RC66: GUIDE AND IMPORTANT CONTACTS

HOTEL CONTACTS

1.	SHERATON ADDIS	TEL: 251 116 62 36 34
2.	RADISSON BLU	TEL: 251 115 15 76 00
3.	HILTON HOTEL	TEL: 251 115 51 84 00
4.	ELLIY INTERNATIONAL HOTEL	TEL: 251 115 58 77 73
5.	CAPITAL HOTEL AND SPA	TEL: 251 116 67 21 00
6.	INTERCONTINENTAL ADDIS HOTEL	TEL: 251 115 50 50 66

RESTAURANTS IN ADDIS ABABA

1. SHERATON ADDIS, LOCATED IN THE UNCC.
2. FINFINE, LOCATED IN THE NIGERIAN LOUNGE.
3. KALDIS, LOCATED IN THE ROTUNDA AND ZAMBEZI BUILDING.
4. TIVOLI, LOCATED BY THE UNECA ENTRANCE (VEHICLES).

WHO CONTACT PERSONS

1.	DR. KALU, AKPAKA A, WHO REPRESENTATIVE	TEL: 251 944 25 23 26
2.	MR PIERRE LESSIMI, OPERATIONS OFFICER	TEL: 251 935 99 86 41
3.	MS LISHAN NEGUSSIE, LOGISTICS AND PROCUREMENT	TEL: 251 944 73 19 82
4.	MR TESHOME FANTAYE, PROTOCOL ASSISTANT	TEL: 251 912 12 00 24
5.	MR ODON MUSHOBEKWA – ADMIN. SERVICES OFFICER	TEL:. 251 967 88 29 93
6.	MR AMPA TRESOR, TRAVEL OFFICER	TEL:. 251 967 88 2975
7.	MRS TOTH, CONFERENCE AND PROTOCOL OFFICER	TEL:. 251 965 55 66 52
8.	MR HOUNGBO KOFI, TRANSPORT OFFICER	TEL:. 251 967 88 29 80
9.	MR WOLDE BEKELE, TRANSPORT OFFICER	TEL:. 251 912 20 09 77

SECURITY CONTACT PERSONS

1.	POLICE HOT LINE :	TEL.: 991
2.	POLICE	TEL.:251 111 57 21 21
3.	UN SECURITY	TEL.:251 115 44 55 55
4.	UN SECURITY	TEL.:251 115 51 65 37
5.	UN SECURITY	TEL.:251 115 51 29 45
6.	WHO/FSO, MR FOFANA IBRAHIM	TEL.: 251 967 88 29 93

MEDICAL SERVICES AND CONTACT PERSONS

THE UNITED NATIONS HEALTH CENTRE, SITUATED ON THE GROUND FLOOR OF THE CONFERENCE CENTRE, PROVIDES EMERGENCY MEDICAL SERVICES TO PARTICIPANTS/ DELEGATES ATTENDING MEETINGS.

IN CASE OF A MEDICAL EMERGENCY, PLEASE CALL THE PHONE NUMBERS LISTED ON THE LAST PAGE OF THIS INFORMATION NOTE.

1.	DR GRACE FOMBAD, UN HEALTH CARE CENTRE	TEL.: 251 115 51 72 00
		TEL.:251 115 51 58 28
2.	DR ROLAND RIZET, WHO	TEL.: 251 929 450 518
3.	UNECA AMBULANCE	TEL.: 251 115 51 42 02
		TEL.:251 115 51 58 28

HELP DESK

For any inquiries or assistance, please call the Help Desk (Mr C Youdi, and Mr T.Meki) on: **(251) 0925 50 05 23 and 0929 50 05 22**

CURRENCY AND BANKING

The local currency is the Ethiopian Birr. All local banks provide currency exchange services with an exchange rate that is uniform. Please note that it is illegal to exchange your currency on the black market – only deal with official banks. All major hotels have FOREX services.

ATMs are widely available in hotels, on the UNECA compound and around the city. VISA cards are widely accepted, and some ATMs now accept MasterCard as well. Almost all transactions are cash-based, so please plan accordingly.

EVENTS AND SPECIAL SESSIONS

MONDAY, 22th AUGUST:

13:30-14:30 The GAVI Alliance

18:00-19:30 Experience of China on the Universal Health Coverage and updates on China's collaboration with Africa

TUESDAY, 23rd AUGUST:

11:00 Closure of the RC66 – 11:00

PANEL DISCUSSION ON UNIVERSAL HEALTH COVERAGE JOURNEY: EXPERIENCE OF CHINA AND UPDATES ON CHINA COLLABORATION WITH AFRICA

There will be a panel discussion today on Universal Health Coverage Journey: Experience of China and Updates On China Collaboration with Africa. The meeting will be chaired by Dr Matshidiso Rebecca Moeti, WHO AFRO Regional Director.

The objectives of the panel discussion are to:

(a) Share experience of China on the UHC journey and health system reforms.

(b) Provide an update on China's collaboration with Africa in health, food and drug regulation.

(c) Take steps on Partnership between China and Africa on capacity for production and increasing access to affordable quality medicines in Africa.

IN OUR NEXT ISSUE, READ ABOUT

- **Key issues for the African Region on achieving the health targets of the Sustainable Development Goals.**
- **5 Heads of delegation discuss key health issues affecting their countries**

World Health Organization
REGIONAL OFFICE FOR Africa

JOURNAL

66th SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

Available on the Internet: http://www.afro.who.int

ISSUED IN ENGLISH, FRENCH AND PORTUGUESE

No. 04: 22nd August 2016

PROVISIONAL PROGRAMME OF WORK DAY 4: Monday, 22nd August 2016

09:00–10:00	Agenda item 16 (cont'd)	Health in the 2030 Agenda for Sustainable Development (Document AFR/RC66/7)
10:00–11:00	Agenda item 20	WHO Programme Budget 2018–2019 (Document AFR/RC66/17)
11:00–11:30	Tea break	
11:30–12:30	Agenda item 19	Revised Terms of Reference of the Programme Subcommittee of the WHO Regional Committee for Africa (Document AFR/RC66/16)
12:30–14:30	Lunch break	
13:30–14:30	Side Event	GAVI Alliance
14:30–16:00	Agenda item 18	Regional strategy on regulation of medical products in the African Region (Document AFR/RC66/13)
16:00–16:30	Coffee break	
16:30–17.30	Agenda item 21	Information Documents
	Agenda item 21.1	Progress report on implementation of the Regional HIV Strategy 2011–2015 (Document AFR/RC66/INF.DOC/1)
	Agenda item 21.2	Progress report on Health and Human Rights: current situation and way forward in the African Region (Document AFR/RC66/INF.DOC/2)
	Agenda item 21.3	Progress report on the implementation of the Health Sector Strategy on Disaster Risk Management (Document AFR/RC66/INF.DOC/3)
	Agenda item 21.4	Progress report on utilizing eHealth solutions to improve national health systems in the African Region (Document AFR/RC66/INF.DOC/4)
	Agenda item 21.5	Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC66/INF.DOC/5)
	Agenda item 21.6	Progress report on the implementation of the regional strategy on enhancing the role of traditional medicine in health systems (Document AFR/RC66/INF.DOC/6)
	Agenda item 21.7	Progress report on the implementation of the regional road map for scaling up the human resources for health for improved health service delivery in the African Region, 2012–2025 (Document AFR/RC66/INF.DOC/7)
	Agenda item 21.8	The Reform of WHO's work in health emergency management: report of the Director-General (Document AFR/RC66/INF.DOC/8)
	Agenda item 21.9	Progress report on the establishment of the Africa Centre for Disease Control (Document AFR/RC66/INF.DOC/9)
	Agenda item 21.10	Progress report on the implementation of the Transformation Agenda (Document AFR/RC66/INF.DOC/10)
	Agenda item 21.11	Report on WHO staff in the African Region (Document AFR/RC66/INF.DOC/11)
	Agenda item 21.12	Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC66/INF.DOC/12)
17:30 – 18:00	Agenda item 22	Draft provisional agenda and dates of the Sixty-seventh session of the Regional Committee and place of the Sixty-eighth session of the Regional Committee (Document AFR/RC66/18)
18:00	End of the day's session	
18:00–19:30	Side Event on the Universal Health Coverage Journey: Experience of China and updates on China's collaboration with Africa	

THE AFRICAN PUBLIC HEALTH EMERGENCY FUND CONTRIBUTES TO MANAGEMENT OF EMERGENCIES DESPITE CHALLENGES

Since its establishment in 2012 up to the end of June 2016, the African Public Health Emergency Fund (APHEF) has disbursed a total of US $2.73 million to support life-saving interventions in 13 countries. This is despite the fact that only a few Member States have contributed to this fund. According to a report by the WHO Regional Office Secretariat to the ongoing 66th Session of the WHO Regional Committee for Africa, APHEF, which was established in 2012, has contributed to the management of several emergencies.

In 2016, APHEF supported the yellow fever outbreak in Angola and the El Nino crisis in Ethiopia. In 2014 and 2015, the fund supported provision of emergency health care to the internally-displaced populations in Central African Republic and South Sudan; refugees in Cameroon; and flood victims in Burundi, Malawi and Zimbabwe. In addition, APHEF supported the response to the outbreaks of meningococcal meningitis in Niger and Ebola in the Democratic Republic of Congo, Guinea, Liberia and Sierra Leone.

The APHEF report indicates that persistently low level of contributions by the Member States and lack of sustained advocacy in the countries are major challenges affecting the optimal functioning of APHEF. The variations in amounts of the Member States' contributions are also indicated as a challenge. Other challenges include insufficient funds to respond to country requests and inadequate reporting and accountability of funds disbursed to countries.

The delegates supported the principle of continuing with this solidarity and trust fund. The fact that only 13 countries had ever contributed to the fund was acknowledged. The issue of competing priorities leading to non-compliance was also indicated during discussions. The need for further engagement with the African Union and the Ministers of Finance in countries was emphasized. There was also need to harmonize this fund with other regional and global complementary fund for emergencies.

Following discussions, Members States endorsed the proposed actions with amendments and agreed to continue contributing to the fund. A proposal was made for another task force to review the formula for contributions of Member States. The proposed amounts in the report had been proposed by the Expert group in June 2016 following a decision of the 65th session of the Regional Committee. In the proposed yearly contributions presented in the report, 32 Member States had reductions in their annual contributions while 14 countries had increases. Of the 14 countries that were assessed for increment, 11 were increased from USD 5000 to USD 37, 700 while 2 were increased from USD 35,000 to USD37,000.

The adjustments to the current proposed Member States' contributions will be presented at the 67th session of the WHO Regional Committee for Africa, in 2017. While awaiting the reviewed formula for contributions, Member States agreed to continue contributing to the fund. A minimum amount (USD 37,700) as annual contribution was proposed until adoption of a new formula.

It is envisaged that implementation of the agreed action points will positively improve the functionality of this crucially important fund.

Contents

GHANA'S HEALTH MINISTER URGES MEMBER STATES TO SET UP REGULATORY BODIES FOR MEDICAL PRODUCTS

Mr Alex Segbefia
Minister of Health, Ghana

What is your country doing to ensure that your people have efficacious, safe and quality medical products?

First, we have to ensure that the country has efficacious drugs that can be used without any fear of harming our people. We have a regulatory body, that is, the Food and Drugs Authority (FDA) that ensures that drugs that come into Ghana are of the right standard. The ability to bring in substandard drugs is really diminished because of the stringent tests they go through. We are quite proud of what we have been able to achieve and what the FDA does for us.

What challenges should countries watch out for on the issue of medical products?

As countries grow, more people and drugs come into the country which increases the burden on the FDA. You have to employ more staff and increase laboratory capacity to be able to handle the increased demands. Anticipating the future and expand accordingly is a major challenge.

There is also the need for regular staff training and skills and equipment upgrade to handle modern requirements. In Ghana, we lack some expertise on the equipment side. Capacity to pre-screen the required equipment is another challenge to watch. The solution is for governments to work with international reputable companies that do pre-screening for equipment so that they get what is appropriate.

What should Member States in the African Region do to move forward on medical products?

First they should establish regulatory bodies with capacity to deal with imported drugs and those manufactured locally. There is also need to look at local and regional manufacturing of pharmaceutical products with a view of upgrading it and finding ways to ensure that we buy drugs manufactured in our countries or in the region. This is one way of building our manufacturing capacity and it is also cheaper for us. So, first you expand your ability to manufacture drugs but you also have to ensure that your regulatory body is able to examine these drugs and certify for export.

Ghana has a few pharmaceutical manufacturers and we also export drugs within West Africa. There are other pharmaceutical manufacturers in South Africa, Uganda and Kenya. Still Africa must look at this issue closely and see how best to expand and increase production. Our government gives incentives to the local manufacturers to increase their capacity and standards. We encourage African countries to do the same.

What should WHO do to help Member States on medical products?

WHO should help countries set up regulatory bodies. A lot of the problems that cost life in Africa are due to lack of the right drugs; fake drugs being used to try to cure a disease which everybody knows it cannot do. If we have good regulatory bodies to make sure that fake drugs are not used, that they do not cross borders easily then we shall have started to solve some of the problems in the pharmaceutical industry and save the lives of the African people.

BURKINA FASO IMPLEMENTED eHEALTH INITIATIVES

What are the important progress made by Burkina Faso since 2013 on eHealth?

Dr. Mete Bonkoungou,
Technical Advisor
Ministry of Health, Burkina Faso

Burkina Faso has developed its national health Development Plan covering the period 2011-2020. This document takes into account the eight strategic orientations defined in the national health policy. Convinced that information and communication technologies are an opportunity for health system strengthening, the Ministry of health has made tremendous efforts to implement projects to develop ehealth initiatives. Therefore, the country has developed what is called "a national health data warehouse". It is a system based on web technology that uses the "district health information system" platform. It offers the possibility of routine data management for health statistics, records of patients, early warning system of disease, surveillance, programs as well as human, financial and logistical resources.

We have also developed an information and logistics management system. It is a system for stock management and health products distribution which is being deployed in hospitals and regional stores. In addition, the country has developed an information system and a human resources management system with the support of the European Union. Other mobile applications on health or mHealth implemented include surveillance of maternal and neonatal deaths, reproductive health products, nutritional system and epidemiological surveillance system.

What are the major constraints encountered in the implementation of eHealth?

It is mainly inadequate Information Technology infrastructure throughout the country, problems in acquisition of computer equipment, specific peri-IT for ehealth, weakness and the expensive cost of high-speed Internet and finally lack of resources to initiate and support projects.

What are the solutions envisaged the constraints?

In addition to improving resource mobilization for e-health solutions, there are opportunities at country level that benefit the health sector. For example, the health sector aligns and integrates its development policy of technical infrastructure with the major national development projects of the information technology. A pooling of infrastructure and resources with other sectors such as trade, education and agriculture is also envisaged,

LIBERIA HEALTH MINISTER CALLS FOR SOUTH-TO-SOUTH COOPERATION TO STRENGTHEN TRAINING OF HEALTH WORKERS

Dr Bernice Dahn
Minister of Health Liberia

Following the Ebola epidemic, what is the state of Human resources for health in Liberia

Human resources for health are critical to our recovery process especially after the civil crisis and the Ebola outbreak. During the civil crisis almost all the health training institutions shut down and professors left the country. When the civil crisis ended, we started reactivating our health care system including the health training institutions. While this was going on, Ebola struck! During the outbreak about 192 health workers died including clinical professors. Many clinical and preclinical professors also left the country for fear of Ebola and most have not returned. This has taken us back so we have to restart strengthening our health training institutions. We have an investment plan and its first pillar is to train and put in place a critical "fit-for- purpose" health worker force.

At the moment there is a critical gap especially for undergraduate pre-clinical professors. We are in contact with some countries within the region to see how they can help us. We are trying to expand the training institutions. We are increasing the intake where necessary, especially in areas where we have acute shortages. We are collaborating with foreign training institutions to help us especially with specialized disciplines such as orthopedics, radiology and others.

What are the most important challenges to human resources for health in your country ?

The first is adequate motivation for health workers to do the work. A good number of them are not on the government payroll, even though some are paid some incentives. We are requesting government for funding to increase health workers on the payroll from the current 68%. The second challenge is lack of housing especially for health workers posted to rural areas. This is affecting retention of health workers and we are addressing it. The third challenge is lack of equipment, instruments or tools for the work and sometimes drug stock outs. But first we must retain our health workers, motivate them and provide them with professional growth and development.

What are you doing to train and retain qualified health personnel in your country?

We are doing this through in-country training. Before the Ebola outbreak we had in-country residency training in four basic disciplines – internal medicine, Obstetrics/Gynaecology, pediatrics and general surgery. This was interrupted but we are reviving it to also include other programme such as nursing.

We are looking for scholarships for those disciplines we cannot train in the country. It is not easy to get placements in foreign institutions considering that human resources for health is a global problem and everybody is trying to train their own. Sometimes we get placements for one or two but it is too little for our needs.

We are also in the process of getting foreign professors. But for this, we need to strengthen South-to-South collaboration especially by having concessions with universities that can also provide faculty when we need them. For example, some of the preclinical trainings, the professors were not available at the time they were needed which delayed progress of our undergraduates to the next class.

What should WHO and Member States note on this important topic in general?

WHO should assist us network within the Region and facilitate timely deployment of faculty when needed. WHO should also help us establish relationships with training institutions and assist countries to get concessions with universities in developed countries, including facilitating their professors to come and work with us because it very expensive to get them into the country.

Countries like Liberia should struggle to strengthen local training. It is cheaper and we can train many people in a short time. But this calls for strengthening training systems and investment in regional resources.

ETHIOPIA SHARES BEST PRACTICES ON HEALTH SERVICES

The Ministry of Health of the Federal Democratic Republic of Ethiopia shared two best practices on Health Development Army (HDA) and Emergency Medical Services (EMS) in a side event at the ongoing 66th Session of the Regional Committee.

The HDA engages women to raise awareness at household level on hygiene, nutrition, common childhood illnesses, Malaria, Tuberculosis (TB), family planning and preparedness for delivery among others. On the other hand the EMS utilizes over 1,250 ambulances to evacuate patient and expectant mothers to higher level medical facilities for the appropriate medical services.

It was indicated that HDA has brought about positive changes in health seeking behaviours, health service utilization, reduction in harmful traditions and awakened communities to their rights. Communities, especially women, own HDA and are implementing it.

EMS has increased emergency hospital admission and referrals thus contributing to reduction in overall mortality. Additionally, Emergency units and departments have been strengthened and expanded to cope with the increased number of patients who would have been unable to access care.

Partner involvement, support and flexibility have been critical to the success of the two programmes.

The WHO Regional Director Dr Matshidso Moeti referred to the programme as "unique" in the African Region adding that they are a clear testimony of the success brought about by "political commitment, policy clarity and long term vision".