

Report on 72nd Session of the of the World Health Organization (WHO) Regional Committee for Africa Lomé, Togo

22 – 26 August, 2022



Submitted to: World Obesity Federation

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1.0. Introduction

The 72nd Session of the of the World Health Organization (WHO) Regional Committee for Africa (RC72) took place in Lome, Togo from 22 – 26 August, 2022. The meeting brought together African health ministers, government representatives, representatives from United Nations agencies, nongovernmental organizations, civil society, academia and development partners to discuss and agree on measures to lower the burden of diseases, seek ways to curb the drivers of ill health and endorse strategies to promote access to health services and well-being across the continent. The meeting was held in a hybrid format (both physical and virtual) at the Lomé International Conference Center.

2.0. Opening

The 72nd Session was opened by the President of the Republic of Togo, H.E President Faure Essozimna Gnassingbé. In his opening remarks, the President said that health is a priority for social cohesion, a priority which is at the heart of his government's development policy. The Health Minister of Togo, Prof. Moustafa Mijiyawa, was elated for Togo to host the meeting for the first time and called it an extraordinary moment in the history of Togo. The African Union Commissioner for Health, Humanitarian and Social Development Affairs, H. E. Minata Samaté Cessouma, called for a substantial and strategic investment in health systems in Africa for health and global economic security. She highlighted several challenges bedeviling the African region including the impacts of the COVID-19 pandemic, outbreaks of communicable diseases, the rising burden of chronic diseases such as diabetes, conflicts particularly in the Horn of Africa and climate change. Dr. Matshidiso Moeti, WHO Regional Director for Africa also stressed the impact COVID-19 has had on the African region including 22 million job losses, 30 million people pushed into poverty and health inequities which is a key driver of vulnerability to disease and illness. She said “Equity is a key factor in health outcomes in Africa and globally. Nothing has better demonstrated the urgency of addressing it comprehensively and effectively than this pandemic”.

In his opening remarks, WHO Director-General, Dr. Tedros Adhanom Ghebreyesus called on all Member States to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes and creating the conditions for health to thrive. “Much of the work that you do as Ministries of Health is dealing with the consequences of poor diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health,” the WHO Director General added. Being an African, he was excited to kick-start his second five-year term in office in Africa and outlined his 5 top priorities for his second term which includes *Promoting health; Providing health; Protecting health; Powering health* and *Performing and partnering for health*.

During the opening, Togo received an award for being the first country in the world to be recognized by WHO for eliminating four neglected tropical diseases namely *lymphatic filariasis* (commonly known as elephantiasis), *human African trypanosomiasis*, or sleeping sickness, *trachoma* – an eye infection that can cause irreversible blindness – and *Guinea worm*.



Opening at the 72nd Session of the of the WHO Regional Committee for Africa

3.0. RC72 Meeting, Panel discussions and side events

The five-day event saw the adoption of regional policies, activities and financial plans to improve the health and well-being of Africans. A number of panel discussions were also held to discuss pertinent health issues in Africa and possible solutions. In addition, statements were taken from several civil society organizations and development partners on a wide range of health issues.

The meeting was chaired by the Health Minister of Togo, Prof. Moustafa Mijiyawa with the support of two Vice Chairs, Dr. Khumbize Kandodo Chiponda and Dr. Jane Ruth Aceng, Health Ministers of Malawi and Uganda respectively.

Annual report of the Regional Director on the work of WHO in the African Region

At the start of the meeting, the WHO Regional Director for Africa, Dr. Matshidiso Moeti, presented her annual report which covered the activities of the Secretariat during the period from

1 July 2021 to 30 June 2022, and highlighted the major achievements, challenges, as well as future priorities for the coming year. She thanked the Ministers of Health for their commitment, leadership and cooperation, as well as partners for their unwavering collaboration in improving the overall health of Africans despite the many challenges. Some of the successes chalked over the last year includes a coordinated multi-sectoral response to the COVID-19 pandemic which has seen nearly 194 million people (17% of the Region's population) now fully vaccinated – up from 31 million this time last year, more than 120 innovations piloted or adopted by Member States, leading to improved programme delivery at country level, the establishment of Partnerships for African Vaccine Manufacturing (PAVM) to support local vaccine and medicine manufacturing, implementation of multisectoral actions to promote healthy lifestyles, healthy ageing and physical activity in 20 Member States, among others. Key challenges include a vertical, disease-oriented and inflexible funding model which reduces opportunities for integration and more efficiencies and low funding for multisectoral social determinants of health, prevention of disease, and tackling noncommunicable diseases. Going forward, Dr. Moeti said that the Secretariat will be guided by the five interconnected WHO priorities: prevention of noncommunicable diseases, a focus on primary health care, preparing for health and humanitarian emergencies, investing in research innovation and technology, and strengthening WHO to effectively support Member States.

Noncommunicable diseases (NCDs) Strategy for the WHO African Region

The treatment and prevention of noncommunicable diseases (NCDs) remains a priority for the WHO Africa Secretariat. According to WHO, Africa is experiencing a rising burden of noncommunicable diseases (NCDs) such as diabetes, heart disease and sickle cell disease. In most parts of Africa, care for noncommunicable diseases is concentrated at tertiary health facilities which are mostly located in large cities. This exacerbates health inequities, as it puts care beyond the reach of people in most rural, peri-urban and lower-income communities or groups, people who can at best only access district hospitals and local health centers. In Africa, however, these lower-level facilities usually lack the capacity and resources to effectively manage severe noncommunicable diseases.

To tackle the burden of chronic and severe NCDs, the secretariat presented the Package of Essential Noncommunicable Disease Interventions-Plus (PEN-Plus) strategy to the delegates attending the 72nd Session of the WHO Regional Committee for Africa (RC72). The strategy proposes priority interventions covering training and mentoring of staff, resource mobilization, multisectoral action, service delivery, data collection, innovation, and research. It also proposes approaches to improve efficiency by providing standardized protocol-based management of severe NCDs. The WHO-PEN has shown promising results in pilot programmes in Liberia, Malawi and Rwanda leading to an increase in the number of patients accessing care for severe non-communicable diseases resulting in improved outcomes among people affected by NCDs.

In his presentation, the Director of Communicable and Noncommunicable Diseases cluster, Dr. Benido Mpouma stated that globally, NCDs are the main cause of illness and death accounting for 71% of global deaths. In the African Region, the proportion of deaths due to NCDs ranges from 27% to 88% among member states. Due to weak capacity for early diagnosis, management and care of NCDs, deaths attributed to NCDs have increased from 24.2% in 2000 to 37.1% in 2019 in the African Region. According to Dr. Mpouma, the African region is also battling a high burden of communicable diseases. This “double burden” of disease has negatively impacted the capacity to respond to and allocate financial resources to NCD management due to competing demands.

Several Member States provided inputs and comments to the strategy. While Namibia is heavily promoting healthy lifestyles to deal with NCDs, Gambia is considering introducing a tax on sugary drinks to reduce the intake of sugary drinks and Mauritania introduced physical activity programs which has reduced hypertension and diabetes. Member States shared best practices and innovative approaches to address NCD care at Primary Health Care (PHC) level, including involvement of community health workers. Kenya is working with World Diabetes Foundation to implement treatment of Type 1 diabetes in healthcare centers and Eswatini has trained most health workers at primary and tertiary level in NCD care. Member States observed that investing in NCD programs at PHC level will strengthen the entire health system and contribute to attainment of SDG 3. Furthermore, they urged WHO secretariat to support resource mobilization including development of NCD investment cases. Additionally, all countries requested for tailored technical support to strengthen NCD programs since they are at different stages of implementing WHO-PEN. All the Health Ministers unanimously adopted the strategy.

Other strategies adopted at the 72nd Session of the of the WHO Regional Committee for Africa include Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region; Regional strategy for health security and emergencies 2022–2030; Updated Regional strategy for the management of environmental determinants of human health in the African Region 2022–2032, and Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022-2030.

World Obesity welcomes NCDs Strategy

During the meeting, civil society organizations were given the opportunity to make a statement on the NCDs strategy including World Obesity Federation (WOF), Movendi International, the International Society of Physical and Rehabilitation Medicine, Federation of African Medical Students' Associations, among others. I was privileged to deliver WOF statement which welcomed the regional strategy to address severe NCDs. The statement read as follows:

“World Obesity welcomes the regional strategy to address severe NCDs. Obesity is an important NCD as well as a risk factor which, once low across the African region, is rapidly rising, especially amongst women. The new global obesity recommendations and accompanying Acceleration Plan adopted at this year’s World Health Assembly provide a framework to address obesity in health systems, and we congratulate those countries in the region which are considering or have already put themselves forward as front-runner countries. This regional strategy on severe NCDs should incorporate some of these obesity recommendations, including on healthcare professional training, screening in primary care and the use of multi-disciplinary teams. This is needed in parallel to reducing the double burden of malnutrition within nutrition and NCD prevention programmes. Action now to prevent obesity and other NCDs is needed to reduce the potential impact that obesity will have on health service needs in the region.”



Mr. Emmanuel Akoto, President, BeActive Foundation Ghana, Delivers WOF Statement at RC72

Regional Campaign against Sickle Cell Disease (SCD)

A campaign to bolster political will and engagement as well as advocate for financial resources for sickle cell disease prevention and control was launched at a side-event at RC72. The campaign sought to raise public awareness of the disease in schools, communities, health institutions and the media as well as advocate for strengthening health systems to provide quality services with equitable access to medicines and innovative tools. More than 66% of the 120 million people affected worldwide by sickle cell disease live in Africa. In 2019, over 38,400 deaths from sickle cell disease were recorded in the African Region representing a 26 % increase from 2000.

According to Dr. Matshidiso Moeti, WHO Regional Director for Africa, most African countries do not have the necessary resources to provide comprehensive care for people with sickle cell disease despite the availability of proven cost-effective interventions for prevention, early diagnosis and management of this condition. It was therefore crucial for her to shine the spotlight on this disease and help improve the quality of life of those living with the disease.

At the launch, some Member States shared experiences and best practices on how they are tackling Sickle-Cell Disease. Some of the strategies included integration of sickle cell disease care with other health programmes, providing new-born screening for sickle cell disease at primary health care level, taking advantage of existing funding mechanisms to include sickle cell disease interventions, health education, adequate hydration, as well as strengthening coordination and building partnerships.

The Member States and partners called for strengthening collaboration and partnerships coupled with research and increased investment to combat sickle cell disease in Africa. The campaign was supported by partners including the World Bank, the United States Department of Human and Health Services, Novartis Foundation, and Global Blood Therapeutics and Sickle in Africa.

Contract Based Management of Health Facilities

The delegates of the 72nd Session of the WHO Regional Committee for Africa (RC72) also discussed experiences of contracting the private sector to manage public health facilities. This was during a side event hosted by Togo's Minister of Health, Prof. Moustafa Mijiyawa on the sidelines of the RC72. The Minister said the government of Togo introduced the contract-based approach in the country to address the low quality of health services provided at public health facilities despite increased investments in human resources and commodity security across all levels from tertiary facilities to rural facilities. According to the Minister, they noticed that the quality of services in a teaching hospital in Lomé that had five times more paramedics for example, was the same as a peripheral facility in Northern Togo.

Panel Discussions and Side Events

A number of side events and panel discussions were held during RC72 to discuss pertinent health topics such as Rethinking and rebuilding resilient health systems in Africa to achieve universal health coverage and health security; Combating substandard and falsified medicines in Africa: a collaborative and integrative approach; Towards political leadership to end childhood TB by 2030; Responding with speed and quality - Addressing the ongoing threat of polio in the African Region; and Building resilient health systems in Africa through improved leadership, management, and governance: The WHO AFRO Pathways to Leadership Programme for Member States.

On the subject of combating substandard and falsified medicines, the African Union Commissioner for Health, Humanitarian and Social Development Affairs, H. E. Minata Samaté Cessouma, said the AU is in the process of establishing the Africa Medicines Agency (AMA) in Kigali, Rwanda, which will strengthen the regulatory environment to guarantee access to quality,

safe and efficacious medicines, medical products, and technologies on the continent, which forms part of Agenda 2063.

WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, pledged WHO's continued financial and technical support for the work of the African Center of Disease Control (Africa CDC), noting that he had in fact helped birth the agency with a proposal for its creation at an African Union summit in July 2013 when he was Ethiopia's foreign minister. He also pledged continued technical and financial support to the African Medicines Agency (AMA), to support greater regulatory capacity on the continent.

The WHO AFRO pathways to leadership for health transformation program is part of the WHO AFRO transformation agenda. The program is a highly interactive, fast-paced, practical leadership and management development experience which seeks to develop a new breed of agile leaders for whom learning and self-reflection will become a new way of doing business. The program targets staff in leadership positions such as directors, managers, team leads that work with national entities, ministries, NGOs and international organizations and participants in the program are selected by WHO and the ministries of health. Some beneficiaries of the program shared how the program has improved their leadership abilities and increased their awareness of emotional intelligence. Dr Francis Kasolo, WHO representative in Ghana gave the prospects for the continuation of the program in Ghana using training institutions.

Most panelists during the various panel discussions called for effective leadership, stronger collaboration and partnerships and greater investments in the health sector which has traditionally received low funding from national governments. The need for capacity building for healthcare and frontline workers was also highlighted.

Ministerial conference dinner on Artificial Intelligence for Health

The COVID-19 pandemic triggered an unprecedented demand for digital technology-based solutions in screening populations, tracking infections and minimizing direct human contact. To leverage the use of technologies in the African Region and strengthen health systems, WHO, International Telecommunication Union (ITU) and USAID presented to Member States the importance of artificial intelligence (AI) and its safe and effective use in the African region.

In her opening remarks, Togo's Minister of Digital Economy and Transformation, Ms. Cina Lawson, the host of the side event, said technologies like AI have the potential to offer new insights and tools to improve clinical decision-making and predictive analytics for health emergency preparedness, mitigate workforce shortages, tailor programmes targeting at areas of greatest need, improve forecasting of disease outbreaks and bring efficiencies to health service delivery.

Dr. Matshidiso Moeti, WHO Regional Director for Africa added that, “COVID-19 will not be the last health threat to our societies and economies. As such, we need to heed the lessons it has delivered - the urgent need for new skills, approaches, and tools such as AI - to ensure we are better prepared for the next big shock event”. She said “The potential of AI to advance our countries towards the achievement of Universal Health Coverage is very clear. As WHO, we are fully committed to supporting Member States to reap all benefits.” She urged Member States to make full use of AI to improve health outcomes of Africans. Following the WHO global strategy on digital health and the WHO AFRO Framework for Implementing the Global Strategy on digital health in the WHO African Region, the Regional Office is working with partners to generate reference materials relevant to AI for health in the context of the African region.

Networking

During the meeting, I had the privilege of expanding my network and meeting several key decision makers from Member States and high-level WHO executives including the WHO Director-General, Dr. Tedros Adhanom Ghebreyesus. I shared with him World Obesity’s global efforts to reduce, prevent and treat obesity and told him World Obesity welcomes the new WHO recommendations on the prevention and management of obesity and the WHO Acceleration Plan on obesity. I also met WHO Regional Director for Africa, Dr. Matshidiso Moeti, and thanked her for her excellent work in improving the overall health and wellbeing of Africans and shared similar sentiments with her.

Most of the African Health Ministers I interacted with including the ministers and officials from Botswana, Namibia and South Africa shared with me the growing problem of obesity in their respective countries and would welcome any assistance or some sort of support from World Obesity to address it.



*(Left) With
WHO-Director
General, Dr.
Tedros
Ghebreyesus*

&

*(Right) WHO
Regional
Director for
Africa, Dr.
Matshidiso Moeti*

4.0. Closing

The 72nd session of the WHO Regional Committee for Africa came to an end on Friday, 26 August, 2022 with discussions among Member States on the agenda, dates and venue for the next regional meeting. Member States agreed to have the next regional meeting from 28th August to 1st September, 2023. Mauritius and Botswana pitched to host the event and Member States overwhelmingly voted for Botswana, especially given that next year will be the last year of the WHO Regional Director for Africa, Dr. Matshidiso Moeti, who hails from Botswana. Member States thought this will be a great way to honor her for her excellent service and leadership as WHO Regional Director for Africa.

In her closing remarks, Dr. Matshidiso Moeti, thanked His Excellency President Faure Essozimna Gnassingbé of Togo for presiding over the opening ceremony, the Minister of Health of Togo, Professor Moustafa Mijiyawa, the AFRO team and the National Committee that helped organize the meeting. She also thanked the ministers, all participants and delegates who joined virtually.

Global Fund held a final side event to call for support for the replenishment of the Seventh Global Fund. According to the Global Fund Board Chair, Dr. Donald Kaberuka, Global Fund needs \$18billion to build strong systems for health and pandemic preparedness and help the world get back on track in ending HIV/AIDS, Malaria and Tuberculosis.

Delegates and participants were later treated to a planned site visit of touristic sites in Lome.

5.0. Final words

I would like to express my deepest appreciation to World Obesity Federation (WOF) for giving me the opportunity to not only participate in the 72nd session of the WHO Regional Committee for Africa but to deliver WOF statement during the meeting. The meeting served as a great platform to deepen my knowledge of health issues across the African region, learn about the work of the WHO in Africa and above all, expanded my networks. It was truly a valuable experience which has spurred me on to continue to work to prevent and curb obesity rates in Ghana and the region.

Thank you. Merci beaucoup! Medase!