



In the Name of God, the Compassionate, the Merciful

Opening remarks

FOURTH MALARIA BORDER COORDINATION MEETING BETWEEN AFGHANISTAN, ISLAMIC REPUBLIC OF IRAN AND PAKISTAN

Islamabad, Pakistan, 29 September – 1 October 2009

Distinguished Guests, Dear Colleagues, Ladies and Gentlemen,

It gives me great pleasure to welcome you all to the fourth border coordination meeting of the national malaria programme managers of Afghanistan, Islamic Republic of Iran and Pakistan, which is being held here in Islamabad, Pakistan. Allow me to take this opportunity to thank Professor Dr Rashid Jooma, Director-General, Health, for his commitment to the health of the people and for giving malaria control a high priority.

Ladies and Gentlemen,

As we all know, malaria is still a global public health problem. Recent estimates by WHO (World Malaria Report 2008) show that nearly 50% of the world's population live in areas at risk. About 247 million cases and 881 000 deaths occur annually; 91% of these deaths occur in Africa, south of the Sahara; 85% are children under 5 years of age. In 2008, WHO estimated 8.1 million malaria episodes and 38 000 malaria-related deaths annually in the Eastern Mediterranean Region.

People living in border areas are at greatest risk of malaria. These areas often are poor and less developed, have the lowest access to health care, and may suffer from security problems. These conditions make malaria control, and particularly malaria elimination, more difficult and challenging.

This situation highlights the need for strong political commitment, open and transparent lines of communication, better understanding of local eco-epidemiology, and joint coordination and cooperation in border areas. In this respect the Regional Office for the Eastern Mediterranean has supported three border coordination meetings, with the last one in Shiraz, Islamic Republic of Iran. Unfortunately, the needed collaboration has not yet materialized to the extent that all of us expected. I urge you to revisit seriously the

recommendations of the three past border coordination meetings, particularly regarding the establishment of a functional border coordination mechanism.

Ladies and Gentlemen,

We are all aware that drug resistance has been spreading over the past 15–20 years. To address this, WHO has supported countries to monitor the efficacy of first-line and second-line antimalarial drugs in their treatment guidelines, as well as new potential drugs. Data from our countries show that artemisinin-based combination therapy is near 100% efficacy. However, we should not ignore the emergence of artemisinin-tolerant malaria parasites that has been reported from the Thailand–Cambodia border. This highlights the need to maintain and strengthen surveillance activities for monitoring parasitic response to artemisinin with emphasis on the border areas.

It is vital to ensure that people living in border areas have access to malaria diagnosis, effective and timely treatment and prevention. Because of reduction in the burden of *P. falciparum*, the burden of *P. vivax* has become more important. This requires joint research among the three countries to better understand vivax malaria, correctly estimate the magnitude of the problem and ensure that *P. vivax* is still responsive to chloroquine.

Full coverage of border and mobile populations with effective vector control interventions that are socially acceptable, relevant to the situation and timely applied is critical. This again requires a high level of coordination at the border and cooperation with other agencies dealing with refugees and displaced mobile populations.

Dear Colleagues, Ladies and Gentlemen,

As you may know, a network involving Pakistan, Islamic Republic of Iran and Afghanistan for malaria (PIAM_net) was established last year. It still is in its infancy and we all need to cooperate to make it functional. This network will facilitate information-sharing on malaria burden particularly at the border areas, and on drug and insecticide resistance and other joint collaborative research on different aspects of malaria, including vivax malaria, where we have huge gaps in information. I hope this meeting will give you the opportunity to discuss and plan for making this network functional. I also expect you will agree on your joint priorities and needs and develop concept proposal to guide activities for resource mobilization from different donors, especially the Global Fund to fight AIDS Tuberculosis

and Malaria, the Islamic Development Bank, United States Agency for International Development, and others.

Dear Colleagues, Ladies and Gentlemen,

I wish you all success in the fight against malaria, and I hope that this meeting will help in accelerating the efforts for malaria control and elimination. You have my assurance of WHO's continuing support to achieve the Roll Back Malaria objective and the malaria-related targets of the Millennium Development Goals.