



**REGIONAL COMMITTEE FOR AFRICA**

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**ADDRESS BY DR MATSHIDISO MOETI, WHO REGIONAL DIRECTOR FOR  
AFRICA, AT THE OPENING CEREMONY OF THE SIXTY-SIXTH SESSION OF THE  
WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency, Dr Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia;  
Dr Assane Ngueadom, Minister of Public Health of the Republic of Chad and Chairperson of  
the Sixty-fifth session of the Regional Committee;  
Honourable Minister of the Federal Ministry of Health of Ethiopia, Dr Kesetebirhan Admasu;  
Honourable Ministers of Health and Heads of Delegation from Member States of the African  
Region;  
Dr Margaret Chan, WHO Director-General;  
The AUC Commissioner for Social Affairs, Dr Mustapha Sidiki Kaloko;  
Ambassadors and heads of diplomatic missions accredited to the Federal Democratic Republic of  
Ethiopia;  
Colleagues from the agencies of the United Nations system and our development partners;  
Distinguished guests;  
Ladies and gentlemen.

I am pleased to address this distinguished gathering at the start of the Sixty-sixth session of the  
WHO Regional Committee for Africa. I would like to extend our gratitude to His Excellency,  
President Teshome, Prime Minister Hailemariam Desalegn, the Government and the people of the  
Federal Democratic Republic of Ethiopia, for their warm hospitality and the excellent  
arrangements made to host this session of the Regional Committee.

I extend a very warm welcome to all the Ministers of Health and Regional Committee delegates  
from Member States, especially Ministers attending for the first time. My special thanks and  
gratitude equally go to all the Ministers for agreeing to a change of dates in order to  
accommodate the 6th Tokyo International Conference on African Development (TICAD) to be  
held next week in Nairobi, Kenya. This is the first-ever TICAD Summit to be held on the African  
continent. I extend a warm welcome to our health partners who are participating in this meeting.

Honourable delegates,

You will recall that the last time the Regional Committee met, we were at the tail end of the  
Ebola virus disease epidemic in West Africa. I am pleased to report that the epidemic was  
brought to an end by December 2015 and the declaration of the EVD epidemic as a Public Health  
Emergency of International Concern was lifted in March 2016. We worked very hard to fulfil my  
commitment, stated before you, to work with Member States and partners to get to zero Ebola  
cases as quickly as possible. Subsequent flare-ups were rapidly controlled in Sierra Leone,  
Guinea and Liberia by June 2016. The affected countries have demonstrated an improved  
capacity to control flare-ups. That capacity now needs to be sustained. We are learning more

about Ebola every day, including the risk of transmission through sexual contact, owing to persistence of the virus in a minority of survivors.

Consequently, we all need to remain vigilant and be able to rapidly detect and respond to suspected cases. Ongoing research on the development of Ebola vaccines and wider use of more rapid diagnostics has yielded promising results. Ebola vaccine trials initiated in 2015 in Guinea and later in Sierra Leone enabled us to conduct ring vaccination of identified contacts during the flare-ups.

We have continued to work with the Ebola-affected countries and partners to restore essential health services. WHO and partners helped the countries to develop comprehensive multisectoral recovery plans and to mobilize human and financial resources to support their implementation. We have maintained WHO presence in all the priority districts to facilitate the recovery process.

A regional risk analysis and mapping was carried out by our Health Security and Emergencies Cluster, and it guides our work in supporting preparedness and capacity building in line with the International Health Regulations. Building on the achievements of the targeted activities to strengthen Ebola virus disease preparedness in 2014 and 2015, emergency preparedness activities are being implemented in 19 priority countries with support from partners, especially DFID. Through training and simulation exercises, these countries are improving their national capacities to manage emergencies.

These investments in preparedness are already yielding promising results in terms of early detection and management of public health threats. For example, in Guinea-Bissau, improved capacity for management of emergencies through enhanced information-sharing and collaboration with partners led to timely detection and response to the Zika outbreak in June 2016. In Cameroon, there was timely detection and management of avian influenza in May 2016. The trained multisectoral national response teams conducted prompt detailed investigations in humans and poultry in line with the “one health” approach. Other countries where preparedness activities have led to timely detection of emergencies and coordinated responses include Ghana on meningitis, Tanzania on aflatoxin poisoning and Uganda on yellow fever and rift valley fever.

In May this year, the World Health Assembly approved WHO’s new Health Emergencies Programme. Our way of doing business in response to outbreaks and emergencies will change radically. WHO will develop the capacity and an operational approach at field level that delivers rapid and comprehensive support to countries and communities, with technical teams and leadership working together seamlessly at the country, regional and global levels.

May I emphasize that the success of this programme will depend on the availability of funds to establish and staff the new structure. We in the African Region recognize the urgency of putting this Programme in place – our Region faces multiple and complex outbreaks and emergencies.

I will now turn to yellow fever. Some 33 countries in West, Central and East Africa are endemic for yellow fever. Over the past ten years, over 100 million people have been vaccinated in West Africa through mass campaigns, but this has not been done in Central and East Africa.

The yellow fever outbreak which started in December 2015 in Angola, including in the capital city, Luanda, is the biggest urban YF outbreak in recent times. It has led to another, largely urban, outbreak in Kinshasa, in the Democratic Republic of Congo.

In April this year, the Director-General and I visited Angola to meet with His Excellency, President Jose Eduardo dos Santos and the Honourable Minister of Health and to reiterate WHO

support for the national response. Recognizing the unprecedented scale and urban nature of this outbreak, the International Coordinating Group on Vaccination has provided over 15 million doses of YF vaccine to Angola, and 4 million doses to the Democratic Republic of the Congo. By 4 August 2016, over 13 million people in Angola had been vaccinated, representing a coverage rate of 86%. Right now, three million more people are being vaccinated in the remaining 18 at-risk districts, particularly at the border with the DRC.

WHO and partners have strengthened capacity in the affected countries by sending mobile laboratories, deploying over 150 experts and providing technical guidance on clinical care, training and social mobilization. We have also supported neighbouring countries to conduct risk assessment and reinforce preparedness and surveillance.

I am pleased to inform you that there have been no new confirmed cases in Angola in the past 6 weeks. This downward trend is encouraging and attests to the commitment of the government and people of the country to halt the spread of the disease. The immediate priority is to stop the outbreak in DRC through both reactive and pre-emptive vaccination campaigns. In the largest vaccination coverage ahead of the rainy season, over 12 million people will be vaccinated in the DRC, comprising 8.5 million in Kinshasa and 3.4 million in the districts bordering Angola.

Going forward, we are completely overhauling the yellow fever strategy for the Region. We have initiated discussions with GAVI and UNICEF. Preventive yellow fever vaccination campaigns will have to be organized in Central and East Africa, and there is need to re-emphasize the importance of all countries providing the yellow fever vaccine as part of routine immunization programmes.

We have also experienced Zika virus outbreaks in Cabo Verde and Guinea-Bissau, which are linked to the outbreak in the Americas. Reported cases in Cabo Verde have declined, with the last confirmed new cases reported in March 2016, while Guinea-Bissau reported three confirmed cases by the end of June this year. We are supporting surveillance in both countries.

Having gone for two years without confirming any wild poliovirus cases in the African Region since July 2014, we are concerned about two new polio cases reported from hitherto inaccessible areas in Borno State in northern Nigeria. These areas had no access to vaccination and surveillance activities for several critical years until recently when surveillance activities detected the polio cases. The Government of Nigeria declared the polio outbreak a national public health emergency of international concern, and is working closely with partners to respond and quickly stop the outbreak. To mitigate the risk, the Governments of Chad, Cameroon, Central African Republic, Niger and Nigeria will conduct synchronized polio vaccination campaigns from 27 August 2016. The recently established multinational Lake Chad Basin Polio Coordination Task Force, comprising senior government officials and partners will oversee this effort in order to ensure quality. Moreover, surveillance activities will be intensified to avoid missing any poliovirus in circulation.

These outbreaks and others reinforce the need to strengthen capacity for preparedness and response in the Region. We will discuss the proposed Regional Strategy for Health Security and Emergencies on Saturday morning. They also underscore the importance of immunization as a key public health tool. Just over a year ago, Ministers of Health and Finance met in Addis Ababa and adopted a declaration on universal access to immunization, at the First Ministerial Conference on Immunization in the Region. We are now keen to work with countries and partners to make this commitment a reality.

Honourable Delegates,

I will now turn to two other public health issues of importance in the Region. These are HIV/AIDS and adolescent health. There has been significant progress in combating HIV/AIDS in the Region. HIV-related deaths have declined for the past 10 years, and there has been significant scale-up of services for the prevention of mother-to-child transmission and antiretroviral therapy. However, the rate of new infections has not fallen much. Young girls continue to be infected at very high rates. Half of all adolescents living with HIV globally are found in six countries, including five in our Region. Access to HIV treatment remains limited, particularly in West and Central Africa. The AIDS epidemic is not over and remains one of our Region's biggest public health problems. We need to address underlying human rights issues such as poverty, discrimination and inequality which promote vulnerability. Improving the efficiency of HIV programmes, increasing domestic financing and lowering the cost of treatment will go a long way in meeting the needs of people living with HIV.

Adolescent health is another important issue. Africa is the only region in the world where the number of adolescents is predicted to increase over the next fifty years. We also know that the lives and prospects of adolescents have deteriorated in recent years: high unemployment, child marriage, HIV and teenage pregnancies continue to be problems. The inclusion of adolescent health in the United Nations Secretary General's Global Strategy on Women's, Children's and Adolescents' Health is a real opportunity to ensure that every adolescent has the knowledge, skills, and opportunities for a healthy and productive life, and the enjoyment of all human rights. They are our best chance to achieve radical change for a prosperous, healthy, and sustainable region, as recognized in the AU's Agenda 2063. We must put adolescents at the centre of the post-2015 framework to improve overall health and development in countries. We will prioritize high impact adolescent health interventions as one way of strengthening health systems for universal health coverage. We will be discussing adolescent health on Saturday afternoon as under Agenda Item 11.

Ladies and gentlemen,

The last World Health Assembly made some significant decisions that will impact on the work of the Organization. One of these related to the 2030 agenda for sustainable development. It generated lively and productive discussions, highlighting the critical importance of the social, economic and environmental drivers of health and well-being. It was agreed that achieving the SDGs required working across all sectors with coordinated mobilization of human, financial and material resources. Universal health coverage is seen as a central pillar in implementing the health-related SDGs.

Other public health priorities discussed include the Global Strategy on Women's, Children's and Adolescents' Health, the International Health Regulations, antimicrobial resistance, HIV and the WHO Framework of engagement with non-State actors (FENSA). We commend Member States for the strong participation of the Region in the World Health Assembly and appreciate the preparations made, including the preparatory workshop coordinated with the Secretariat and the AU Commission.

Honourable Ministers,

I am pleased to report that significant progress has been made in implementing the Region's Transformation Agenda since you endorsed it last year. It is enabling us to accelerate implementation of WHO's global reform in certain priority areas. The Secretariat has completed the process of realigning staff positions with identified priorities in the Regional Office. This has

led to some staff turnover. Overall, there is an increase in the number of positions if WHO is to effectively deliver support to 47 countries, many of which are low-income with significant gaps in capacity. These positions will be filled as funds become available.

We have increased our focus on accountability and compliance and are closely monitoring the situation across all our country offices. Since accountability and compliance are a joint responsibility shared with Member States, we have developed a handbook for briefing and working with government officials, which is available here. We will be costing the Transformation Agenda and integrating it into the Programme Budget. An Information Document detailing progress on the implementation of the Transformation Agenda is available at this meeting.

The agenda items to be discussed include the “Regional Strategy on regulation of medical products.” Access to medicines and vaccines is a cornerstone of universal health coverage, and is critical to achieving the health-related SDGs.

We will also be discussing the WHO Programme Budget 2018-2019. Your feedback and guidance will inform the Executive Board version, which will be used to prepare a final draft that will be submitted to the World Health Assembly in May 2017. In this regard, I urge Member States to fully participate in the forthcoming Financing Dialogue aimed at ensuring full funding of WHO’s budget to deliver the results agreed in the Programme Budget.

Side events on some important themes include Roll Back Malaria, tuberculosis and Ethiopia’s experience with Emergency Medical Services and the Health Development Army.

Distinguished delegates,

As you all know, we will soon be electing a new WHO Director-General. I would like to remind the Regional Committee that the 2013 World Health Assembly adopted a “Code of Conduct” for the election of the Director-General of the World Health Organization. In accordance with the “Code of Conduct”, prospective candidates are encouraged to hold campaign events on the side-lines of the Regional Committee. It is not envisaged that candidates or their Member States will officially present their candidacies during this session of the Regional Committee. We wish all the candidates well in their campaigns.

I would like to end by thanking you heartily for the warm and cordial support you lent to me as Regional Director over the past year. I made a number of official visits this year to Member States and other countries and I was humbled by your gracious reception of me and my colleagues. We have had very fruitful discussions which will improve the health of our people. We visited key partners and I thank you all for your collaboration in supporting countries, working with us, especially at country level.

My special thanks go to Dr Margaret Chan for her steadfast support. This is her last Regional Committee meeting and we are aware that she has paid special attention to the African Region during her term, about which I am sure she will say more. I am sure you will join me in applauding her leadership as Director-General, and wish her the best in her future endeavours.

I look forward to interacting with you all during this Sixty-sixth session of the Regional Committee. We are sure to have lively and productive deliberations with concrete outputs.

I thank you very much for your attention.