Editorial

Health systems and disaster preparedness and response

From the public health point of view, the objective of disaster preparedness and response, the major theme of this issue of the Monitor, is to reduce the health consequences of public health emergencies, natural disasters and conflict and minimize their social and economic impact. WHO’s core commitments in emergency response are those actions which it will always deliver and be accountable for during emergencies with public health consequences. This will ensure a more effective and predictable response to and recovery from natural disasters, conflict, food insecurity, epidemics, environmental, chemical, and food incidents, political or economic crises and all other types of emergencies with public health consequences. In all countries experiencing emergencies WHO supports Member States and local health authorities to lead a coordinated and effective health sector response together with the national and international community, in order to save lives, minimize adverse health effects and preserve dignity, with specific attention to vulnerable and marginalized populations. More specifically, WHO supports countries to: develop an evidence-based health sector response strategy, plan and appeal; ensure that adapted disease surveillance, early warning and response systems are in place; provide up-to-date information on the health situation and health sector performance; promote and monitor the application of standards and best practices; and, provide relevant technical expertise to affected Member States and all relevant stakeholders.

In this respect, the Fifty-ninth session of the WHO Regional Committee for Africa adopted resolution AFR/RC59/R5 entitled Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic. The resolution requests the Regional Director “to facilitate the creation of an African Public Health Emergency Fund” (APHEF) that will support the investigation of, and response to, epidemics and other public health emergencies. The setting up of the Fund was approved at the Sixtieth session of the WHO Regional Committee for Africa through resolution AFR/RC60/R5 in line with the principles set out in the framework document that was presented to the meeting. The APHEF is currently in formation, with a number of countries contributing to the Fund.

The International Health Regulations (2005) are a legally binding international instrument for preventing and controlling international spread of disease while avoiding unnecessary interference with international travel and trade. Since the coming into effect of IHR in June 2007, Member States have been supported to assess the IHR minimum capacities as set forth in Annex 1 of the Regulations and to develop plans of action to meet the Regulations’ implementation deadline of 15 June 2012. Issues and challenges and proposed actions that should be taken take to acquire the required IHR core capacities in the Region are discussed.

More than 30 years into the pandemic, HIV/AIDS remains a long-term challenge. A Global Health Sector Strategy (GHSS) on HIV/AIDS was adopted by the World Health Assembly in May 2011 and the regional HIV/AIDS strategy provides directions for implementing the GHSS in the WHO African Region, taking into account the key regional specificities.

Availability of qualified health workers in the right place is essential for delivering quality health services in normal times, as well as during emergencies. A shortage of skilled human resources is a major impediment in most African countries and, while uneven, poses a strategic threat to national and regional health systems development. The road map for scaling up the health workforce for improved health service delivery in the Region 2012–2025 builds upon a number of national, subregional, regional and global efforts to identify interventions in six strategic areas to achieve its objectives.

This issue of the Monitor also looks at tuberculosis – still a major public health problem in the African Region – with more than 26% of registered cases globally in 2011 which resulted in more than half a million deaths. The situation is made worse by the co-infection HIV/tuberculosis, which affects 46% of those infected by TB, and the spread of drug resistance. The review of TB medical training offered in French-speaking countries in the Region leads to a number of recommendations to improve the quality of TB training, including the introduction of ICT, innovation in teaching methods and a strengthening of the partnership between WHO, medical schools and national TB programmes.

Other articles discuss or review progress on a number of Regional issues, such as accelerated malaria control, attainment of the Millennium Development Goals related to maternal and newborn health in Africa, the role of traditional medicine in health systems as well as a new approach for capacity building in malaria vector control. This issue of the Monitor concludes with an assessment of laboratory capacity for diagnosis of Integrated Disease Surveillance and Response epidemic prone diseases in the countries of the African Region.

The articles in this issue of the African Health Monitor deal with issues that are of vital importance to the Region. I hope that health workers, policy-makers and readers involved in disaster preparedness and response will find its contents useful.

Luis Gomes Sambo, Regional Director