

**ADDRESS BY
THE RIGHT HONOURABLE EDWARD LOWASSA (MP), PRIME MINISTER OF
THE UNITED REPUBLIC OF TANZANIA DURING THE GLOBAL PARTNERSHIP
FORUM FOR MATERNAL, NEWBORN AND CHILD HEALTH AT MOVENPICK,
DAR ES SALAAM, 17 APRIL 2007**

Honourable Professor David H. Mwakyusa (MP),
Minister for Health and Social Welfare;

Chairman of the Forum;

Honourable Ministers;

Dr. Francisco Songane, Director, the Partnership
for Maternal, Newborn and Child Health;

H.E. Ambassador Dr. Getrude Mongella (MP), President of African Union Parliament;

Your Excellencies Members of the Diplomatic Corps;

Invited Guests;

Distinguished Participants;

Ladies and Gentlemen.

It gives me great honour and privilege to officiate and grace the opening ceremony of the Global Partnership Forum for Maternal, Newborn and Child Health (MNCH), here in Dar es Salaam, the city of peace. I heartily welcome you all distinguished participants to Tanzania, the land of Kilimanjaro and Spice Island of Zanzibar. I hope at the end of the meeting, you will be able to spare some time to visit tourist attractions and some wonders of the world in Tanzania. I encourage you not to miss this opportunity.

KARIBUNI SANA!

I wish to extend sincere thanks to the Organisers and Sponsors of this Forum for choosing Tanzania as one of the first five countries earmarked for programme support skills and tools towards accelerated action for Maternal, Newborn and Child Health.

Mr. Chairman,

We are proud that since independence in 1961, Tanzania has maintained peace, security and political stability. The only war which we are waging is the war against poverty, illiteracy and diseases which have subjected the population, particularly women, newborns and children into endless sufferings and sometimes death.

The President of the United Republic of Tanzania, H.E. Jakaya Kikwete in an exclusive interview in Korea, responding to a question: *"what are the major problems you are facing in your country today"* he said, and I quote.

"the major problems are poverty and under-development that are the overriding challenges, of course translating itself into many facets. We

need more health services, more dispensaries and more health centres. Many mothers die from complications of childbirth which is again a symptom that there is no adequate health care system". end of quote.

However, with good policies, good governance, and other economic reforms that are in place, we are confident that we will win this war.

It is estimated that more than 500,000 women globally die in childbirth every year. More than 10 million children die before the age of five mainly from preventable diseases and complications that rarely kill children in rich countries. About 40 percent of these children die in the first month of their life. However, seven million of the deaths are preventable with proven cost-effective interventions.

Mr. Chairman,

In Sub-Saharan Africa, at least 1.2 million newborn babies die each year. This region has the highest risk of newborn deaths and the slowest progress in reducing child mortality. More than two thirds of the lives of these babies could be saved with low cost, low technology interventions, most of which are already in place, but do not reach the poor. Most importantly is the fact that the world is endowed with abundant technology, human resources, financial resources and technical know how which are only concentrated in few parts of the world – the rich. If these resources were to be equitably and efficiently distributed and allocated, the maternal, newborn and child mortality would have been eliminated in poor countries. Thus, preventing millions of deaths of these groups. Like many other countries in the developing world, Tanzania is struggling to reduce maternal, newborn and child mortality.

Mr. Chairman,

In 2005, five years later after the Millennium Summit, the world leaders met at the UN Headquarters, New York to assess the implementation of the Millennium Development Goals (MDG) the most widely ratified set of development goals ever signed and accepted by every country in the world. The five year review indicated that uneven progress had been made across countries and continents, but much remains to be done. Africa was said to be the only continent that will not be able to achieve the MDGs by 2015. The achievement of the MDG four and five: reduce child mortality and improve maternal health respectively remains a daunting challenge to Africa and LDCs in particular.

Three years from now, we will take another five year review of the MDGs to evaluate progress made in implementation. But most importantly, is the fact that eight years from now in 2015, world leaders will again meet to take the overall stock of the implementation of the MDGs. The fact is that we are running out of time. In this regard, I appeal to development partners including developed countries, bilateral donors and multilateral institutions to release more resource to Africa.

MDG four commits the global community to reduce by two thirds the mortality rate among children under five by 2015. MDG five has its target to reducing maternal mortality by three-quarters in the same period. The successful implementation and achievement of these two goals by 2015 are further compounded by goal six; combat

HIV/AIDS, Malaria and other communicable diseases. The most affected segments of the population by these diseases are youths and women which finally descends to children and newborn. As many poor countries are struggling with the same challenges, we see the importance of the global partnership in addressing and tackling these problems.

Mr. Chairman,

It is in this regard, that we recognize the critical role the Global Partnership can play in the areas of Maternal, Newborn and Child Health. We believe the Global Partnership has an important role to play in helping poor countries get a **Get Research Into Practice (GRIP)** on mortality. We also seek the influence of the Global Partnership in leveraging funds for our countries to complement the efforts of Governments. We look forward to the role they may be able to play in mobilizing additional resources to help fill the gaps in our financing.

Mr. Chairman,

In terms of actions needed on the part of Governments, the necessary step towards Africa achieving the Millennium Development Goals four and five is to translate our political commitments and will into financial commitments. This can be done by increasing our budgets for health care to at least 15 percent of the overall national budget. There is therefore a need within the health sector to prioritize investments, to ensure that the first call on resources should be on programmes and interventions to reduce maternal, newborn and child deaths.

Mr. Chairman,

Dr. Joy Lawa, Co-editor of the Report, *"Opportunities for Africa's Newborns"* ; wrote and I quote:

"the survival of the African child has shown almost no improvement since 1980s, the fact that during 2006 several African large countries have reported a dramatic reduction in the risk of child death gives us new hope of more rapid progress to save Africa's children". End of quote.

The report highlighted six countries with an average reduction of 29 percent over the last 10 years. For example, Tanzania has recorded a 30 percent reduction in child mortality and a 20 percent fall in newborn deaths over last five years. Eritrea has an average reduction of 4 percent of the child and newborn mortality over the last decade. Malawi had 20 percent fall in newborn deaths. According to the report, Liberia has the world's highest newborn mortality rate of 66 deaths per 1,000 births compared to less than 2 death per 1,000 births in Japan and 6 deaths per 1,000 in Eritrea. Half of Africa's 1.2 million newborn deaths occur in just five countries, Nigeria, the Democratic Republic of Congo, Ethiopia, Tanzania and Uganda. Nigeria alone has over 255,000 newborn deaths each year.

Under this situation, I underscore the statement of the Health Care Professional Organizations during the meeting held in Geneva in August 2006, calling for establishing an effective and ongoing working relationship between governments, development partners and health care professionals at all levels. This is essential to

addressing the continuing strategy of preventable maternal, newborn, and child deaths and ill health.

It is time for Ministries of Health to take lead in reviving the Primary Health Care revolution if we need to reduce mortalities. To realize this, we have to address the challenge of inadequate human and financial resources that is faced by many developing countries. Increased investments will have to be focused on developing and financing strategic human resource plans which prioritize categories of service providers that can deliver Maternal, Newborn and Child Health interventions. This may require developing new cadres of workers or retraining and retaining previously trained staff. In order to succeed, however, we also need to learn from the past and have a focused set of tasks, with adequate supervision, on the job training, referral linkages and adequate incentives for staff members.

Mr. Chairman,

The problem of maternal, newborn and child mortality is a crosscutting issue that needs to be addressed jointly by government ministries, NGOs, the private sector and international organisations. The war we are waging must involve all these stakeholder if we are to succeed. All sectors need to play their role.

For example, mortality is closely linked to female education and income levels and that infants born of teenage mothers are at greatest risk. Ministries of Education have a lead role to play in ensuring education opportunities for girls are available to equip them with decision making and problem solving skills. Family planning education is crucial to help avoid early pregnancies. Similarly, other Ministries such as Ministries responsible for Community Development, Gender and Children have an important role to play in promoting and supporting women's political and economic empowerment.

Mr. Chairman,

While we recognize the roles of other ministries like our Ministries of Finance, various sector ministries need to ensure the availability of financial and human resources. The sector ministries also need the strategic guidance to finance, equip and regulate actions for maternal and child health. We must also place major emphasis on empowering our local governments and communities.

Tanzania like many other African countries, has initiated programmes of Local Government Reforms. These reforms aim at decentralizing decision making process and empowering District Councils and local communities to have greater autonomy and control in ensuring the delivery of quality and accessible services. This means that, if we are to win the fight against mortality, the planning and implementation of maternal, newborn and child health services must become the centre of attention for District Planners, NGOs, CBOs, private sector, other development actors and community members themselves. Decentralization by Devolution (D-by-D) must become the foundation for the Primary Health Care Revolution.

Mr. Chairman,

In concluding my remarks, let me recall what the President of the Pan African Parliament, H.E. Ambassador Dr. Getrude Mongella emphasised during spearheading action in Maternal, Newborn and Child Health through the African Union and the Pan African Parliament in Johannesburg; and I quote:

“Reaching every woman, baby and child in Africa with essential care will depend on us we all have a role to play as governments to lead, as policymakers to guarantee essential interventions and equity, as partners and donors to support programmes”. end of quote.

Ambassador Mongella had been chosen to assist the Partnership and the Tanzania community in raising the profile of the maternal and child health agenda in this country and in helping the voices of women and children, be heard both nationally and globally. I would like on behalf of Tanzanians to congratulate Ambassador Mongella for the leadership she has demonstrated.

Mr. Chairman,

It is a mere fact that partnership begins at family, household and community levels. Let us ensure that as we review, adapt or develop new policies and strategies, we also design new programmes, develop new materials and embark on monitoring and evaluation to ensure that we recognize and honour this partnership. Let us through a participatory process identify key stakeholders. I hope that the Ministry of Health and Social Welfare will continue working in close collaboration with local and global partners for Maternal, Newborn and Child Health.

Mr. Chairman,

Let me once again thank the Organizers and Sponsors of this Forum for bringing it to Tanzania. Special thanks also go to all the stakeholders and the UN multilateral and bilateral organizations, all NGOs, the private sector and professional organizations that have supported maternal and child health programmes over the years in Tanzania. Let us work together. Let us cooperate. Let us assist each other and let us use the opportunities we have effectively. As it was correctly said: ***“Doors of opportunity don’t open, they unlock; it is up to you to turn the knob”.*** We all, the poor and the rich should work together and use the world’s abundant human resources, financial resources, and technology to prevent millions of preventable mother, newborn and children deaths. If we do not take concerted efforts to do so today, history will definitely judge all of us very harshly. We look forward to your continued and additional support.

I now have the honour and pleasure to declare the Global Partnership Forum for Maternal, Newborn and Child Health meeting officially opened.

I thank you for your attention.