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SPEECH BY DR. HIROSHI NAKAJIM
DIRECTOR GENERAL OF THE WORLD HEALTHORGANISATION
AT THE OPENING SESSION OF THE FOURTH ORDINARY SESSION OF
THE CONFERENCE OF AFRICAN MINISTERS OF HEALTH

FOURTH ORDINARY SESSION OF THE CONFERENCE OF
AFRICAN MINISTERS OF HEALTH

(Mbabane, Swaziland, 22-30 April 1991)

Address by Dr Hiroshi Nakajima, Director-General,
World Health Organization

29 April 1991

Your Majesty,

and I start by saying how glad I am to be in Swaziland during the month of
Your Majesty's birthday celebrations. So that I have the honour and the
pleasure to express my own and the World Health Organization's warmest
congratulations. We extend to you and your people every good wish for a happy
and prosperous future, in which the more intensive role for Swaziland in
international affairs, which Your Majesty is advocating, will play no small
part.

Your Majesty, Your Excellency Prime Minister, Your Excellencies ministers of
health, distinguished colleagues, ladies and gentlemen,
it is of particular consequence that this fourth ordinary session of the
Conference of African Ministers of Health has placed African Health Policy so
high on its agenda. I am convinced that the political, economic and social
development of Africa is inextricably linked with the health policy and action
which we collectively decide to adopt. and your commitment to carrying out this
policy and action in the 1990s. Without health, there can be no development of
the continent.

In 1990, in order to help to focus the attention of the international
community on the important relationship between the World economy, health and
development, two distinguished statesmen addressed the Forty-third World Health
Assembly. One was the president of the Republic of Zimbabwe, His Excellency
Mr Robert Mugabe. Mr Mugabe said that in an economic situation where the debt

nrvive rnlio continues to grow "chances for any form of improvement in the people's standards of living become nothing but a pipe-dream". He described the existing gross inequalities in the world as "politically destabilizing, socially immoral and economically counter-productive".

In 1987 the Assembly of Heads of State and Government of the Organization of African Unity adopted a declaration on health as a foundation for development. In this Declaration the contribution of health to the national economy, and to the achievement of the social goals of countries, was stressed nnvo again. This implies that countrlss need to concentrate on developing their health systems within, not outside, the mainstream of their social and economic development. At the same time, they need to ensure an appropriate balance between promotlve, preventive and curative health care.

For this, most developing countries need to improve their management of honllh development, strengthening ministries of health, and ensuring systematic and continuous commitment to implementation of the strategy for health for all based on primary health care. All resources have to be mobilized. In addition, there is a need to improve the productivity of the health work-force, information support to decision-mnking, and the monitoring and evaluation of health programme delivery.

One of the founding fathers of the Organization of African Unity, President Julius Nyerere, said that all policies, and all plans, need to be based on a recognition that people are both the purpose and the means of development. Every developing country should adopt a strategy of building the maximum amount of national self-reliance as rapidly as possible by using the V nation's human natural and structural resources to the very maximum. Developing countries should seek external resources only as a supplement to maximum national effort.

Human resources represent the basis of wealth for health. The beginning of health and thus of development, is knowledge and skills, and the prerequisite for knowledge and skills is education. There is a clear and positive correlation between education, health and development.

I am very pleased that the strategies for the prevention and control of AIDS and malaria are on your agenda. Malaria continues to be one of the most serious health problems in Africa. It is estimated that there are, at the very least, some 90 million active cases of malaria in this region, with three quarters of a million child deaths each year.

The provision of adequate facilities for diagnosis and treatment should be the basic right of the population at risk. Studies show that, under certain conditions, insecticide impregnation of bednets and curtains may improve the malaria situation. There is no ready solution to the malaria problem, but its control is of the utmost importance to Africa. I join you in calling on Member States to make special efforts to curb the problem. I also appeal to the international community to support the efforts of WHO and countries in Africa to implement national plans of action for malaria control.

WHO is convening a ministerial conference on malaria in Amsterdam in October 1992. The threefold purpose of this global conference will be: (1) to ensure worldwide recognition of the malaria problem. (2) to agree on a malaria control strategy, and (3) to obtain the commitment of political and health leaders to this malaria control strategy. The first of three preliminary meetings to assess regional situations, address specific issues, and contribute to evolving a global strategy will take place in the African Region - in Brazzaville from 21 to 25 October 1991. I am encouraged by the preparations for this African meeting, and I look forward to hearing the results of its deliberations towards this global malaria initiative.

The AIDS pandemic has brought a grave and growing challenge to Africa, sparing no country on the continent. Unlike other sexually transmitted diseases, AIDS takes an average of ten years to develop after a person becomes infected with the human immunodeficiency virus. It is estimated that, already, nearly six million adult Africans have been infected with HIV. All of these people can be expected to develop AIDS - which, unlike other sexually transmitted diseases, is a fatal disease with no known cure. In other words, still, there would still be millions of deaths from AIDS in Africa from today's pool of infected adults, and millions of orphaned children.

What are the prospects for preventing new infections? We cannot completely stop the spread of infection, but we can slow it down until effective, affordable drugs and a vaccine become available. The global strategy is "to blunt the pandemic, primarily by means of information and education about safer sex, including the use of condoms. Given the cultural sensitivities in this area, the main action must be taken by the governments and people concerned. That is why WHO is helping 44 countries of Africa to develop their national AIDS programmes and mobilize the skills and resources necessary to do the job.

I therefore join you in calling on Member States to ensure that these programmes benefit from the highest level of political commitment; and to begin today, while there is still time, to anticipate and plan for coping with the repercussions of the pandemic, which will leave no sector of the economy untouched. I also join you in calling on the international community to intensify its financial and technical assistance, for only in global partnership do we have a chance of bringing the AIDS pandemic under control. An estimated three out of five people in Africa still lack regular access to the most needed essential drugs and vaccines. In attempting to combat some of the world's worst health problems, African countries typically devote a large percentage of their health budgets to the supply of drugs. Yet much of these precious resources is wasted because of inefficiency and misuse, and the fact that the money is put towards spurious medicines, and otherwise used improperly. Through training and the dissemination of information, the entire infrastructure for the supply of drugs in these countries must be strengthened. This includes the implementation of national policies, improvement of procurement and distribution systems, introduction of stronger quality assurance measures, and promotion of the rational use of drugs. Driven by the immense dimension of the problem, with the cooperation of the WHO Action Programme on Essential Drugs, African countries have shown more progress than those of any other continent in adopting the essential drugs concept, and in demonstrating political will towards implementing national drug

policies. But the work must continue. I join you in calling for even greater combined efforts to improve the supply and use of essential drugs and vaccines and for new initiatives to reach underserved populations.

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The commitment of WHO and its Member States to the goal of health for all is unchanging. The primary health care approach is an important vehicle to achieve social justice and equity in health. However, over the past four decades there have been many changes in the political, social and economic realities of the world. This is why I think the time has come for WHO and its Member States to review strategies for the achievement of their common health goal. This is why, at the WHO Executive Board last January, I called for a new paradigm for health.

What would be the main elements for such a paradigm? Surely it would include respect for human rights in health and development; support for sustainable change in the total human environment; the building of sustainable infrastructures; development and application of appropriate, affordable technology; and the mobilization and effective use of all available human, material and financial resources.

We must pay increased attention to countries most in need, and to vulnerable groups, including women, who are often among the most disadvantaged, and yet can offer most to future health and human welfare. In this connection, WHO is taking steps, together with the first ladies of a number of African and other countries, to organize an international forum on "Health: A Conditionality for Economic Development - Breaking the Cycle of Poverty and Inequity", in Accra, at the end of the year.

It is only through political will and commitment to the concept and reality of primary health care that health development systems can be placed on a sound footing. I look forward to the day in Africa when fear of 111 health is removed from homes, villages and cities because national health services are accessible, affordable and acceptable to all Africans.

Thank you.

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