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SPEECH

LAUNCH OF THE INTEGRATED CHILD HEALTH WEEK

REMARKS BY UNICEF REPRESENTATIVE TO SOUTH AFRICA,

MS. AIDA GIRMA

"THEME: REACHING THE UNREACHED"

7 September, Giyani, Limpopo Province

- Hon. Dr. Aaron Motsoeledi, Minister of Health
- Hon. Ms. Segabutla, Member of the Executive Committee on Health and Social Development of Limpopo Province.
- The Executive Mayor of Mopani, Mr. Matlou
- Officials of the Department of Health at national, provincial and district level.
- All Protocols observed.

It is a great pleasure and honor for me to take part in the official Launch of the first National Child Health Week on behalf of UNICEF, and indeed the UN family in South Africa.

Child Health Week is one of the eight strategies identified in the 2008-20011 National Plan on Maternal, Neonatal, Child and Women's Health and

Nutrition for improving the health and nutrition of women and children. This week more than three million children under the age of five are expected to receive a package of low cost but high impact health and nutrition interventions, including: immunization, vitamin A supplements and deworming tablets which have proven to reduce under-five deaths, particularly those due to diarrhoea, pneumonia and measles. This campaign is also an opportunity to increase community awareness of the importance of key family care practices and monitor growth of children aged 6 to 59 months.

South Africa ratified the Millennium Declaration of Commitment which committed member states, among others, to reducing under-five mortality by two thirds from the 1990 level. However, a recent review of progress indicated that South Africa is one of the few countries in the world which are off track for achieving this goal. This is happening despite the free health care policy for pregnant women and children under six years and its huge investments in health of USD748 per capita: 13 times more than Malawi, 18 times more than Mozambique and 28 times more than Eritrea; three countries that have reduced under-five mortality by more than 45% and are well on track for achieving the Millennium Development Goal.

The vast majority of our children die from diseases that are either preventable or treatable such as HIV, pneumonia and diarrhea which require simple and low cost interventions. Only one in three children 12 to 59 months receive vitamin A supplementation to strengthen its ability to defend against common childhood illnesses.

Evidence suggests that South Africa could substantially reduce child mortality rates by adopting a comprehensive approach to service delivery which complements the predominantly facility-based health system with population-oriented schedulable services such as today's Child Health Weeks and community-based services provided. Health facilities alone will not get us to the Millennium Development Goals.. The leadership, vision and direction now coming of the Department of Health provides a good reason for the women and children of this country to hope for a bright future

Child Health Weeks, or Child Health Days as they are called in other countries, have been implemented in many countries around the world as a strategy for increasing coverage of high impact low cost health and nutrition interventions particularly in areas that are hard-to-reach or underserved by the health system. Their origin goes back to the integration of vitamin A supplementation and immunization days in the late 1990's. The strategy has evolved over the years to include other high impact interventions, informed by local epidemiology and circumstances, such as antenatal care, de-worming, malaria prophylaxis, growth monitoring, nutrition education etc... Vitamin A supplementation alone can reduce under-five mortality due to measles, diarrhea and malaria by 90%, 53% and 44% respectively. The impact is even greater when combined with other interventions such as immunizations, de-worming and growth monitoring as it is the case during these Child Health Weeks. To that effect, Child Health Days have been integrated in national health policies with budget allocations in countries such as Tanzania, Uganda and Zambia.

In the Eastern and Southern African Region, more than 14 countries implement Child Health Days as a regular twice yearly event. A recent review of Child Health days conducted by UNICEF in six countries (Ethiopia, Madagascar, Tanzania, Uganda, Zambia, and Zimbabwe) showed an improvement in vitamin A coverage ranging from 15 to 90 percentage points, de-worming coverage for preschool children exceeded 80 percent and measles coverage improved by about 10 percentage points. Reported measles cases in the six countries declined by 82% from over 85,000 cases per year to less than 15,000 cases. Clearly, Child Health Days constitute an important strategy for reaching the Millennium Development Goals and it is my hope that South Africa will also adopt a twice a year schedule until we have achieved universal access to these high impact low cost interventions. The main challenge observed in the six countries was the low coverage among infants 6-12 months old and children out of school. These vulnerable groups should be specifically targeted through the social mobilization campaign underpinning the Child Health Weeks.

Honourable Minister and distinguished guests,

The legacy of apartheid means that there is still enormous disparity in the access and quality of health care services. Many of our children in poor and rural areas are still missing out on basic public health interventions that can prevent them from getting sick or dying from preventable diseases. This campaign is an important milestone in our efforts to reach them and to ensure they have an opportunity to grow up; hence the theme for this year's Child

Health Week – "REACHING THE UNREACHED".

The recent measles outbreaks in Gauteng Province have demonstrated that high national averages, such as the high national coverage for immunization which are over 80 percent, can mask disparities between and within districts. Through these Child Health Weeks, we have the opportunity to redress some of these disparities and to rapidly increase the coverage of the two newly introduced vaccines, pneumoccoccal conjugate and rotavirus, to prevent diarrhoea and pneumonia.

I would like to take this opportunity to commend the Honorable Minister and the Department of Health for all the recent efforts to re-prioritize maternal and child health in the national health response. The drafting of the Five-year Strategic Plan on Maternal, Neonatal, Child and Women's Health and Nutrition; the development of a National PMTCT Acceleration Plan and the recently held national summit to review the recommendations of the three ministerial committees on saving mothers, babies and children all demonstrate the commitment of the Government to reducing the unacceptably high child and maternal mortality rates in South Africa.

I would like to assure you of UNICEF and the United Nations continued commitment to working with the Government and development partners to accelerate the attainment of the Millennium Development Goals.

I thank you for your attention.