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**SPEECH BY DR RICHARD SEZIBERA,
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FIFTY-NINTH SESSION OF WHO REGIONAL COMMITTEE FOR AFRICA**

Your Excellency, Teodoro Obiang Nguema Mbasogo, President of the Republic of Equatorial Guinea,

Dr Margaret Chan, the Director-General of the World Health Organization,

Dr Luis Gomes Sambo, WHO Regional Director for Africa,

The Representative of the African Union Commission,

Members of Government,

Excellency, Mr Francisco Pascual Obama Assue, State Minister of Health of the Republic of Equatorial Guinea,

Ministers of Health and Heads of Delegations from Countries of the WHO African Region,

Heads of Diplomatic Missions and Representatives of International Organizations,

Distinguished Delegates and Guests,

Ladies and Gentlemen,

Permit me, first and foremost, to express my profound and sincere gratitude to His Excellency Teodoro Obiang Nguema Mbasogo, the President of the Republic of Equatorial Guinea, for having done us the great honour of chairing personally the official opening ceremony of the present session of the Regional Committee. We also thank the Government, the various local authorities and the people of Equatorial Guinea for the warm welcome and the hospitality they have given us since our arrival in this beautiful country.

I am immensely grateful to you dear colleagues for giving Rwanda the honour to Chair the Fifty-ninth session of the WHO Regional Committee for Africa. I greatly appreciated the unreserved support you gave me as the Chairman of the Fifty-ninth session.

Before I hand over the baton to the Honourable Minister of Health of the Republic of Equatorial Guinea to continue African Region's relay race towards the health MDGs by 2015, please allow me to make a few reflections on the past work of the Committee. Our continent has made tremendous progress on health indicators across the board during the last decade. However it continues to be ranked the highest in the morbidity and mortality rates from communicable diseases and the increasing burden of noncommunicable diseases has further challenged the health sector in delivering quality health services.

Women and children are the most affected groups partly because of the low social status they have in the society.

In cognizance of this, you will remember that, in 2004, at our Fifty-fourth session of WHO Regional Committee for Africa in Brazzaville, we adopted a scientifically sound Resolution AFR/RC54/R9 entitled "Roadmap for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa." The Resolution was meant to provide guidance to our countries on what to do to achieve MDG5. The fact that the average maternal mortality ratio still stands at 900 per 100 000 births is a clear indication that we, as a Region, still have a long way to go to fully implement our Resolution.

Once again, Excellencies, dear colleagues, you will recall that in 2006, the Fifty-sixth session of the Regional Committee in Addis Ababa adopted resolutions AFR/RC56/R1 titled "The Regional Strategic plan for the Expanded Programme on Immunization 2006–2009" and AFR/RC56/R2 titled "Child survival: a strategy for the African Region." Both the strategy and the plan are very good. However, the fact that majority of our countries are not on track to achieving MDGs is a clear indication that we did not fully implement our two resolutions.

It is my hope that the recent Declaration (Assembly/AU/Decl.1(XV) of the African Union Heads of State and Government entitled "Actions on Maternal, Newborn and Child Health and Development in Africa By 2015" will give us more political support for translating resolutions AFR/RC54/R9, AFR/RC56/R1, and AFR/RC56/R2 into action to prevent suffering and deaths of newborns, children and pregnant women. We need to use the AU Declaration to strongly advocate and commit to increased investments in maternal, newborn and child health.

Just less than five years to the 2015 Millennium Goals, we need to renew our commitments to our children, mothers and sisters and make our continent safe for them to live in and prosper.

Today, I call upon all of us to rise up in unison and make a difference in the health of women and children of our continent. Let no mother die while giving life, and let no child die of preventable causes.

Excellencies, dear colleagues,

Please allow me to recall our decisions related to health systems strengthening and intersectorial action to address the broad health determinants.

In 2008, at the Ouagadougou, Algiers and Libreville Conferences, we signed and adopted a number of historic declarations:

- Ougadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, Ouagadougou, Burkina Faso, 30 April 2008.
- The Algiers Declaration at the Ministerial Conference on Research for Health in the African Region, Algiers, 23–26 June 2008.
- Libreville Declaration on Health and Environment, Libreville, 29 August 2008.

You will recall that this Declaration was crafted jointly by us Ministers of Health and our fellow colleagues Ministers of Environment.

In 2009, at the Fifty-ninth session of the Regional Committee in Kigali, we adopted resolutions on implementation frameworks providing detailed guidance on how to translate our declarations into action in countries:

- Document AFR/RC59/5 entitled "Framework for the implementation of the Algiers Declaration on research for health in the African Region"; and
- Document AFR/RC59/4 entitled "Framework for the implementation of the Ouagadougou Declaration on primary health care and health systems in Africa: achieving better health for Africa in the new millennium."

The purpose of the three Declarations and the implementation frameworks is to provide guidance to our countries on how to use research to guide improvement of the performance of national health systems and to cultivate intersectoral action for addressing health inequalities through the broad determinants of health.

The momentum has been ignited and it requires adequate "fuel" to maintain its velocity. I am sure our deliberations at this Sixtieth session of the Regional Committee will provide the necessary "fuel" to propel health development in our Region forward.

When we signed the three Declarations, we committed our countries to apply the primary health care principles and values of universal access, equity, solidarity, community participation and human rights approach in strengthening our health systems to accelerate progress towards sustainable achievement of the MDGs. At the country level, the Paris principles of ownership, harmonization, alignment and mutual accountability for results have been enhanced through development of robust national health policies and strategic plans which are evidence based. I would like to encourage all of us to use the evidence in our costed health strategic plans to mobilize sufficient resources locally and harmonize the resources from partners so that our countries are able to achieve the Health Millennium Development Goals by 2015.

Excellencies, dear colleagues,

As you are aware the high burden of HIV/AIDS, tuberculosis and malaria remains a major threat to health and development in the African Region. In 2006, we adopted an important Resolution AFR/RC56/R3 entitled " HIV prevention in the African Region: a strategy for renewal and acceleration". In Kigali we followed it up with Resolution AFR/RC59/R7 titled "A call for intensified action for HIV prevention and tuberculosis/HIV co-infection control in the African Region". Those two resolutions, if fully implemented, are meant to help the countries to stem the tide of HIV incidence and reduce prevalence and AIDS related deaths which are indiscriminately robbing our economies of productive workforce. We also adopted Resolution AFR/RC59/R3 titled "Accelerated malaria control: towards elimination in the African Region" which, if implemented, would take us to a visionary state where malaria is no longer a major public health problem. Countries that have made significant effort to implement our past resolutions registered some progress in tackling the three diseases, although not significant enough to put them on track to attaining MDG6.

Excellencies, dear colleagues,

I cannot stop my speech here without recalling our potentially history-making decision regarding our demonstration of African solidarity in combating and responding to public health emergencies.

In 2009, the Fifty-ninth session of the WHO Regional Committee for Africa expressed concern at the increasing frequency and magnitudes of public health emergencies, including disasters (floods, droughts, civil strife) and recurring epidemics of diseases, e.g. cholera, meningitis, measles, influenza, viral haemorrhagic fevers like Ebola, Marburg, dengue, rift valley

fever. These emergencies result in significant human suffering, loss of human lives and economic loss.

For example, a recent study estimated that the 110 837 cases of cholera notified by the countries in the Region in 2007 resulted in an economic loss of between US\$ 43.3 and US\$ 72.7 million.¹

The resources required for immediate response to the emergencies is also enormous. Better mitigation of the impact of the emergencies requires adequate resources for timely action.

However, the current insufficiency of resources continue to hamper preparedness and response efforts.

It is against this background that we adopted Resolution AFR/RC59/R5 entitled "Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic", requesting the Regional Director "to facilitate the creation of an African Public Health Emergency Fund" to support the investigation of and response to epidemics and other public health emergencies. The Regional Director will report to us during this session on the actions he has taken to facilitate creation of the African Public Health Emergency Fund.

I am personally optimistic that the Fund will improve our preparedness and response capacities, and thus, reduce human suffering and emergency-related deaths.

Excellencies,
Dear Colleagues,

The purpose of recalling all the above declarations and resolutions is to underscore the fact that we know the solutions to poor maternal, newborn and child health indicators. Also emphasizing, the fact that those indicators are still poor is a clear call for increased commitment to tackle these issues.

I believe history will judge us not by the number of resolutions and declarations that we have adopted but by the number of resolutions and declarations we fully implemented, thereby significantly reducing the suffering and untimely death of millions of our people, especially newborns, children and pregnant women.

Therefore, it is now time for decisive action to implement the existing resolutions and declarations so that our people can realize the health Millennium Development Goals.

I appeal to all of us to revisit our past decisions contained in the World Health Assembly and Regional Committee resolutions, share them widely with our health workers at levels of our health systems, and make concerted effort to implement them.

We should do that because the future of our women, newborns and children hinges upon our visionary and deliberate efforts.

I wish to thank you dear colleagues for your determination to have Africa effectively represented at International fora, and to have its voice heard on matters of health, and equity for health.

¹ Kirigia JM et al. Economic burden of cholera in the WHO African Region. BMC International Health and Human Rights 2009, 9:8. Available from: <http://www.biomedcentral.com/1472-698x/9>.

Finally, I wish to conclude my address by welcoming His Excellency Mr Francisco Pascual Obama Assue to chair the Sixtieth session of the Regional Committee for Africa, I assure you Excellency, of my full support as you guide our Region to greater heights.

Thank you for your kind attention.