



WORLD HEALTH ORGANIZATION 67th SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

RC 67 DELEGATES REVIEW PILLARS AND IMPLEMENTATION GUIDELINES FOR THE IHR (2005)

Delegates at the 67th Session of the WHO Regional Committee for Africa have reviewed the guiding principles and pillars for the five-year global strategic plan for the International Health Regulations (IHR). This strategy aims at improving public health preparedness and response. This strategy is composed of 12 guiding principles and 3 pillars. These pillars include: building and maintaining country core capacities required by the International Health Regulations, event management and compliance; measuring progress and accountability to robustly detect, assess and respond to public health risks and emergencies at global, regional and country levels.. The twelve IHR guiding principles that were agreed upon include the following key areas : consultation of Member States, WHO leadership and monitoring of the five-year global strategic plan, broad partnership to support countries, intersectoral approach, community involvement,

POLIO CASES DECREASE SIGNIFICANTLY IN AFRICA

Delegates gathered in Victoria Falls for the 67th Session of the WHO Regional Committee were updated on the implementation and the remaining challenges to the Polio Eradication Strategic Plan in the African Region. Overall, wild poliovirus cases are decreasing with only four cases reported in 2016 compared to 128 cases in 2012.

Injectable vaccine was introduced in 31 countries of the African Region since 2016. According to the report, the region notified 76 cases in 2013, 17 in 2014, zero cases in 2015 and only four cases in 2016. The four cases were confirmed from Borno State, in Nigeria. By May 2017, no case of wild polio had been registered anywhere in the continent. The report also indicated that by April 2017, the Africa Regional Certification

Commission for Polio Eradication (ARCC) had accepted polio-free status documentation from 38 out of 47 countries.

focus on fragile states, domestic financing, and a focus on results.

Participants acknowledged the usefulness of the IHR Joint External Evaluation (JEE) and urged all countries to undertake the evaluation in collaboration with other sectors. However they indicated the need for technical and financial support for the implementation of the national action plans. They also expressed concern about inadequate enforcement and compliance to the IHR2005 in relation to health measures taken in response to public health events. They underscored the need for multi-sectorial collaboration to avoid the conflicting interest from other sectors. They also emphasized the importance of country ownership and leadership for success and sustainability, linkage of the strategy with other existing related initiatives and networks within and outside the countries, and addressing chemical and radio-nuclear risks.

Dates and place of the Sixty-Eighth session of the WHO Regional Committee for Africa

**27th to 31st August 2018
Republic of Senegal**

Mozambique Needs More Support Despite Being Certified Polio Free - Dr. Lídia Chongo, Deputy Director of Planning and Cooperation, Ministry of Health



1. What is the situation of poliomyelitis in Mozambique currently?

Like all countries in the WHO African Region, poliomyelitis has always been a priority for

Mozambique. In 2016, thanks to the efforts of government and other sectors and our traditional partners Mozambique was certified Polio free.

For the residual challenges, the report cites insecurity in conflict ridden countries, emergence of vaccine-derived polioviruses and global shortage of injectable polio vaccine.

PUT MORE EMPHASIS ON PRIMARY HEALTH CARE TO ACHIEVE UNIVERSAL HEALTH CARE - DR SIMON ZWANE, PRINCIPAL SECRETARY MINISTRY OF HEALTH, KINGDOM OF SWAZILAND

1. What are the challenges to Universal Health Care in your country?

The challenges include insufficient human resources for health both in numbers and skills mix. There is also inequitable distribution of human resources for health between urban and rural health facilities which significantly compromises primary health care. We also have a challenge with ensuring quality of health care services for the clients. The is frequent stock-out of essential medicines and medical supplies, increasing out of pocket expenditure on health and lack of tertiary specialist services that forces us to seek referrals outside the country.



2. What are you doing to ensure that health services are responsive to the needs of the people in your country?

We are reviewing the National Health Policy to make it more client-centred and realigning the National Health Sector Strategic Plan to goals of the Sustainable Development Goals. There is ongoing capacity building of various health workers in the management of common illnesses as well as tailoring pre-service education to the health needs of the population. We are developing a health financing strategy, strengthening supervision and instituting accountability systems in addition to revising the Essential Health Care Package for the different levels of the health system.

3. What should WHO and Member States note on this important topic?

WHO should document countries' best practices and experiences on UHC and disseminate them widely. South-south collaboration should be encouraged as

2. Could you share Mozambique's experience in process of being certified polio free?

From my point of view, there was no unique experience. However in our fight against polio we have prioritized three main actions. First has been epidemiological surveillance in which we have prioritized hard-to-reach areas because we consider this as essential to reach all populations. Second priority has been strengthening routine immunization which has enabled us to reach the most vulnerable populations. Third has been mass vaccination campaigns which have enabled us to reach a large numbers of our people at the same time.

I wish to acknowledge the support and active participation of our partners such as WHO, UNICEF, GAVI, USAID, who have been instrumental in achieving the results achieved.

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much as possible. Member States need to guard against commercialising health care and put more emphasis on Primary Health care.

Respect Nature and Use Resources Sustainably - Dr Conrad Shamlaye, Head of delegation, Seychelles

1. What has been the impact of climate change on public health in Seychelles?



When you live on an island, climate change is a visible reality. Changing and unpredictable weather patterns with increased episodes of flooding have caused loss of life and injuries, damage to infrastructures, risks of environmental contamination and outbreaks of vector borne infections. Sea temperature rise leads to coral bleaching and may threaten fish species. This, together with changes in ocean currents may affect fish stocks and increase the possibility of toxic algal bloom, and extension of the cyclone belt increases the risk of ciguatera fish poisoning. Sea level rise threaten vital infrastructures, including health facilities.

2. What is your government doing to mitigate the impact of climate change on public health?

National initiatives range from education of the population, especially children, on the link between the environment and human well-being to integrated multisectoral disaster preparedness and response. Efforts are also made to increase resilience and protection of infrastructures. Good management of the environment and mobilising communities to control vectors are also important measures. Seychelles has been at the forefront internationally on issues of environment and climate change, and is leading by example in seeking to invest in renewable energy.

3. What lessons do you have for the rest of African countries on climate change?

We inhabit the same world and share the earth's resources and need to all be aware of the threats and the action that we can take. The impacts may be

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3. Although you have been certified polio free, what are the challenges you are facing currently regarding polio?

There are two challenges faced by Mozambique. First, is to build capacity to mobilize domestic resources - financial and material to cope with possible polio outbreaks or epidemics. Second, is to maintain the gains achieved made, especially in three priority action areas: epidemiological surveillance, routine immunization and strengthened vaccination programme. However, one of the important strategies to take into account is to improve communication with communities so that they appreciate the importance of immunization and for them to join us whenever we implement mass vaccination campaigns.

4. What has been WHO's role in all this process?

As I have said, WHO is still our main technical partner on all health matters. The organization provides consultants who support the Ministry of Health to develop policies and response plans for epidemics. WHO also supports us on continuing education and training of our technical staff in the different health spheres. In short, WHO is our key partner and we are grateful for this partnership and strong collaboration.

BOTSWANA ON TARGET TO ELIMINATE MEASLES BY 2020 - HON DORCAS MAKGATO, MINISTER OF HEALTH

1. Is your country on target to eliminate measles by 2020?

somewhat different, but we are all likely to be affected. We need to respect nature and use resources in a sustainable manner. Within each nation and between nations, we should work together.

4. What do you want WHO to do on this issue?

Support research on environment and health - there is still much that we don't know about the effects of climate change. WHO should continue its normative functions, developing standards, and facilitate the sharing of knowledge and experiences. Both the Director General and our Regional Director understand the vulnerabilities of Small Island Developing States and we look forward to their support and to working with them as island communities.

CATERING TEAM



SECRETARY POOL



RC67 eJournal

The RC67 Secretariat is pleased to announce the introduction of the Electronic Journal



The country has achieved measles coverage of above 80% in the past three years. We achieved 97% in 2014, 87% in 2015 and 95% in 2016. In view of that, my country is on target.

2. What are the remaining challenges to attain measles elimination by 2020?

Reaching every child with immunization is one challenge especially since our coverage is not 100%. This is an indication that every child is not reached. The other is cultural and religious practices in some community groups that do not allow immunization. There is also the affluent society and internal migrations that contribute to loss of clients' follow-up specifically for the second dose. We also have funding constraints especially during awareness creation campaigns.

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3. What lesson can the rest of Africa learn from your country on the elimination of measles?



(eJournal) that replaces the printed version published in the previous RCs.

The easy to use eJournal will improve interactions with our readers and has new features such as embedded videos, photo galleries, audio recordings and much more. The eJournal can be accessed from all electronic devices, computers, laptops, iPads and all types of mobile devices by email and can be accessed at any time during the RC.

For those who wish to receive the electronic Journal, please send an email to Phyllis Jiri at jirip@who.int



Click the [url \(link\)](#) to watch the live streaming of the 67th Session of the Regional Committee for Africa in Victoria Falls, Zimbabwe

REPORT WRITERS



Political commitment and leadership is very crucial. Financial commitment from government is another. In Botswana, the Government finances all the vaccines and this is key to sustained vaccine availability. In addition, there is need for a strong Primary Health Care system as more than 95% of our population lives within 15km radius to a nearest health facility. Implementation of community support strategy for high impact interventions to child survival is also of paramount importance. It is also critical to ensure availability and accessibility of immunization services in both rural and urban areas including the hard-to-reach. Botswana also enjoys and benefits from strong partnerships and collaboration in this area of work. We work closely with WHO, UNICEF, Rotary International, Lions Club and Church of Latter and many others.

4. What more should WHO do on measles in Africa?

WHO should continue to provide technical assistance to all countries. The Organization should also build capacity for health care workers, assist countries to adapt and adhere to service standards and guidelines in addition to facilitating low income countries on resource mobilization.

The European Union, Luxembourg and WHO partnership enables Guinea to produce strategic planning documents - Dr Mohamed Lamine Yansané, Health Policy Advisor, Ministry of Public Health, Guinea

1. What are your impressions of the European Union (EU) - Luxembourg - WHO partnership on strengthening the health system towards the Universal Health Coverage (UHC)?



Guinea is one of the first partner countries of the EU - Luxembourg - WHO partnership supporting countries on Universal Health Coverage (UHC). This partnership has enabled Guinea to develop the main strategic documents for the country. Notably, the revision of the National Health

HOTEL CONTACTS

Elephant Hills: + 263 (0) 12 44 793
 The Kingdom tel: + 263 (0) 13 44 275
 Victoria Falls Hotel: +263 (0) 13 44 761 / 51
 Ilala: +263 (0) 13 44 737 /8 /9
 A Zambezi River Lodge: +263 (0) 13 44 561
 Rainbow: +263 (0) 13 44583/5
 Sprayview: +263 (0) 13 44344/11
 Victoria Falls Safari Lodge: +263 13 43211-20

MEALS

Coffee Breaks and Lunch will be served free of charge to participants during the meeting.

Further catering facilities are readily available for refreshments and meals in the 4 restaurants and 3 bars of the Elephant Hills Hotel. The Breakfast Buffet is open from 7:00-10:00 in the Hotel Restaurant. For dinner, WHO shuttles are available to drive you to town, at 19:00 on Saturday and Sunday.

Lunch shuttle departs from the reception at 12:30.

WHO CONTACT PERSONS

1. **Dr. David O. Okello**, WHO Representative, Tel: +263 772 273 043
2. **Mr Albert Minyangadou**, Operations Officer, TEL: +263 772 235 269
3. **Mr. O. Mushobekwa**, ASO & Logistics, TEL: +263 775904656
4. **Mr. Joseph Manjengwa**, Transport & Protocol, TEL: +263 772 511 603
5. **Mr. Francis Gamba**, Transport Coordinator, TEL: +263 775904650
6. **Mrs Mrs A. Sakala**, Event Management, TEL.: +263 773 444 220
7. **Mr Ampa Tresor**, Travel, TEL.: +263 775904659
8. **Mrs Toth**, Conference and Protocol Officer, TEL.: + 263 775904525
9. **Ms C. Matongo**, Travel Focal Point, TEL.: +263 772 124 024
10. **Mr Marc Chimombe**, ITM, Tel. +263 775904635

MEDICAL SERVICES & CONTACTS

Mr Jairos Chivona, Chief of Police in Victoria Falls: Tel.: +263 712 879 953/ +263 712 879 953

Policy, development of the National Health strategic Plan covering ten years (2015 - 2024), and above all led the country to the National Compact of Health. This compact was signed last year between the government and our main partners, as well as civil society thus becoming the regulatory framework for the country. All this has been possible due to the collaboration brought about by this partnership. The partnership has made it possible to operate the Health Sector Coordinating Committee, which meets twice a year. This Committee is often called upon for special sessions. In addition, with the support of this partnership, we have begun the process of decentralization of this coordinating body to the regions and districts. Regulations have been prepared for this purpose. These committees are located in the prefectures and contribute to the evaluation and planning of regional programs in each administrative region.

2. What are the Concrete benefits of this partnership for your country?

In addition to what I have mentioned about, the partnership has helped us to have strategic planning documents at all levels of the health system, i.e. at the national and peripheral levels. The second benefit is the setting up of the health sector coordination committee, including its decentralization in the field. The third benefit is the institutionalization of jurisdictions with partners that allow us to jointly evaluate our activities, which was not the case a few years ago. Thus, the benefits of partnership can be summarized in these few elements, of course taking into account the capacity building of national officers at all levels.

3. What other aspects would you like to see included in the partnership?

It is known that the EU - Luxembourg - WHO partnership program is time-limited. The first thing we would like to see is the consolidation of all these projects that we have opened. I am particularly interested in the decentralization of the coordination bodies in the field, at the district and regional levels. These bodies are still fragile, because they have just been put in place. For us, it is something that we must work on. The second thing is the support provided by the partnership to conduct of joint evaluations. We started the process a few years ago, we now at the end of our first three-year National Health Strategic Plan and we would like the partnership

Mr Moredcai Gonamombe, UNDSS

Zimbabwe: Tel.: [+263 772277695](tel:+263772277695)

Mr Abdoulaye Doumbia , WHO AFRO Security Services. Tel.: [+263 775904654](tel:+263775904654)

Mr I. Hodzongi, Security: Tel.: [+263 772 124 026](tel:+263772124026)

JOURNAL TEAM



to support Guinea to evaluate this plan. Finally, we expect continued strengthening of capacities of national officers at all levels.

TRAVEL TEAM



TRANSLATORS



MEDICAL TEAM



SECURITY CONTACT PERSONS

Mr Jairos Chivona, Chief of Police in Victoria Falls:

Tel.: +263 712 879 953/ +263 712 879 953

Mr Moredcai Gonamombe, UNDSS

Zimbabwe: Tel.: +263 772277695

Mr Abdoulaye Doumbia , WHO AFRO: Tel.: +263 775904654

Mr I. Hodzongi, Security: Tel.: +263 772 124 026

DEPARTURES

RC 67 RETURN TRIP INFORMATION			
Destination	Flight N°	Flight departure Time	Pick up Time
Tuesday 29 AUGUST 2017			
Addis Ababa	ET 829	13:00	10:00
Johannesburg	SA 041	13:30	10:00
Wednesday 01 AUGUST 2017			
Johannesburg	SA 041	13:30	10:00
Thursday 31 AUGUST 2017			
Addis Ababa	ET 829	13:00	10:00
Johannesburg	SA 041	13:30	10:00
Nairobi	KQ 793	18:05	18:00
Friday 01 SEPTEMBER 2017			
Johannesburg	SA 041	13:30	10:00
Saturday 02 SEPTEMBER 2017			
Addis Ababa	ET 829	13:00	10:00
Johannesburg	SA 041	13:30	10:00
Nairobi	KQ 793	18:05	18:00
Sunday 03 SEPTEMBER 2017			
Johannesburg	SA 041	13:30	10:00
Johannesburg	FN8501	12:10	09:00
Johannesburg	FN8501	15:10	12:00

World Health Organization - Regional Office for Africa Cité du Djoué, P.O.Box 06 Brazzaville Republic of Congo
 Telephone: +(47 241) 39100 / +(242) 06 508 1114 or + (242) 06 508 1116 Fax: +(47 241) 39503
 Email: afrgocom@who.int



