

SPEECH

By UNICEF Representative, Carrie Auer at the Launch of Community Case Management of Common Childhood Illnesses

Lamusiteni Village Clinic, Dedza District

3rd November, 2011

The Minister for Health, Dr Jean Kalilani, MP

The Secretary for Health, Mr. Willie Samute,

The Member of Parliament,

The District Commissioner,

Traditional Authority Kachere and all other chiefs present,

The WHO Representative Dr. Felistas Zawaira,

The Country Directors of Save the Children, PSI Malawi, and MSH

Development partners,

The District Health Officer,

Members of the Press

Distinguished Guests, Ladies and Gentlemen

Let me begin my brief remarks by expressing how deeply honored and grateful I am to have been asked to speak at this event on behalf of all the development partners working in child health.

This launch signifies our collective resolve to ensure that common childhood illnesses, many of which are largely preventable, do not continue to cause unnecessary suffering and deaths among children in Malawi. In this regard, Honorable Minister, we appreciate the approach you have taken to prioritize the contribution of community-based interventions in improving the health and wellbeing of children in Malawi. In particular, we applaud the commitment of your ministry to improve access to treatment for children who live in rural and remote areas. For many of these children, community-based interventions are their only source of treatment.

Honorable Minister, ladies and gentlemen, as many of you are aware, Malawi has made remarkable progress in improving the health of children as evidenced by the reductions in infant and under-five mortality, which have declined from 72 and 122 deaths per 1000 live births in 2006 to 66 and 112 deaths per 1,000 live births in 2010, representing a 9 per cent reduction. This decline means Malawi is on track to achieve the Millennium Development Goal No. 4. This achievement would not have been possible without the sustained high level of interventions we have seen in immunization, breast-feeding

promotion, use of insecticide-treated mosquito nets, and other similar community-based interventions.

Honorable Minister, let me acknowledge the good work you and your ministry are doing to bring curative health care to sick children through the establishment of clinics in various hard-to-reach areas in Malawi. This strategy will go a long way in increasing access to health services and promoting equity among the poorest and most disadvantaged children.

As you may be aware, UNICEF's top priority and that of other development partners is to support Malawi to strengthen sustainable systems that promote the well-being of children. While in the past, we have supported the Ministry of Health to provide curative services at institutional and facility levels, it was later realized that systematic support at these levels alone will not achieve optimal benefits if it was not accompanied by a similar approach at community level, particularly in hard-to-reach areas. It is because of this realization that the government and development partners have worked together since 2008 to support the provision of curative services at community level through Health Surveillance Assistants.

Consequently, the Ministry of Health has received financial and technical support from various partners to strengthen community case management throughout the country. Activities supported include the training of health workers, procurement of basic medicines such as zinc, ORS, A-C-T-s and

Cotrimoxazole, provision of vehicles, motorcycles, bicycles and drug boxes, supervision, monitoring and evaluation.

Honorable Minister, I am aware that Village Clinics encounter numerous problems that include intermittent supply of drugs, inadequate supervision, absence of suitable structures to house the clinics, and lack of transport and accommodation for the HSAs.

It is therefore pleasing to note that the government is determined to address many of these bottlenecks by establishing a task force comprising members from the government and implementing partners. The task force will oversee monitoring and evaluation, planning and quantification of medicines and supplies, and document the strengths of the program.

Honorable Minister, ladies and gentlemen, let me take advantage of this occasion to pledge UNICEF's and all development partners' commitment to continue supporting the Ministry of Health to improve the knowledge and skills of HSAs and other cadres involved in community case management, ensuring availability of essential equipment and supplies, strengthening monitoring and evaluation, and improving demand and uptake at community level.

As I conclude, let me emphasize that this launch is another landmark in the partnership between the Government of Malawi and development partners to reduce child morbidity and mortality in Malawi. I have no hesitation in stating that this programme is one of the reasons Malawi is on track to meet the MDG on child mortality. Without doubt, when the story on how Malawi managed to

reduce child mortality is written by generations to come, community case management will feature prominently.

Zikomo kwambiri.