World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC59/CONF.DOC/7
4 September 2009

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Fifty-ninth session
Kigali, Republic of Rwanda, 31 August–4 September 2009

REMARKS BY MR ELHADJ AS SY, UNICEF REGIONAL DIRECTOR FOR EAST AND SOUTHERN AFRICA

Honourable Ministers,
Your Excellency, Mr Festus Mogae, Former President of Botswana,
Dr Margaret Chan, Director-General, WHO,
Mr Michel Sidibi, UN Under-Secretary General and Executive Director UNAIDS,
Dr Luis G. Sambo, WHO Regional Director,
Ladies and gentlemen,

I must thank Dr Sambo for inviting me to this meeting which is, the most important annual meeting of ministers of health on the African continent. I think Dr Sambo will agree with me that the collaboration between UNICEF and WHO in the African Region, the coordination of our work and the development of our synergies and complementarities have continued to grow from strength to strength. I hope that this conforms to your own experience with working with our two organizations at the country level. The health of the people of Africa, and particularly children and women, is extremely important for all of us to coordinate better and work together. Dr Sambo and I, and Dr Gianfranco Rotigliano, my counterpart in West and Central Africa, have, therefore, made strong coordination and joint work with WHO in the African Region, notably through Harmonization for Health in Africa, a top priority.

UNICEF's top priority in Africa is to accompany governments, and their partners, in their efforts to reduce child mortality, to accelerate child survival and development, and to reduce maternal mortality and improve the health of women.

We all are aware of the many challenges our continent faces, and without complacency, I want to deliver here today a message of optimism, a message of hope, an encouragement – I believe there is cause for optimism, that all our recent combined efforts are starting to yield results. We are starting to see remarkable improvements in child mortality– not in all countries in Africa, it is true, and not in all parts of countries, or necessarily in the most at-risk groups. But recent data from some countries, e.g. Benin, Botswana, Burkina Faso, Cape Verde, Comoros, Eritrea, Ethiopia, Madagascar, Malawi, Mozambique, Niger, Rwanda, Senegal and Zambia, - give us cause for optimism.

In addition, countries with high HIV and AIDS prevalence are achieving high population-based coverage with critical HIV interventions that might provide models for countries with similar epidemiological profiles.

This has been shown from the new child mortality – adjusted estimates made for HIV and AIDS for 11 countries (in eastern and southern Africa) with the highest HIV prevalence (Botswana, Lesotho, Malawi, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) that indicated mortality in children aged less than five years is beginning to decline (in Botswana, Lesotho and Swaziland). But progress is still grossly insufficient. Analysis of intervention coverage data has added further clarity on this. In most cases, good coverage rates are demonstrated for interventions that are delivered through outreach services (e.g. immunization, vitamin A supplementation, insecticide-treated bednets), although recent resurgence of poliomyelitis in West Africa and even measles point to the need to continue to seek improved coverage. Low coverage rates are demonstrated for facility-based life-saving interventions. Particularly disappointing is low coverage of services for pneumonia and diarrhoea treatment, skilled attendance at birth, postnatal care, PMTCT and paediatric HIV care.

Current progress in PMTCT still shows that about half of all pregnant women in Africa need to receive ARV prophylaxis to prevent MTCT and that the majority of these women receive the least effective treatment. This is contrary to current evidence and WHO guidelines to use combination treatment and ART for women who need treatment. Only a small proportion of pregnant women receive ART for their health.

While there has been an improvement in the number of children receiving ART, very few children under the age of two years are currently receiving treatment, and yet more than 50% of children die before their second birthday if not started on treatment. Poor follow-up of HIV – exposed infants, lack of access to early infant HIV diagnosis, and lack of testing services for sick children when they come into contact with health delivery systems are some of the challenges. Under inspiring leadership, the UNAIDS family will strive for nothing less but virtual elimination of vertical transmission of HIV, and UNICEF will play a leading role.

In many countries, child mortality reductions concentrate in post neonatal periods. Neither neonatal nor maternal deaths have shown any significant reduction. Neonatal mortality remains constant and forms an increasing share of the mortality in children younger than five years; it could emerge as a barrier to continued reduction in mortality and attainment of MDG4.

There is a wide variation in coverage along wealth quintiles and rural-urban residence in almost all countries. Better health on our continent will require the reduction of gaps and disparities between rich and poor; urban and rural; men and women; this question and others affect our children.

Delivering high – impact interventions and measures of interventions coverage will continue to be important. These interventions are the ultimate measure of our efforts in health system strengthening and strategic partnerships with global health initiatives to leverage resources and results. They will bring a sustainable reduction in maternal and child deaths.

Your Excellency, honourable ministers, distinguished guests,

These are undoubtedly turbulent times. The global financial crisis seems to change and take on huge new dimensions every day. But we cannot accept that the cost on this continent is counted in the lives of African children.

With recommendations for action, and outcome documents, African ministers of health have already shown how millions of lives can be saved every year by focusing national plans and programmes on evidence-based, high-impact interventions.