Luanda, 22 November 2012 – A **report** on the **work** of the **World Health Organization** (WHO) in the African Region has been presented by its Regional Director for Africa, Dr Luis Sambo, to the 62nd session of the WHO Regional Committee for Africa taking place in Luanda, Angola.

The report, entitled “The Work of WHO in the African Region” highlights the significant achievements made by the Organization during the biennium 2010-2011, describes the challenges faced as it works with countries to improve the health of Africans.

The Regional Director noted that the work of the Organization was carried out at a time when many African countries face a heavy burden of both communicable (infectious) and noncommunicable diseases, with attendant high numbers of maternal and infant deaths.

In addition, the current financial crisis resulted in a significant reduction of funding to WHO and made it challenging to respond to the needs of countries. Despite these constraints, significant progress was made in the implementation of the WHO Programme Budget – the Organization´s Plan to support countries to improve health.

He reported that an important achievement during the biennium included strengthening the alliance between the health and finance ministries to ensure that adequate resources are allocated to improve people´s health.

The Regional Director observed that as lead agency of the health cluster on humanitarian assistance, WHO improved resource mobilization, effectiveness, coordination and strengthened partnerships to ensure that in times of disasters and emergencies prompt effective response is carried out to save lives. A Strategic Health Operations Centre (SHOC) was established at the Regional Office in Brazzaville to further improve coordination and timeliness of responses to

disease outbreaks and other public health emergencies in the African Region.

Dr Sambo noted that during the 2010 – 2011 biennium, WHO helped countries to improve the ability of health workers at all levels to plan, implement, and evaluate health policies and plans. Referring to the Organization´s important role in generating evidence-based policies he cited the WHO report, '*Addressing the Challenge of Women's Health in Africa*', that carefully analyses women's health issues and describes how important health is in realising the potential that women have, to contribute significantly to the socioeconomic development of the Region.

The Organization also strengthened Integrated Disease Surveillance systems in countries and supported African countries to commit to key strategic agreements such as the landmark Brazzaville Declaration on noncommunicable diseases. Three quarters of countries in the Region have now developed and are implementing integrated action plans against noncommunicable disease.

.In 2010 and 2011, the WHO African Region achieved important improvements in some health areas. These include an increase in the proportion of pregnant women living with HIV who received antiretroviral medicine for preventing transmission of the virus to their babies: from 54% in 2009 to 60% in 2010. Additionally, an estimated 5.1 million people with advanced HIV infection were receiving anti-retroviral therapy in 2010 as compared with 3.9 million in 2009. The burden of malaria in the Region fell in 2010, with 12 countries recording more than 50% reduction in either confirmed malaria cases or malaria admissions and deaths.

The Regional Director observed that systems for disease surveillance and trend monitoring have been strengthened. The International Health Regulations (IHR 2005), nutrition and noncommunicable diseases have been incorporated into Integrated Disease Surveillance and Response (IDSR), creating a single platform for vital monitoring of disease trends and impact of interventions. The African Health Observatory has been launched by WHO and will support countries in information generation and sharing for policy and decision-making as well monitoring of health status and trends. The Organization has also produced the Atlas of Health Statistics for 2011, with detailed statistical profiles of all 46 countries, which is a resource for understanding trends and making comparison between countries.

The report notes that a key challenge for the African Region has been how to mitigate the impact of the global financial crisis on funding to priority programmes which are important in improving peoples health. Given that the programme areas at WHO most affected by funding

shortfalls are those where countries require the most support, a major challenge was to maintain an effective level of response to requests for technical support from countries.

The report also draws attention to the persistent weakness of health systems, including insufficient human resources that have the required range of competencies; inadequate procurement and supply management systems; inadequate data collection and information systems; and ineffective accountability mechanisms. The effective engagement of communities in promoting their own health and influencing the quality of services delivered is also a challenge. Insecurity in parts of some countries has also affected the optimal delivery of technical support.

Dr. Sambo also highlighted the main lessons learnt during the 2010-2011 biennium. The burden of priority health problems can be reduced by scaling-up proven high impact interventions such as antiretroviral therapy for HIV/AIDS; (ART), Directly Observed Treatment Short (DOTS) course strategy for TB control , and for malaria, Insecticide-treated bed nets **(***ITNs),* Long Lasting Impregnated Bednets (LLINs) and artemisinin-based combination therapy (*ACTs*). He pointed out that cross-border collaboration between African countries in the area of epidemic preparedness and response, collaboration with partners, the pre-positioning of emergency kits and the establishment of rapid response teams in the field contributed to rapid containment and effective control of outbreaks and other disasters.

Continuous collaboration with other UN agencies and development partners facilitated WHO support to countries in Africa. The Harmonization for Health in Africa partnership which brings different health organizations together, serves as a useful platform for working together to improve people’s health and has been a worthwhile investment.

Concluding his report, the Regional Director pointed out that working with African countries and partners, including private sector organizations,has been very productive. An example is the Meningitis Vaccine Project (MVP), a joint effort that led to development of a new, effective meningitis A vaccine (MenAfriVac) which has dramatically reduced the number of cases of meningococcal meningitis A in some countries where this disease is an important problem.