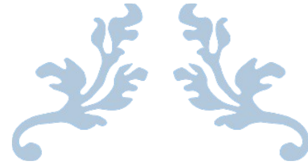

PHM GHANA POSITION PAPER 66TH WHO REGIONAL COMMITTEE MEETING FOR AFRICA

17TH AUGUST 2016

PHM/GHANA

PHM GHANA POSITION PAPER
ITEMS FOR CONSIDERATION AT THE 66th WHO REGIONAL COMMITTEE MEETING FOR AFRICA
16 & 17th August, 2016

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Agenda item 7: Regional Oral Health Strategy 2016-2025 – Addressing Oral Disease as part of Communicable Diseases

Document: AFR/RC66/5

Background

Oral health is integral to the general health and well-being of all people. In the African Region, poor oral health causes millions of people to suffer from severe pain, increases out-of-pocket expenses for households and affects people's quality of life. In 1998, the Regional Committee adopted a ten-year oral health strategy with 5 priority thrust. This was followed in 2007 by the World Health Assembly resolution on oral health which listed 6 priority actions for tackling the social determinants of oral health and reducing exposure to common risk factors of Non-Communicable diseases (NCDs). During the 7th Global Conference on Health Promotion in 2009, the WHO organized a special session on social determinants of oral health. The meeting re-emphasized that the promotion of oral health and prevention of oral diseases must be provided through primary health care and that integrated approaches are the most cost-effective and realistic ways of reducing the gap between the poor and the rich. The Brazzaville Declaration on NCDs in the WHO AFRO and the Sustainable Development Goals (SDGs) set out a holistic agenda to guide global development on oral health until 2030.

PHM/Ghana Comment

The AFRO regional strategy for reduction in oral health cases is to contribute to the reduction of the NCD burden and related risk factors by providing effective prevention and control of oral diseases for all people within the context of universal health coverage. In as much as PHM is happy that oral health issues have found a place in policy we think civil society involvement in achieving the oral health goals were missing.

Further, PHM/Ghana recommends that broad consideration of Non-communicable diseases including oral health, rather than the current approach of tackling which risks being verticalized.

On the issue of strengthening national advocacy, leadership, and partnerships for addressing oral diseases as part of NCDs through a multisectoral approach, PHM recommends that AFRO countries include oral health in the list of conditions that are treated free at the health delivery units. Oral health departments should be merged with NCD department in the ministry of health for efficiency and resource allocation and monitoring. PHM also advocates for increased awareness among communities by involving faith based organizations and civil society in the sustainable control of NCDs and oral diseases. Participation and empowerment of the community and civil society in planning, implementation and monitoring of appropriate programmes related to the

promotion of oral health, prevention of oral health diseases and provision of oral health care leads to sustainability.

On the reduction of common risk factors, promoting oral health and ensuring access to appropriate fluorides consumer protection laws should be promulgated to punish companies that may not adhere to the fluoride content guidelines. Civil society involvement in promoting healthy meals throughout the life course is being advocated by PHM since most of the population in AFRO region belong to a civil society organization and can be educated on healthy diet and physical activity which will lead to a reduction in chronic diseases. PHM also advocates financial allocations to some civil society organizations that have the know-how in oral health to train peer educators in the communities

Involve civil society and communities in integrated surveillance of oral diseases, monitoring and evaluation of programmes and research. This creates a multi-sectorial approach and creates ownership of the programme.

NCDs broadly have common underlying factors such as the social, economic and cultural determinants. Other factors such as the contributions of big food and beverage companies, and unhealthy lifestyle that mostly emanate from the lack of space and facilities that promote healthy lifestyles. A holistic approach at addressing the underlying factors of NCDs by WHO would be a healthy alternative to addressing the disease burden of NCDs in general rather than focusing on isolated cases of NCDs.

Finally, PHM/Ghana calls for greater research into indigenous tooth care measures and support to promote those found to be helpful.

Agenda item 8: Region strategy for Health Security and Emergencies

Document: AFR/RC66/6

Background

The development of a regional comprehensive strategy has been apparent more so now, as the region is challenged with many recurrent outbreaks of public health emergencies. The document is premised on the frequent experience of member state recurrent disease outbreaks and other public health emergencies which threatens national regional and global health security. The report acknowledges the fact that health security although a sovereign responsibility of member states, requires a global action. Global health security is backed by the International Health Regulations (IHR) (2005). Article 5 define IHR capacity requirements which includes: the capacity to detect, assess, notify, and report events.

Africa region implements IHR in the context of integrated disease surveillance and response (IDSR). Member states have in addition adopted the regional strategy for disaster risk management. However, many weaknesses in health system in responding

to emergencies have been found in most member states. This has been evident in recent gaps in addressing Ebola, yellow fever and meningitis outbreaks in some member states. Recent evidence show that over 100 public health emergencies occur annually of which infectious disease (80%) is prominent. WHO proposes a holistic approach which embraces an all hazard strategy to prevent, detect and respond to public health emergencies.

Action on this agenda: The region committee is expected to review and adopt these strategies.

PHM Comments

PHM welcomes the aim, objectives and targets of the strategy on health security and emergencies that comprehensively addresses the pre-during and post strategies that would prevent and mitigate the effects of health emergencies. However, it stops short of the mechanisms to ensure compliance among member states.

We note with concern the brevity of the proposed cross cutting interventions that makes room for arbitrary interpretations and hence, the potential laxity of implementation. The cross cutting (para 34 pg 7) on strengthening research capacity for innovations provides no clear directions.

Item 37d states conducting research on health security, risk mitigation and risk factor exposure but falls short of recommending actions that would be deployed to address the identified exposures. However, the statement must conclude with actions that address the exposures identified.

Para 37c on the roles and responsibilities of Member states (MS), require member MS to commit domestic resources to implement the priority interventions. It however provides a vague statement "sufficient resources will need to be allocated for implementation of national plans and for monitoring and evaluating progress". To ensure an effective implementation of such responsibilities, a clear policy direction that clearly defines domestic resource and minimum amount of resource that member states ought to contribute must be proposed.

We note the omission of the role of the global community given that health emergencies can have a wider spread that requires global commitment.

Agenda item 9: Draft Global Implementation Plan for the Recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

Document: AFR/RC66/4

Background

The draft implementation plan for the recommendations of the Review Committee (RC) on the role of International Health Regulations (IHR) in the Ebola Outbreak and Response, is in lieu of the decision WHA69 (14) adopted at the 69th WHA in May 2016 requesting the DG to " develop for further consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the RC that includes immediate planning to improve delivery of the International Health Regulations (2005), by reinforcing existing approaches, and indicating the way forward for dealing with new proposals that require further MS technical discussions". The assembly directed for the final version of the global implementation plan to be presented at EB 140.

Twelve major recommendations and 60 supporting recommendations were made by the RC. Key among them was the recommendation to "implement rather than amend" the IHR (2005) however this was not supported by some member states who found it necessary to reviewing the recommendations. This draft implementation plan proposes modalities and approaches for implementing the recommendations of the RC.

PHM/Ghana Comment

Para 6 States "Under this draft global implementation plan, countries with highest vulnerability and lowest capacity would be prioritized for WHO in-country capacity building activities". We believe this statement must be further explained as to what kind of vulnerability and capacity would be used as the criteria for selecting countries. It is also evident that most L&MIC lack the technical and financial support for the assessment and development of their core capacities. We welcome the move to mobilize the technical and final support to this direction.

Para 7 indicates WHO will work with countries to encourage the allocation of domestic and financial resources to national action plans for development and maintenance of core capacities. It would be important to spell out workable modalities considering the failures of MS over the years in implementing the health financing decisions. Declarations such as the Abuja declaration on health financing as well as the Addis Ababa conference on financing for development has taken ages for its realization knowing the varied challenges faced by L&MICs in this area.

The six areas of action of the draft global implementation plan and recommendations is good however, the engagement of CSOs, Academia/Research, and other constituencies whose activities have high impact in advocating and implementation of the proposed plan is less emphasised in the report. Considering the scope of health emergencies and actors, it would be useful to elaborate how CSO most especially would be engaged in this process.

Agenda item 10: Multisectoral Action for a Life Course to Healthy Ageing – Global Strategy and Plan of Action on Ageing and Health Implementation: Framework for the African Region

Document: AFR/RC66/8

Background

Data suggest that the number of people aged 60 years or over living in Africa will increase from 46 million in 2015 to 147 million by 2050. Although the increase in life expectancy is welcomed it comes with associated risk of chronic diseases and disability. By the year 2020, chronic diseases such as cardiovascular diseases, some cancers and chronic respiratory diseases will be among the main causes of morbidity and mortality in Africa. Treatment and management will put additional strain on the already overstretched health systems in Africa.

PHM/Ghana Comment

We share in the 2002 Madrid International Plan of Action on Ageing and the 2002 African Union Policy Framework and Plan of Action and the resolutions passed at the World Health Assembly, in 2005 and 2012.

PHM/Ghana supports the plan of actions and the resolutions on improving the health of the elderly which are to be part of existing national policies on primary health care which have three (3) priority areas namely:

- older people and development
- advancing health and well-being into old age
- and ensuring that older people benefit from enabling and supportive environments".

PHM/Ghana, notes that healthcare should be free for the elderly and that should include medications. PHM/Ghana also calls for friendly environments such as recreational areas where facilities at the primary, secondary and tertiary levels are equipped with the requisite facilities that are user friendly to the aged.

PHM/Ghana urges the AFRO region to consider the following priority intervention areas for the elderly:

- Commitment to healthy aging in each country through mainstreaming issues on aging into national policies such as the establishment of aging fund to support their health care cost and also train health personnel in geriatric care
- Countries should adopt evidenced -based legislations against age-based discrimination which should be country specific. Elderly should also be provided with psychosocial support since it has been established the most elderly suffer

from depression and anxiety at that age. AFRO member countries should promulgate laws that engage the elderly in developmental activities.

- Families should be educated to care for the aged and build intergenerational support communities should provide peer support through elderly groups in the communities. Elderly people in communities can form groups along political party lines to foster engagements
- Pass legislation which allows for the elderly to visit hospital regularly for nutrition assessment and counselling just as it is currently done in many child welfare clinics across the AFRO region
- MS should be encouraged to provide safety nets/social protection policies that include free health care for the aged and addresses the broader array of social determinants that ensures healthy aging.
- We therefore call on WHO to advocate for the inclusion of the Aged in all sector policies.

Agenda item 11: The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 – Implementation in the African Region

Document: AFR/RC669

Background

PHM/Ghana shares the commitment of WHO and its member states to have, by 2030, a world in which every woman, child and adolescent (WCA) in every setting realizes their rights to physical and mental health and well-being; has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

We agree that the adoption of a health system-oriented, integrated, multispectral approach to maternal, newborn, child and adolescent health programming, and the proposals in the global strategy for countries to reduce maternal mortality to less than 70 deaths per 100 000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births respectively by 2030.

PHM/Ghana's Comments:

- Appropriate policies that stress the role of men, communities and civil civil society in health service delivery must be adopted. Also, beneficiaries should be involved in the policy design of WCA interventions.
- As an effective resource mobilization strategy, PHM recommends the integration of Reproductive, Maternal Newborn, Children's and Adolescent Health into national and subnational budgets.

- with reference to instituting national and sub-national accountability processes for periodic review and monitoring of progress towards agreed national targets, and the call for members States to develop accountability frameworks, PHM encourages action on these and suggest the strong involvement of key stakeholders including civil society and communities.
- We also recommend the harmonization of health care activities to reduce duplication of activities.
- For perfecting actions to improve availability of quality data to inform decision-making, through strengthening health management information systems, regular conduct of service availability and readiness assessments and programme review, PHM/Ghana recommends capacity development at the local level regarding Health Information Management system including training in health informatics, epidemiology and health technology solutions. Governments should scale-up health information services (hooked on e-platforms) and this should be updated regularly to inform policies.
- In reinforcing the social, behavioral, economic and environmental determinants of health, PHM/Ghana recommends the inclusion of religious and cultural practices which have been noted to contribute significantly to poor uptake of available and important health care services in some member countries and locations. Additionally, for countries to fully realize this action point, PHM recommends that programs and interventions to addressing these social determinants of health should be context specific and relevant.
- PHM also calls for the increase access to health for WCAs in rural areas through provision of good roads and manned health posts.
- PHM/Ghana appreciates the call for health services to be provided universally in a comprehensive and in an integrated manner (Action 14 (a) In addition to the proposed strategies to realizing this, PHM/Ghana, recommends that countries revisit and adequately consider the principles and concepts of Primary Health Care.
- Leadership development among healthcare workers can facilitate for adopting client-centered innovations and interventions that can best address struggles in WCAs health.
- Referring to paragraph 15c of the document, PHM proposes the adoption of Public-Private Partnership among member states for expanding human resource available for WCA activities especially in deprived communities. In addition, greater incentives must be put in place to attract technical and highly skilled health workers to venture into deprived and rural communities where WCA challenges are overwhelmly high.
- PHM/Ghana also recommends that in order to improve quality of maternal health across the region, there is the need for a sustained financial investment in reproductive health technologies/ commodities (family planning commodities) as well as their equitable distributions.
- PHM/Ghana also recommends the strengthen reproductive health education and services in schools by adopting and Implementing comprehensive sexuality

education interventions in schools so as help address teenage pregnancies leading to school dropouts.

Agenda item 12: Tuberculosis

Background

The World Health Organization declared TB as a global emergency in 1993. Member States adopted the recommended DOTS2 Strategy for TB control in 1995. In 2003, the Expanded Framework for DOTS Strategy that incorporated response to TB/HIV coinfection and multidrug-resistant TB was launched. This was followed by the launch of the Stop TB Strategy in 2006.

In May 2014, the Sixty-seventh World Health Assembly adopted a post-2015 TB prevention, care and control strategy known as the End TB Strategy to end the global TB epidemic by 2035. UN SDG target including ending TB epidemic by 2030. Also, in November 2015, the AU adopted a road map, followed by the Catalytic Framework to

The purpose of WHO Regional framework is to provide the necessary policy and technical guidance to Member States on the adaptation and implementation of the End TB Strategy during the period 2016–2020.

PHM/Ghana Comment

PHM Ghana notes the different time frames for ending TB epidemic: WHO Strategy by 2035, and UN Sustainable Development Goals (SDGs) to end TB by 2030.

PHM/Ghana appreciates the focus of the strategy on leveraging eHealth to strengthen health information systems. PHM/Ghana also comments WHO for the inclusion of intervention to address the social determinants of health.

We call on Members States to clearly highlight and address Human resources for health needs, including integrating Community health workers.

On para 27, PHM/Ghana calls for the addition of behaviour change education (and mass media education) as part of preventive treatment.

PHM/Ghana appreciates the emphasis on using rapid test kits to increase TB detection rates. However, we encourage Member States to emphasize the strengthening of laboratory capacities for culture and Drug Susceptibility Testing.

Further, as part of measures to increase testing rates and prevent TB transmission, PHM/Ghana calls on Member States to enact and enforce laws on on TB testing among travellers, including as part of immigration processes.

On para 35, we call for a focus on Orphans and Vulnerable Children (OVCs). PHM/Ghana urges Members States to consider using a differentiated care approach as

a core principle for TB care. This will ensure the tailoring of care and services to the needs of specific population groups.
Finally, on para 37, PHM/Ghana calls for the inclusion of research on treatment as part of research agenda.

Agenda 13: HIV/AIDS – Framework for Action in the WHO African Region 2016-2020

Document: AFR/RC66/11

Background

The WHO Global Health Sector Strategy on HIV/AIDS was adopted by the World Health Assembly for use in the African Region. The framework suggests intervention and action areas required to end the AIDS epidemic by accelerating HIV prevention and treatment. The proposal calls for prioritizing HIV prevention, expanding HIV testing services using diversified approaches and scaling up antiretroviral therapy by adopting innovative service delivery models. The African Region was encouraged to examine and adopt the proposed framework**.**

PHM/Ghana's Comments:

Overall, the HIV/AIDs document is well situated to fight the epidemic across the African Region. For example, the move to raise domestic revenue and explore local production of medication can strengthen treatment available for patients. Again, decentralizing prevention and treatment through task-shifting can generate sustained gains in the fight against the virus.

1. The entire document does not make reference to set targets for the 2016 High Level Meeting on HIV/AIDS 90:90:90 strategy. PHM recommends linking the proposed indicators to the HLM targets for a greater impact.
2. Information Communication and Technology (ICT) is increasingly becoming a viable platform for knowledge sharing. With reference to paragraph 23, PHM proposes to leverage ICT and adopt ehealth innovations to strengthen behavioral change communication, especially among adolescents who are also the hardest hit in HIV/AIDs infections.
3. PHM agrees with the proposed strategy that funding for HIV/AIDs activities in the African Region is solely donor-driven. With reference to the "*financing for sustainability"* (paragraphs 34 through to 36) section of the document, PHM recommends that members states place much emphasis on increasing domestic spending for HIV/AIDS by looking into tax-based financing in the following ways:
    a. Governments and responsible organizations must be held accountable to revenues for implementation
    b. In-country consolidated fund for all health programmes should remain untouched and channeled to only planned activities.

4. Again, the document lacks any social protection measure for vulnerable populations or for People Living with HIV (PLHIV). In addition to actions for ensuring equity services, as stipulated in paragraph 30 to 33, PHM/Ghana recommends the establishment of robust social protection structures especially for orphans, the vulnerable and children.
5. In addition to recommendations for prioritizing high-impact preventive interventions from paragraph 23, PHM/Ghana believes strengthening school health can play a major role in bringing HIV interventions to adolescents.
6. As part of actions to reduce HIV/AIDs among young girls and women, the African Region must give priority to women empowerment so that females are able to make informed decisions regarding their reproductive rights.
7. Finally, male involvement in the fight against the AIDs epidemic cannot be underscored. In most parts of Ghana and Africa where men make key decisions in the health of family members, they (men) must be engaged all through the stages (prevention, treatment) of fighting the epidemic.

Agenda 14: Prevention, Care and Treatment of Viral Hepatitis in the African Region – Framework for Action 2016-2020

Document: AFR/RC66/12

Background

The World Health Assembly resolutions on viral hepatitis that were adopted in 2010 and 2014; and the Regional Committee resolutions in 2014 recognized viral hepatitis as a public health problem and the need for governments and populations to take action to prevent, diagnose and treat it. The resolutions call upon WHO to provide the necessary technical support to enable Member States to develop robust national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals and to examine the feasibility of eliminating hepatitis B and hepatitis C. In recognition of its public health importance, target 3.3 of the 2030 Agenda for Sustainable Development calls for specific action to combat viral hepatitis.

The Global Health Sector Strategy (GHSS) 2016–2021 addresses all five hepatitis viruses (hepatitis A, B, C, D and E), with particular focus on hepatitis B and C, owing to the relative public health burden they represent. The strategy defines a set of priority actions for countries to undertake, which are organized under five strategic directions, namely information for focused action, interventions for impact, delivering for equity, financing for sustainability and innovation for acceleration of the response.

This framework is aligned with the GHSS on viral hepatitis and it takes into consideration the specific priorities of the African Region. It provides a platform for Member States to implement effective interventions for the viral hepatitis response.

PHM/Ghana's Comments:

PHM/Ghana urges Members States to strongly consider task-shifting including the expansion of community-based health services as a means of decentralizing Hep diagnosis, treatment and vaccination to the community level.

As part of "financing for sustainability", para 31 and 32, PHM/Ghana notes that the cost of vaccinations and medications for viral hepatitis continues to keep many away from treatment. Therefore, we call on Members States to promote the use of generic medication and vaccination for Hepatitis. We call on the Member States to open up to foster discussions on generic competition, compulsory licenses and TRIPS flexibilities

Further, PHM/Ghana calls on Member States to commit to strengthening research on hepatitis (including research on herbal and alternative treatment options); and equipping research centers in member states; strengthening local capacity to produce low-cost medication.

On Para 21, we call for awareness creation and national plans on viral hepatitis as a critical component to help increase early detection.

Finally, PHM/Ghana calls for effective integration of TB interventions with other diseases such as HIV and TB. Therefore, we urge the alignment of viral hepatitis targets with those set in the 2016 UN High Level Meeting on ending AIDS.

Agenda item 15: Framework for Implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region

Document: AFR/RC66/14

Background

The Sustainable Development Goals (SDGs) commits to "end the epidemics of AIDS, tuberculosis, malaria" by 2030. In May 2015, the 68th World Health Assembly adopted the Global Technical Strategy (GTS) for malaria (2016-2030). The GTS is founded on the vision of a world free of malaria and consists of four goals and related targets to be achieved by 2020, 2025 and 2030.
This framework is developed to guide countries to implement the GTS in the African Region. It describes priority interventions and actions for Member States.

PHM/Ghana's Comments:

PHM/Ghana commends the focus on partnerships, including with communities and civil society; and focus on education. We urge the expansion of the Behaviour Change education efforts to be expanded to include addressing cultural issues that hinder access to uptake of health services.

We call for greater emphasis on environmental and climate change approaches to vector control. We urge member states to include the regulation, coordination and support with herbal and alternative treatment approaches and human resources.

Additionally, PHM/Ghana calls for the strengthening of domestic capacities and linkages for health services research including developing specialised research centres, and domestic investments in vaccine developments in-line with African MS own targets on malaria. We encourage stronger coordination between Ministries of Health and Ministries of Finance of Member States for accountability on budgetary commitments.

We urge the inclusion of provisions to leverage progress in ICTs, social media and "big data" for rapid response and feedback; improved data management and stronger accountability.

We encourage stronger synergies between malaria interventions and those of other diseases (such as Zika), and advocate for its consideration in other sectors such as Housing.

PHM/Ghana calls for the strengthening of national drug and medical products regulatory bodies and mechanisms to ensure quality, safe and efficacious medications.

Agenda item 16: Health in the 2030 Agenda for Sustainable Development

Document: AFR/RC66/7

Background

The agenda describes the health-related SDGs (1, 2, 5, 6, 13 & 16) and how their achievement is essential for the achievement of the other SDGs. This is because the SDGs are interlinked, integrated and universal, blending the economic, environmental and social aspects of sustainable development.

The document specifically emphasizes on SDG 3 which is to ensure healthy lives and promote well-being for all at all ages as the core health goal and its targets and indicators.

PHM/Ghana's Comments:

PHM Ghana agrees with the proposals for health in the 2030 agenda for SDGS and especially approves of the prominence given to the issue of funding and the need to sustain this over a long period of time.

However, there are gaps in how to undertake some of the key actions on guidelines. For example it is unclear what assumptions would inform the **predictions** for financial sustainability as a long term undertaking. PHM/Ghana urges Member States to support the strengthening of systems for good quality data to enable any assumptions for predicting the long-term financial requirements and sources. Furthermore, we encourage the development of a guide the nature and types of **partnerships** that member states should seek and engage to prevent any cases or appearances of conflicts of interest.

We appreciate the provision for WHO to support member states to prioritize and sequence actions. In addition, we recommend that WHO should have or put in place mechanisms that will enforce the implementations of actions planned and prioritized to ensure member states' commitments.

PHM/Ghana is also of the view that the Ministries of Health of member states to get more involved in pursuing, mobilizing and coordinating partners in revenue generation.

Generally, the actions and responsibilities for WHO are appropriate but too brief and need some elaboration to define what specific issues WHO should be helping with in the proposed actions.

Agenda item 17: The African Public Health Emergency Fund – The Way Forward

Document: AFR/RC66/15

Background

The APHEF (the fund) was established in 2012 by the Regional Committee with the aim of mobilizing resources for initiating timely response to health emergencies. The background placed an emphasis on member states not honoring their contributions which results in inadequate funds to meet the request of members. So far, only 4 countries who receive the funds from the APHEF have ever contributed to the fund. The document seeks to address the reasons why member countries are not contributing to the fund and how to optimize the functioning of the fund.

PHM/Ghana's Position

- Proposed Action para 16 a(ii) suggest approving flexible mode of contribution by instalments. However, it fails to establish the how much instalments must be serviced and prescribed deadlines for payment of agreed instalments.
- Contrary to para 12 proposition for voluntary contributions. The proposed voluntary contribution would undermine member state commitment to honor their responsivities. Considering the importance of the fund and the variations in the amounts using the current formula for contributions, we propose the suggested fees must be obligatory contributions.

- The current modalities of supporting non-contributing countries although important, stands as a major disincentive to contributing MS. MS must be encouraged to prioritize the issues of the APHF.
- On seeding the full management of the fund to WHO in paragraph 16b, elaborate reasons is required for MS to make informed decisions.
- Clear transition modalities must be established for the interim management described in para 15 to a permanent management.

Agenda item 18: Regional Strategy On Regulation of Medical Products in The African Region, 2016-2025

Document: AFR/RC66/13

Background

The document recognizes the circulation of products of non-assured quality because of weak regulatory capacity especially weak post market surveillance.

It also recognizes that long timelines of approval of licensing also contribute to the problem and hence proposes a six months' timeline. This is good. However, we offer the comments below, some are highlighting provisions in the documents and some others are bringing to fore gaps that must be filled.

PHM/Ghana's Comments

- Human resource and logistics – increase in quantity and quality. Concerning quality, we support the proposal of capacity building through training of Human resources (training institutions). Not only postgraduate courses but courses on all levels to ensure every level of the medical services is adequately covered. Continuous professional development should also be emphasized (para 24).
- The document did not mention the effects of neoliberal economic order but this is Critical. Member states must also pay attention to the effects of neoliberal economic issues which relates to good governance, that multinational pharmaceutical companies who manufacture/sell these drugs and devices do not unduly influence government and its regulatory bodies to allow substandard drugs and other health logistics.
- On patency-drug counterfeit issues, we call on the committee to open discussions and develop clear criteria that would ensure efficacious but cheaper drug acquisition alternatives which include support for in country or regional pharmaceutical productions facilities and promote the research and development of indigenous alternative medicine.
- Weak border protection as political determinant must receive attention and this concerns joint surveillance at the borders and the availability of logistics at borders: land, water and air. It is only mentioned in passing (para 28).

- We urge Member States to commit substantial funding into the regulatory bodies/agencies to enable them function optimally.
- Law and Policy enforcement and licensing of clinics must be prioritized by Member States
- Collaboration of regional members to set up joint facilities-laboratories and training (para 10.
- The role and power of regulatory bodies and agencies and lines of Collaboration between them must be strengthened. Clear identification of roles and objectives among these agencies must be established.
- Supply chain systems must be strengthened to ensure quality is maintained at all stages of the supply chain (storage and expiry).
- Strong pharmaco vigilance and surveillance including effective feedback and alert systems mechanisms, including Medicine sold everywhere-drug peddling, surveillance and advertisement in the media.

List of participants at the Civil Society Workshop held in Accra on the 66th Session of the WHO Regional Committee meeting for Africa

AUGUST 16TH & 17TH, 2016

1. Kingsley Pereko
2. Gloria Dei-Tutu
3. John Eliasu Mahama
4. Esher Azasi
5. Nancy Ansah
6. Henrietta Asante-Sarpong
7. Selorme Kofi Azumah
8. Jacob Setorglo
9. Francis Dompae
10. Patricia Poreko
11. Kennedy Antwi
12. Grace
13. Edem Hini
14. Sidua Hor (online)