HEALTH DIPLOMACY INTENSIFIED TO IMPROVE AFRICA’S HEALTH

Since the end of the Cold War, state and non-state actors – including WHO – have come to rely on health diplomacy, in its various forms, to advocate for the improvement of the health status of populations including those in the African Region.

In the history of health diplomacy, 10 February 2006, 11 February 2011 and 10 February 2012 have symbolic and practical significance for the African Region of WHO. On these dates, WHO, under the leadership of its Regional Director for Africa Dr Luis Sambo, organized information and sensitization sessions for diplomats accredited to the Republic of Congo and based in Brazzaville where the Africa Regional Office of WHO has been hosted since 1952.

Rationale for engaging the diplomatic community

“The central aim of these encounters has been to engage and influence foreign policy and development actors and processes that impact on the broad area of development cooperation, and to facilitate action to promote and protect the health of the people of Africa”, says Dr Matshidiso Moeti, Deputy Regional Director at the WHO Regional Office for Africa.

In steering the 10 February 2012 meeting, Dr Sambo, once again, highlighted the health situation in Africa and made concrete proposals for action by suggesting proven, evidence-based, and high impact interventions to address the health challenges facing the Region. He clearly outlined the strategic directions that guide WHO’s current work in Africa (2010–2015) and gave the audience an insight into on-going reforms. He left his audience with some very clear, unambiguous key messages.

These can be summarized as follows:

• Greater efforts are needed from African countries and development partners to achieve the improvements set out in the Millennium Development Goals.
• No efforts must be spared to stop wild poliovirus circulation in Africa in 2012.
• National governments need to make more investments in health (more money for health and more health for money spent).
• Specifically, African governments must strive to meet the commitment of heads of state to allocate 15% of their national budgets to health as stated in the Abuja Declaration.
• Governments should support WHO in expeditiously operationalizing the African Public Health Emergency Fund.
• The global financial crisis has adversely impacted WHO; therefore, national governments and the international community should rally around WHO to ensure minimum disruption of its work in Africa.

Response of the diplomatic community

“We shall do our job by relaying the information you have provided us to our home governments”, said the Mrs Marie Charlotte Fayanga, Dean of the Diplomatic Corps in Brazzaville and Ambassador of the Central African Republic to Congo.

Mrs Fayanga was joined by the Congolese Health Minister, Professor Georges Moyen, in lauding the initiative to set up the African Public Health Emergency Fund which, Dr Sambo had hinted, was already receiving contributions from some Member States.

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A number of diplomats who took the floor, unreservedly complimented WHO for institutionalizing the forum as a unique platform for sharing experiences in the broad field of development cooperation and, in particular, in the area of health development.

Indeed, His Excellency Amandin Rugira, the Rwandan Ambassador to the Democratic Republic of Congo (who has concurrent accreditation to the Republic of Congo) proposed that WHO should invite all heads of missions who have concurrent accreditation to the Republic of Congo to future editions of the forum.

Conclusion
The universal agreement that health is fundamental makes health diplomacy a potent tool that could help African governments and their development partners make a difference to Africa’s health status. A well known example of WHO leadership in health diplomacy at global level is the successful conclusion of the Framework Convention on Tobacco Control, signed in 2003, “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.”

A healthy population is a key requirement for socioeconomic development and the ongoing advocacy by Africa’s health leaders, like Dr Sambo, with national governments and development partners should continue to yield dividends and propel the people of Africa to achieve the ultimate goal of health – “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Dr Luis Gomes Sambo has taken the initial bold first steps in aiming for this goal.

WHO RELEASES FIRST EVER NORMATIVE GUIDANCE ON DIAGNOSIS, PREVENTION AND MANAGEMENT OF A MAJOR CAUSE OF DEATH OF PEOPLE LIVING WITH HIV/AIDS CRYPTOCOCCAL DISEASE

On 7 December 2011 WHO released the first ever normative guidance document on the prevention, diagnosis and management of cryptococcal disease which ranks among the top causes of death among people living with HIV/AIDS. Cryptococcal disease, a little known but one of most important opportunistic infections in humans, is believed to account for between 13% and 44% of deaths in HIV-infected cohorts in resource-limited settings.

The WHO publication, officially launched in March 2012, is entitled Rapid advice: Diagnosis, prevention and management of cryptococcal disease in HIV-infected adults, adolescents and children.

Rapid advice was released during a side event at the Sixteenth International Conference on HIV/AIDS and Sexually Transmitted Diseases held from 4 to 6 December 2011 in Addis Ababa. The document outlines standards for high quality care of persons living with HIV infection and patients with cryptococcal disease, by providing evidence-based recommendations that consider the risks and benefits, acceptability, feasibility, cost and other resource implications.

Rapid advice recommends six broad areas of intervention including, early diagnosis and treatment; prevention of the disease by initiating early antiretroviral therapy (ART); and the induction, consolidation and maintenance of treatment regimens. Other broad action areas of intervention include adhering to a minimal package of toxicity prevention; monitoring and management of amphotericin B (a medicine used for the treatment of cryptococcal disease); and optimal timing of ART initiation or provider-initiated HIV testing and counselling and referral for HIV care services in order to facilitate early HIV diagnosis and uptake of ART. The sixth general area of intervention is the discontinuation of treatment in adults and adolescents with successfully treated cryptococcal disease. However, this recommendation also advises the continuation of treatment in children less than two years old. In sub-Saharan Africa alone, where more than 500 000 deaths occur each year due to cryptococcal meningitis, the commonest presentation of HIV-related cryptococcal disease is in adults.

To download Rapid advice go to: http://www.who.int/hiv/pub/cryptococcal_disease2011/en/