



Address by

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WHO EASTERN MEDITERRANEAN REGION

to the

**HIGH-LEVEL MEETING OF NORTH AFRICAN STATES AND NATIONAL
LAUNCH OF THE CAMPAIGN FOR ACCELERATED REDUCTION OF
MATERNAL MORTALITY IN AFRICA**

Khartoum, Sudan, 1 August 2017

Excellencies, Distinguished Guests, Ladies and Gentlemen

I am honoured to join you today to celebrate the launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa, known as CARMMA, in this lively city of Khartoum. I would like to express my appreciation for the strong political commitment being demonstrated at the highest level of leadership in Sudan. Indeed, Sudan is taking a leading role in many health initiatives in the Eastern Mediterranean Region: it was the first country to launch a “Health in All Policies” strategy; it led the establishment of the Global Network for Health in All Policies during the World Health Assembly in May; and today it is launching this important campaign to reduce maternal mortality.

In May 2009 the Commission of the African Union launched CARMMA, a campaign that seeks to motivate stakeholders and Members States to accelerate their response to the improvement of maternal and newborn health, as identified in the Maputo Plan of Action. Over the past few years countries all over the African continent have launched the campaign; however, few were in northern Africa¹. Today, I commend Sudan for taking a leadership role in the Region with the launch of this campaign. The campaign comes hand in hand with the launch of “Ten in Five” strategy for maternal, newborn, child and adolescent health that was launched towards the end of 2016.

In launching this campaign today, Sudan aims to motivate national ownership of existing strategies and programmes for maternal, newborn, child, and adolescent health. During the MDG era Sudan has made significant progress in its maternal and child health indicators. Substantial reductions were achieved in maternal and child mortality, which dropped from

¹ Morocco launched a CARMMA –like campaign in June 2011 before they joined the AU. Tunisia launched CARMMA in November 2011 and was the first country in Northern Africa to launch it officially with strong participation from the continent and the African Union Commission.

537 to 216 per 100 000 live births, and from 123 to 68 per 1000 live births, respectively. Maternal and child deaths are mostly preventable, and can be avoided through adoption of a set of evidence-based, cost effective and high impact interventions. Investment in women's and children's health is an investment in a prosperous future. Despite significant decreases in the overall under-five mortality, the neonatal mortality rate has remained almost static over the years. The latest figures from a 2014 survey show the neonatal mortality to be 33 per 1000 live births, accounting for as much as 39% of under-five mortality in Sudan.

Excellencies, Ladies and Gentlemen,

The Government of Sudan considers the health of women, newborn, children and adolescents as the key to progress in all Sustainable Development Goals (SDGs). It acknowledges that investing more in the health of these groups will build peaceful, productive societies and reduce poverty. A great step taken by the Government of Sudan in the journey of ending maternal and child mortality was the financing of four major projects that play a key role in improving maternal and child health, initiated through Presidential decrees on a primary health care expansion project and a free under-five drugs scheme, later followed by an antenatal care scale-up programme and a maternal mortality reduction initiative. Additionally, the national campaign, led by the Ministry of Social Solidarity “وَمَنْ أَحْيَاهَا” will also contribute significantly to the reduction of maternal mortality and morbidity and will reach a wide sector of the community.

Sudan has also made important progress in ensuring extensive access to maternal and child health services targeting the survival and the thriving of mothers and children through effective policies and programmes. The Federal Ministry of Health, with the support of WHO and other UN partners , launched in 2016 the “Ten in Five” strategy for reproductive , maternal , newborn, child and adolescent health strategic Plan 2016- 2020. His Excellency President Omar Al Basher has affirmed the country's commitment to the new Global strategy for women's children's, and adolescents' health (2016–2030) and acknowledged the directive as an important global instrument to bring together stakeholders in support of country efforts towards improving the health and wellbeing of vulnerable groups. His Excellency expressed his commitment to adopt sustained actions to end all preventable deaths of women, children, and adolescents while being accountable for progress towards the goals framed in the Global strategy and SDGs. All this constitutes a platform to adopt CARMMA in Sudan and generate linkages between policy-makers and social sectors when converging towards improvement of women's, children's and adolescents' wellbeing.

The “Ten in Five Strategy” aims to maximize efforts towards saving mothers and children through adoption of ten strategic objectives for the coming five years which focus mainly on achieving universal reproductive, maternal, newborn, child and adolescent health coverage, improving quality of health care services, strengthening health system information with transparency and accountability, strengthening partnerships and coordination with international agencies, national nongovernmental organizations, the private sector and all stakeholders, and empowering families and communities through skills development and expansion of health-promoting programmes.

Ladies and Gentlemen,

Adolescent health is considered among the national priorities for action through scaling up the engagement of different stakeholders and national partners. In this regard, WHO has launched the Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. The WHO Regional Office for the Eastern Mediterranean Region is working closely with the Federal Ministry of Health to strengthen the adolescent health programme and relevant multisectoral strategies.

Ladies and Gentlemen,

Launching CARMMA today in Sudan complements our efforts not only in developing new strategies and plans, but also in ensuring close coordination among all concerned parties, and effective implementation of existing ones. In particular, we emphasize the adoption of efficient maternal and perinatal death surveillance systems to ensure that every single maternal and child death is counted.

Excellencies, Ladies and Gentlemen,

I would like to take this opportunity to reaffirm my personal commitment to improve the health and well-being of women, newborns, children and adolescents in all countries of our Region. I call upon all concerned parties in Sudan to continue working together towards improving the health of women and children in the country. I wish you a successful outcome of your efforts towards this noble goal.

Finally, ladies and gentlemen, allow me to express my deep thanks to the Government of Sudan for the kind invitation to support this conference and to His Excellency President Omar El-Basheer for his patronage and presence for the inauguration of this meeting today.

I would also like to extend my thanks to the Federal Minister of Health Mr Bahr Idris for his warm welcome and much appreciated hospitality in Khartoum.

I wish you all good health, prosperity and well-being and I congratulate you on the Khartoum Declaration.

Alsalam Alaikoum.