



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-first session

Virtual session, 24–26 August 2021

**STATEMENT BY DR MATSHIDISO MOETI,
WHO REGIONAL DIRECTOR FOR AFRICA**

Your Excellency, President Faure Gnassingbé of the Republic of Togo,
Your Excellency Victoire Tomégah Sidémého Dogbé, Prime Minister of Togo,
Professor Mijiyawa Moustafa, Minister of Health and Public Hygiene and Universal Access to Health Care of Togo,
Professor Benjamin Hounkpatin, Minister of Health of Bénin and First Vice-Chairperson of the Seventy-first session of the Regional Committee for Africa,
Honourable Ministers of Health and Heads of Delegation,
Dr Tedros, Directeur-General fo WHO,
Dr Margaret Agama-Anyetei, Acting Director of Health and Humanitarian Affairs, representing Madam Amira Elfadil, the Commissioner for Social Affairs of the African Union,
Dr Samba Sow, Special Envoy of the Director-General of WHO for COVID-19,
Dear colleagues from United Nations agencies, and dear partners,
Distinguished guests and members of the media,
Dear Colleagues,

It is my great pleasure to welcome you to this Seventy-first session of the WHO Regional Committee for Africa.

Thank you, your Excellency President Gnassingbe, for honouring us with starting off this important meeting.

I want to greatly appreciate the Honourable Minister of Togo and the Government of Togo, for their active engagement in the preparations for this session.

I also want to thank the Vice-Chairpersons of the Seventieth Regional Committee for Africa, my brother, Professor Benjamin Hounkpatin, Honourable Minister of Health of Benin and my sister Dr Lia Tadesse, Minister of Health of Ethiopia. We have greatly benefitted from your leadership and availability in our preparations for the governing body events.

For the second year running, we are meeting virtually because of the prevailing COVID-19 situation. We have all learned new skills and ways of working in the past one and a half years.

This pandemic continues to test our collective determination and creativity, and capacity for local and international solidarity, as humanity facing a common enemy.

I commend the tireless work of African governments, and through you Honourable Ministers, appreciate the strong leadership of Heads of State, in responding to this virus and sustaining action on other priorities.

As WHO, we are working with you around the clock, to respond to COVID-19 and to ensure we do not lose ground on hard-fought gains achieved over many years.

Through the Access to COVID-19 Tools, or ACT Accelerator, the COVAX Facility has delivered around 40 million vaccine doses to African countries. This is a small fraction of the doses needed across the continent to protect people from severe COVID-19 illness and death. We deeply regret the delays and difficulties in keeping to agreements, due to unforeseen factors as the pandemic unfolded. We have learned many lessons.

So, we are strongly advocating at the regional and global levels for greater dose sharing and the transfer of technology, and we are seeing an emerging sense of urgency to get things done. I urge you to ensure that the required human, material and financial resources are on the ground ahead of time; to get people vaccinated when the shipments arrive and reduce wastage.

I was excited to attend the launch event announcing the establishment of a hub for technology transfer of mRNA vaccines in South Africa. This work needs to expand to serve broader vaccine needs.

In this, I ask for your continuous help, Honourable Ministers, to advocate for companies and governments to make vaccines, and the know-how needed to produce them, available to those who need them most.

Your support is also vital to draw attention to policies that further exacerbate inequities, such as restrictions on movement and travel, for citizens coming from continents that have been denied fair access to life-saving vaccines by inequitable global supply systems.

COVID-19 presents both an opportunity and a stark warning of the need to re-think systems that reinforce injustices, and to invest more in building a healthier, fairer world.

The pandemic has sparked a movement among Member States to develop a pandemic treaty for international commitment to invest in preparedness. This will go some way towards ensuring Member States fulfil their obligations under the International Health Regulations.

In the African Region, we face more outbreaks each year than any other WHO region, and so it is crucial that African perspectives are brought forward in these negotiations.

We have high expectations of the discussions, reignited by the pandemic, around the sustainable financing of WHO, amid ever-expanding responsibilities, to ensure our Organization has adequate resources to deliver on its mandate. In these global discussions, African representatives have made a strong case for including equity as a criterion in funding allocations.

Excellencies, Honourable Ministers and delegates:

You, our Member States, are leading the way with tangible achievements that show that health is a good investment.

I'd like to commend Togo and Cote d'Ivoire for eliminating human African trypanosomiasis in the past year, and the Gambia for eliminating trachoma as a public health problem.

Tomorrow we will consider priorities on polio transition, a year on from the remarkable milestone of kicking wild poliovirus out of the Region. Almost 100 million children have been vaccinated since campaigns resumed in July 2020, after a pause due to COVID-19 restrictions.

Unfortunately, the pandemic has disrupted the production of novel oral polio vaccine that was to be used in synchronized campaigns across West and Central Africa; these plans are being adjusted accordingly.

We must acknowledge that African countries are dealing with longstanding challenges, in addressing priority diseases and promoting health.

These include the constant need to put out the fires of outbreaks and other emergencies, distracting from longer-term action to build resilient health systems.

Several African countries are skilfully navigating multiple threats. Guinea and the Democratic Republic of the Congo swiftly contained outbreaks of Ebola. Guinea has launched a full-throttled response to West Africa's first case of Marburg virus disease and quickly contained an outbreak of Lassa fever.

Countries are also confronting humanitarian crises, including in Central African Republic, the Democratic Republic of the Congo, Mozambique and countries in the Sahel region. Action on health is imperative as part of the broader response.

Approaches and investments are needed, that both facilitate a rapid response to external shocks, while building local capacities to enhance resilience and prepare for the next threat.

Prioritization amid many competing priorities is a huge challenge, with funding from external sources often deciding the focus.

Looking forward, governments and communities need to be firmly in the driver's seat to push for changes that are evidence-based, relevant and that respond to the greatest needs.

We are also working more broadly to re-imagine strategies for priority diseases, learning from the all-of-society, multisectoral response to COVID-19 using primary health care as a key strategy.

We are moving to more integrated approaches, as demonstrated for example in the regional *Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis*, which will be discussed in this session. The pandemic has reinforced our direction, which we had already embarked on in reorganizing the Regional Office and our country teams.

More investment is also imperative to ensure data and information shapes policies and decisions, including using technology and exploring big data, making sure delivery of interventions is guided by expertise, with monitoring for quality assurance and outcomes.

As your Secretariat, we are continuously adjusting to provide better support in these areas, as part of WHO Transformation.

We are reinforcing country office capacities in response to your recommendations to increase WHO's country focus.

To bridge the current funding gap for staffing, multicountry assignment teams are being deployed as a transitional measure to ensure Member States can readily access WHO's technical support across different programme areas.

In the "new normal" working environment of COVID-19, we have shifted to approaches that expand our reach and engage more people as health advocates. At the same time, our staff are on the ground, working with your teams to share health messages, trace contacts and implement other key interventions.

In the coming year, we can expect that intensified action to respond to COVID-19, particularly rolling out the vaccines, will remain a central part of our work. The response to COVID-19 and other epidemics must link with building resilient health systems.

As WHO, we will continue to support your efforts to prepare for, and respond to emergencies, and ultimately to attain Universal Health Coverage.

So, in closing, I would like to reassure you of WHO's commitment to working with you to realize good health for all people in Africa, and globally.

I look forward to strategic and action-focused discussions over the next three days.

Thank you for your attention.