



## WORLD HEALTH ORGANIZATION 68TH SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

**WHO African Member States Unanimously  
Adopt Recommendations for Strengthening  
Sustainable Financing of Universal Health  
Coverage in Africa**

**There is no Room for Complacency toward Polio  
Eradication in Africa – Say Delegates at the  
Sixty-eighth Session of the WHO Regional  
Committee for Africa**

There has been no confirmed Wild Polio Virus (WPV) Case in the African Region in the last two years. At this rate, the WHO African Region is set to be certified Polio free in 2019 or early 2020. *“If*



Achieving the common mantra of the Sustainable Development Goals (SDGs) of leaving no one behind entails universal access to good quality and affordable services. This is the principle which underpins Universal Health Coverage (UHC), a key target and prerequisite for attainment of SDG 3. Sustainable financing of health services is a key pillar of the UHC.

To discuss how Member States (MS) of the World Health Organization (WHO) African Region can ensure sustainable financing of UHC, the WHO Regional Office for Africa (WHO/AFRO) presented a technical report and recommendations to delegates attending the ongoing Sixty-eighth session of the WHO Regional Committee for Africa (RC68) in Dakar Senegal on the 29<sup>th</sup> August 2018. The report titled *“Ensuring sustainable financing of Universal Health Coverage in Africa in the midst of changing global and local economic factor”* reviewed the state of health spending in the Region, the associated issues and challenges and the way forward.

Dr Prosper Tumusiime, the acting Director of the Health Systems and Services Cluster of WHO/AFRO, who presented the report on behalf of the Secretariat, identified inadequate spending on health, high out-of-pocket spending on health, increasing poverty due to ill-health, declining economic performance among Member States and inadequate and inequity in government spending on health as key challenges which militate against sustainable financing of UHC in the Region. He further noted that other challenges such as the inadequate coverage of health insurance schemes, high dependency on external financing and lack of essential packages on which health investments could be based as impediments to attainment of the UHC.

*there are no cases in the next two years, then our region will be certified to have eradicated polio”* declared Dr Pascal Mkanda, Programme Manager Polio Eradication at the WHO African Regional Office, in a presentation he made on behalf of the Regional Director to the delegates attending the Sixty eighth session of the WHO Regional Committee for Africa (RC68) in Dakar, Senegal.

However, there is need for caution as pointed out by Professor Rose Leke, Chairperson of the Africa Regional Certification Commission, a body set up by the WHO Regional Director to certify polio-free status country by country. *“We have accepted polio eradication certification for 40 countries so far. We have plans to review the remaining 7 but we have concerns that must be addressed”*, said Professor Leke to the delegates.

These concerns include glaring gaps in surveillance, routine immunization and inaccessible areas exacerbated by insecurity in several countries. There is also a sense of complacency in some countries arising from possession of the eradication certificate leading to a slowdown of immunization activities. *“These countries risk their certificates being revoked,”* warned Professor Leke. Indeed there have been outbreaks of circulating vaccine-derived polioviruses (cVDPVs) which indicate low population immunity and the risk of poliovirus re-introduction in countries that were previously declared polio-free.

Professor Leke promised to continue to advocate to national governments to quickly close the surveillance and population immunity gaps as efforts are intensified to make Africa a place where polio is a historical legacy to future generations as promised by the African Union Head of States in 2015. This is mainly because if the gaps are not addressed, there is the threat of the Region failing to fulfill the ARCC criteria for certification of poliomyelitis eradication by end 2019.

According to the report presented to the RC68 delegates, all Member States in the Region successfully withdrew the type 2 component of the oral polio vaccine (OPV) by May 2016. In addition, all Member States have conducted phase one of the documentation of laboratory containment of polio viruses. The Inactivated Polio Vaccine (IPV) has been introduced into routine immunization programmes in almost all Member States (39 out of 47) as of June 2018. Overall 40 countries out of 47

The report indicated that although out-of-pocket spending in Africa declined from 44.6% in 2000 to 35% in 2015, this still amounts to catastrophic health expenditure. Although Member States have committed themselves to the Abuja target which stipulates that 15% of their budgets should be earmarked for health, the proportion of government spending on health has reduced in almost half of the 47 Member States. Prepayment schemes for health remains one of the most sustainable and equitable means of ensuring financial protection, however it represents a low proportion (3.9%) of the total health expenditure in the Region. This coupled with increasing and unsustainable external financing as a proportion of total health expenditure which stood at 24.4% as at 2015 are critical obstacles to sustainable financing of UHC.

As a way forward, Dr Tumusiime proposed that Member States should look for various options for increasing public domestic financing of health, explore modalities for converting out-of-pocket payments to more sustainable pre-payment schemes and to explore opportunities for improving efficiency in allocation of health resources as ways to improve sustainable financing of UHC. He also suggested the strengthening of systems for gathering, managing and disseminating information and knowledge for UHC as other opportunities to improve sustainable financing of UHC.

In reacting to the report, the delegates shared their experiences in boosting sustainable funding of UHC. These include increased taxation of alcoholic beverages, tobacco products and sugar as a double-edged sword to increase health financing and to reduce access to risk factors, establishment of national insurance schemes, improved collection, administration and more efficient allocation of taxes and strategic purchasing of health services.

The delegates called upon the Secretariat to further sharpen the focus of the report and include lessons and best practices which can be shared with countries. Furthermore, they proposed that the Secretariat should provide more technical support to Member States for private sector engagement, better tracking of and accountability for health resources, better alignment of health resources to national health priorities and more efficient execution of health programmes.

have had their national documentation for polio-free status accepted by the ARCC for Poliomyelitis Eradication. A plan for accepting the polio-free documentation of the remaining Member States by 2019 is in place.

Against this background, WHO/AFRO presented a Framework to the delegates aimed at guiding Member States to address the identified gaps. Titled "*Framework for Certification of Polio Eradication in the African Region*" the framework proposes priority interventions towards certification of polio eradication such as conducting risk assessments; strengthening surveillance with expanded use of technological innovations; improving preparedness and the quality of polio outbreak responses; reaching children in insecure areas; laboratory containment of polioviruses; strengthening national certification committees and processes and implementing the International Health Regulations (IHR, 2005). Other recommendations include strengthening routine immunization; institutionalizing accountability of polio-funded personnel; finalizing the polio transition plans and implementing the post-polio certification strategy.

Delegates pledged to implement the actions proposed in the Framework. They also promised to ensure interruption of WPV transmission; achieve and maintain certification standard surveillance; introduce inactivated polio vaccine (IPV) before the global withdrawal of the type-2 component of the trivalent oral polio vaccine (tOPV); and ensure that polio assets, lessons learnt and knowledge acquired are used to support other national health priorities.

### **We want to Make Health a basic right for All Nigerians**



Finally, the delegates unanimously adopted the report and called for urgent implementation of the proposed actions.

## Mozambique's Experience in prevention and Control of Malaria



Dr. João Leopoldo da Costa  
Deputy Minister of Health of Mozambique

**Mr Vice-Minister, one of the factors that contribute to the persistence of malaria in many African countries is insufficient funding and strong political engagement. Could you tell us about Mozambique's experience in this regard?**

As you know malaria is endemic in Mozambique and is present at all times. It affects all age groups from children to adults and has generally contributed to high morbidity in out- and in-patients. Aware of this the Ministry of Health organized a forum in June last year at the behest of the Government and was chaired by the President of the Republic. The forum brought together all the Governors, Provincial Health Directors, the WHO. The Representatives of the Ministry of Health of Swaziland represented by the Minister for Health was also present. This forum was a clear demonstration of the political determination of the Government of Mozambique to address the malaria scourge in the country, with Provincial Governors receiving direct Presidential orders for action to be taken. What we must now do is to develop a programme of malaria prevention including malaria vector control and larviciding especially after a rainy season. It is only through this way that we can



Professor Isaac Adewole,  
Minister of Health, Federal Republic of Nigeria

## 1. What is the general state of health in Nigeria today?

The general state of health of our people is excellent. But that would be insufficient as we need to expand and improve. Most of the indicators we are presenting currently were generated in 2013. We are now conducting a 2018 Demographic and Health Survey that will present accurate and current figures of the state of health in Nigeria. But we have done quite a lot in the last three years in order to create a climate of optimism. In 2016, we developed the National Health Policy which is the third in the history of the country and in 2018 we developed the National Health Strategic Development Plan II with a strong focus on universal health coverage. In the 2018 Budget, the President committed 180 million USD to reposition Primary Health Care in Nigeria through a robust programme called "Uwe" which means life. So under the current administration in Nigeria, we are injecting life into the health system.

## 2. What are the major challenges to public health in Nigeria?

The public health challenges we have in Nigeria are quite similar to challenges in any other developing country. We are dealing with what is called the triple burden of health namely communicable diseases, non-communicable disease and the emerging problem of trauma and accidents. With respect to communicable diseases, we are dealing with Lassa fever, Measles outbreak, cholera, and Yellow Fever which we are actually tackling in a robust manner.

In Nigeria, we have put life into the Nigerian Center of the Disease Control. The legal framework for this entity has been approved; we are providing resources and we are making sure that we key into the national epidemiology training programme that is designed to train surveillance officers across the country. At the last count we had trained 300 field surveillance officers to assist in disease detection and also to assist us to respond appropriately to many of these disease outbreaks. With WHO technical support we are building robust capacity for the diagnosis and management of Lassa and Yellow Fever.

contribute to the reduction in malaria incidence. In addition other measures such as the use of long-lasting impregnated bed nets for the protection of children and pregnant women are also critical.

**Another important aspect in the prevention and fight against malaria is the coordination of the different actors. What is Mozambique's experience in this regard?**

Representatives of the civil society, practitioners of traditional medicine and other related ministries were represented in the forum that I mentioned. Malaria prevention requires a multisectoral approach. For example the Ministry of the Environment has an important role to play in the management of garbage, so it is responsible for preventing the creation of mosquito breeding sites. That is why the forum involved various sectors of women's associations and religious bodies, so as to ensure that this fight is done by all sectors of Mozambican society. The Global Fund is the main funder but we also have the WHO that provides technical support.

**What is your opinion on the document presented to the Regional Committee on the subject?**

The document presented to the Regional Committee was excellent. It calls attention to the need for greater government commitment and closer multisectoral collaboration for malaria prevention. During the session, we appealed to WHO to call on other United Nations agencies to contribute to environmental management of malaria. Our cities in general have started to produce tons of refuse for which we do not have the technical skills to manage. In addition to creating breeding sites for mosquitoes, this may result in other epidemics such as rabies and plague, the vectors of which are found on garbage sites. Therefore it is very important to take decisive action as soon as possible to improve the situation. In addition to our traditional partners such as WHO and UNICEF, other partners should also contribute to improving the situation.

**How do you assess the Mozambican government's cooperation with WHO?**

I consider it as being very good. I dialogue with the WHO Representative in Mozambique on technical matters on a regular basis. I appreciate the efforts

With respect to non-communicable diseases, I am fortunate to be on the board of the high-level commission on NCDs that has been put together by the WHO Director General. With this experience, we are exploring ways of improving prevention and management of NCDs across the country. We are conducting the second STEPs survey in the country; the last one was done about 20 years ago. This survey will enable us to determine the burden of NCDs in the country. We are mounting a robust campaign against tobacco. We are committed to treating all hypertensive patients in Nigeria. We are also working with WHO to strengthen our cancer prevention programme by upgrading key health facilities in the country to be able to effectively manage cancer patients as well as strengthening the national hospital in Abuja.

**3. What more would you want WHO and other partners to do for public health in Nigeria?**

Our success story is incomplete without mentioning and commending our partners for solidly moving with us. We want to particularly thank WHO for being the lead agency when it comes to health emergencies in Nigeria. WHO is always besides us in times of trouble and we appreciate that very much.

However, the job is not yet over. However good your situation is you always want to do more to improve. As we move on, we want to translate the Transformation Agenda of the Regional Director into reality in Nigeria and we want WHO to partner with us on this. We have the National Health Strategic Plan II which is really good but we want to walk together with WHO to achieve Universal Health Coverage (UHC). A Scoping mission recently came to Nigeria from the Regional Office and we jointly developed a master plan that can move us towards UHC.

We are working with WHO and partners to improve our routine immunization coverage. We have declared war against vaccine preventable diseases because in 2016, our national coverage was only 33% which was unsatisfactory. We want to get to over 80% and finish the job especially on polio. As you know we have celebrated 24 months without polio and we think we are on the last lap. It is not over until it is over, we are working with our partners especially in the Lake Chad Region to make sure that we finish that job. We want to scale up

of WHO in supporting the Mozambican Government on health matters

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#### Programme of Work - DAY 4: Thursday, 30 August 2018

09:00– 10:30	<b>Agenda item 12</b>	Status of implementation of the four time-bound commitments on noncommunicable diseases in the African Region (Document AFR/RC68/9)
10:30– 11:00	<b>Tea Break</b>	
11:00– 12:30	<b>Agenda item 17</b>	Draft Code of Conduct for the nomination of the Regional Director (Document AFR/RC68/14)
12:30– 14:30	Lunch break	
<b>13:00– 14:30</b>	<b>Side Event</b>	<b><i>Engaging African governments to strengthen national health research systems with complementary international cooperation</i></b>
14:30– 15:30	<b>Agenda item 18</b>	Draft Global Action Plan on the health of refugees and migrants (Document AFR/RC68/15)
15:30– 16:30	<b>Agenda item 19</b>	Information Documents
	<b>Agenda item 19.1</b>	Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products (Document AFR/RC68
	<b>Agenda item 19.2</b>	/INF.DOC/1)
		Progress report on utilizing eHealth

immunization and entrench the culture of routine prevention and detection of public health emergencies. We shall make sure that no child is left behind on immunization. Every woman should have antenatal care and every child should be delivered under supervision.

Working together with WHO and partners we can make health a basic right for Nigeria and I think it's the public good we need to deliver. I think working with WHO and partners we can really make health a basic right for all Nigerians.

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#### **Delegates at the Sixty-eighth Session of the WHO Regional Committee for Africa (RC68) Approve a Renewed Strategic Framework for Cholera Prevention and Control**

The WHO Regional Office for Africa (WHO/AFRO) has presented a revised regional strategic framework for the prevention and control of cholera in the African region to the delegates attending the RC68. The document elaborated the key issues and challenges militating against effective prevention and control of the disease and proposed concrete actions for accelerating cholera prevention intervention in the Region.

The report noted that cholera disproportionately affects the poorest communities with low socioeconomic status, and populations living in overcrowded areas with limited access to safe drinking water supply and sanitation services, including the most vulnerable urban clusters. Furthermore, the report noted that population movements due to conflicts, natural disasters and extreme climate change are favourable risk factors which continue to perpetuate cholera as a major public health problem in many areas of the region.

The report noted the joint WHO-UNICEF Annual Report on water and sanitation of 2017 which showed that an estimated 663 million people worldwide do not have access to safe water and more than one billion drink water from sources that are contaminated. It noted that globally, more than 4 million cases and 140,000 deaths of cholera are reported annually. In 2017, 17 African countries reported more than 150,000 cases of cholera,

- Agenda item 19.3** solutions to improve national health systems in the African Region (Document AFR/RC68 /INF.DOC/2)
- Agenda item 19.4** Progress report on the African Health Observatory and its role in strengthening health information systems in the African Region (Document AFR/RC68 /INF.DOC/3)
- Agenda item 19.5** Status of implementation of the recommendations of the report on Addressing the Challenges of Women's Health in Africa (Document AFR/RC68 /INF.DOC/4)
- Agenda item 19.6** Progress report on implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC68 /INF.DOC/5)
- Agenda item 19.7** Progress report on implementing the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis 2016–2021 in the African Region (Document AFR/RC68 /INF.DOC/6)
- Agenda item 19.8** Progress report on implementing the Global Health Sector Strategy on HIV/AIDS 2016–2021 (Document AFR/RC68/INF.DOC/7)
- Agenda item 19.9** Progress report on the Framework for

including 3000 deaths, representing a Case Fatality Rate (CFR) of 2.3%. More than 90% of these cases occurred in six high-risk countries.

The document highlighted that the persistence of cholera in endemic areas reflects on the one hand the fragility of water and sanitation infrastructures and services, the lack of hygiene and high-risk social practices, as well as failures in surveillance and care systems. On the other hand, the lack of political and financial commitments contributes to recurrent and often prolonged outbreaks. For instance, more than 80% of affected countries report insufficient funding to meet their Water, Sanitation and Hygiene (WASH) targets.

It is against this backdrop that WHO/AFRO developed a renewed framework for the prevention and control of cholera in 2017. This key regional implementation framework will guide Member States in the implementation of the global strategy to eliminate cholera by 2030.

The framework proposed concrete actions such as improving epidemiological and laboratory surveillance, mapping out cholera outbreaks, improving access to rapid treatment, strengthening partnerships and community involvement, increasing investment in clean water and sanitation for the most vulnerable communities and increased communication and education of populations as the key strategies that Member States should deploy to eliminate Cholera. Other recommendations include promotion of research and advocacy to put cholera high on the political agenda of Member States. These require more political and financial commitments, greater cross-sectoral and coordinated action and efforts, as well as better transnational cooperation between countries along with meticulous monitoring and evaluation of implementation.

The framework was endorsed by the delegates attending the RC68.

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## **Mortality Surveillance: African Health Ministers Urged to Adopt Two New Initiatives**

implementing the End TB Strategy in the African Region 2016–2020 (Document AFR/RC68/INF.DOC/8)  
Report on WHO staff in the African Region (Document AFR/RC68/INF.DOC/9)

16:30–  
17:00

**Tea Break**

17:00–  
18:00

**Agenda item 20**

Draft provisional agenda, dates and place of the Sixty-ninth session of the Regional Committee (Document AFR/RC68/16)

18:00

End of the day's session

**18:00–19:30**

**Evening Development and Side event implementation of integrated and affordable assisted reproductive technologies (ART) services in the African Region**

**HOTEL CONTACTS**

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The Palms: + 221 33 868 05 05  
Radisson Blu Dakar : + 221 33 869 33 07  
Terrou Bi : + 33 839 90 39  
Le Lldge des Almadies : + 221 33 869 03 45  
Fana Hotel : + 221 33 820 06 06

**We need action on environmental issues from conception to implementation**

The Minister of Health of Mali, WHO and the Bill and Melinda Gates Foundation have organized a side-event to present the Child Health and Mortality Prevention Surveillance (CHAMPS) and Countrywide Mortality Surveillance Action (COMSA) initiatives as innovations in the area of reliable mortality surveillance data collection. The event took place on Wednesday 29<sup>th</sup> August 2018, at King Fahd Palace Hotel, venue of the 68<sup>th</sup> Session of the WHO Regional Committee for Africa.

In her opening address, the WHO Regional Director for Africa, Dr Matshidiso Moeti invited the African Ministers of Health present to seize the opportunity to commit themselves to this initiative because, “*we do not want African children to die from the same causes. The question is how to reduce maternal mortality. These initiatives could help us achieve the Sustainable Development Goals*”. According to the experts, CHAMPS and COMSA essentially collects information on births and deaths.

Dr Kathryn Banke, from the Bill and Melinda Gates Foundation, which funds the initiatives, explained that CHAMPS collects accurate data on births and causes of death of women and children including stillbirth data. Data collection is done using a minimally invasive tissue sampling method. This system is already being tested in pilot projects in Bangladesh and India.

On COMSA, Dr Amousou, one of the experts working on the initiative, explained that “*the initiative arose from the need to understand the extent of mortality in our countries. It is a routine data collection system to assess birth and death rates*”. According to the expert, COMSA is a reliable sample registration system that collects high-quality data on pregnancies, births and deaths and calculates birth rates, mortality rates and mortality fractions by cause at national and regional levels. The information collected is analyzed and the results are used to guide policy decisions. COMSA is being piloted in Mozambique, Sierra Leone and Mali.

Sharing his country's experience, Mali's Minister for Public Health, Dr Samba Sow, stressed that “*CHAMPS is an excellent opportunity that could help countries to bridge the gap in data related to civil status, including births and deaths*”. CHAMPS started in Mali in 2016 with an in-depth socio-anthropological study that helped to understand the culture of the selected communities. The minister



Interview with Mrs Denise MEKAM'NE EDZIZIE,  
Minister of State, Ministry of Health, Gabon

**Ten years after the 1st Libreville Declaration on Health and Environment in Africa, your country is preparing to host yet another regional meeting on the issue. How would you describe the progress made by Gabon since 2008?**

Indeed, Gabon is preparing to host, for the second time, the regional meeting on Health and Environment. This is a great honour done by WHO and the United Nations Environment Programme to our country. For us, it is recognition of the leadership of the President of the Republic of Gabon, His Excellency Ali Bongo Ondimba, on environmental and health issues.

Gabon has made progress in three key areas. One of the notable advances since the Libreville Declaration is the establishment of the strategic alliance between the health and the environment sectors with the creation in Gabon of the Inter-ministerial Technical Committee on Health and the Environment under the authority of the Prime Minister, which now makes it possible to have a high-level technical instrument to ensure the coordination of all issues related to health and the environment.

The second major achievement is the completion of the Situation Analysis and Needs Assessment (ASEB) of health and environment. This has made it possible to take stock of all the environmental problems and their health consequences throughout the country and to express the need for action.

The third major step forward is the development and adoption of a Joint Health and Environment Action Plan, the first of its kind to seal the privileged

reported that, the results so far are encouraging. The experiences of Mozambique and Sierra Leone were also shared.

The Health Ministers present at the breakfast meeting expressed their interest in participating in the project. However, several of them raised concerns regarding the socio-cultural aspects of communities, acceptability by health personnel, the multitude of data collection tools that increase the workload of personnel responsible for data collection, and the problem of autopsies on children who die outside health facilities.

In response to all these concerns, the event organizers informed the Ministers that a video conference is planned for 10 September 2018 which will clarify all their concerns.

In conclusion, Minister Samba Sow invited his peers to commit themselves to the adoption of these initiatives, which he said *“could improve mortality surveillance in our countries. Inform your governments about this opportunity that will save millions of lives, and beyond, contribute to the achievement of the Sustainable Development Goals.”*

More than 35 million lives are lost each year worldwide without the authorities knowing the real causes. Almost half of the world's children are born, live and die without any mention of their existence. That sounds like an injustice. Accurate, real-time statistics on births and deaths enable the health status of populations to be monitored, demographic transitions and future health trends to be planned and, most importantly, imminent health threats to be detected in real time.

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## Universal Health Coverage is a Journey Every Country Should Start

partnership between the two sectors.

Also, since the 1st Inter-ministerial Conference on Health and the Environment, our country has reserved 15% of its forest for the reconstitution of the ozone layer. The Gabonese Agency for Space Studies and Observation (AGEOS) has been created to monitor, measure and map the impact of climate change on human and animal populations and a National Land Allocation Council created to coordinate all government interventions aimed at the occupation and harmonious development of the territory, in strict respect for the environment, for harmonious and sustainable development.

### **What are the challenges encountered in implementing the Libreville Declaration in your country?**

The first challenge was the establishment of the strategic alliance. Gabon has adopted the institutional regulations necessary for the establishment and operation of the Inter-ministerial Technical Committee on Health and the Environment (CTISE). However, it has not been easy for experts from several sectors to work together, but we have succeeded in doing so. The second challenge was funding. While acknowledging the multifaceted support of WHO and UNEP for the implementation of ASEB and PNAC, it is important to note that implementation has not been optimal because funding from Government and our donors has so far fallen short of our expectations.

### **What does Gabon expect from this next meeting on Health and Environment?**

Following the example of Gabon, several countries in the region have conducted Situation Analysis and Needs Assessment (SANA) in health and environment and have developed Joint Health and Environment Action Plans (JHEAP). But many countries have faced the problem of funding. Africa expects from this third conference a concrete plan of action for mobilization of funding that will enable our Governments to move from conception to action. The environmental problems are there and the challenges are becoming more and more pressing.

The effects of climate change are being felt in our countries and the health of our populations is not spared by the phenomenon. We must act now and



Head of Delegation,  
Republic of Kenya, Dr Peter Cherutich

### **Kenya has made impressive strides towards Universal Health Coverage (UHC). What exactly have you done?**

Under the leadership of our President, Kenya is moving the UHC agenda forward. We are fully committed to ensuring that everyone in Kenya has access to quality health services without undertaking financial risks by 2022. So, we have an ambitious agenda to that effect. But this is a journey that we have worked on for a long time. We have had several programmes that are moving us towards UHC and one of our flagships is one through which government provides money so that every pregnant mother gets access to antenatal and delivery services free of charge. This is important because it reduces the barriers to access services. We also have programmes that are targeting the elderly. In addition, we have a programme through which over three million school children and high school students get free health services. We have other services which target the poor to ensure that people classified as such also get access to services. We have an ambitious agenda; we appreciate that UHC is a journey, but with the guidance of our President, we shall get there.

### **Is UHC really feasible in the African context? In practical terms, how can African countries achieve it?**

As I have mentioned, UHC is a journey and every country can start that journey. Some countries may reach it earlier than others but what is important is that it is an aspiration that all countries should have, share and learn from. I believe that is practical. What is important is that countries are already moving towards UHC. It is just that they

we must act quickly. It was for that reason that the President of the Republic had decided, at the Paris meeting on climate change, to make a special contribution to show Gabon's commitment.

Finally, this third conference must serve as a catalyst for our countries to achieve the Sustainable Development Goals which are major goals to which we are committed for the good of our populations.

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## MEDICAL CONTACTS

1. Hôpital Principal De Dakar : 338395050
2. Samu National : 1515 - 338698252
3. Poison Centre : 818001515

## Institutionalization and Decentralization are required to strengthen noncommunicable diseases Services in African Countries

As part of activities taking place in the RC68, WHO conducted a side event on the burden of hypertension, the importance of addressing it and its consequences if left untreated. The session was chaired by Dr Joseph Cabore, Director for Programme Management at the WHO Regional Office for Africa who gave an overview of the magnitude of hypertension in countries, the progress made and challenges experienced.

A comprehensive and brief outline of the public health approach used in the prevention and control of hypertension was presented by Dr Steven Shongwe, the acting Director of the Non-Communicable Diseases Cluster. This was followed by a presentation by Dr Gene Bukham, Director of the Programme on Global Non-Communicable Disease (NCDs) and Social Change at the Harvard Medical School. He highlighted the lessons learnt at global, regional and country level. These included the promotion of decentralization services aimed at reaching out to the rural majority, integration of people-centered services, mentoring and supportive supervision of health care providers and country resource settings.

**During the meeting country experiences from Rwanda, Togo, Mozambique, Ghana, Malawi, Central Africa Republic, Gabon and Congo were**

are at different stages. When you have free immunization services, that is UHC; if you provide Primary Health Care services, that is UHC. I want therefore to inform Member States that UHC is not a Utopian concept, it is something that we are already doing. We just have to ensure that some elements of UHC such as financial protection are emphasized. In Kenya, that is our focus. In many countries, there has been less emphasis on financial risk protection. We have to ensure that no Kenyan goes into poverty just because they have to access health care services.

## What challenges have you experienced and how have you handled them?

One of the challenges we have faced is that because of chronic under funding of the health sector that date back to many years, the sector has some weaknesses in terms of capacity to deliver; the infrastructure is weak and there is inadequate human resources. In terms of health workers, we are below the health worker ratio recommended by WHO's norms and standards. We specifically have regional human resources imbalances even in the cadres that are adequate. Given the totality of that, the human resource base is a big challenge and yet we understand that for us to deliver UHC, the people are extremely important. Without health workers, the people who deliver services, it is going to be a big challenge. As a country we want to increase the absolute number of health workers. Most importantly, we have to deliver services throughout the country using Community Health Workers. When we do that we are sure the services will reach the people. Community Health Workers can provide both curative and preventive services efficiently and we can save a lot of the resources spent on curative services. So the issue of human resources is a critical challenge in the quest for UHC.

## What lessons can you share with WHO and Member States on UHC

As I have mentioned, we should maximize the utilization of our human resources. We should continue promoting task shifting across board. We should, to the greatest extent possible, build the capacity of Community Health Workers to deliver the bulk of UHC services. That is an investment that is worth making.

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shared. For example Rwanda had decentralized integrated NCD clinical services and had institutionalized physical activities across population groups as a way of responding to NCDs, including hypertension. Overall, the meeting recommended the institutionalization of NCD prevention services and decentralization to the community level in all countries of the Region.

### Ministers of Health call for a multisectoral approach to address the complex interaction of environment and health in the African Region

Member States in the African Region of WHO face a combination of long-standing unresolved and new environmental and health challenges. These range from lack of universal access to clean household energy, safe water and sanitation, to the consequences of unsustainable development, such as air, water and soil pollution and exposure to hazardous chemicals. There is also the more complex, chronic and combined exposures in work and residential settings, ageing infrastructure, stagnant environmental health as well as increasing inequalities.

In view of the above, the WHO African Region has proposed a comprehensive strategy on health, environment and climate change. This was presented by Dr. Magaran Bagayoko, acting Director of the Communicable Diseases Cluster to delegates at the 68<sup>th</sup> Session of the WHO Regional Committee. The strategy is intended to protect human lives, ensure well-being and preventing environmental degradation.

The strategy outlines a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030. Six strategic objectives for the required transformation have been proposed. These are around primary prevention actions on health determinants; cross-sectoral actions to address policies; health sector leadership, governance and coordination; new evidence generation on risks, solutions and communication to stakeholders; and monitoring progress towards the Sustainable Development Goals. The strategy is aligned with the WHO 13<sup>th</sup> General Programme of Work.

### Zambia aims to eliminate cholera by 2025



Dr Chitalu Chilufya,  
Hon. Minister of Health Zambia

#### Honourable Minister, could you describe the progress your country has made in responding to the cholera outbreak?

Thank you for giving us this opportunity and allowing Zambia to share her experience on how we responded to the cholera outbreak. Firstly, may I share with you what the Government of the Republic of Zambia has been able to implement with regard to cholera prevention and control in the recent past, especially after the cholera outbreak that the country experienced from 6 October 2017 all through to 15 June 2018 when the outbreak was declared over. First, under the strong political leadership of our President, a multi sectoral team comprising the Office of the Vice President and the Ministers for Health, Local Government, Education and Defense was established to ensure a multi sectoral response to the outbreak.

Secondly, we took a bold step to set a legacy goal to eliminate cholera in Zambia by 2025. Thirdly, we established a coordination mechanism to leverage information and resources across all relevant sectors to support cholera elimination. Fourthly, we put in place a strong information, education and communication programme working with various stakeholders on increasing public awareness about cholera at all levels. And lastly, with the support of the World Health Organization, we developed a multisectoral cholera elimination plan which outlines the strategic interventions to be implemented in order to achieve the regional targets as well as the global targets. The plan will also be instrumental in resource mobilization.

During the discussions, the delegates welcomed the multisectoral approach adopted in the strategy and commended the WHO Secretariat for the timeliness and quality of the document. The delegates highlighted the need to further develop the framework and consider environmental surveillance as a strategic objective; prioritize the role of urbanization as a key factor for environmental health risks; highlight the use of technology and strengthen environmental and climate research capacity. The delegates also shared their country experiences in building healthy environments to address climate change, including the establishment of an observatory on climate and environment.

## SECURITY

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- Fire Brigade: 18
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## What were the challenges faced and how did you address them?

Yes, there were inevitable challenges along the way and we were able to address them through a multisectoral response. For instance, some of the stakeholders such as street vendors did not understand the benefits of removing them from contaminated sources of food, water and inadequate sanitation facilities which are the underlying social determinants of health which fueled the epidemic. In addition, insufficient political commitment was also a challenge to addressing weaknesses in public health, the inadequate water and sanitation infrastructure, high risk hygienic and social practices and gaps in surveillance and health care systems, just to mention a few. We addressed the inadequate coordination and weak multisectoral collaboration by putting in place broad partnerships across the relevant sectors. Importantly, the untiring support provided by all partners in bringing the situation to a halt was well appreciated

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