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**EXECUTIVE COUNCIL  
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Addis Ababa, ETHIOPIA**

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Original: English**

**REPORT OF THE FIRST MEETING OF AFRICAN MINISTERS OF  
HEALTH JOINTLY CONVENED BY THE AUC AND WHO,  
LUANDA, ANGOLA, 14 - 17 APRIL 2014**

**REPORT OF THE FIRST MEETING OF THE AFRICAN MINISTERS  
OF HEALTH JOINTLY CONVENED BY AUC AND WHO,  
LUANDA, ANGOLA, 14 - 17 APRIL 2014**

1. The First Meeting of the African Ministers of Health, jointly convened by the AUC and WHO was held in Luanda, Angola, from 16 to 17 April 2014. The Ministerial Meeting was convened in line with Decision **Assembly/AU/Dec. 506(XXII)** of the 22<sup>nd</sup> Ordinary Session of the AU Assembly by which the Assembly endorsed the holding of a Biennial Joint AU/WHO Conference of the African Ministers of Health.
2. The Ministerial Meeting was held congruent to the AUC Strategic Plan, 2014 – 2017 Outcome 1: *Human capacity development focusing on health, education, science, research, technology and innovation*. The Meeting fell under the purview of the two Health Division's mandate within the Department of Social Affairs.
3. The main objectives of the meeting Ministerial Meeting were the following:
  - i) Discuss actions to accelerate progress towards Universal Health Coverage in Africa;
  - ii) Discuss and propose key milestones towards the establishment of the African Medicines Agency, in context of the Pharmaceutical Manufacturing Plan for Africa;
  - iii) Discuss and agree on mechanisms for the implementation of policies and strategies to address Non Communicable Diseases (NCD) risk factors;
  - iv) Review the status of implementation of the plan of action towards ending preventable maternal and child mortality;
  - v) Discuss the establishment of the African Centre for Disease Control and Prevention.
4. The Meeting was held at Experts and Ministerial levels and was attended by Ministers and Health Experts from AU Member States, the diplomatic corps; and representatives of United Nations agencies and non-governmental organizations as well as representatives from AUC and WHO.
5. The main outcome of the Ministerial Meeting is articulated in following six commitments adopted which the Ministers committed to implement:
  - i) Universal Health Coverage;
  - ii) African Medicines Agency;
  - iii) Non-communicable Diseases in Africa;
  - iv) Ending Preventable Maternal and Child Deaths in Africa;
  - v) Establishment of an African Centre for Disease Control and Prevention;

- vi) Accountability mechanisms to assess implementation of declarations and commitments.

**6.** The Meeting expressed the wish to hold a joint AU/WHO meeting once annually instead of the different meetings under different frameworks, namely, the specialized Technical Committees (STC), WHO AFRO Regional Committee Meeting and WHO EMRO Regional Committee Meeting; and requested the Commission and WHO in consultation with Member States, to initiate a process of transition towards undertaking only one annual main gathering of African Ministers of Health.

**7.** The Report of the Ministerial Meeting is being submitted for consideration of endorsement by the Executive Council.

**EX.CL/872(XXVI)**  
**Annex**

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VOLUME I : RÉUNION DES MINISTRES

**Première réunion des ministres africains  
de la Santé organisée conjointement  
par la CUA et l'OMS**

Luanda (Angola), 16-17 avril 2014

**2014**



Organisation mondiale de la Santé  
Bureau régional de l'Afrique  
Brazzaville • 2014



VOLUME 1: MINISTERIAL MEETING

# First meeting of African Ministers of Health jointly convened by the AUC and WHO

Luanda, Angola, 16–17 April, 2014

# 2014

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# 1. SUMMARY REPORT

## OPENING OF THE MEETING

1. The First Meeting of African Ministers of Health jointly convened by the AUC and WHO was held in Luanda, Angola, from 16 to 17 April 2014. The meeting was officially opened by the Vice-President of the Republic of Angola, His Excellency Engineer Domingo Manuel Vicente, on behalf of His Excellency Engineer José Eduardo dos Santos, President of the Republic of Angola, on Wednesday, 16 April 2014. Among those present at the opening ceremony were cabinet ministers and members of the Government of the Republic of Angola; ministers of health and heads of delegation of Member States of the African Union and the WHO African Region; the WHO Regional Director for Africa, Dr Luis Gomes Sambo; the Commissioner for Social Affairs of the African Union Commission, Dr Mustapha Kaloko; members of the diplomatic corps; and representatives of United Nations agencies and nongovernmental organizations.
2. The Minister of Health of the Republic of Angola, Honourable Dr José Vieira Van-Dúnem, welcomed the national authorities and the delegates to the Ministerial Meeting and wished them successful deliberations.
3. The Federal Minister of Health of Nigeria and Chair of the 6th Conference of African Ministers of Health (CAMH6), Honourable Professor Onyebuchi Chukwu, in his statement, conveyed the greetings of the President, the Government and the people of the Federal Republic of Nigeria to the meeting. He recalled that Nigeria was elected Chair of the CAMH6 and in that capacity commended the AUC and WHO for jointly convening the landmark ministerial meeting for the first time ever. Professor Chukwu appreciated the work of WHO in supporting Member States to address issues of public health importance. He reminded the delegates of important milestones such as the Abuja +12 Summit and the International Conference on Maternal and Child Health held in South Africa as well as previous World Health Assembly sessions during which the common position of Africa on global health issues had been at the forefront through the coordination and facilitating roles of WHO and the AUC. He stressed the need for African Ministers of Health to push for health to be at the core of the post-2015 development agenda to ensure that the unfinished agenda related to the MDGs is carried forward.



4. In his address, the WHO Regional Director for Africa, Dr Luis Gomes Sambo, thanked the Vice-President of the Republic of Angola for graciously honouring the meeting with his participation in the opening ceremony. He asked him to convey the best wishes of WHO to His Excellency the President of Angola for his leadership and to thank him for his effective support to the efforts to improve health in Africa in general and in Angola in particular, and for the contribution and generous support of the Government and people of Angola for the organization of the Ministerial Meeting. Dr Sambo stated that the meeting was historic as it was the first time the AUC and WHO had jointly organized a meeting of African Ministers of Health, thus providing a new platform for improved synergies in the collaboration between the two organizations for the betterment of the health of the people of Africa.
5. Dr Sambo reminded the meeting of the progress made in addressing health issues in the African Region, including increasing life expectancy, reduction in child and maternal mortality rates, and decline in the incidence of communicable diseases such as malaria, HIV and TB. He, however, added that noncommunicable diseases were on the rise while the continent still continued to experience outbreaks of diseases such as the ongoing Ebola Haemorrhagic Fever (VHF) epidemic in some West African countries. He informed the meeting that WHO was supporting the countries affected by the Ebola outbreak to contain the epidemic in order to mitigate and prevent the attendant loss of life and the social and economic consequences. Dr Sambo stressed the need for Member States to strengthen their disease surveillance systems by implementing the International Health Regulations (2005) in order to promote global health security. He called on Member States to continue investing more in health systems and pay the necessary attention to the post-2015 health agenda in order to move towards Universal Health Coverage.
6. The African Union Commissioner for Social Affairs, Dr Mustapha Sidiki Kaloko, in his statement, conveyed the greetings of the Chairperson of the African Union Commission to the meeting. Dr Kaloko commended the combined efforts of the AUC and WHO in implementing the decision by the African Union Heads of State and Government to jointly organize the 1st African Ministers of Health meeting in order to synergize efforts for health development on the continent. He went on to reiterate the AUC's commitment to supporting its Member States to achieve the continental health goals as access to good health was a fundamental human right and a requirement for social and economic development. He stressed that the thematic areas on the agenda of the meeting resonate well with the priorities of the continent. He commended the AUC and WHO for tackling the salient and complex health issues responsible for the high disease burden in Africa. The Commissioner used the

opportunity to launch the campaign on Neglected Tropical Diseases (NTDs) in Africa under the theme “Now is the time to control and eliminate NTDs in Africa” with a target date of 2020. The Commissioner stated that the campaign on NTDs was within the spirit of shared responsibility and global solidarity for Africa.

7. In opening the Ministerial Meeting on behalf of the President of the Republic of Angola, Engineer José Eduardo dos Santos, the Vice-President of the Republic of Angola, His Excellency Engineer Domingo Manuel Vicente, thanked the AUC and WHO for accepting Angola’s offer to host the historic inaugural meeting of Ministers of Health jointly organized by the two organizations. He welcomed the delegates to Angola on behalf of the President of the Republic of Angola. The Vice-President stated that the several years of peace and stability in his country had resulted in improvements in health indicators. He therefore called on Member States to avoid war and conflict situations as these lead to destruction, undue suffering, loss of life, increase in the population of orphans and delays in human development. The Vice-President called for harmonized efforts by Member States and partners to deal with the many health challenges facing the continent. He welcomed the choice of important health topics that would be discussed during the meeting and stated that, given the commonalities in health challenges and health systems in Member States, the meeting would serve as a good platform for the ministers and delegations to share experiences and come up with specific solutions to promote human development and equity on the continent. The Vice-President expressed support for the creation of the African Centre for Disease Control and Prevention and then, on behalf of the President of the Republic of Angola, declared the Ministerial Meeting officially open.

### **ELECTION OF OFFICE BEARERS (CHAIRPERSON, VICE-CHAIRPERSONS AND RAPORTEURS)**

8. The meeting elected the following office bearers:

Chairperson: Honourable Dr José Vieira Van-Dúnem  
Minister of Health,  
Angola

Vice-Chairperson: Dr Mohamed S. B. Ammar  
Minister of Health,  
Tunisia



Vice-Chairperson: H. E. Mr Désiré Bosson Assamoi  
Côte d'Ivoire Ambassador to Angola,  
Luanda

Rapporteurs: Hon. Sarah Achieng Opendi  
Minister of State,  
Primary Health Care,  
Uganda (English)

Prof. Fidèle Mengué Me Engouang  
Minister of Health,  
Gabon (French)

Dr Alexandre Manguela  
Minister of Health,  
Mozambique (Portuguese)

Dr Mohamed Abugalia  
Director of Health Protection Department,  
National Centre for Disease Control  
Lybia (Arabic)

9. The Honourable Minister of Health of Angola, Dr José Van-Dúnem, thanked the delegates for electing him as Chairperson of the Ministerial Meeting.

### **TERMS OF REFERENCE FOR THE CONDUCT OF THE AUC-WHO BIENNIAL MEETING OF AFRICAN MINISTERS OF HEALTH (AUC/WHO/2014/DOC.8)**

10. The WHO Regional Director for Africa introduced the document on the proposed terms of reference for the conduct of the AUC-WHO biennial meeting of African Ministers of Health. The ministers expressed the need to reduce the number of continental meetings of African Ministers of Health and suggested to have one annual gathering organized jointly by the AUC and WHO in the spirit of "one Africa". The ministers recognized that this would have legal, political and diplomatic implications due to differences in the composition of Member States, the governance structures of the AUC and WHO and the decision taken by the January 2014 Heads of State summit to organize the joint biennial meetings.



11. The ministers decided that within a transitional period not exceeding two years, the WHO Regional Committee and the AU Conference of African Ministers of Health would be organized back to back every year. They requested the AUC and WHO to work together to propose ways of addressing issues that may arise in the process of implementing the above recommendation to be re-addressed by the Ordinary Session of Heads of State and Government.

### **REPORT OF THE EXPERTS' MEETING (AUC/WHO/2014/DOC.7)**

12. In presenting the Report of the Experts' Meeting, Dr Jane Ruth Aceng, Director-General of Health Services, Ministry of Health, Uganda, stated that the Experts Meeting was held from 14 to 15 April 2014. That meeting deliberated on seven working documents and six draft commitments all on the topics to be discussed during the Ministerial Meeting. For each of the topics, the report highlighted the key challenges facing Member States and made key recommendations for action. The Experts Meeting also recommended specific "Draft Commitments" on each of the six topics for consideration and adoption by the Ministerial Meeting.

### **UNIVERSAL HEALTH COVERAGE IN AFRICA: FROM CONCEPT TO ACTION (AUC/WHO/2014/DOC.1)**

13. The meeting reviewed the relevant sections of the Report of the Experts' Meeting and the draft Commitment on Universal Health Coverage (UHC) recommended by the experts for the ministers' consideration. The ministers commended the Secretariat and the experts for the quality of the documents presented. It was generally agreed that UHC had become very topical in the recent past and that it was critical for Member States to move towards UHC in order to respond to the health needs of the people. The meeting underscored the need for countries to learn from the several experiences on the continent that could inform and accelerate progress towards achieving UHC in order to enhance access and equity. Learning from the experience of several countries, the meeting reiterated that a multisectoral approach was necessary in implementing strategies towards UHC.
14. The issue of setting a continental target or country-specific targets for achieving UHC was discussed. Some countries urged caution in setting a continental target because attaining UHC was a process and countries were at different stages. However, the meeting decided



that a target year of 2025 should be set for Member States to put in place the necessary structures and processes to move towards UHC because setting a continental target would galvanize Member States to accelerate action.

15. The draft commitment on Universal Health Coverage in Africa was then adopted with amendments. The ministers committed themselves to improving health outcomes and contributing to tackling poverty by increasing the coverage of health services, developing or improving comprehensive policies and strategies for health systems, and promoting prepayment and pooling mechanisms in collaboration with other sectors. The AUC and WHO were requested to support African countries to develop their health financing mechanisms in order to move towards and sustain UHC.

### **AFRICAN MEDICINES AGENCY: SETTING MILESTONES TOWARDS ITS ESTABLISHMENT (AUC/WHO/2014/DOC.2)**

16. The meeting reviewed the relevant sections of the Report of the Experts' Meeting and the draft Commitment on the establishment of the African Medicines Agency (AMA). The ministers underscored the importance of establishing the AMA and the role it would play in enhancing the regulatory environment and improving access to quality medical products. They acknowledged that several initiatives for harmonizing the regulation and legislation of pharmaceutical products were ongoing at country and subregional levels and that these would contribute to an enabling environment for improving local production of medical products and for timely establishment of the AMA.
17. The meeting then highlighted the need to define the scope of the medicines or medical products that would be covered by the work of the AMA. It was suggested that the definition of scope be extended to cover Traditional Medicine as this was the first point of call for a large proportion of the people. The ministers also called for the promotion of a conducive environment for local production of quality medicines for the treatment of priority diseases in Africa. The need to adopt a multisectoral and multicountry approach to control and monitor the flow/circulation of medicines was emphasized.
18. The ministers agreed to establish a task team that would facilitate the implementation of the milestones set for the establishment of the AMA and recommended that the team learn from the subregional experiences in medicines regulation.

19. The draft commitment on the establishment of the AMA was adopted with amendments. The ministers committed themselves to its establishment and requested the AUC and WHO, in collaboration with relevant stakeholders, to establish a task team with due attention to regional representation and the skills required for this purpose.

### **NONCOMMUNICABLE DISEASES IN AFRICA: POLICIES AND STRATEGIES TO ADDRESS RISK FACTORS (AUC/WHO/2014/DOC.3)**

20. The meeting reviewed the relevant sections of the Report of the Experts Meeting and the draft Commitment on noncommunicable diseases. The ministers observed that an increase in tobacco trade and consumption, harmful use of alcohol, physical inactivity and unhealthy diet had contributed to a rapid rise in NCDs. They expressed concern that despite the increasing trends, many governments in Africa were unable to meet the ever-expanding needs for legislation, policies and regulatory frameworks (e.g. Framework Convention on Tobacco Control) that protect populations and individuals from exposure to the risk factors of NCDs. Concern was also expressed about the impact of harmful emissions/smoke from cooking stoves particularly in rural settings, leading to inadvertent and simultaneous inhalation by mothers, often carrying babies on their back.
21. The ministers emphasized the need to address the full scope of NCDs as highlighted in various frameworks that provide technical approaches for tackling NCDs holistically and their risk factors including noncommunicable conditions such as violence and injuries, mental health, sickle-cell disease and trauma. It was reiterated that the increasing attention required of Member States in the fight against NCDs should not be at the expense of communicable diseases.
22. The draft commitment on NCDs was adopted with amendments. The ministers committed themselves to ensuring that the prevention and control of NCDs and their risk factors are given the prominence they deserve. The AUC, WHO and relevant stakeholders were requested to support resource mobilization and capacity strengthening efforts of countries.





## ENDING PREVENTABLE MATERNAL AND CHILD DEATHS (AUC/WHO/2014/DOC.4)

23. The Ministers of Health reviewed the relevant sections of the report of the Experts' Meeting and the draft commitment on ending preventable maternal, newborn and child deaths in Africa. They recognized that all African countries are making efforts to accelerate the reduction of maternal and child mortality towards the attainment of MDGs 4 and 5, and many countries have best practices that could be documented and shared. They also recognized that according to the 2013 Maternal Mortality estimates, only four countries in Africa - Cape Verde, Equatorial Guinea, Eritrea and Rwanda — had achieved the MDG5 target. The ministers highlighted the importance of nutrition in improving maternal and child survival. They also emphasized the importance of improved transportation, use of communication technologies, effective community participation and men's involvement in maternal health and child survival. In addition, they highlighted the need to invest in the development of human resources for health and the place of routine vaccination and adolescent health in the survival of mothers, newborns and children.
24. The meeting expressed concern about the fragmentation of regional and global initiatives on maternal, newborn and child health and called upon the AUC and WHO to work together with countries to improve the coordination and harmonization of these initiatives. The meeting also underscored the need to strengthen the surveillance of maternal deaths and timely response, to institutionalize maternal and perinatal death reviews, including community maternal death review, and to improve systems to effectively and regularly measure the progress made towards the attainment of country, regional and global targets.
25. The draft commitment on ending preventable maternal, newborn and child deaths was adopted with amendments. The ministers committed themselves to ensuring that the health of women and children in Africa is guaranteed through the full implementation of policies, strategies and initiatives that promote the reduction of preventable maternal, newborn and child deaths, namely by ensuring an integrated package of essential maternal, newborn and child health interventions and services including nutrition. They requested AUC to work with relevant partners to fast-track the resourcing and implementation of the "Mama Afrika" award.

## **ESTABLISHMENT OF AN AFRICAN CENTRE FOR DISEASE CONTROL AND PREVENTION (AUC/WHO/2014/DOC.5)**

26. The Ministers of Health reviewed the relevant sections of the report of the Experts Meeting and the draft commitment on the establishment of an African Centre for Disease Control and Prevention (ACDCP). The meeting recalled that in decision Assembly/AU/Dec.499 (XXII) of the 22nd Ordinary Session of the AU Assembly in January 2014, the Heads of State and Government requested the AU Commission to work out the modalities of establishing the ACDCP in collaboration with the Government of Ethiopia and other interested Member States and to submit a report to the Assembly by January 2015, setting forth, among other things, the legal, structural and financial implications of the establishment of the Centre.
27. The meeting agreed that ACDCP would be a reference centre to support and coordinate the work of national institutions, and that its establishment should be guided by the several country and subregional experiences on Centres of Excellence. The meeting also agreed that a task force comprised of the AUC, WHO, the Government of Ethiopia and interested Member States would define the modalities and map out a roadmap for the establishment of the ACDCP including its legal structure and the financial implications. The meeting took note of the fact that several Member States – Benin, Democratic Republic of Congo, Gabon, Ghana, Kenya, Libya, Nigeria, Rwanda, Tunisia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe — had expressed interest in becoming members of the task force. It was agreed that these countries would be considered by the AUC in establishing the task force, taking into consideration geographic representation and the expertise required.
28. The draft commitment on the establishment of an African Centre for Disease Control and Prevention was adopted with amendments. The ministers committed themselves to implementing the related AU decision and establishing a multinational task force to define the modalities and map out a roadmap for the establishment of the ACDCP. The AUC and WHO agreed to support the establishment of the ACDCP.



## **ACCOUNTABILITY MECHANISM TO ASSESS THE IMPLEMENTATION OF DECLARATIONS AND OTHER COMMITMENTS MADE BY AFRICAN MINISTERS OF HEALTH (AUC/WHO/2014/DOC.6)**

29. The Ministers of Health reviewed the relevant sections of the report of the Experts Meeting and the draft commitment on the establishment of an accountability mechanism to assess the implementation of declarations and other commitments made by African Ministers of Health. The ministers strongly welcomed the proposal to establish an accountability mechanism as it would contribute to improving the effectiveness, efficiency, impact and sustainability of commitments made by African Ministers of Health.
30. The ministers discussed the scope, the structure and the regularity of the reports to be prepared in implementing the accountability mechanism. They underscored the need for adequate support from central government and partners and for collaboration with other sectors and stakeholders to facilitate the implementation of the commitments. The ministers suggested that all the commitments and declarations be posted on the web sites of ministries of health, AUC and WHO to facilitate dissemination and institutional memory.
31. The draft commitment on the establishment of an accountability mechanism to assess the implementation of declarations and other commitments made by African Ministers of Health was adopted with amendments. The ministers committed themselves to adhering to the timeline set for implementation of commitments, to monitor the progress of implementation and to report regularly on the progress made. The AUC and WHO were requested to support monitoring of the implementation of the commitments made and to report regularly to subsequent joint meetings of African Ministers of Health.
32. Following the discussion of the agenda item on accountability mechanism, the “Luanda Declaration issued by the first African Ministers of Health meeting jointly convened by the AUC and WHO” was discussed. It was then adopted with amendments.

## **DATES AND PLACE OF THE SECOND MEETING OF AFRICAN MINISTERS OF HEALTH JOINTLY CONVENED BY THE AUC AND WHO**

33. The Ministers of Health decided that the second meeting of African Ministers of Health jointly convened by AUC and WHO will be held in April 2016 in Tunisia.



## **CONSIDERATION AND ADOPTION OF THE SUMMARY REPORT**

**(AUC/WHO/2014/DOC.9)**

34. The Summary Report of the Ministerial Meeting (Document AUC/WHO/2014/Doc.9) was adopted with amendments. This was followed by a discussion and adoption of a motion of solidarity with the people of West Africa affected by the outbreak of Ebola haemorrhagic fever.

## **CLOSURE OF THE MEETING**

35. In his closing remarks, the WHO Regional Director for Africa, Dr Luis Sambo, expressed his gratitude to the Government of Angola and to the Angolan Inter-Ministerial Team that provided support for the successful conduct of the 1st meeting of African Ministers of Health jointly convened by the AUC and WHO. Dr Sambo underscored the commitment of WHO and the AUC to work together in a synergetic manner at the political and technical levels in order to help move forward the African development agenda. Referring to the meeting's adoption of a motion of solidarity with the people of West Africa affected by the outbreak of Ebola haemorrhagic fever, the Regional Director thanked all the countries and organizations that had so far contributed to the management of the epidemic. He called on all countries in the Region to strengthen their surveillance and laboratory systems and to take all appropriate measures to prevent and control further epidemics.
36. The AU Commissioner for Social Affairs, Dr Mustapha Kaloko, in his closing statement, thanked the honourable ministers of health for turning up in large numbers and for their active participation to make the historic meeting a success. He also thanked the Government of Angola for its support for the meeting. He urged WHO and the AUC to effectively manage the transitional period in line with the decision of the Ministers of Health to have one AUC-WHO Ministers of Health meeting per year.
37. In closing the meeting, the Honourable Minister of Health of the Republic of Angola, Dr José Vieira Van-Dúnem, thanked the ministers for their contributions towards the success of the meeting. He called on the ministers to continue to address the numerous health challenges facing the continent. He then officially declared the meeting closed.





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1<sup>st</sup> meeting of African Ministers of Health jointly convened by the AUC and WHO

# 2. COMMITMENTS

**AUC-WHO/COM.1/2014**

## **COMMITMENT ON UNIVERSAL HEALTH COVERAGE IN AFRICA**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization, in Luanda, Angola;

1. *Noting* that Universal Health Coverage (UHC) is defined as ensuring that all people can use the needed promotive, preventive, curative, rehabilitative and palliative health services of adequate quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship;
2. *Concerned* that out-of-pocket health expenditure contributes to increasing poverty at household level;
3. *Concerned also* that in countries where health services have been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of the populations and the increasing costs of health services;
4. *Noting* that UHC in Africa may not be realised unless a multisectoral approach is taken so that shortfalls in agricultural production, education, regulation of the practice of traditional medicine, insufficient access to safe water, inadequate sanitation, weak health systems, and on-going conflicts, all driving the disease burden, are adequately addressed;
5. *Noting* that there remains a vicious cycle in which poverty and its determinants worsen the burden of disease, while ill-health contributes to poverty and that investment in health systems strengthening contributes to human development;

**Hereby collectively and individually:**

- I. **COMMIT** to putting in place, by 2025, the necessary structures and processes to move towards UHC;
- II. **ALSO COMMIT** to improving health outcomes by contributing to tackling poverty by increasing the coverage of health services, developing and improving comprehensive policies and strategies for health systems, promoting prepayment and pooling mechanisms, in collaboration with other sectors, to cover the entire population, and advocating for the implementation of public equity funds to cover the health costs of the poor and vulnerable; as well as monitoring and evaluating progress towards UHC;
- III. **REQUEST THE AUC AND WHO IN COLLABORATION WITH RELEVANT STAKEHOLDERS** to support African countries to develop their health financing mechanisms in order to move towards and sustain UHC, support the documentation and sharing of experiences and intensify efforts to mobilize governments and partners to scale up investment in human resources, the upgrading of infrastructure and equipment, production, procurement and supply of quality and safe medical products and health technologies;
- IV. **REQUEST THE AUC AND WHO** to submit a progress report to the next meeting of African Ministers of Health.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*



**COMMITMENT ON THE AFRICAN MEDICINES AGENCY:  
SETTING MILESTONES TOWARDS ITS ESTABLISHMENT**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization, in Luanda, Angola;

1. *Recalling* the various World Health Assembly resolutions and the AU Heads of State and Government decision on the Pharmaceutical Manufacturing Plan for Africa (PMPA) that give a high priority to the quality, safety, efficacy and affordability of medicines, including blood products;
2. *Further recalling* the declaration of the African Heads of State and Government—Assembly/AU/Decl.2 (XIX)—that endorsed the “African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response in Africa and supported the harmonization of medicines regulatory systems as a foundation for the establishment of a single medicines regulatory agency in Africa, as well as the recommendations made by the WHO Regional Committee for Africa at its Sixtieth and Sixty-third sessions to strengthen the capacity for regulation of medical products in the African Region and establish the African Medicines Agency (AMA);
3. *Welcoming with appreciation* the contributions of WHO, the New Partnership for Africa’s Development (NEPAD) and partners in supporting Regional Economic Communities and Member States to strengthen their medical products regulatory systems through implementation of the African Medicines Regulatory Harmonization initiative within the framework of the PMPA;

**Hereby collectively and individually:**

1. **COMMIT OURSELVES:** to the establishment of the AMA; to prioritize investment for regulatory capacity development; to pursue the efforts towards convergence and harmonization of medical products regulation in Regional Economic Communities (RECs); to endorse the proposed milestones for its establishment; and to allocate adequate resources for the operationalization of the AMA;



- II. **REQUEST THE AUC AND WHO IN COLLABORATION WITH THE RELEVANT STAKEHOLDERS:** to establish a task team that will facilitate the implementation of the agreed milestones with due regard to regional representation and skills required to meet the mandate;
  
- III. **REQUEST THE AUC:** to seek substantive support from Heads of State and Government because of the institutional and financial implications and report to the meetings of African Ministers of Health on the progress made in the implementation of the agreed milestones.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*

## COMMITMENT ON NONCOMMUNICABLE DISEASES IN AFRICA: POLICIES AND STRATEGIES TO ADDRESS RISK FACTORS

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

1. *Deeply concerned* that Africa has been experiencing growing adverse health and social economic consequences due to the double burden of communicable and noncommunicable diseases;
2. *Recalling* the declaration on the outcome of the Sixth Session of the AU Conference of African Ministers of Health held under the theme "The Impact of Noncommunicable Diseases (NCDs) and Neglected Tropical Diseases (NTD) on Development in Africa;" which recognizes the alarming burden of both death and disability from NCDs in Africa;
3. *Noting* the Political Declaration of the High-level Meeting of the United Nations General Assembly on Prevention and Control of NCDs (resolution 66/2), and the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 (Document WHA 66/9);
4. *Recognizing* that inadequate numbers of health workers are an impediment to the full implementation of resolutions and declarations related to NCDs and their risk factors;

### Hereby collectively and individually:

1. **COMMIT** to ensuring that prevention and control of NCDs and their risk factors are given the prominence they deserve and that the WHO global action plan for the prevention and control of NCDs 2013–2020 is fully implemented through the National NCD multisectoral plans, and mobilizing resources, both domestic and external, including the use of innovative financing;

- II. **FURTHER COMMIT** to protecting public health policies from interference by vested interests of the alcohol, tobacco and food industries through comprehensive legislation and enforcement of national laws and policies;
- III. **UNDERTAKE** to advocate to our governments for ministerial level representation at the 2014 United Nations General Assembly Comprehensive Review and Assessment of the progress achieved in the prevention and control of NCDs and to call for further action through a concise action-oriented outcome document;
- IV. **REQUEST** the AUC and WHO and relevant stakeholders to support resource mobilization efforts and strengthening of countries' capacity for prevention and control of NCDs and their risk factors, as well as human resource development.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*

**COMMITMENT ON ENDING PREVENTABLE MATERNAL AND  
CHILD DEATHS IN AFRICA**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

1. *Recognizing* that maternal and child health are fundamental for social and economic development in Africa;
2. *Deeply concerned* about the persistence of avoidable deaths and disabilities of women during pregnancy, childbirth and the postpartum period, and newborn and child deaths aggravated mainly by poverty and armed conflicts;
3. *Noting with concern* that the prevalence of various forms of malnutrition in children under five years of age remains very high in some countries of the Region and continues to increase;
4. *Noting with appreciation* the progress made in implementing the various global and African Union initiatives including the United Nations Secretary General's Global Strategy on Women and Children's Health, the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), the Global Vaccine Action Plan, the African Union Plan of Action Towards Ending Preventable Maternal, Newborn and Child Mortality and WHO Regional Committee resolutions pertaining to women and children's health and development, and the report of the Commission on Women's Health in the African Region entitled Addressing the challenge of women's health in Africa;
5. *Taking note of* the decision [Assembly/AU/Dec.494 (XXII)] of the African Union Assembly to establish the "Mama Afrika" award in recognition of the significant contribution or action of individuals, organizations and governments in Africa towards ending preventable maternal, newborn and child mortality.

### Hereby collectively and individually:

- I. **COMMIT** to ensuring that the health of women and children in Africa is guaranteed through the full implementation of policies, strategies and initiatives towards elimination of preventable maternal, newborn and child deaths;
- II. **COMMIT** to ensuring access to an integrated package of essential maternal, newborn and child health and nutrition interventions and services. Further commit to investing in human resources for health and contributing to addressing the critical social, behavioural, economic and environmental determinants of health especially girls' education and gender equality, including women's empowerment and male participation towards eliminating preventable maternal, newborn and child deaths by 2035;
- III. **COMMIT** to accelerating the implementation of the African Union plan of action towards ending preventable maternal, newborn and child deaths and the recommendations of the report on Addressing the Challenge of Women's Health in Africa;
- IV. **COMMIT** to declaring Africa polio-free by 2018;
- V. **COMMIT** to implementing maternal deaths surveillance and timely response, and also documenting and sharing country best practices on reproductive, maternal, newborn and child health;
- VI. **REQUEST THE AUC AND WHO, IN COLLABORATION WITH RELEVANT STAKEHOLDERS,** to support Member States in implementing interventions and monitoring progress towards the attainment of MDGs 4 and 5 by 2015 and beyond, and **further request the African Union Commission** to report to the meeting of African Ministers of Health jointly convened by the AUC and WHO on the progress made towards ending preventable maternal, newborn and child deaths;
- VII. **CALL UPON THE AUC** to work with relevant partners to fast-track the resourcing and implementation of the "Mama Afrika" award.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*



**COMMITMENT ON THE ESTABLISHMENT OF AN  
AFRICAN CENTRE FOR DISEASE CONTROL AND PREVENTION**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

1. *Noting with concern* that communicable and noncommunicable diseases are significant contributors to preventable morbidity and mortality in Africa and that Africa continues to be challenged by frequent natural and man-made emergencies, often leading to disasters;
2. *Concerned* that challenges still remain in addressing disease prevention and control such as limited infrastructure and human capacities, weak disease surveillance and laboratory investigation services as well as delayed and inadequate preparedness and response to health emergencies and disasters;
3. *Recognizing* the need for the accountability framework for health security and hence protecting citizens of Africa and beyond;
4. *Recognizing* the role of such establishment in the promotion of solidarity, social cohesion, harmony and sustainable socioeconomic development, beyond public health protection;
5. *Recalling* the decision of the special summit on HIV, TB and Malaria declaration in July 2013, in which the Heads of State and Government requested the AU Commission to work out modalities of establishing an African Centre for Disease Control and Prevention; and decision Assembly/AU/Dec.499 (XXII) in which the Assembly stressed the urgency to establish the Centre;

**Hereby collectively and individually:**

- I. **COMMIT** to the implementation of AU Decision Assembly/AU/Dec.499 (XXII) that stresses the urgency of establishing the African Centre for Disease Control and Prevention (ACDCP) while taking cognizance of the existing regional centres of excellence;
- II. **COMMIT** to the creation of a multinational task force by May 2014 to define the modalities and work out the roadmap for the establishment of the ACDCP, including the legal structural and financial implications relating to the Centre;
- III. **REQUEST** the AUC and WHO, in collaboration with relevant stakeholders, to provide technical support towards the establishment of the ACDCP.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*

**COMMITMENT ON ACCOUNTABILITY MECHANISM TO  
ASSESS THE IMPLEMENTATION OF COMMITMENTS MADE BY  
AFRICAN MINISTERS OF HEALTH**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

1. *Mindful* of the increasing number of meetings and conferences involving African Ministers of Health across the continent of Africa and beyond and the commitments undertaken at these meetings;
2. *Concerned* about the challenges faced in implementing the commitments made at these various meetings; and recognizing the need to identify these challenges and provide solutions in order to accelerate implementation;
3. *Recognizing* the need to develop an accountability mechanism to monitor and accelerate the implementation of decisions and resolutions;
4. *Calling upon* relevant development partners and stakeholders at national, regional and continental levels to provide committed, sustained, and aligned support to countries, including resource mobilization, in order to achieve Africa's health commitments;

**Hereby collectively and individually:**

- I. **COMMIT** to establish an assessment committee composed of representatives of the AUC, WHO and experts/institutions of Member States;
- II. **COMMIT FURTHER** to adhere to the timeline that has been set for implementation of commitments; sensitize and create awareness with line ministries and other stakeholders, and cooperate with the assessment committee;
- III. **AFFIRM** our commitment to report, through the assessment committee, to the



subsequent joint meetings of African Ministers of Health;

- IV. **REQUEST** the AUC and WHO to monitor the implementation of relevant commitments through a matrix with timeline and evaluation indicators posted on appropriate web sites and report back at subsequent joint meetings of African Ministers of Health.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*

**AUC-WHO/COM.8/2014**

**COMMITMENT ON THE TERMS OF REFERENCE FOR THE CONDUCT OF  
THE AUC-WHO BIENNIAL MEETING OF AFRICAN MINISTERS OF HEALTH**

**We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

Having considered the document on Terms of Reference for the conduct of the AUC-WHO biennial meeting of African Ministers of Health;

**CALL UPON THE AUC and WHO**, in consultation with Member States, to initiate a process of transition towards undertaking only one annual main gathering of African Ministers of Health;

**DECIDE** to deliberate on the Terms of Reference for the Conduct of the AUC-WHO Biennial Meetings of African Ministers of Health on the occasion of its 2nd meeting in order to incorporate the outcomes of the consultation process.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*



# 3. SOLIDARITY MOTION

## SOLIDARITY MOTION ON CONTROL OF THE EBOLA EPIDEMIC IN WEST AFRICA

1. **We**, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission (AUC) and the World Health Organization (WHO) in Luanda, Angola, from 14 to 17 April 2014;
2. In response to the current epidemic of Ebola Haemorrhagic Fever in some West African countries;
3. **EXPRESS** our sympathy and solidarity with all West African countries especially Guinea and Liberia;
4. **EXPRESS ALSO** our gratitude to WHO for providing prompt support in diverse forms to the affected countries;
5. **COMMEND** the governments of countries that have sent experts to the countries affected by the epidemic;
6. **REQUEST** the World Health Organization to continue to provide support to countries in the area of epidemic preparedness and response;
7. **REQUEST** African countries to take the measures required in accordance with the International Health Regulations (2005).

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*



# 4. LUANDA DECLARATION

## LUANDA DECLARATION ISSUED BY THE FIRST MEETING OF AFRICAN MINISTERS OF HEALTH JOINTLY CONVENED BY THE AUC AND WHO

**We**, the African Ministers of Health met in Luanda, Angola, from 16 to 17 April 2014 at a historic first meeting jointly convened by the African Union Commission (AUC) and World Health Organization (WHO);

- **Considering** the Memorandum of Understanding (MOU) between the AUC and the WHO adopted by the World Health Assembly and signed in July 2012 which aims at strengthening collaboration between the two institutions and supporting their respective Member States in the development and maintenance of effective health systems in accordance with their respective mandates;
- **Noting** the recommendations of the 6th Session of the Conference of African Ministers of Health in 2013 that was endorsed by the African Union Assembly in January 2014 to convene such a meeting;

**Having deliberated substantively on the following key issues of critical concern:** Universal Health Coverage in Africa: from concept to action; African Medicines Agency: setting milestones towards its establishment; Noncommunicable diseases in Africa: policies and strategies to address risk factors; Ending preventable maternal and child deaths in Africa; Establishment of an African Centre for Disease Control and Prevention; and Accountability mechanism to assess the implementation of declarations and commitments;

1. **Note with satisfaction** the progress made in the field of health in recent years and recognize the myriad of challenges confronting public health services and hampering progress towards the desired goal of inclusive human development of the continent;
2. **Reaffirm** our determination to make concrete efforts to use more robust and multisectoral approaches towards the realisation of our joint commitments;

3. **Commit** to effective implementation of the six (6) commitments adopted during our meeting, specifically on Universal Health Coverage; African Medicines Agency; Noncommunicable Diseases in Africa; Ending Preventable Maternal and Child Deaths in Africa; Establishment of an African Centre for Disease Control and Prevention; and Accountability mechanism to assess the implementation of declarations and commitments;
4. **Request** the AUC and WHO in collaboration with relevant stakeholders to support the implementation and facilitate monitoring and evaluation of these commitments, and report to subsequent joint meetings;
5. **Express** our brotherly solidarity with the Republic of Guinea and other West African countries affected by the epidemic of Ebola Haemorrhagic Fever and commit to providing all the support needed to control the outbreak;
6. **Recommend** that the AUC and WHO, in consultation with the Heads of State, initiate a process aimed at holding only one African Ministers of Health gathering every year.
7. **Decide** that the second AUC and WHO Joint Meeting of African Ministers of Health will take place in Tunis, Republic of Tunisia, in April 2016;
8. **Express our appreciation** to the Government and people of the Republic of Angola for hosting and sponsoring the meeting.

*Done in Luanda, Angola, on this 17<sup>th</sup> day of April 2014.*



# 5. AGENDA

**AUC/WHO/2014/MOH/AGENDA  
16 April 2014**

## **MINISTERIAL MEETING**

**Luanda, Republic of Angola, 16–17 April 2014**

**ORIGINAL: ENGLISH**

1. Opening of the meeting
2. Election of Office Bearers (Chairperson, Vice-Chairperson and Rapporteurs)
3. Terms of Reference for the conduct of the AUC-WHO biennial meeting of African Ministers of Health ([AUC/WHO/2014/Doc.8](#))
4. Report of the Experts' meeting ([AUC/WHO/2014/Doc.7](#))
5. Universal Health Coverage in Africa: from concept to action ([AUC/WHO/2014/Doc.1](#))
6. African Medicines Agency: setting milestones towards its establishment ([AUC/WHO/2014/Doc.2](#))
7. Noncommunicable diseases in Africa: policies and strategies to address risk factors ([AUC/WHO/2014/Doc.3](#))
8. Ending preventable maternal and child deaths in Africa ([AUC/WHO/2014/Doc.4](#))
9. Establishment of an African Centre for Disease Control and Prevention ([AUC/WHO/2014/Doc.5](#))
10. Accountability mechanism to assess the implementation of commitments made by African ministers of health ([AUC/WHO/2014/Doc.6](#))
11. Consideration and adoption of summary report and Commitments ([AUC/WHO/2014/Doc.9](#))
12. Dates and place of the 2nd meeting of African Ministers of Health jointly convened by the AUC and WHO
13. Closure of the meeting.





# 6. PROGRAMME OF WORK

AUC/WHO/2014/MOH/POW  
16 April 2014

## MINISTERIAL MEETING

Luanda, Republic of Angola, 16–17 April 2014

ORIGINAL: ENGLISH

### DAY 1: Wednesday, 16 April 2014

08:00–10:30	<b>Agenda item 1</b>	Opening of the meeting
10:30–11:00	<b>Agenda item 2</b>	Election of Office Bearers (Chairperson, Vice-Chairperson and Rapporteurs)
11:00–11:30	<b>Agenda item 3</b>	Terms of Reference for the conduct of the AUC-WHO biennial meeting of African Ministers of Health (AUC/WHO/2014/Doc.8)
11:30–12:30	<b>Agenda item 4</b>	Report of the Experts' meeting (AUC/WHO/2014/Doc.7)
12:30–14:00	<i>Lunch break</i>	
14:00–15:00	<b>Agenda item 5</b>	Universal Health Coverage in Africa: from concept to action (AUC/WHO/2014/Doc.1); and draft Commitment
15:00–16:00	<b>Agenda item 6</b>	African Medicines Agency: setting milestones towards its establishment (AUC/WHO/2014/Doc.2); and draft Commitment
16:00–16:30	<i>Tea break</i>	
16:30–17:30	<b>Agenda item 7</b>	Noncommunicable diseases in Africa: policies and strategies to address risk factors (AUC/WHO/2014/Doc.3) and draft Commitment
17:30	<i>End of the day's session</i>	
19:00	<i>Reception hosted by the Government of the Republic of Angola</i>	

## DAY 2: Thursday, 17 April 2014

08:30–09:30	<b>Agenda item 8</b>	Ending preventable maternal and child deaths in Africa (AUC/WHO/2014/Doc.4); and draft Commitment
09:30–10:30	<b>Agenda item 9</b>	Establishment of an African Centre for Disease Control and Prevention (AUC/WHO/2014/Doc.5); and draft Commitment
10:30–11:00	<i>Tea break</i>	
11:00–12:00	<b>Agenda item 10</b>	Accountability mechanism to assess the implementation of commitments made by African ministers of health (AUC/WHO/2014/Doc.6); and draft Commitment
12:00–15:00	<i>Lunch break</i>	
15:00–16:00	<b>Agenda item 11</b>	Consideration and adoption of summary report and Commitments (AUC/WHO/2014/Doc.9)
16:00–16:15	<b>Agenda item 12</b>	Dates and place of the 2nd meeting of African Ministers of Health jointly convened by the AUC and WHO
16:15	<i>Closure of the meeting</i>	

# 7. OPENING SPEECHES

ORIGINAL: ENGLISH

**OPENING STATEMENT BY H.E. DR. MUSTAPHA S. KALOKO,  
COMMISSIONER FOR SOCIAL AFFAIRS, AT THE OPENING OF THE  
FIRST MEETING OF AFRICAN MINISTERS OF HEALTH JOINTLY CONVENED  
BY THE AUC AND WHO- LUANDA, 16 APRIL 2014**

- His Excellency, Vice-President of the Republic of Angola, Eng. Manuel Domingos Vicente,
- Honourable Ministers of Health,
- His Excellency, Regional Director of the World Health Organization
- Distinguished Delegates,
- Ladies and Gentlemen

It is an honour and privilege to address this first meeting of African Health Ministers. May I thank all the Honorable Ministers, your delegations and the observers for your presence here this morning. Special thanks go to the Government and people of the Republic of Angola for agreeing to host the event and the warm hospitality accorded to us.

You may recall that this first meeting came as a recommendation of the 6th Ordinary Session of the African Union Conference of Ministers of Health held in Addis Ababa in April 2013, and was reiterated by the AU Heads of State and Government Summit that was held in January this year.

The African Union remains committed to working with its Member States and partners such as the WHO to enhance the health status and quality of life of the continent's inhabitants and this is in recognition of the importance and centrality of health to sustainable development.

Excellencies, Distinguished Delegates,

When you consider the agenda placed before this conference, it responds to Africa's current challenges.

The burden of non-communicable Diseases is currently rising in Africa and indeed, it is the time for all relevant stakeholders to comprehensively address this issue. Changing lifestyles across the continent is gradually leading to increased incidence of obesity, diabetes, hypertension and other related ailments including malignant lesions. We therefore have an opportunity to decide on the way forward on this matter in this conference.

Access to health is another challenge on our continent. Therefore, by looking at Universal Health Coverage, our conference is responding to the issue at hand. The African Union believes that access to health is fundamental for our continent's development. You may also be aware that some resolutions of our meeting go unimplemented for various reasons. This is the reason why our agenda has an item on strengthening accountability mechanisms on previous decisions.

As we continue to deliberate in this conference, we need to see how our ideas are able to contribute to the post-2015 development agenda and Africa's vision 2063. I also encourage you to see how these deliberations in health fit into the broader social, economic and environmental contexts and as a contributor to sustainable development.

I cannot end my speech without appreciating the significant support and contribution of WHO and other partners toward efforts aimed at fostering better health on this continent.

In conclusion, I wish to call upon all of you distinguished delegates to deliberate thoroughly on these agenda items and help this conference come up with favourable outcomes.

I thank you for your kind attention.

**ORIGINAL: PORTUGUESE**

**ADDRESS BY THE WHO REGIONAL DIRECTOR, DR LUIS G. SAMBO, AT THE OPENING  
OF THE FIRST MEETING OF AFRICAN MINISTERS OF HEALTH JOINTLY CONVENED  
BY THE AUC AND WHO- LUANDA, 16 APRIL 2014**

- His Excellency, Vice-President of the Republic of Angola, Eng. Manuel Domingos Vicente, representing the Head of State of Angola, Eng. José Eduardo Dos Santos;
- His Excellency, African Union Commissioner for Social Affairs;
- Honourable Minister of Health of the Federal Republic of Nigeria and Chair of the AU Conference of African Ministers of Health;
- Honourable Minister of Health of the Republic of Angola and 1st Vice-President of the World Health Assembly;
- Honourable Ministers of Health and Heads of Delegation of African countries;
- Honourable Members of the Government of Angola;
- Excellencies Ambassadors, Heads of Diplomatic Missions and Heads of Bilateral and Multilateral Cooperation Agencies accredited to Angola;
- Resident Coordinator of the United Nations System and Colleagues of United Nations Agencies;
- Distinguished Guests;
- Members of the Media;
- Ladies and Gentlemen;

It is with immense pleasure that I take the floor at this august assembly on behalf of the Director-General of the World Health Organization. First and foremost, I would like to pay my very respectful compliments to your Excellency Mr Vice-President of the Republic of Angola and to thank you for having graced this occasion with your distinguished presence.

Your Excellency Eng. Manuel Domingos Vicente, I would be grateful if you could convey my profound gratitude to His Excellency Eng. José Eduardo dos Santos, President of the Republic of Angola, for his leadership and effective support of this and other initiatives in favour of the health and well-being of the people of Africa.

To the different entities of the Government that contributed to the preparation of this event under the coordination of the Honourable Minister of Health, Dr José Van-Dúnem, I would like to say thank you for your proven diligence and performance.

The WHO Director-General, Dr Margaret Chan, who could not attend this meeting due to her other work commitments, has requested me to convey to the Government of Angola, and to the Minister of Health, her cordial greetings and her wish that this conference will achieve its objectives.

Honourable ministers and heads of delegation, delegates and experts, you are all welcome to this meeting, a historic meeting, as it is being held for the first time ever since the establishment of the African Union and the World Health Organization. The meeting is of great importance, being held, as it is, in a context in which the African continent is accelerating its pace towards achieving economic and social development. Furthermore, I cannot but express my deep appreciation to the African Union Commissioner, in the person of Dr Mustapha Kaloko who has spared no effort to consolidate his working relations with WHO since the signing of the new agreement between AUC and WHO in July 2012. From the discussions that took place among experts over the past two days we could note that collaboration between the two institutions is becoming increasingly useful and helpful.

The meeting is taking place as a result of recommendations by the ministers of health, and endorsed by the Ordinary Assembly of Heads of State of the African Union last January. I am convinced that this new platform will generate new synergies among health development actors in Africa. Technical cooperation among African countries should enhance understanding of common public health problems and provide innovative and sustainable solutions so that we can, with greater optimism, face up to some of the complex challenges that continue, unfortunately, to undermine health service performance and the quality of health indicators in Africa.

We are highly encouraged and satisfied with the positive response of African governments to the invitation sent to them by the World Health Organization and the African Union Commission. More than 300 participants across the length and breadth of Africa have arrived in the Angolan capital for the meeting and I predict that it will be productive and will meet expectations.

Our meeting is taking place in a context in which we are making preparations to assess the achievement of the Millennium Development Goals in 2015; and what assessment can we make? During the past 10 years, average life expectancy at birth has increased in Africa from 51 years to 54. The average under-five mortality rate has dropped from 175 to 95 per 1000 live births. Maternal

mortality ratio has also declined from 820 to 480 deaths per 100 000 live births. We continue to witness a gradual reduction of the burden of communicable diseases but, at the same time, there is an increase in the burden of noncommunicable diseases. Health infrastructure in the majority of countries continues to require strengthening of its human, material and financial capacities in order to address the persisting weaknesses and attain Universal Health Coverage. Africa has certainly made progress but we must invest more and also work more and better so that we can move faster and more safely towards achieving the goals set by governments and international bodies.

With regard to public health emergencies in Africa, I would like to re-iterate the information already disseminated to the public on outbreak of an epidemic of Ebola virus haemorrhagic fever in West Africa, more specifically in the Republic of Guinea. The epidemic has now spread beyond borders to reach two other countries of the subregion. May I, on this occasion, express our profound regrets for the loss of 121 human lives including the lives of health workers in this outbreak. A total of 200 suspected cases have been recorded so far. WHO has issued an alert on the importance of epidemiological surveillance, public information and biosafety measures including strengthening of the quality of support laboratories. Although the epidemic is still rife, we are hopeful that it will be contained and overcome shortly and that we will be able to mitigate its adverse impact on human lives, travel, economies and international trade. May I commend the Ministers of Health of Guinea, Liberia and Mali and the health professionals of those countries for their courage in this battle. I would also like to encourage all ministers to strengthen their alert systems and implement the relevant provisions of the International Health Regulations.

At the international level, the immediate future will, once again, provide us an opportunity for sustainable development even beyond 2015. If it is true that new global health priorities should envision new public health challenges and threats, then the majority of African countries should, even after 2015, continue to work towards achieving the health goals set to be attained by 2015. That will be possible only by strengthening health infrastructure, which will mean increasing the production and qualification of health professionals, ensuring sustainable health services financing and providing access to essential health technologies to enable each citizen to access quality health care whenever needed without incurring any attendant catastrophic health expenditure.

In short, these are challenges that we should all address together; challenges that this meeting should address in detail.

- Excellency Vice-President,
- Your Excellencies,
- Distinguished Participants and Guests,



Our meeting will discuss various topics including Universal Health Coverage with special focus on equitable access to health care; African Medicines Agency aimed at enhancing the quality of local pharmaceutical production, controlling the quality of medicines and enhancing the access of the populations to essential medicines through an African regulatory authority that will, through networking, support national regulatory agencies in countries lacking institutional capacity in this area. Furthermore, the meeting will address the rising trend of noncommunicable diseases and the need to reduce the related risk factors such as tobacco use, harmful use of alcohol, physical inactivity and unhealthy dietary habits. This agenda item provides an opportunity to define and share an African position at the United Nations meeting scheduled to take place soon. Surely, we should not omit to mention the theme of maternal and child health, especially in terms of prevention of avoidable deaths.

In conclusion, I wish this historic meeting full success and may the deliberations result in concrete measures to promote the health development of the African populations.

I thank you for your attention.



**ORIGINAL: PORTUGUESE**

**SPEECH DELIVERED BY THE VICE-PRESIDENT OF ANGOLA,  
ENGINEER MANUEL DOMINGOS VICENTE, AT THE OPENING CEREMONY OF  
THE 1<sup>ST</sup> MEETING OF AFRICAN MINISTERS OF HEALTH – LUANDA, 16 APRIL 2014**

His Excellency Mr Vice-President and Minister of Health of the Republic of Comoros,  
His Excellency Honourable Minister of Health of Angola,  
Honourable African Union Commissioner for Social Affairs,  
Distinguished WHO Regional Director for Africa,  
Honourable African Ministers of Health,  
Distinguished Guests,  
Ladies and Gentlemen,

It is with a mixture of pride and satisfaction that I affirm that this 16th day of April 2014 will go down in the annals of our continent and more specifically in the annals of Angola, because for the first time ever, the African Ministers of Health meeting is jointly organized by the AUC and WHO and the city of Luanda has been chosen to host this important event.

On behalf of His Excellency, the President of the Republic of Angola, Engineer José Eduardo dos Santos, whom I have the greatest honour to represent, permit me to thank both organizations for having made this choice, and to welcome all those who are visiting us for this event.

Excellencies,

To talk about health in Africa is to talk explicitly about the current situation of African peoples, and implicitly about the future that we desire for our future generations, for our health infrastructures, and for our entire continent.

As a Member State of the African Union and the World Health Organization, a country effectively at peace today, Angola acknowledges that the civil war created considerable delays in its development and caused massive destruction of hospitals; approximately one million deaths; thousands of mutilated people and orphans; millions of displaced people and refugees and was a dark chapter in the history of our public health.

With this bitter experience that benefited no one, we call on all participants at this meeting to act, so that together we can find a lasting solution to armed conflicts on our continent because they obviously cause irreversible human and economic losses.

Honourable ministers,  
Distinguished guests,

Our concern about the recurrence of epidemics and other public health emergencies in Africa should become a thing of the past with the conclusions of this meeting, given that we will leave with better defined strategies to change the current situation. We, in this room, have the technical capacity and the willingness to effect change that will guide us to chart the course together towards Universal Health Coverage in Africa.

With the knowledge that we have of our actual needs in the areas of human resources, training and medical services infrastructures we will succeed in identifying and defining the different steps required to implement or revitalize programmes to improve health care in Africa with local health teams, supported by partner countries who accept their role of sharing knowledge.

The basis for the success of these programmes is primary health care in peri-urban and rural areas, since the lack of these services forces populations to migrate in massive numbers to urban centres, causing and/or aggravating under-population of rural regions and increasing regional disparities.

In Angola, the national health development plan defined decentralization of health services financing as well as granting municipal autonomy in the management of these services, as the primary objective of moving increasingly closer to the reality of the user.

In 2014, as part of granting municipal authority to health services for HIV/AIDS prevention and control (an area in which Angola has continued to improve its sero-prevalence rate, now currently around 2%), the National Plan for the Elimination of Mother-to-Child Transmission will be finalized, and prevention of vertical transmission and antiretroviral treatment services will be integrated into the maternal health and primary health care programme.

The Angolan Government, by its own assessment, considers the decentralization and granting of municipal autonomy process as a positive move overall, but recognizes the need to improve monitoring. We believe this meeting is the ideal platform to share experiences that will help Angola and many other African countries to continue to improve their respective primary health care and health services.

Distinguished guests,

This is certainly the time, because Africa's economic growth requires that we also achieve sustainable social growth.

I repeat that it is the moment for us, as one, to demand more of ourselves as regards the safety and quality of the products we consume, in general, and in particular the quality of medicines since, as has been scientifically proven, the use of falsified medicines will lead us on a path of doom.

As practised in other parts of the world, and for the protection of our most valuable asset, in other words, "our citizens", it has become an urgent necessity to establish an African Medicines Agency whose mandate will be to monitor the quality of all medicines and diagnostic tools to be used on our continent, whether they are produced in Africa or are imported. The Angolan Government already pledges its unflinching support to this initiative.

Distinguished guests,

All of us gathered here in this room know that, in Africa, a "child" is considered "riches", a fruit bearing tree, a continuation of a legacy. Indeed, we will all agree without hesitation that the birth of a child is for us, Africans, a cause for celebration and joy. However, for various reasons, this special and unique moment in the life of a human being has also become a moment of fear, pain and grief in sub-Saharan Africa, and this situation continues with the poor maternal and child health indicators.

Last year, Angola recorded a maternal mortality rate of 450/100 000 live births, compared with 1400/100 000 in 2001, whereas the mortality rate for children under one year of age was 116/1000 live births compared with 150/1000 in 2001.

In addition, as regards child health, Angola has continued to be polio-free for the past 28 months, having consolidated the immunization of children under-five years with regular national vaccination campaigns as well as routine poliomyelitis immunization.

The improvement of maternal and infant mortality indicators in our Region is indeed a reality. However, our satisfaction will be manifested more enthusiastically only when avoidable deaths are eliminated from Africa.

Reversing the current scenario constitutes is therefore the main agenda for African governments as evidenced by the impressive attendance at this technical meeting.

Ladies and gentlemen,

On April 7 this year, World Health Day was commemorated under the theme “Vector-borne diseases: small bites, big threats”, a theme of great importance, since in Angola as in other African countries, malaria continues to be a major cause of illness and death. This underscores the need for us to establish and implement intersectoral programmes, with concrete measures that will promote the prevention of diseases such as malaria, human African trypanosomiasis or sleeping sickness, river blindness (onchocerciasis), bilharzia, elephantiasis, leishmaniasis, yellow fever and dengue.

I would also like to mention the decision taken at the last African Heads of State Summit to establish an African Centre for Disease Control and Prevention, which will ensure joint action between several centres of excellence in African countries and beyond. Permit me, your Excellencies, to take the opportunity here, at this august assembly, to publicly announce that Angola is interested in hosting this important institution.

In conclusion, I know that several praises have been expressed about the organization of this ministerial meeting but I expect that the deliberations of the various sessions will be productive and will come out with objective results that will promote better health, leading to increased human and economic development and greater equity.

Thank you for your attention.

# 8. LIST OF PARTICIPANTS

## FIRST MEETING OF AFRICAN MINISTERS OF HEALTH, JOINTLY CONVENED BY THE AUC AND WHO LUANDA, REPUBLIC OF ANGOLA, 14 - 17 APRIL 2014

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2015

# Report of the first meeting of African ministers of health Jointly convened by the AUC and Who, Luanda, Angola, 14 - 17 April 2014

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