole candidate. In an open session on day one of RC69, the delegates agreed on the modalities for interviewing and voting to nominate the Regional Director.

On day two and in a private session, delegates interviewed the candidate and then voted, confirming their nomination of Dr Moeti for a second term. The delegates adopted a resolution requesting the Director-General to propose to the Executive Board the appointment of Dr Moeti for a five-year term that will begin in February.

In her acceptance remarks, Dr Moeti expressed gratitude to the President of her native Botswana for the invaluable support provided for her campaign and nomination. “I’d like to promise that I will work equally for all 47 countries, to make sure that each and every one of you receives the best possible support from WHO,” she said.

She went on to “thank my brother, Dr Tedros, the DG”, adding, “I’m so happy to be working with a fellow African in this quest” to bring WHO’s most creative work to the region. “Thank you Dr Tedros for your creativity, for always seeing opportunities and for encouraging me to do the work that we need to do together.”

She thanked colleagues and staff “who have been such a firm support for all the work that I have done”. In particular, she acknowledged Dr Joseph Cabore, the Director for Programme Management “and my deputy who always fills my seat on the very frequent occasions that I’m absent. Thank you for being the rock that supported my work.”

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[Interview with Dr Alfred Madigele at RC69 on the nomination of Dr Matshidiso Moeti as Regional Director](#)

“Dr Moeti is a high-caliber and transformational leader!”

We spoke to Dr Alfred Madigele, the Minister of Health and Wellness in Botswana shortly after the nomination of Dr Matshidiso Moeti for a second term as WHO Regional Director for African. He hailed Dr Moeti as a high-caliber and transformational leader.

[Listen to his interview](#)



Interview with Dr Zacarias Zindoga, Permanent Secretary of the Ministry of Health in Mozambique

International support to address emergencies is critical

The Permanent Secretary of the Ministry of Health in Mozambique, Dr Zacarias Zindoga, explains his country's experience in responding to public health emergencies caused by cyclones Idai and Kenneth this year. According to him, preparedness and timeliness of interventions are critical to moderate the effects of disasters.



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Delegates discuss innovative approaches for combating Ebola



The context in which the Ebola virus disease outbreak is occurring in the Democratic Republic of the Congo (DRC) presents unique obstacles to its containment. To overcome them, innovative approaches have been developed and tested and are providing hope that the disease will soon be a vaccine-preventable condition.

In a special briefing session on the Ebola outbreak in the DRC, RC69 delegates were updated on the scale of the disease and the strategic response to it by the Government, WHO and its partners.

In an overview of the situation, WHO Regional Director Dr Matshidiso Moeti informed the delegates that as of 19 August, the country had reported 2 888 cases (2 794 confirmed, 94 probable), with 1 934 deaths and 75 patients are currently under care. More than 800 survivors are enrolled in follow-up programmes offering a comprehensive package of care. There are 645 WHO staff working in the DRC to support the Ebola response.

Professor Jean-Jacques Muyembe, the national coordinator for the DRC response, explained that in the 30 years since the first Ebola outbreak was reported in the region, many lessons had been learned. “But this outbreak is different,” he said. “We initially followed the protocols that we knew had worked for the previous nine outbreaks. But we soon discovered that the current outbreak needed an innovative approach.”

He pointed out that experimental treatment protocols were originally planned to be rolled out over five years, but the scale of the epidemic and the upgrading of laboratory facilities within the DRC meant that the research and development of what looks to be a viable vaccine to protect against Ebola infection could be done within a year.

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Measuring progress towards the triple billion goals in the African Region

WHO African Member States heard yesterday that, at the current rates of progress, 64% of countries will not achieve all targets of the Sustainable Development Goals (SDGs) by 2030.



The Thirteenth General Programme of Work is a vital response to filling the gaps. It positions the Organization to impact the lives of three billion people over the next five years and provides a systematic measurement of progress towards achieving the SDGs.

The development of a framework to measure the progress of the General Programme of Work was requested by delegates after the 2020–2021 programme budget was approved at the the seventy-second World Health Assembly in May 2019. After consultations with Member States, including through the Regional Committees globally, the completed framework will be presented to the Executive Board at its 146th session in January 2020.

Essentially, the General Programme of Work has three billion goals, known as the “triple billion goals”:

- 1 billion more people benefiting from universal health coverage
- 1 billion more people better protected from health emergencies
- 1 billion more people enjoying better health and well-being.

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Delegates identify strong leadership and management as critical ingredients for universal health coverage in Africa



Universal health coverage is a recurring topic on most global and regional platforms, given its central role in the attainment of the health-related Sustainable Development Goals (SDGs). It is at the core of the World Health Organization's Thirteenth General Programme of Work, which is an inspiring and ambitious strategy designed to contribute to achieving the SDGs. Although good progress has been made towards establishing universal health coverage in Africa, many critical challenges persist.

It is those challenges that brought the delegates into an afternoon side event of RC69 on Day 2. The delegates from Angola, Togo and Cote d'Ivoire highlighted their country experiences and the insights they had gained for advancing the universal health coverage agenda. In opening the event, Dr Joseph Cabore, Director of Programme Management in the WHO African Regional Office, reiterated the importance of universal health care. Given this importance, he said, the Regional Office has established a flagship programme to support African countries in their drive towards attaining the goals.

The Honourable Minister of Health of Angola stated that the availability of an uninterrupted supply of essential medicines is a critical component for sustaining universal health coverage. It has been a challenge in her country due to high costs and a weak supply chain management system. To tackle this problem, the Government reduced taxation on essential medicines while increasing taxes on harmful products, such as alcohol and tobacco. Other measures taken included advocacy for increased domestic funding for medicines, which led to improvements in transparency and efficiency in the management of essential medicines.

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La Sape: A Congolese culture of sartorial elegance and style



When a Congo man struts down a rocky road in the Bacongo neighbourhood of Brazzaville on a Sunday evening with his smart suit coat turned inside out and draped across his back to display the gorgeous lining depicting a multitude of little pictures, you know you have found Sapeur society, where style is a religion and where the *La Sape* movement reportedly began. His shoes will look like the finest brogues, his socks might be pink or maybe orange, his bowler might be red. He may be sporting a pipe, unlit. He might even be combing his sideburns as he strolls.

He is, without doubt, a follower of *La Sape*, a fashion-based culture rooted in Parisian elegance that evolved to epitomize European fine style and manners. *La Sape*, which roughly translates to “the Society of Atmosphere-setters and Elegant People”, has been solely associated with Brazzaville and Kinshasa since the 1920s, representing a force of expression to defy the colonial prejudice that claimed that locals, no matter how elite, were inferior.

Through the 1950s and the 1960s to present day, they have worshipped dandyism. But it was and remains more than a cult of style. What began as a literal show of Congolese empowerment after decades of brutality and economic subjugation enforced by foreigners turned into a political ideology associated with the struggle for independence of both Congos and then into a way of life as African francophone elites flew off to Paris, returning with sophisticated garments.

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DAY 3: Programme of work

07:30–08:45	Breakfast meeting	Three Years without a wild poliovirus case in the African Region: Let us finish polio once and for all
09:00–09:10	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:10–10:30	Agenda item 10	Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 (Document AFR/RC69/6)
10:30–11:00	Pause	
11:00–12:30	Agenda item 11	Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025 (Document AFR/RC69/7)
12:30–14:30	Lunch break	
13:00–14:15	Side event	The African Continental TB Accountability Framework for Action:

		Enhancing leadership for Ending TB in Africa by 2030
14:30–16:00	Agenda item 12	Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs (Document AFR/RC69/8)
16:00–16:30	Tea break	
16:30	End of the day's session	
16:30–18:00	Side event	Time to deliver: Combating Sickle Cell Disease is a political choice

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Important contacts during RC69

- Regional Office reception:+242 05 770 02 02
- Mr Odon MUSHOBEKWA, Head of Administrative Services: + 242 06 508 10 53
- Mrs Marie Paule RUTABUZWA, Travel Manager:+ 242 06 895 77 10
- Mrs Enikö Andrea MANKAMPA TOTH, Conferences and Protocol : + 242 06 508 10 53
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- Mr Charlemagne PISSARA, logistics and catering (RC69) : +242 06 603 51 09
- Mr Issaka YODOMA, logistics and hotels (RC69): + 242 06 603 51 19

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

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.



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