



REGIONAL OFFICE FOR

**World Health  
Organization**  
**Africa**

**AFR/RC63/Conf.Doc/1**  
2 September 2013

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-third session

Brazzaville, Republic of Congo, 2–6 September, 2013

**ADDRESS BY THE MINISTER OF HEALTH AND POPULATION ON THE OCCASION  
OF THE SIXTY-THIRD SESSION OF THE WHO REGIONAL COMMITTEE FOR  
AFRICA**

The Minister of State, Minister of Labour and Social Security, representative of the President of the Republic of Congo, His Excellency Denis Sassou-Nguesso;

The Minister of Foreign Affairs and Cooperation;

Members of Government;

Dear Colleagues Ministers of Health of the WHO African Region Member States;

Dr Margaret Chan, the Director-General of WHO;

Dr Luis Gomes Sambo, the WHO Regional Director for Africa;

Distinguished delegates;

Dear guests;

Ladies and gentlemen;

At the time Brazzaville hosts the Sixty-third session of the WHO Regional Committee for Africa, the majority of countries in the continent are characterized by a high prevalence of communicable and noncommunicable diseases, acute shortage of qualified health workforce, unequal access to healthcare delivery, malnutrition, low life expectancy, weak financing and poor equipment of health services.

Ladies and Gentlemen,

Brain drain in the medical sector persists in the majority of countries in the African continent. The shortage of qualified human resources in the health sector is a preoccupying issue. Poor sanitation and hygiene systems are the principal factors for disease propagation. Health indicators are hardly optimistic. Health systems remain weak, despite the various statements and efforts aimed at improving healthcare delivery. The development of quality human resources, as well as the construction and equipment of state-of-the-art infrastructure is yet to meet the ever-growing legitimate needs of the population.

Ladies and Gentlemen,

Although the African Region has made remarkable progress as regards malaria, tuberculosis and HIV/AIDS control, substantial efforts still need to be deployed, owing to the weakness of our health systems.

For instance, the HIV/AIDS pandemic seems to be feminized with a pending risk of transmission of the disease from mother to child, against a backdrop of violence which contributes to weaken the persons who give life. In addition to these risks, women continue to be the victims of birth-related deaths.

Over 80% of malaria cases continue to be treated without prior tests in half of the countries of the African continent.

This overall gloomy picture increasingly requires Member States of the WHO African Region to pool their efforts in order to achieve the same goal. In that regard, the WHO African Region is expected to play a very important role. As we are all aware, interdependence in the health sector is henceforth an undeniable reality. A poorly managed epidemic in one State constitutes a danger for other States.

The need for all the Member countries of the WHO African Region to come together in order effect a radical change, make sure that health services meet the needs of the population to access better quality medicines and healthcare delivery in an effective and sustainable manner remains a requirement for Africa to develop and become an emerging continent.

Greater efforts are required to make health a true engine of economic growth.

As Dr Luis Gomes Sambo, the WHO Regional Director for Africa says, “the challenge for African Governments and their partners consists in better coordinating healthcare delivery and ensuring that health resources are used responsibly for the benefit of Africans”.

To that end, Member countries of the WHO African Region must pool their resources and efforts to address at least four major challenges.

**The first challenge consists in implementing comprehensive policies** that would help promote a conducive environment for health, in particular a healthier environment that would help avoid every year in Africa numerous deaths amounting to millions of people, amongst whom many children. These dramatic figures clearly illustrate the existence of a direct link between health and the environment.

**The second challenge relates to health security.** In this context, biomedical research institutions should be established at the national, subregional and regional levels with a view to the better sentinel surveillance of some potentially endemic diseases. The circulation of falsely-labelled, counterfeit or expired medical products requires the strengthening of cross-border actions, as well

as the establishment of laboratories to ensure quality assurance in view of the importation and local production of generic medicines.

**The third challenge concerns the strengthening of health systems within States** in order to resolve both the human resource shortage in hospitals in Member countries of the WHO African Region and expand universal health coverage throughout the Region.

Universal health coverage in this sense would strengthen health systems and guarantee access by all to comprehensive and quality health care.

Lastly, **the fourth challenge is that of access to quality medicines** at a lesser cost. It has been clearly established that access to medicines is one of the areas where assistance alone is no longer sufficient.

This challenge would pose many problems if the achievements obtained through the support of WHO and other partners were undermined under the disputable pretext of the GDP increase of some countries or the reduction of support to WHO country offices.

The Minister of State;  
Ladies and gentlemen,

The WHO whose mission is the attainment by all peoples of the highest possible level of health, cannot achieve this lofty objective without the actual awareness of the States benefiting from its work.

That is why our deliberations, which I hope will be franc, sincere and constructive will take place in a fraternal manner and enable us provide responses to the health needs of African peoples through more efficient and bold policies.

In less than 900 days, we will assess our performances and counter performances within the framework of the process leading to the attainment of health MDGs, some of which are interdependent and conditioned by other non-health goals such as access to water and energy, sanitation, etc.

However, further to this, our reflections should be geared towards post 2015 developments which should not mask the goals of the first period. We need to consider the priority actions to be carried out in order to ensure access by all to quality health care and improve the life expectancy of our populations, both of which are conditions for sustainable development.

As I welcome you to Brazzaville, I want to believe that this session will serve to deepen reflection on the health situation in our continent.

I wish you every success in your deliberations and thank you very much for your kind attention.