

THE FIFTH ANNUAL MEETING OF THE AFRICAN SCIENCE ACADEMY DEVELOPMENT INITIATIVE
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KEYNOTE ADDRESS BY DR. TIGEST KETSELA
DIRECTOR, DIVISION OF FAMILY AND REPRODUCTIVE HEALTH
WORLD HEALTH ORGANISATION, REGIONAL OFFICE FOR AFRICA

On behalf of the WHO Regional Director for Africa, Dr. Luis Gomes Sambo, it is a great honor for me to take the floor and address this meeting. As an ardent advocate for the survival and good health of mothers and children in Africa, I am very pleased to be part of this important conference.

I would like to express my appreciation to the Government of Ghana and specifically to the Ghana Academy of Arts and Sciences for all the preparations that have been made in creating optimal conditions for the Meeting. We in WHO are delighted and we sincerely thank ASADI for the Theme of this Fifth Annual Meeting: **Improving Maternal, Newborn and Child Health in sub-Saharan Africa**. This is an important area to us. Maternal, Newborn and Child health is among the highest priorities of the World Health Organization in its efforts to support Member States to provide better health for the people of Africa.

It is a sad fact that children and mothers of the African Region face the gravest challenges in terms of survival. The Region has 10 percent of the world's population and yet accounts for 48% of the world's under-five mortality. Africa also accounts for 60% of global maternal mortality.

Although the number of child deaths worldwide has been reduced to 8.7 million in 2008, the African region continues to bear the brunt of these deaths. In 2008, it is estimated that in the African region, about 4.2 million children under five died of preventable and treatable conditions such as pneumonia, diarrhoea, malaria, malnutrition, HIV and AIDS and Neonatal conditions. Twenty seven percent of all under-five deaths are among the newborns.

Just six years before 2015, data shows that out of the 46 countries in the African Region, only five are on track to achieve the millennium development goal Nr 4 of reducing child mortality by two third by the year 2015, 21 countries have made insufficient progress and 20 have made no progress towards under-five mortality reduction target.

In the African region, every year, 1.16 million babies die in the first month of life, mainly as a result of infections, asphyxia and prematurity. Newborns hold every country's promise for a future, yet they are Africa's forgotten children. The death of a newborn is a common, yet preventable tragedy in many parts of Africa.

Maternal Mortality is one of the many poor markers in the implementation of the Millennium Development Goals. Severe bleeding, hypertensive disorders and infections are the dominant causes of maternal mortality according to a recent WHO review.

If I may quote Dr Luis G. Sambo, WHO Regional Director for Africa, in his speech at the 7th Global Conference on Health Promotion, Nairobi, Kenya, 26 October 2009 and I quote:

“... the Millennium Development Goal Number 5 aims at reducing maternal mortality by three quarters in the year 2015; but Sub-Saharan Africa has not made progress during the last ten years. The current Maternal Mortality Ratio remains the highest in the world, with an average of about 1000 deaths per 100,000 live births. This is unacceptable in the light of current knowledge and technology to tackle this specific problem”. End of quote

The death of a mother not only jeopardizes the life of her children but also the well being of the family and society. This ultimately leads to increased poverty and deprivation as families lose a primary pillar.

The underlying social, economic and cultural factors contributing to the high levels of maternal, newborn and child morbidity, mortality and malnutrition in the African Region are well known. Proven cost-effective interventions are known and available. However, reversing the downward trend has become a major problem for many years. The main issues related to this dramatic situation include inadequate translation of policies into action, weak health systems, especially the acute shortage of human resources, inadequate allocation of funds and poor community participation in Maternal, Newborn and Child Health interventions.

Ladies and gentlemen,

I strongly believe that investment in Maternal, Newborn and Child health is a key priority for saving lives. It is also critical to advancing other development goals related to human welfare, equity, and poverty reduction, as articulated in the Millennium Development Goals. I also believe that health is a basic right for mothers, newborns and children.

In order to improve maternal, newborn and child health in our region, there is an urgent need for a continuum of care that spans from before conception through pregnancy, childbirth, neonatal period, to infancy, childhood, adolescence and reproductive years. The continuum of care must also go from the home –by empowering families– to the community –through improving primary care facilities by bringing care closer to home– and to the referral facilities, when needed.

Today, there is no doubt that the technical knowledge and skills exist to respond to many, if not all, of the critical health problems that affect the health and survival of our

mothers, newborns and children - even in poor-resource settings- as is the case in most African countries.

Ladies and Gentlemen

As mentioned earlier, Maternal, Newborn and Child health is a priority of the World Health Organization in its efforts to support Member States to provide Health-for-All. Strategies and tools available for guidance of member states include:

1. The Integrated Management of Childhood Illness (IMCI) developed by the World Health Organization and UNICEF;
2. The Regional Child Survival Strategy developed by WHO, UNICEF and World Bank. This strategy was adopted by 56th Session of the African Regional Committee of Health Ministers in August 2006;
3. The Road Map for accelerating the attainment of the MDGs related to Maternal and Newborn health that is being implemented in 43 African countries.
4. The repositioning family planning document adopted by the 54th Session of the African Regional Committee of Health Ministers in 2004

These are but a few examples.

In order to produce a positive impact using the available tools, we need a paradigm shift in the way we deliver services in our Region. We must ensure that everyone, and indeed every mother, newborn and child receives the health care they need, when they need it. All levels of the health systems including the community level must be strengthened to achieve this noble aim. This we may argue requires heavy investment and time. Yes, that is true, but if we get our priorities right, we will put our money where our mouth is.

The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008) urged countries to update their national health policies and plans according to the Primary Health Care approach in order to strengthen health systems and achieve the Millennium Development Goals, particularly child health and maternal health. Weak health system in the region continue to impact negatively on the maternal, newborn and child health indicators in most countries

How can we scale-up known effective interventions to save mothers and children in the face of weak and fragmented health systems? Health workforces in crisis? Health financing systems that excludes the most needy?

It has been estimated that an additional USD 2.5 billion yearly is needed in the African Region to ensure universal coverage of Maternal, Newborn and Child Health interventions to achieve MDGs 4 and 5. This figure combines the external donor and domestic resources needed. Significant efforts should be made towards reallocation of national resources to benefit women and children.

I believe that the achievement of the health-related MDGs calls for comprehensive and focused partnerships in implementing at large scale essential health interventions.

Different international and regional Partnerships/Initiatives have been launched to support countries towards the achievement of the health-related MDGs. While they provide opportunities for more financial resources, the challenge is to ensure that there is long term commitment and there is harmonization and alignment with countries' priorities. There is also strong need for the resources to be utilized effectively.

As you know, at a special event during the United Nations General Assembly co-hosted by UK Prime Minister and World Bank President on 23 September 2009, in New York, World leaders committed new finance to tackle women's and children's health in the developing world. We welcome this commitment and we are ready to work with partners involved in this initiative and member states in the African region to accelerate the pace to achieve the millennium development goals 4 and 5.

Increasing the coverage of key maternal health provisions, including access to family planning services, skilled birth attendance and obstetric services would go a long way toward achieving MDG 5. Ensuring access to family planning and reproductive health for all women could help avoid up to 35 percent of maternal deaths.

We believe strongly that Antenatal clinics should be platforms for delivering quality prenatal services, tetanus vaccinations, family planning counselling and commodities, HIV/AIDS interventions including prevention of mother-to-child transmission, and prevention and treatment of sexually transmitted infections, tuberculosis and malaria.

Every pregnant woman, without exception, needs skilled care when giving birth to make childbirth optimally safe. Such care can at best be provided by a registered midwife or a health worker with midwifery skills operating in an enabling environment with appropriate policy and regulatory framework, adequate supplies, equipment, infrastructure and communication system. This can avert, contain or solve many of the life-threatening complications that arise during childbirth. All women need care that only a well manned and equipped hospital can provide, should complications arise. Postnatal is not only crucial for the mother but also for her newborn. This continuum of care provided by a skilled health worker from pregnancy to newborn period, and from community to referral level is critical to survival.

Ladies and Gentlemen

The target of 2015 for the MDGs is only few years away. Let us avoid in the time left mourning the deaths of innocent African children and mothers. Let us rather in 2015; celebrate the fulfillment of a promise. Let us, as servants, serve our masters- the mothers, the babies and the children of this region.

I wish to reiterate our optimism despite the numerous health challenges faced by mothers, newborns and children in Africa. I stand convinced that with improved policy dialogue, concerted efforts of the various actors, focused actions on a limited number of priorities, and increased availability of resources, we will surely come closer to achieving our maternal, newborn and child health goals.

This Conference is another opportunity to call for more partnerships in scaling up efforts towards achievement of the MDGs especially MDGs 4 and 5- related to Maternal and Child health.

It is my sincere hope that everyone here at his/her own capacity will endeavor/continue to support countries in the African region in their efforts to close the gap towards 2015.

On behalf of the WHO Regional Director Dr Sambo, I would like to reaffirm the commitment of the World Health Organization to continue working closely with all interested partners to support member states in order to optimize health outcomes in Africa and especially that of Maternal, Newborn and Child survival.

Let us not fail our mothers and children.

I thank you for listening.