

# **REPORT ON THE SIXTY-THIRD SESSION *of the* WHO REGIONAL COMMITTEE FOR AFRICA Brazzaville, Republic of Congo, 2-6 September 2013**

## **DAY ONE**

The meeting was officially opened on behalf of the President of the Republic of Congo, His Excellency Denis Sassou-Nguesso by the Minister of State and Minister of Labour and Social Security, Mr. Florent Ntisba at the WHO Regional Office for Africa, Brazzaville Congo, on Monday September 2, 2013. Dignitaries present among others were Cabinet Ministers, Ministers of Health, Heads of Delegate of Member Countries, the WHO Director-General, Dr Margaret Chan; the WHO Deputy Director-General, Dr Asamoah-Baah; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; members of the diplomatic representatives of United Nations and Nongovernmental Organizations.

The Minister of Health of the Republic of Congo in his welcome speech noted with concern the health context of the region characterized by high prevalence of communicable and non communicable diseases, malnutrition, inadequate health infrastructures and human resources, poor sanitation and access to safe drinking water, among others. He called for collective actions by countries in the region to improve the health of Africans.

The chairman of the Sixty-Third Session, Minister of Health of Angola, Dr Jose Vieir Dias van-Dunem, thanked the delegates for their support during his tenure and in implementing the different resolutions adopted at the 62<sup>nd</sup> Session. He also acknowledged the progress made towards achieving the MDGs and attaining a better future for Africans.

The WHO Regional Director for Africa Dr Luis Gomes Sambo in his welcome speech commended the President of the Republic of Congo for the conducive environment for the work of WHO Regional Office. He confirmed the success achieved in the fight against communicable diseases including the eradication of small pox and near elimination of leprosy and the strengthening of human resources.

He intimated the meeting on the launching of the Report of the Commission on Women's Health in the African Region – “Addressing the Challenges of Women's Health in Africa” which call on governments to intensify actions to reduce maternal and neonatal mortality, in December 2012, under the leadership of the President of the Republic of Liberia, Her Excellency Helen Johnson-Sirleaf.

Dr Sambo informed delegates on the risk factors of non communicable diseases and recommended adopting relevant policies which will promote public health. He reminded the

meeting of the African Public Health Emergency Fund which is operational and that so far five (5) countries have contributed US\$1.7 million to the fund. In concluding his statement he urged Member Countries to accelerate of efforts towards attaining MDGs, reduce the burden of communicable diseases, set priorities in the post 2015 health agenda, and increase the implementation of international health regulations and strategies and interventions for achieving universal health coverage.

The WHO Director General Dr Margaret Chan in her brief speech remarked the achievements made in Africa including the steep decline in HIV, malaria and child mortality, and the fastest growing rates of primary school completion anywhere in the world. She stressed the importance and the role of equitable access to healthcare and urged members to persuade their governments to introduce public spending policies that make equity an explicit objective, and to move the health system to universal coverage with emphasis to quality care and social protection for all.

The meeting was declared opened by the Minister of State and Minister of Labour and Social Security of Congo, Mr Florent Ntsiba.

## **ORGANIZATION OF WORK**

The following committee / sub-committee members were elected unanimously thus:

**Chairman:** Mr Francois Ibovi Minister of Health, Republic of Congo;

**Vice-Chairman:** Dr Elioda Tumwesigye, Minister of State for Health, Uganda;

**Second Vice-Chairman:** Dr Mano Aghali, Minister of Health, Niger;

**Rapporteurs:** Mr Ghebretinsae, Director-General of Health Services, Eritrea (English)

Hon. Ahmedou Ould Hademine Ould Jelvoune, Minister of Health, Mauritania (French)

Dr Nazira Vali Abdula, Deputy Minister of Health, Mozambique (Portuguese)

**Subcommittee on Credentials:** Member States from: Algeria, Agola, Burkina Faso, Cameroon, Congo, Cape Verde, Equatorial Guinea, Gabon, Guinea, Madagascar, Malawi and Namibia.

## **THE WORK OF WHO IN AFRICAN REGION: REPORT OF THE REGIONAL DIRECTOR 2012-2013 (Document AFR/RC63/2)**

The WHO Regional Director for Africa Dr Luis Sambo in his report on work carried out from January 2012 to August 2013 in Member State Countries presented the 6 WHO core functions and 13 strategic objectives. He declared that immunization coverage with DPT3 was 72%, pneumococcal conjugate vaccine was introduced in 23 countries, and that mark decline of wild polio virus cases to 128, and were reported in Chad, Nigeria and Niger. He stated that by the end

of 2012, about 7.5 million persons living with HIV had received ART, increasing the coverage rate from 49% in 2010 to 64% in 2012 also was the reduction in AIDS related deaths. The overall incidence of malaria fell by 33% and twelve countries are on track to reducing malaria incidence by 50-75% by 2015.

Twenty (20) and thirty-three (33) countries have created structures to manage programmes on and are addressing prevention and control of non communicable diseases (NCD) in their ministries of health respectively.

Concerning child, adolescent and maternal health and ageing, 13 countries were reported to be on track towards achieving the MGDs 4 and 5; HIV infections in children have reduced in seven (7) countries by 50%. The report of the Commission on Women's Health in the African Region was launched in 2012 and 29 countries developed Roadmaps on Accountability and information on women's and children's health.

As regards emergencies and disasters WHO provided health humanitarian support to 13 countries with over US\$ 67 million mobilized. Other issues raised included the low implementation rate of nutrition, risk factors and determinants of health, quality of health services, leadership governance and partnership. In concluding his presentation Dr Sambo stressed that the implementation of program budget 2012 / 2013 was good despite its challenges and recommended adoption of evidenced based health financing strategies.

Based on issues discussed the recommendations made to Member States were: to strengthen the use of vital registration system and to use generated data to build a robust health information system, to accelerate progress toward achieving the MDGs and to improve universal health coverage. WHO and partners should continue to provide support to countries; help improve the health information system and dialogue discrepancies which may exist between UN estimates and countries data.

#### **STATEMENT OF THE CHAIRMAN OF THE PROGRAMME SUBCOMMITTEE (Document AFR/RC/ 63/3)**

The chairman of the Programme Subcommittee affirmed that all documents were reviewed and recommended the amended versions of nine working documents and four draft resolutions to the RC for consideration and adoption.

#### **HEALTHY AGEING IN THE AFRICAN REGION: SITUATION ANALYSIS AND WAY FORWARD.(Document AFR/RC63/4)**

The document notes that the significant gain in life expectancy in Africa has resulted in the growing number of elderly who are faced with increased risk of chronic diseases and challenges.

There is limited political commitment to demographic changes and inadequate services to the elderly, gender based inequities, compromised nutritional status and increased vulnerability and dwindling family support of the elderly. Proposed interventions include increasing political will, promoting partnership and multisectorial holistic approach for specialized care to elderly, improve gender sensitive interventions and improving a supportive environment for the elderly.

Recommendations made to Member States include the undertaking of needs assessment of the elderly, implementing minimum package of interventions at PHC levels, improving capacity of health workers to provide for elderly and to enact legislations to protect elderly including food security, financial and social support. WHO and partners should work with Member States to provide technical support on prioritization of interventions, support the study of impact of ageing on health systems and make recommendation to guide policies and resource mobilization.

#### **PROPOSED CHANGES TO THE RULES OF PROCEDURE OF THE REGIONAL COMMITTEE AND NEW TERMS OF REFERENCE TO THE PROGRAMME SUBCOMMITTEE.(Document AFR/RC 63/5)**

The Regional Director on introducing the document proposed the following changes: amendment to rule 2 to broaden the participation of observers in the Regional Committee; to include UN representatives, regional international bodies and economic committees having common interest with WHO and states that are not member of RC and NGOs; amendment to rule 3 which formally establishes a 7 member credentials committee with mandate of examining the credentials of Member States. Also was to amend rule 2 on the process of nominations of persons to the post of Regional Director and voting criteria; amendment to rule 5 on instances when the chairman can convene ad hoc sessions and rule 26 on what constitutes a quorum. The delegates welcomed the efforts made to enhance these changes as well as harmonizing government practices.

The recommendations made in respect to the rules of procedure of Regional Committee was on rule 2 which was to adopt same principles of engagement between WHO, non member states and NGOs as those of World Health Assembly, also on rule 5 which was to restrict the right to request ad hoc sessions to members only and exclude associate members and on rule 2 saying that candidates for the post of Regional Director should be nominated by their own country. The Regional Director from his/her first term can be reappointed for a second 5 year term only in line with rule 48. The committee adopted the amendments and the new terms of proposed changes and its related resolutions.

#### ***DAY TWO***

#### **ENHANCING THE ROLE TRADITIONAL MEDICINE IN THE HEALTH SYSTEM.(Document AFR/RC63/6)**

The document recalls that Member States took steps in 2001-2012 to promote traditional medicine (TM). By 2012, 40 countries had TM policies and 28 national institutes had conducted research on TM products in the treatment of malaria, HIV/AIDS, sickle cell, diabetes and hypertension. Some challenges faced by countries were limited governance, inadequate regulations, weak partnership between public and private sector and poor human and financial aid for production of TM products. The updated strategies to improve TM were to strengthen governance, cultivation of plants and biodiversity, local production, intersectoral coordination and capacity building.

Among others, recommendations made to Member States included the implementation of national frame works for regulating traditional health practitioners and their products; establishment of structures in ministry of health to monitor TM strategies and establish continued education of TM practitioners including the introduction of TM knowledge into curricula of students. WHO and partners should provide guidance on developing national TM regulations and research capacity, advocate additional resources to Member States on enhancing the role of TM in health system and provide technical support to improve research capacity.

#### **STRENGTHENING THE CAPACITY FOR REGULATION OF MEDICAL PRODUCTS IN THE AFRICAN REGION.(Document AFR/RC63/7)**

The document recalls the creation of an African Medicines Regulatory Agency recommended at the 60<sup>th</sup> session of the Regional Committee and the endorsement of the Roadmap on AIDS, TB and Malaria at the 18<sup>th</sup> Ordinary Session of the African Union Summit in 2012, and also the recommendation of the establishment of a single African Regulatory Agency. The weak capacity of countries to regulate medical products was noted inspite of the progress made.

Among others, the actions proposed by the regulatory authority to strengthen the capacity include prioritizing the development of regulations on medical products; improving performances of the medicine regulatory system; enhancing the status of National Medicine Regulatory Authorities (NMRA); improving intersectoral collaboration between relevant stake holders; ensuring adequate human and financial resources for the regulatory system and the quality control and pharmacovigilance of the regulatory system.

The delegates in their discussions expressed the need to adopt strategies to address the circulation of substandard / spurious / falsely labeled / counterfeit products.

Member States should promote local production of medicines including vaccines, improve collaborations among countries, pool resources for development and research for medicine production and to prioritize a stepwise approach for the establishment of African medicines agencies were the recommendations given.

WHO and partners should support Member States in improving implementation of proposed actions, develop a road map for the operationalization of the African Medicines Agencies, document best practices and support capacity building for evaluation of quality, safety and efficacy of products.

**ADDRESSING THE CHALLENGES FOR WOMEN'S HEALTH IN FRICA:  
REPORT OF THE COMMISSION ON WOMEN'S HEALTH IN THE AFRICAN  
REGION (Document AFR/RC63/8)**

The document recalls that in the Fifty-Eight Session of the WHO Regional Committee, the Regional Director established the Commission of Women's Health in the African Region which was launched in December 2012. The report noted that women's health needs to go beyond sexual and reproductive health concerns, identifies interventions to improve the social status of women, promote gender equality and enable women to contribute fully to social and economic developments at all levels.

The meeting recommends that commission include: promoting good governance and leadership to improve, promote, support and invest in women's health; implement policy and legislative initiatives to translate good governance and leadership into concrete action; implementing multisectoral interventions to improve women's health, empowering girls and women to be effective agents in pursuing their own interest; improving the responsiveness of health care systems in addressing the needs of women; and collecting data for monitoring the progress made towards achieving the targets for girls' and women's health.

During the discussions the delegates recognized that there were many global and regional initiatives that are addressing maternal health and called for multisectoral approaches and increased male involvement in order to attain MDGs 4 and 5.

Recommendations made to Member States include enhancing advocacy for multisectoral approaches to address women's health and advocating MDGs 4 and 5 to be part of post 2015 agenda, institutionalizing maternal death surveillance and response and ensuring men's active participation. WHO and partners should ensure continuous alignment to improve women's health and report to the Regional Committee on progress made in implementing the commission's recommendations.

***DAY THREE***

**UTILIZING E-HEALTH SOLUTIONS TO IMPROVE HEALTH SYSTEMS IN THE  
AFRICAN REGION.(Document AFR/RC63/9)**

The document recalls that the Sixtieth Session of the Regional Committee discussed several components of e-health such as leadership, policy, human resources and services and challenges

faced by countries in utilizing e-health. Actions proposed include establishing national e-health governing board manned by Ministers of Health, developing high level design and requirements for some priority problems, assessing the readiness of priority consumers, care providers and health managers, identifying changes needed in the existing education and training courses to ensure development of e-health workforce, engaging with the e-health ICT industry and broader health sector to increase investments in e-health solutions and regular monitoring of progress made.

The Regional Committee pointed out that implementation of e-health strategy was hampered by inadequate electricity, low internet connectivity and lack of financial support and sustainability of e-health solutions as well as the attrition of human resources trained in e-health.

Recommendations made to Member States was to improve national e-health infrastructures and equipments and develop national health observatories while WHO and partners should provide guidance on the monitoring and evaluation of national e-health strategies.

#### **IMMUNIZATION IN THE AFRICAN REGION; THE PROGRESS REPORT.(Document AFR/RC63/14)**

The document summarizes the progress made in implementing the African Regional Immunization Strategic Plan 2009-2013, the Global Vaccine Action Plan and provides the global perspectives on Polio Eradication Endgame Strategic Plan. Coverage of the 3 doses of DPT vaccine and initial dose of measles was maintained around 70%. All countries in the region had introduced Hepatitis B and Haemophilus influenza type B vaccines except Equatorial Guinea and 23 out of 30 countries at risk of yellow fever had introduced the vaccines in their immunization programs. In addition the elimination of maternal tetanus has been validated and polio cases have decreased from 691 cases in 2009 to 128 cases in 2012. As of June 2013 Nigeria remained the only polio endemic country.

During the discussions the delegates stressed the importance of immunization in preventing and controlling the vaccine preventable diseases in their countries. The progress made in years past was acknowledged but some challenges such as GAVI not eligible in some countries because of its high cost was noted

Recommendations made to Member States include building on the achievements made and improving on their immunization programs, to consider local vaccine production, enhancing cross border country collaboration on public health issues and developing a plan to improve routine immunization and withdrawal of OPV 2 with introduction of IPV. WHO and partners should continue to advocate affordable prices and focus reporting on surveillance and take into consideration elements specific to countries.

## **REGIONAL STRATEGY AND STRATEGIC PLAN FOR NEGLECTED TROPICAL DISEASES IN THE AFRICAN REGION.(Document AFR/RC/63/10)**

The document notes that the African Region bears a disproportionately high burden of neglected tropical diseases (NTD). While some progress has been made in areas such as the elimination of leprosy as a public health problem and the near reduction of guinea worm and onchocerciasis diseases there are still some challenges such as inadequate funds, political commitments and medicines donations.

The Regional Strategy and Strategic Plan for NTDs 2014-2020 aim to accelerate the control, elimination and eradication of priority NTDs. The reduction of huge burden of NTDs to contribute to poverty alleviation and improve the quality of life of affected people is the main thrust.

During the discussions, the delegates noted that although most countries have developed master plans, some countries have not established integrated NTD programs. It was noted that achieving the 2020 NTD goals requires a multisectoral approach involving collaborations with other sectors such as water, environmental management, education and social welfares and poverty alleviation.

Recommendations made to Member State include the mobilization and allocation of additional resources for national NDT programs and link them to poverty alleviation and to expand investments in development of medical products and strategies to that address disproportionate burden on NTDs. WHO and partners should support countries in assessing burden of NTDs and facilitate research for NDTs and its link with other diseases.

## **PANEL DISCUSSION-TOWARDS UNIVERSAL HEALTH COVERAGE IN THE AFRICAN REGION.(Document AFR/RC63/PD)**

The objectives of the discussion were to enhance the understanding of the core concepts of universal health coverage (UHC) and ways of addressing challenges faced and to identify strategies for strengthening the countries health systems performance capacity. The chairman of the panel was Mr Gaotlhaetse U. Sankoloba Matlhabaphiri, Deputy Minister of Health of Botswana supported by four panelist. The presentation on UHC noted that definitions of UHC are equity in service, quality and financial protection.

In the discussions, the delegates noted that the achievement of UHC goes beyond the health sector therefore stressed multisectoral collaborations. It was indicated that the principles and objectives of UHC were consistent with primary health care approach and that the use of modern



technologies, application of e-health, sustainable financing and sub-regional approach should be advocated.

Recommendations made to Member States include investing in the health system, ensuring adequate health infrastructures to meet health needs of the population, increasing domestic resources allocated to health and to improve public and private sector partnerships so as to increase investments in health. WHO and partners should build the capacity for countries to develop, implement, monitor, and evaluate policies, to develop strategies and operational plans to ensure attainment of UHC and Also aid Member States in implementing interventions in achieving UHC and encourage best practices.

#### ***DAY FOUR***

#### **WHO PROGRAMME BUDGET 2014-2015: ORIENTATIONS FOR IMPLEMENTATIONS AND INFORMATION ON FINANCIAL DIALOGUE (Document AFR/RC63/11)**

The document outlines the priorities, budget distribution and guiding principles for implementing the program budget 2014-2015 biennium. Out of the global WHO budget of US\$3977000000. the African Region has been allocated US\$ 1 120 000. that is a 28% share which represents an increase of 2.5% over initial budget for the 2012-2013 biennium. However budget distribution shows an imbalance due to large concentration on emergencies and polio eradication and lower allocation to some key priorities.

During the discussions member states raised concerns about the imbalances in the budget suggesting that priority areas should be looked upon. Recommendations made to member states include to intensify resource mobilization and enhancing intersectoral collaboration, to allocate premises to WHO country offices as means of cost containment and to remit their financial contributions to the African public health emergency fund (APHEF) while recommendations to WHO and partners was to continue efforts on resource mobilization in context of financial dialogue.

#### **WHO CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTIONS: RECOMMENDATION FOR PUBLIC HEALTH APPROACH (Document AFR/RC63/12)**

The WHO published new recommendations on the use of ARVs in June 2013. Based on the status of the epidemic as at the end of 2012, it was estimated that total number of people eligible for ARVs in the African region increased from 12.4 million to 19 million. Also recommended was a need to mobilize a further US\$ 1 billion annually in addition to the US\$ 10-12 billion currently required to cover comprehensive HIV treatment in Africa. Actions proposed to address and implement new guidelines was increasing investments in the HIV response by mobilizing

adequate funding and domestic sources, decentralizing HIV treatment and care services, promoting uptake of HIV counseling and testing and improving procurement of drugs, strategic information systems and financial resources for ART scale up.

The regional committee and delegates expressed commitment to support the guidelines but also reiterated the need to address the health system implication of implementing guidelines and also called on member states to endeavor to meet the Abuja declaration target of allocating 15% of the national budget to health sector.

Recommendations made to member states include to adapt the WHO consolidated guidelines (2013) on the use of ART into their national context, to strive to meet the Abuja Declaration target of allocating 15% of national budget to health sector, to intensify HIV testing and counseling, to scale up early infant diagnosis (EID) services and to continue in exploring opportunities for local production of essential medicines including ARVs. Recommendations made to WHO partners was to continue advocating additional resources to facilitate implementation of the consolidated guidelines and continue to lower prices for ARVs and support member states in providing updates on new evidence and practices in HIV response.

#### **WHO REFORMS: PROCESS FOR DEVELOPING THE PROPOSED PROGRAM BUDGET 2016-2017(Document AFR/RC63/13)**

The document provides an update on interim measures taken to improve areas of weakness identified during planning of program budget 2014-2015. It is expected that following an organization wide review, the draft workplans and resource requirements would be presented at the November 2013 meeting of the financial dialogue. The document also gives an outline of issue requiring further attention for the program budget 2016-2017 such as consultation with countries to identify a focused set of priority areas for WHO technical cooperation need to take place at the beginning of the process rather than the end.

In the ensuing discussions the delegates emphasized that the development of the program budget 2016-2017 should provide an opportunity to connect the imbalances noted in the allocation of the program budget 2014-2015 and to better align with country priorities. The regional committee requested the secretariat to regularly inform member states of the progress made in implementing the WHO reforms.

#### **DRAFT AGENDA, DATES AND PLACES OF THE SIXTY-FORTH SESSION OF THE REGIONAL COMMITTEE AND DATES AND PLACE OF THE SIXTY-FIFTH SESSION OF THE REGIONAL COMMITTEE(Document AFR/RC63/15)**

The regional committee adopted the provisional agenda of the sixty-fourth session of the regional committee and confirmed that the sessions would be held in Cotonou republic of Benin from September 1-5 2014 and also decided that the sixty-fifth session would be held in the republic of Chad.