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**ADDRESS BY DR MARGARET CHAN,
THE WHO DIRECTOR-GENERAL**

Your Excellency, Mr Paul Kagame, President of the Republic of Rwanda,
Your Excellency, Mr Festus Mogae, Former President of Botswana,
WHO Regional Director, Dr Luis G. Sambo,
Honourable ministers,
Distinguished delegates,
Ladies and gentlemen,

Good morning.

Let me begin by thanking the Government of the Republic of Rwanda, for hosting this Regional Committee. I am honoured to be a guest, in this land of a thousand hills, for many reasons.

When we think back on the devastating events of 1994, it is truly remarkable to see this country widely recognized as one of the most stable and orderly in Africa. This is stunning transformation and a cause for great hope. President Kagame, congratulations and thank you for your outstanding leadership.

Health development in Africa likewise needs a stunning transformation, with all the hope this can bring. From the documents prepared for this Committee, it is clear that African health officials understand the impediments to better health in this Region with great precision. You understand, with equally great precision, the actions needed to tackle specific problems, often through a region-wide approach.

Yet here is the equally clear reality. On present trends, Africa will not reach any of the health-related Millennium Development Goals. Progress is patchy, or too slow, or entirely stalled, as is the case with maternal mortality.

Here is the obvious question. What does it take to move Africa beyond this impasse? How can African leaders, supported by WHO and your multiple development partners, break through the barriers that are so well-understood and so clearly defined?

Money is important, but money alone will not transform the prospects for better health in Africa. The policies must be right, and the money must be used effectively and efficiently. This is all the more true at a time of global economic recession, a climate that is changing for the worse, and an influenza pandemic that is now unstoppable.

Ladies and gentlemen,

Earlier this month, while on a flight back to Geneva, I had a chance to read the August issue of New African magazine from cover to cover. The articles offered a different perspective from the health development literature that usually crosses my desk. One article in particular captured my attention and stays in my mind. This was a profound and passionate expression of views about how Africa and its leaders relate to the rest of the world. I thank His Excellency President Paul Kagame for his article, titled "The conversation for our time." He has much to say about how good and bad aid, dignity, self-determination, and the prospects for hope in your children. Above all, he sees a pressing need for a change in the conversation about African development. As he argues, the worn-out thinking and exhausted logic of the past have lost their relevance. The old assumptions, arguments, dogmas, and vocabulary no longer match the realities.

Two weeks ago, I witnessed some of the new realities in Africa when I visited Tanzania and Uganda to see, on the ground, the remarkable progress in malaria control. The results are striking. The latest WHO data, not yet published, show large reductions in all-cause child mortality and mortality from malaria as African countries approach universal coverage with recommended interventions.

The strategies you have adopted are working. But there is more to this success story than just the statistics. I saw excellence in research and institutional capacities, where 11 centres across the Region are now conducting phase 3 trials, of a potentially revolutionary malaria vaccine. I saw the add-on benefits of malaria control. As rapid diagnostic tests for malaria come into wider use, cases of childhood pneumonia identified more quickly and managed better, with the result that deaths from pneumonia are also going down. I saw innovation, from real-time disease surveillance and reporting using mobile phones, to mosquito factories that mass-produce these insects for use in research projects.

Africa has capacity, innovation, talent, and committed leadership. This is the promise that puts all the old problems in perspective. I believe it is time to stop talking about Africa in terms of sweeping generalizations. The Region as a whole may not reach the Millennium Development Goals, but there are bright sparks of success, in many areas of health in many countries, that tell a very different story.

Africa has deep poverty. Africa lacks basic infrastructure and capacity in a long list of areas. But individual countries are overcoming these problems and moving ahead.

This, I believe, should be the focus when we talk about health development in this Region. Success builds the momentum for transformational change. Success gives all those same old problems a different perspective. They can be overcome.

Ladies and gentlemen,

The discourse about African health needs to change for another very good reason. Too many international policies have worked in ways that favour those who are already well-off. The international systems that govern financial markets, commerce, economies, trade, and foreign affairs have not operated with equity as an explicit goal. These systems create benefits, but have no rules that guarantee fair distribution of these benefits. As a result, differences, within and between

countries, in income levels, in opportunities, and in health status are greater today than at any time in recent history.

In one of his most striking arguments, President Kagame calls for a new model of economic growth that makes investments in social equity an explicit policy objective. I believe that this is at least one route towards transformational change for health in Africa.

Ladies and gentlemen,

I have argued for an emphasis on Africa's successes, potential, and promise. But we must be realistic. The world as a whole is experiencing setbacks from global crises on multiple fronts. As this century progresses, more and more crises are likely to be global in nature, with global causes, and global consequences, that are unfairly biased against countries and populations least able to cope.

I firmly believe the influenza pandemic will reveal the consequences of decades of failure to invest adequately in basic health systems and infrastructures, especially in this Region. I have personally secured pledges totalling 150 million doses of pandemic vaccine for use in the developing world. Donations of antiviral drugs have already arrived in this Region. Last week, WHO and its international humanitarian partners issued a call to action aimed at mobilizing resources and supplies to support developing countries during the pandemic. Apart from facilitating the management of acute respiratory illness and pneumonia, actions include building stockpiles of essential medicines to ensure continuity of services for priority conditions like diarrhoea, malaria, HIV, and TB.

Ladies and gentlemen,

Let me conclude with a final piece of advice. Maintain your renewed commitment to primary health care, as set out in the Ouagadougou Declaration. This is a proven way to promote fair and efficient health care and build sturdy resilience for the next global crisis that is sure to come our way. Primary health care offers exactly that value system, exactly that emphasis on social equity, that is now recognized as critically missing in so many international systems and policy decisions.

Mrs Kagame, the First Lady of this country, sometimes quotes an African proverb that goes like this: "You have everything to gain by telling someone who listens." The financial crisis and economic downturn have forced world leaders to recognize that the old thinking and dogmas were flawed. I believe the world is now ready to listen, to talk about African health development on different terms, in a conversation more suited to this Region's realities and potential.

Thank you.