

AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE

UNIÃO AFRICANA

P. O. Box 3243, Addis Ababa, ETHIOPIA Tel.: (251-11) 5525849 Fax: (251-11) 5525855
Website: www.africa-union.org

EXECUTIVE COUNCIL
Thirteenth Ordinary Session
24 – 28 JUNE 2008
Sharm El-Sheikh, EGYPT

EX.CL/435 (XIII)

REPORT OF THE SPECIAL SESSION OF THE AU
CONFERENCE OF MINISTERS OF HEALTH

AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE

UNIÃO AFRICANA

P. O. Box 3243, Addis Ababa, ETHIOPIA Tel.: (251-11) 5525849 Fax: (251-11) 5525855
Website: www.africa-union.org

**SPECIAL SESSION OF THE AFRICAN UNION
CONFERENCE OF MINISTERS OF HEALTH
17 MAY 2008
GENEVA, SWITZERLAND**

Rpt/MIN/Sp/AU/CAMH3

REPORT OF PROCEEDINGS

REPORT OF PROCEEDINGS

INTRODUCTION

1. As agreed at the 3rd Session of the AU Conference of Ministers of Health (Johannesburg, April 2007), the Special Session of the AU Conference of Ministers of Health was held at the ILO Headquarters, Geneva, Switzerland, on 17 May 2008. The objectives of the Special Session of the Conference included:

- (i) To consider the Implementation Plan for the Africa Health Strategy (2007);
- (ii) Agree on the way forward for operationalizing the Pharmaceutical Manufacturing Plan for Africa;
- (iii) Consider the Progress Report on Implementation of the Outcome of the May 2006 Abuja Special Summit on HIV/AIDS, TB and Malaria as requested by Heads of State and Government;
- (iv) Consider the Progress Report on the Implementation of Health-linked MDGs, in commemoration of 30th Anniversary of the Alma Ata Declaration;
- (v) Consider other health issues of current concern to Africa.

ATTENDANCE:

2. The Meeting was attended by delegations from the following AU Member States: Algeria, Angola, Botswana, Burkina Faso, Chad, Comoros, Congo, Côte d'Ivoire, DRC, Egypt, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Tunisia, Uganda, Zambia and Zimbabwe.

3. It was also attended by Representatives of the following International and Regional Organizations, Agencies: WHO, UNAIDS, UNICEF, UNFPA, SADC, ECSA, OCEAC, Stop TB Partnership and Roll-Back Malaria Partnership, Global Health Workforce Alliance, Kenya Industrial Property Institute, Africa Public Health Alliance and African Union Commission.

4. The participants' list is annexed to this Report.

I. OPENING CEREMONY OF THE SPECIAL SESSION OF THE CONFERENCE

5. The Opening Ceremony was chaired by Hon. Dr. Manto Tshabalala-Msimang, Minister of Health of South Africa and Chairperson of the 3rd Session of the AU Conference of Ministers of Health. After the Meeting was called to order, the delegates

were requested to stand while the AU Anthem was played. The Opening Ceremony was then addressed by the following:

(i) **Welcome Remarks by Adv. Bience Gawanas, the AU Commissioner for Social Affairs**

6. After welcoming the Delegates, Commissioner Gawanas thanked them for their participation. She particularly welcomed Dr. M. Chan the WHO Director-General for sparing time to attend in spite of her busy schedule. She thanked H.E. Amb. J. Somavia, Director-General of ILO and his team for the cooperation with and support to Africa and for availing the venue for the Special Session. She then conveyed the greetings and best wishes of the new Chairperson of the AU Commission, H.E. Jean Ping.

7. The Commissioner reminded the Ministers of their Decision of April 2007 that a Special Session to be convened on the fringes of the World Health Organization in Geneva in May 2008. Its main objective would be to consider the Progress regarding the operationalization of Pharmaceutical Manufacturing Plan for Africa and the Implementation Plan for the Africa Health Strategy (2007-2015). She outlined other related issues that were tabled for consideration including: the Preliminary Report on the Decade of African Traditional Medicine; Report on Progress of Implementation of the Outcomes of the Abuja Special Summit on HIV/AIDS, TB and Malaria (May 2006); and Progress Report on Implementation of Health-related MDGs.

8. She explained that the “Progress Report on the Implementation of the Commitments of the May 2006 Abuja Summit on HIV/AIDS, TB and Malaria (ATM)” would be the basis of Africa’s Common Position at the next UN General Assembly High Level on HIV and AIDS which will take place in June 2008 in New York. She indicated that the Implementation Plan of the Pharmaceutical Manufacturing Plan (PMP) for Africa is a framework whose main purpose is to coordinate and harmonize pharmaceutical activities at regional and national level, strengthen or establish related programmes, aimed at production of high quality and affordable medicines, accessible to all. Its success would depend on strong health systems.

9. The Commissioner commended the Bureau of the 3rd Session of CAMH, led by the Chairperson, Minister of Health of South Africa. She thanked the Development Partners for their untiring efforts and support to Member States and the AU. She commended the African Group in Geneva for its role in ensuring that the concerns of Africa, as regards to health and development, are addressed effectively in the International arena; she concluded by appreciating the role of the AU Permanent Observer Mission in Geneva in coordinating and facilitating the work of the African Group in Geneva.

(ii) Remarks by Dr. Margaret Chan, the Director-General of WHO

10. Dr. Margaret Chan, the Director General of the WHO expressed gratitude to the Commissioner for Social Affairs, the Chairperson of the CAMH3 and the Honourable Ministers of Health for inviting her to the Special Session. She reiterated the determination of WHO and UN Agencies to support the development of health systems in Africa. She expressed delight with the efforts made by AUC and its organs in formulating common positions on health matters, particularly those noted in the 2007 Johannesburg Declaration: Africa Health Strategy, African Traditional Medicine, Reproductive Health and Pharmaceutical Manufacturing Plan for Africa. She was happy that Africa had gone beyond individual disease-focus, and was addressing other important issues such as social protection and the needs of vulnerable groups. She underscored that the growing momentum to achieve the high goals set, is a very encouraging situation.

11. She also commended African Countries for taking the lead in the world on revitalization of Primary Health Care (PHC) as the best strategy for strengthening of Health Systems and the fight against diseases. Furthermore she highlighted that the reinforcement of PHC in African countries would also strengthen the role of multi-sect oral approach to the achievement of MDGs and will increase the capacity of Governments in the provision of treatment, care and support of people infected and affected by HIV and AIDS, TB and other infectious diseases. As concerns the 1st World Malaria Day, she called on the International Community to support efforts to reduce malaria deaths by 2010.

12. She reiterated the reminder in the Johannesburg Declaration that; the health sector is not just a consumer of resources but an investment. She also emphasized the need for strong health systems and universal access to primary health care. She concluded with a reassurance that matters can turn around for health in Africa.

(iii) Statement by Dr. Manto Tshabalala-Msimang, Chairperson of the 3rd Session of AU Conference of Ministers of Health (CAMH)

13. Dr. Manto Tshabalala-Msimang, the Chairperson of CAMH3 took the opportunity to extend condolences to the Peoples Republics of China and the Union of Myanmar for the recent natural disasters that caused the death and suffering of thousands of their citizens. In this connection she requested the meeting to observe a moment of silence in respect of the lost lives and for a Communiqué to be forwarded to the Government and People of the Peoples Republic of China and the Union of Myanmar as a show of solidarity.

14. She then welcomed delegates and invited guests. After congratulating her on re-election as AU Commissioner, the Chairperson thanked the Commissioner of Social Affairs for facilitating the work of the Bureau and convening the meeting. She also urged the AU Commission to build the capacity of the Department of Social Affairs. She

also commended the collaboration and support of her fellow members of the Bureau of CAMH3. The Chairperson then presented the session with a report on the activities of the Bureau of the CAMH3. In her presentation she informed on deliberations of the two Meetings of Bureau (August 2007 and October 2007).

15. She noted that the RECs were encouraged to invite the Bureau to their meetings in an effort to strengthen the links between the Bureau and the RECs in promoting regional cooperation.

16. The Chairperson highlighted the need to take cognizance of the relevant global developments. In this regard, she drew attention of the session to the following: The food crisis, which has struck the most vulnerable populations, particularly in developing countries. She emphasized migration of health workers, which should remain at the forefront of the international agenda. She drew attention to the Global protocol on ethical recruitment of health workers and emphasized the importance of African countries's involvement in the process of drawing up the said Protocol. She noted the negotiations on the illicit trade in tobacco products. She urged African countries to engage in these negotiations, especially in light of the impact that such activities pose a great risk to the health of Africans, especially the youth. She further noted the well-documented link between smoking and illnesses such as pneumonia. She informed the session of the upcoming 3rd Session of the Conference of the Parties to the Framework Convention on Tobacco Control, to be hosted in South Africa in November 2008.

II. PROCEDURAL MATTERS

- a) **Adoption of the Agenda;**
- b) **Organization of Work**

17. The Provisional Agenda and the Programme of Work were adopted as presented.

III. SUMMARY OF TECHNICAL DELIBERATIONS

18. The technical deliberations were also chaired by Hon Dr. Manto Tshabalala-Msimang, Minister of Health of South Africa and Chairperson of the 3rd Session of the AU Conference of Ministers of Health.

Agenda Item 3: Progress Report on the Pharmaceutical Manufacturing Plan for Africa Doc. MIN/Sp/AU/CAMH3/2

19. H. E. Adv. Bience Gawanas, Commissioner for Social Affairs of the African Union Commission presented this Report. She recalled that the Pharmaceutical Manufacturing Plan for Africa was developed in the framework of AU Assembly Decision adopted in Abuja in January 2005 and the Gaborone Declaration 2nd Session of the Conference of Ministers of Health (CAMH). The Phase I of the plan was presented in South Africa during the 3rd Session of CAMH and during that meeting, it was decided that a Technical Committee, comprising representatives of the 05 AU regions, should be set up with a

mandate to study detailed implications of local production of pharmaceuticals in Africa. The Committee Members are Experts from the following Member States: North Africa (Egypt and Libya), West Africa (Ghana, Nigeria and Senegal), Central Africa (Burundi, Cameroon and Gabon), East Africa (Kenya and Ethiopia) and Southern Africa (South Africa and Angola).

20. For the Phase II of the Plan, the Committee met twice and came out with six priorities areas and also selected some countries that will serve as Focal Points. The Commissioner presented these priorities and Focal points as follows:

- (i) **Mapping:** The main objective of this priority, under the coordination of Gabon, will be to conduct a mapping exercise of the production capacity in terms of existing capabilities.
- (ii) **Situation Analysis and Compilation of Findings:** The Republic of Cameroon will coordinate this priority in collaboration with partners as well as the AU Commission.
- (iii) **Manufacturing agenda:** The Focal Point will be Kenya. This priority will be particularly deal with traditional medicine, skills and imports of raw materials.
- (iv) **Intellectual Property Issues:** The activities related to this priority will be carried out under the coordination of South-Africa and Angola and will mainly deal with TRIPS and not only North/South cooperation but also the South/South one.
- (v) **Political, Geographical, Economic Considerations:** The activities carried out under this priority will be coordinated by South Africa.
- (vi) **Financing:** Under the coordination of Nigeria, the various Member States, in collaboration with the relevant partners the activities carried out within this priority, will have as main objective to ensure a sustainable financing system in line with a business plan prepared to develop pharmaceutical manufacturing in Africa.

21. H. E. Adv. Gawanas then informed the Conference that the AU Commission, in close collaboration with RECs and relevant partners plans to employ one or two experts in the field who will make a study of the relevant priory areas, share the result with relevant Intellectual Property Organizations in Africa, and then develop a comprehensive, realistic and implementable Pharmaceutical Plan of Action for Africa. It is proposed that the study and finalization of the Plan within the next twelve months.

22. After the Commissioner's presentation, several delegates took the floor to seek clarification and to raise some issues such as whether the implementation of the Plan would depend on international pharmaceutical corporations and if Africa has the

resources and capacity to accomplish the task. The Commissioner supplemented by the Chairperson of CAMH3, reiterated that Africa has a lot of resources. However, the problem is that the resources are not being tapped adequately. Indeed one of the objectives of the “mapping” exercise will be to develop strategies that will lead to efficient identification and utilization of Africa’s resources, including African Traditional Medicine, for the implementation of the Pharmaceutical Manufacturing Plan for Africa. In implementation of the PMP, a call was made for South-South as well as North-South cooperation.

23. Note was taken of the Report, and the AU Commission requested to facilitate the study within 12 months.

**Agenda Item 4: The Africa Health Strategy: Implementation Plan –
Doc. MIN/Sp/AU/CAMH3/3**

24. The presentation was made by the Representative of the AU Commission who commended South Africa for printing and dissemination the Africa Health Strategy 2007-2010 (in English, French and Portuguese). The AU was requested to produce the Arabic version as soon as possible. She then recalled that the Strategy was adopted at the 3rd Session of the AU Conference of Ministers of Health (CAMH). The aim of the Strategy is for Africa to address the broad health challenges through a coordinated and harmonized approach based on strong health systems. The core of implementation is revitalization and strengthening of Primary Health Care especially at district level. She explained that the Implementation Plan follows the priorities outlined in the Africa Health Strategy (AHS) and other major commitments adopted at the 3rd Session. The AHS also spells out the roles expected from all stakeholders at national, regional, continental and international levels. It was emphasized that the Plan is complementary to ongoing national health and development strategies and the AHS seeks to further inform and strengthen these, with the objective of improving performance as well as resource mobilization.

25. The AU Representative then outlined the Implementation Plan which has 13 Priority Areas, namely to; Implement Decisions and Recommendations of CAMH3 particularly the Africa Health Strategy; Promoting Women’s Health; Implement Programmes aimed at combating Childhood Illnesses; Implement the Pharmaceutical Manufacturing Plan for Africa; Develop mechanisms to effectively implement the Plan of Action on the Prevention of Violence in Africa, with focus on health implications, including in situations of civil strife and armed conflicts; Implement a Comprehensive Program of Action to address all the elements of the health workforce crisis in Africa; Co-ordinate the mid-term review on the implementation of the Plan of Action for the for the Decade of African Traditional Medicine (2001-2010); Co-ordinate the Malaria Elimination Programme; Co-ordinate implementation of the Abuja Commitments for Accelerated Action towards Universal Access to HIV and AIDS, TB and Malaria Services; Develop Mechanisms for awareness-raising campaigns and risk factor identification for prevention of Non-Communicable Disease; Research, Monitoring and Evaluation; Communication, harmonization and coordination of the African Health

Strategy and other commitments for health in the Continent; and to Coordinate and harmonize international partnerships. Each Priority Area has specific objectives, proposed key activities, Indicators; Costed Targets [2008, 2009, 2010 and 2011] and who is responsible.

26. During the discussion which followed, South Africa was commended for printing and disseminating the AHS. It was emphasized that the AHS is not a new entity, but a holistic strategy towards better harmonized and well-coordinated performance, based on ongoing national programmes. Focus should be laid on strengthening health systems and promoting access to Primary Health Care. The need to address cross-border health concerns was raised.

27. On the possible source for funding the implementation of the AHS, the Commissioner for Social Affairs reiterated that, at national level, this would be in the framework of national health budgets. At continental level, dialogue was on-going under the Africa-EU Cooperation and the Tokyo International Conference on African Development (TICAD) IV, due to take place in Yokohama, Japan, May 2008. Development Partners were called upon to support Member States, but in the framework of respective national development strategies.

28. The WHO Regional Director for Africa reiterated the commitment of WHO and other UN Agencies to support and collaborate with African countries. The Agencies are also ready to support activities at continental level. The Regional Director called on Member States to harmonize national strategies in line with the continental instrument.

29. The Implementation Plan for the Africa Health Strategy was adopted. Member States were urged to translate it at national level and report on subsequent implementation periodically. The Bureau was requested to suggest the Africa Healthy Lifestyles Day

Agenda Item 5: Progress Report of the African Traditional Medicine
Doc. MIN/Sp/AU/CAMH3/4

30. The document was presented by a Representative of the African Union Commission (AUC). He thanked WHO for the support in the development of the Report. He recalled that the Assembly of OAU Heads of State and Government, in April 2001 in Abuja, declared 2001-2010 the "Decade for African Traditional Medicine". Within this context, the Assembly further declared that research of TM for the treatment of Malaria, HIV and AIDS, TB and Other Related Infectious Diseases (ORID) should be made a priority. The main objective of the Plan of Action of the Decade is recognition, acceptance, development and institutionalization of TM by Member States.

31. Progress on the implementation of the Plan of Action is based on the priority areas including: Sensitization and popularization of TM, Policy and Legislation on TM, TM Research and Development in AU Member States, Protection of Traditional Medicine Knowledge (TMK) and Control access to biodiversity, Local Production and

Conservation of Medicinal Plants. Before the 2001 Declaration, several African countries had national programmes and/or Regulations, had established Research and Development on TM, and mechanisms for institutionalization of TM in the existing health systems. Currently more countries are focusing TM research on malaria, HIV and AIDS, sickle cell anaemia, diabetes, hypertension, as recommended by the WHO.

32. After the presentation, the delegates acknowledged the role of TM in provision of health services in Africa. They called for acceleration of the pace in the development of protocols for research in TM, the protection of Traditional Medicine Knowledge and the development of tools to support Member States in this regard. The AU Commission was requested to ensure that it involves the WHO Regional Offices for Africa and Eastern Mediterranean in these endeavours. In response to these interventions, the Commissioner for Social Affairs informed the delegates that the issues raised about TM would also be included in the deliberations of the next Session of the AU Ministers of Culture which will take place in Algeria later this year.

33. It was recommended that the Progress Report on the Decade for African Traditional Medicine be finalized as the Mid-Term Review of the Decade of the African Traditional Medicine on the occasion Africa Traditional Medicine Day, 31 August 2008.

Agenda Item 6: Report on Health MDGs linked to the AU Commemoration of the Alma Ata Declaration – Doc. MIN/Sp/AU/CAMH3/5

34. The Representative of the Au Commission briefed the session on the adoption of the MDGs in 2000 by the World Summit and the current status of achievement of the health related MDGs in Africa. While noting the challenges faced by African countries in achieving the MDG targets by 2015, he also highlighted success stories, in particular the reduction of child mortality rates caused by measles and reductions in prevalence of HIV and AIDS deaths in countries with availability of ARVs

35. The Commissioner for Social Affairs supplemented the presentation and explained that the theme for the upcoming Summit of Heads of State and Government in Egypt in June 2008, is “Achieving the MDGs on Water and Sanitation”. She also drew the attention of the session to the proposed theme for the “State of the Africa’s Population Report 2008”, which is *Climate Change, Population Development*.

36. The presentation was followed by a discussion. The Delegations expressed their appreciation for the report. While noting the challenges to implementation of national level strategies and programs to achieve the MDGs, further information was requested on proposed continental level strategies. Member States were also urged to be optimistic and register the successes attained and to develop health service delivery systems. With reference to implementation of MDG 4 and 5, it was emphasized that women, as mothers should be targeted for interventions relating to prevention of death arising from lack of access to adequate antenatal and skilled postnatal care.

37. The following recommendations were made:

- The need for greater advocacy to encourage men to take more responsibility in caring for children was underscored;
- Member States were urged to share positive experiences on achieving the MDG, such as reduction in the spread/prevalence of HIV and mortality rates of AIDS, malaria and TB in some countries was noted;
- Greater detail on the impact of indoor residual spray in relation to treated nets for malaria control was called for;
- Member States were urged to strengthen laboratory services;
- Seeking alternatives to counter the shortage of skilled health workers was proposed such as employment of retired midwives, and traditional birth attendants;
- It was suggested that reduction of mortality rates to achieve MDG 4 and 5 requires a new approach. It was acknowledged that Member States are aware of what should be done, but that there is need for sustained political commitment, greater resource mobilization and more effective implementation of continental commitments;
- The need to invest in health information systems to obtain reliable and valid empirical data was noted;
- The importance of education for young girls was reiterated.

Agenda Item 7: Progress Report on Implementation of the Outcomes of the 2006 Abuja Special Summit on HIV/AIDS, TB and Malaria - Doc. MIN/Sp/AU/CAMH3/6

38. The Representative of the African Union Commission (AUC) presented the Report. She thanked WHO, UNICEF and UNAIDS for support in the preparation of the Report which was a difficult exercise as it addressed three diseases managed under three different programmes at the national level. The representative recalled that in May 2006 at Abuja, Nigeria, the AU Heads of State and Government held a Special Summit on HIV/AIDS, TB and Malaria (ATM) on the theme “**Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by a United Africa by 2010**” She indicated that the purpose of the Summit was to review the status of implementation of the Declarations and Plans of Action on the 2000 Abuja Summit of Roll Back Malaria(RBM) and the 2001 Abuja Summit on HIV/AIDS, TB and Other Related Infectious Diseases. She noted that the Special Summit adopted the following:

- Abuja Call for Accelerate Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa.
- Africa's Common Position to the UN General Assembly Special Session on HIV/AIDS (June 2006), together with the Brazzaville Commitment on Scaling up Towards Universal Access to HIV/AIDS Services in Africa.
- The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.

39. The AUC Representative explained that the Report was prepared upon the request of the Heads of State and Government, within the context of their pledge to keep HIV/AIDS, TB and Malaria high on their agenda. The Bureau of the CAMH 3 had also recommended that a Status Report on TB be prepared, in view of the challenges related to multi-drug resistance, inadequate or new alternative medicines, among other challenges. She then pointed out the background to the Special Summit as well as the challenges faced and successes registered in the implementation of the Abuja commitments. Attention was drawn to the disease-specific Reports on HIV and AIDS, TB and Malaria, which as much as possible followed the Priority Areas of the Abuja Call for the Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa.

40. The following actions were proposed:

- Refine the Report and submit it for consideration by the Heads of State and Government at their next Assembly.
- In order to keep up the momentum of the Malaria Elimination campaign and the first World Malaria Day, the AU Chairperson and the UN Secretary General requested that a Status Report on Malaria also be presented to the next AU Assembly for consideration.
- The Status Report on HIV and AIDS, will be submitted to the UN General Assembly High Level Meeting on HIV and AIDS which will meet in June 2008 in New York.

Agenda Item 8: BRIEFING ON:

(a) Recommendations of the AU Continental Workshop on Maternal, Newborn and Child Health in Johannesburg, South Africa (13-16 April 2008)

41. The Commissioner for Social Affairs presented an outline of the Report on the African Union Continental Workshop to Harmonize/Develop, and Institutionalize the Maternal, Newborn and Child Mortality Reviews and Accelerate the Implementation of Recommendations - Towards Meeting MDG 4 and 5, which was organized by the

Government of South Africa, in collaboration with AUC, WHO, UNFPA and UNICEF. It was attended by African and International experts involved in the field of maternal and child health. She noted the main objectives, themes and recommendations of the workshop.

42. The Report on this Workshop was discussed concurrently with the Progress Report on the Implementation of Health-related MDGs, particularly No. 4 and 5 (see summary and recommendations on Agenda Item 6).

43. In this connection, the following recommendations were made:

- Member States and RECs were invited to plan for the next phase of implementation of the outcomes of the Workshop
- The recommendation to have an AU Goodwill Ambassador and Champion for “Africa’s Movement to Improve Maternal Health and Promote Child Survival and Development beyond 2015” was endorsed. In this regard, the proposal to have the Minister of Health of South Africa, Dr. Manto Tshabalala-Msimang as Champion/Goodwill Ambassador was accepted.

44. Note was taken of the Report of the Workshop;

(b) Global Forum on Human Resources for Health and Taskforce on Training and Education on the Health Workforce, 2-7 March 2008, Kampala, Uganda

45. The Commissioner for Social Affairs expressed her pleasure at being able to present the Report of the Taskforce of the Global Health Workforce Alliance of which she is a Co-Chair. She emphasized the need to know what should be done to counter the lack of sufficient and adequately skilled health workers. She intimated that implementing the ten recommendations in the Report for scaling up in education and training of health workers would make a substantial difference in strengthening health systems. She underscored the importance of a multi-sectoral approach in meeting the challenges in ensuring that people have access to skilled health workers. She urged that Member States consider the recommendations of the Report, which are based on best practices from around the world, when looking at national human resource development plans.

46. The Chairperson of CAMH3 thanked the Commissioner for the Report and reminded the Session of the importance of Africa being involved in the negotiations on the Global Protocol on ethical recruitment of Health Workers. Some Delegations commended the leadership of the African Union and Eminent Persons for trying to solve the problem of health worker shortages.

47. The Meeting took note of the Report.

(c) **1st Session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products- Geneva, 11-15 February 2008**

48. The Chairperson of CAMH3, the Minister of Health of the Republic of South Africa, recalled the adoption of FCTC and its coming into force in 2005. She informed the delegates that the last Conference of Parties (COP) of the Convention was held in Thailand in 2007. Since the holding of COP is on a rotational basis, the Third Conference of Parties will be hosted by South Africa on 17-22 November 2008, on behalf of the continent.

49. The Minister of Health of Kenya supported the hosting of COP in South Africa and shared with the delegates the efforts Kenya has made in the implementation of FCTC.

50. Note was made of the briefing.

(d) **An Africa EU-USA Avian Influenza Forum (Egypt)**

51. The Representative of the Government of Egypt presented a brief outline on the forthcoming International Ministerial Conference on Avian and Pandemic Influenza due to be held in Sharm El-Sheik, Egypt in October 2008. It will be organized by Egypt in partnership with UN agencies such as WHO, World Organization for Animal Health (OIE), FAO and the UN. He mentioned that the Conference would be a follow-up to previous meetings held in Washington (2005), Beijing (2006), Vienna (2006), Bamako (2006) and New Delhi (2007). He informed the Session that the Conference would address the following:

- Challenges in the control of the highly pathogenic Avian Influenza virus (HPAI) in animals;
- Prevention of its spread to humans;
- Provision of updated information and taking stock of the global response to the Avian Influenza pandemic;
- Further elaboration of the Vision and Road Map adopted in New Delhi
- Presentation of the opportunity for Ministers of Health, Ministers of Animal Resources, International Organizations and CSOs to share light on best practices

52. The Session took note of the briefing. The Chairperson of the Session assured the Delegation of Egypt of maximum support for this important Conference; and urged Member States to attend.

Agenda Item 9: ANY OTHER BUSINESS

53. The Honourable Ministers unanimously agreed to disseminate a Communiqué as a show of solidarity with the Peoples Republic of China and the Union of Myanmar, following the recent natural disasters. The Communiqué reads as follows:

COMMUNIQUE

We, the Ministers of Health of the African Union, meeting at the Special Session of our Conference held in Geneva, Switzerland on May 17, 2008:

1. Express our heartfelt condolences to the Government and People of the Peoples Republic of China and the Union of Myanmar on the tragic losses they have suffered following the recent natural disasters.
2. Encourage increased international support in the face of the physical, social and mental health challenges in the emergency stage and over time in the programme of reconstruction that will follow.
3. Express our solidarity with the Ministers of Health in the challenges they are facing.

ADOPTION OF THE RECOMMENDATIONS OF THE SPECIAL SESSION OF THE AU CONFERENCE OF MINISTERS OF HEALTH

54. The following recommendations were considered and adopted by the Special Session:

We the Ministers of Health meeting at the Special Session of the African Union Conference of Ministers of Health held in Geneva, Switzerland on May 17, 2008:

WELCOME the Progress Report on the Pharmaceutical Manufacturing Plan (PMP) for Africa and re-emphasised the importance of pharmaceutical manufacturing in Africa;

REQUEST the African Union Commission to continue to coordinate and harmonise follow up actions of the PMP, including the preparation of a concrete plan for implementation, in close collaboration with countries, RECs, WHO and other relevant partners;

ENDORSE the Implementation Plan of the Africa Health Strategy and its priority areas of action **AND REQUEST** all countries to actively pursue its implementation in harmony with their own national plans and strategies;

CALL ON development partners to support Africa within the framework of the Africa Health Strategy;

SUPPORT the adoption of an Africa Healthy Lifestyles Day and **REQUEST** the Bureau of CAMH3 to propose a date for marking this Day;

REQUEST Member States to submit updated information and to accelerate the implementation of the Plan of Action of the AU Decade of African Traditional Medicine, including regulatory frameworks, protection of traditional knowledge, research and scientific evaluation: and **REQUESTS** the African Union Commission to continue with the preparation of the mid-term review on the occasion of Africa Traditional Medicine Day on 31st August 2008;

ENDORSE the Progress Report on Implementation of Health-related MDGs: and, **WELCOME** the steps forward, but recognise that the achievement of the Health MDGs will require renewed commitment to health development through the Primary Health Care strategy in line with the Ouagadougou Declaration (2008) and strengthening of health systems, significant increase in domestic and external investment and improved aid effectiveness in line with the Paris Declaration.

RECOMMEND that the Progress Report on Implementation of Health-related MDGs be incorporated into the annual progress report to be submitted to the AU Summit and to the UN General Assembly.

ENDORSE the Report of the AU Continental Workshop to Harmonise, Develop and Institutionalise the Maternal, Newborn and Child Mortality Reviews and Accelerate the Implementation of Recommendations Towards Meeting MDG 4 and 5 and invite Member States to plan for the implementation of the outcomes of the workshop:

NOMINATE the Minister of Health of South Africa as AU Goodwill Ambassador and Champion for “Africa’s Movement to Improve Maternal Health and Promote Child Survival and Development beyond 2015”, in collaboration with other Ministers;

ENDORSE the Progress Report on Implementation of the May 2006 Abuja commitments of Heads of State and Government towards Universal Access to HIV and AIDS, TB and Malaria Services by 2010, subject to updated data from Member States; and **URGE** for redoubling of efforts at national, regional, continental and international levels;

TAKE NOTE of the Report on the Taskforce on Training and Education of the Global Health Workforce Alliance and encourage Member States to actively implement its recommendations.

ALSO URGE Ministers of Health to participate in the Sixth International Ministerial Conference on Avian and Pandemic Influenza due to be held in Sharm El Sheikh, Egypt from 24-26 October 2008.

Agenda Item 10: CLOSING

55. The Special Session was closed by the Hon. Minister of Health of South Africa and Chairperson of the Bureau of CAMH3. She thanked all delegations for their contribution in making this short Session a success. She urged them to note and implement the recommendations adopted. The Summary of the deliberations would be made available to all the AU Member States during the course of the World Health Assembly (WHA). She indicated that the Bureau of CAMH3 would prepare a brief Report of the Session on behalf of the Ministers and coordinate follow up on the outcomes of the Special Session. She concluded by commending the Interpreters and support staff for their efforts.

EX.CL/435 (XIII)
ANNEX

RECOMMENDATIONS

RECOMMENDATIONS

We the Ministers of Health meeting at the Special Session of the African Union Conference of Ministers of Health held in Geneva, Switzerland on May 17, 2008:

WELCOME the Progress Report on the Pharmaceutical Manufacturing Plan (PMP) for Africa and re-emphasized the importance of pharmaceutical manufacturing in Africa;

REQUEST the African Union Commission to continue to coordinate and harmonize follow up actions of the PMP, including the preparation of a concrete plan for implementation, in close collaboration with countries, RECs, WHO and other relevant partners;

ENDORSE the Implementation Plan of the Africa Health Strategy and its priority areas of action **AND REQUEST** all countries to actively pursue its implementation in harmony with their own national plans and strategies;

CALL ON development partners to support Africa within the framework of the Africa Health Strategy;

SUPPORT the adoption of an Africa Healthy Lifestyles Day and **REQUEST** the Bureau of CAMH3 to propose a date for marking this Day;

REQUEST Member States to submit updated information and to accelerate the implementation of the Plan of Action of the AU Decade of African Traditional Medicine, including regulatory frameworks, protection of traditional knowledge, research and scientific evaluation: and **REQUESTS** the African Union Commission to continue with the preparation of the mid-term review on the occasion of Africa Traditional Medicine Day on 31st August 2008;

ENDORSE the Progress Report on Implementation of Health-related MDGs: and, **WELCOME** the steps forward, but recognize that the achievement of the Health MDGs will require renewed commitment to health development through the Primary Health Care strategy in line with the Ouagadougou Declaration (2008) and strengthening of health systems, significant increase in domestic and external investment and improved aid effectiveness in line with the Paris Declaration.

RECOMMEND that the Progress Report on Implementation of Health-related MDGs be incorporated into the annual progress report to be submitted to the AU Summit and to the UN General Assembly.

ENDORSE the Report of the AU Continental Workshop to Harmonize, Develop and Institutionalize the Maternal, Newborn and Child Mortality Reviews and Accelerate the Implementation of Recommendations Towards Meeting MDG 4 and 5 and invite Member States to plan for the implementation of the outcomes of the workshop:

NOMINATE the Minister of Health of South Africa, Dr Manto Tshabalala Msimang, as AU Goodwill Ambassador and Champion for “Africa’s Movement to Improve Maternal Health and Promote Child Survival and Development beyond 2015”, in collaboration with other Ministers;

ENDORSE the Progress Report on Implementation of the May 2006 Abuja commitments of Heads of State and Government towards Universal Access to HIV and AIDS, TB and Malaria Services by 2010, subject to updated data from Member States; and **URGE** for redoubling of efforts at national, regional, continental and international levels;

TAKE NOTE of the Report on the Taskforce on Training and Education of the Global Health Workforce Alliance and encourage Member States to actively implement its recommendations.

URGE Ministers of Health to participate in the Third Session of the Conference of the Parties to the Framework Convention on Tobacco Control to be held in Durban, South Africa from ...November 2008

ALSO URGE Ministers of Health to participate in the Sixth International Ministerial Conference on Avian and Pandemic Influenza due to be held in Sharm El-Sheikh, Egypt from 24-26 October 2008.

AFRICAN UNION UNION AFRICAINE

African Union Common Repository

<http://archives.au.int>

Organs

Council of Ministers & Executive Council Collection

2008

Report of the special session of the AU conference of ministers of health

African Union

African Union

<http://archives.au.int/handle/123456789/4449>

Downloaded from African Union Common Repository