

# News and events

## Dr Sambo calls for more and better coordinated stakeholder support for countries to defeat NTDs

The World Health Organization Regional Director for Africa, Dr Luis Sambo, has called for increased commitment and better coordinated support by partners and donors to tackle neglected tropical diseases (NTDs) which affect mainly people living in rural areas. Dr Sambo made the call in an address to the opening session of a consultative meeting on NTDs which was held from 20 to 22 March in Brazzaville.

In the address, the Regional Director acknowledged the support of the pharmaceutical industry, donors, national governments, experts and the research community as well as non-governmental development organizations towards the reduction of the burden of NTDs in the Region. "With such massive support and commitment from stakeholders, we are set towards making NTDs history," Dr Sambo said in the address read on his behalf by the Deputy Regional Director at the WHO Regional Office for Africa, Dr Matshidiso Moeti.

The Regional Director also spoke of the negative health and economic impacts of the diseases on people, and illustrated the gravity of the NTD burden with the consequences of being infected with intestinal worms or river blindness. He said, "Mothers and children, who are infected with soil transmitted helminthiases (intestinal worms) develop anaemia and other complications as the disease progresses. Some children drop out of school in order to take care of their parents who are disabled by NTDs such as trachoma, onchocerciasis (river blindness) and lymphatic filariasis (elephantiasis). This often results in little or no education for these children...and this perpetuates the cycle of poverty for families."

**"These diseases have been neglected for far too long and it is heartening to note that countries in our region and the international community are now uniting to tackle them – and to change the lives of millions of people suffering or affected by NTDs."**



Dr Sambo expressed satisfaction with the steady progress being made in delivering interventions to control NTDs and in strengthening national NTD programmes in the Region. He stated that this progress was exemplified by the delivery in 2011 of medicines to 203 million people at risk of elephantiasis, bilharzia, river blindness and intestinal worms. In addition cases of sleeping sickness, leprosy and Buruli ulcer are on the decline and three additional countries – Burkina Faso, Eritrea and Togo have been confirmed free of local transmission of Guinea worm disease. "With these examples, there is hope that countries in the Region can eliminate NTDs," Dr Sambo added. "These diseases have been neglected for far too long and it is heartening to note that countries in our region and the international community are now uniting to tackle them – and to change the lives of millions of people suffering or affected by NTDs."

On the all-important issue of coordination, Dr Sambo acknowledged the serious efforts being made by countries to integrate their NTD programmes and interventions, for more efficient and effective action, and acceleration of progress. He stated that these efforts would be helped by improved coordination of NTD stakeholders in countries and urged the permanent secretaries and high-level government officials as well as other partners at the meeting to deliberate on innovative and effective coordination mechanisms that can

improve synergies, reduce transaction costs for all and assure better results and impact. The Regional Director also said that the pace of progress was not sufficient as more needed to be done to achieve the 2020 NTD goals of controlling and eliminating ten NTDs by the end of the decade.

On funding, Dr Sambo informed participants that the WHO Regional Office for Africa had prepared the financial resource requirements and gaps for national NTD programmes, based on country NTD master plans, and taking into account the 2020 NTD goals. While calling for more commitment from Member States, donors and partners, he commended Ghana for setting aside US\$ 1 million for its NTD programme in 2012, and Nigeria for committing US\$ 5 million to the Ouagadougou-based African Programme for Onchocerciasis Control Programme.

Concluding, Dr Sambo pledged WHO's commitment to harmonizing country and stakeholders' efforts and creating an enabling environment for accelerating the implementation of NTD programmes in African Region.

The three-day meeting was attended by about 70 participants including permanent secretaries, technical experts and directors of medical services from Ministries of Health, representatives of donors and pharmaceutical firms, non-governmental development organizations and other experts. ■

## African leaders urged to increase domestic funding to sustain interventions and “defeat malaria

“As we project into the next 50 years in the fight against malaria, we as Africans must create innovative domestic and national health financing models. We cannot and should not continue to rely on external funding for health. The experience of the last few years has shown that external funding is neither predictable nor assured.” This plea for increased domestic funding to fight malaria was made by the African Union Commissioner for Social Affairs, Dr Mustapha Sidiki Kaloko, during a breakfast discussion held in Addis Ababa on 25 April in commemoration of World Malaria Day 2013.

The high-level breakfast session, co-hosted by the African Union (AU) and the Roll Back Malaria Partnership (RBM), was attended by WHO Regional Director for Africa, Dr Luis Sambo (representing UN agencies), the Executive Director of RBM, Dr Fatoumata Nafu-Traoré, and ministers who were in the Ethiopian capital for the AU’s Sixth Conference of Ministers of Health meeting.

In his remarks, Dr Luis Sambo, emphasized that increased domestic and external funding was needed to ensure that adequate quantities of quality commodities – including long-lasting insecticide treated nets, insecticides, rapid tests, microscopes,

reagents and antimalarial medicines – were accessible and used rationally.

The RBM Executive Director said, “In Africa alone, where the (malaria) burden is highest, we now face an estimated funding gap of US\$ 3.6 billion per year through 2015 to achieve universal coverage of the cost-effective, life-saving interventions for all those in need. We must come together to invest our resources more effectively – including international aid and domestic financing for malaria.”

Global financing for malaria has grown sharply in recent years, peaking at US\$ 1.8 billion in 2010 – up from US\$ 200 million in 2004 – and highlighting the cost-effectiveness of malaria interventions. Investments in malaria have proven to save lives and advance progress against other health indicators across the board.

Over the past two years, there has been concern over a slowdown in external funding for malaria programmes globally. However, it is expected that the forthcoming replenishment of the Global Fund to fight HIV/AIDS, tuberculosis and malaria would mark a significant milestone in reversing this trend. Sustainable domestic funding, including innovative approaches such as



sound public-private partnerships and the application of corporate social responsibility principles, remain a pre-requisite for the long-term success of malaria control and elimination efforts in the African Region.

Despite advances in prevention, diagnostics and treatment, 219 million malaria cases were reported globally in 2011 causing 660 000 deaths. Around 90% of all cases occur in Africa, where the disease kills a child every minute and costs the continent an estimated US\$ 12 billion each year in lost productivity alone. ■

## Meeting sets out guidelines on how to operate the African Public Health Emergency Fund

The first meeting of the Monitoring Committee of the African Public Health Emergency Fund (APHEF) held in Brazzaville on 8 May reviewed, refined and endorsed the manual which will guide the operations of the fund. The two-day meeting, chaired by the Minister of Health of Gabon, Prof. Leon N’Zouba, was attended by the Representative of the Minister of Health of Nigeria, Prof. Abdulsalami Nasidi, the respective delegations of the two countries, the WHO Regional Director for Africa, Dr Luis Sambo, and other members of the APHEF Secretariat.

Speaking to reporters at the end of the meeting, Prof. N’Zouba, said, “We have so many emergencies in Africa and a structure like APHEF is indispensable to ensure rapid response.”

To date five countries have made contributions totalling US\$ 1.7 million to APHEF. Commenting on the outcome of the meeting, Prof. Nasidi said, “We had a successful review of the APHEF operations

manual and the refined document will help the fund play its role to respond quickly to emergencies occurring in Member States with the inadequate resources to respond to public health emergencies.”

**“We have so many emergencies in Africa and a structure like APHEF is indispensable to ensure rapid response.”**

In his closing remarks, the Regional Director noted, “This meeting is an important step towards consolidating the structures of APHEF so that it can live up to the purpose for which it was created.” He thanked the Chairperson for his excellent coordination of the meeting and expressed satisfaction with the involvement of Member States in working closely with the WHO Secretariat to guide effective support for health matters in the region.

The revised APHEF operations manual will be shared with other members of the Monitoring Committee for endorsement before its final adoption.

The establishment of APHEF was proposed in 2010 by Dr Sambo, and approved by the 60th session of the WHO Regional Committee for Africa which took place in the same year in Malabo, Equatorial Guinea. A subsequent session of the Regional Committee adopted a resolution which set the annual recommended contribution of Member States to the APHEF at a total of US\$ 50 million, endorsed the designation of the African Development Bank as the trustee for the management of the fund, approved the governance structure of the fund and requested the Regional Director to accelerate its operationalization.

Political support at the highest level for APHEF came in July 2012 when African leaders endorsed its establishment at the 19th Ordinary Session of the Assembly of Heads of State and Governments of the African Union in Addis Ababa, Ethiopia. ■

## Fighting malaria – six West and Central African Sahelian countries discuss cross-border collaboration and adopt the Nouakchott Declaration

Cross-border collaboration in the area of malaria prevention and control was the subject of a meeting attended by Health Ministers and other senior health officials from six West and Central African countries in Nouakchott, Mauritania, from 5 to 8 May. The meeting brought together the Ministers of Health of Mauritania, Mali and the Gambia, the Secretary of State of Chad and representatives of the Ministers of Health of Niger and Senegal. Opening the meeting, the Mauritanian Minister of Health, Hademine Ould Ahmedou Ould Jelvouné, said that his country had invested a lot of efforts and resources in the fight against malaria, but that these investments would be in vain if not supported by and coordinated with the efforts of Mauritania's neighbours which share similar environmental, epidemiological, cultural and socioeconomic conditions

"The burden of malaria can be reduced quickly if we simultaneously implement the same package of preventive measures in the same geographic zone," he said, adding that a coordinated approach was imperative in order to consolidate gains so far made in the

fight against the disease and to significantly reduce malaria-related deaths.

In an address to the meeting, the Deputy Regional Director at the WHO Regional Office for Africa, Dr Matshidiso Moeti, commended the participating countries for their initiative to coordinate their malaria control efforts. She also referred to and praised similar coordinated approaches to malaria prevention and control by Small Island Developing States in the African Region, and eight countries in Southern Africa working towards malaria elimination.

The meeting ended with the adoption, by participating countries, of the Declaration of Nouakchott on the Initiative of Accelerating the Fight Against Malaria. Signatories to the declaration commit themselves to:

- combining their efforts in the fight against malaria;
- accelerating the implementation of universal access of populations to effective control interventions;
- implementing and developing mechanisms for monitoring the implementation of a joint action plan; and

- reinforcing the institutional capacities of research institutions and programmes within the framework of the global reinforcement of their health systems.

The declaration called on WHO and the Roll Back Malaria Partnership to advocate for the initiative, and provide strategic and technical guidance for the implementation of its action plan. Also contained in the declaration are calls for WHO and RBM to establish a malaria observatory and a mechanism for sharing best practices for sub-regional organizations. Regional Economic Communities were urged to provide financial resources for implementing the initiative's action plan as well as explore opportunities for south-south cooperation for the benefit of health programmes in general, and malaria control and pre-elimination programmes in particular. The declaration also requests member agencies of the Harmonization for Health in Africa (HHA) and other international financial institutions to assist participating countries to implement the declaration. Nigeria and Burkina Faso have since indicated their intention to join the initiative. ■



**"The burden of malaria can be reduced quickly if we simultaneously implement the same package of preventive measures in the same geographic zone."**