State of Health in Southern Africa, SADC Health Ministers Meeting 2019

Remarks by WHO Regional Director for Africa, Dr Matshidiso Moeti

Your Excellency the Vice President of the United Republic of Tanzania, Honourable Samia Suluhu Hassan,

Honourable Minister of Health of Tanzania, Ummi Mwalimu,

Executive Secretary of the Southern African Development Community, Dr Stergomena Tax,

The CEO of RBM, Dr Abdourh Diallo,

Ministers of Health of the Southern African Development Community,

Heads of United Nations agencies and partners,

Officials and delegates from SADC Countries,

Dear colleagues, ladies and gentlemen:

Good morning!

First, I wish to thank the Government of Tanzania for inviting me to be part of this meeting.

It is my pleasure to speak with you on the state of health in the SADC region and I would like to congratulate you on the significant progress being made to ensure people live longer, healthier lives in our communities.

Our top priority at WHO is the achievement of universal health coverage and with your active engagement, we have built strong commitment towards this goal. This culminated in September with the adoption of the first high-level political declaration on UHC by the United Nations General Assembly. Four SADC Heads of State made statements of support at this meeting, and the SADC region was strongly represented by Heads of State, Ministers of Foreign Affairs and Ministers of Health.

We are seeing high-level commitments reflected in country actions, from South Africa and Zambia both moving forward with national health insurance, to Tanzania reforming their system to increase coverage and sustainability, to continuing offering free medical care in all middle-income countries, to Seychelles providing free health care. These are a few of the many examples of national actions to make health a reality for all in Southern Africa.

To measure progress towards UHC, WHO uses an index which considers the availability of a range of essential services. On average, SADC countries score 53%, which is higher than the African regional average of 46%, but lower than the global average of 66%. The range across SADC countries varies from 40% to 71%. Across this spectrum, equity is a common concern – this means we need to focus on low-income households and ensure that they are accessing health care.

SADC countries are also investing in emergency preparedness. Laboratory capacities have significantly improved as evidenced by rapid detection of the Ebola outbreak in the Democratic Republic of the Congo, detection of Crimean Congo Haemorrhagic Fever in Namibia, along with best practices such as timely information sharing during the listeriosis outbreak in South Africa.

Investments in preparedness mean SADC countries are faster and more effective in responding to emergencies. Across the SADC Region, the average time taken to detect an outbreak, reduced from 9 days in 2016 to 7 days in 2019 and the time taken to control outbreaks reduced from 236 days in 2016 to 94 days in 2018.

Fifteen out of the 16 SADC countries have completed joint external evaluations of national capacities to prevent, detect and control disease outbreaks in line with the International Health Regulations and 12 countries have developed national action plans for health security to address identified gaps. It is vital that these plans are funded and implemented to mitigate the social and economic impacts of outbreaks and disasters. SADC Heads of State as part of AU, endorsed the IHR. Zambia hosts the Regional Centre of the African CDC and we are ready to work together.

Together, we are making inroads into communicable diseases burden. All SADC countries are reporting steady declines in tuberculosis incidence. Four countries are on-track to eliminate malaria in the coming years and I am happy that WHO staff will help to develop the malaria report that has been deliberated at this meeting. Most countries are reporting rapid declines in new HIV infections and AIDS-related deaths. Annual mass drug administration for neglected tropical diseases is underway across the Region and several countries are close to eliminating key NTDs.

Again, I would like to commend you, Honourable Ministers, on these achievements.

At the same time, we face a range of persistent challenges that call for innovations and increased investment in health.

Deaths among mothers remain unacceptably high, with SADC countries accounting for 15% of deaths worldwide. In five SADC countries, HIV contributes to more than one in ten maternal deaths. Every week in Eastern and Southern Africa over 3500 women aged 15 to 24 are newly infected with HIV – this is more than double the burden among boys and young men. This situation calls for urgent actions to address the multiple determinants of vulnerability among girls and young women

Second, we know that a healthy diet contributes greatly to a healthy life, but efforts to improve nutrition are lagging behind. Of the six global nutrition targets to be achieved by 2025, the best performing SADC country is on track to achieve four and seven are off track for all six targets.

These targets aim to address undernutrition, meaning that we need to do more to ensure low-income households, and within them, especially children, have enough to eat. We have an opportunity to make a difference during this meeting through the SADC Action Framework to Improve Diets of Young Children, the Technical Regulations on the Marketing of Breastmilk Substitutes, and the Guide for Food Fortification Monitoring and Enforcement.

In addition to undernutrition, we face a double burden, with more and more people being overweight and obese, having high blood pressure and diabetes

Across the SADC region, noncommunicable diseases already account for one in two deaths and this threat is increasing.

To beat NCDs, we need public policies that create enabling environments for people to lead healthier lives. This includes creating smoke-free public places, limiting sales of alcohol and tobacco to minors and using taxation – and I would like to commend both Seychelles and South Africa for increasing taxes on sugary drinks. Action is also needed to eliminate transfats from diets.

We also need to ensure communities have access to services to prevent and manage NCDs and so at WHO, we are working with eight countries to implement the WHO Package of Essential NCD interventions at the primary health care level. This approach offers a way to concretely address NCDs, in a context of limited financial and human resources. We recommend it strongly as a pragmatic approach to leverage on the focus on UHC and Health system strengthening for progress on NCDs.

These solutions require us to get buy-in from other sectors to prioritize health. We know that to go fast we can go alone but to go far we should go together, and the same applies to improving health outcomes.

In addition to working across sectors, we need to work across countries.

Diseases do not respect borders – we have seen this in relation to yellow fever, cholera, and Ebola in recent years. While some SADC countries are close to eliminating malaria, others are among the highest burden countries globally. Accordingly, it is vital that we do more to share information, expertise and resources, and to improve coordination of interventions through cross-border collaboration, as is happening this month between Angola and Namibia on Guinea worm disease.

Finally, the SADC region is on the frontline of a global phenomenon, with several countries here experiencing extreme weather events. The Small Island Developing States (SIDS) in the region are very vulnerable to this; and other countries experience cyclical drought and flooding. To prepare for and mitigate the health impacts of climate change we need to move from being reactive to proactive in adapting health systems to emerging threats.

In closing, I have three requests for our collective work together:

First, is that we accelerate action on universal health coverage – we are only as strong as the most vulnerable among us – and we must protect people from financial hardship through appropriate health financing policies and insurance schemes while ensuring coverage with good quality essential services.

Second, adopt health promotion and prevention addressing health determinants and working with and influencing the policies of other sectors, for health well-being. We must continue to drive health literacy and adoption of healthy lifestyles.

Third, incorporate digital technology and innovation as central pillars of health development in the SADC region. Countries are getting more connected each year. Innovators who know local content are there. We need to create regulatory environments to benefit from innovations as soon as they are available - SADC can serve as a platform for this.

WHO commits to support these actions.

I wish you productive deliberations and look forward to working with you to implement the decisions you take today.

Thank you.