



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-second session

Lomé, Togo, 22–26 August 2022

**REMARKS BY THE WHO REGIONAL DIRECTOR FOR AFRICA, DR MATSHIDISO
MOETI, AT THE OPENING OF THE SEVENTY-SECOND SESSION OF THE WHO
REGIONAL COMMITTEE FOR AFRICA, 22 AUGUST 2022**

Your Excellency President Faure Gnassingbe of the Republic of Togo,
Honourable Professor Mijiyawa Moustafa, Minister of Health, Public Hygiene and Universal
Access to Health Care of Togo and other Members of Government of Togo,
Honourable Ministers of Health and Heads of Delegation,
WHO Director-General, Dr Tedros,
Your Excellency, Mrs Minata Samaté Cessouma, Commissioner for Health, Humanitarian
Affairs and Social Development of the African Union,
Colleagues from United Nations agencies, bilateral and other partners,
Distinguished guests and members of the media,
Ladies and gentlemen;

It is my great pleasure to welcome you to this Seventy-second session of the WHO Regional
Committee for Africa. It is especially encouraging to see so many of you joining us here, in-
person, for the first time in two years, and to be able to interact personally again.

I want to greatly appreciate the President, the Health Minister and the government of Togo, as
well as the people of your country, for hosting us all for this annual governing body meeting for
our Region. I would also like to commend President Gnassingbe for leading a response that saw
Togo translate the challenges posed by COVID-19 into opportunities for inclusive socioeconomic
innovation. Your impressive transport reform project¹ has advanced the establishment of Togo as
a major West African transport hub, while your foresight is transforming economic and digital
development.²

A deeply sincere thank you to the Vice-Chairpersons of the Seventy-first Regional Committee for
Africa, Mr Edwin Dikoloti, Honourable Minister of Health and Wellness of Botswana, and Mr
Edgar Manuel Azevedo Agostinho das Neves, former Minister of Health of Sao Tome and
Principe. We have greatly benefited from their leadership and availability in our preparations for
the governing body discussions and events throughout the past 12 months.

¹ <https://www.iru.org/news-resources/newsroom/togos-road-transport-sector-under-transformation>

² <https://techfinancials.co.za/2021/07/26/togo-celebrates-as-countrys-first-data-centre-opens-for-business/>

The COVID-19 pandemic highlighted the central role of health in both development and national security, and the consequent imperative of prioritizing investment in this critical sector. About 22 million jobs were lost, and around 30 million people in Africa pushed into extreme poverty by the pandemic last year.³ With that trend expected to continue into 2023, the statistics make the case very clearly.

Your Excellencies, ladies and gentlemen, equity is a key factor in health outcomes in Africa, and globally. Nothing has better demonstrated the urgency of addressing it comprehensively and effectively than this pandemic. Access to vaccine supplies was its most stark manifestation. However, inequity as a key factor impeding Africa's health progress went much further, extending to most of the tools needed in the pandemic response.

Inequity was also evident in the populations that proved most vulnerable to the various impacts of the virus, in Africa and globally. In some high-income countries, racial and ethnic minorities recorded higher infection and death rates caused by COVID-19. This is a reflection of factors including inequitable distribution of health care workers, health infrastructure and, for Africa specifically, very high out-of-pocket payments that prevent people seeking health care when they need it. Inequity is a key driver of vulnerability to disease and illness. I would like to urge that we collectively address it at the centre of our health action.

The Ukraine crisis, which has sent food prices spiralling in Africa, along with climate change driving the protracted drought in East African countries, remind us of the need to look at other determinants of health.

Having said that, the past two and a half years have also been a time of extraordinary collaboration, fortitude and determination. The resulting initiatives and actions will be carried forward into future strategies for addressing overall health challenges in the Region; we will not go back to where we were. Examples include the rapidly evolving local manufacturing of some of the key COVID-19 response tools, which has prompted joint action at subregional and continental level.

Going forward, my colleagues in the WHO African Region and I, working with our partners, commit to continuing our unwavering support for Member States, especially to ensure that Africa's COVID-19 vaccine coverage catches up with the rest of the world. The low coverage in many African Region countries, despite the availability of reasonably large quantities of doses, is now a significant concern. It puts the health and socioeconomic well-being of our people at unnecessary risk, while opening the door to new, potentially more serious variants.

A fresh impetus to accelerate COVID-19 vaccine uptake is imperative, especially to safeguard our most vulnerable. WHO, working closely with the COVID-19 Vaccine Delivery Partnership, identified 20 priority countries with less than 10% coverage at the beginning of 2022, and deployed teams of experts in multipartner country support teams (CSTs) to support government scale-up initiatives. Nine countries were removed from the list in April 2022, after improving their vaccine coverage.

Great progress has been made in the first semester of 2022 following the support provided. Only eight countries currently remain below 10% COVID-19 vaccine coverage, while three have achieved cover of over 70%. Tomorrow, we will talk more about the pandemic, at a special session here.

³ <https://www.afdb.org/en/knowledge/publications/african-economic-outlook>

In addition to COVID-19, the Region and the world are responding to many other outbreaks. These include monkeypox, polio, including the reappearance of the wild poliovirus, measles, Marburg and others. The HIV epidemic is also still very much with us. On Wednesday's programme, there is a special event dedicated to polio.

Meanwhile, the continent is also contending with droughts, food insecurity and other emergencies. In Ethiopia, Kenya and Somalia, the ongoing, four-season drought has been the most extensive and persistent since 1981, raising the risk of widespread malnutrition and starvation. In Ethiopia and Somalia, the challenge is compounded by concurrent internal conflicts that have left a combined over 33 million people in need of humanitarian assistance and protection.⁴ Conflict, climate shocks, chronic vulnerabilities and endemic poverty are putting millions more at risk in the Central African Republic, the Sahel countries⁵, and South Sudan.

Given that humanitarian crises negatively impact almost every aspect of health, from routine immunization and maternal and child health, to infectious and noncommunicable diseases, I urge us all to pay special attention to these countries. To make a difference to the health of these and other affected populations, let us focus our combined resources on supporting the actions recommended by the Central African Republic's detailed analysis of the connection between humanitarian crises and health outcomes, for example.

These very serious challenges to the health and welfare of African populations are why the intense ongoing global and national discussions to strengthen levels of readiness for future epidemics and pandemics are so critical. One such example is the work of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

I would like to urge you, Honourable Ministers and your teams, to engage robustly in these discussions to ensure that the decisions and outcomes fully address the needs of the African Region. What will be optimal is to have a global system that works effectively in tandem with the continental mechanisms being put in place, including through the new role of the Africa Centres for Disease Control (Africa CDC). We, as WHO, look forward to working with both, for the benefit of the African continent.

Turning now to some positive news about the malaria response, congratulations to Ghana, Kenya and Malawi for their pivotal role in testing the first-ever vaccine against this disease. We sincerely appreciate Gavi stepping forward to provide additional funding for the roll-out of the RTS,S vaccine. We have reached this point through the joint efforts of the governments and communities of the three countries, the private sector; technical experts, WHO and partners, including the Global Fund and Unitaid.⁶

Member States are urged to continue advocating for even more financing for the rapid production of this vaccine, which will be used largely in Africa initially, and save the lives of more children.

I also want to note the significant advances in Africa's regulatory capacity, towards local production of key public health tools, and technology transfer, in which WHO has played such a central role. I look forward to working with the African Union's African Medicines Agency once it starts to function.

⁴ <https://www.csis.org/analysis/concurrent-crises-horn-africa>

⁵ <https://reliefweb.int/report/burkina-faso/sahel-crisis-humanitarian-needs-and-requirements-overview-2022#:~:text=Over%2030%20million%20people%20will,are%20putting%20millions%20at%20risk>

⁶ <https://www.who.int/news-room/feature-stories/detail/ask-the-who-experts-next-steps-for-the-first-malaria-vaccine>

Excellencies, Honourable Ministers and delegates, I would now like to acknowledge some other important health milestones:

WHO has just published a report showing that healthy life expectancy in the African Region has increased by an average 10 years per person since 2019, from 46 to 56 years. Improvements in essential health services provision; gains in reproductive, maternal, newborn and child health; as well as progress in the fight against infectious diseases, notably HIV, tuberculosis and malaria, have contributed.⁷ We will, of course, need to factor in the impact of the COVID-19 pandemic on this progress.

Botswana, meanwhile, became the first high-burden HIV country to be certified by WHO for its advances towards eliminating mother-to-child transmission.

Togo has now eliminated four Neglected Tropical Diseases, becoming the first country in the world to be validated by WHO for eliminating four NTDs – a major feat. Rwanda and Uganda for eliminating human African trypanosomiasis.

As we celebrate these and many other achievements, let's consider some of the big shifts that are still needed in our health systems going forward.

First, despite the economic downturn, we must continue to increase financing for health in our countries. Your continued leadership in health coordination of all partners in your countries, using the “One country, One Plan” approach, will ensure more efficient use of scarce resources.

Second, is accelerating efforts towards more integration, through primary health care. PHC is the most inclusive, equitable and efficient way to improve service delivery and access. Investment in it also yields high returns, and promotes resilience and sustainability.⁸ Between 2001 and 2011, a quarter of all economic growth in low- and middle-income countries resulted from improvements in health, with an average return on investment of 9 to 1.⁹

Thirdly, in addressing inequities, minimizing out-of-pocket payments is critical to ensuring equal access to services for all. It is imperative that as we plan for health systems that are more resilient and better prepared for emergencies, they are also capacitated to detect outbreaks early, and quickly bring new threats under control.

Most importantly, health promotion and prevention need to be at the centre. Regulation by governments of the food, tobacco and alcohol sectors, for example, can significantly impact the burden of noncommunicable diseases on our continent.

These interventions will, in turn, help empower people to take control of their health, boosting healthy behaviours and reducing vulnerability to diseases.

Into the future, we commit our full support to Member States. In WHO, we are continuing to reorganize our country offices and our teams to ensure they are fit for purpose.

⁷ <https://www.afro.who.int/news/healthy-life-expectancy-africa-rises-almost-ten-years>

⁸ <https://www.worldbank.org/en/news/press-release/2021/06/28/well-designed-primary-health-care-can-help-flatten-the-curve-during-health-crises-like-covid-19>

⁹ <https://www.who.int/southeastasia/news/opinion-editorials/detail/seize-the-moment-to-strengthen-primary-health-care>

This week's agenda is tightly packed. It includes Regional strategies on health security and emergencies; the management of environmental determinants of health and severe NCDs at first-level referral health facilities; and Regional frameworks on the comprehensive mental health action plan; and the integrated control, elimination and eradication of tropical and vector-borne diseases.

I very much look forward to the strategic and action-focused discussions ahead, and thank you for your attention.