Request by Non-State Actors to Submit a Written Statement at the Virtual Session of the Seventieth Regional Committee for Africa

Name and acronym of the accredited NSA (in English, French or Portuguese): World Council of Churches (WCC)/ Conseil œcuménique des Églises

Date and title of the meeting:

25 August 2020, 70th Regional Committee for Africa

Agenda item (number, title):

AFR/RC70/2 The Work of WHO in the African Region 2019–2020: Report of the Regional Director

Statement (in English, French or Portuguese):

I am pleased to present this statement on behalf of the World Council of Churches, and its partners: All Africa Conference of Churches, Africa Christian Health Associations' Platform and Ecumenical Pharmaceutical Network.

The Regional Director's report presents the state of health in the region with an in-depth analysis of health systems performance therein. We appreciate and applicate the region for the improvements registered while operating under limited fiscus, as many countries in the region do.

We remain concerned however that the overall health system performance in the regional, all and sundry, is still too low to ensure achievement of the SDGs. There remains a weak correlation between funding and health system performance because significant amounts of health expenditure, especially public funds, are not efficiently utilized to improve system performance.

Churches are significant contributors to health care service delivery in the WHO African Region in general, and in most of the member countries in particular, through thousands of clinics, health centres and hospitals serving hard-to-reach poor communities, schools training frontline health workers and community outreach programmes. We also conduct surveillance on pharmaceuticals and accordingly alert the secretariat on substandard and falsified medical products that we detect, some of which have been included in the Regional Director's report. These contributions are critical to provision of comprehensive health care in a sustainable manner, especially in the midst of multiple threats that our societies are facing.

Aware that achieving UHC and SDGs is an all-of-government and all-of-society responsibility, we reiterate our commitment to support the member states and regional secretariat in exploring creative ways to improve health systems performance that recognises and includes Christian health associations and their facilities as part of national health systems.

We are committed also to support churches to become "health-promoting churches" so that they strengthen health promotion at the grassroots level. This will complement their facility-based health programmes and contribute to community-based primary health care.

We urge member states to increase allocation of public resources and attention to people-centred primary health care that harnesses talents and resources of local communities, including faith communities. The director's report is clear that a mere increase in public funding without reorientation of the health system will not solve the problems.

We believe in a public health system that is equitable and just, and does not use limited resources to provide sophisticated treatment for a few while the majority are denied basic health care.

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