

DEPARTURES FLIGHT SCHEDULES AND PICK UP TIME FROM HOTEL TO AIRPORT

Airlines	Flight Number	Destination	Take-Off Time	Pick up Time
26-Nov.-26				
AIR FRANCE	AF 559	PARIS	23:55hr	3 hours before dep.
EGYPTAIR	MS 886	CAIRO	12:00hr	3 hours before dep.
ETHIOPIAN	ET 938	ADDIS	14:15hr	3 hours before dep.
ASKY	KP 039	LOME	09:00hr	3 hours before dep.
27-Nov.-15				
TURKISH AIRLINE	TK 587	ISTANBUL	10:50hr	3 hours before dep.
ETHIOPIAN	ET 938	ADDIS	14:15hr	3 hours before dep.
ASKY	KP 033	LOME	08:00hr	3 hours before dep.
28-Nov.-15				
ROYAL MAROC	AT 268	CASABLANCA	05:35hr	3 hours before dep.
ETHIOPIAN	ET 938	ADDIS	14:15hr	3 hours before dep.
AIR COTE D'IVOIRE	HF 811	ABIDJAN	06:15hr	3 hours before dep.
ASKY	KP 039	DOUALA	08:00hr	3 hours before dep.
AIR COTE D'IVOIRE	HF 811	YAOUNDE	06:15hr	3 hours before dep.
AIR COTE D'IVOIRE	HF 811	DOUALA	06:15hr	3 hours before dep.
ASKY	KP 039	LOME	08:00hr	3 hours before dep.
EGYPTAIR	MS 886	CAIRO	12:00hr	3 hours before dep.
29-Nov.-15				
AIR FRANCE	AF 559	PARIS	23:55hr	3 hours before dep.
ASKY	KP 039	DOUALA	08:00hr	3 hours before dep.
ETHIOPIAN	ET 938	ADDIS	14:15hr	3 hours before dep.

SECURITY CONTACT PERSONS

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**PROVISIONAL PROGRAMME OF WORK DAY 5:
Friday, 27th November 2015**

- 10:00–11:00 **Agenda Item 19** Adoption of the Report of the Regional Committee (Document AFR/RC/65/14)
- 11:00–12:30 **Agenda Item 20** Closure of the Sixty-fifth Session of the Regional Committee

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- DR DJABAR HAMID, MINISTRY OF HEALTH TEL.: 235 66 25 40 40
- DR ROLAND RIZET, WHO TEL.: 235 91 37 74 25
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- DR ABDOULAYE ADAM DJOROU, MINISTRY OF HEALTH TEL.: 235 66 29 06 38



SIDE EVENTS

AFRICA MALARIA STRATEGY: ACCELERATING TOWARDS MALARIA ELIMINATION IN AFRICA

A side event titled "Africa Malaria Strategy: Accelerating towards malaria elimination in Africa" will take place from 17:00 to 18:00 hours today.

The event is aimed at introducing the draft Africa Malaria Strategy and agree on the next steps towards its adoption and implementation.

The session will be co-chaired by the Honourable Minister of Health of Ethiopia, the WHO Regional Director for Africa and the Commissioner of Social Affairs at the African Union Commission.

Programme:

- Malaria control and elimination: where are we? Dr Magda Robalo, WHO/AFRO;
- A new era on malaria control and elimination in Africa, Ethiopian example. Dr Kesete-Birhan Admassu, Minister of Health of the Federal Democratic Republic of Ethiopia
- Abuja Declaration towards the elimination of AIDS, Tuberculosis and Malaria in Africa. Dr Mustapha Sidiki Kaloko, Commissioner of Social Affairs, the African Union Commission;
- Introduction of the Africa Malaria Strategy and its implementation framework. Dr Issa Sanou, Malaria Programme, WHO/AFRO
- Discussions



JOURNAL

65th 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: 26th November 2015

**PROVISIONAL PROGRAMME OF WORK DAY 4:
Thursday, 26th November 2015**

- 09:00–10:30 Agenda item 8 Progress on health-related Millennium Development Goals and the post 2015 health development agenda (Document AFR/RC65/4)
- 10:30–11:00 *Tea break*
- 11:00 – 12:30 Agenda item 17 Information
- Agenda item 17.1 Report on WHO staff in the African Region (Document AFR/RC65/INF.DOC/1)
- Agenda item 17.2 Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC65/INF.DOC/2)
- Agenda item 17.3 Poliomyelitis in the African Region: progress report (Document AFR/RC65/INF.DOC/3)
- Agenda item 17.4 Progress report on the implementation of the Health Promotion Strategy for the African Region (Document AFR/RC65/INF.DOC/4)
- Agenda item 17.5 Progress report on the Strategy for Addressing Key Determinants of Health in the African Region (Document AFR/RC65/INF.DOC/5)
- Agenda item 17.6 Progress report on the implementation of the Recommendations of the Women's Health Commission for the African Region (Document AFR/RC65/INF.DOC/6)
- Agenda item 17.7 Progress report on the establishment of the African Medicines Agency (Document AFR/RC65/INF.DOC/7)
- Agenda item 17.8 Briefing on the new Neglected Tropical Diseases entity (Document AFR/RC65/INF.DOC/8)
- 12:30–13:00 Agenda item 18 Draft provisional agenda and dates of the Sixty-sixth session of the Regional Committee and place of the Sixty-seventh session of the Regional Committee (Document AFR/RC65/13)
- 13:00–15:00 *Lunch break*
- 15:00–16:30 Plenary Session Health Security and International Health Regulations (hosted by WHO)
- 16:30–17:00 *Tea break*
- 17:00–18:00 *Side Event* *The Africa Malaria Strategy: Accelerating towards malaria elimination in Africa (Hosted by the Honourable Minister of Health for Ethiopia)*
- 19:00 *Dinner hosted by the Government of the Republic of Chad at the hotel Kempinski*

AFRICAN PUBLIC HEALTH EMERGENCY FUND

In 2012, the Ministers for Health of African Region established the African Public Health Emergency Fund (APHEF) as a solidarity mechanism to support African Member States to enhance their response to public health emergencies. On the third day of the ongoing 65th session of the WHO Regional Committee for Africa, the WHO African Secretariat presented a progress report on the implementation of the fund so far.

The report highlighted that from its inception in 2012 to July 2015, 13 of the 47 Member States had contributed a total of US\$ 3,619,438 which represents 1.8% of total expected amount of US\$200 million. According to the report, a total of US\$ 2,300,676 has been disbursed from the fund to support urgent emergency health response in 11 countries out of which only two had previously contributed to the fund. The report identified persistently low levels of contributions, late reporting on disbursements by recipient countries and occurrence of multiple emergencies as some of the challenges impeding the successful implementation of the fund.

In considering the report, the delegates re-emphasized the importance of the fund in improving health outcomes during emergencies and also noted the challenges which continue to impede its successful implementation. They called upon WHO to scale up high level advocacy to Member States concerning the fund. They also suggested reformulation of the criteria for determining contributions (the determination of Member State contribution is currently based on the same criteria as the WHO's Assessed Contributions). The need to establish mechanisms which takes into consideration national financial guidelines was also expressed. Furthermore, the delegates suggested development of a framework for effective oversight of the fund and that a percentage of the funds should be earmarked for emergency preparedness.

Almost all delegates who spoke during the session endorsed the proposed actions of the report and called for its speedy implementation. They particularly called for urgent convening of the meeting of experts who should among other things examine the reasons why Member States are not making contributions, review the financial modalities of APHEF and mechanisms for contribution, analyse the criteria for calculating the yearly contribution of countries and define the relationship between APHEF, national and global health emergency funds. The WHO Regional Director for Africa in her comments pledged that the Secretariat will ensure quick implementation of the proposed action. She, on the other hand called on Member States to ensure that they respond to requests for information on the APHEF in a timely manner so that the fund can be re-organized as soon as possible

South Africa made a pledge of US\$1 million which it said will be immediately made available to APHEF. Other Member States also pledged to follow-up on their contributions to the fund.

Contents

	Page
Africa Centre for Disease Control	2
Interview with the Minister of Health, Zimbabwe	2
Interview with the Minister of Health, Senegal	3
Interview with the Minister of Health, Guinea-Bissau	3
RC 65: Departure Flight Schedules and Side Events	4

PROGRESS ON THE ESTABLISHMENT OF THE AFRICA CENTRE FOR DISEASE CONTROL

To address the increasing burden of both communicable and non-communicable diseases in the African Region, African Heads of State and Government, at a Special Summit of the African Union in Abuja in July 2013 proposed the establishment of an Africa Centre for Disease Control and Prevention (Africa CDC). This call was further reiterated at the 22nd Ordinary Session of the African Union (AU) Summit held in Addis Ababa in January 2014, where the Heads of State and Government further urged the Africa Union Commission (AUC), WHO and other stakeholders to support the establishment of the Africa CDC.

Consequently, the delegates at the 65th session of the WHO Regional Committee for Africa reviewed the progress made on the establishment of the Centre and proposed the way forward to accelerate its creation. The delegates commended the key achievements made so far which include among others, development of a concept note, establishment of a multinational taskforce comprising of 16 Member States to develop the modalities and roadmap for establishment of the centre and assessment of existing centres of excellence in Africa. The delegates also recognized and discussed the challenges in the establishment of the centre which include the role of WHO in the Centre, which African countries and institutions should be part of the ACDC and the challenges of mobilizing the necessary resources (financial and human) for its establishment.

The delegates noted the importance of the Africa CDC and its potential to improve health security in the Region and called for accelerated efforts for its establishment. They emphasized the significance of clarifying the roles and responsibilities of stakeholders who are involved in the Centre in order to avoid duplication of efforts. Specifically, the delegates would appreciate clear demarcation of roles between WHO, the African Union and the Centre. They mandated WHO to provide technical leadership to the Centre under the overall leadership and ownership of Member States.

Furthermore, the delegates proposed adaptation of the Centre to the African context and the use of existing public health infrastructures such as National Centres for Disease Control and WHO collaborating centres as a basis for its establishment. In this regard, they encouraged Member States to urgently reach consensus on the centres which should be included in the Africa CDC. The delegates also called for sustainable mechanisms to ensure availability of adequate resources (human and financial) for effective management of the Centre; in this regard they urged Member States to second their best disease control experts to the Centre.

The WHO Secretariat noted all the recommendations and promised to work with the relevant partners to implement them.



INTERVIEW WITH HON. ALDRIN MUSIWA, DEPUTY MINISTER OF HEALTH AND CHILD CARE, REPUBLIC OF ZIMBABWE

1. How should countries improve the operations of the APHEF?

Countries should utilize the operations manual, and the guidelines provided by secretariat on the use of the Fund. We should also quickly review the criteria for calculating contributions and levels of contributions by Member States to the Fund. While Zimbabwe has benefitted from the fund during a national disaster, it has been difficult for the Minister of Health to convince treasury to release our annual contributions. Support is required to make the APHEF contribution a national budget line item in order to ensure country compliance and prioritization of health disaster emergencies.



Hon. Aldrin Musiwa, Deputy Minister of Health and Child Care Republic of Zimbabwe

Countries should familiarize themselves with the Fund's mechanisms for identifying and approving disaster emergencies for APHEF support and the mechanisms for accountability in the use of the funds in line with the Regional Director's accountability strategy.

Member States should generate reports on how this fund has made a difference in our approach to detecting and effectively managing health disaster emergencies as a way of strengthening the implementation of the IHR (2005), and address the local, regional and global health security threats.

2. What do you suggest as the basis of appropriate contributions by Member States (MS)?

We are in agreement with a review of the criteria for assessing contributions by MS, from what Zimbabwe accessed in 2013, the allocated contribution appeared fair. The current fiscal challenges in the country have affected our ability to honor our commitment, but we sincerely hope to address the situation as best we can.

3. What should be the eligibility criteria for countries to access the APHEF?

All countries, regardless of income levels should be eligible to access the Fund, because when disaster strikes everyone requires support. The provision for emergency support therefore should be kept open, and use the disaster rating to deploy the APHEF resources, unless a country demonstrates that it can cope.



INTERVIEW WITH PROFESSOR AWA MARIE COLL SECK, MINISTER OF HEALTH, SENEGAL



Professor Awa Marie Coll Seck Minister of Health, Senegal

1. What are the research challenges facing Africa given the epidemiological situation created by the ebola disease outbreak in west africa?

Changes in the epidemiological situation in West Africa, marked by the Ebola virus disease outbreak, clearly highlight the need to intensify research work in order to develop preventive measures through immunization. The discovery of a vaccine will certainly constitute a historical turning point in Ebola virus disease control. It is also necessary to improve case management through the discovery of appropriate and effective treatment against the virus responsible for the disease which severely affected

three countries in West Africa. These countries successfully combated the disease with the support of the international community.

The regional strategy should serve as a basis for active advocacy with governments of the African Region to definitively include health research in their investment priorities. This will facilitate the mobilization of internal and external human and financial resources needed to promote this priority area.

2. In your opinion, what are the factors that account for the very low contribution of the African region to global research findings?

The African Region's contribution to both fundamental and clinical or

operational research is commensurate with its resources. We have quality human resources recognized worldwide but the major challenge resides in the mobilization of financial resources and the strengthening of technological facilities. We often depend on external financing and we pay little attention to research issues.

3. What is the current contribution of your country in this area?

Senegal supports health research through several public funds established for scientific research. Such mechanisms include subsidies to universities and higher education institutions, the Fonds d'Impulsion de la Recherche Scientifique et Technologique (FIRST), which is a CFAF 500 million research grant, of which an amount of CFAF 120 million is used as incentive funds for the development of health research protocols. In fact, for the year 2015, 13 protocols were selected out of 33 proposed. We also have the Publication Fund, a CFAF 250 million budget to support the establishment of incubator centres, which prepare the operationalization and transformation of research findings into public development policies.

As regards health research governance, Senegal has established a national four-tier health research system, comprising a governance body with representatives from the relevant ministries; a coordinating body represented by the Department of Research Planning and Statistics (DPRS) of the Ministry in charge of Health, which works with research coordination units in various health programmes and departments; a functional regulatory body represented by the Comité National d'Ethique pour la Recherche en Santé, which meets at least once a month to assess the protocols, using rapid assessment procedures to ensure compliance with research requirements; and an implementing body represented by national health programmes and (public and private) research institutions and universities.

INTERVIEW WITH DR SEIDI CADI, MINISTER OF HEALTH OF GUINEA-BISSAU



Dr Seidi Cadi Minister of Health Guinea-Bissau

1. What is the current status of implementation of the International Health Regulations in Guinea-Bissau?

Guinea-Bissau has just ratified the International Health Regulations (IHR) and it is in the process of being approved by His Excellency the President. We already have an agreement to do it shortly. On the other hand, in October and November, Guinea-Bissau opened a health check post at the Osvaldo Vieira international Airport to implement this role properly. We also launched the National Strategy for Disease Control and Response. The National Institute of Public Health is working in this direction and the new Government of Guinea-Bissau is carrying forward all aspects

related to IHR, taking into account the global context characterized by the appearance of new epidemics and pandemics. Guinea-Bissau needs to improve its performance in this regard.

2. What factors inhibit the implementation of IHR in the African Region?

You know that the health situation is not limited to international health systems only. It is a problem that cuts across the entire country or continent and is not limited to only a particular Member State. Knowing that our borders are vast and porous, you find that people move freely in countries of our Region. Easy free movement is positive for our economies, but it raises health risks.

We also have the issue of poverty which is a major problem in our countries, especially for the poorest, characterized by major constraints such as lack of clean water, basic sanitation and electricity that have a negative impact on health. We also have difficulties in education which is one of the limiting factors as the uneducated population cannot adequately protect or guard themselves against some public health risks.

The financial crisis also prevents our States from complying with their national and international commitments. Even though we have programs, strategies, objectives, and established goals, the lack of financial resources for implementation, as well as the scarcity of well trained and motivated cadres prevent us from achieving good results.

Guinea-Bissau recognizes the need to invest not only in infrastructure but also in human resources. There is also need to stimulate the private sector and integrate the society in management of IHR. I also believe that a country's stability is very important to allow public and private investment that stimulates higher yields that can contribute to improving the health status of our population.

3. How can African states strengthen cooperation to better tackle threats to public health in the region?

I think in the first place, there must be solidarity principles. There has to be coordination of efforts, a serious commitment and good governance in all member countries in order to allow implementation of concise plans with transparent management of the resources at our disposal. The harmonization of interventions is crucial, but the training and motivation of human resources should receive special attention. If we act in this way, we will certainly achieve great results.