



**Remarks by the Hon. Minister Dr. Kesetebirhan Admasu
Minister of Health, Federal Democratic Republic of Ethiopia at the
'African Leadership for Child Survival-A Promise Renewed' Meeting**

Addis Ababa, 16 January 2013

On behalf of the Government of Ethiopia and all at the Ministry of Health, let me express my warmest welcome to all of you.

It is a great honor for Ethiopia and the Ministry of Health to be hosting this special event. As we approach closer to the conclusion of our commitment to the MDGs we look ahead to our pledge beyond 2015. Now is a pivotal period for countries across the continent of Africa and indeed, to our partners and allies in the field of child survival.

Many who have come to participate in this momentous conference have come from far and wide to honor our invitation. Your presence is highly appreciated. I would also like to express my heart-felt appreciation to all those involved in organizing this landmark event. Thank you for all your concerted efforts to ensure the participation of many critical stakeholders and notable persons.

Honourable Ministers of Health - allow me to take also take this opportunity to thank you all personally for taking time out from your busy schedule to be with us here today, for your outstanding commitment on child survival in particular, and more broadly, to the improvement of the health and well-being of communities throughout Africa. We applaud your Governments – for their enduring contributions and clear leadership in the area of child health in general and reverting child mortality in particular.

My message today is three-pronged: First, I want to say a few words about the significance of our presence in the 'African Leadership for Child Survival: A Promise Renewed' meeting here today. Second, I want to share with you the progress Ethiopia has made on Child Survival. And finally, I will speak briefly about the importance and need of renewed commitment by leaders of the health sector in Africa beyond 2015 and towards the reduction of child mortality to below 20 by 2035.

Excellencies, Ladies & Gentlemen -

This Conference is a follow on the Child Survival Call to Action summit that we co-hosted back in June 2012 in Washington with the United States Government and the Government of India, with an invaluable support from UNICEF. This event led to the signing of a pledge by 169 countries globally and 46 of countries in Africa committing to taking action for child survival. What brings us here today is to reaffirm the renewal of

the pledges that have been made and to get the attention of our African leaders focused on child survival and the elimination of preventable child deaths.

We in Africa have made tremendous strides in advancing health care and improving health status in the past decades. As we look beyond 2015, the effort and resources that we have invested in MDGs will need to be intensified. While we need to celebrate our accomplishments, we also need new vision, new targets and new frontiers to conquer. Yes, our global and national achievements have collectively been remarkable, however uneven within our own boundaries. Beyond 2015, we should consider and develop new strategies to ensure the inclusion of more innovative and proven interventions in an equitable manner for children's survival. We should target the hardest to reach areas regardless of the difficulties to render services. Integration of proven initiatives with the existing local processes, systems and practices requires a thoughtful country specific strategies and approaches. In Africa, there are countries in the category of upper middle income, as well as in the category of least developed countries. Hence, the course of action should be guided by the local conditions and culture, and should enable us develop the capacity, systems and structures required to deliver up our commitments.

At this conference, in the next few days, we are going to hear case studies and success stories to demonstrate how various countries reduced child mortality, malnutrition and improved maternal, newborn and child health. While many countries have great stories to tell on their successful practices, unfortunately, in a short period of three days, we could only be able to listen to only a few.

It is undeniable that the momentum has been building despite the challenges we are facing, and it is this heightened momentum and the strong evidence of commitment by African leaders on child survival that could make all the difference in ensuring the mobilization of all resources to reinvigorating our collective fight against child mortality.

Our Child Survival progress chart shows us that we are making encouraging progress despite set-backs and considerable challenges. I believe, that the incredible global momentum we have seen on Child Survival over the last few years alone inspires renewed optimism. In Ethiopia, we are stepping up our efforts and have taken actions setting even more ambitious child health/ survival targets for the coming years and opening up our strategies to accommodate innovative and scientifically proven high impact interventions at full scale.

Excellencies, Ladies and Gentlemen,

In Ethiopia, similar to all developing countries, we now know well that there is simply no alternative but to increase and harmonize investments in an integrated health systems approach to expanding child health services. We strongly believe that the key

components which enabled us to significantly reduce child mortality over the past years is mainly a result of our sustained and massive investment in building strong, well-functioning and accessible health delivery systems. And thanks to the steadfast commitment of our government and the support of a wide range of partners we have registered steady progress in strengthening our health system, resulting in improved access and quality of child health services. I want to emphasize that everything we hope to achieve in the future still hinges on further building up of a strong well-functioning country health systems.

On increasing access to services - we are rapidly expanding access to basic health services – both through major government-led efforts to rapidly increase the number of well-equipped health facilities throughout the country and through our countrywide Health Extension Program - which has trained and deployed over 34,000 health extension workers in communities across the country.

Our health extension workers are locally recruited young women, high school graduates with an additional year of intensive training in the delivery of a package of key health promotion and disease prevention interventions. As women, they are more accessible to and trusted by local women and especially mothers who are the primary beneficiaries of their services. Health extension workers have been actively reaching out to women and their children at the community level, teaching them about family planning, closely following up on pregnant mothers and those with newborns and young children and educating families about healthy living.

We have been strengthening our health workforce at every level, focusing in particular on mid-level health professionals and areas where we can save lives – that is, by using task shifting and pragmatic training strategies. We are also revamping our health information system, establishing an effective health commodities supply and logistics system, and have introduced a sustainable health financing mechanisms through health insurance scheme tailored to our country needs.

Ladies and gentlemen –

I strongly believe that if there is one sure indicator that will tell us if we are on the right track - it will be the health and well-being of our children. We simply cannot claim to have a strong nation if we do not reach our children with basic health services. We cannot improve child survival without establishing a strong health system. These two objectives cannot be separated.

We have recently developed our child survival roadmap. Our objective is scale up all the effective interventions known (MNCH, nutrition, family planning), and the non-health interventions, such as secondary girls education by 2025. This road map will allow us to

avert about 300,000 under five deaths a year and eliminate preventable deaths by 2035.

We are conducting a VISIONING exercise for our district health system based on the experience of some middle income countries. We analyzed skilled human resources for health posts, health centers and hospitals, health care financing, private sector and civil society involvement. In 50 years we envision a family physician for every village in our districts through placement in the health posts and health centers.

We trained 25,000 HEWs in the integrated community based case management of malaria, pneumonia, diarrhea and severe malnutrition. In principle, we have also endorsed a 2013 introduction of community based newborn sepsis management.

We are upgrading HEWs to the level of junior nurses (or community midwives) so that they will be able to provide better quality and more skilled care to meet the evolving demand of the communities.

We have also designed a scorecard to track child survival progress by district and region. This is a crucial foundation for developing an accountability mechanism across key players of the health sector. We firmly believe that a scorecard approach would enable us to be result oriented and strengthen our joint monitoring mechanism at all levels of the health system.

And we are also taking some initial steps to revise the national child survival strategy, to internalize and integrate 'a promise to keep' with local processes.

Excellencies, Ladies and Gentlemen, for Ethiopia the bottom line is – despite being on track in meeting MDG 4 by 2015, we need to increase the current pace more than ever to reach a more challenging goal of reducing child mortality below 20 by 2035. To accomplish this objective we need to move fast in building the capacity of our health system to reach many more millions children with the right care at the right time. This is no small challenge but I believe that we can meet it, given the strong commitment of our Government and the sustained support of all our dedicated partners. This why it is vital that especially at this critical juncture, that African countries take leadership in clearly demonstrating the significant results that have been achieved to date.

And this brings me to my final message: the need for renewed commitment

Especially at this crucial juncture in our final sprint towards 2015 and a visioning period for 2035 much will depend on our commitments on the overarching need for country level leadership of taking actions on child survival. I strongly believe we can only

accelerate our progress if we renew our commitments and live up to it to provide increased, sustained and more harmonized leadership and support.

I believe that countries must take the lead. Our experience in Ethiopia has shown that strong leadership and commitment at the country level are absolutely key to advancing the principles of harmonization and country ownership our public health programs.

Last but not least In closing, let me say that I am convinced that it is indeed opportune that our country has the honour of hosting this important conference at this critical turning point. And I hope that our joint call for a renewed commitment on Child Survival here today will resonate loud and clear from our highland capital city far across the continent and the globe and serve to renew the promise necessary to fuel our efforts over the coming years.

I want to take this opportunity to urge you to press on with such efforts for our continent, for our families, for our children and our future; each of us playing a significant role in health policies, mobilizing resources and providing strategic direction for the fight against preventable child death and betterment of child survival. ---- Colleagues, we are really counting on your commitment and support in fostering stronger and more cohesive engagement of African countries to improve survival of African Children. Currently in Africa continent, about 3.5 million under five years of age die every year needlessly. By 2035, I hope most of them, if not all, will celebrate their 5th birthday, because collectively we have tried our best to give them the opportunity.

Once again, a very warm welcome to all of you - I wish you fruitful deliberations and a very pleasant stay in Addis Ababa – THANK YOU!