In the Name of God, the Compassionate, the Merciful

Address by

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to the
NATIONAL SYMPOSIUM ON MALARIA

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Dear Colleagues, Ladies and Gentlemen,

It gives me great pleasure to welcome you all to this National Conference on Malaria, which is being held to raise awareness about the malaria problem and to highlight the progress and challenges in the implementation of the Roll Back Malaria (RBM) Programme in the Republic of Yemen. Allow me to take this opportunity to thank their Excellencies the President, Vice-President and the Minister of Health, for their commitment to the health of the people and for giving malaria control both the visibility and the high priority it deserves.

I also wish to acknowledge with great appreciation the commendable efforts made by the malaria control staff in Yemen. According to the programme evaluation in 2002, the results achieved so far in Socotora island and Tihama are promising. There is still a lot to be done to achieve the objective of 50% reduction in the burden of malaria by 2010 but I would like to assure you of the commitment of WHO to supporting the Yemeni people in their fight against malaria.
Ladies and Gentlemen,

As you all know malaria is still a global burden. Every year about 300 million to 500 million clinical cases occur. It is one of the most pressing health problems and a major impediment to social and economic development in endemic countries. According to the 2002 World Health Report, the estimated toll of malaria deaths is approximately 1.1 million per year, 90% of which occur in Africa. In endemic countries, as many as one-third of all clinic visits and a quarter or more of all hospital admissions are due to malaria.

Every year in the Eastern Mediterranean Region of WHO, malaria is estimated to kill some 47,000 people and 15 million cases are estimated to occur. It is estimated that 3 million cases alone occur in Yemen each year, although the reported figure (172,482 cases in 2002) is much lower owing due to weak surveillance. In total, 60% of the regional population (287 million people), live in areas at risk of malaria transmission. The burden of malaria is not evenly distributed among countries in the Region. More than 90% of the cases in the Region occur in five countries (Afghanistan, Djibouti, Somalia, Sudan and the Republic of Yemen). Moreover, malaria transmission is occurring at low/moderate level in four countries including Islamic Republic of Iran, Iraq, Pakistan and Saudi Arabia. Other countries have very limited foci or are on the road to interrupting local transmission of the disease. Ten countries have been freed from malaria.

Ladies and Gentlemen,

Since the launch of Roll Back Malaria in 1998, international spending on malaria has increased. Furthermore, other resources for malaria control are now available. The recently established Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major new source of grant funding for tackling malaria in Africa. Four countries in the Eastern Mediterranean Region (Pakistan, Somalia, Sudan and Yemen) have submitted successful proposals to the Fund to scale up malaria control activities over a 3–5 year period.

It is very important to benefit from the support offered by the GFATM for malaria, which comes to about US$ 12 million in total. WHO facilitated Yemen’s
submission to the Fund and is still helping the national malaria control programme to finalize all the conditions precedent to the disbursement. WHO will continue to provide technical support during the implementation of the project. As you know the Global Fund is complementary to, and not a substitute for, national funds. To undertake the many tasks necessary for malaria control, the national malaria control budget should be maintained, if not increased, and of course we rely on the continued high level of political commitment.

Dear Colleagues, Ladies and Gentlemen,

National capacity-building is badly needed for malaria control. The Regional Office has had very active and positive input in this area in Yemen in the past year. Six fellowships are being supported (one masters degree, one diploma in parasitology and entomology, one diploma in medical entomology, and three diplomas in malaria programme planning and management). The Regional Office also supported malaria microscopy courses for 84 Yemenis conducted with the collaboration of Oman, and a malaria vector control course for 23 field workers conducted in collaboration with Oman and Saudi Arabia. Several refresher courses were conducted in Hodeida, Ibb, Taiz, Aden and Sana'a for medical doctors, laboratory technicians, nurses, sanitary inspectors and pharmacists. It is important to put the right person in the right place at the right time and to benefit from those who have been trained.

Ladies and Gentlemen,

I wish to refer to the importance of the bilateral collaboration between Yemen and Oman as well as Saudi Arabia in which the Regional Office is playing a facilitatory role. I would like to take the opportunity afforded by the presence of our colleagues from: Oman (which is embarking on malaria eradication) and Saudi Arabia (where the malaria problem is focused in one area close to Yemen) to ask them to extend their generous technical and financial support to Yemen. This will help to realize our dream of freeing the whole of the Arabian Peninsula from malaria.

I wish to commend the strong roll back malaria partnership in Yemen and to extend our thanks and appreciation to all other partners for RBM in Yemen, especially UNDP, which is a co-sponsor of this conference. I wish also to thank the other donors
supporting malaria control including UNICEF, World Bank, World Food Programme, the Japanese Government, which provided the programme with vehicles, sprayers and insecticides, and also the Italian Government, which supported the RBM project in Socotra island. We highly appreciate the role played by nongovernmental organizations and the private sector, namely the People's Charitable Society, Islah Charity Society and Al-Aqil Company. I would also like to highlight the importance of intersectoral collaboration in malaria control and to acknowledge the role of the Ministry of Agriculture in supporting vector control activities.

Allow me also to emphasize the importance of the opportunity afforded by the GFATM and of maintaining the momentum and the enthusiasm of the country cooperation mechanism (CCM), which represents almost all the partners of the malaria programme.

Ladies and Gentlemen,

As you all know early diagnosis and prompt treatment with effective antimalarial drugs are fundamental components of the strategy for malaria control. Unfortunately, antimalarial drug resistance has spread and intensified over the past 15–20 years. WHO supported the establishing of sentinel sites to monitor sensitivity to antimalarials as well as to test the efficacy of possible combination therapies. Three sites are functional now in Hodeida, Lahj and Ibb. It is very important to use the information on the efficacy of antimalarial drugs to update the national antimalarial drug policy, and it is equally important to enforce its implementation, and I hope you will give this serious and urgent consideration.

In addition to malaria case management, malaria control relies also on prevention. Recently, the Regional Office in consultation with country representatives and experts developed a regional framework on integrated vector management (IVM). This policy document provides a framework in which vector control of malaria and other vector borne diseases can be tackled cost-effectively and in a sustainable manner.

As you all know insecticide-treated bednets (ITNs) are indeed a powerful tool for the prevention of malaria and other vector-borne diseases. The Regional Office
supported Yemen by providing ITNs following the outbreak of Rift Valley fever (RVF) in 2000. Use of ITNs, in combination with other vector control measures, has demonstrated significant reduction of malaria incidence in Socotra island (where the number of cases decreased from 2595 in 2000 to 60 in 2002). Yemen's efforts to scale up its use of ITNs has also been supported by the Regional Office through facilitating the strategic planning with national RBM partners - a process which will be concluded in Abha, on 18–20 October 2003.

EMRO is currently supporting a research project in the Tihama region, looking at the different ways of getting nets to the community cost-effectively. Whereas cost-recovery methods of distributing ITNs may seem to be attractive, there is ample evidence that they are not efficient and are costly. Free distribution of ITNs, targeting the most vulnerable groups of people in the community, and utilizing innovative channels such as EPI and community-based initiatives, may in the long run be cost-effective. Moreover, distribution of ITNs through the commercial/private sector could be a viable alternative, targeting those people in the community who can afford ITNs at market/cost price. I therefore request the Ministry of Health and its partners to look at these issues very carefully, taking into account existing local situations.

It is my sincere hope that Yemen, together with potential partners, will develop and implement national plans of action on IVM including scaling up ITN use.

Your Excellency,

Once again, I wish to thank you for your commitment to the health of the people of Yemen. I wish you all success in the fight against malaria in Yemen. We hope that this event will help in accelerating the efforts to Roll Back Malaria in Yemen and let me assure you of WHO’s support to achieve the RBM objective of halving the burden of malaria in Yemen by 2010.