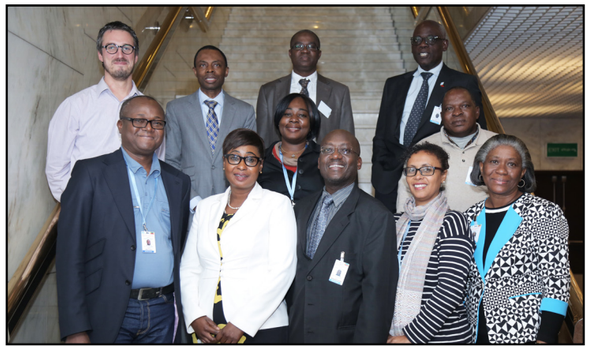
PHOTOS OF RC66 SUPPORT TEAMS



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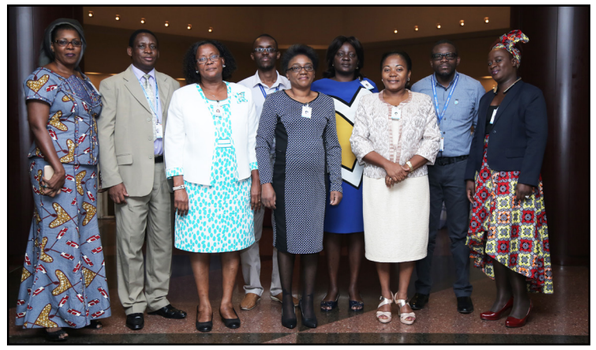

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No. 05: 23rd August 2016

PROVISIONAL PROGRAMME OF WORK, DAY 5: Tuesday, 23 August 2016

10:00–11:00	**Agenda Item 23**	Adoption of the Report of the Regional Committee (Document AFR/RC66/19)
11:00	**Agenda Item 24**	Closure of the Sixty-sixth Session of the Regional Commitee

Dates and place of the Sixty-seventh session of the WHO Regional Committe for Africa

28 August - 1st September 2017

Victorica Falls

Republic of Zimbabwe

Victoria Falls in Zimbabwe

Contents

AFRICAN HEALTH MINISTERS ADOPT ACTIONS TO IMPLEMENT THE SUSTAINABLE DEVELOPMENT GOALS

Delegates at the 66th Session of the WHO Regional Committee for Africa, adopted several priority actions to guide implementation of Sustainable Development Goals (SDGs) in Member States.

Prior to adoption of the proposed actions, the WHO secretariat presented a report that identified key challenges that hindered the achievement of the health-related Millennium Development Goals (MDGs) in most countries. These included fragmentation of interventions; inadequate health financing; weak health systems; unequal access to effective services; weak health security, and weak multi-sectoral responses.

The Report indicated that countries which made good progress towards attainment of MDGs did so only in certain populations. The 17 SDGs succeeded the MDGs and will guide global development up 2030. Lessons learnt from the MDG era, will be useful in the implementation of the SDGs.

After deliberations, the delegates agreed that Member States should strive to have one national plan, one coordination mechanism, and one Monitoring and Evaluation framework for the implementation of the SDGs agenda.

Additionally, delegates emphasized the importance of multi-sectoral actions to address social, environmental and economic determinants of health and to reduce health inequities. This, they added, necessitates having a Health-in-All-Policies approach to development. Delegates acknowledged past challenges in multi- sectoral approaches and expressed the need for legal and policy instruments to facilitate such actions at national level. Inadequate community participation was also noted as a challenge to SDG implementation.

The delegates agreed to ensure long-term, predictable and sustainable financing for SDGs and to strengthen primary health care and health systems. They also highlighted the need to improve accountability. The need to generate and use data was indicated as central in SDG planning and monitoring frameworks.

In the discussions, Member States were encouraged to commit to in-country financing reforms that would correspond to the requirements of achieving the SDGs. In addition, it was suggested that countries develop investment cases for health.

The delegates urged WHO to continue supporting Member States to develop and implement country-led strategic plans and to strengthen their advocacy capacity for SDGs. They also requested WHO to support Member States to generate and utilize resources for implementation of health-related SDGs and monitoring of progress towards the health targets. The need to organize periodic reviews was also highlighted.

WHO PLAYS A KEY ROLE IN MOBILIZING RESOURCES FOR THE HUMANITARIAN CRISIS IN CENTRAL AFRICAN REPUBLIC SAYS DR DJENGBOT FERNANDE

Dr. Djengbot Fernande,
Minister of Health,
Central African Republic

The humanitarian crisis affecting your country since 2013 has shaken the health system, sometimes up to termination of service delivery. As the situation in the country normalizes, what is the health system situation especially health service delivery?

There is improvement in the health system and in service delivery in 3 key areas. The capacities of health facilities have been strengthened with support from partners. This has resulted in reactivation of health care services in 73% of health facilities of the country. In Bangui City, 100% of the health facilities are now operational. Health facilities have been provided with enough stocks of drugs to manage common diseases such as malaria, diarrhoea and respiratory infections, among others.

In addition, health facilities have been provided with delivery and caesarean section kits for obstetric complications. Health facilities and community centres have been rehabilitated and equipped in the capital city and in some *prefectures* (Regional Administration Divisions) affected by the crisis. Finally, we have redeployed health workers. Sixty five doctors and 76 paramedical staff have strengthened the teams in the health facilities in Bangui and in 16 *prefectures.*

What are the challenges you face building a resilient health system in the Central African Republic today?

The challenges are many. There is the low budget allocation for health from the government which is 9% of the total government budget. This is far below the 15% recommended by the Abuja Declaration. The lack of disbursement of funds for health creates dependence on international partners. Inadequate human resources quantitatively and qualitatively is also a challenge. Weakness of the information system due to lack of communication equipment, looted during the civil crisis, delays investigations and response to outbreaks. Finally, the volatile security situation remains a major concern.

What can you say about WHO's support to improve the health system?

WHO supported us in all phase of the crisis. In addition to technical support, WHO has played a key role in resource mobilization. The on-going health system recovery in the country is credited to this support. I take this opportunity to express gratitude of the Government of Central African Republic for the constant support.

"LEAD HEALTHY LIFESTYLES; YOU HAVE RESPONSIBILITY FOR YOUR OWN LIFE" ADVISES MR ANIL GAYAN

Mr. Anil K. Gayan
Minister of Health and Quality of Life
Mauritius

We understand that the main health problem in Mauritius is Non-Communicable Diseases (NCDs). Does this mean your country is out of the threat posed by communicable diseases?

One can never be out of the threat from communicable diseases. But we have a very good surveillance system, a good health system and in fact we haven't seen any cases of infectious diseases for the last three decades. Our burden is NCDS. With regard to communicable diseases, I think that we are "out of the woods".

How big is the problem of NCDs in your country?

It is very big. We have been conducting surveys for the last 20 years and we have noticed that about 23% of the population is diabetic, 23% is pre-diabetic and about 38% of the people are hypertensive. We have a lot of complications due to cardiovascular diseases and chronic diseases. We have an ageing population with diabetes leading to a lot of eye surgeries, cataracts and other eye complications.

What social-economic benefits have you realized from having no communicable diseases?

Of course there are spinoffs when you don't have any infectious diseases to tackle. But with NCDs, what would be our gain on the communicable side, we are losing on NCDs. We lose because of chronic cases, people missing work and not being able to perform to the best of their abilities because of the NCDs.

We are trying to engage in a lot of prevention; creating awareness, sensitizing people about the need to lead a healthy life style. We have a campaign against smoking and alcohol. We are trying to sensitize people at a very early age about the need for physical activities. We are telling them that we cannot afford to spent too much money in terms of vaccination for babies, give them everything for them to grow into adults who will be economic actors and then they succumb to diabetes or other NCDs.

Today, the quality of life is a responsibility of the people as well. We cannot have a system where people are not responsible for their own health. They should not assume that doctors and nurses will do miracles all the time.

What lesson can the rest of Africa learn from Mauritius on NCDs?

Prevention is the best way. It is the road that we need to follow because tackling the problem once it has arisen is expensive. Prevention done earlier can bring benefits. I advise our friends in Africa to be very concerned about NCDs. There are a lot of sedentary life styles, fast foods, a lot of sugar and salt in what we consume. All these things can be tackled. Start by educating people about healthy lifestyles. That is the way to proceed.

What more should WHO do on NCDs in Africa?

Capacity building. A lot of countries today lack health professionals. It is possible to prevent the increased burden of NCDs. There are models all over the world that we can learn from. There is a lot we can do to mitigate the ravages of NCDS.

What overarching message do you have for the common man in Africa on NCDs?

Lead healthy lifestyle. Walk, don't take the bus. Don't drive. Eat healthy. You have responsibility for your own health.

"THE DEMOCRATIC REPUBLIC OF THE CONGO RESPONDS QUICKLY TO YELLOW FEVER OUTBREAK OF" SAYS DR FELIX NUMBI MUKWAMPA

H.E. Dr. Felix K Numbi Mukwampa,
Minister of Public Health, the
Democratic Republic of the Congo

What is the current trend of the yellow fever epidemic in the Democratic Republic of the Congo?

First of all, I want to reassure the national and international communities that the last case of yellow fever was notified in June 2016. This case was discovered in Kwango province, in Feshi territory.

With respect to the general trend of the epidemic, 2243 suspected cases were reported from January to June 2016. The last case was reported in June 2016. Approximately 1400 cases were tested in the laboratory. Seventy-four of them were positive to the amaril virus with 56 cases imported from Angola. Twelve cases were indigenous and six others were sylvatic cases (which means that they are from forest contamination).

What are the main challenges you are facing to stop its spread to other provinces and other countries?

The first challenge was to control the epidemic around the indigenous cases. For this, we have organized response campaigns to the outbreak. The second challenge was the lack of vaccines against yellow fever globally. The third was the organization of joint response activities by Congo and Angola. Last but not least was the shortage of laboratory reagents because of the high number of cases. This consequently delayed confirmation of diagnoses.

What is the role of the main partners involved in the multidisciplinary response to the yellow fever epidemic in Congo and how do they collaborate with your government?

The Government ensured leadership of the response from January, 2016 as soon as the epidemic was announced in Angola. Support was provided by partners including WHO, UNICEF, CDC Atlanta, USAID, GAVI, the World Bank, the Japanese Government, IOM, the Red Cross, the African Development Bank, the Chinese Government, MSF, Save the Children and the private sector. There was very quick resource mobilization and alignment of partners to the country's strategies. The Government has developed a response plan with three phases. The budget for the response plan is approximately USD 42 million and to date, USD 25 million has been mobilized. The cost of the immunization campaign that varied between USD 17 and 20 million was totally covered.

What are the lessons and experiences you'd like to share with the delegates to RC66 on this epidemic?

First, is the need of government leadership and efficient coordination during epidemics. The second is to have a good functional epidemiological surveillance system and the third is the availability of laboratory capacities.

Finally, I cannot ignore the role of communities and the involvement of the public and the private sector. Communities were totally involved in the response. We also had the private sector especially in the mobilization and sensitization of workers, resource mobilization and in the vaccination campaign currently underway.

INFORMATION SHARING AND CAPACITY BUILDING ARE KEY TO FIGHTING COUNTERFEIT DRUGS IN THE AFRICAN REGION

Prof. Isaac Adewole
Minster of Health, Nigeria

How big is the problem of counterfeit drugs in Nigeria?

Counterfeit drugs remain a global issue which governments around the world are addressing through their regulatory agencies. In Nigeria, the potential negative effects of counterfeit drugs on public health are handled by the National Agency for Food and Drug Administration and Control (NAFDAC).

Over the years, we have achieved remarkable success in decreasing levels of circulating counterfeit drugs in the country. Prior to 2001, it was reported that 40% of the medicines in Nigeria were substandard, fake or counterfeit. In 2005, NAFDAC in collaboration with WHO and DFID reported a decrease from 40% to 16.7%.

What has your government done on this problem?

We have strengthened local, national and international collaboration and cooperation to share information on counterfeits. We also participate in activities of the West African Health Organization and we are part of WHO Member State mechanisms. We have sustained public awareness campaigns on counterfeits and built human and infrastructural capacity to support quality control and laboratory certification of medicines. We are reviewing our laws on counterfeits to make them more stringent and we are introducing and adapting cutting-edge technologies to fight counterfeit medical products. We also seize and destroy Substandard, Spurious, Falsely-labeled, Falsified, Counterfeit (SSFFC) Medical products whenever found. We are also using new technologies like the Truscan, a hand-held device for speedy detection of counterfeit medicines. Mobile Authentication Service (MAS) has been deployed to use text messaging and put the power of detection in the hands of consumers

What advice do you have for Member State on this subject?

They should strengthen, support and sustain functionality of their regulatory frameworks. This necessitates sharing of experiences with sister agencies and developing their capacities and competencies. Nigeria is ready to work and collaborate with other Member States in this regard.

Member States should implement the Action Plan on SSFFC medical products and also strengthen local cooperation to fight counterfeit medical products. Regional and international information sharing is critical in these efforts.

INTERNATIONAL HEALTH REGULATIONS SHOULD BE A PRIORITY FOR ALL COUNTRIES

Mr Axel Tibinyane
Acting Deputy Permanent
Secretary, Ministry of Health and
Social Services, Namibia

How has the International Health Regulations (2005) contributed to Global Public Health since their inception?

The IHR are far sighted and those who developed them were very visionary. The problem is that we did not take their implementation seriously. The Ebola Virus Diseases was a great awakening for us and marked a turning point in Public Health. We have now seen the importance and value of these regulations. They are a priority for all countries. Precaution is more important than response to emergencies.

The regulations have given us an opportunity to be prepared; to set up preventive measures and to improve our capability for early detection in case something happens. However, this requires capacity for risk assessment and the ability to plan.

How is Namibia achieving the core capacities of IHR (2005)?

Our assessment on paper shows that in most areas of IHR, we have achieved 60%, 70% and even 80%. But the situation on the ground might be different. This is one reason we welcome the Joint External Evaluation. It's a tool for somebody else to assess us objectively and on that basis we shall be able to see the real gaps so that we plan and budget to address them. In some aspects such as policy and legal frameworks, we have some strength. We are also good at process implementation, health system readiness and on implementation of our policies.

What are the challenges and how have you resolved them?

Challenges include infrastructure and human resources especially as we develop a new organizational structure for the Ministry of Health to address priority areas including IHR implementation. We are examining our health budget to make it more efficient and effective in addressing weakness in our health system. We are setting up an initial framework to work with the private sector as well.

What message do you have for delegates on IHR?

We need to be ready to do risk assessments and to be able to put in a regulatory system to mitigate risks. We must prepare to detect, prevent and respond to emergencies.