

**Statement by H.E. President Ellen Johnson Sirleaf  
At Launch of Women's Health Commission Report:  
Addressing the Challenges of Women's Health in Africa  
& of World Malaria Report 2012  
Monrovia City Hall  
Monday, December 17, 2012**

Distinguished Guests;

Delegates;

Participants:

I warmly welcome all of you to this very important gathering, to reflect on the health of women in the African region, and assess the progress and challenges of combating malaria.

We extend our thanks and appreciation to the World Health Organization, under the able leadership of its Director-General, Dr. Margaret Chan, and the Regional Director for Africa, Dr. Luis Gomez Sambo, who is here with us today.

Special thanks go to the Health Ministers of Member States in the Africa region for adopting resolutions on women's health, which laid the foundation for establishing the Commission on Women's Health. I am pleased to have served as Honorary President of the Commission, and as Chair of the Africa Leaders' Malaria Alliance (ALMA) – an alliance of African Heads of State and Government working to end malaria-related deaths.

As we participate in the launching of two very important WHO documents – the *Women's Health Commission Report on Addressing the Challenges of Women's Health in Africa*, and *The World Malaria Report 2012* – let us all identify ways in which, working together, we can ensure that the progress made is maintained and enhanced.

Honored Guests:

The Commission's Report highlights the enormous contributions women make to Africa's socio-economic advancement, as well as the vexing

problem of dealing with preventable causes of death for women; women's poor access to education and to decision-making positions, and their low income. These factors contribute greatly to women's limited capability to protect their own health and that of their families, which in turn increases their social, physical and financial vulnerability. The Report details the several steps that nations can take to address these problems.

Consistent with the high level of political will, most countries in the African region have developed roadmaps on reducing maternal and newborn deaths. Liberia, in testimony to sustained commitment, has developed a 10-year National Health and Social Welfare Policy and Plan, as well as a comprehensive Essential Package of Health Services, with emphasis on free healthcare for our women, children and men. Our new Agenda for Transformation – the successor to our Poverty Reduction Program – which we launched last week at our Vision 2030 National Conference, again recognizes the importance of reducing maternal and newborn deaths and identifies maternal health as one of the priorities of our Ministry of Health and Social Welfare.

In addition, we have developed a Reproductive Health Policy and Guidelines; our referral system is being improved with ambulances most of our country hospitals; we are installing equipment for basic emergency obstetric care services in some county hospitals; staff are being trained in life-saving skills; and, mindful of the importance of increasing skilled births in our communities, two midwifery training schools are open and functioning in two of our rural counties.

While we still have a long way to go in defeating malaria in endemic countries – sub-Saharan Africa being the worst affected – *The World Malaria Report 2012* presents encouraging data that show a steady decline of the burden of malaria, thereby signifying a huge improvement. Malaria interventions are highly cost-effective and inexpensive. The Report also encourages countries to adhere to the WHO-recommended combined treatment for malaria, which will reduce the emergence of drug resistance and ultimately improve the survival of the peoples of Africa and the world.

On the UN High-Level Panel which I co-Chair, we are tasked with crafting a successor global development agenda to the Millennium Development Goals. However, we all believe that with still three years to go before the MDGs expire in 2015, we should not take our eye off the ball; that every country should look at where they are, what they can do to accelerate their effort, how they can pinpoint particular goals that might be achieved with little extra effort, so that the new development agenda builds upon the record of the MDGs. That remains our position when it comes to reducing malaria in Liberia and elsewhere, as well as in implementing all of the MDGs.

Ladies and Gentlemen:

The Women's Health Commission serves as a forum to re-energize our efforts and commitment, in partnership with multilateral and bilateral institutions, to address the problem of women's health, gender and human rights in order to achieve rapid and tangible impact in the African region. Similarly, ALMA serves as a critical forum and mechanism for advocacy, action and follow-up in implementing malaria-related objectives. Together, the two initiatives are striving to improve the situation of women's health in Africa, and prevent malaria worldwide.

With that, Ladies and Gentlemen, I am honored, as Honorary President of the Commission and Chair of ALMA, to launch, first, the *Report on the Women's Health Commission* for the WHO African Region and, additionally, to launch the *2012 World Malaria Report*.

I thank you.