PHOTOS DURING THE SIXTY-SECOND SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

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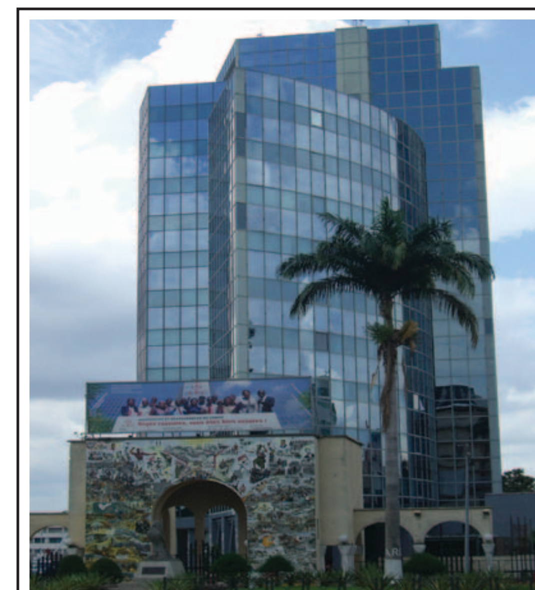
PROVISIONAL PROGRAMME OF WORK DAY 5 : Friday, 23rd November 2012

10:00–11:30	Agenda item 27	Adoption of the report and resolutions of the Sixty-second Regional Committee (Document AFR/RC62/21)
11:30–12:00	Agenda item 28	Closure of the Sixty-second session of the Regional Committee.

Dates and place of the Sixty-third session of the WHO Regional Committee for Africa:

2-6 September 2013

Brazzaville, Republic of Congo



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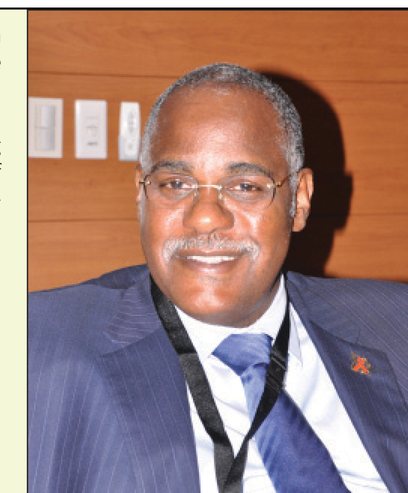
EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH OF ANGOLA



Dr. José Dias Vieira Van-Dúnem
Minister of Health, Angola

What are the national health priorities for the next five years?

Angola will continue working to reduce the burden of communicable diseases, taking into account the MDGs on reduction of mother and child mortality and the burden of communicable disease, specifically malaria, tuberculosis, HIV/AIDS and, in our case, trypanosomiasis.

In addition to communicable diseases, we are starting to experience a double burden of chronic diseases and noncommunicable diseases and a significant burden of high blood pressure, strokes, diabetes and the nightmare of road accidents. The high prevalence of the latter means that trauma injury is one of the principal reasons for hospital admission in our country. Given this epidemiological picture, we need to strengthen our infrastructure. This has been done through the decentralization of health services, as a response to primary health care imperatives and the principal causes of diseases.

Angola has succeeded in interrupting the transmission of poliomyelitis. What lessons would you like to share with other countries?

Angola has a record of interrupting the transmission of poliomyelitis and has re-imported the virus three times. The main lesson we have learnt from polio are: high-quality immunization campaigns; maintaining a reliable system of epidemiological surveillance; and most importantly, maintaining high routine immunization coverage that peforms effectively. Health professionals should be aware of their responsibilities , but families must also be responsible for taking their children to be immunized.

What areas do you intend to promote in the Region during your mandate as Chairman of the WHO Regional Committee?

I will apply my efforts to support health systems strengthening; training of human resources; responding to epidemics, disasters and also noncommunicable diseases, with special emphasis on trauma injuries; seeking to ensure that traditional medicine is used as a valuable complement to conventional medicine, and seeking to give impetus to the work of our subregional organizations. I think it is important that each of the subregions should focus on specific issues and should do its utmost to address subregional problems.

EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH & SOCIAL WELFARE OF LESOTHO

Dr Pinkie Manamolela
Minister of Health & Social Welfare
Lesotho

What in your view are the key health and Human rights issues in our region?

I take health as a fundamental right. Everybody must have access to health as a human right. Health should be accessible to all; it must be affordable irrespective of race, colour, religion, political affiliation, economic or social status. That is what we should embrace as health for all.

What are the key challenges faced by your country in the implementation of the right to health principle?

The main one is limited resources. We have very limited resources and we are competing with other priorities such as fighting poverty. I don't know whether you are aware that very recently, our Prime Minister declared an emergency against food shortage. We have severe shortage of food and it is an emergency in my country. We don't have human resources for health. We don't have our own doctors; nurses. They all left the country; we have failed to retain them. Without adequate human resource, we cannot deliver quality services. Another factor is the topography of my country- mountains. Roads and electricity especially to the remote areas is therefore a challenge. When I talk about health as a fundamental right I also emphasize that it should also be accessible even to those in the rural areas. My country is mountainous, roads are not good and sometimes electricity in those places is not dependable. Although we have a lot of water, unfortunately in some health facilities we don't have clean running water.

What in your view are the main actions that should be undertaken by countries in implementing the right to health principle?

We talk about human rights and health; I think we should enforce those treaties. They concern the rights of the child, discrimination against women, against people with disability or against sex workers. Another one is access to Primary Health Care. We only say prevention is better than cure and PHC deals with prevention especially at community level. That is the most important thing that we can ever do. If we prevent diseases then we can improve health care. We should address those issues that are gender related, gender inequality, education. Fortunately, most of the people in my country, women, are educated. Women should have the right to make decisions like when to have a child. This is in relation to sexual or reproductive health. People should not be marginalised. We should emphasise human rights in health. We must create awareness.

EXCERPTS OF INTERVIEW WITH THE DIRECTOR GENERAL - AMREF

What is the role of AMREF in health services delivery?

Dr Teguest Guerma,
Director General
AMREF

African Medical & Research Foundation (AMREF) was founded in 1957, fifty five years ago, as East African Flying Doctors. But since then, the role of AMREF has completely changed. We are an African international organisation trying to find African solutions to African problems using African expertise. We focus on communities and we believe that communities if empowered and given the skills and means can transform within and make a lasting health change on their own health.

AMREF works with the poorest of the poor, the most vulnerable. We are in fact a small WHO at the Primary Health Care level. So we work in maternal and child health, HIV/AIDS, TB, Malaria, water and sanitation, training and research. We work towards getting health services to the remote communities. We are the only organisation working both at community and at national level. We take what is working at the community level to the national level.

What needs to be done in order to empower communities to fully participate in health decision making?

First of all it is an approach. We need to approach communities with respect. We need to ask them their needs. Communities are not ignorant, they know what they need. But most times we go to them and say, we know what you need and we will do the best for you because this is what you need. Once communities are involved from the scratch in the interventions, then they will have full ownership and they will participate. We then have to give them skills and means for them to fully participate. If they don't own something they cannot be accountable. So, we let them do it themselves and mentor them. In the end, they should maintain the intervention by themselves because we are not going to be there for ever. We are only there to develop and change them. That is the approach we are using but of course it takes time.

How can AMREF support WHO to implement the strategies and resolutions agreed upon in the Regional Committee?

AMREF and WHO can work very well together because WHO is a normative, convening organisation while AMREF is an implementing organisation that supports communities. Before WHO produces guidelines, I think AMREF can help by getting ownership from the communities by getting the needs of the communities, district health workers and community health workers. So we can bring this input into the guideline at that level. When guideline are developed, most of the times they are not implemented. We can help WHO to implement the guidelines at Primary Health Care level. We can use our system which is already for this purpose.

We can also assist WHO with training at our international training centre for mid-level health workers. We cover more than 30 countries in Africa with our training and outreach programmes. We can also assist WHO with participation in decision making. Now days, you can no longer decide as member states only. If we really want to achieve the Millennium Development Goals, we need to work with the civil society, government and the private sector. So we can be the intermediary between WHO the communities, NGOs, civil society and the private sector.

EXCERPTS OF INTERVIEW WITH THE MINISTER OF HEALTH OF MALI

Mr Soumana Makadji
Minister of Health of Mali

What are the major emergencies your country is facing?

Mali has experienced a number of events resulting in public health emergencies that have been very stressful for our people. These include:

- The occurrence of epidemics in conflict zones, for example measles and a cholera outbreak (219 cases and 19 deaths) in a context of disruption of the normal system of integrated disease surveillance and response;
- The food crisis resulting from abnormally low levels of rainfall in 2011;
- The weakening of national intervention capacities in the area of health in the wake of political and socioeconomic upheavals. These have led to mass movements of population (118 000 internally displaced persons and 261 624 refugees), numerous instances of violence (e.g. pillaging, ransacking of community health facilities, rapes), the closure of a large number of health facilities and the interruption of priority health programmes.

How can the Regional Strategy on Risk Management contribute at district level to preparing for possible emergencies in the African region?

The regional strategy, which has been widely subscribed to by the countries of the WHO African Region, serves as a point of reference for our national strategy for the prevention and control of epidemics and disasters, which for more than 10 years now has been allocated funding under the national budget.

Medicines and other inputs are prepositioned for each level of the health system. This task is carried out with extensive assistance from other stakeholders such as local authorities, civil society and technical and financial partners.

The Ministry of Health has thus been able to identify epidemics in a timely manner and organize appropriate response.

How can the Regional Office better support countries to manage emergencies?

In this area it is important to focus on national strategies, for example through capacity-building, support for epidemiological surveillance, support for resource mobilization, support for studies and research, establishment of regional coordination and the monitoring and follow-up of implementation.

EXCERPTS OF THE STATEMENT OF THE EXECUTIVE DIRECTOR OF ROLL BACK MALARIA, DR FATOUMATA NAFO-TRAORÉ

Dr. Fatoumata Nafo-Traoré
Exe. Director of Roll Back Malaria

The Executive Director of Roll Back Malaria (RBM), Dr. Fatoumata Nafo-Traore during her address to the participants of the 62nd Session of the Regional Committee, mentioned that RBM was created in 1998 by African Heads of States. Fourteen years later, more than 500 partners from various sectors have joined the founding member organizations, WHO, UNDP, UNICEF and the World Bank.

She also said that the joint actions so far implemented have been fruitful. For instance, 44 out of 47 Sub-Saharan countries have developed road maps, 33 have done Malaria Programme Reviews. Bottlenecks resolution actions and E8 initiatives have also been undertaken.

Consideration and endorsement of the Brazzaville Declaration on NCDs was a wakeup call. "Our continent has greatly advanced in the fight against the disease, but still faces the challenge of the double burden of the communicable and NCDs" she pointed out. Accordingly to Dr Nafo-Traore, despite the global economic crisis, several African countries can maintain economic growth because they have natural resources.

She added that solidarity in Africa could also be difficult to translate into concrete actions and the continent will grow only if it invests in its people. Funding for our programs is difficult even for those demonstrating a high value such as vaccination.

Dr Nafo-Traore noted that efforts made by countries and significant results in the fight against malaria, HIV/AIDS, tuberculosis may be negated by lack of resources.

Given this situation, the UN Special Envoy for Malaria, RBM, WHO, ALMA are working together to boost the mobilization of domestic and external resources.

"Let's join forces to find innovative financing, inform more, and improve service management. This is a message of hope and I believe that together we should continue and do more" she emphasised.

She added that a significant reduction in child mortality is possible by scaling-up use of insecticide-treated nets and maintaining a good coverage of expanded vaccination program. "We need to create more synergy with other health interventions programmes and improve intersectoral approach".

To conclude, Dr. Nafro-Traore mentioned The Big Push (Every Child, Every Woman) launched in September 2012 in New York City, on-going actions for post-MDGs agenda development as a golden opportunity to use programs integration and put health high on the global development agenda.

BRAZZAVILLE DECLARATION ON NONCOMMUNICABLE DISEASES ENDORSED

Delegates to RC62 unanimously adopted the Brazzaville Declaration on "Noncommunicable Diseases (NCDs) Prevention and Control in the WHO African Region". The Declaration is a result of a Ministerial consultation on NCDs held in April 2011 in Brazzaville, Congo in preparation for the United Nations High-level Summit of Heads of State and Government on NCDs, held in New York in September 2011.

The Declaration recognizes NCDs such as cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, haemoglobinopathies (in particular sickle cell disease), mental disorders, violence and injuries as a significant development challenge in the WHO African Region.

Delegates acknowledged that NCDs are not only emerging but have reached alarming proportions rising exponentially. They thus recognized the Brazzaville Declaration as "wakeup call". They also noted that NCDs constitute an important challenge for the region requiring a multisectoral approach, within the Government, the private sector, Civil Society Organizations and communities.

Delegates highlighted the importance of primary prevention focusing on risk factors such as tobacco, harmful use of alcohol, physical inactivity and unhealthy diets in preventing and reducing the burden of NCDs. Community participation in NCDs was emphasized as well as the tactics of the tobacco industry in promoting their products.

NCDs surveillance to provide evidence for decision making was singled out as being very critical in efforts to contain NCDs in the Region. Early diagnosis and treatment for NCDs in addition to balancing prevention and care interventions were noted to be essential.

Finally, delegates recommended to WHO and other partners to provide technical assistance to countries in the implementation of the Brazzaville Declaration. Furthermore, WHO should undertake advocacy for NCD prevention and control and mobilization of resources to address NCDs.