



In the Name of God, the Compassionate, the Merciful

Address by

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WHO EASTERN MEDITERRANEAN REGION

to the

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Your Excellencies, Ladies and Gentlemen

It gives me great pleasure to participate in this important conference that gathers together high-level decision-makers for our dearest, the most critical and most vulnerable age category in our population: CHILDREN. Because we are all concerned about our future, we are all concerned about our children and hence the importance of this conference where ministers in charge of childhood are meeting around one table.

Our religion urges us to pay attention to and to care for our children—they are our resource for sustainable development

قال الله تعالى في كتابه الكريم: "المال والبنون زينة الحياة الدنيا" صدق الله العظيم

وقال الرسول الكريم (صلعم) في حديثه الشريف: "كلكم راع وكلكم مسؤول عن رعيته"

In addition, the Koran also advocates for good child health-related practices when it talks about breastfeeding in many surahs.

قال الله تعالى في كتابه الكريم "والوالدات يرضعن أولادهن حولين كاملين لمن أراد أن يتم الرضاعة" صدق الله العظيم

Children have been defined by the United Nations as the age category of the population between 0 and 18 years old, meaning children under five years of age, school-age children and adolescents. Therefore, addressing childhood should be through a multi-dimensional approach: educational, social, health, economic, psychological, etc.

I am certain that we all agree that HEALTH is a crucial dimension of childhood and should enjoy full support at all levels; a support that is action-oriented.

Your Excellencies,

All our Member States are committed to the Millennium Development Goals, the fourth of which is specifically dedicated to under-five children, while other goals directly and indirectly concern children as well. MDG4 aims at reducing under-five mortality by 2015 by two thirds from the values in 1990. I am happy to note that, according to the United Nations Report of 2010 on child mortality, northern Africa has made the most progress in the developing world in reducing under-five mortality, with an average annual reduction rate of 5.9% between 1990 and 2009. Three countries in the Eastern Mediterranean Region, namely Egypt, Lebanon and Oman, have surpassed the target indicated by MDG4; another five countries are on track to achieve this goal. But with only five years separating us from the target year, our Region has witnessed an average reduction of only 30% (out of the targeted 66%) in under-five mortality so far, compared with the baseline of 1990. Many of our countries are not on track to achieve MDG4, and will not achieve it if the current pace of reduction continues. We also recognize that some countries have already achieved low levels of under-five mortality which makes it all the more difficult to further reduce mortality to achieve MDG4.

Your Excellencies,

The region has had much success in implementing vaccination programmes, as well as other programmes that address the main causes of under-5 mortality, particularly control of diarrhoeal disease and control of respiratory diseases. These programmes have had a great impact on reduction of under-5 mortality. The WHO Regional Office for the Eastern Mediterranean has adopted an integrated strategy to deal with children's health: the Integrated Management of Child Health Strategy (IMCI) that encompasses child-health-related cost-effective interventions. This has been adopted by 17 countries and the evidence is being accumulated on the impact of universal coverage by IMCI on the reduction of under-5 mortality.

The initial focus of this strategy was the management of sick children only. Now the programme in the Region addresses care for both sick and healthy children, including early childhood development. This is crucial for the sustainable development of nations. During its early implementation phase, this strategy enjoyed strong commitment. Unfortunately this has not been maintained beyond this phase, and this has negatively affected the pace of its implementation and consequently its impact.

Ladies and Gentlemen,

We still have 1.1 million children under-five dying every year in our Region from simple conditions, namely diarrhoea, pneumonia, malaria and malnutrition. Among those children 40% are newborns.

It is worth mentioning that our preoccupation is not only with the mortality figures, but also with the fact that the prevalence of malnutrition – in all its forms – among children under-five is increasing and that breastfeeding indicators are getting worse.

Your excellencies,

Despite the fact that we all talk about child health and its importance, that we have put it at the top of our agendas, and that we have committed ourselves to improving child health through global conventions, resolutions and decisions, child health still suffers from serious problems that require high-level decisions:

- Child health is subject to serious under-funding at all levels which prevents the scaling up of cost-effective interventions on a national scale.
- The strong level of stated commitment to child health is not maintained and in most situations is not action-oriented.
- In different events and in policy documents at all levels, the most cost-effective strategy, namely the IMCI strategy, is not supported and not advocated for, despite the success stories accumulating in the Region and the announced adoption by ministries of health.
- Child health programmes suffer from serious turnover of programme managers and trained qualified staff at peripheral level which hampers the progress of programmes.
- Low quality, unreliable, untimely data on child health interventions – with the exception of vaccination data – is an important problem that adversely affects measurement of progress, the impact of interventions as well as the quality of planning for child health programmes.
- Lack of equity in access to good quality child health services is another main obstacle.
- Finally, medical education is not community-oriented and does not consider public health approaches in its curricula; this results in production of graduates who are not ready to deal with the existing national health system and real life situations.

The Regional Office is working hard to assist countries in the area of under-five child health. New initiatives have been advocated for and developed to increase access to quality

health services, namely community-based child care. The introduction of child health-related public health approaches into the teaching curricula of faculties of medicine in the Region is another measure to strengthen the paediatric teaching and to ensure production of graduates suitable to work within the context of existing health systems. The Regional Office is also paying a lot of attention to improving the nutritional status of children by implementing the related interventions. Capacity-building of national staff to acquire different skills necessary to plan, implement, monitor and evaluate interventions is another area of focus.

Recently, we have provided our Member States with a web-based IMCI information system to encourage timely and reliable collection of related coverage data using a standardized tool.

All this shows that there is still a lot to do to improve the status of child health in our countries and I would like to seize the opportunity of this honourable gathering to call for your support in moving the child health agenda forward in our countries. We need to scale up implementation of interventions so that they reach our children, most particularly those in need, and let me advocate for the development of an Islamic Fund for children's health that would enable countries to implement interventions in order to reduce mortality and achieve goals.

School age is also a critical period that we must invest in, in order to ensure good growth and development of our children to the maximum of their abilities. Still, school health programmes are not expanding enough to respond to the needs and fulfill the objectives.

Adolescents are future adults, leaders of our nations. They are also future mothers and fathers. There is currently a strong movement to pay attention to adolescents and youth. Yet, in many countries it is not well recognized. The Regional Office has developed adolescent health indicators that need to be recognized and considered by the national health information systems. We are collaborating with different partners to include those indicators as part of the national surveys, (e.g. League of Arab States and PAP FAM). The Regional Office has also developed a tool to assess the situation of adolescent health so that interventions can be based on evidence. Adolescent health is another under-funded area that requires allocation of resources to address their needs.

Your Excellencies, Ladies and Gentlemen

I urge you to maintain your commitments to child health and to make action-oriented decisions to address the obstacles that hinder the progress of child health in your countries and follow up on their implementation.

Let us put the tenets of our religion before us and join hands to react positively and strongly with one target for all: "IMPROVING CHILD HEALTH AND PREVENTING CHILD DEATHS"

I would like to reiterate our commitment to do our best to provide you with all the technical support necessary.

I wish you a successful and fruitful meeting and look forward to practical decisions being implemented in favour of a prosperous future for our children and our nations.