

**Address by Her Excellency  
Dr Nkosazana Dlamini Zuma,  
Chairperson of the African Union Commission,  
to the Sixty-sixth World Health Assembly**

**Geneva, Tuesday, 21 May 2013**

Mr President, Director-General, Honourable Ministers, representatives of the diplomatic and international community, special invitees, delegations, ladies and gentlemen.

It is a great honour and pleasure to be at the World Health Assembly once more, albeit in a different capacity.

My appreciation goes to the Director-General of the World Health Organization for extending an invitation to me to address this august Assembly. I also am delighted to see the positive changes that epitomize how organizations can benefit from women leadership.

WHO under her leadership has continued to provide technical leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends, especially on the continent of Africa.

The activities of WHO are critical on our continent given that Africa suffers a disproportionately heavy burden of ill health and disease. The African Union is committed to working with its Member States and partners, such as WHO, to enhance the health status and quality of life of the continent's citizens.

Of course this is a very critical time globally, since it is just under a thousand days to the target date for the Millennium Development Goals in 2015. Already preparations are under way for the post-2015 agenda. Africa is discussing its common position, which will be its contribution to the post-2015 negotiations.

But for us on the continent of Africa, it is also a historic moment; this is a historic moment for Africa and the diaspora since we are celebrating the 50th anniversary of the Organization of Africa Unity, now the African Union. The 50th anniversary is being observed under the theme "Pan Africanism and the African Renaissance". The anniversary provides us with an opportunity to take stock of the key milestones of the past 50 years and to plan for the next 50 years. In this context, we are developing a framework that we call Africa Agenda 2063, to ensure transformation and sustainable development for future generations.

Exciting consultations are under way – for all Africans in all their formations – on Agenda 2063, which will be a framework that will take Africa to an “integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the global arena.”

One of the major priorities of the African Union in the next 50 years is investing in its people. By 2050, Africa’s population will have doubled from the current one billion to two billion, and half of that population will be young – under the age of 18 years. In an age that is dubbed the “age of knowledge”, the intellectual capital locked up in those two billion brains will be the biggest asset Africa will have, provided that all the people of African children are well-educated, skilled and healthy, and thus able to unleash their creativity, innovation and vitality towards the continent’s economic, social and cultural development. Access to education for girls and family planning, particularly for women, is important – but more important are general health and well-being.

Just as the Director-General of WHO said in her speech yesterday, “health contributes to and benefits from sustainable development, a measurable indicator of all other development policies.” So how, then, do we ensure a healthy community that will lead to a healthy nation, and then continent?

I will tell a story. As a young girl growing up in Polela, in rural KwaZulu-Natal, South Africa, I became acutely aware of the close links that exist between health and development. This occurred partly through the work of Dr Sidney and Emily Kark and John Cassel.

Departing from a disease-focused and hospital-based approach to health care, they established in 1942 the Polela health centre in Polela, where I grew up. Theirs was one of the first attempts to integrate system-wide, structural changes at social, cultural and behavioural levels, with biomedical interventions. They realized that poverty played a key role in the health problems in the region, and therefore they expanded their medical work to include improving housing, sanitation, and access to clean water. They also taught the communities to produce their own vegetables and keep a few cows for milk. They had nutrition classes for mothers. Immunization programmes, including going out to the schools and communities, were a critical part of their work. They also advocated health care promotion and prevention. They kept family records rather than individuals’.

Recognizing the difficulties that the patients had, especially pregnant mothers to reach the medical centres when in labour, they built what they called “waiting houses” for women to come and stay whilst waiting to deliver. They also took the opportunity to teach them about health, motherhood and breastfeeding. This indeed cut down both maternal and child mortality in the areas and also improved the general health of the children, mothers and communities at large.

This was supposed to be a pilot to be duplicated across the country, and a model to be taught to medical students as well, but the apartheid regime did not proceed with its roll-out because, I suppose, they thought that it was too progressive and empowering to the Bantus. So they abandoned the programme.

Their programme of course left a lasting legacy for generations within the community. As I grew up, inspired by this example, I went to medical school, hoping to go back and work at the Polela health centre as a doctor, but it was never to be.

So we believe, Excellencies, that we must all support the much talked-about universal health care. It is our belief that health care financing reforms should be truly universal, financing primary health care at community level, as in the example shared with you, right up to tertiary level. It is our firm belief that this will transform health care, and will be more affordable and produce better results

than if we just concentrate only on hospital care and medicine. It will produce healthier people in our communities.

It is our belief that as we deal with noncommunicable diseases, health and lifestyle, including non-smoking, this should also start at community level with the children and the women.

Of course, I would also like to mention a few more of the African Union's priorities, which no doubt will benefit health:

- Prioritizing agriculture, food and nutrition security. By being self-sufficient in food, we can save more than US\$ 20 billion that we are currently spending on importing food, which can be spent on education, health and other priorities but at the same time we can also add value to the food we produce, and feed the world, given Africa's abundant arable land.
- Developing energy infrastructure in itself is a driver for development; its absence can be a binding constraint. This will also help communities to have access to energy, including renewable energy, solar wind, and thermal energy in all its forms.
- Infrastructure, including water, and transport, information and communication technologies and social infrastructure.
- Using our **mineral resources** for the benefit of our people and using them for transforming our economies, value adding and industrialization. At the moment, Africa's growth is based on raw materials. We believe we need to add value to our minerals.
- **Intra-Africa trade:** Currently Africa trades with Africa at a level of only 10% compared to 60% among western European countries. History teaches us that one of the key factors that enabled the United States of America in the 1870s, as it emerged from civil war, to overtake the United Kingdom as the world's leading economy was that 70% of its trade was in the United States of America, whereas much of Britain's wealth derived from goods from, and trade with, its colonies. Africa has the potential to trade within itself.
- **Industrialization:** We are also aware that Africa will not develop and eradicate poverty if it does not industrialize.
- **A growing middle class:** Recently, economists have begun to talk of the emergence of a 300 million-strong middle class in Africa. Nearly 100 million households in Africa have income exceeding \$ 5000. This middle class will help sustain consistent growth averaging 8% per annum. African countries can therefore build their economies through domestic and regional consumption, and thereby also increase intra-Africa trade.
- **The role of small, medium and micro-sized enterprises:** We need to see economic growth that creates jobs. We must therefore recognize the important role of small, medium and micro-sized enterprises in catalysing rapid industrialization. Experience in Europe, the United States of America and Asia has taught that in successful economies, over 70% of jobs are created through such enterprises and not through large industrial projects.
- **Curbing capital flight:** Currently, Africa is the recipient of \$ 50 billion dollars of foreign aid per annum. Yet \$ 100 billion to \$ 150 billion of capital leaves its shores every year. If most of this haemorrhage could be stemmed, Africa would no longer need foreign aid to assist with its economic development. As research has shown, the proceeds of bribery and theft by

government officials only make up about 3% of the cross-border flow of illicit money around the world. The proceeds of commercial tax evasion, mainly through trade mispricing, contribute 60% to 65% of the global total, while drug trafficking, racketeering and counterfeiting make up from 30% to 35%.

- Of course, we cannot but prioritize the empowerment of women and youths. No country can do so properly without engaging half of its population. And of course, women also produce the other half.
- **Biodiversity:** Africa is blessed with 25% of the world's biodiversity, both flora, fauna, insect life, microbial and marine biodiversity. This will be key in the next 50 years to developing natural medicines, pharmaceuticals, biological and other molecules derived from this abundant gift. It is therefore important that we ensure that the intellectual capital from this treasure trove and the royalties benefit and accrue to the communities and to Africa, which develop this indigenous knowledge. Programmes such as the African Network for Drugs and Diagnostics Innovation are establishing regional and continent-wide collaborations to ensure that research and development is done in Africa, and benefits Africa, and – of course – the world.

As I conclude, I would like us to remind ourselves that health is a human right, and enshrined in the Universal Declaration of Human Rights, which was adopted by the United Nations General Assembly.

I would also like to emphasize that the health of all people is central to the transformation of Africa to prosperity, peace and security, and is dependent upon the fullest cooperation of individuals, of communities and of States, as well as the international community.

As you continue to deliberate on these matters for the next few days, as Ministers of Health, I would like to urge that you do not forget the Alma-Ata Declaration: “health for all”.

It is also important to keep in mind the fact that while health is a critical component of development, focusing on it alone will not deliver the prosperity we aspire to. Attaining a prosperous and peaceful continent will require us to champion the transformation of our economic, social and cultural paradigm. Health is but one of the critical components to take us to prosperity.

Thank you again for inviting me to address this Assembly.

Thank you for your attention.

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