



*In the Name of God, the Compassionate, the Merciful*

**Address by**

**DR ALA ALWAN**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**LAUNCH OF THE MDGS 4 AND 5 ACCELERATION PLAN**

**Cairo, Egypt, 17 February 2014**

Your Excellencies, Ladies and Gentlemen,

Women and children represent an essential element of support to our societies, contributing both to their development and to their future. At the same time, women and children are highly vulnerable groups. It is not by chance that maternal and child health is at the heart of the Human Development Index and the Millennium Development Goals (MDGs). Two out of the eight goals selected by the international community are specifically and directly linked to women and children. These are MDG4, with a target to reduce mortality in children under the age of 5 years by two-thirds, and MDG5, with a target to reduce maternal mortality by three quarters, between 1990 and 2015.

There has been substantial progress in reducing these deaths in the Eastern Mediterranean Region over the years. The under-five mortality rate fell by 45% between 1990 and 2012, while the maternal mortality ratio fell by 42% between 1990 and 2010. Yet, 2460 children under the age of 5 and 107 mothers die unnecessarily in our region each day, and the Region is currently not on track to achieve MDGs 4 and 5. Most of these deaths, as much as 95% of them, occur in just 9 countries, where in many cases the pace of progress has been slow. In view of this, in 2012, maternal and child health was endorsed by the WHO Regional Committee for the Eastern Mediterranean, which comprises the Representatives of the Member States of the Region, as a strategic public health priority for the work of WHO in the Region for the coming 5 years.

To respond to the moral imperative to further decrease this high number of deaths, which are largely preventable, and to stimulate further commitment and concrete actions to progress towards the related MDGs set for 2015, WHO, UNICEF and UNFPA in close partnership with countries and stakeholders launched a regional initiative on saving the lives of mothers and children at a high-level meeting in Dubai in January 2013. Rising to the challenge, the meeting resulted in a declaration for the priority countries to develop and implement national costed plans for maternal and child health, to improve coordination and accountability between all partners and monitor the initiative.

Ladies and Gentlemen,

Egypt is a success story in our Region. The country has made remarkable progress over the past 20 years in child health, achieving so far one of the highest rates of reduction in under-5 mortality per year in the Region (6.4%) and recording an overall decline between 1990 and 2012 which has gone well beyond the MDG4 target. There has also been a steady and significant decline in maternal mortality and the country is on track to achieve MDG5.

These outstanding accomplishments show how a country can succeed in translating political commitment into effective actions and results. Furthermore, in line with the commitment expressed in the Dubai declaration, the Ministry of Health has, in the past few months, embarked on an intensive planning process which has brought together key UN agencies at global, regional and country level and partners. This work has led to the formulation of a comprehensive national costed plan to further scale up cost-effective interventions on maternal and child health in Egypt. In fact, while we know what to do and which interventions work, the key challenge is how to increase coverage of these interventions to the highest possible level, reaching the most vulnerable and those who need them most, and thus closing the inequity gap between the rich and the poor, between those living in more developed and less developed areas in the country. This is the challenge that the Egypt plan aims to meet.

With less than 2 years left, the plan aims not only to sustain the achievements made but also to further accelerate reduction of under-5 mortality to reach a level of 19 per 1000 live births and to reduce maternal mortality to 43 per 100 000 live births.

There are many challenges to address. As outlined in the plan document, there are inequities in access to quality services between geographical areas, rural and urban population and rich and poor. High turnover of trained staff and inadequate numbers of qualified human

resources at primary health care level in certain areas pose another challenge. While Egypt has a well developed health system, certain elements need further strengthening, including supportive supervision, regular availability of medicines and the referral system.

The plan targets a population of about 22 million people – 27% of the total population in the country. It aims to reach out to the underserved and underprivileged, by accelerating implementation in 18 governorates, including 1402 health facilities, while sustaining the achievements made for the rest of the population. The plan aims to reduce inequities in under-5 and maternal health by focusing on the areas most in need, improving access to quality care and ensuring sustainability of coverage of existing interventions. It includes indicators for monitoring implementation and progress towards the targets set.

The total budget for the plan amounts to 253 million US dollars, around 96% of which is the contribution of the government. This clearly shows the commitment of Egypt to the cause of mothers and children. Donors and partners have also made some contributions, and the remaining funding gap is about 7 million US dollars. I am certain that the stakeholder community will join hands to support the implementation of the plan and make it possible.

This is a unique opportunity for all. We have key components of maternal and child health now brought together into one plan, fully owned by the country and developed in partnership, to which any partner can further contribute in a coordinated way. There are indicators, targets and a monitoring and evaluation framework to assess how resources will translate into results over time.

Ladies and Gentlemen,

I am pleased to be here today, to reiterate WHO support for this plan. WHO, UNICEF and UNFPA will work closely within the UN system and with other partners to support Egypt. I am pleased to announce that I have approved 350 000 US dollars as start-up funds to enable Egypt to begin implementation of the acceleration plan in 2014 and around a further half a million US dollars to be implemented through the joint workplan between WHO and the government of Egypt for 2014–2015.

We all have a role to play. I am confident that the international community will respond to this opportunity to bridge the gap, investing in a safer and brighter future for mothers and children in Egypt.

Thank you.