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Organization**

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Sixtieth session

Malabo, Equatorial Guinea, 30 August–3 September 2010

**OPENING REMARKS BY WHO DIRECTOR-GENERAL,
DR MARGARET CHAN**

Excellencies,
Honourable Ministers,
Distinguished Delegates,
Representatives of the African Union,
Dr Sambo,
Ladies and Gentlemen,

Let me thank the Government of Equatorial Guinea, and its President, His Excellency Mr Obiang Nguema Mbasogo, for hosting this Sixtieth session of the Regional Committee for Africa.

I also want to commend the African Union for its declaration, during the recent summit, promoting actions on maternal, newborn, and child health and development in Africa by 2015.

That declaration rightly emphasizes the importance of strong leadership and political will for concrete actions. Your campaign on accelerated reduction of maternal mortality in Africa will be welcomed by many.

The declaration recognizes the need to enhance the mobilization of domestic resources, including adherence to the 15% Abuja target. This is yet another expression of commitment.

Equally notable is the African Union's determination to promote, throughout the continent, programmes for the total eradication of mother-to-child transmission of HIV/AIDS, so that no child is born infected with the virus.

Let me also commend this Regional Office, and its Director, Dr Sambo, for the new document setting out strategic directions for WHO in the African Region.

This document provides a strategic vision for achieving sustainable health development in your countries, from now to 2015.

Again, we see the strong commitment to reach the Millennium Development Goals.

Again, we see maternal mortality described as “one of Africa's most tragic health problems”.

I fully agree with your strategic direction that puts the health of mothers and children first.

Ladies and Gentlemen,

On 10 August 2010, following recommendations from the IHR Emergency Committee, I announced that the world was no longer in phase 6 of influenza pandemic alert. Epidemiological data from around the world indicated that the new H1N1 virus had largely run its course.

As I stressed at the time, the decision to declare the pandemic over was based on a global assessment.

In the post-pandemic period, localized outbreaks of different magnitude, and some continuing “hot spots”, can show high levels of H1N1 transmission. This pattern is indeed being seen in a few parts of the world.

Globally, however, influenza outbreaks, including those primarily caused by the H1N1 virus, show an intensity similar to that seen during seasonal epidemics.

During the pandemic, I saw many press reports in which African health officials, and sometimes staff in WHO country offices, reassured the public with solid facts.

This no doubt helped keep social disruption to a very low level. In several cases, the fact that countries had stockpiles of antiviral medicine, organized by WHO, was part of this reassuring message.

WHO did less well in getting donated pandemic vaccines to countries in this Region. They arrived, but slower than we had hoped.

Some countries are continuing to vaccinate at-risk populations, and this policy is fully in line with WHO recommendations.

Let me remind you: the pandemic virus has not gone away. Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come.

In the immediate post-pandemic period, the virus is likely to continue to cause serious illness in a younger age group. Protecting at-risk groups and maintaining vigilance are recommended actions.

As we know, this pandemic spread further in less than six weeks than past pandemics have spread in more than six months. Altogether, some 214 countries and territories reported laboratory-confirmed cases.

While this figure documents the magnitude of spread, it has another significance that is often missed.

Health services and laboratories in every corner of the world were able to detect, confirm, and report infections with a brand-new virus. This tells us something about preparedness, capacity building, and solidarity during an international health emergency.

Ladies and Gentlemen,

You have a challenging agenda, covering many issues that can contribute to sustainable health development in the African Region. I wish you a most productive meeting.

Thank you.