



Speech by the Minister of Health of South Africa Dr Manto Tshabalala-Msimang Countdown to 2015 - Maternal, Newborn and Child Survival

17 April 2008, Cape Town

Programme Director
Honoured delegates
Ladies and Gentlemen

Pregnancy and child bearing is supposed to be a rewarding experience that brings new life and hope to women, their families and their communities.

And every time a mother and/or a child dies, this hope is shattered and the dream of a better future for the community toned apart. When death strikes, the whole family and village mourns together because African tradition teaches us that your child is my child and your loss is my loss.

Complying with this African traditional, I would like to request all of us to observe a moment of silence to remember every woman and child we have lost and that we find wisdom to address this major challenge, we are gathered here to address.

If we can stand for a minute please>>>>>>>>

Thank you

Two Sundays ago, a columnist in one of South Africa's weekly newspaper, the Sunday Times, wrote an article describing, from his own perspective, what Africa could have been like if this continent was not colonized. The gist of his argument is that this continent would be the most primitive place on earth if it was not for the European settlers who sailed around the Cape on their way to East Asia.

On child survival he writes and I quote: "Every so often a child goes missing from the village, eaten either by a hungry lion or a crocodile. The family mourn for a week or so and then have another child. Life is, on the whole, pretty good..." Unquote.

I do not believe that any of us share the views of this columnist that we as Africans do not care about the well being of our children. That we allow our babies to die and simple move on and make other babies. Such derogatory perception about our continent belongs to the dustbin of history.

The people and the leadership of this content has demonstrated and expressed its commitment to improve health and quality of life of women and children. In addition to committing to the Millennium Development Goals, our Heads of States made further



commitments such as those contained in the Abuja Declaration. The Africa Health Strategy in particular highlights the need to strengthen health systems.

In the first three days of this week, the African Union convened a workshop on maternal, newborn and under-five mortality reviews under the theme: "Africa's Movement to improve Maternal Health and Promote Child Survival and Development in Africa".

The workshop attended by representatives of the African Union member-states made recommendations that will be presented to the African Ministers of Health and to the African Heads of States.

The workshop discussed the subject of this conference, Countdown to 2015 and acknowledged that many of the African countries falls within the category of more than 60 countries that have been identified as contributing to more than 90% of global maternal, newborn and child deaths.

The workshop emphasized the need to highlight those factors that are often overlooked when the assessments of this nature are made. Those factors are the social determinants of health such as poverty, underdevelopment, poor nutrition and lack of access to basic services like water and sanitation.

The workshop expressed its concern about the challenges of global commitments on development that have not yet been met. As you know, developed countries committed themselves to devote 0.7% of their GDP to Official Development Assistance (ODA), but some of these countries have hardly reached 0.2%.

The challenges of inequities between the north and the south continue to undermine the wellbeing of our populations particularly women and children. It is necessary that this conference calls for a fair trade arrangement as highlighted in the Doha discussions particularly with regard to opening the market for African farmers. The situation where a cow in the European Union enjoys a higher subsidy than the incomes of more than half the world's population at \$2.20 a day cannot be allowed to continue.

While every country should strive towards meeting the MDGs, we do not view this process as a race where success is judged based on the position one holds in relation to other competitors. We acknowledge that countries are at different levels of development and the amount of resources at their disposal for addressing their challenges vary.

Africa invested significantly in the development of human resources for health. Unfortunately, these skilled health workers who are central to our ability to successfully manage pregnancies, deliveries and the variety of childhood illness are being lost through recruitments to developed regions.

Programme director, the issue of finding common reference data sources remains a major challenge leading to different estimates and interpretation of whether progress is being made or not. South Africa is good example in this regard as much of the data which should serve as baseline is not reliable as it mostly excluded the majority of indigenous people of this country as result of apartheid segregation before 1994.



The post 1994 information clearly indicates progress in improving the quality of life of people of South Africa which should directly impact on improving the health of women and children. The (2006/07) District Health Barometer of the Health Systems Trust, an organization independent of government, reports that the average immunization for our country in 2006 was 85%.

The average number of new cases of diarrhoea per one thousand children under five dropped from 258 in 2005 to 119 in 2006 which coincide with Statistics South Africa report that the percentage of households with access to piped water increased from 84% in 2001 to 89% in 2007

The 2003 SA District Health System data indicates that our antenatal coverage rate was at 92%. Maternal deaths are notifiable in South Africa and we are one of the few countries that are conducting Confidential Inquiry into Maternal Deaths which informs further policy interventions to improve the quality of care to address preventable causes of deaths.

Programme director, the national average proportion of antenatal clinic clients tested for HIV in 2006/07 was 68% and the package of care for Prevention of Mother to Child Transmission of HIV currently available in 90% of public health facilities is being improved to include dual antiretroviral therapy (in the place of Nevirapine mono-therapy).

The financial resources allocated to our comprehensive response to HIV and AIDS has increased significantly from R264 million in 2001/02 to R2,1 billion in 2007/08 financial year. This allocation which comes from our own fiscus, is just for the health sector only and it almost doubles when you consider allocations to other government departments.

The Report of the 2006 antenatal survey results shows a decrease in the prevalence of HIV amongst pregnant women who use public health facilities (it is down to 29.1% in 2006 compared to 30.2% in 2005). The decline in the under 20s from 15,9 % in 2005 to 13,7% in 2006 in particular suggests a possible reduction in new infections (incidence) in the population and we hope to sustain this trend.

The number of patients initiated on treatment was more than 408 000 by the end of last year and about 10% of those are children. More than 535 000 people with HIV and/or TB have benefited from nutritional support and making the South African AIDS programme probably the biggest and most comprehensive response to HIV in the world.

The campaigns to promote good nutrition which are critical to safe pregnancy, improving child survival and overall health status of our population are gaining momentum. The nutrition interventions are part of the Health Lifestyle programme which also promotes physical activity and safe sexual behaviour, tobacco control and interventions against alcohol and substance abuse. We all know the effects of these health risks particularly during pregnancy.

As we meet in this city at the most southern tip of the African continent, we need to acknowledge the commitment of each and every one of us to the improvement of health and wellbeing of mothers, newborn and children. We have to come up with strategies



and commit to work together to ensure maternal, newborn and child survival in 2015 and beyond.

Programme Director, honoured delegates, ladies and gentlemen. It is a pleasure for me to welcome you to South Africa. I trust that you will find the environment just below this beautiful Table Mountain very conducive for deliberations.

I wish you fruitful deliberations and welcome to South Africa.

Thank you