

## **Address by Mrs Ellen Johnson Sirleaf President of the Republic of Liberia to the Sixty-third World Health Assembly**

**Geneva, Tuesday, 18 May 2010**

Distinguished delegates, Dr Chan, Director-General, other officials of the World Health Organization, ladies and gentlemen.

I am here today to join you in asserting that people should not have to die, simply because they are poor.

I am here to join in saying that people should not die because treatments common in the rest of the world are not available where they live. I am here today because I believe that a child should not have to die because a parent has to make the impossible choice between feeding her family, or taking her sick child to the clinic that could have saved her life.

Ladies and gentlemen,

I am delighted, and honoured, to speak to you this morning. Dr Chan, I thank you and I welcome the opportunity to address this important event in the international calendar.

The World Health Organization has long been an institution of global significance. If anything, it has become ever more vital as the world moves into the twenty-first century.

Pandemics can spread without passports. Diseases don't stop at national borders or checkpoints. Improving the health of our people is not only of fundamental importance to our nations and our citizens themselves; it also has crucial economic and geopolitical implications that reach far beyond the narrow interests of any one country.

In a globalized planet, the world's health has to be a shared responsibility. As we face up to the challenge of achieving our Millennium Development Goals – as we strive to save the lives of women and children, and tackle the deadly impact of malaria, of HIV and AIDS – events such as today's Health Assembly help us face up to and shoulder that responsibility together.

Because success will make a fundamental difference not only to my country and its people, but to Africa, the developing world and the planet as a whole.

My message today is simple: individually, and collectively, we are making progress towards achieving the Millennium Development Goals, but we are not making that progress fast enough.

To achieve our ambition, we must continue our work together towards improving the health systems of our countries. We must also do more together to remove the barriers that stand in the way of people taking advantage of those systems.

Fourteen years of war will damage a country in multiple ways. In the case of Liberia, my country, the impact of the civil conflict on the country's health system was particularly severe.

In 1989, Liberia had 800 practising doctors. By 2003, we had just 50. Clinics and hospitals across the country were destroyed. Even the roads needed to allow people to travel to the few facilities that survived lay in ruins. Less than half our population had access to medical care of any sort!

Today, we have renovated and built new clinics, midwifery schools and health training centres. With support from the Swiss Development Corporation, we have renovated and reactivated one of our major rural referral hospitals and a second one is nearing completion with support from China. We have improved general referral services and access to medicines across the country; and we have more than quadrupled the number of facilities offering comprehensive and emergency neonatal care.

We are pleased to have established our "Basic Package of Health Services" in over 80% of the nation's health facilities, ahead of our target date. As a result, more people are receiving free services, and the simple standards set out in the Package give priority to the interventions that will have the greatest benefit to our nation's health.

In tackling malaria, without a doubt our country's biggest health problem, we have tripled the distribution of free insecticide-treated bednets which has helped malaria prevalence fall by half in the four years to 2009.

The evidence from our health surveys suggests that we are seeing other results. Our current child mortality rate, for example, has fallen to almost 50% over the last few years. The latest Demographic and Health Survey, conducted in 2007, puts the overall child mortality at 72 deaths per 1000 live births as compared to the 2000 data of 132 deaths to 1000 live births.

These are good signs. They show that we can make progress, however challenging the conditions we face.

Unfortunately, not all the news is so positive. The latest figures for maternal mortality in Liberia suggest that nearly one in 1000 women die even as they bring new life into the world – a sharp increase from previous years.

This is a shocking statistic, and one reason why I became involved with the Women's Health Commission for the African Region – a WHO initiative, launched last month, in my capacity as Honorary President. The Commission is called upon to produce recommendations on what more can be done to reduce the unacceptable level of maternal mortality in our part of the world. We eagerly await its recommendations.

We are also doing all we can to tackle the tragedy of mothers who are dying needlessly. As well as improving emergency obstetrics care and training more midwives to work where they are needed most, we have also adopted the "Reach Every Pregnant Woman" approach which seeks to ensure that every pregnant woman across the country gets medical attention during pregnancy and delivers her baby at a health facility. We have seen the numbers at these clinics increasing although the challenges remain awesome especially as regards increasing teenage pregnancy.

Yet, we know that putting systems in place is not enough on its own. We must do more to allow and to convince our people to take advantage of such systems once they are available.

Distinguished ladies and gentlemen, over 90% of Liberians live on less than US\$ 2 a day. In that grim statistic, they are not alone.

Around the world, there are millions of people who have so little to live on that any costs required for treatment – no matter how low – are still far too high.

That is why, in September last year, a group of countries, including Liberia, committed to extending the principle of free health care to more of our people.

Alongside Nepal, Burundi, Malawi, Sierra Leone and Ghana, we announced new ways of allowing those who most need medical help – especially those who are targeted by the Millennium Development Goals – to get the health care they need without have to pay up-front.

Sierra Leone, our neighbouring country, just last month, launched its new programme aimed at mothers and children. Early reports of a huge increase in patients at clinics point to just how many people were not getting the treatment they needed before, simply because of the cost.

In Liberia's case, last year I committed to making permanent our temporary suspension of user-fees and to providing free health care for all, depending on the continuing support of adequate donor finance to make this possible.

Offering free health-care services at all public health facilities has significantly increased out-patient attendance across the country. Similarly, expanding access to health care by building more clinics and health facilities in areas that were previously underserved is making a big difference. In addition, we now have more trained health workers and have implemented various policies aimed at ensuring that health care is equitable.

I understand that there is still debate around the merits of removing user-fees – and we must make sure that we go about doing so in the right and sustainable way. But, equally it is clear to me that the people who are least able to pay for their care should not be the ones forced to do so.

The implication is clear: often such people simply do not have the money to pay. And often they die as a result.

Of course, free health care costs money. If user-fees are not to be charged, the money has to come from somewhere.

The initiatives I mentioned were made possible thanks to over US\$ 5 billion of investment developed by the Task Force on Innovative International Financing for Health Systems launched in September 2008 by the former United Kingdom Prime Minister Gordon Brown and World Bank President Robert Zoellick. UNITAID, championed by former French Foreign Minister, Philippe Douste-Blazy, is one of these innovations.

In three years UNITAID has raised more than US\$ 1 billion to provide life-saving treatments for HIV/AIDS, malaria and tuberculosis patients around the world. These diseases contribute to the death of over 4.5 million people every year.

More than 70% of UNITAID finances come from a solidarity levy on airline tickets. Eleven member countries impose the levy today, with others agreeing to contribute in the future.

The result of their innovation is that 10 million more women and children will get the medical care they need to save their lives.

We recognize that the 2000 Millennium Declaration, the total development assistance for health has more than doubled, and this has saved countless lives. The fact remains, however, that more money is still needed if we are to achieve the Millennium Development Goals.

It goes without saying that we must use the money that is currently available more efficiently. We have to make the most of every dollar already found, or to be found in the future. We have to target it where it will make the most difference and ensure that our systems are as effective and accountable as they can be.

There is, at the same time, the need to allocate more money – money that needs to come from domestic sources, prioritizing where necessary, but also from our international partners and the various sources of international aid – so that a reliable flow of funds can be targeted at those areas that need change.

The stark fact is that unless more is done, and done quickly, some of the Millennium Development Goals could end up being nothing more than well-intentioned ambitions that, ultimately, do not achieve all that they have set out to attain.

My goal, our goal, your goal, must be to do more than this. It must be to build on the good work already done. It must be to continue working together at events like today's to ensure that our mothers, our sisters, our children will not have to pay the price for failure today with their lives tomorrow. You are at the front line of all that we do. You identify the challenges. You lead the change. You make the sacrifices.

For that we salute you and I thank you.

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