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**STATEMENT BY DR LUIS G. SAMBO AT THE OPENING CEREMONY OF THE
FIFTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA
BRAZZAVILLE, 27 AUGUST 2007**

Excellency, Mr Isidore Mvouba, Prime Minister, Coordinator of Government Action and Privatization of the Republic of Congo, representing the Head of State;

Honourable Minister of Health of the Republic of Ethiopia and Chairman of the fifty-sixth session of the Regional Committee;

Excellencies members of Government of the Republic of Congo;

Honourable ministers of health and heads of Delegation of Member States of the WHO African Region;

Director-General of WHO;

Regional Director of UNICEF;

Excellencies heads of accredited diplomatic and consular missions in the Republic of Congo;

Coordinator of the United Nations system and representatives of agencies of the United Nations system in Congo;

Representatives of bilateral and multilateral cooperation agencies invited as observers;

Distinguished delegates;

Dear colleagues;

Ladies and gentlemen;

It gives me immense pleasure to welcome you to the opening ceremony of the fifty-seventh session of the WHO Regional Committee for Africa.

I would like, first and foremost, to express our profound gratitude to the Government of the Republic of Congo for the precious assistance it provided for the organization of this meeting. I would like also to thank Your Excellency, the Prime Minister, for attending this gathering in the capacity of the representative of the Head of State of the Republic of Congo.

Permit me to hail the presence, in our midst, of the WHO Director-General, Dr Margaret Chan, who is participating in the Regional Committee for Africa, in that capacity, for the first time since her brilliant election to head the Organization.

A few months ago, Dr Chan did us the honour of making our Regional Office in Brazzaville her first destination in her programme of visits to the regions. During that visit, Dr Chan gave a clear signal of her determination to prioritize health in Africa.

Under her leadership, working relations between headquarters and the Regional Office have been so good indeed, a fact I would like to acknowledge and commend.

Your Excellency Mr Prime Minister,
Honourable ministers,
Distinguished guests,

The reforms initiated at the Regional Office have started to produce tangible results. The idea of functional intercountry teams has now become a reality. I would like to thank the Heads of State of Burkina Faso, Gabon and Zimbabwe and the ministers of health of these three countries for providing diverse forms of support for establishing these teams and making them operational.

We have also continued budget decentralization together with greater delegation of authority to Directors of Regional Office Divisions and WHO country representatives.

These changes should lead to the consolidation of a more efficient and results-based management.

Pursuing the Millennium Development Goals calls for better management of the resources currently allocated to health and an increase in resources to scale up public health interventions that have proven their effectiveness. To that end, governments, their partners and the populations would need to coordinate their efforts.

We acknowledge the importance of partnership as the cornerstone of our action and we note with satisfaction the significant progress that has been made in this area. A large number of partners are negotiating with WHO for the implementation of the guiding principles outlined in the Paris Declaration on aid harmonization and alignment for the benefit of countries, particularly to accelerate the achievement of health-related Millennium Development Goals.

Together with UNICEF, UNFPA, UNAIDS, World Bank and African Development Bank, we have established a mechanism of systematic consultation to harmonize our strategies and interventions to support the health development of countries.

In the context of bilateral partnership, we commend the fruitful cooperation with the US Government and its cooperation agencies namely, USAID and CDC, and with the UK Department for International Development (DFID), France, Norway, Canada, Portugal and other partners contributing to increasing the resources for strengthening the capacity of the health sector in countries of the Region.

As regards organizations and institutions in Africa, the WHO Regional Office has strengthened its cooperation with the African Union, the United Nations Economic Commission for Africa and regional economic communities.

We commend the adoption of *the African Health Strategy: 2007-2015* by the Third Session of the AU Conference of Ministers of Health. The WHO Regional Office for Africa will provide its best support to Member States for the implementation of the strategy.

Your Excellency Mr Prime Minister,
Honourable ministers,
Distinguished guests,

In the areas of national health policy formulation and preparation of health development plans, the countries have made tangible progress.

However, we need to improve health systems performance in order to cope with the changing context and emerging challenges.

Concerning human resources for health, 36 countries of the African Region are considered to be in crisis. Although discussions on this crisis are ongoing, measures to mitigate its effect seem to produce the expected results. Governments would need to give greater attention to issues related to motivation of staff, their assignment to the appropriate level of the health pyramid, and the adoption of human resource policies and plans that meet the normative needs of staff. International partnership can provide the additional resources needed to finance the training of health personnel in order to compensate for the loss resulting from brain drain.

Concerning health financing from national budgets, I am pleased to note that half of the countries of the Region are now allocating between 10% and 15% of their national budget to health. Furthermore, based on the recommendation of the Commission on Macroeconomics and Health inviting countries to spend between 30 and 40 US dollars per inhabitant on health each year, I note that ten countries of the Region have been able to meet that recommendation.

In order to address the problem of access to quality medicines, the Regional Office and its partners provided technical and financial support to the regional economic communities to harmonize their medicines policies and regulations and implement their work plans.

In April 2008, WHO will organize an international conference on Primary Health Care and health systems in order to learn lessons from 30 years of Primary Health Care implementation

and identify strategic directions for scaling up priority health interventions in order to help achieve the Millennium Development Goals.

In communicable disease control, the HIV/AIDS pandemic continues to be a concern even though, in some respects, some good results have been achieved including increase in access to antiretroviral treatment from 2% in 2003 to 30% by the end of 2006. Even so, we need to remember that about 70% of patients still have no access to treatment. Given the very high number of new cases of infection each year, I would like to stress the importance of prevention as the main strategy. We should continue to take the necessary actions in close collaboration with the population, especially the youth.

Honourable ministers,

In 2005, you declared tuberculosis an emergency. Since 2006, there has been a worrying trend of increasing drug resistance of tuberculosis. If appropriate measures are not taken, this development will hinder and even undermine TB control efforts. We are also concerned about the increasing trend of TB/HIV co-infection which has reached a very high percentage especially in southern Africa.

In malaria control, we are beginning to make a positive impact. The ingenious intervention of combining the distribution of insecticide-treated nets with mass immunization campaigns has made it possible, in many countries, to expand the use of bednets. Thirty-six countries have adopted artemisinin-based combination therapy (ACT) as their treatment regimen, which is a significant progress.

In Leprosy control, 42 countries have already achieved the elimination target of less than 1 case per 10 000 inhabitants.

Your Excellency Mr Prime Minister,
Honourable ministers,
Distinguished guests,

Our Region continues to be a victim of many epidemics whose recurrence and severity are a challenge to us. Since the beginning of 2007, 21 countries have notified cases of cholera.

Countries of the meningitis belt in the Sahel, notably Burkina Faso, Niger, Mali and Chad experienced, over the 2005-2006 period, a cerebro-spinal meningitis epidemic with greater intensity in Burkina Faso which alone notified 45000 cases and 3443 deaths. We raised alarm over the insufficiency of the present stocks of vaccines to meet the potential needs of countries threatened by meningitis. We need 100 million US dollars to prepare to address an eventual epidemic while research and development of a new vaccine that is more effective are under way.

The avian influenza that has already hit a number of countries in the Region remains a public health risk. There will always be a threat of an H5NI virus pandemic influenza in humans as long as the virus is present in the chicken populations. We are therefore calling on Member States to step up the level of vigilance.

To contribute to the strengthening of disease surveillance and control capacities, I contacted a number of countries of the Region and partners to examine the feasibility of setting up centres of excellence that can serve as a reference. This could enhance the African Region's participation in the global outbreak alert and response network and also facilitate the implementation of the International Health Regulations.

Your Excellency Mr Prime Minister,
Honourable ministers,
Distinguished guests,

The share of chronic diseases in the disease burden in countries of the Region has increased very rapidly, having a significant economic impact on health expenditure by individuals and

households, because of the chronic nature of the diseases. Epidemiological surveys on risk factors of chronic diseases such as cancer, cardiovascular diseases and diabetes have shown that they are associated, among other things, with active and passive tobacco smoking, harmful alcohol consumption and sedentary life.

There is an urgent need to address the risk factors through primary prevention and improvement of the response of health services to ensure early diagnosis and correct treatment of cases.

Your Excellency Mr Prime Minister,

Honourable ministers,

Distinguished guests,

We are all concerned about the persistent unacceptable high maternal mortality of about 1000 deaths per 100 000 life births in the African Region. We cannot, in any way, resign ourselves to accepting this as an inexorable fatality. Likewise, we cannot proclaim that we are giving priority to women's health by allowing such a high number of maternal deaths. I would like, here and now, to call for more effective attention so that greater commitment be expressed at the policy and budgetary levels.

Regarding child health, we continue to record significant progress in many countries thanks to routine immunization, implementation of the Integrated Management of Childhood Illness (IMCI) and the holistic approach inspired by the new child survival strategy proposed jointly by WHO, UNICEF and the World Bank and adopted by the preceding Regional Committee session.

Remarkable progress has been recorded in the area of immunization. In fact, between 2001 and 2006, immunization coverage with DPT3 rose from 55% to 82% in the Region, thanks to the combined efforts of the governments, the people and partners. Owing to high immunization coverage rates, deaths due to measles have dropped by over 75%. This is a reason for great satisfaction for the Region that is about to eliminate this disease which is one of the major causes of child mortality.

The eradication of poliomyelitis in the Region is now within our reach, given that there is only one endemic country in the African Region. This year, we have recorded a decrease of about 90% in wild poliovirus cases. However, the limited importation of wild poliovirus cases that we continue to see in some countries is the result of a collective immunity that is still low.

A significant number of health problems are related to the environment. The recurrence of diseases such as cholera and Chikungunya is the result of an unhealthy environment. Health policies and subsequent action plans should give the necessary priority to factors related to the environment. It is for this reason that we will organize an international conference on environment and health in Africa next year.

Your Excellency Mr Prime Minister,
Honourable ministers,
Distinguished guests,

The health challenges which Africa is facing call for greater determination to translate our policies into concrete actions. The achievement of health-related Millennium Development Goals is technically feasible. Some countries of the African Region are currently making significant progress in the improvement of some public health indicators. This makes us believe that it is possible to achieve the same performance elsewhere in the Region and thus enable millions of people to lead a more dignified and more productive life.

Many items on the agenda of this session of the Regional Committee address the concerns mentioned earlier on and I am convinced that our discussions during this week will lead to proposals of interest for all countries of the Region.

Honourable ministers,
Heads of delegation,
Distinguished delegates,

I wish that this meeting offer the opportunity to share ideas and experiences on health development and strengthen technical cooperation between the countries.

The WHO Secretariat is entirely at your disposal and wishes you a very fruitful stay.

Thank you.