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CONFERENCE OF AFRICAN MINISTERS OF HEALTH
FOURTH ORDINARY SESSION
29 - 30 APRIL, 1991
MBABANE, SWAZILAND
SPEECH BY THE O A U ASSISTANT SECRETARY-GENERAL
DR. M. T. MAPURANGA TO THE CONFERENCE OF
AFRICAN MINISTERS OF HEALTH
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Mr.Chairman,
Honourable Ministers,
Your Excellencies,
Mr. Regional Director General, WHO,
Representatives of Liberation Movement,
Representatives of International Organisations,
Ladies and Gentlemen,

Allow me first of all to express our gratitude and appreciation to His Majesty the King, to the People and Governmeht of Swaziland for warm and fraternal welcome and certainly the generous African hospitality extended to us since our arrival in this beautiful city of Mbabane.

His Excellency the Secretary-General of the OAU, Salim Ahmed Salim, has been prevented from attending this important Ministerial Conference by exigencies of duty inherent in the pan African nature of his high office. He requested me to convey to you his deepest apologies as well as his most sincere and profound wish for the success of this meeting.

Your Excellencies,
Ladies and Gentlemen,

We are now less than a decade to the Year 2000,
the year that you set as the target date for the attainment

of Health fort All, on our continent. Now is the time for us to train (nu: hindsight on the terrain already traversed and cast our eyes on the future prospects and challenges that

I lie before us.

This means that now is the time to look back and weigh the successes against the failures of the 1980s' and ask ourselves what the state of health on our continent will be at the dawn of the third millenium.

The 1980s have been referred to on several fora as Africa's tLost Decadew. Ndw, it cannot be gainsaid that during the last decade the world economy was in the grip of a severe recession. It is equally true that Africa's fragile economy was the worst affected by the global phenomenon of recession. Africa has no influence over the prices of both its exports and its imports. During the past decade the prices of Africa's export commodities plummeted to an all time low, thus drastically reducing our foreign exchange earnings, at a time when the prices of our imports sky-rocketed, thus inducing an unprecedented balancev of payments crisis in our continent. The ever worsening terms of trade have exacerbated the already excruciating debt servicing burden, to the extent that our Heads of State and Government convened an Extraordinary Summit which declared that Africa's debt is unpayable and called for the convening of an international conference on Africa's debt.

Needless to say, Africa's economic decline adversely affected the delivery of basic social services to our people, notably health, education, housing, transport, and others. The spate of IMF and World Bank inspired structural adjustment programmes introduced in most of our countries iJl order to engender-economic recovery invariably entailed drastic cut-

backs on expenditure on social services, and our health services are in a state of crisis, owing to this dwindling in resource allocation. Associated with this has been the growing tendency to allocate the available meagre resources to the urban hospitals at the expense of primary health services for the rural poor, who form the overwhelming majority of Africa's population.

This situation threatens to double or triple the adult mortality rate and may cause a 50% increase in the child mortality rate, a situation that is a blatant affront to the African Charter (M1 the Rights and Welfare of the Child, as well as to the Declaration of the Day of the African Child which we are going to be commemorating on the 16th of June every year .

Honourable Ministers,
Ladies and Gentlemen,

I need to emphasise at this juncture that although our health services are in a state of crisis, the issue should be viewed in a global perspective.

Everything in our Continent is not so gloomy. We have scored some considerable successes also on which we could build our hopes for the future in our struggle for a better state of health for our people. The results of the African Immunization Year launched in 1986, the eradication of small-pox and our current effective fight against the dumping and transboundary movement of toxic and hazardous wastes are but a few of our successes to draw inspiration from. But the way ahead to the goal of Health for All Africans by the Year 2000 is still an uphill struggle and requires organising ourselves in order to manage our available meagre resources

in the most efficient manner possible. Health Systems management should feature with a high profile in our development strategies.

For this reason, we believe that the theme you have selected for this Conference, tHealth as a Common Denominator for Development speaks for itself. It is in line with the Declaration by our Heads of State and Government of Health as the Foundation of Development. As can be seen in the Report of the Experts Session your officials endeavoured to address this important theme in an exhaustive and serious manner and you will without fail considerlseriously their recommendations.

Honourable Ministers,

Ladies and Gentlemen,

The Conference of African Ministers of Health is one of the technical organs of the OAU. It refers its resolutions to the OAU Council of Ministers which is a Political Organ of our Organisation, for subsequent transmission to the Assembly of Heads of State and Government. You will no doubt agree with me, if I say that at no time has the need for this process been more important than at this juncture. Health is no longer just 'a social service as Ministries of Finance and Planning have been considering it before; it is now the Foundation for Development; as declared by our Heads of State and Government, and a Common Denominator for Development of our Nations; as designated by this Conference. Health is no longer the sole responsibility of Ministries of Health alone. Health demands inter and intrasectoral cooperation and it should commit every society, every community, every household, every family and every individual. Governments and States will have to summon and mobilise the necessary political will when considering resource allocations for health.

In many African countries, the people are exposed to a wide range of communicable and deficiency diseases, a state attributable to our poor economic performance, drought and famine, natural disasters, poor living conditions, inadequate hygiene and health education. Health status therefore depends on development, and planning for health is planning for development. The two are inseparable. Our Conference should come up with the most useful and practical recommendations to our Member States.

Honourable Ministers,

Ladies and Gentlemen,

The road to good health for all Africans is still long, tortuous and full of pit-falls. As in all other sectors, in Health Services we need to emphasise that the primary responsibility rests with us Africans, and international solidarity can only play a supplementary role. It is for this reason that we need to accord unstinted support to the Special Health Fund for Africa, the very epitome of self-reliance and ingenuity. If this continental initiative is allowed to falter and crumble, it will further dim our hopes for Health for all our people in the foreseeable future. On behalf of the Secretary General I wish this Conference successful deliberations.

I thank you.