



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

WHO Regional Committee for Africa Endorses the Consultation on the Health of Refugees and Migrants

Globally, due to conflicts, persecutions, environmental disasters, and a profound lack of human security and opportunities, an estimated 763 million people are migrants within their own countries while 258 million are living outside their country of origin. This is an increase of almost 50%

Member States Commit Themselves to Accelerate Implementation of the Four Time- Bound Commitments on Noncommunicable Diseases in the African Region

Noncommunicable diseases (NCDs), mainly cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases (CRDs) are the leading causes of morbidity and mortality worldwide. They are largely preventable by

since the year 2000.

At the end of 2017, the United Nation High Commission for Refugees reported that 68.5 million people had been forcibly displaced as a result of persecution, conflict, or generalized violence while the number of internally displaced people was estimated at 40 million and the number of refugees nearly 25.4 million – the highest levels of human displacement ever.

Such a situation presents dire health challenges for the refugees, host communities and humanitarian organizations striving to give them a decent living. The situation requires special attention given the vulnerable conditions of refugees, half of whom are as young as 18 years of age.

In May 2017, the World Health Assembly requested the six WHO regions to hold consultations during their respective 2018 Regional Committee meetings to help in the development of a draft global action plan on the health of refugees and migrant.

The proposed global action plan will be designed taking into account the international human rights obligations, refugee laws and relevant international and regional instruments. This is critical given that many international instruments are silent on health access for refugees as well as financial protection in situations of health risks.

The proposed objective of the plan will be to improve global public health by focusing on the health of refugees and migrants in an inclusive, comprehensive manner. The plan will acknowledge the entitlement of refugees to access to health services in various countries as determined by national laws. It will also tackle the social determinants of health by promoting access to promotive, preventive, curative and palliative health services for refugees.

The proposed global action plan will try to harmonize WHO policy on refugee and migrant health, while positioning WHO to support the public health aspects of refugee and migrant health. Specifically, WHO will be required to promote technical cooperation, generate evidence and research, communicate, share knowledge and support the development of coherent policies at

addressing the four common modifiable risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

According to the WHO Global NCD Progress Monitor published in 2015 and in 2017 to track implementation of the four time-bound commitments to address NCDs, most Member States, particularly in the African region, have demonstrated little or no progress. In 2017, five Member States had not fully achieved any of the progress indicators. Several issues and challenges in achieving the four time-bound commitments in the African Region were identified.

By 2017, twenty one Member States in the African Region had set national targets on both NCD mortality and key NCDs risk factors for 2025 or 2030, a 100% increase compared to 2015. This time-bound commitment was due by 2015 but the lack of national capacities delayed its implementation. NCD Departments and Programmes/Units in Member States are under-resourced and have limited capacity to lead the NCD response. Most Member States lack advanced technical expertise for the prevention and control of NCDs. In addition, capacity to establish cross-sectoral partnerships for the prevention and control of NCDs is lacking.

In an effort to address this situation, the WHO Regional Office for Africa developed a paper highlighting the status of implementation of the time-bound commitments in the Region. Presenting the paper during the fourth day of the ongoing RC68, Dr Steven Shongwe, Acting Director of the NCD Cluster highlighted the salient issues, challenges and proposed priority actions to be taken by Member States and partners. These include the strengthening of the multisectoral NCD response, particularly the urgent need for Member States to focus attention on the review or development and implementation of multisectoral NCD policies, strategies and plans in line with the WHO Global Action Plan for the prevention and control of NCDs 2013-2020. Other priority actions are mobilisation of sustained resources for the NCD response through an increase in domestic budgetary allocations, innovative financing mechanisms including increasing taxes on harmful products such as tobacco, alcohol, unhealthy foods and drinks.

The delegates unanimously endorsed the proposed

country level.

Member States will be required to promote the right to health for refugees; promote refugee and migrant-sensitive health policies; enhance capacity to tackle social determinants of health; accelerate progress towards the SDGs; and reduce mortality and morbidity among refugees. Other actions will be to protect and improve the health and well-being of women, children and adolescents; improve continuity of care; reduce gender differences in migrant and refugee health status; improve communication and counter xenophobia; and strengthen partnership, coordination and collaboration mechanisms.

Delegates at the 68th Session of the Regional Committee unanimously endorsed the consultation document, gave current updates about refugee status in their countries and promised to be fully engaged in the process so that the final global action plan speaks to the needs of the refugees and migrants in their countries.

The draft global action plan will be submitted through the Executive Board to the Seventy-second World Health Assembly for consideration in 2019.

The Government of Côte d'Ivoire embarks on an Ambitious Programme to Strengthen Maternal and Child Health Services



Interview with the Ivorian Minister of Health and Public Hygiene, Dr Aka Aouélé

actions in the paper and pointed out that countries should support multisectoral responses through formulation of national multisectoral NCD policies, strategies and plans in line with the WHO Global Action Plan on prevention and control of NCDs 2013-2020. Furthermore, delegates stressed the need for strengthening resilient health systems that integrate NCDs into people-centred primary health care and Universal Health Coverage. In addition, more emphasis should be placed on an integrated approach to NCDs, HIV, maternal, child and adolescent health, sexual and reproductive health, mental health to leverage and optimise available resources at national, sub-national and community level.

Lastly, the delegates shared experiences on the main achievements and challenges in the implementation of NCD interventions. These include implementation of the WHO Framework Convention on Tobacco Control (FCTC) leading to increased taxation and banning of advertising, as well as scaling up action on physical activity and promotion of health lifestyles associated with other NCD risk factors.

Message of WHO Regional Director for Africa, Dr Matshidiso Moeti, on the occasion of African Traditional Medicine Day, 31 August 2018



The WHO African Region celebrates African Traditional Medicine Day every year on 31 August. This year's theme is "*Local Manufacturing of Traditional Medicine Products in the African Region,*" highlighting the need to promote and enhance local manufacturing for better access to quality-assured medicines.

Scaling-up local manufacturing is key to contributing to achieving universal health coverage (UHC) and the Sustainable Development Goals, which includes access to safe, effective, quality and

How would you describe the situation of maternal and child health in Côte d'Ivoire?

To be honest, the situation is a bit catastrophic when we compare our indicators with those of other countries in our sub-region (West Africa), and even in Africa. Even though our figures date back to 2012, we have 614 deaths per 100,000 live births as far as maternal mortality is concerned (the Sustainable Development Goal (SDG) 3 recommends a threshold of 70 deaths per 100,000 live births). Neonatal deaths are around 33 per 1,000 births and infant mortality is 27 per 1,000 births. Our maternal death surveillance system reports an average of 15 deaths per week. So these are important figures when compared to those of the countries of our sub-region where maternal mortality ratios are below 300 per 100,000 live births. There is also the challenge of teenage pregnancies which is a problem shared by the health and education sectors. These are serious public health problems that we have to deal with.

What is your government doing to address these maternal and child mortality problems?

The country is committed to addressing these problems in collaboration with our partners. Our President is well aware of the situation and is committed to addressing them. His ambition is to bring the situation under control by 2020. In 2017, the President initiated key actions in this regard by establishing a very ambitious programme to construct new hospitals and lower level health facilities, rehabilitate the University Hospital Centres (CHU) and Regional Hospital Centres (CHR). The programme also involves the acquisition of new equipment for the new health facilities and refurbishment of the equipment in the old health facilities. The President has earmarked a budget of more than 700 billion FCFA for this. All these are aimed at ensuring access to maternal and child care services all over the country. We are also implementing Universal Health Coverage (UHC); although we are still at a pilot phase, we are making progress.

What are the challenges you face in addressing these situations?

One of the challenges is the quantity and quality of training for health workers. Disparity and inequality in the distribution of health workers is also a problem. There is a high concentration of health

affordable essential medicines for all. This will require stronger regulatory systems in countries to guard against low-quality medicines, and ensure locally manufactured traditional medicine products and raw plant materials meet international standards of quality, safety and efficacy. Such medicines would conform to WHO criteria for registration and selection for inclusion in national essential medicines lists.

The number of countries with national traditional medicine policies has risen steadily since 2000 and now totals 40 countries in the African Region. Seventeen countries are manufacturing traditional medicine products from locally-cultivated medicinal plants, while 14 allow marketing of some traditional medicine products to treat priority communicable and non-communicable diseases. Eight countries have included these products in their national essential medicines lists.

Local manufacturing of traditional medicine products for these diseases also requires a political, regulatory and economic environment which enables and enhances local manufacturing. Stronger public-private partnerships will boost investments in local manufacturing of medicinal products and help to protect against financial risk by improving economic and social development.

To support investment and technology transfer, WHO and its partners have assisted countries to assess the need for manufacturing traditional medicine products locally for some priority diseases. WHO is also helping to build management skills and capacity around quality control and registration of traditional medicine products. We have published a range of guidelines for countries to use in their own situations to ensure the quality, safety and efficacy of these and other medical products.

I congratulate those countries which are already manufacturing traditional medicine products locally, and partners who are supporting this goal. But much more needs to be done to improve access to quality traditional medicine products.

As we celebrate African Traditional Medicine Day 2018, I call upon countries to increase public-private partnerships and investments to scale-up local manufacturing, while keeping high standards of quality, and systems which ensure the safety of medicinal products.

workers in the south while other parts of the country like the north lack adequate staff. In addition, the attitude of our health workers to patients is also a major challenge; health workers must have a human face to reassure patients. I would also like to add that the poor hygiene conditions in health centres and hospitals are also challenges.

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Terrou Bi : + 33 839 90 39
Le Lldodge des Almadies : + 221 33 869 03 45
Fana Hotel : + 221 33 820 06 06

Small Island Developing States Urged to Cooperate to Address their Common Health Challenges



*Interview with Dr. Carlos Alberto Bandeira de Almeida,
Director General, Neglected Tropical Diseases
Centre,
Sao Tome and Principe*

What are the main health challenges in São Tomé and Príncipe?

I urge for stronger collaboration between governments, national medicine regulatory authorities, manufacturers and traditional health practitioners to accelerate local manufacturing of traditional medicine products in the Region. This will contribute to quality health care, substantially improve access to quality essential medicines, and promote better health and well-being of Africa's people.

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African Member States of WHO Urged to Increase Political Commitment and Investments to Strengthen Health Research Systems

Health research is critical for the generation of new evidence which could facilitate better planning of health services, development of new and innovative public health strategies and enhance the capacity and knowledge of health care workers and institutions. Unfortunately, health research activities in the African Region are still largely under developed. For instance, Africa currently contributes only about 1.2% to 2% to all global health researches and scientific publications. To discuss this challenge and chart a way forward for strengthening national research systems in the Region, the WHO Regional Office for Africa (WHO/AFRO) and the European and Developing Countries Clinical Trials Partnership (EDCTP) organized a side event at the ongoing Sixty eighth session of the WHO African Regional Committee (RC68) in Dakar, Senegal.

Dr Joseph Cabore, the Director of Programme Management at WHO/AFRO in his remarks at the event welcomed the participants and highlighted the efforts WHO/AFRO is making to strengthen national health research systems in the Region. These include the establishment of an advisory group on research, inclusion of a session on health research in the agenda of the 1st Africa Health Forum, establishment of a full-fledged unit to coordinate and strengthen the health research capacity of Member States at WHO/AFRO and inclusion of health research as an agenda in the meetings of the Regional Director's Independent Advisory Group (IAG). He called on the discussants at the event to debate on how the outcomes of health research can be used to positively impact the health and lives of Africans.

The challenges are immense. The fact that we are an Island means that we are remotely located and isolated which is a huge challenge. Transport costs are huge; there is also the issue of internal and external medical evacuations which are expensive and significantly increases the government health budget. The other challenge has to do with malaria, which in terms of prevention, the population has become complacent.

Tuberculosis is also an issue. Although we have decentralized services, the sustenance of testing facilities at the National Reference Laboratory is a problem. Another challenge is the inability to identify patients on time. The support which is currently provided by the Global Fund for laboratory work will cease in 2020. For HIV, there is the issue of stigma; although there are laws that protect HIV-positive people, it is necessary to campaign for patients to know and demand their rights. Stigma results in the loss of patients to follow up.

What is your opinion on the various documents presented at the ongoing RC68?

The reports presented by WHO are generally very good, especially the one on Transformation Agenda which, if implemented by all countries can result in achievement of the Universal Health Coverage which is a much sought after goal. It is necessary to have strong leadership, to raise the awareness of health workers and involve the population in health interventions so that we can reach a satisfactory level of health.

There is also need to strengthen cooperation between the Small Island States. One of such cooperation agreement which was facilitated by WHO is the joint procurement of essential medicines which has reduced the cost of medicines in our countries. But there is also a challenge because each country has to pay for their medicines and due to the fact that Sao Tome and Principe is a low income country, it is sometimes challenging to bear the cost of these medicines.

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African Countries should do

The Head of the EU Cooperation in Senegal, Ms Cecile Tassin-Pelzer emphasized the importance of partnerships and political commitment in strengthening health research capacity and regulation in the Region. She urged African governments to explore ways of translating health research findings into action. The Senegalese Minister for Health and Social Action, Mr Abdoulaye Diouf Sarr, who was represented at the event, called for the expansion of the mandate of EDCTP to include neglected tropical diseases.

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Government of Central Africa Republic Strives to Improve Health Services Delivery despite several Challenges in the Country



Interview with the Minister of Health and Population, Dr Pierre Somse, Central African Republic (CAR)

What is the humanitarian situation in the Central African Republic at the moment?

The humanitarian situation is characterized by a categorization of the population into two groups. Out of our five million inhabitants, about half live in more or less acute humanitarian conditions out of which about 600,000 are internally displaced. Half a million people are refugees outside our country. We have some of the highest maternal and infant mortality rates in the world. We are ranked 2nd and

everything in their Powers to Steadfastly Fight Tobacco



*Interview with Honourable Dr Aaron Motsoaledi
Minister of Health, Republic of South Africa*

What has been your biggest achievement on tobacco control in South Africa?

As you know, South Africa became a democracy only in 1994 and after that it strengthened the laws against tobacco and they were really very successful. That was during the time of our icon Nelson Mandela. The laws were enacted and smoking was confined to 25% of the public spaces such as restaurants and hotels. Subsequent anti-smoking laws which were enacted reduced the rate of smoking in the overall population from 33% to 17%.

How have you managed to deal with the tobacco industry and its powerful lobby?

We are still fighting the tobacco industry because the initial package of laws that we passed were really incomplete. We are now proposing amendments to add four more stringent measures. The first is on plain packaging, the second it to totally abolish the 25% smoking space which was reserved for smokers in public spaces– it should not exist at all. The third is that there should be no smoking in any hospital premises and the fourth is that we should not allow any subtle advertising of tobacco products in shopping malls and other places. Cigarettes should be hidden somewhere only to be taken out when someone needs them.

All those measures are being fiercely fought by the tobacco industry and as you can see they are not

3rd respectively in the world in terms of the highest maternal and infant mortality rates.

In such a difficult situation, what are the country's health challenges?

Our health challenges are huge. We are experiencing political and security crises that have lasted for more than a decade. The whole health system is disrupted. Part of the population live in precarious conditions with difficulty to access health care services due to the collapse of health services delivery system. Where the services are available, access is difficult and sometimes impossible due to the presence of armed groups. In the liberated areas, there is an increase in malnutrition due to the withdrawal of humanitarian aid. Since the populations have little purchasing power in such conditions, it is obvious that their power to pay for health services is considerably reduced or almost zero.

We also have problems related to the lack of human resources for health in these areas. The crisis has had a real impact on the capacity of the Government which is finding it difficult to meet its sovereign obligations. So we have real difficulties in terms of investment in the health sector. The difficult living conditions and environmental factors predispose many parts of the country to epidemics. We are also at risk of importation of the Ebola epidemic in the Democratic Republic of Congo (DRC). All these have led to a fragile situation which makes the health sector one of the government's priorities.

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Programme of Work - DAY 5: Friday, 31 August 2018

10:00– 12:00	Agenda item 21	Adoption of the report of the Regional Committee (Document AFR/RC68/17)
12:00– 12:30	Agenda item 22	Closure of the Sixty-eighth session of the Regional Committee

being honest. They have now gone into our townships and mobilized poor and unemployed people and are relating their plight to the stringent anti-tobacco legislations. Now if you are poor and unemployed and somebody convinces you that the government's stringent laws are the ones responsible for your plight, you are bound to fight on the side of the tobacco company hoping for employment and riches which, as we know, will never come - at least not to the poor. That's why I call these people extremely dishonorable men and women.

When you ban advertising and smoking in public places, you don't have to police it. Members of the public will do so because it is in their interest. We are enacting laws to strengthen members of the public to be able to take on those who smoke in public. So once we pass the laws, and we shall definitely do so, we don't believe anybody will breach them because if they do, they will get out of business.

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JOURNAL TEAM



REPORT WRITERS



12:30– Lunch

14:30 break

13:00– Side Sahel Malaria

14:30 Event Elimination Initiative - High Level Ministerial Meeting

MEDICAL CONTACTS

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

SECURITY

- Emergency police: 17
- Fire Brigade: 18
- UNDSS Senegal: Mr Pierre-Etienne Ruff, Security Advisor, Tel: +221 77 450 58 21, Email: pierre-etienne.ruff@undss.org
- WHO AFRO: Mr Fofana Ibrahim, Security Advisor, Tel: +221 77 335 16 35 E-mail: fofanai@who.int

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



The next Sixty-ninth session of the WHO Regional Committee for Africa will take place from the

26th to 30th of August 2019, in

Brazzaville

The Republic of Congo

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WHO TRANSPORT & LOGISTICS



MEDICAL TEAM



WHO, General Management Cluster and Ministry of Health of Senegal Team



WHO Regional Office for Africa Partners with the International Telecommunication Union to Fast Track Deployment of Digital Health to Boost Health Services Delivery in Africa

Achieving the health Sustainable Development Goals (SDG) including Universal Health Coverage (UHC) requires reaching every child, woman and family with good quality and affordable health services, a task which is daunting in the African context. Overcoming the challenges related to UHC and the SDGs would entail development and deployment of new and innovative strategies such as Digital Health (DH) to expand and improve the quality of health services. In this regard, the WHO Regional Office for Africa (WHO/AFRO) and the International Telecommunication Union (ITU) have joined forces to harness the potentials offered by DH technologies and ensure its coordinated deployment for health service delivery in Africa.

This was the topic of a side event which took place on Wednesday 29th August 2018, at King Fahd Palace Hotel, venue of the 68th Session of the WHO Regional Committee for Africa (RC68). In his opening remarks at the event, Dr Joseph Cabore, the Director of Programme Management at WHO/AFRO emphasized the importance of DH in Africa and the need to rapidly scale up it for use in Africa. This he said is however constrained by the lack of interoperability of the numerous DH platforms on the continent, lack of capacity and inadequate and unsustainable financing of DH projects, among others.

The Regional Director of ITU for Africa, Mr Andrew Rugege in his opening statement lauded the partnership between WHO/AFRO and his organization which he said is backed by resolutions in both organizations. He announced that the first leadership workshop which is a key activity of the joint project will take place in Lesotho in October 2018.

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The Second WHO Africa Health Forum

The Government of Cabo Verde and the World Health Organization Regional Office for Africa will jointly host **The Second WHO Africa Health Forum** on the theme : ***Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see.***

The Forum is scheduled to take place in Praia, Cabo Verde from 26 - 28 March 2019.

The WHO Africa Health Forum Organizing team, also take this opportunity to call on Partners to let us know what they have been doing in view to the Call-to-Action from *The First WHO Africa Health Forum - Putting People First: The Road to Universal Health Coverage in Africa*. *The links to the Call-to Action are provided below in English, French and Portuguese:*

[Call-to-Action from The First WHO Africa Health Forum](#)

[Appel à l'action – Les populations d'abord : la route vers la couverture sanitaire universelle](#)

[Apelo à Acção – Colocar as Pessoas em Primeiro Lugar: O Caminho para a Cobertura Universal da Saúde em África](#)

HOSTESSES



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