



**Opening Remarks**

by

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at the

**ECONOMIC AND SOCIAL COUNCIL**

**2009 HIGH-LEVEL SEGMENT**

**Special Event on Africa and the Least Developed Countries:**

**Partnerships and Health**

**Matching Health Outcomes with Human Development in Africa**

**and the Least Developed Countries**

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**United Nations, Geneva**

[11:30 am – 1:30 pm]

Excellencies,  
Honorable Participants  
Dear colleagues of the United Nations system  
Ladies and Gentlemen,

It is my honor and privilege to welcome you to this Special Event on Africa and the Least Developed Countries: *"Partnerships and Health - Matching Health Outcomes with Human Development"*.

Indeed, this is perhaps the first time that a special session has been devoted to Africa and the LDCs in the context of the ECOSOC Annual Ministerial Review (AMR) meeting. We deeply appreciate this opportunity and express our gratitude to President Sylvie Lucas for making it possible.

We are all aware of the pressing needs and challenges of the poorest and most vulnerable countries in achieving the health-related Millennium Development Goals and beyond. It is for this reason that this particular AMR holds such significance.

There can be no discussion on global public health without a candid discussion on the state of health care in Africa and the LDCs.

Despite steady progress and extraordinary attempts at coordination across the international community, without laser-like focus on the health needs of the poorest countries, achieving the broader MDGs will remain elusive.

This session will focus on a number of strategic areas: strengthening health systems; attention to critical access gaps; the crisis in the health workforce; and the imperative of multi-stakeholder partnerships.

The latter is of course particularly pertinent in the context of the renewed multi-stakeholder outreach of the Economic and Social Council of the United Nations.

Briefly, let me highlight some of these issues.

First, there has been an extraordinary convergence within the UN system on the need to focus on strengthening health systems. This vision has been embraced by other partners such as the Gates Foundation, Global Fund and GAVI Alliance.

Second, the problems of access to healthcare in the poorest countries must be viewed through the lens of extreme poverty. There will be no open access to universal health care without access to clean water, sanitation, basic education and socio-economic empowerment for women. Therefore, there must be concerted efforts to implement national development strategies not one or two, but all the MDGs.

Third, we must address the human resource crisis head on. The WHO has estimated the shortfall of health workers in Africa, for example as exceeding 1.5 million people. This does not even take into account the problem of migration of nurses and doctors to the richer countries.

Last, we must strengthen partnerships in global public health. The past few years have seen an increase in public private partnerships in this field and I do not need to list them here. But we need a greater focus on the needs of Africa and the LDCs.

Likewise, the commitments made by the major donors on the health MDGs must be honored despite the global economic downturn.

While the global response to HIV-AIDS, malaria, and TB should continue, we should not lose sight of the chronic non-communicable diseases and the diseases of climate change, which will increase the burden on healthcare systems in Africa and LDCs.

In closing, I would like to reiterate an earlier point. It is imperative to have a holistic view of healthcare as an enabler of socio-economic progress. ECOSOC is in a unique position to act as a catalyst at the ministerial level in promoting the implementation of health-related MDGs.

We are honored to have some of the most pre-eminent figures in global health with us today to speak on these issues.

I would like to thank our co-organizers of this Special Event including WHO and UNOP for facilitating this session, and of course President Sylvie Lucas for her gracious participation.

Thank you.

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