PHOTOS AS SOUVENIRS

RC60 Delegates

H.E. The President of Equatorial Guinea with Delegates

The journal's team

The report writers' team

Awards to WHO Staff

Participants

Translators

Secretaries' pool

60th SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA

World Health Organization
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PROVISIONAL PROGRAMME OF DAY 5: Friday, 3 September 2010

09:00-09:30	Keynote Address	Statement by Mrs Joy Phumaphi, Executive Secretary, ALMA
09:30–10:00	Agenda item 12	Panel Discussion: Universal access to Emergency Obstetric and Newborn Care (Document AFR/RC60/PD/1)
10:00–10:30	*Coffee break*	
10:30–13:00	Agenda item 12 (cont.)	
13:00–15:00	*Lunch break*	
15:00–16:00	Agenda item 15	Adoption of the report of the Regional Committee (Document AFR/RC60/21)
16:00–17:00	Agenda item 16	Closure of the Sixtieth session of the Regional Committee.

Date and place of the sixty-first session of the WHO Regional Committee for Africa:

Abidjan (Cote d'Ivoire) - 2011

City of Abidjan

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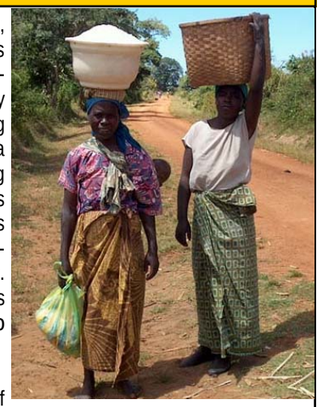
EXCERPTS OF THE MESSAGE OF THE WHO REGIONAL DIRECTOR ON THE OCCASION OF THE ON WOMEN'S HEALTH DAY



Tomorrow, 4th of September, marks the second Women's Health Day in the African Region. This date was set aside by the Regional Committee during its 58th Session in 2008. It is a day for reflection on the growing concerns of Member States about the poor status of women's health in order to identify a lasting solution to address them. The theme for this year is "Effective partnerships: Key to improving women's health".

Women constitute more than half of the population of the African Region. With the major roles they play that are essential for the existence, the survival and the development of societies, they have proved to be the very fabric that binds communities together.

Women, at every stage of their lives, bear the highest burden of morbidity and mortality resulting from various environmental, socio economic and cultural factors. Harmful traditional practices such as female genital mutilation coupled with various infectious and nutritional conditions characterize the life of a girl infant. Gender roles within households and factors associated with sexual vulnerability outside the home make it difficult for the girl child to stay in school, if she has been enrolled in one to begin with. Adolescence is typically characterized by early marriage, sexual violence resulting in STDs and HIV, unwanted pregnancy and unsafe abortion. The reproductive years are the riskiest time of all in an African woman's life span with a very high probability of dying during child birth and the post partum period.

MDG 5 calls for the reduction of maternal mortality ratio by three quarter between 1990 and 2015. While the annual reduction rate needed to achieve this goal is at least 5.5%, it was only 0.1 percent over a whole of 15 year-period between 1990 and 2005. The average MMR in the African Region still stands at 900 per 100,000 live births, with 13 out of the 46 counties having MMRs of over 1000 while only 4 out of the 46 countries have MMRs below 300 per 100,000 live births.

Women's health cannot be addressed single handedly by the health sector alone. It rather requires a comprehensive and multi-sectoral approach which is inclusive of a broad range of key actors.

On the occasion of this second Women's Health Day 2010, I call upon all of us to work in partnership to empower women: empower them to have control over their own health; to have proper education and lead decent lives; to be free from violence and its physical and mental health impacts and to take part in decision-making about everything that affects their health and that of their families.

Prof. Dr. Ivo Garrido
Minister of Health
Mozambique

EXCERPTS FROM THE INTERVIEW WITH THE MINISTER OF HEALTH FROM MOZAMBIQUE

What is the epidemiological situation of cancer of the cervix in Mozambique?

Cancer of the cervix is currently the commonest cancer among women, followed by Kaposi's sarcoma which is unfortunately associated with infection with the AIDS virus.

The situation in my country is serious. Data show that instead of stabilizing the situation is worsening. With time, we are diagnosing an ever increasing number of cervical cancer cases. In addition, it is a cancer which affects young women some of whom are under thirty years of age. The number of cases is expected to rise, which obliged us to work out and define a national cervical cancer control strategy which, basically, is similar to the one that the Regional Committee has adopted.

What actions would you like to propose to combat this problem in the African Region?

The document which we have approved here in Malabo is a policy document in terms of priorities. We now have to have priorities of priorities. We talk of primary, secondary and tertiary prevention. Primary prevention is based on behavioural change and mass immunization of girls. Secondary prevention requires early diagnosis of lesions of the cervix through which more than 80% of Kaposi's sarcoma cases can be prevented, and tertiary prevention is nothing else but the treatment of cases already at an advanced stage.

We, who are responsible for managing these processes in Africa, know that primary prevention is very difficult and very costly. Tertiary prevention is extremely costly and, at present, is not within the reach of African countries because it is based on chemotherapy. Therefore, concerning priorities, we need to understand that for African countries, the priority of priorities lies in secondary prevention which consists in carrying out an early diagnosis.

For us, Africans, the challenge is twofold: the challenge of education for health, to make an ever increasing number of adolescents and women aware of the danger. It is not long since we started doing something in Africa to raise the awareness of women. Yet one of the key areas must be the area of education for health and the other that of creating the conditions for generalizing the early diagnosis of precancerous lesions. These two actions do not require a lot of money. That is why I think that we should count on them.

The solution of a vaccine is very attractive, but our countries cannot afford a vaccine which costs more than 200 dollars because we do not have such financial capacity. Besides being late since the cancer is already there and often at an advanced stage, tertiary prevention is very costly and the results are discouraging. Let us therefore adopt what is called secondary prevention which is within the reach of Africans and, as part of primary education, provide education for health by explaining the risks and telling women the behaviours that they have to adopt and those that they must avoid in order to take precautions against cancer, and inform them that during the years when they can procreate they must regularly consult a physician for screening of cervical lesions. That is the realistic way for African countries. And I think that we should establish partnerships, within the country, for an education for health campaign, with women's organizations, who are the primary concerned persons, as well as with the Ministry of Education and the media.

Dr Eugène Aka Aouelé
Minister of Health and Public Hygiene
Côte d'Ivoire

EXCERPTS FROM THE INTERVIEW WITH THE MINISTER OF HEALTH FROM COTE D'IVOIRE

Mr Minister, do you think that the strategy for addressing the key determinants of health in the African Region can help to achieve the MDGs by 2015?

These are actions proposed, but I believe that the situation has been presented by the WHO Regional Director who was backed by the Director-General and both clearly indicate that, with the support of partners, the various governments of countries of our Region have made progress.

However, it is observed that at the present pace of progress, our countries will not be able to attain the Millennium Development Goals by 2015.

I believe that the blame here basically lies on the widespread poverty in many of our countries which is worsening the deterioration of the health system. The proposed orientations aimed at ensuring a quality health system based on equity and a better distribution of human resources and even wealth can only be a good solution. In the specific case of Côte d'Ivoire which is a post-crisis country, it is necessary to add a good social coverage to all these actions.

What concrete actions are you proposing to facilitate the implementation of this strategy?

In the specific case of Côte d'Ivoire, there is need to strengthen our health system by improving public utilities and strengthening medicine supply systems. I strongly believe that the best way of enabling our people to access health care is to ensure good social coverage.

It can be given any name. We have called it Universal Health Insurance (UHI), but the name or appellation is of no importance. What is important is to ensure real social coverage. It is one of the conditions for the majority of the people to have access to health. To that end, governments should make efforts to implement the Abuja recommendation which requires that the health budget should be no less than 15% of the national budget.

EXCERPTS OF INTERVIEWS

Dr Basilio Ramos
Minister of Health
Cape Verde

What benefits can be derived from the strategy on the social determinants of health to strengthen health systems?

This strategy is very important because it draws the attention of health authorities to the fact that health is not an isolated factor but part of a broader system, and that to solve health sector problems it is necessary to enlist the participation of the other sectors. In this connection, strategies for action on the social determinants of health identify three areas of intervention: constantly improve the living standard of the people, better distribute resources and power in society and, lastly, better understand or be able to understand and measure problems.

Cape Verde has succeeded in mainstreaming the determinants of health. We are among the group of African countries which are on track to achieving the MDGs, not only those related to health, but also MDGs in other areas. We have adopted a strong decentralization policy regarding health infrastructure construction and resource allocation. We have succeeded in establishing health facilities and services as close as possible to the people. In resource distribution, we have build facilities not only in urban but also in rural areas. Today, more than 80% of Cape Verde's population lives less than 30 minutes from a health unit. We have put in place human resources and equipment very close to the people and invested heavily in the building of roads to ensure easy and rapid access to health units.

More than 80% of the people of Cape Verde have access to drinking water, in a country which must de-salt water or collect from sink wells. We virtually do not have children under the age of 14 years who are not attending school. The illiteracy rate among young people is nearly zero. Hence, we have an informed population who take better care of their health. We also have a housing policy because we feel that decent housing is essential for good health. However, it is necessary to coordinate the different sectors of society in order to sustainably improve health and impact the living standard of human beings.

What are you doing, Mr Minister, to have other sectors address the social determinants of health in a coordinated manner?

Health is an important sector in Cape Verde. Since independence, it is considered as a priority sector. The Government of Cape Verde is always investing in people. Education and health now occupy a special place in policies and investments. In investment terms, education is the first sector with 22% of the national budget, followed by health with 9%. Investment in health is a tradition and wager in Cape Verde, to ensure that all people of Cape Verde enjoy conditions enabling them to work and live in dignity.

My position as Minister of State gives me some influence within the Government and as such health can benefit from the priority accorded it since independence.

Dr Modou Diagne Fada
Minister of Health & prevention
Senegal

What is your assessment of health development in Africa following the presentation of the biennial report of the WHO Regional Director?

It is an excellent report; an exhaustive report which reviews all health problems of our Region.

A coherent strategy has been identified and key ideas provided for each point developed, most of which are shared by Member States of the WHO African Region. It is in-depth and thorough work done by the Regional Office for Africa. It is a report that includes most problems discussed across the continent.

What are the strategies that Member States of the WHO African Region should implement to improve the health status of their people?

There is a strategy for each health problem. If you take the social determinants of health, it is clear that health itself has meaning only when it is integrated into a system with strict intersectorality.

We cannot manage the people's health problems if we do not manage issues relating to safe water, sanitation, a healthy environment, food safety, management of children from infancy in order to inculcate in them values conducive to health, and without increasingly raising the awareness of the people to enable them to adopt good hygiene behaviours.

All these measures should enable us adopt a sound strategy regarding the key social determinants of health. On alcohol, it is evident that the excessive consumption of alcohol is a health problem. We are not saying that alcohol should not be consumed, but we are saying that it should not be abused. We think that the best way not to abuse it is to ensure that the product is as much as possible inaccessible.

To that end, increased taxation of products such as alcohol and tobacco, to cause the rich not to spend all their money on alcohol and the poor not to indulge in excessive alcohol consumption, seems to me to be a good solution.

The tax revenues generated from tobacco and alcohol should be reinvested in health facilities, the infrastructure sector and in the free management of some health problems such as caesarean sections, health of the elderly and children and purchase of antiretroviral and anti-tuberculosis drugs.

Concerning routine immunization, for instance, approaches must be integrated. There is therefore need for a regional or at least subregional approach such as national synchronized immunization days.

Prof. Christian Chukwu
Minister of Health
Federal Republic of Nigeria

Nigeria was able to reduce polio virus transmission more than 90%. What lessons would you like to share ?

Nigeria has reduced transmission of the wild polio virus by 98%. So this is very significant, and the target for Nigeria is at by the end of this year we should have zero transmission, so in that way we then be on our way to been declared a polio free country.

We were able to do that because we later recognized the need to involve the community and own the programme. The delay in Nigeria eradicating polio was because there were misconceptions in some areas of Nigeria. We are dealing with culture, and religion. As soon as we realized this and were able to bring in traditional rulers, traditional institutions, faith based organizations, religious leaders and they understood it properly (we did serious advocacy). They in turn were able to get their people to accept that polio vaccine was safe and indeed was beneficial. As soon as we did this, they now owned the programme, they now took over the driving seat, and together with our international development partners, including the WHO, CDC, the Bill and Melinda Gates Foundation, the World Bank among others we are now on the right track to eradicate polio in Nigeria.

These are lessons we think we can tell the rest of the world particularly other African countries that in every program we must involve the community, involve the community down to the least man or woman.

How is your country using EPI interventions to strengthen the national health system?

Nigeria has been able to improve our surveillance system. In fact the recent disaster we had in Nigeria related to illegal gold mining activities in Zafara State was discovered through our polio mechanism. We are also using it to drive others aspects of MDG 4 and 5, and notably the routine immunizations and maternal health. Nigeria has started a midwives services scheme so we are empowering our midwives that are being trained under this programme to also deliver OPV and encourage them to do also others aspects of mother and child health. We don't want to develop others vertical programs but to use the existing programmes as a way of integrating all our programmes horizontally.

What about multisectorial interventions? How do you persuade other ministers to strengthen the health system?

Nigeria is a federal state, and I am the Federal Minister of Health, but at the state level we have Commissioners for Health and at the local government we have Medical Officers of Health. These three tiers have been integrated under the National Economic Council. Through that Council it was recently established a national task force to drive and accelerate the MDGs. Then, in terms of intersectorial collaboration, we have an interministerial committee that propose policies but also monitor and evaluate progress that has been made on MDGs.