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EXECUTIVE COUNCIL

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Addis Ababa, ETHIOPIA

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**REPORT OF THE SPECIAL SESSION OF THE AU
CONFERENCE OF MINISTERS OF HEALTH,
GENEVA, SWITZERLAND, 19 MAY 2012**

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**Special Session of the Fifth
Conference of AU Ministers of Health
Geneva, Switzerland
19 May 2012**

Rpt/SS/2012

REPORT OF THE MINISTERIAL MEETING

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I. INTRODUCTION

1. The Special Session of the 5th Ordinary Session of the African Union Conference of Ministers of Health (CAMH5) was convened on the 19th of May 2012 in Geneva, Switzerland. The Conference provided an important forum for Member States, Development Partners and other stakeholders to *inter alia*:

- a) Consideration of the report of the 1st Meeting of the Bureau of CAMH5;
- b) Consideration of draft documents.
 - Annual Status of MNCH in Africa;
 - Business Plan for the Pharmaceutical Manufacturing Plan for Africa (PMPA);
 - Plan of Action of the 2nd Decade of African Traditional Medicine 201- 2020;
 - The African Plan Towards Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive.
- c) Discussion of challenges of (International) resource mobilization for health in Africa.

2. The Meeting of the Bureau of CAMH5 preceded the Ministerial Meeting in the morning of 19th May 2012. Its objective was to finalize the technical, administrative and logistical preparations for the Ministerial Meeting.

II. PARTICIPANTS

3. The Ministerial Meeting was attended by delegates from the following 43 AU Member States; People Democratic Republic of Algeria, Republic of Angola, Republic of Benin, Republic of Botswana, Republic of Burkina Faso, Republic of Burundi, Republic of Cape Verde, Republic of Cameroon, Central African Republic, Republic of Chad, Republic of Congo, Republic of Côte d'Ivoire, Arab Republic of Egypt, Republic of Equatorial Guinea, Federal Democratic Republic of Ethiopia, Gabonese Republic, Republic of Ghana, Republic of Guinea, Republic of Kenya, Kingdom of Lesotho, Libya, Republic of Malawi, Republic of Mauritania, Republic of Mauritius, Republic of Mozambique, Republic of Namibia, Republic of Niger, Federal Republic of Nigeria, Republic of Senegal, Republic of Seychelles, Republic of South Africa, Republic of Sudan, Kingdom of Swaziland, United Republic of Tanzania, Togolese Republic, Tunisian Republic, Republic of Uganda, Republic of Zambia and Republic of Zimbabwe.

4. The following UN Agencies, Development Partners, Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs) were also in attendance: WHO, UNAIDS, UNFPA, UNIDO, WFP, PMNCH, European Commission, USAID, IPPF, PPD ARO, AIDS Accountability, Elizabeth Glaser Pediatric Foundation, Save the Children Switzerland, AAVP, GAVI Alliance and ACHEST.

III. OPENING SESSION

1. OFFICIAL OPENING CEREMONY

5. The meeting was called to order by the Chair of CAMH5, Honourable Minister of Health of the Republic of Namibia, Dr. Richard Kamwi, following which H.E. Commissioner for Social Affairs, Adv. Bience Gawanas made a statement. In her statement, she welcomed the new member of CAMH, the Republic of South Sudan and recognized the presence of newly appointed Ministers of Health. She emphasized the significance of having Ministers of Health gather to deliberate on important health decisions such as weak health systems, HIV/AIDS, nutrition and access to medicines.

6. The Chair of CAMH5 thereafter requested that the new Ministers attending CAMH introduce themselves, namely; Uganda, Zambia, Egypt, Libya, Cote D'Ivoire, Senegal and Tanzania.

7. The WHO Regional Director for Africa, Dr. Louis Gomes Sambo in his statement, urged the Ministers to prioritize action on pharmaceuticals and Africa Traditional Medicines amongst other critical interventions that are aimed at enhancing health outcomes on the continent.

IV. PROCEDURAL MATTERS

8. The draft agenda was adopted with minor amendments.

V. SUMMARY OF PROCEEDINGS

a) Agenda Item 1:

9. After presentation of the report of the CAMH5 bureau by the rapporteur, the Honorable Minister of Kenya, the meeting was informed that the Republic of Algeria is not yet in a position to confirm the hosting of CAMH6 in 2013. The delegation of the People's Democratic Republic of Algeria pledged to make a definitive response in due course.

10. On the theme of the CAMH6, it was agreed that it reflects both NCDs and NTDs.

b) Agenda Item 2:

11. The deliberations were preceded by presentations on the following:

- i) Draft Report Annual status of MNCH in Africa
{(Assembly/AU/Decl.1(XI))};
- ii) Draft Business Plan for the implementation of the Pharmaceutical Manufacturing Plan for Africa (PMPA);

- iii) Draft Action Plan for the 2nd Decade of African Traditional Medicine (ATM);
- iv) African Plan towards elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive.

i) Report of Annual Status of MNCH in Africa

12. Delegates recommended that issues such as Primary Health Care, introduction of new vaccines, institutionalization of maternal death audits, impact of armed conflicts and political instability as well as the consequent challenges of refugees and internally displaced persons, high impact-low cost interventions and cross border initiatives e.g. for immunization be adequately reflected in the report. Other issues highlighted during the deliberations included that of Human Resources for Health (HRH), evaluation of quality of care and documentation of good practices in MNCH across Africa. It was recommended that the AUC should undertake the evaluation of the impact of free health care services offered by some Member states on MNCH in Africa.

ii) Draft Business Plan for the implementation of the Pharmaceutical Manufacturing Plan for Africa (PMPA)

13. Delegates requested the AUC to ensure synergy with the programmes of some of RECs that have also advanced programmes and interventions in this area. Delegates further called upon WHO and AUC to work closer to address the issue of access to medicines in Africa.

iii) Draft Action Plan for the 2nd Decade of African Traditional Medicine (ATM).

14. Delegates highlighted the challenges of identifying and registration of African Traditional Medicine Practitioners and the need for a coordinated approach to curb the risks of unqualified practitioners and counterfeit medicines. The need to ensure strict and well standardize regulations of ATM was further emphasized.

iv) African Plan towards elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive

15. Delegates reiterated the need to intensify action to address the challenges of HIV and AIDS on the continent as well as the critical need to address the over dependency on international development assistance which is increasingly unsustainable.

16. Delegates in further discussions recommended the need to institute improved surveillance and early warning systems especially for malnutrition, which appears to underlie the significant morbidity and mortality especially amongst children on the continent. Concerns were also raised about the inadequate cooperation between Member States given the benefits that south to south cooperation can deliver to the

health care delivery system in Africa. The Arab Republic of Egypt informed the conference of a programme if offers to train experts from other AU Member States in the field of health. The Republic of Sudan highlighted the negative impacts of international sanctions on health and recommended that the AU should advocate that future sanctions should exclude those that can negatively impact the health status of citizens of its member states.

c) Agenda Item 3:

17. There was insufficient time to discuss this item, however reference had been made to the issue of mobilizing domestic resources for health during deliberations on the preceding agenda items.

VI. RECOMMENDATIONS

18. After deliberations, the 2012 Special Session of CAMH5 adopted the presented documents (attached as appendices) and made the following recommendations:

- a) The African Union Commission should explore means and systems to ensure that Member States receive documents in good time to facilitate quality comprehensive deliberations by Honourable Ministers;
- b) The AUC and WHO should strengthen their collaboration and the creation of synergies between their programmes and facilitate the regular evaluation of the recommendations adopted at relevant fora as they relate to health;
- c) The various draft documents and plans must take into consideration the situations of conflicts on the continent and the displacement of persons and communities;
- d) The draft documents that were considered in the meeting should be circulated to Member States to receive input and guidance of the Honorable Ministers before finalization. Inputs from Member States should reach the AUC by the 1st week of June 2012;
- e) The theme for the 6th Conference of the African Union Conference of Ministers of Health should focus on both Non-Communicable Diseases (NCDs) and Neglected Tropical Diseases (NTDs);
- f) On the hosting of CAMH6, the People's Democratic Republic of Algeria was requested to provide confirmation at the earliest opportunity to the AUC on the hosting of the next Ministerial Meeting.

VII. CLOSING SESSION

19. H.E Adv. Bience Gawanas, AUC Commissioner for Social Affairs and Hon. Dr Richard Kamwi, Minister of Health of the Republic of Namibia, Chair of CAMH5

closed the meeting by urging ministers to continue providing feedback on the agenda items before the AU Summit while ensuring that national delegations prepare adequately for CAMH6 which will be held in 2013.

2012

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