



# THE AFRICAN SUMMIT ON ROLL BACK MALARIA

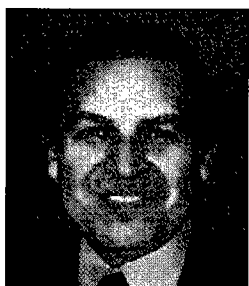
ABUJA, APRIL 25 2000



## THE AFRICAN SUMMIT ON ROLL BACK MALARIA

*The African Summit on Roll Back Malaria, held in Abuja, Nigeria on April 25, 2000, was attended by Heads of State or senior representatives from 44 of the 50 malaria-affected countries and territories in Africa and from Cuba. It was also attended by Heads of agencies or their representatives, NGOs and malaria experts. This historic event was the first opportunity for Africa's leaders to show coordinated political will in the fight against the disease and commit themselves to intensified actions for rolling back malaria across the continent.*

*On these pages are the Heads of State of the countries who participated in the African Summit.*



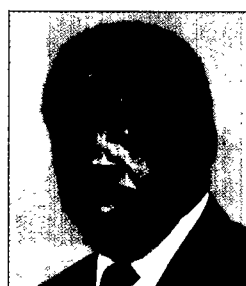
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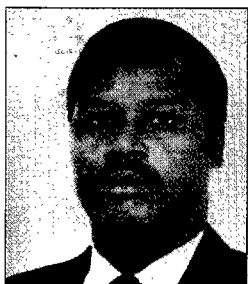
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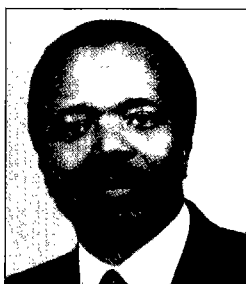
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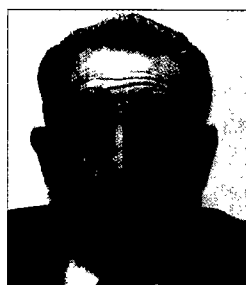
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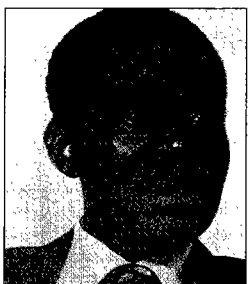
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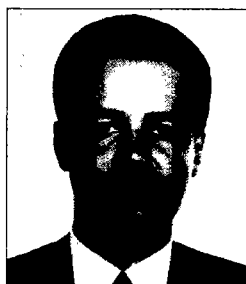
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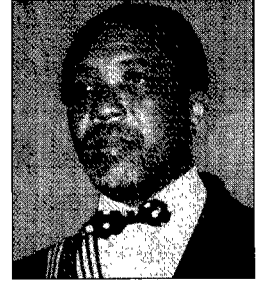
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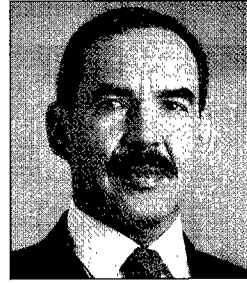
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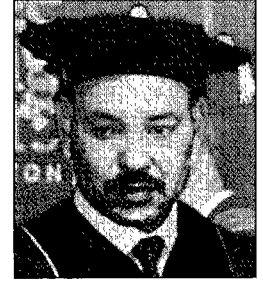
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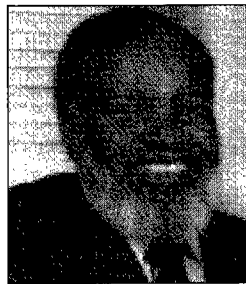
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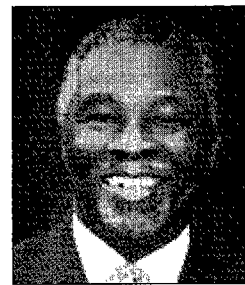
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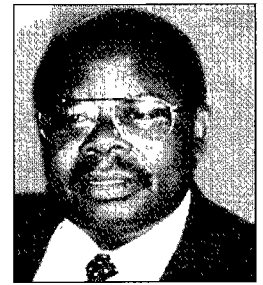
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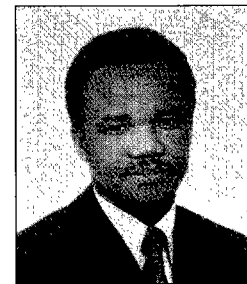
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## ACRONYMS USED IN THIS REPORT

AFP	L'Agence France-Presse	HRA	Health Risk Assessment
AFRO	WHO Regional Office for Africa	IMCI	Integrated Management of Childhood Illnesses
BBC	British Broadcasting Corporation	ITN	Insecticide-Treated Nets
CIDA	Canadian International Development Agency	LSHTM	London School of Hygiene and Tropical Medicine
CRC	Convention on the Rights of the Child	NGO	Non Governmental Organisation
CRHSESA	Commonwealth Regional Health Secretariat for Eastern and Southern Africa	OAU	Organization for African Unity
DFID	Department for International Development	PANA	Pan African News Agency
DRC	Democratic Republic of Congo	POA	Plan of Action
EAC	East African Community	PPP	Purchasing Power Parity
ECOWAS	Economic Community of West African States	SADC	Southern African Development Community
EIA	Environmental Impact Assessment	UN	United Nations
EMRO	WHO Regional Office for the Eastern Mediterranean Region	UNESCO	United Nations Educational, Scientific and Cultural Organization
GDP	Gross Domestic Product	UNICEF	United Nations Children's Fund
		USAID	U.S. Agency for International Development
		WHO	World Health Organization

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## A REMARKABLE, MOVING AND HISTORIC EVENT



Dr Gro Harlem Brundtland  
WHO Director-General

When preparing to stand as WHO's Director-General, I travelled extensively in Africa. I listened to the concerns of Heads of State. I was repeatedly asked why the suffering and poverty caused by malaria was so often overlooked in development dialogue. I resolved that WHO should do much more to support Africa's efforts to control malaria. Over the last two years, the governments of Africa joined forces with WHO, UNICEF, UNDP, the World Bank, the African Development Bank, with development agencies, research groups, non-governmental organisations and private corporations in building a powerful movement. The Roll Back Malaria (RBM) movement builds on the hard – and often unseen – efforts that have been put in place to control malaria in Africa in recent years.

Shortly after he was elected, President Olusegun Obasanjo of Nigeria approached me with a proposal that an African Summit on Roll Back Malaria be held to secure widespread commitment to the Roll Back Malaria movement in Africa. He offered to host the Summit on April 25, 2000, in Abuja, Nigeria. I enthusiastically supported the idea and committed WHO to help in the preparations for this important event.

The Nigerian government worked intensively with WHO's country, regional and global offices, as well as with UNICEF, the World Bank and other key development partners to prepare for the Summit. After several months of hard work by the Steering Committee and its sub-committees – particularly the technical sub-committee – the Summit took place. It was a remarkable, moving and historic event. It firmly established Roll Back Malaria, not only in Nigeria, but across the whole of Africa.

Inspired by President Obasanjo's leadership, by sound preparation and excellent technical content, seventeen Heads of State, as well as Ministers of Health and delegations from forty-four





African countries, committed themselves to ambitious and realistic plans to accelerate efforts to fight malaria across Africa over the next 10 years.

This commitment reflected Roll Back Malaria partnership in action. Partners came together under the Heads of States' leadership to commit themselves to relieving the terrible burden of malaria across Africa. Individual interests were put to one side to make way for the unique consensus and commitment that is becoming the trademark of Roll Back Malaria.

Many people were involved in making the Summit happen. It was a pleasure and a privilege to work side by side with you all, in true Roll Back Malaria style.

Now comes the hard part. The commitments must lead to action and action yields results. We must deliver on the Abuja Declaration and Plan of Action. The Summit created a momentum of excitement, hope and opportunity. Inspired and motivated, we will work with all partners to ensure that malaria is rolled back across Africa and other malaria endemic areas of the world.

This report pulls together materials from the Summit: I commend it to you and hope you enjoy reading it.

Dr Gro Harlem Brundtland  
Director-General, World Health Organization



*"Together we must deliver on our promises,  
and so promote lasting development  
among Africa's people"*  
— Dr Gro Harlem Brundtland  
speaking at the Summit





## MALARIA IN AFRICA

**M**alaria kills more than a million people each year with 40 percent of the world's population at risk from contracting the disease. Nine out of ten of the world's malaria cases occur in Africa.

In recent years, a combination of social, climatic and economic factors have contributed to an explosive spread of malaria. Changes in land and water use have provided new breeding sites for the spread of malarial mosquitoes. Poverty, deteriorating sanitation and large-scale population movements play their part in the spread of malaria.

Malaria blights families, communities and countries. Most victims are children under five who die because they lack simple preventive measures, such as bednets, drugs and diagnostic tools. Often they do not receive treatment in time to save their lives. Children with malarial illness can suffer up to six malaria bouts each year. In endemic areas much of a child's learning may be impaired through school absenteeism.

Women are at particular risk during pregnancy. Pregnant women with malaria are more likely to develop anemia and when severe anemia develops there is a higher risk of maternal death. Infants born to mothers with malaria are more likely to have low birth weights – the single greatest risk factor for death during the first month of life. In areas where mothers do not have good immunity, they are also at risk of dying and more likely to suffer miscarriages or premature births as a result of infection.

The impact of malaria on the economy of local communities and households is also significant. It keeps adults from earning a living. Malaria drains the economies of African nations and traps their people in poverty.

Ironically, effective tools, medicines and control strategies are already available and could dramatically reduce the deaths and suffering caused by malaria. But until now there has not been highest level political commitment to apply the technology at a massive scale across Africa.

An historic event in the on-going fight against malaria took place on April 25, 2000 when an unprecedented number of African Heads of State and governments gathered in Abuja, Nigeria to attend the first-ever Summit on Malaria. This was the first time that African Heads of State have gathered in such numbers to discuss malaria, devise effective strategies to fight it and alleviate the physical and economic suffering of their people. Delegates were able to demonstrate the political will vital for the Roll Back Malaria (RBM) movement to be a success.

The Summit was hosted by His Excellency Olusegun Obasanjo, President of the Federal Republic of Nigeria, in collaboration with WHO and other RBM partners. It focussed on the economic costs of malaria and emphasised the importance of health as a catalyst for social and economic development. Summit delegates also addressed issues of financing and sustainability and discussed the best means of accelerating the action needed to fight malaria.

Those present pledged to improve health services and, with the support of partners, to ensure that effective malaria control tools become available to all – including people living in the poorest, smallest and most remote townships and villages.



*he means to control malaria  
re already available*



*ine out of ten malaria cases  
occur in Africa*



*alaria is a particular risk to  
others and children under five*





## THE AFRICAN SUMMIT ON ROLL BACK MALARIA

### A TIME FOR ACTION

**A**frican leaders have often voiced their concern about the impact of malaria on their people. At the African Summit they were able to demonstrate their leadership by taking responsibility for rolling back malaria and committing themselves to intensified action across the continent in the fight against the disease.

Forty-four of the fifty malaria-affected countries and territories in Africa attended the Summit. Of those, seventeen country delegations were led by Heads of State, with the others represented by senior government officials including the Vice President, Prime Minister, First Lady or, in some cases, the Minister of Health. The Summit was also attended by senior officials from each of the four RBM founding agencies – Director-General of WHO, Vice-President for Human Development of the World Bank, Executive Director of UNICEF, and Director of UNDP Africa – as well as other key partners including UNESCO, the African Development Bank, DFID, USAID, CIDA, the Ministry of Foreign Affairs of Japan and the French Co-operation.

It was soon clear that a major event was in the making. One week before the Heads of State arrived in Abuja, Chief Mrs Stella Obasanjo, First Lady of the Federal Republic of Nigeria, unveiled the world's largest mosquito net in a blaze of publicity. The event drew the world's attention to the Summit and to Africa's malaria problem. The resulting media coverage and analysis helped intensify the importance of the Summit and give a voice to the people of Africa affected by malaria.

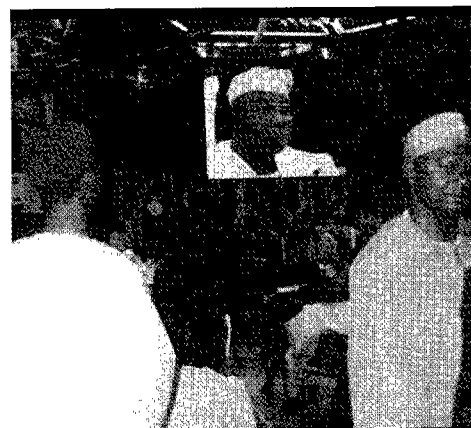
During the Summit itself, Heads of State and other delegates were presented with evidence of the full impact of the disease. They reviewed targets, debated options and ratified an action-oriented declaration with strong follow-up processes.

### PRE-SUMMIT TECHNICAL SESSION

In order to prepare the groundwork for the Summit a technical session was held on April 24 to debate and revise a Summit Declaration and Plan of Action.

The technical session was chaired by Dr Tim Menakaya, Minister of Health of the Federal Republic of Nigeria, and attended by Ministers of Health, senior Ministry of Health officials and malaria control programme managers. The session examined key malaria issues and presented recent developments in malaria. Delegates heard presentations on:

- Overview of malaria in Africa (including the significance of RBM)
- Burden of malaria
- Evaluation of different intervention measures for malaria control in Africa



*Summit delegates hear the evidence of the full impact of malaria.*



*Chief Mrs Stella Obasanjo, First Lady of the Federal Republic of Nigeria, and Health Minister Dr Tim Menakaya at the world's largest mosquito net unveiling.*



*Placards help get the message across the 'largest mosquito net' unveiling.*



WHO delegates: Dr Ebrahim Samba, Dr Z. Hallaj and Dr Gro Harlem Brundtland, Director-General of WHO

- Health systems reform, policies and resource mobilisation for malaria control
- Use of insecticide-treated nets (UNICEF experience in five African countries)
- Home management of malaria
- Malaria vaccine development and field evaluation in Africa
- Malaria research in Africa.

The presentations inspired extensive and lengthy revision to the drafts of the Summit Declaration and Plan of Action. At the close of the session, a special task committee was formed to strengthen and finalise the documents for presentation to the Heads of State at the Summit on the following day.

The task committee, aided by a dedicated support team, worked through the night to ensure that the draft plans best reflected the hopes, needs and aspirations of African countries. Their aim was to create a Plan of Action that balanced people's optimism and hopes with reality – an action-oriented plan linked to achievable targets.

## THE AFRICAN SUMMIT ON ROLL BACK MALARIA

On April 25 His Excellency, Chief Olusegun Obasanjo, President of the Federal Republic of Nigeria, officially opened the Summit.

"Let us give ourselves ten years to put malaria under absolute control in Africa. Your Excellencies, it is now my pleasure and honour to formally declare open this special Summit with its unique opportunities to brighten the future of Africa," Chief Obasanjo said.

Delegates heard speeches from Heads of State or other delegations and partner agencies highlighting the malaria burden in their countries and confirming the links between the disease and development, ill-health and poverty.

They also heard from Professor Jeffrey Sachs, Director of the Center for International Development, Harvard University, who presented critical data linking malaria to slow economic development from a new report released by Harvard, the London School of Hygiene and Tropical Medicine (LSHTM) and WHO.

"The evidence strongly suggests that malaria obstructs overall economic development in Africa," he concluded.

According to statistical estimates from the Harvard/LSHTM report, Africa's GDP today would be up to 32 percent greater if malaria had been eliminated 35 years ago. This represents an additional US\$ 100 billion on top of Africa's current GDP of \$ 300 billion. This extra \$ 100 billion represents, by comparison, a sum nearly five times greater than all development aid provided to Africa last year.

The report calls for \$1 billion to be devoted annually to malaria prevention and control with efforts focussed in Africa. Professor Sachs argued that this spending makes economic sense as the short-term benefits of malaria control are estimated at between \$3 billion and \$12 billion each year. It is therefore a good return on investment.

Dr Gro Harlem Brundtland, Director-General of WHO, commented on Professor Sachs' conclusions in her Summit address:



H.E. Chief Olusegun Obasanjo, President of the Federal Republic of Nigeria, opened the Summit



Professor Jeffrey Sachs of Harvard University





"As I listened, I was struck by the enormity of the damage caused by this ancient disease. A loss of economic growth of 1.3 percentage points per year. Short-term benefits from malaria control of up to \$ 12 billion each year. These are staggering numbers."

After the many presentations, the Summit concluded with the adoption and signing of the Declaration and Plan of Action. By signing the Declaration, African leaders rededicated themselves to the principles and targets of the Harare Declaration of 1997 and further committed themselves to intensive efforts to reduce malaria deaths by half by the end of the decade.

In addition they resolved to initiate appropriate and sustainable action to strengthen the health systems to ensure that by the year 2005:

- Malaria sufferers have prompt access to affordable and appropriate treatment.
- Those at risk, particularly young children and pregnant women benefit from the most suitable combination of personal and community protective measures.
- Pregnant women who are at risk of malaria have access to preventative treatment.

The Heads of State called upon all African countries to undertake and continue health system reforms, promoting community participation as well as joint ownership of RBM actions to enhance sustainability. Diagnosis and treatment of malaria should be made available as peripherally as possible. It should include home treatment, and be accessible to the poorest groups in the community. Countries must also maintain maximum vigilance to prevent the re-emergence of malaria and the occurrence of epidemics.

To release resources for poverty alleviation programmes, such as RBM, they suggested the cancellation in full of the debts of poor and heavily indebted countries of Africa. This could provide substantial resources of at least US\$ 1 billion per year for RBM.

The leaders mandated the Government of Nigeria to report the outcome of the Summit to the next OAU summit for follow-up action. They also asked that the Regional Committees of the African and East Mediterranean Region follow up the implementation of the Declaration, regularly report to the OAU and seek collaboration with UN agencies and other partners. For details of the Declaration and Plan of Action see pages 16-24.

## **FOLLOWING THE SUMMIT – NEXT STEPS FOR THE GLOBAL PARTNERSHIP – A WHO PERSPECTIVE**

The African Summit has provided both the momentum and the means required to progress the scaling-up phase to roll back malaria across Africa at country level.

The RBM partnership must now move to take advantage of this opportunity. It must provide clearer information on available resources as well as procedures for accessing them swiftly and systematically in order to conclude the inception phase.

This movement from preparation to action needs to include the following:



*Vice-President of the Federal Republic of Nigeria  
Atiku Abubakar at the Summit*



*H.E. Chief Olusegun Obasanjo, President of the Federal  
Republic of Nigeria, with H.E. Daniel Toroitich Arap  
Moi, President of the Republic of Kenya*



*H.E. José Eduardo dos Santos,  
President of the Republic of Angola*





Summit delegates listen to plans for scaling up activities in malaria-affected countries



Summit delegates reviewed targets and debated opinions on the control of malaria



Rol Bellamy,  
UNICEF's Executive Director

## STRENGTHENING OF COUNTRY-LEVEL RESOURCE BASE

Several partners used the Summit as an opportunity to pledge additional resources to rolling back malaria. The Secretariat should work with these partners to make these resources available, informing countries as to the best method of accessing resources.

## SWIFT AND SYSTEMATIC CONCLUSION OF THE INCEPTION PHASE

The RBM partnership should take advantage of the momentum generated by the Abuja Summit to launch scaling-up activities in malaria-affected countries. This should be in line with agreed strategies, plans of work, milestones, resource management mechanisms as well as monitoring and evaluation of framework and systems. This process has been facilitated by the adoption of the Plan of Action, targets and monitoring frame by the 44 country delegations that signed the Declaration.

The inception process has already led to broad-based consensus within countries, structured situation analyses, and in some cases, additional resources. Working through a series of rapid consultations, the RBM partnership can agree on the following priorities for each country :

- Base-line situation in relation to the indicators agreed in Abuja.
- Milestones for scaling-up malaria interventions and strengthening systems using the framework agreed in Abuja, and the draft strategy and situation analyses prepared by country partnerships.
- The allocation of resources to be committed in each country.
- Financing arrangements and essential management capacities (paying particular attention to resource absorption issues) suited to each individual country's situation to ensure that the resources pledged in Abuja are disbursed efficiently and effectively.

It may be possible to stagger the commencement of the implementation phase across Africa as follows:

### JUNE /JULY 2000

So far, country tracking information indicates that Botswana, Eritrea, Ethiopia, Ghana, Kenya, Mali, Mozambique, South Africa, Sudan, Uganda, Zambia and Zimbabwe have either finalised, or are in the process of finalising, their national strategy documents. These countries should be ready to bring the inception phase to a close and allow the partnership to commence the implementation of activities for scaling-up in June/July 2000.

### AUGUST 2000

By August 2000, Senegal, Mauritania, Burkina Faso, Tanzania and Niger will have completed situation analysis and will be ready for implementation by October 2000.

### OCTOBER 2000

By October 2000, Benin, Côte d'Ivoire, Togo, Gabon, Cameroon, Gambia, Chad, Nigeria and Djibouti will have completed situation analysis and should be ready for implementation which could take place in November/December 2000.



## JANUARY/FEBRUARY 2001

Angola, DRC, Sierra Leone and Liberia have already initiated intensive activity for rolling back malaria in a combination of approaches with some areas covered by government-led partnerships and others through NGO activities. It should be possible, by working through the complex emergency network, to mount a series of consultations towards more structured exercises for scaling-up RBM activity by the beginning of 2001.

Therefore, within the next nine months, scaling-up activities could be launched in over 30 malaria-affected countries in line with agreed strategies, plans of work, resource management mechanisms, and monitoring and evaluation systems.

## SCALING UP OF INTER-COUNTRY ACTIVITY

The Declaration explicitly calls for neighbouring countries to work together on cross-border strategies. A plan for strengthening existing multi-country initiatives should therefore immediately be developed. Other countries should also be encouraged to explore areas and issues for inter-country co-operation and collaboration. Partners could work together intensively to plan mechanisms that will make this possible by: establishing institutional management arrangements; new approaches to enabling poor people to access goods and services; and by mobilising the necessary resources.



*Summit manager Dr Edugie Abebe with  
Dr David Nabarro, WHO Executive Director*



## EXTRACTS FROM SPEECHES

*African Heads of State, government representatives, delegates from agencies and NGOs, along with other malaria experts found common ground at the Summit to discuss the malaria burden in Africa and commit themselves to action. Here, in no particular order of importance, are some highlights from the speeches of Heads of State, Heads of agencies and representatives of participating countries or agencies.*



*His Excellency Chief Olusegun Obasanjo,  
President of the Federal Republic of Nigeria*

...There are those who optimistically extrapolate that Africa of today would have been as much as 50 percent better off in terms of economic prosperity had it not been for the burden of malaria. There is no disputing the fact that African regeneration will remain impaired for as long as the scourge of malaria exists at current levels.

We have reached a stage now whereby the small amount we could have allocated to combat malaria and improving our health care is having to be used to service our debt. We are made poor by malaria.

The debt burden has exasperated that situation. This point cannot be over-emphasised. The gravity of the malaria problem with all its ramifications provide a strong case for the forgiveness of all African debts.

So let us give ourselves 10 years to put malaria under absolute control in Africa.

Your Excellencies, it is now my pleasure and honour to formally declare open this special summit with its unique opportunities to brighten the future of Africa. May God guide our thoughts and our deliberations. I thank you all.





*Dr E. Samba, Director, WHO Regional Office for Africa*

... Simply because 90 per cent of the 500 million cases of malaria are found in Africa today we have a critical mass of scientists' dedicated knowledge in Africa to spearhead this initiative...

*Professor Jeffrey Sachs, Harvard University*

... It is possible within the own resources of Africa to do more. But – and here's the message to the world that I cannot underestimate and cannot repeat strongly enough and emphasise strongly enough – within Africa's own resources it will not be possible to conquer this disease. The debts of the poor and heavily indebted countries of Africa should be cancelled in full to free the resources. So much economic reform has been undertaken in this continent that Africa is primed for economic growth and renewal – but economic reform cannot be achieved without a healthy and vibrant and well-educated population.

This is the message that the people in my part of the world, that the people in Europe and Asia need to hear and understand. With this remarkable gathering that President Obasanjo and Dr Gro Brundtland and all of you, your Excellencies, have assembled here today this message can go forward from here and be heard clearly in the world and we can look back on this as a fabulous achievement and a fabulous contribution to the future of this great continent.



*Dr E. Samba, Director,  
WHO Regional Office for Africa*



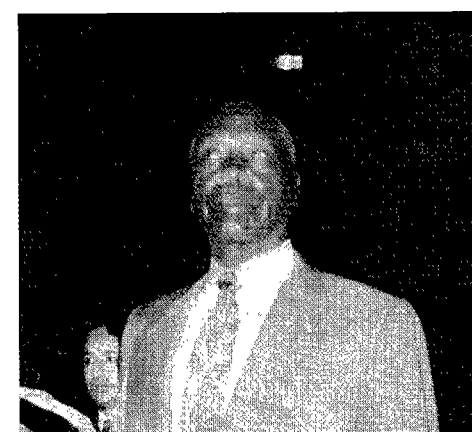
*Mrs Jewel Howard Taylor,  
First Lady of the Republic of Liberia*

*Mrs Jewel Howard Taylor, First Lady of the Republic of Liberia*

... One must then ask what is at the root cause of malaria as one of the diseases that continues to plague us century after century. It is my belief that it is only with the total destruction of this root cause that we can then begin to successfully roll back malaria and give our children a future of hope ensuring that they will live to a fruitful and ripe age....

*His Excellency Daniel Toroitich Arap Moi, President of the Republic of Kenya*

... The sub-Saharan environment is in need of urgent rehabilitation. This Summit must propose an agenda of co-operative action to deal with the issues such as increasing fragmentation and deterioration of our ecosystems. We need to see proper management of our lakes, oceans, canals, dams, bushes, swamps and forests and proper handling of our waste.



*H.E. Daniel Toroitich Arap Moi,  
President of the Republic of Kenya*

*Mr Koichiro Matsuura, Director-General, UNESCO*

... Our organisation will play its part in the concerted action on malaria. We will follow with great attention the deliberations of this meeting in order to help implement the Plan of Action it will adopt. Education clearly plays a pivotal role in malaria prevention. UNESCO expects to develop educational tools and also to implement basic research training programmes: these are essential components of the offensive against malaria.





*Dr Julian Lob Levyt, DFID*

... This meeting has been exciting, challenging and stimulating and has left me with an enormous feeling of optimism. Health is vital to development – that message needs to be shouted loudly and clearly to donors and ministries of finance and with the passion heard today at this meeting. We have heard that malaria is a major burden to economic development. We have also heard that effective interventions exist but that they need to be more accessible and affordable and we need to strengthen systems further in both the public and private sectors. We also need new technologies, we certainly need a malaria vaccine and we need new drugs. The other major message that comes to me from this meeting is the substantial Africa-led political demand and commitment to Roll Back Malaria – this is a tremendous message for me to take back to my government.



*Dr Manto Tshabalala-Msimang,  
Minister of Health of the Republic of South Africa*

... In South Africa alone there have been more than 30,000 cases of malaria in the first three months of this year.

The environmental factors (that contribute to malaria) are not bound by human-made country borders. Therefore a co-ordinated inter-country response is probably our only hope in the fight to eradicate malaria in Africa....

*His Excellency Gen. Gnassingbe Eyadema,  
President of the Togolese Republic*

... It heads the list of major endemic diseases that decimate the populations of Sub-Saharan Africa, causing desolation and hindering the development of the continent. In order to vanquish it the continent must mobilise all good will, all energy and initiatives, since in Africa malaria is a bigger killer than AIDS or cancer, bigger than war, hunger and malnutrition.

... Our struggle is immense. We shall win only by working together. We especially need our development partners, who have the appropriate technology in this area.

*His Excellency Zine el-Abidine Ben Ali, President of the Republic of Tunisia*

... We believe that one of the most crucial duties of the international community today is to reinforce international action and cooperation so as to accelerate the pace of human development in developing countries, particularly the poorest among them.

The reinforcement of public development assistance and the alleviation of the debt burden which now weighs upon developing nations assume special importance in this regard. However, it will be necessary that the international community succeed in making globalisation a factor of proximity, comprehension and solidarity among all countries of the world.



*Dr Carol Bellamy, Executive Director, UNICEF*

... The presence of such a large number of Heads of State and government bears testimony to the political commitment of you, Africa's leaders, in tackling this devastating disease – and I have every confidence that this meeting will result in





concrete decisions to escalate the fight against malaria. We can do this through your engagement and your mobilisation of all leaders at every level from the national, right down to the village and family level.

*Mr Eduardo Doryan, Vice-President for Human Development,  
The World Bank*

... We would like to significantly increase the resources needed to address malaria through World Bank RBM financing. We estimate that we now have re-allocated somewhere between US\$ 100-150 million for RBM activities in our Africa region health portfolio, a healthy amount already available for malaria at the country level.

However we can do much more. We estimate that we can finance an additional US\$ 300-500 million for RBM action across Africa and we hope that the RBM partnership and the African leadership will be instrumental in specifically creating a demand for the World Bank operations in this direction. The resources can be deployed to increase the fight against malaria, but there has to be an explicit country-driven, country-owned and country-prioritisation in order to win that fight.

*Honourable Maria Minna, Minister for International Cooperation, Canada*

... So today, I am very pleased to announce that we are increasing our commitment 20-fold. The Government of Canada will support the Roll Back Malaria campaign with a commitment of \$10 million over the next five years. This new money will be targeted, used strategically in areas most in need and that means all of the money will be spent here in Africa.

So far, the Government of Canada has committed almost \$30 million to fighting this disease in Africa. But on top of that, we recognised a long time ago that for real progress to be made, countries need to focus on their priorities. And it's impossible to focus on a priority like rolling back malaria when much of your country's resources are going to pay back international loans and debts. The Government of Canada recognises this and has already forgiven all aid debts to the least developing countries. But we also know that as a prosperous country, more must be done. So, in this year's budget we provide \$175 million as part of our ongoing commitment to forgive debts to heavily indebted poor countries.

*Dr Gro Harlem Brundtland, Director-General, WHO*

... Mr President: Your vision has brought us here today, to focus on malaria. But, I am sure you would agree that poverty is our real enemy. We now have an extraordinary window of opportunity. We have governments, international organisations, NGOs and the private sector ready to work together to achieve agreed health goals and so contribute to prosperity. We have a potential for dramatic increases in resources for health, as a result, the number of malaria deaths can be halved by 2010.

...This Summit will help us move forward – providing a powerful boost for scaled-up action to Roll Back Malaria. Now comes the hard part, as we respond to even greater expectations. Together we must deliver on our promises, and so promote lasting development among Africa's people.



*Mr Eduardo Doryan, Vice-President  
for Human Development,  
The World Bank*



*Dr Gro Harlem Brundtland  
Director-General, WHO*



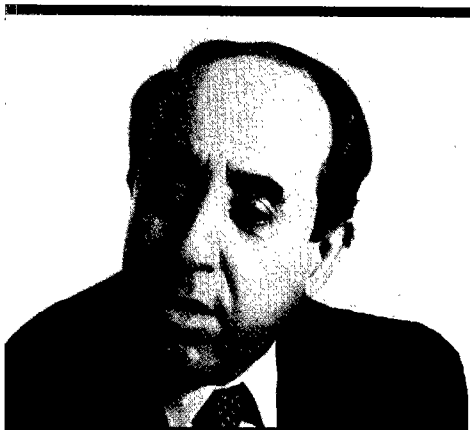


*His Excellency Flt. Lt. Jerry Rawlings,  
President of the Republic of Ghana*

... In our struggle to fight malaria, roll it back from our continent and eradicate it entirely from our societies, one of the biggest obstacles has been our own internal weakness, lack of sustained and dedicated commitment, as well as improper attitudes. I believe that if we can overcome these qualities, we can succeed in dealing a deadly blow to malaria. Indeed if Côte d'Ivoire for several years in the past kept Abidjan almost mosquito-free, why can we not do the same in all our choking cities and human habitations?

*His Excellency Festus Mogae,  
President of the Republic of Botswana*

... It is a major advancement that the Roll Back Malaria initiative aims to address the social and economic implications of this affliction. For too long the focus on malaria control has been almost exclusively on the health implications of the disease itself, without addressing some of the fundamental determinants of the continuing vulnerability of many communities to malaria. These include poverty, the inadequacy of health services, and the poor accessibility of health services to those most in need. I believe this broad approach, which clearly recognises malaria as an important cause of poverty, may achieve better progress than the disease-limited focus of the past. Participation in the partnership against malaria of development agencies such as the World Bank, the United Nations Development Programme and other bilateral development agencies present here today, will help sustain the involvement of other sectors. It will also provide resources and expertise for malaria control that have not existed at any time before in the history of malaria control.



*Mr Omar Kabbaj, President, The African Development Bank*

... The African Development Bank welcomes the goal of reducing the burden of malaria by 50 percent by 2010.

We believe that the prospects of achieving this goal and, in general, improving the management of malaria control programmes, are dependent on two key factors. The first is the creation of an enabling environment to sustain efforts over the next ten years. The second is the importance of long-term commitment and collective action by African governments, civil society organisations, the private sector and the international community.

Our efforts to control malaria must necessarily be formulated within the broader context of promoting sustainable economic growth. In this regard, African governments would need to continue to implement policies for broad-based economic growth by deepening the reform programmes that are already underway.

*His Excellency Denis Sassou Nguesso, President of the Republic of Congo*

... The global initiative to Roll Back Malaria comes just at the right moment, allowing us to strengthen our national malaria control programme. We are reconsidering the priority health problem of malaria in the national health development plan, drawing on a broader and more dynamic partnership.



*E. Denis Sassou Nguesso,  
President of the Republic of Congo*





## THE ABUJA DECLARATION

### THE ABUJA DECLARATION ON ROLL BACK MALARIA IN AFRICA

*By the African Heads of State and Government*

*25 April 2000, Abuja, Nigeria*

**W**e, the Heads of State and Government of African countries, meeting in Abuja, Nigeria on 25th April, 2000,

Recalling the Organization of African Unity (OAU) Harare Declaration of 4th June 1997 on Malaria Prevention and Control in the context of African Economic Recovery and Development, and the subsequent African Initiative for Malaria control in the 21st century which became Roll Back Malaria in Africa in late 1998,

Bearing in mind other major Declarations on health and development adopted by the Organization of African Unity,

Recognising the disease and economic burden that malaria places on hundreds of millions of Africans and the barrier it constitutes to development and alleviation of poverty,

*Taking note* that Malaria accounts for about one million deaths annually in Africa,

- Nine out of ten cases of malaria worldwide occur in Africa south of the Sahara,
- Malaria costs Africa more than US\$12 billion annually, and can be controlled for a small fraction of that amount,
- Those who suffer most are some of the continent's most impoverished and that malaria keeps them poor,
- A poor family living in malaria affected areas may spend up to 25 percent or more of its annual income on prevention and treatment,
- Malaria has slowed economic growth in African countries by 1.3 percent per year. As a result of the compounded effect over 35 years, the GDP level for African countries is now up to 32 percent lower than it would have been in the absence of malaria,

- Malaria can re-emerge in the areas where it is under control,

*Considering* that malaria is preventable, treatable and curable,

*Acknowledging:*

- The strong commitment to improving health and promoting well-being of Africa's people by their governments, communities and development partners,
- That all African countries have signed and ratified the Convention on the Right of



*H.E. Alpha Oumar Konaré, President of the Republic of Mali (left) with the Hon. Band Aleke Kadompani, Minister of Health and Population of the Republic of Malawi, and Dr Ali Abdulsam El Triki, Libyan Secretary General of the General People's Committee for African Unity*



*H.E. Isatou Njie-Saidy, Vice-President of the Republic of the Gambia*



*H.E. Dr Ahmad Tejan Kabbah, President of the Republic of Sierra Leone (left) with H.E. Moustapha Diass, Prime Minister of the Republic of Senegal*



*Health system reforms, community participation and joint ownership of RBM actions were debated by delegates*



*Dr Tim Menakaya, Minister of Health of the Federal Republic of Nigeria, greets Dr Francisco Ferreira Songane, Minister of Health of the Republic of Mozambique*

the Child (CRC) which recognises the right of all children to good health and nutrition,

*Appreciating* the momentum offered by the Roll Back Malaria movement to help reduce their malaria burden,

*Emphasising* that a unique opportunity now exists to reverse the malaria situation in Africa,

### 1. REDEDICATE OURSELVES TO:

The principles and targets of the Harare Declaration of 1997.

### 2. COMMIT OURSELVES TO AN INTENSIVE EFFORT TO:

Halve the malaria mortality for Africa's people by 2010, through implementing the strategies and actions for Roll Back Malaria, agreed at the Summit.

Initiate actions at regional level to ensure implementation, monitoring and management of Roll Back Malaria.

Initiate actions at country level to provide resources to facilitate realisation of RBM objectives.

Work with our partners in malaria-affected countries towards stated targets, ensuring the allocation of necessary resources from private and public sectors and from non-governmental organisations.

Create an enabling environment in our countries which will permit increased participation of international partners in our malaria control actions.

### 3. RESOLVE TO:

Initiate appropriate and sustainable action to strengthen the health systems to ensure that by the year 2005,

At least 60 percent of those suffering from malaria have prompt access to and are able to use correct, affordable and appropriate treatment within 24 hours of the onset of symptoms.

At least 60 percent of those at risk of malaria, particularly pregnant women and children under five years of age, benefit from the most suitable combination of personal and community protective measures such as insecticide-treated mosquito nets and other interventions which are accessible and affordable to prevent infection and suffering.

At least 60 percent of all pregnant women who are at risk of malaria, especially those in their first pregnancies, have access to chemoprophylaxis or presumptive intermittent treatment.

### 4. CALL UPON:

All member states to undertake health systems reforms which will,

i) Promote community participation in joint ownership and control of Roll Back Malaria actions to enhance their sustainability.

ii) Make diagnosis and treatment of malaria available as peripherally as possible including home treatment.

iii) Make appropriate treatment available and accessible to the poorest groups in the community.

iv) Continue to maximise vigilance to prevent the re-emergence of malaria.





All development partners to:

- v) Cancel in full the debt of poor and heavily indebted countries of Africa in order to release resources for poverty alleviation programmes including Roll Back Malaria.
- vi) Allocate substantial new resources of at least US\$ 1 billion per year to Roll Back Malaria.
- vii) Invest additional resources to stimulate the development of malaria vaccines appropriate for Africa and provide similar incentives for other anti-malaria technologies.
- viii) Strengthen and sustain collaboration of research institutions within Africa and with partners throughout the World.
- ix) Foster the collaboration of research institutions with agencies implementing Roll Back Malaria, to ensure full utilisation of research knowledge and programme experience.

## 5. PLEDGE TO:

- i) Implement in our countries the approved Plan of Action attached to this Declaration.
- ii) Develop mechanisms to facilitate the provision of reliable information on malaria to decision-makers at household, community, district and national levels, to enable them to take appropriate actions.
- iii) Reduce or waive taxes and tariffs for mosquito nets and materials, insecticides, anti-malarial drugs and other recommended goods and services that are needed for malaria control strategies.
- iv) Allocate the resources required for sustained implementation of planned Roll Back Malaria actions.
- v) Increase support for research (including operational research) to develop a vaccine, other new tools and improve existing ones.
- vi) Commemorate this Summit by declaring April 25 each year as African Malaria Day and to call upon the United Nations to declare the coming decade 2001-2010, a decade for Malaria.
- vii) Explore and develop traditional medicine in the area of malaria control.

## 6. REQUEST:

The Regional Committees of the African and East Mediterranean Region to follow up the implementation of this Declaration and report to the OAU regularly and seek collaboration with UN agencies and other partners.

## 7. MANDATE:

The government of Nigeria to report the outcome of this Summit on Roll Back Malaria to the next OAU summit for follow-up action in conjunction with the United Nations Agencies and other partners.



*Summit delegates committed themselves to working together*



*H.E. Mathieu Kérékou, President of the Republic of Benin, (left) with H.E. José Eduardo dos Santos, President of the Republic of Angola*



*Mr Abdou Fall, Minister of Health (left) and Dr Malique Niang, Director of Health of the Republic of Senegal*





# FRAMEWORK FOR MONITORING THE PLAN OF ACTION, ABUJA DECLARATION

## ELEMENTS OF THE PLAN

### Organisation and management of the health system

- Improve the managerial capacity of ministries of health. Ensure the existence of health policies and integrated programmes for priority disease management and prevention. Develop core indicators to monitor and evaluate progress of health system performance.
- Promote decentralisation of the health system in order to improve access to services.
- Build and strengthen capacity for health delivery at district and community levels.
- Health system decentralisation should match decentralisation in other sectors.
- Strengthen partnership with NGOs and the private sector to provide universal coverage and access with built-in complementarity, consistency and continuum of care.
- Build and strengthen partnerships with other sectors whose activities promote malaria transmission, by ensuring that Environmental Impact Assessment (EIA), Health Risk Assessment (HRA) and Health Risk Management (HRM) of all development projects take place.
- Broaden health financing options at community level so as to improve accessibility and affordability of malaria treatment and preventive measures.
- Strengthen existing financial management system to ensure transparency, equity and probity in the utilisation of funds at all levels.

### Disease management

- Develop packages of interventions to address priority diseases (curative and prevention) such as IMCI.
- Ensure the allocation of necessary resources and facilitate collaboration of all members of the health team in the delivery of priority intervention packages.
- Encourage and support community-based programmes for the early diagnosis, prompt and adequate treatment of malaria.
- Take appropriate measures to ensure that adequate treatment for severe malaria is available and affordable for the poorest section of the community.
- Improve the quality of diagnosis and treatment by continuing training and supervision. Provide functioning laboratory facilities, appropriate equipment and essential drugs supply at referral centers.





	<ul style="list-style-type: none"><li>■ Provide health education and communication to schools, work places, parents, especially mothers and persons caring for young children, on the recognition of malaria. Improve capacity for treatment at the home and for recognising when to seek assistance for severe cases.</li><li>■ Establish guidelines for management of malaria and other priority diseases by health personnel at all levels</li></ul>
<b>Provision of anti-malarial drugs and malaria control related materials</b>	<ul style="list-style-type: none"><li>■ Develop mechanisms to ensure adequate, uninterrupted and prompt delivery of supplies, especially drugs, insecticides and other malaria control related materials.</li><li>■ Produce and update national drug policies for all priority diseases and ensure their implementation and review across the government and private sectors.</li><li>■ Promote rational prescribing of anti-malaria drugs in both the public and private sectors. Establish or strengthen an efficient regulatory authority that critically reviews all applications for drug registration and has a strong inspection and enforcement capacity.</li><li>■ Support and contribute to the establishment and/or maintenance of national and regional independent drug quality control laboratories</li></ul>
<b>Disease prevention</b>	<ul style="list-style-type: none"><li>■ Sensitise the population and promote preventive measures, such as house screening, ITN and other measures such as environmental management.</li><li>■ Support and encourage environmental measures taken by families and communities to reduce mosquito breeding sites.</li><li>■ Support and promote the formulation and use of traditional medicines for malaria control.</li><li>■ Support and promote the use of malaria preventive measures such as chemoprophylaxis and/ or presumptive intermittent treatment for pregnant women especially those in their first pregnancies.</li><li>■ Initiate strategies to prevent the re-introduction of malaria to malaria-free areas.</li></ul>
<b>Disease surveillance, epidemic preparedness and response</b>	<ul style="list-style-type: none"><li>■ Strengthen health information system to ensure reliable reporting of malaria cases and deaths as part of the integrated disease surveillance system.</li><li>■ Provide such health information to health workers and policy makers for appropriate decision-making.</li><li>■ Establish an alert, effective epidemic preparedness and response capability to detect and contain any outbreak as rapidly as possible.</li><li>■ Establish an effective system to alert malaria control authorities and policy makers in other relevant sectors of new development projects, population movements, as well as environmental and climatic changes that could impact on the malaria situation.</li></ul>



## **Sustainable control**

- Promote essential multisectoral action to ensure that projects and activities do not create vector breeding sites, or expose workers, families and communities to a risk of malaria. Enact and enforce appropriate legalisation and regulations to support control strategies.
- Promote awareness among the business community on the negative economic impact of a continuing malaria problem and influence them to provide material and financial support to malaria control at all levels. Provide official recognition to those making sustained and substantial contributions.
- Provide special incentives such as soft loans, exemption from excise, import and other taxes that would reduce the cost of materials and supplies for malaria control.
- Establish and enforce appropriate legislation and regulations that promote health and prevent disease.
- Build and strengthen partnerships with schools and work places to increase access to malaria treatment and preventive measures.

## **Human Resources Development**

- Provide continuing education opportunities for health services personnel and communities to enable them to keep abreast with national policy and guidelines on malaria control.
- Establish short, medium and long-term human resources development programmes following capacity building needs assessment, for all levels of health services delivery.
- Ensure that standards and guidelines for case management, disease prevention, epidemic surveillance, transmission and control are incorporated into pre-service and other training activities, and that they provide a basis for evaluating competencies acquired by trainees during training and work performance.
- Regularly review the curriculum of schools of medicine, nursing, public health, allied sciences and other training institutions to ensure that they are up to date with regard to national policies and disease management standards.

## **Research – including inter-disciplinary operational research**

- In collaboration with appropriate institutions, develop or strengthen the capacity and capability at all levels to conduct research including interdisciplinary operational research on issues of direct relevance to the control objectives, and ensure that results provide guidance for programme changes as necessary.
- Exchange research results between countries of the region, particularly those sharing similar problems and interests.
- Establish mechanisms for the development of priority research agenda and co-ordination at country level. Ensure that results are incorporated into control strategies.
- Support multi-centre studies for the development of vaccines, new drugs and tools for malaria control.
- Promote research and development of traditional medicine.





## INDICATORS FOR MONITORING

2000-2005

### Organisation and management of the health system

- No of countries with a health policy.
- No of countries with district health plans which reflect the policy.
- Policy of universal coverage for all with a basic intervention package, including malaria interventions.
- % of health facilities that have applied the intervention packages.
- % of total government expenditures devoted to health.
- Ratio of health expenditures between primary, secondary and tertiary facilities.
- % of districts systematically collecting and using health information for planning.
- No of countries with anti-malarial drugs policy.
- No of countries with Integrated Disease Surveillance system.

### Disease management

- % of districts at country level that are implementing IMCI at facility, community and household levels to manage childhood illnesses.
- % of high risk persons with a malaria attack getting appropriate treatment in eight hours.
- No of countries with protocols for referrals at facility level.
- % of household with access to anti-malarial drugs within 24 hours.

### Provision of anti-malarial drugs and malaria control related materials

- % of facilities with 1st and 2nd line anti-malarials available.
- % of facilities with adequate parasite detection services.

### Disease prevention

- % of under-fives sleeping under ITNs.
- % of pregnant women sleeping under ITNs.
- % of pregnant women receiving chemoprophylaxis or presumptive intermittent treatment.
- % of sprayed houses.
- development of legislation and regulations on control strategies for malaria.
- % of health projects with environment and health impact assessment.



<b>Disease surveillance, epidemic preparedness and response</b>	<ul style="list-style-type: none"><li>■ % of malaria epidemics detected within two weeks of onset.</li><li>■ % of malaria epidemics properly controlled within two weeks of onset.</li></ul>
<b>Sustainable control</b>	<ul style="list-style-type: none"><li>■ No of countries that have instituted tax reduction measures or waivers on anti-malarial drugs, insecticide-treated mosquito nets and other anti-malarial products.</li><li>■ % of countries where environmental risk factors for malaria are taken into account in the planning of development projects.</li><li>■ No of countries where malaria prevention and treatment seeking is integrated into primary school curriculum.</li></ul>
<b>Human Resources Development</b>	<ul style="list-style-type: none"><li>■ Presence of technical skilled staff (including IMCI) at the required level of service delivery.</li><li>■ % increase in knowledge, attitude and practices at community level.</li></ul>
<b>Research including inter-disciplinary operational research</b>	<ul style="list-style-type: none"><li>■ No of new anti-malarial drugs and tools developed for use at community and institutional levels.</li><li>■ % of countries with effective collaboration in operational research between national institutions and Ministries of Health.</li><li>■ No of countries that have established mechanisms for the development and co-ordination of priority research agenda at country level, including vaccine development.</li><li>■ Research findings incorporated into control strategies.</li><li>■ New findings in traditional medicine.</li></ul>





## FRAMEWORK FOR REPORTING

### 1. Report to the Heads of State and governments

OAU meeting of Heads of State and governments

- The WHO/AFRO/EMRO Regional Directors in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the annual meeting of the Heads of State and Government of the OAU.
- Evaluation: -Extraordinary meetings of Heads of State and Government will be held to review and evaluate the progress made in the years 2005 (mid term) and 2010 (end of term).

### 2. Reporting to the ministers of health

OAU ministers of health

Regional Committee Meetings/AFRO/EMRO

- The WHO/AFRO/EMRO Regional Directors in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the annual meeting of the Ministers of Health of the OAU.
- The WHO/AFRO/EMRO, Regional Directors, sub-regional groupings such as Economic Community of West African States (ECOWAS), East African Community (EAC), Southern African Development Community (SADC), Commonwealth Regional Health Secretariat for Eastern and Southern Africa (CRHSESA) and other partners in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the WHO Regional Committee Meetings for AFRO and EMRO.

### 3. Reporting to partners

Global Meeting of Partners on RBM (Geneva)

Regional Meeting of Partners/Task Force on RBM

Partners at country level

- The WHO/AFRO/EMRO Regional Directors in consultation with the Project Manager RBM/HQ will provide a progress report on the implementation of the POA of the Abuja Declaration to the RBM Global partners meeting.
- The WHO/AFRO Regional Director will provide a progress report on the implementation of the POA of the Abuja Declaration to Regional meeting of partners/Task force on RBM.
- Ministries of Health will report to partners at country level on progress made on the implementation of the POA of the Abuja Declaration.

### 4. Reporting by countries

Annual Reports

- In collaboration with countries and partners WHO/AFRO/EMRO will develop a format to enable countries use existing information to report annually progress made on the implementation of the POA of the Abuja Declaration.



## SIGNATORIES

Algeria

Angola

Benin

Botswana

Burkina Faso

Burundi

Cameroon

Cape Verde

Central African Republic

Chad

Comoros Islands

Congo (Republic of )

Cote d' Ivoire

Democratic Republic of Congo

Djibouti

Egypt

Equatorial Guinea

Eritrea

Ethiopia

Gabon

Gambia

Ghana

Guinea

Guinea Bissau

Kenya

*Handwritten signatures for Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, and Cape Verde.*

*P. G. Président de la Mission de la S. C. I. D. de*

*Handwritten signature for Chad.*

*Handwritten signature for Comoros Islands.*

*Handwritten signature for Congo (Republic of ).*

*Handwritten signature for Cote d' Ivoire.*

*Handwritten signature for Democratic Republic of Congo.*



Liberia

Howard-Taylor First Lady

Libya

Madagascar

Malawi

Mali

Donat

Mauritania

Mauritius

Morocco

Mozambique

Namibia

Niger

Nigeria

Samir

Rwanda

Sao Tome and Principe

Senegal

Montypha Nisse

Seychelles

Sierra Leone

A. R. Del

South Africa

Sudan

Swaziland

Tanzania

Chirwa

The Kingdom of Lesotho

Togo

Emmanuel

Tunisia

Uganda

Zambia

Zaire

Zimbabwe

AS



## THE HUMAN DEVELOPMENT REPORT

# ECONOMIC ANALYSES INDICATE THE BURDEN OF MALARIA IS GREAT

***Malaria imposes  
a heavy cost, not only on  
a country's current income,  
but also on its rate of  
economic growth,  
and therefore on its level  
of economic development  
in the long run.***

***Traditional analyses have  
underestimated the short-  
run costs of malaria.***

**M**alaria takes an enormous toll on human health and well-being, in tropical regions including Africa south of the Sahara, South and Southeast Asia, Oceania, and parts of the Americas. In many of these regions, the burden has been increasing even further in recent years.

The costs of malaria are also enormous when measured in economic terms. Highly malarious countries are among the very poorest in the world, and typically have very low rates of economic growth; many have experienced outright declines in living standards in the past thirty years. Malaria has played a significant role in the poor economic performance of these countries.

The evidence strongly suggests that malaria obstructs overall economic development. Statistical analysis shows that during the period 1965-1990, highly malarious countries suffered a growth penalty of more than one percentage point per year (compared with countries without malaria), even after taking into account the effects of economic policy and other factors that also influence economic growth. The annual loss of growth from malaria is estimated to range as high as 1.3 percentage points. If this loss is compounded for fifteen years, the GNP level in the fifteenth year is reduced by nearly a fifth, and the toll continues to mount with time. (see table 1)

These considerations indicate that the cost of malaria is substantially greater than economists have previously estimated. Traditional estimates have looked at some of the short-run costs of malaria without taking into account the longer-term effects of malaria on economic growth and development. Short-run costs – including lost work time, economic losses associated with infant and child mortality and morbidity, and the costs of treatment and prevention – are typically estimated to be higher than one percent of a country's gross national product.

These estimates, however, neglect many other short-run costs. For instance, very few studies include the economic costs of the pain and suffering associated with the disease. Yet researchers have found that households might be willing to pay several times the direct income loss caused by malaria in order to avoid it, suggesting that the pain, suffering and uncertainty associated with the disease is very high and should certainly be included among its short-term costs.

Furthermore, these short-run costs are likely to have risen in recent years due to the increasing number and complexity of cases in many countries. Moreover, the spread of drug-resistant malaria is substantially raising the costs of treatment in many cases, as well as the burdens of morbidity and mortality. Children and adults needing blood transfusions



due to malaria are too often inadvertently infected with HIV, hepatitis C virus, and other infectious agents which taint the blood supply.

Beyond these high and rising short-run costs, malaria impedes economic growth and long-term development in many ways. Malaria may impede the flows of trade, foreign investment, and commerce, thereby affecting a country's entire population. Multinational firms choosing the location of foreign investments shun regions with high malaria, as might many potential tourists. Also, the economic effect of malaria on infected individuals may greatly exceed the direct costs of any single episode of the disease. Repeated bouts of malaria tend to hinder a child's physical and cognitive development, and may reduce a child's attendance and performance at school. Furthermore, repeated bouts of malaria may expose individuals to chronic malnutrition, anemia and to increased vulnerability to other diseases.

Malaria may have adverse demographic consequences as well. Malaria substantially raises the chances of infant and child mortality. Households respond to this increased risk by having more children, thereby increasing the overall rate of population growth. In addition, the investments which parents of many children can afford to make in the well-being of each child is limited – so that average levels of health care and education per child tend to be reduced. Moreover, mothers of large numbers of children are less able to participate in the formal labor force, thereby also reducing the household income.

Individual households in malarious regions do not escape the risk of malaria infection simply by being relatively well off. In surveys of households from 22 countries in Africa, no correlation could be found between the incidence of childhood fever in households and their relative wealth. Malaria is not a simple consequence of poverty. The wealth of the household, however, does play a substantial role in determining whether a child receives treatment for fever and influences the kind of treatment. Poor families very often lack the resources to obtain proper treatment of the disease even in complicated and life-threatening cases. Poverty alleviation strategies should therefore recognize the importance of effective antimalaria interventions, since the poor by themselves are unable to escape the burdens of the disease.

The burden of malaria is very high and rising. Short-term costs alone are likely to result in economic losses of several percent of GDP in a single year. Moreover, malaria hinders long-term economic growth, so that the burden of the disease increases over time as countries are deprived of the rise in living standards that they would experience if not for malaria.

## **THERE ARE IMPORTANT DIFFERENCES IN MALARIA ACROSS REGIONS AND COUNTRIES**

No single biological, economic or political reason can be adduced for the observed patterns and trends in malaria transmission. No single intervention, therefore, is appropriate in all contexts. Interventions should be adapted to specific local ecological, epidemiological, economic, and social conditions. Even the goals of malaria interventions should be place-specific.

The effects of human behaviour on malaria are similarly place-specific. Anthropogenic changes such as deforestation, road-construction and agricultural development often increase the intensity of malaria transmission. But the specific effects of such ecological disturbances vary from place to place, due to geographical diversity in the biology of the mosquitoes that transmit the disease.

***Furthermore, these analyses have completely neglected the long-run costs.***

***Malaria interventions should be an important part of poverty alleviation.***

***The patterns and costs of malaria incidence are highly place-specific***







***Improving the quality of treatment for all will require interventions targeted at both households and providers.***

***Much can be done to improve care by using existing tools... in addition various promising new technologies are becoming available.***

***Addressing the problem of drug resistance requires intensive attention.***

Any drug therapy strategy should be designed to minimize the threat of resistant parasites. Specific strategies, however, must be tailored to the patient, the community and the region in which they are employed. The selection of drugs and treatment protocols must be based on reliable clinical and epidemiological assessments of efficacy.

Therefore, the patterns of incidence of malaria, and the costs associated with it, are different in different contexts. No magic bullet can be applied universally.

## **MANY COST-EFFECTIVE MALARIA INTERVENTIONS ARE AVAILABLE**

Various available cost-effective interventions may strengthen efforts designed to prevent and treat malaria, including:

- interventions that improve case management, such as prepackaging drugs and improving access to second and third line drugs for treatment failures;
- chemoprophylaxis or intermittent treatment during pregnancy;
- anti-vector activities through insecticide-treatment of mosquito nets and indoor residual spraying.

All have been demonstrated to provide excellent value in terms of the health gains achieved per dollar spent.

## **MORE EFFECTIVE TREATMENT IS A FIRST PRIORITY**

Although improved treatment in the public sector is essential, we must recognize that most malaria cases are first treated through self-administration of drugs purchased in a variety of private outlets. Improving the quality of treatment for all will require interventions targeted at both households and providers:

- careseekers should be better informed about appropriate treatment
- providers in both the public and private sectors should be provided with reliable information concerning drug choice and dose, as well as incentives to act on this information
- the availability of effective antimalarial drugs should be increased
- prepackaging of drugs can help improve both prescribing practices and household use of drugs.

Much can, thereby, be done to improve care using existing drugs and technologies.

In addition, various promising technologies are becoming available:

- Artesunate suppositories can help reduce the most dangerous symptoms of severe malaria while the patient is being transported for further care.
- New rapid malaria tests can expand access to accurate diagnosis and should help reduce the cost of treating malaria where more expensive antimalarials (such as mefloquine) are used as a first-line drug. Improved diagnosis may also improve health outcomes and potentially reduce selection pressure favoring resistance.

Addressing the problem of drug resistance requires intensive attention. Replacing an ineffective first-line drug brings substantial and immediate health benefits, but strategies must be put in place to prevent resistance growing rapidly to the replacement, as there are few effective, safe and affordable antimalarials available. There are a range of





implementation issues to consider, such as the effects on compliance of changing drug regimens, and the need to inform public and private providers about the new policy. Combination therapy, which has the potential to protect new drugs from the development of resistance, is a promising new development, but needs to be introduced together with strategies to promote rational drug use in the public and private sectors.

## **A SUBSTANTIAL EXPANSION OF PREVENTIVE INTERVENTIONS IS REQUIRED**

Although insecticide-treated mosquito nets (ITNs) provide a cost-effective means of ameliorating the effects of malaria, this measure will be expensive if large human populations must be protected. Innovative mechanisms for financing and providing ITNs are needed to increase their use. In many places there are well-established commercial markets in nets, although coverage levels are inadequate in most rural communities. Insecticide for net treatment, by contrast, is a new commodity, and the idea that it could be sold as a form of domestic insecticide, along with coils or sprays, is only now beginning to be explored. It is essential to find ways of expanding such markets sustainably:

- the development of dip-it-yourself insecticide retreatment kits as a mass market product provides a promising approach, and a variety of strategies is being developed for expanding access to, and coverage by, existing commercial markets for nets. These measures include social marketing and public/private partnerships with commercial firms.
- governments should introduce complementary interventions to encourage the development of commercial markets, such as large scale promotion activities, and tax and tariff reforms that would reduce prices and create a level playing field for domestic producers attempting to compete with international firms.

Although commercial markets for ITNs can be expanded substantially, the poorest households will be unable to afford to purchase nets and insecticide at commercial prices, and innovative mechanisms will be required to subsidize the purchase of ITNs by such people:

- voucher schemes can help direct subsidies to needy mothers and children.
- targeting through maternal and child health clinics is also a promising approach.

Social marketing can help raise awareness of the value of ITNs and encourage their appropriate use.

## **ENHANCED COMMITMENT TO RESEARCH WILL IMPROVE THE EFFECTIVENESS OF EXISTING TECHNOLOGY**

Research is essential at every level, from basic scientific studies to social science and policy analysis, in order to design, evaluate and reevaluate new and existing malaria intervention strategies. Any effective strategy will require enhanced scientific capacity at the local level to monitor the disease and its ecology, and to evaluate the effectiveness of alternative strategies.

No strategy should ever be exempt from scrutiny by the research community. Any policy has unintended consequences – ongoing program analysis is essential to identify these consequences and mitigate their costs. Implementation of any intervention is an adaptive process, requiring performance evaluation and operational research. This

***Innovative mechanisms for financing and providing ITNs are needed to increase their use.***

***Ongoing research is a vital part of any intervention.***







effective, and safest approach to radically reducing the burden of malaria. Interest in developing such a vaccine among private pharmaceutical and biotechnology firms, however, is limited.

One important policy initiative to spur private sector interest in this effort would be for donor governments, international organisations and private foundations to ensure a profitable market for a malaria vaccine, if one were to be developed. Such a policy would ensure that those with the most information would decide which projects are to be pursued. In addition, it would ensure that no public funds are expended unless the technology were successfully developed.

President Clinton has proposed a policy along these lines, involving a tax credit for companies that develop new vaccines. James Wolfensohn, President of the World Bank, has said that through its International Development Agency, the Bank plans to set up a \$1 billion revolving fund to be made available to buy specified vaccines if and when they are invented.

These proposals should be expanded with commitments from donor governments, foundations, and international agencies into a Malaria Vaccine Purchase Fund. This fund would provide guarantees to the private sector and to the research community that any successful malaria vaccine will have a large market, thereby encouraging the necessary outlays on research and development in future years.

Even with these efforts, however, a useful vaccine may not be available for many years. In the meantime, new medicines are essential to address problems of spreading drug resistance as well as drug affordability. These projects are also of little interest to firms. The dynamics of drug markets are not identical to those of vaccine markets, but enhancing private sector interest in drug development is just as necessary. Any effort to spur the development of new drugs must explicitly take market dynamics into account.

Similarly, few general purpose insecticides suitable for use in entomological malaria interventions are under development now. These insecticides are essential to future antimalaria programs, due to widespread and intensifying insecticide resistance among anopheline vector populations. Market-based policies to facilitate insecticide development projects must be designed and implemented. In the meantime, however, the use of DDT in malaria interventions should not be banned.

Inability to diagnose malaria quickly is often a contributing factor to increased mortality, prolonged morbidity, the spread of drug resistance and delayed response to emerging epidemics. Dipstick tests and other rapid, user-friendly field diagnostics are necessary for addressing these challenges. Enhanced effort should be given to producing these tests at lower cost and increasing their availability in developing countries. Private sector interest in developing new, cheaper, and harder diagnostics should be encouraged.

Development of new intervention methods, however, should not occur at the expense of new and innovative uses of existing technology. Ethical issues in clinical research and development must be acknowledged in any policy that is adopted, and ethical guidelines must be strictly enforced.

Therefore, new technologies can provide important avenues for mitigating the burden of malaria, provided that appropriate markets can be created for these technologies.

***New policies and institutions are necessary to facilitate vaccine development.***

***In the meantime, new therapeutic, preventive, and diagnostic tools must be developed — particularly drugs, insecticides, and dipstick tests.***

***It is important not to forget that the primary objective is improving human well-being.***





## THESE CONSIDERATIONS CALL FOR AN INTEGRATED GLOBAL EFFORT AGAINST MALARIA

Anti-malaria programs, whether at the national, regional, or global level, suffer from a chronic lack of funding. Funding decisions have been based on dramatic underestimates of the real costs of malaria. The international community of nations, together with the multilateral agencies and private foundations, should commit to increased current expenditures for malaria interventions and research programs of at least \$1 billion per year, in the coming years. This level of effort should be sustained for an indefinite period, and concentrated primarily in Sub-Saharan Africa. Today, the level of effort worldwide amounts to only a small fraction of this amount.

In addition to greatly increased current expenditures, the donor governments, foundations, and international agencies, should establish a Malaria Vaccine Purchase Fund. Such a fund would only disburse money if an effective malaria vaccine becomes available, but its establishment now would greatly increase research and development incentives, and thereby greatly reduce the time until such a vaccine is available.

The amount of \$1 billion per year, heavily concentrated in Sub-Saharan Africa, is appropriate based even on traditional assessments of the burden of malaria which do not take the economic growth penalty into account. Such traditional assessments suggest that malaria's economic costs are likely to exceed one percent of GDP and could well be several times higher than that. Since Sub-Saharan Africa's GDP is around \$300 billion, and since malaria affects nearly the entire region, the short-term benefits of malaria control can reasonably be estimated at greater than \$3 billion per year. Thus, interventions costing \$1 billion per year which substantially reduce the disease burden are justified.

The case for the large increase in expenditures is further strengthened by taking into account the sustained growth penalty associated with malaria, which greatly multiplies the true economic burden of the disease. Taking into account the growth effects of malaria, the benefits of controlling the disease are in the dozens of billions of dollars per year after a few years of malaria control. These benefits would exceed the costs by a widening margin over time, as the program supports a sustained increase in economic growth with cumulative benefits to the level of national income.

The international community, working closely with the countries of Sub-Saharan Africa and other malarious regions, must immediately begin to elaborate the interventions which would make the most effective use of this additional \$1 billion per year. Efforts would focus on the increased use of impregnated bednets, improved case management, enhanced vector control programs where feasible, basic research into drugs and vaccines, and ongoing massive disease surveillance and project evaluation efforts.

In addition, international cooperation in training and research in epidemiology, ecology, entomology, immunology, economics, program evaluation, and other relevant fields must be enhanced. This training and research should be designed to enhance technical capacity in developing countries, and should involve interaction between the public and private sector, and between developed and developing countries. The combination of direct interventions (e.g. bednets) with increased surveillance, project evaluation, basic research, and training constitute an integrated approach to malaria control that will be vital for a long-term, successful, and sustainable effort.

The benefits of committing substantial new economic resources to malaria will greatly exceed the costs. Furthermore, the benefits will be greatest when the new resources are deployed in an integrated and multifaceted program of anti-malaria interventions, enhanced surveillance, and greatly intensified research and training programs.

***Global investment in antimalaria activities must be increased many times over. Incremental increases are not sufficient.***

***An increase of \$1 billion per year, sustained for many years, is clearly justified in economic terms.***

***This money must be committed to a multifaceted program, including capacity enhancement in malarious countries.***





**TABLE 1. LOSS FROM THE ECONOMIC GROWTH PENALTY OF  
MALARIA ENDEMICITY IN 31 AFRICAN COUNTRIES, 1980-1995**

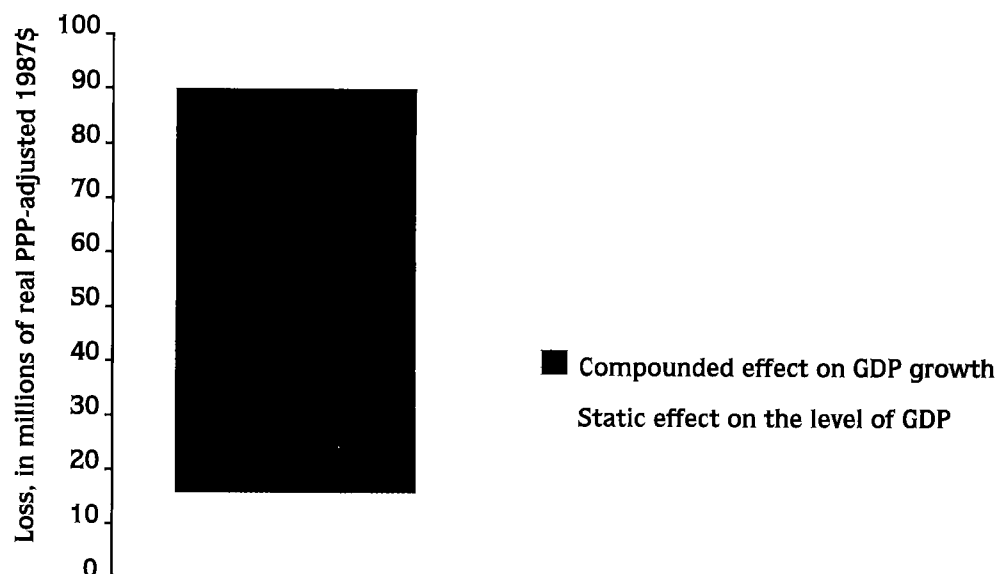
Country	Aggregate loss (millions of PPP-adjusted 1987 \$)	Per person loss (PPP-adjusted 1987 \$)	As a fraction of actual 1995 income
Benin	1172	214	18%
Botswana	503	347	5%
Burkina Faso	1684	162	18%
Burundi	730	117	18%
Cameroon	4227	318	18%
Central African Republic	884	270	18%
Chad	995	154	17%
Congo	759	288	18%
Congo, Dem. Rep.	7125	162	18%
Cote d'Ivoire	4107	294	18%
Gabon	1389	1290	17%
Gambia	251	226	18%
Ghana	5355	314	18%
Guinea Bissau	152	142	14%
Kenya	5272	198	18%
Lesotho	0	0	0%
Madagascar	2280	167	18%
Malawi	1072	110	18%
Mali	1222	125	17%
Mauritania	611	269	15%
Mauritius	0	0	0%
Namibia	832	539	10%
Niger	1457	161	17%
Nigeria	17315	156	18%
Rwanda	656	102	18%
Senegal	2426	286	18%
Sierra Leone	366	87	17%
South Africa	4056	98	1%
Togo	1166	285	18%
Zambia	1359	151	18%
Zimbabwe	4214	383	18%
<b>Total</b>	<b>73 638</b>	<b>185</b>	<b>10%</b>

*Based on results in John Luke Gallup and Jeffrey D. Sachs, "The Economic Burden of Malaria" in Economics of Malaria (forthcoming).*

*Please note that these figures are reported in purchasing power parity (PPP) adjusted dollars held constant at 1987 prices. This corrects for the effects of price inflation, as well as the fact that in Africa, non-traded goods and services (for example, health services or land) are cheaper relative to internationally traded goods than they are in the United States. In order to convert these units into current US dollar terms, it would be necessary to divide by a factor of about 3, then multiply by the rate of price inflation between 1987 and 1995.*

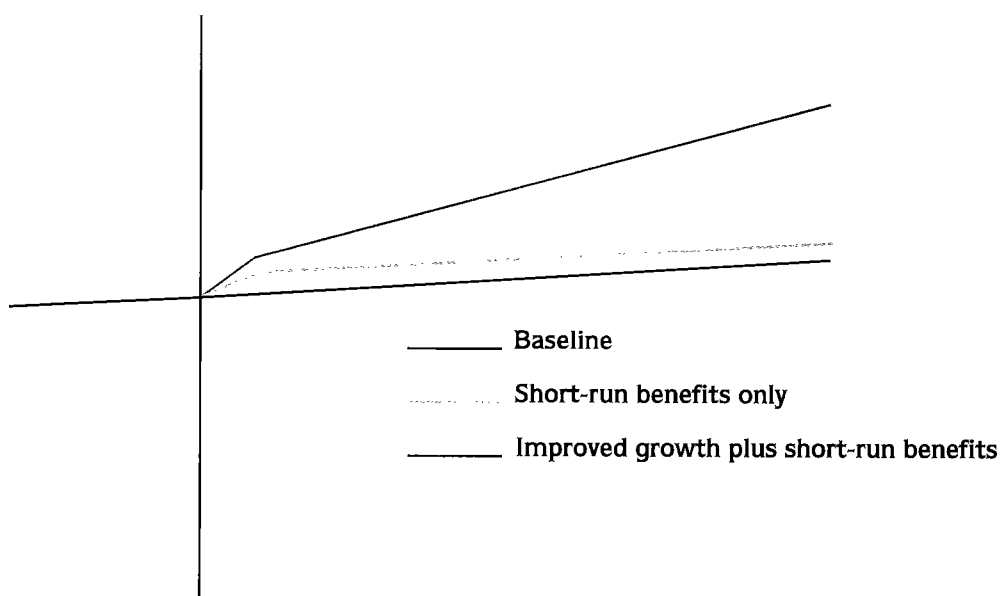


**FIGURE 1. LOSS ASSOCIATED WITH THE MALARIA GROWTH PENALTY, COMPARED TO TRADITIONALLY ESTIMATED STATIC EFFECTS, IN 31 AFRICAN COUNTRIES, 1980-1995**



Based on results in John Luke Gallup and Jeffrey D. Sachs, "The Economic Burden of Malaria" and Pia Malaney, "Microeconomic Approaches to Evaluating the Burden of Malaria" in *Economics of Malaria* (forthcoming).

**FIGURE 2. HYPOTHETICAL BENEFITS OF SUSTAINED MALARIA INTERVENTION, INCORPORATING ONLY THE SHORT-RUN BENEFITS AND IMPROVED ECONOMIC GROWTH**





## MEDIA COVERAGE

### WORLD MEDIA COVERAGE OF THE SUMMIT

Unprecedented media coverage for Roll Back Malaria (RBM) was achieved at the Summit as the world tuned in to see the Heads of State make their pledges to step up the fight against malaria across Africa.

Nigerian press and broadcast teams were joined by international media organisations such as the BBC and Radio France International and wire services including Reuters, AFP and PANA.

Broadcast, print and web-based media covered the event in detail reminding the world that malaria, a preventable disease with a relatively low “media profile”, still kills millions and continues to hold back the people of Africa. Malaria experts from around the world have said there has never been such extensive media interest in the disease before.

A number of important key partners worked to make the media involvement at the Nigerian government-hosted Summit a success. WHO HQ co-ordinated global and international media coverage, WHO AFRO took the lead on Africa-wide media and WHO Nigeria Country Office and the Nigerian government concentrated on Nigeria-based media.

RBM partners, including UNICEF and the World Bank, also planned press releases and media events around the Summit. Other stakeholders, including all the African and donor countries present, also worked with their own interested media.

### GETTING THE MESSAGE RIGHT

Much work went into making sure the many RBM stakeholders gave consistent and well-articulated information to the media before and during the Summit. Excellent advocacy materials were designed, produced and distributed and key messages were agreed and shared between partner agencies before the event.

Materials and the main press releases were translated into the four main African languages of English, French, Portuguese and Arabic and specialist agencies were recruited in Africa to help get the messages across.

The RBM website ([www.who.rbm.int](http://www.who.rbm.int)) was also used to promote the Summit and proved to be an essential tool for international communication during the meeting.

Much of the media success was a result of all partners working together in Abuja to present a united front to increase the fight against malaria in Africa. Roles were not fixed and there was much crossover and joint working.



*Abuja schoolchildren gathered under the world largest mosquito net to show how many lives are unnecessarily lost to malaria*

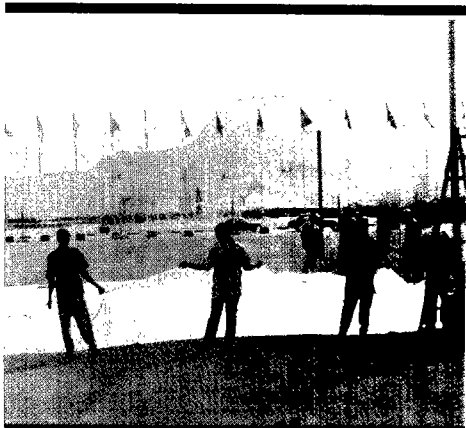


*Girls from an Abuja school practising their performance at the Roll Back Malaria – Roll in Development Summit*



*Reporting on the Summit*





preparing to erect the world's  
largest mosquito net



children take their place  
under the giant mosquito net



BM's Project manager  
Mr Awash Teklehaimanot  
being interviewed at the event

WHO Country Office's work included full-time involvement with the Summit Secretariat's Publicity sub-committee. As well as making arrangements to accommodate the media at the Summit, the publicity sub-committee also arranged for a number of paid-for radio and television slots within Nigeria and arranged for malaria experts and politicians to appear on high profile discussion programmes during the week of the summit. The sub-committee helped organise the bednet event and pre-Summit press conference. WHO Country Office also helped support Nigeria-based international media agencies including Reuters and the BBC.

WHO AFRO arranged press briefings during the week before the Summit in a number of African countries including Gabon, Côte d'Ivoire, Kenya, Mozambique, Senegal, South Africa and Zimbabwe. WHO AFRO also ensured that the statements and speech made at the Summit by the Regional Director, Dr Ebrahim M. Samba, featured strongly in African media. Simultaneous press conferences stimulated much African interest in the Summit.

WHO HQ developed an international media strategy for the Summit which involved the embargoed release of new information from the Harvard/LSHTM report on the economic impact of malaria across Africa. Public Relations consultants were commissioned in the USA, UK and South Africa to support this and other news aspects of the Summit.

## LARGEST MOSQUITO NET SETS THE SCENE

A "curtain raiser" event the week before the Summit was organised by WHO and RBM partners to draw global attention to the Summit and malaria issues.

Nigeria's First Lady, Chief Mrs Stella Obasanjo, unveiled the world's largest mosquito net with Guinness World Records in Eagle Square, Abuja. The event attracted global interest and helped position some of the main malaria issues on the media agenda in advance of the Summit.

The most powerful message behind the event was to remind the world that malaria is a killer that can be prevented by the use of simple tools like bednets.

The mosquito net measured a massive 20 metres by 20 metres and was three metres high. An ordinary net – 225 smaller than the record-breaking giant – was put next to it to demonstrate the magnitude of scale.

At the ceremony 225 African schoolchildren gathered under the net. The same number of African children dies from malaria every two and a half hours.

Children from the Drama Club of the Federal Government Girls College Bwari in Abuja also performed a play "Roll Back Malaria – Roll in Development" at the ceremony. The specially written drama included song, dance and a mock protest with placard-wielding "demonstrators" demanding the world take notice of the scourge of malaria.

The BBC's Nigeria correspondent, Barnaby Phillips, described the event as a "somewhat bizarre publicity stunt with a serious message". The event attracted 49 media organisations from around the world and was reported widely from as far afield as Australia, Japan and the United States.





## GIVING PEOPLE WITH MALARIA A VOICE

As well as the mosquito net event WHO HQ also helped give the malaria problem in Africa a human touch by giving real people affected by malaria the chance to speak out about their experiences through the media. A number of interviews and site visits to malaria-affected villages were also arranged during the days immediately before the Summit.

A site visit was arranged for the BBC to see malaria control efforts in a village community near to Abuja. Young mothers with children suffering from malaria were interviewed and community health nurse, Rakiya Madaki, was filmed demonstrating the use of bednets and administering medication.

The exercise provided an opportunity for the world to see the impact of malaria on family life and the associated poverty. A short video was also made in the village and was shown to Heads of State at the Summit to provide a real context for the day's discussions.

## MEDIA BRIEFINGS

A number of briefings took place across Africa, and in the UK and the USA prior to the Summit as well as several in Abuja during the two-day session.

Harvard University's Professor Jeffrey Sachs, who presented new information on the economic impact of malaria at the Summit, talked with the main US and UK media agencies prior to the event and WHO Executive Director Dr David Nabarro briefed UK-based journalists.

WHO AFRO organised a series of briefings in a number of African capitals and the Federal Government of Nigeria with WHO HQ and Country Office organised a pre-Summit press conference after the bednet event.

Staff on the ground in Abuja also helped arrange a number of one-to-one interviews for the main speakers at the Summit including the Nigerian Health Minister, WHO Director General and Professor Sachs.

## MAKING THE COVERAGE WORK

On the afternoon of the Summit a compilation of press cuttings from the day's main national and international news organisations was distributed to Heads of State and Summit delegates.

This included *USA Today*, *Wall Street Journal*, *The Financial Times*, *The Guardian* (UK), *The New York Times*, *The Washington Times* and the Associated Press. African coverage included *This Day* (Nigeria), *The Guardian* (Nigeria), *Citizen* (South Africa), *The Namibian* and *The Zambian Times*.

The news compilations reminded delegates that the Summit had attracted significant global interest and gave them a morale boost towards the end of a long day.



*Visits were organised to a nearby African village to see malaria prevention in action.*



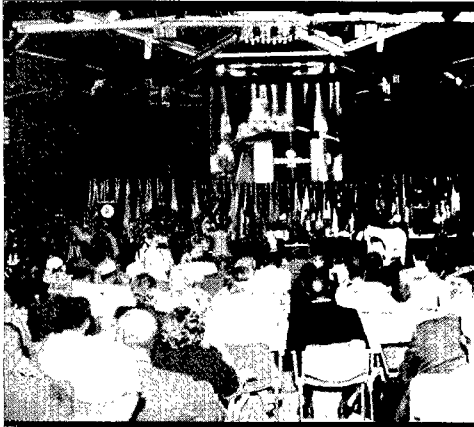
*A BBC crew film community health nurse Rakiya Madaki in Kuje village, Central Nigeria.*



*Filming a 'mosquito net dipping' demonstration.*



## DELIVERING THE PROMISE



*Delegates unanimously endorsed  
the Abuja Declaration and Plan of Action*

**T**he African Summit on Roll Back Malaria reflected the real convergence of political momentum, partner synergy and technical consensus on malaria vital for successfully rolling back the disease across the continent over the coming years.

Delegates unanimously endorsed the Abuja Declaration and Plan of Action. By the end of the Summit up to US\$ 750 million had been made available by Canada, UK, US, the World Bank and other sources.

Political and partner support – particularly money, policies and commitment of all stakeholders – is now required to make certain that the Plan of Action is implemented. It is important to build on the momentum generated at the African Summit to ensure that malaria becomes controlled and to help accelerate Africa's development.

By using the Roll Back Malaria movement as a vehicle for health service and societal improvement, scaling-up action to fight the disease and the development of new tools the number of malaria deaths can be halved by the year 2010.

At the close of proceedings, WHO Director-General, Dr Gro Harlem Brundtland, commented: "This Summit will help us move forward – providing a powerful boost for scaled-up action to Roll Back Malaria. Now comes the hard part, as we respond to even greater expectations. Together we must deliver our promises and so promote lasting development among Africa's people."

The Summit host, His Excellency Chief Olusegun Obasanjo, closed the historic day by saying: "Today we have begun to write the final chapter of the history of malaria. We have raised the hopes and expectations of our people – we must not let them down. We cannot afford to let them down. May malaria be rolled out, and development rolled in, in all African countries."



*H.E. Chief Olusegun Obasanjo, President of  
the Federal Republic of Nigeria and host of the  
Summit, said in his closing address 'We have begun  
to write the final chapter in the history of malaria.'*





## MEDIA ADVISORY NOTICE

April 11, 2000

### RECORD-BREAKING GIANT MOSQUITO NET – WITH A MESSAGE

Two hundred and twenty-five Nigerian schoolchildren will gather under a giant mosquito bednet – 225 times larger than the standard insecticide-treated nets used to protect against malaria – in an attempt to set a world record.

The bednet measures a massive 20 metres by 20 metres and is three metres high. So far there is no record for the largest bednet. Usually bednets are made to cover the area above a standard double bed. An ordinary net will be positioned next to the record-breaking giant.

The event, in Abuja, takes place exactly one week before African Heads of State meet there for the first-ever Summit on malaria. It will also act as a reminder that 225 African children die of malaria every two and a half hours. More than 2,173 children under the age of five die of malaria every day.

The record-breaking attempt takes place at Eagle Square, Abuja, Nigeria on Tuesday April 18 from 9.30am and will be hosted by the country's First Lady, Chief (Mrs) Stella Obasanjo, with an official from Guinness World Records monitoring events.

A group of 30 children from the Drama Club of the Federal Government Girls College Bwari in Abuja will also perform "Roll Back Malaria – Roll in Development" at the special ceremony. The specially written drama includes song, dance and a mock protest with placard-wielding "demonstrators", all under 10 years old, demanding the world wakes up to the scourge of malaria – a preventable disease that increasingly continues to burden dozens of African countries.

The Abuja schoolchildren hope to remind the world that malaria kills more than one million people a year with 9 out of 10 of the deaths in Africa. Unlike some areas of the world, malaria is on the increase in Africa, with under five year old and pregnant women most at risk.

African Heads of State, Ministers from G8 countries and the Heads of international development agencies are meeting in Abuja a week later on Tuesday April 25 for the African Summit on Roll Back Malaria to explore ways to accelerate action to roll back malaria in Africa and rededicate themselves to cutting malaria deaths by at least half by the year 2010.



## PRESS RELEASE

April 25 2000

### AFRICAN HEADS OF STATE COMMIT TO 'ROLL BACK MALARIA' AT FIRST-EVER SUMMIT

African Presidents and heads of state are expected to commit to rolling back malaria across the continent when they meet in Abuja, Nigeria, today at the world's first ever Summit to focus on malaria.

The Summit is being hosted by His Excellency Olusegun Obasanjo, President of Nigeria, in collaboration with the World Health Organization (WHO). Leaders from international and bilateral development agencies are also attending.

Today's Summit will focus on how to relieve the malaria burden that continues to blight African nations and examine how best to accelerate the action needed to alleviate the poverty and human suffering caused by this preventable disease.

Heads of State are expected to commit to the goals of Roll Back Malaria (RBM) to reduce malaria deaths by half by the year 2010. Roll Back Malaria is a WHO co-ordinated movement that also includes key partners: UNICEF, UNDP, The World Bank, DFID and USAID.

President Olusegun Obasanjo: "Malaria traps the people of Africa in poverty. It stops adults earning a living and children from going to school. Each year families spend the equivalent of several months earnings on malaria treatment and prevention.

"It does not have to be like this. Malaria is preventable, treatable and curable."

Summit delegates will pledge increased commitment to improve health services and, with development partners, will work to ensure that low-cost mosquito nets, genuine and inexpensive medicines and information about malaria is available in every African neighbourhood and village.

Malaria causes more than one million deaths a year. The majority who die are the children of Africa. Deaths linked to malaria in Africa are on the increase due to environmental changes, movement of populations arising from political instability and civil strife, resistance of malaria to common and inexpensive medicines, resistance of mosquitoes to insecticides and limitations in national health services.

In the past decade African leaders have called for concerted action to address the impact of malaria on their people. In June 1997, African Heads of State and governments, under the auspices of the OAU, signed the Harare Declaration on Malaria. This was followed by the African Initiative on Malaria (AIM), which was endorsed by the African Region of WHO in 1998. RBM was launched by WHO, UNICEF, the World Bank and UNDP soon after.





## PRESS RELEASE

APRIL 25 2000

### **AFRICAN LEADERS CALL FOR SUPPORT IN FIGHT AGAINST POVERTY CAUSED BY MALARIA**

Abuja, Nigeria – African Leaders today called on the world to cancel the debt of poor and heavily indebted countries to enable them to fight the poverty caused by malaria.

The leaders were gathered in Abuja, Nigeria, for the first ever summit on malaria.

The African heads of state signed a declaration calling for at least one billion US dollars a year to be made available to the Roll Back Malaria movement in Africa to help achieve its aims of halving malaria deaths by the end of the decade.

By the end of the two-day summit up to 750 million dollars extra funds were already promised to be made available. Funds were identified by Canada, UK, US, the World Bank and other sources.

The summit declaration also called on development partners to invest in malaria vaccine development in Africa and strengthen research.

Summit host, His Excellency Olusegun Obasanjo, President of Nigeria, in his closing remarks said: "Today we have begun to write the final chapter of the history of malaria.

"We have raised the hopes and expectations of our people – we must not let them down. We cannot afford to let them down. May malaria be rolled out and development rolled in in all African countries."

The Plan of Action includes a structure to tackle malaria at all levels from the whole of Africa to the smallest village community with an emphasis on simple but effective technologies, in the home, implemented by public, private and voluntary groups.



## Le paludisme tue chaque année un million de personnes en Afrique

**ABUJA** Dirigeants africains, ministres de la santé et responsables d'organisations humanitaires se réunissent, mardi 25 avril à Abuja, pour un sommet de 24 heures destiné à lutter contre le paludisme, qui tue chaque année plus d'un million d'Africains. Ce sommet est coorganisé par l'Organisation mondiale de la santé (OMS), et l'objectif est d'engager le continent noir dans un plan d'action destiné à réduire de moitié le nombre de décès dus à cette maladie d'ici à 2010. La pauvreté croissante, mais aussi la négligence des pouvoirs publics, en sont les principales responsables. Les employés du secteur médical sont d'autant plus frustrés que les moyens de combattre le fléau existent. Les stratégies qui seront présentées à Abuja comprennent l'éducation des populations aux causes de la maladie, un meilleur accès aux médicaments, aux moustiquaires imprégnées d'anti-moustiques et à un dépistage rapide et fiable, et la promotion de la recherche en faveur de médicaments abordables. – (AFP.)

## Malaria strikes Africa's GDP

FROM AFP

Abuja, Nigeria – Africa's economic output would be \$100 billion higher this year if malaria had been eliminated in the continent 35 years ago, according to research announced yesterday.

"The evidence strongly suggests that malaria obstructs overall economic development in Africa," Jeffrey Sachs, the director of the Center for International Development at Harvard University, told African leaders at a summit meeting here.

"Since 1990, the per person GDP (gross domestic product) in many sub-Saharan African countries has declined and malaria is

an important reason for this poor economic performance."

According to a study conducted in co-operation with the London School of Tropical Medicine, sub-Saharan Africa's GDP would be up to 32 percent greater this year if malaria had been wiped out in 1965, when efforts were first made, he said.

This would represent up to \$100 billion added to sub-Saharan Africa's current GDP of \$300 billion. The extra is almost five times all development aid provided to Africa last year.

The short-term benefits of malaria control can be estimated at between \$3 billion and \$12 billion a year, depending on

outside factors, he said.

African leaders called yesterday for \$1 billion in assistance for the fight against the disease.

Malaria exerts a series of short-term costs, from lost work time to costs linked to infant and child mortality and treatment and prevention. It also carries longer-term costs, including impeding the flows of trade, foreign investment and commerce.

"The annual loss of growth from malaria is estimated to range as high as 1.3 percent per year," Sachs said.

"The cost of malaria is substantially greater than economists have previously estimated."



## Malaria impoverishes already-poor countries

By Anita Manning  
USA TODAY

Malaria, which kills 1 million people a year, is generally thought to be a consequence of poverty. But a report being released today says that the disease also is a cause of poverty.

"Malaria's effects on society are profound, pervasive and much larger than has typically been understood," says Jeffrey Sachs, director of Harvard University's Center for International Development.

Conventional estimates of the cost of malaria look at such indicators as medical costs and the economic losses associated with early death and time lost from work, he says, but what should also be considered is "the fact that countries that are highly malarious are systematically growing more slowly than other countries."

The "growth penalty" from malaria, he says, is estimated as high as 1.3 percentage points a year — "a substantial part of overall economic growth. ... (It) cumulates over time, so the gap widens."

The report is being released in Nigeria today by the World Health Organization, Harvard University and the London School of Hygiene and Tropical Medicine at a summit of African heads of state that is focusing on malaria.

It urges a global effort against the

disease and a commitment to increase spending to \$1 billion a year to pay for preventive efforts, such as mosquito control, insecticide-treated bed nets, low-cost drug treatments and research to develop an effective vaccine.

"The world community has basically not focused on malaria for a long time," Sachs says. International contributions to fight malaria amount to about \$150 million a year, "something like 10 cents per malaria case per year. That's the level we're getting right now. It's quite dreadful."

Malaria is a mosquito-borne disease that kills an estimated 700,000 children a year. While 40% of the world is at risk of malaria, 90% of cases occur in sub-Saharan Africa, where the per capita income is about \$300 per year, says Sachs, and spending on all public health amounts to about \$6 per person per year.

"That's not enough for reasonable interventions that might cost \$25 per life saved," he says. "It's beyond the reach of these utterly impoverished countries."

Of the \$1 billion needed annually, the U.S. contribution would be about 20% of the total, Sachs says, or "\$200 million a year for the U.S. share of a project like that, and since we have 270 million people, it's about 75 cents per year per American."

## To the malaria summiteers

**A**N African summit on the scourge of malaria epidemic took place in Abuja yesterday. President Olusegun Obasanjo formally opened the meeting, with 21 heads of state in attendance. The event has been described as Africa's biggest initiative to harness efforts to reduce by half in 10 years the number of malaria-related deaths. Tagged "Roll Back Malaria", the summit received representation from the G8 countries, the Secretary General of the United Nations and international agencies. The involvement of the UN is also underlined by the joint sponsorship provided by the UNDP, WHO, UNICEF and the World Bank. From the organisational infrastructure of the summit, it has all the attributes of a global event. This is, perhaps, why the Nigerian government committed the sum of N100 million to its hosting. An "Abuja Declaration on Roll Back Malaria in Africa" was issued yesterday.

That malaria is the number one killer disease in Africa needs no amplification. The statistics of victims and fatalities are horrifying enough. About 255 million of the 300 million cases in the world are found in Africa. This is 85 per cent of the global total. In Nigeria alone, 60 million experience malaria attack, at least, twice in a year, with no less than 80 per cent of the population exposed to the disease. On each day in Africa, 2,173 children under age five die from this affliction. The overall casualty figure for Africa is one million, several times higher than the fatalities resulting from wars, famines and even the dreaded Acquired Immune Deficiency Syndrome (AIDS). The "Abuja Declaration" aptly described the disease as an economic burden placed on hundreds of millions of Africans, constituting a barrier to development and alleviation of poverty. Economic losses attributed to malaria in Africa are conservatively put at N120 billion yearly with the consequence that the GDP level on the continent has shrunk by 32 per cent in three decades. In the one day that the summit lasted, no less than 2,173 African children died of malaria. No doubt a human holocaust of this magnitude deserves priority attention of all governments on the continent.

But there are problems with the remedial approach adopted. We do not think this is a matter for a summit of heads of state and governments; there are enough African specialists on the subject to do what the summiteers gathered for in Abuja. A galaxy of 21 heads of state does give a sense of immediacy and political import to the project, but this is, at best, only in a symbolic sense. For a lower cost a more purposeful workshop of African medical scientists and ministers could have produced a more detailed programme-oriented plan of action than the omnibus prospectus issued yesterday. For example, we cannot fathom how much relief malaria victims will get from the resolve by the leaders to "initiate appropriate and sustainable action to

strengthen the health systems to ensure that by the year 2005" at least 60 per cent of affected persons have "prompt access to and are able to use current affordable and appropriate treatment within 24 hours of the onset of symptoms". The same percentage of pregnant women and children under five years are expected to benefit from personal and community protective measures, insecticide treated mosquito nets and other affordable interventions. But the summit declaration does not indicate by how much the health budgets of the member states should be raised to achieve these set targets.

The idea of affordable drugs and mosquito nets brings in the dimension of the economics of the malaria project. The bulk of the preventive and prophylactic drugs to be administered is imported from foreign countries which do not harbour the malaria parasite. There is an obvious economic trap in advising African governments to "reduce or waive taxes and tariffs for mosquito nets and materials, insecticides, anti-malarial drugs and other recommended goods and services that are needed for malaria control strategies." As in other critical areas of development in Africa, the malaria programme is already being designed to guarantee an emerging commodity market for industrialised nations. The call on the governments to increase support for research to develop a vaccine and other remedies does not suggest how much percentage of public revenue should be committed annually to rolling back an epidemic that mows down one million Africans yearly. There is a vague pledge to "explore and develop traditional medicine in the area of malaria control". If the programme is not meant to enrich drug cartels outside of Africa, it should devote greater financial and scientific attention to how to modernise old and trusted indigenous cures and medicinal formulae from the rich biodiversity of our environment.

The political and technical problems we have raised may be attenuated by the elaborate framework for monitoring the Abuja plan of action. It covers priority areas, disease surveillance, epidemic preparedness and response. Others are human resources development, inter-disciplinary research and organisation and management of health systems. But the framework for reporting on progress is to be routed through a labyrinth, ranging from ministers, heads of governments, task forces, global meetings of partners at Geneva to the meetings of the Organisation of African Unity (OAU). Not to miss out the sense of festivity, the summiteers hope to declare April 25 of each year an "Africa Malaria Day". The UN is being called upon to dedicate the years 2001 to 2010 as a "Malaria Decade". These gestures may have their psycho-social relevance, but the most efficacious way to overcome malaria is for countries like Nigeria with 80 million people at risk to design a national emergency plan to contain the deadly scourge within a decade.





# The Guardian

Tuesday  
April 25 2000

## Poor stung by malaria's hidden cost

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**Sarah Boseley**  
Health Correspondent

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Malaria is taking a far greater toll of the economy of many developing countries than has been previously understood, leaving them up to 20% worse off within 15 years than similar countries without serious infestation, according to a report from the World Health Organisation.

The report, by Jeffrey Sachs of the Centre for International Development, Harvard University, and colleagues at the London School of Hygiene and Tropical Medicine, says that "the cost of malaria is substantially greater than economists have previously estimated".

Previous estimates have looked only at the immediate, short-term costs, such as the loss of labour and the costs of treatment and prevention. But the longer-term costs are even more devastating to the country, says Dr Sachs.

"Malaria may impede the flows of trade, foreign investment and commerce, thereby affecting a country's entire population. Tourists shun regions with high malaria, as do multinational firms choosing

the location of foreign investments."

Repeated bouts of malaria damage children's mental and physical development and play havoc with their schooling. It encourages parents to have more children, increasing population growth, impoverishing families and preventing women from joining the labour force. All these are hidden costs of malaria that are not usually taken into account in estimating the economic damage it does.

Publication of the Sachs report coincides with the opening today of the first summit of African heads of state — in Abuja, Nigeria — to address the issue of malaria. The leaders are expected to commit themselves to a WHO programme. "Malaria traps the people of Africa in poverty," said the Nigerian president, Olusegun Obasanjo. "It stops adults earning a living and children from going to school. Each year families spend the equivalent of several months' earnings on malaria treatment and prevention.

"It does not have to be like this. Malaria is preventable, treatable and curable."





# The New York Times

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NEW YORK, TUESDAY, APRIL 25, 2000

\$1 beyond the greater New York metropolitan area.



Reuters

A record-setting mosquito net being set up last week in the capital of Nigeria, Abuja. Twenty African heads of state begin their first meeting there today on dealing with one of the most widespread and fatal diseases.

## Study Says Combating Malaria Would Cost Little

By DONALD G. McNEIL Jr.

PARIS, April 24 — Malaria hurts African economies more than has been recognized but could be better controlled for relatively little money, says a study to be released on Tuesday.

The study, by the Harvard University Center for International Development and the London School of Hygiene and Tropical Medicine, will be presented in Nigeria at the first conference at which African heads of state will meet to discuss malaria, which kills more than a million people a year, mostly children.

Analyzing the effects of malaria on 27 African economies from 1965 to 1990, the study found that the disease cut 1 percentage point a year from the annual growth rates of those economies. If malaria had been eliminated in 1965, Africa's annual gross domestic product would be \$400 billion now, rather than \$300 billion, the study estimated.

The economic models, according to the director of the Harvard center, Jeffrey Sachs, took into account more than the costs of treatment and losses associated with death. They also estimated the losses from tourists and foreign investors avoiding

malaria-prone countries, the damage done by large numbers of sick children missing school and the increase in population and impoverishment that ensues when parents decide to have extra children because they know some will die.

In most affected countries, the disease crosses class lines. "It doesn't matter if you are rich or poor, your chances of catching it are high," said Nils Delaire, president of the Global Health Council, a participant in the conference.

The conference in Abuja, Nigeria, is sponsored by the World Health Organization and draws together other United Nations agencies, the World Bank, Western donors and the heads of 20 African countries in an effort to unite their attack in a Roll Back Malaria campaign to halve deaths in 10 years. The chief weapon that they endorse is simple bed nets treated with insecticide.

After that, the proponents favor additional spraying to kill larvae and educating rural people in using simple blood tests and cheap drugs to keep patients alive until they can reach doctors.

Nets alone could cut the disease by half, but only 2 percent of African children sleep under them. Each \$8

spent on prevention adds about a year of healthy life to an African, said Ann Mills, an analyst from the London School who worked on the study.

"World spending on malaria control and research for Africa is maybe 10 cents per case per year," Mr. Sachs said. "It's quite dreadful. World Bank lending for malaria is de minimus. The big pharmaceutical companies see it as a disease of the very poor. So they never view it as much of an investment priority."

Many malaria-prone countries, he added, have per capita incomes of less than \$300 a year and health budgets too small for "these very reasonable interventions."

He suggested that Western nations could significantly cut the disease by spending \$1 billion a year on malaria. The United States share of that, he said, would work out to 75 cents an American.

"In a world where we're enjoying riches beyond what was imagined 20 years ago, we can do afford to do more than we do," Mr. Sachs said. He might even, he said, also suggest \$1 billion for AIDS and \$1 billion for tuberculosis, for a total of \$2.25 an American.

The Africa Summit  
on Roll Back Malaria

# FINANCIAL TIMES

World business newspaper

TUESDAY APRIL 25 2000 ★

WORLD NEWS

NIGERIA SUMMIT HEADS OF STATE MEET IN EFFORT TO INJECT SENSE OF URGENCY INTO FIGHT AGAINST DISEASE THAT KILLS UP TO 2m PEOPLE A YEAR

## Malaria 'has cost Africa \$100bn GDP'

By William Walls in Abuja

Malaria has cost Africa up to \$100bn in gross domestic product over the past three decades and continues to slow growth by more than 1 per cent a year, according to research published at a summit on malaria opening today.

African heads of state will join health ministers and Non-Governmental Organisations in the Nigerian capital Abuja at the summit, intended to stimulate a sense of urgency into the fight against malaria, which kills between 1m and 2m people a year, 90 per cent of them African.

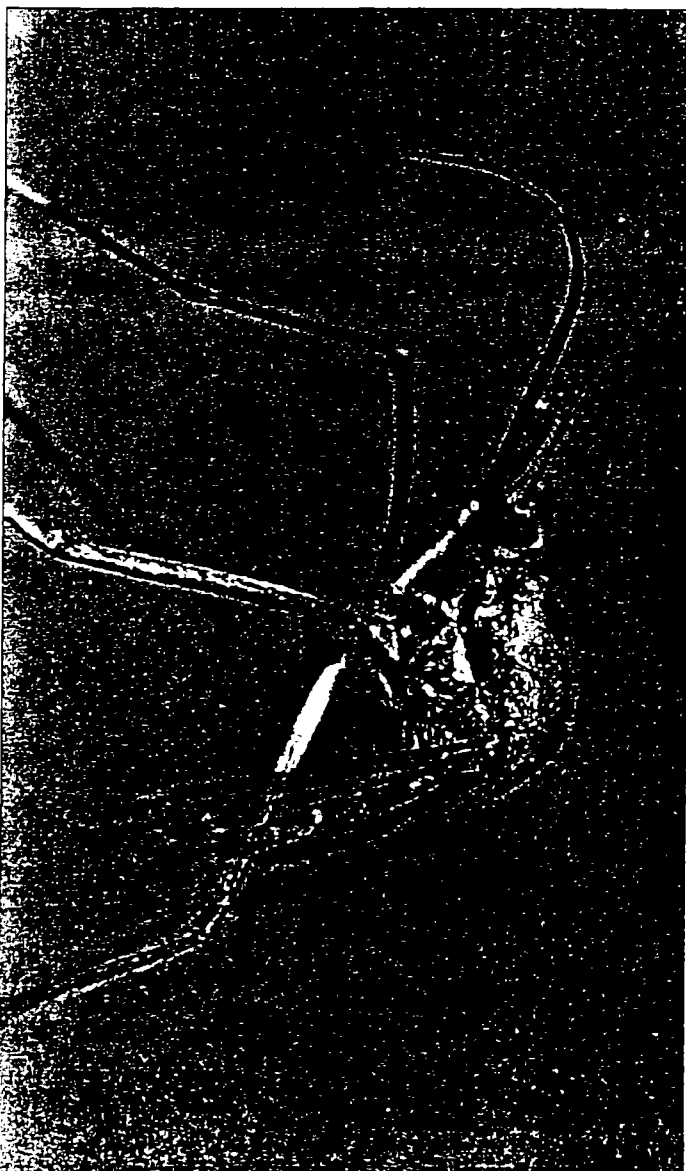
Elsewhere, the mosquito-borne disease is on the retreat. But in Africa - where its mostly deadly form *Plasmodium falciparum* is endemic - climatic changes, the collapse of public health systems and the disruptions of war are all contributing to its spread.

The development of strains resistant to the traditional treatment, chloroquine and other newer drugs such as SP (sупhadoxine pyrimethamine), is also compounding the problem.

According to a report by Dr Jeffrey Sachs, Director of the Centre for International Development at Harvard University, the cost of failing to address these developments will be huge.

"The annual loss of growth from malaria is estimated to range as high as 1.3 percentage points a year. If this loss is compounded for 15 years, the GNP [Gross National Product] level in the 15th year is reduced by nearly a fifth," he says in the report, published in conjunction with today's summit.

"There needs to be a vast change in the international way of looking at the whole issue, with much more support from the outside."



Try killer: global funding to fight malaria, which is spread by the mosquito, has now reached \$130m

AP

His figures take into account the long-term effects of pain and suffering associated with malaria and are higher than previous estimates calculated on lost work-time, cost of treatment and losses associated with child mortality.

At present global funding for malaria swallows about \$130m, almost a quarter of which goes to India.

The World Health Organisation and others will press for this to rise to more than \$1bn with emphasis on the distribution of mosquito nets, medical treatments and research.

This year's budget for health in Nigeria, at roughly \$3 per head, scarcely covers the cost of a mosquito net for each of its 110m people, while most Nigerians struggle to afford a dose of chloroquine, equivalent to 20 US cents.

"This year, Nigeria will spend five times its public health budget on debt servicing. I will argue that the right thing would be to ask the government to come up with a public health programme including Aids and malaria control in exchange for debt forgiveness," Dr

Sachs told the Financial Times.

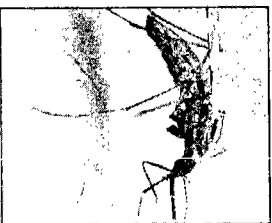
For sub-Saharan Africa as a whole, the benefits of effective malaria control, he calculates, could translate into between \$3bn and \$12bn of GDP per year.

"Halving the burden of malaria is realistic and achievable," said Dr Gro Harlem Brundtland, WHO director general.

# THE INDEPENDENT

WEDNESDAY 26 APRIL 2000

## Mosquito nets: so simple, yet unused in Africa



Mosquito-borne malaria kills one million a year

By KATHERINE BUTLER

WITH DEFEAT-STARVED African economies straining under the weight of resurgent malaria crises, the continent's leaders were urged yesterday to turn to an old-fashioned remedy: the mosquito net. Fewer than 2 per cent of African children sleep under a net. Yet malaria kills almost a million people each year, nearly 90 per cent of whom are African children. The disease causes serious illness in a further 300 million to 500 million people every year. African leaders who gath-

ered yesterday in the Nigerian capital, Abuja, to co-ordinate their efforts to tackle the disease were told that the scourge has drained the continent's economy by as much as \$100bn (£62.5bn) over the past 30 years. The Nigerian President, Olusegun Obasanjo, used the meeting to demand debt cancellation. "We have reached a stage now whereby the small amounts we could have allocated to combating malaria and improving our health care

are being used to service our debt," Mr Obasanjo said. But amid growing evidence that malaria is rapidly evolving to become resistant to the available drugs, African governments are being advised to look instead to the cheaper option of providing insecticide-treated bed netting to millions of people. The mosquito net drive is a key plank of a World Health Organisation-devised campaign to halve the numbers of deaths from malaria over the next 10 years, backed by the Abuja summit.

The benefits of the mosquito net or insecticide-treated top sheet, are proven, yet are virtually unknown in the African culture. WHO studies show that even when African households want nets, they cannot get hold of them or the sprays for retreating them. Where the nets are available, high import tariffs often make them unaffordable. The Tanzanian example is being hailed as a model. In the past year, the Dar es Salaam government has improved access to affordable nets, and

distributed dip-it-yourself insecticide kits. Road shows and traditional song and dance are used to raise awareness of the nets and the kits which are sold rather than given away to encourage people to value them. They are also distributed through shops and street hawkers rather than hospitals. Results are encouraging: the number of people buying nets has doubled in the year the campaign has been running. Kenya, too, is a major challenge for aid agencies and health authorities. Over 70 per

cent of the population is vulnerable to malaria but there is no culture of bed-net use and supply is disastrously low. One aid scheme backed by the British Government has organised communities into sewing and selling nets. As a bonus, community-based manufacturing industries have sprouted, which in turn provide jobs. A study released at the Abuja conference, meanwhile, reveals that the economic burden of the killer parasite is much higher than previously thought. The disease is, in effect, trapping

many poor nations in their poverty. "It's absolutely shocking," said the author of the study, Jeffrey Sachs, the director of Harvard's Centre for International Development. The summit was expected to declare 25 April annual Africa Malaria Day and to call on western governments to intensify research into a vaccine.

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# The Washington Times

## Malaria cripples African economy

Report says yearly costs exceed all foreign aid combined

By Ben Barber  
THE WASHINGTON TIMES

African leaders and health experts meet today in Nigeria to begin a counterattack on malaria, which costs Africa more each year than all foreign aid combined, according to a new report.

"Africa's [gross domestic product] would be up to \$100 billion greater this year if malaria had been eliminated years ago," said the report by Harvard economist Jeffrey Sachs and others.

The report being released today was prepared by researchers at Harvard, the London School of Hygiene and Tropical Medicine and the World Health Organization.

It is the focus of the first world summit on malaria in Abuja, the Nigerian capital. Portions of the report were obtained by The Washington Times.

WHO chief Dr. Gro Harlem Brundtland and other international organization chiefs and

heads of state are asking the United States and other countries for \$1 billion a year — far more than currently provided — to combat malaria, which kills 1 million Africans each year.

The new report highlights malaria's hidden cost — the loss of work due to recurrent periods of fever and weakness — which helps impoverish sub-Saharan Africa.

Other causes for African poverty are said to include the lack of accountable governments, illiteracy, lack of infrastructure, unfavorable terms of trade with the industrial nations and tribal, ethnic, civil and national conflicts.

According to Mr. Sachs, director of the Center for International Development at Harvard University, malaria obstructs overall economic development in Africa and contributed to the decline in gross domestic product (GDP) since 1990.

If malaria had been eliminated 35 years ago, when its causes, prevention and cures all became

known, Africa's GDP would be up to 32 percent greater this year, the report said.

This would represent up to \$100 billion added to Africa's current GDP of \$300 billion — an amount nearly five times greater than all development aid provided to Africa last year, the report said.

Each year, malaria slows economic growth in Africa by up to 1.3 percent. The benefits of malaria control are estimated at from \$3 billion to \$12 billion per year.

The heads of state of 20 African nations and the executive directors of the African Development Bank, World Bank, U.N. Development Program, UNICEF, United Nations Educational, Scientific and Cultural Organization and WHO were expected to be present to hear the findings of the report today.

Health experts plan to base their "Roll Back Malaria" campaign against the mosquito-borne disease by expanding the use of insecticide-impregnated mosquito nets.

## Summit tackles malaria on continent

ABUJA. — African leaders, Health Ministers and the heads of international donor agencies are to meet here in Nigeria tomorrow to discuss ways of fighting malaria in Africa.

The mosquito-borne disease kills more than one million Africans a year, more than 90 percent of all

malaria-deaths around the world, according to the World Health Organisation which is co-organising the summit as part of its worldwide Roll Back Malaria initiative.

Malaria is a fever caused by a protozoan parasite carried by the female of the Anopheles type of blood-sucking mosquito.

The disease is transmitted by the mosquito from the blood of an infected to a non-infected person.

The economic cost to the continent is predicted to be \$24 billion this year.

Prevention and treatment is cheap but most of those who die do so because they lack access to healthcare. Life-saving

drugs and treated mosquito nets.

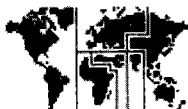
Last year there were nearly 500 million cases of acute malaria, five times more than the combined cases of tuberculosis, AIDS, measles and leprosy.

Malaria is a serious problem in over half the world's countries. — Sapa-APP.





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Tuesday, 25 April, 2000, 20:10 GMT 21:10 UK  
**Debt plea to help fight malaria**



Mosquitoes: Tiny, but deadly carriers of malaria

President Olusegun Obasanjo of Nigeria has appealed to Western nations to cancel debts owed by African countries to allow them spend more on fighting malaria.

He also rebuked them for ignoring the danger of malaria, since it had gone from being a threat worldwide to one mainly affecting Africa.

His comments came at a meeting attended by over 18 African presidents and prime ministers in the Nigerian capital, Abuja, to co-ordinate anti-malaria strategies.

Mr Obasanjo said: "We have reached a stage now whereby the small amounts we could have allocated to combating malaria and improving our health care is being used to service our debt."

He added that "no realistic anti-malaria effort or development strategy is conceivable or meaningful with these debts hanging around our necks".

His remarks were echoed by Algerian President Abdelaziz Bouteflika, who also condemned Western powers for investing millions of pounds in Aids research, while neglecting malaria.



President Obasanjo wants Western debts scrapped

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# CNN.com health

## African leaders meet to fight against malaria

April 24, 2000

Web posted at: 1:09 PM EDT (1709 GMT)

*By Ken Eseri*

ABUJA, Nigeria (Reuters) – African presidents gathered in Nigeria Monday to discuss strategies for battling malaria, which experts say is devastating the economies of a continent also grappling with the scourge of AIDS.

The summit in Abuja Tuesday is part of the World Health Organization's (WHO) Roll Back Malaria Movement, a global campaign against the mosquito-borne disease.

Among the early arrivals were the presidents of Kenya, Namibia and Sierra Leone. Organizers said more than 20 presidents were expected.

WHO said in a special release on the summit that countries in the hardest hit regions, including Sub-Saharan Africa, suffered a growth penalty of more than one percentage point per year.

"Highly malarious countries are among the poorest in the world, and typically have low rates of economic growth," the WHO said.

Figures from international health agencies show that more than 400 million people suffer from malaria-related illness every year and at least 1 million die annually as a result of the disease. Most of those who die are African children.

### AIDS overshadows malaria

The emergence of HIV/AIDS since the 1980s as a devastating epidemic across Africa has overshadowed the fight against malaria, experts say. Countries most afflicted by AIDS are expected to divert larger chunks of their scarce healthcare budgets to fighting the scourge.

The increasing attention to AIDS is justified by some experts on grounds that there is still no known cure or vaccine for millions of Africans threatened by the virus.

But those gathering this week in Nigeria want to also turn their attention to malaria.

"The summit is refocusing on malaria, which has come to be regarded as a disease that has come to stay in the continent," Nigerian Health Minister Tim Menakaya told reporters at a briefing.



# THE WALL STREET JOURNAL

TUESDAY, APRIL 25, 2000

## Health Officials Urge Wealthy Nations To Lift Malaria Spending to \$1 Billion

By SARAH LUECK  
STAFF REPORTER

WASHINGTON — Health officials are urging wealthy nations to step up efforts against malaria in Africa, amid new evidence of the devastating social and economic effects it is having there.

A study to be released today at an African malaria summit in Abuja, Nigeria, will rec-

Daily Dispatch  
April 21, 2000

### Nigeria hosts malaria summit

ABUJA — The first African summit on malaria, scheduled to be opened today by President Olu-  
gun Obasanjo, is aimed at drawing attention to the scourge that has debilitated African countries generally and Nigeria in particular, the organizers said yesterday.

The Roll Back Malaria secretariat here said the summit would focus on how to relieve the malaria burden and examine how best to accelerate action

needed to alleviate the poverty and human suffering caused by malaria.

The technical session of the summit began here yesterday to take an overview of the malaria scourge in Africa, the burden of health systems reform, the use of insecticides and treated nets and the evaluation of various intervention measures.

The technical session also discussed a draft plan of action to be presented and adopted today by the

summit participants.

At least 50 African countries, 10 international organizations and 12 ministers responsible for development and health in the Organisation for Economic Co-operation and Development countries are expected to attend the summit.

Organizers of the summit said it had to be held in Africa because malaria had kept the continent's people perpetually poor. — Sapa-DPA

ommend the international community boost spending to at least \$1 billion a year to combat the disease, with most of it directed toward Africa. Currently, between \$100 million and \$200 million is spent on malaria programs worldwide, said Jeffrey Sachs, director of Harvard University's Center for International Development, who wrote the report in conjunction with the London School of Hygiene and Tropical Medicine.

These efforts should be greatly expanded, the report's authors say, and focused on Africa where the disease kills one million people yearly and slows economic growth by 1.3% annually. Africa's yearly gross domestic product, currently \$300 billion, would be \$100 billion greater if malaria had been eradicated in the mid-1990s, the study found.

Although malaria has long been a problem in many parts of the world, concerns

about drug resistance have created new urgency. If strains of malaria resist current treatments, the disease will become more complicated and expensive to combat. It kills about 700,000 African children every year and contributes to slowed development, malnutrition and vulnerability to other illnesses in those who survive, Dr. Sachs said.

The U.S. has already begun to fund efforts to improve global health, as the issue has become an economic and political concern in recent years.

President Clinton proposed \$1 billion in tax credits in the 2001 budget to drug companies to encourage development of vaccines for infectious diseases, including malaria, tuberculosis and HIV/AIDS.

"The U.S. is part of a world community of wealthy nations," Dr. Sachs said. "We could afford \$1 billion on our own and not even notice it."





# The Associated Press

April 24, 2000

## Malaria's burden in Africa many times higher than thought

WASHINGTON -- Africa's economy might be up to \$100 billion richer today if **malaria** had been conquered three decades ago, but instead this devastating disease is one reason many African nations remain trapped in poverty, says a study from Harvard University.

The study, to be presented to African leaders gathering in Nigeria on Tuesday for an unprecedented summit on **malaria**, finds the burden of this killer parasite to be far higher than previously estimated.

"It's absolutely shocking," said study author Jeffrey Sachs, director of Harvard's Center for International Development.

In addition to causing immense suffering and death, malaria slows economic development by about 1.3 percent a year, the study found. That effect is compounded over time - meaning the longer malaria plagues a country, the farther it falls behind similar but malaria-free nations.

It will take an annual investment of \$1 billion by the world's richest countries to significantly attack malaria, Sachs concluded. The share for the United States would cost just 75 cents per American per year, he said in a telephone briefing for U.S. reporters.

Today, the world spends only about \$120 million against malaria, he said.

Malaria is one of the world's worst scourges. Drugs and insecticides have made it rare in developed countries, but in tropical, developing nations, it sickens 300 million to 500 million people every year and kills at least 1 million.

Sub-Saharan Africa is hardest hit; children are most vulnerable; and malaria is fast evolving to resist medical treatment.

The World Health Organization aims to cut malaria deaths in half by 2010, through its "Rollback Malaria" campaign unveiled in 1998. One chief strategy is bed nets treated with mosquito-killing insecticide, a cheap and proven way to prevent malaria. Yet only 2 percent of African children sleep under a bed net, says the WHO, which helped organization Tuesday's malaria summit in Nigeria.

To estimate the economic effect, Sachs added to malaria's medical costs other factors: missed schooling, neurologic damage to children, lost productivity, lack of investment by foreign corporations, lower tourism. After accounting for the effects of economic policy and other factors that influence growth, he concluded the slow-down of economic development by 1.3 percent per year, an effect compounded with passing time.





# BMJ

News

## African heads of state promise action against malaria

Gavin Yamey *BMJ*

A pledge to halve Africa's malaria deaths by 2010 was signed by more than 50 of the continent's heads of state last week. The declaration was made at an international summit on malaria, in Abuja, Nigeria, hosted jointly by the World Health Organization (WHO) and the country's president, Olusegun Obasanjo.

The disease causes at least one million deaths worldwide each year, of which 90% are in sub-Saharan Africa. The summit coincided with the launch of the WHO's Roll-Back Malaria project in Africa.

Opening the summit, Tim Menakaya, Nigeria's health minister, said: "Malaria keeps societies poor, undermines development, and reduces the incomes of families who are already the poorest in the world. Every family in

Africa pays a malaria tax." Previous efforts to eradicate malaria in Africa, he said, have been "fragmented and uncoordinated."

The main focus of the new control programme will be bed nets that have been treated with insecticide. A recent Cochrane review found that children who slept under treated bed nets were half as likely to develop malaria as controls. David Alnwick, chief of health for Unicef, said: "It is scandalous that 700 000 children died last year from malaria when a \$4 (£2.50) bednet could have saved them."

The WHO wants a 30-fold increase in the availability of nets in the next five years. It also wants every family at risk of malaria to have immediate access to cheap and effective antimalarial combination therapy, and every preg-

nant woman in high risk areas to receive drug treatment.

The organisation believes that the pharmaceutical industry is willing to lower the price of antimalarial drugs. David Nabarro, project manager for Roll-Back Malaria, said: "Negotiating with industry is now possible." But non-governmental agencies believe that the industry's stronghold over drug patents prevents poor countries from affording essential medicines (22 January, p 207).

Malarial control requires annual donations of \$1bn (£0.6bn) from industrialised countries (29 April, p 1161). But Jeffrey Sachs, director of the Centre for International Development in Harvard, told the summit that donations alone will be insufficient unless there is immediate debt cancellation.

"It is a shame," Professor Sachs said, "that the [International Monetary Fund] has asked Nigeria this year for \$1.6bn in debt service [repayment]. This is five times more than Nigeria's

health budget. These are funds needed to save lives." Only the Canadian government made a firm promise in Abuja to cancel debt, although Britain's Department for International Development stated the need to "speed up" debt cancellation.

The World Bank claims that it donates \$150m a year to African malarial projects, and it has pledged a further \$300-500m annually. Professor Sachs was sceptical about their claims: "The \$150m is not in programmes I have seen, and there are no standalone [malaria] programmes in Africa. The \$300-500m is promising, and we will now have to monitor them."

Responding to these criticisms, Ok Pannenborg of the World Bank said: "There are 100 World Bank operations around Africa. The \$150m is money they can use, but whether they do is another matter." □

Details of the WHO's Roll-Back Malaria campaign are at [www.rbm.who.int/](http://www.rbm.who.int/).

Lancet

April 29, 2000

## African leaders discuss ways to "roll back malaria"

African leaders called on the world to cancel the debt of poor and heavily indebted countries to enable them to fight poverty caused by malaria, at a summit on malaria, on April 25, in Abuja, Nigeria.

The heads of state met under the aegis of Roll Back Malaria, an international collaboration including WHO, that aims to halve the number of malaria deaths in Africa

by the end of the decade. To achieve this aim, participants signed a declaration calling for at least US\$1 billion in aid. By the end of the 2-day conference donors including the World Bank, USA, UK, and others, had promised \$750 million.

WHO estimates that about 1 million people die from malaria each year. Deaths linked to malaria in Africa are increasing due to changes in climate, movement of

populations arising from political instability and civil strife, and resistance of malaria to common and inexpensive medicines.

The disease is also keeping Africa poor. Jeffrey Sachs from Harvard University, USA, noted in a report that over 15 years a country could lose 20% of its national income because of the disease.

Haroon Ashraf

# La lutte contre la malaria mobilise 48 pays africains

**ÉPIDÉMIE** Le but est de réduire de moitié le nombre de décès d'ici à 2010.

PASCAL ZIMMERMANN AVEC ARCHIVES

Le paludisme a réuni autour de la même table, hier, à Abuja, au Nigeria, les dirigeants de 48 pays africains, chefs d'Etat, ministres de la Santé et responsables humanitaires. Ce sommet continental - le premier jamais organisé sur la malaria - a pour but de mettre en œuvre les stratégies politiques et sanitaires indispensables pour lutter efficacement contre ce fléau, qui tue chaque année plus d'un million de personnes dans le monde, dont 90% en Afrique. L'objectif est de réduire de moitié ce chiffre d'ici à dix ans.

« Nous espérons que ce sommet sera un tournant dans le combat contre la malaria en Afrique », a déclaré Emmanuel Gennade, coordinateur de l'Unitel pour le paludisme au Nigeria et organisateur du sommet. Initié par le président nigérien Olusegun Obasanjo, la réunion est coorganisée par l'Organisation mondiale de la santé (OMS). « Le paludisme tient la population africaine prisonnière de la pauvreté », a affirmé Olusegun Obasanjo. Elle empêche les adultes de gagner leur vie et les enfants d'aller à l'école. Mais ce n'est pas une fatalité. On peut prévenir et guérir la malaria. »

## Stratégie en quatre axes

Les stratégies de lutte contre la maladie présentées à Abuja tournent autour de quatre thèmes. « Il faut avant tout mettre à la disposition des populations des médicaments bon marché et efficaces. Les gens doivent pouvoir les obtenir à côté de chez eux, souligne le Dr John-Paul Clark, conseiller politique chargé du dossier paludisme à l'OMS à Genève. Il est également indispensable de leur fournir des moustiquaires imprégnées d'insecticide, car les moustiques piquent surtout la nuit. Selon certaines études, cette seule mesure permettrait de réduire de

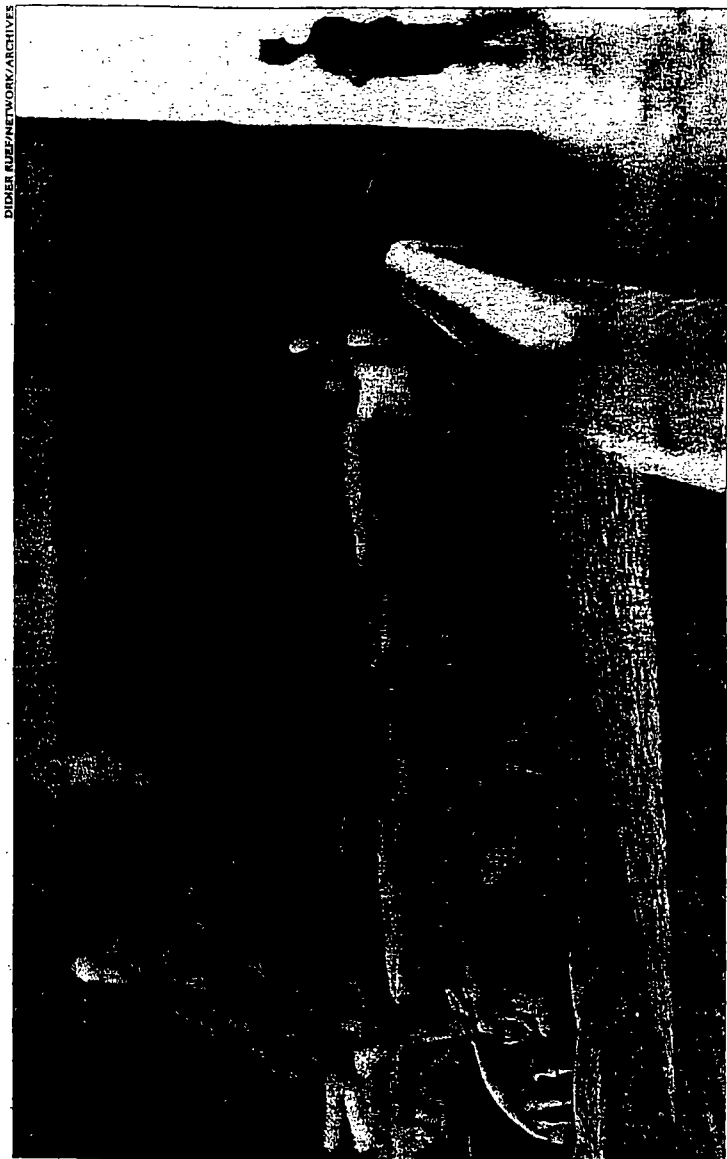
Un autre volet important est la prise en charge des femmes enceintes. Le paludisme entraîne en effet des risques de complications à l'accouchement, ainsi qu'un développement insuffisant du fœtus, le parasite se logeant dans le placenta et empêchant la bonne alimentation du bébé. Un traitement prophylactique pourrait donner d'excellents résultats.

Selon le Dr Clark, l'éducation des populations aux causes de la maladie est le quatrième levier d'action de ce programme sanitaire, à laquelle s'ajoute la détection précoce de la maladie et la surveillance constante des déplacements de populations et des changements climatiques. Le plan de lutte issu du sommet d'Abuja devrait être soumis à l'adoption de l'Organisation de l'unité africaine (OUA) lors de sa prochaine assemblée générale.

## Un milliard de dollars par an

En outre, les dirigeants africains ont appelé les donateurs internationaux à débloquer un milliard de dollars par an (1,6 milliard de francs) pour combattre le paludisme en Afrique. Le président Olusegun Obasanjo a suggéré que les partenaires du développement africain annulent la dette des pays pauvres.

Il ressort de nouvelles recherches menées par l'Université Harvard, la London School of Hygiene and Tropical Medicine et l'OMS que le PIB africain dépasserait de 100 milliards de dollars (160 milliards de francs) le niveau actuel (+ 32%) si l'on avait éradiqué la malaria il y a trente-cinq ans. Ces 100 milliards de dollars supplémentaires représenteraient, à titre de comparaison, près de cinq fois le total de l'aide au développement fournie l'an dernier à l'Afrique subsaharienne. Selon le rapport, le paludisme ralentit la croissance économique en Afrique



L'hôpital d'Alimant, en Ouganda. 700 000 enfants africains meurent chaque année de la malaria.

## Enfants et femmes enceintes vulnérables

nombreuses zones, la résistance s'accroît. La prévention et le traitement sont peu onéreux. ● Le coût économique: Il est, cette année, de l'ordre de 3,6 milliards de dollars. ● L'évolution: le réchauffement global de la planète exerce la malaria vers de nouvelles zones. C'est ainsi que l'Asie centrale est touchée depuis peu.

gément en Afrique subsaharienne, et le Vhax, actif surtout en Asie et en Amérique latine. ● L'épidémie: l'OMS dénombre 300 à 500 millions de nouveaux cas chaque année. En 1999, un demi-millier de personnes ont souffert d'un fort paludisme. La malaria tue un million de personnes par an, surtout des enfants et des femmes enceintes. Elle est responsable de la plus importante

La malaria: Il s'agit d'une fièvre causée par un parasite transporté par la femelle de l'anophèle, moustique qui ponde le sang de sa victime. La maladie est transmise par le moustique lorsqu'il pique une personne non infectée après avoir piqué une infectée. Il existe quatre variétés de paludisme, provoquant des fièvres d'ampleur différente; les deux plus importantes sont le P. falciparum et le P. vivax.

La malaria: Il s'agit d'une fièvre causée par un parasite transporté par la femelle de l'anophèle, moustique qui ponde le sang de sa victime. La maladie est transmise par le moustique lorsqu'il pique une personne non infectée après avoir piqué une infectée. Il existe quatre variétés de paludisme, provoquant des fièvres d'ampleur différente; les deux plus importantes sont le P. falciparum et le P. vivax.



# Malaria starting to scratch VIPs' senses

4-1-85

By ALISTAIR THOMSON  
Reuters

ABIDJAN, Ivory Coast — Most of them don't even hear the buzz let alone feel the bite, yet every year the mosquito-borne malaria parasite quietly kills up to 2 million people.

The majority who die are African and under 5 years old. Important people have decided it is time to act.

"It's a long hard slog, but everything has been speeded up by the large injection of cash and the public support for [a vaccine]," Professor Charles Gilks, of the Liverpool School of Tropical Medicine in England, told Reuters.

Both U.S. President Bill Clinton and Microsoft boss Bill Gates have backed the search for a malaria vaccine, Clinton announcing tax credits to speed development, and Gates via the Bill and Melinda Gates Foundation, which lists finding a malaria vaccine among its central aims.

Heads of state from across Africa were to meet health experts in the Nigerian capital of Abuja on April 25 to discuss how to fight the disease, which according to the summit's working document will cost the continent up to 2.5 billion dollars this year in treatment costs and lost production.

## Africa's problem

Malaria, transmitted by the females of various species of the Anopheles mosquito, is endemic in approximately 40 percent of the world's population, mainly in the tropics.

Around 90 percent of the estimated 300 million to 500



A giant mosquito net was set up in Abuja, Nigeria, on April 18. Heads of state from across Africa will meet with health experts in the city to discuss how to fight malaria.

resistant strains of the parasite were creating a major problem.

"We face disaster imminently because of failure of currently affordable anti-malarial drugs," he said.

Africa is plagued by the most deadly malaria parasite, *Plasmodium falciparum*, which kills by destroying red blood cells and damaging vital organs such as the brain, liver or kidney.

The other three species of *Plasmodium* — *ovale*, *vivax* and *malariae* — tend to produce intermittent fever and chills, which are debilitating but not often fatal.

Extreme weather, natural disasters and wars — all too

frequent in Africa — seriously disrupt malaria control programs. They also displace large populations, often creating ideal conditions for malarial mosquitoes and infection.

February's floods caused a malaria outbreak in Mozambique, and aid workers say the disease is rife among the 1.3 million people displaced by the war in the Democratic Republic of the Congo.

Malaria has spread to regions where it was previously unknown, exposing populations with no natural resistance.

In some places, the adaptable parasite has become increasingly resistant to the tra-

ditional stand-by treatment, Chloroquine, which has been abandoned in Malawi and Kenya.

"In East Africa ... SP (sophadoxine pyrimethamine) is now the first line drug, but that will now be redundant in about five years' time — and there is nothing currently to replace it," Winstanley said.

He is researching a cheap, easy-to-use drug that makes it hard for the parasite to develop resistance.

"People can't afford anything more than a dollar per treatment course," said Winstanley. The work is funded by pharmaceuticals giant Smith-Kline Beecham, the World Health Organization (WHO) and the British government's Department for International Development.

## Safety net

One of the best ways to avoid getting malaria remains the trusty mosquito net.

Health workers across Africa recommend sleeping under insecticide-treated nets, and the organizers of the Abuja summit unveiled the world's biggest mosquito net on April 18 to promote their use.

But mosquitoes don't bite only in bed.

Other proposed solutions have included wiping out the mosquitoes that spread malaria, but few see it as a miracle solution. "Extermination is not realistic," said Dr. Adama Coulibaly, a WHO malaria expert working in Abidjan.

And that makes all the more urgent the search for a safe way of creating human resistance to the disease via a vaccine.



# Rolling back the scourge of malaria

**SETH AKINTOYE** who covered the Roll-Back-Malaria summit in Abuja writes on the significance of the global meet which has refocused world interest in the devastation of malaria fever in tropical Africa.



● Obasanjo



● Brundtland

**T**O many historians and national leaders, Africa is the focus of the world in the 21st century, not withstanding its perennial problems of poverty, poor health and primitive technology.

But never was any global effort focused on Africa in the magnitude it was done last Monday and Tuesday, when heads of international agencies, African leaders and renowned scientists, gathered in Abuja for the Roll-Back-Malaria initiative. Malaria has remained a single major killer in the continent claiming over a million lives annually despite the advancement in medicine.

Twenty one heads of state were physically in attendance while others sent high official delegations.

President Olusegun Obasanjo underscored the global concern for the ailment when he said that practically every family has a case of malaria every year.

Besides, Obasanjo explained that in the low-income families, medication could cost as much as 25 per cent of their annual income.

More worrisome, perhaps, is the fact that malaria is responsible for a large proportion of miscarriages and eventual death among pregnant women.

Actually, malaria is as old as 150 years in the world existing practically everywhere. But Obasanjo explained that while 100 years ago, it was still a public health danger in Southern Italy and Spain, today it has been eliminated from North America and practically in all of Europe.

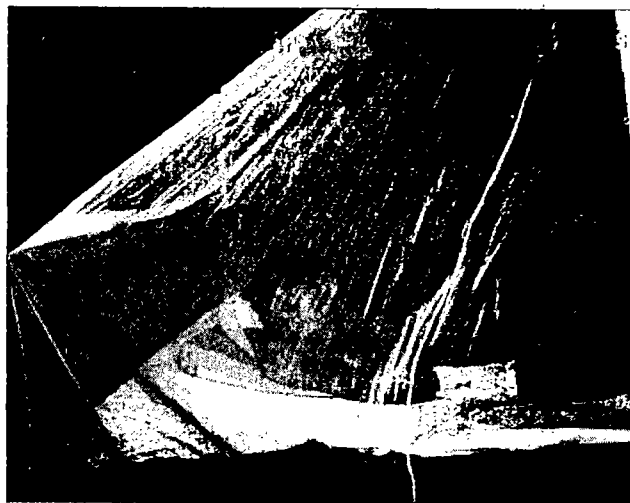
But no significant progress has been made in the Southern hemisphere where Africa belongs; thereby making malaria an African disease. This necessitated an African initiative to eliminate the disease.

However, problem of poverty and huge debt portfolio, Obasanjo explained, has not allowed Africa to achieve any headway in eradicating the disease.

Hence the need to attract a global attention to it. Actually, the summit was a direct product, as explained by Obasanjo in a meeting he had with Dr. Gro Brundtland, director general, World Health Organisation (WHO), a year ago during Obasanjo's goodwill tour as president-elect.

The World Bank has pledged \$500 million towards the eradication of the disease. The bank's vice-president, human development, Eduardo Doryan explained that the resources could be deployed to increase the fight against malaria.

But he cautioned that the facility is a loan which African countries could apply for to fight malaria epidemic. But Dr. Kwest Owusu, head, Africa Initiative, Jubilee 2000, was against any further loan to Africa.



● RBM...massive increase in bednet

Africa, he said did not want additional loan but loan cancellation. The problem of debt servicing is a great burden in Africa, frustrating social and economic development.

Owusu argued that as long as Africa's debt remains, no meaningful progress can be made. So also the Roll-Back-Malaria initiative cannot succeed.

The London-based Jubilee 2000, according to Owusu, believes that the advanced societies are not sincere about Africa's plight.

The G.7 countries, for example, pledged \$100 billion for debt reduction last year to 41 highly indebted poor countries, (HIPC).

But Owusu lamented that only \$13 million has been delivered so far by the G.7 countries towards the HIPC initiative.

The HIPC initiative which was greeted with great expectation according to Owusu, is now fading fast as the mechanism for achieving debt relief slows down.

To him, it is now clear that HIPC is too slow, but he argued that even if its timetable was restored, all the countries that need debt cancella-

tion might not get it. Owusu was particularly irked by the removal of Nigeria from the HIPC beneficiary inspite of her income per capita which is less than \$300 and an effective debt to export ratio of over 250 per cent.

He argued that the social crisis in Africa is now so acute that total cancellation of the foreign debts of many countries is needed as a first and necessary step towards effective poverty reduction.

Professor Jeffrey Sachs of Harvard University, called on the international community to contribute \$1 billion annually to the Roll-Back-Malaria scheme to help Africa fight the epidemic.

He also supports debt cancellation to Africa to improve her healthcare service.

Sachs believes that economic reforms going on in Africa could not be effective without an educated citizenry. He called for investment in malaria vaccine which he said should be supported globally.

Dr. Brundtland argued that if malaria is not checked it will take Africa further backward.

To Improve Development in the continent,

Brundtland said malaria must be tackled.

She canvassed for better ways of addressing the issue such as easy access to drugs, reduction of counterfeiting and elimination of taxes on drugs. Abdelaziz Bouteflika, president of Algeria reminded developed countries of their obligation in terms of human solidarity, and of their debt to the African people.

Malaria, Bouteflika explained, continues to kill in poor countries because of inadequate means and poor health programmes.

He said the situation justified that developed countries should increase their support in combating infectious diseases.

Brundtland said she was against a future with ever widening differences in growth of nations. Together, she said, the world must fight for a future free from the burdens of malaria.

If malaria can be controlled, Brundtland said Africa would witness an accelerated development. She called for a partnership involving everybody—the government, the private sector, and the international agencies.

The turn of the century, she argued, "coincides with a remarkable shift in thinking about human development. She therefore sensed a growing realisation among decision-makers that to reduce poverty, we must improve health.

Illness, particularly malaria, keeps African people and their nations poor. Brundtland said "bad health locks people into poverty."

UNICEF executive director, Ms. Carol Bellamy, however, believes the means exist to make major inroads against malaria. She, however, called for a strong political will among African leaders to achieve success.

Although there are tremendous pressures on the governments, Bellamy said with unity of purpose, they could prove that with local participation and focused political will at all levels of leadership is the most effective key to progress in the new millennium. For the sake of children, Bellamy said: "We must not let this opportunity pass."

UNICEF, she said, was working with partner agencies and governments to provide insecticide-treated mosquito nets to poor families:

● To provide essential drugs as part of the primary health care programme to ensure that every child with malaria has good treatment.

● To mount community education campaigns on dangers of malaria;

● To organise sanitation activities to reduce breeding sites for mosquitoes; and

● Mobilise community leaders and national leaders to make malaria control a priority.

The goal of all this is to reduce, by half, the deaths from malaria in 10 years. How realisable this will be is a matter of time and commitment.



Genf/Abuja: Gipfeltreffen in Nigeria zum Kampf gegen Malaria

# Eine Million Tote pro Jahr

*Die afrikanischen Staaten werden wegen der Malaria-Erkrankungen wirtschaftlich stark zurückgeworfen. Zu diesem Ergebnis kommt eine gestern veröffentlichte Studie.*

sda. Die Studie wurde gemeinsam von der Weltgesundheitsorganisation WHO, der Harvard-Universität und des Londoner Instituts für Tropenmedizin durchgeführt. In Afrika sterben laut WHO etwa 1 Million Menschen pro Jahr an Malaria, darunter 700 000 Kinder. Gemäss der vorgestellten Studie frisst die Tropenkrankheit jedes Jahr bis zu 1,3 Prozent des Wirtschaftswachstums des afrikanischen Kontinents auf.

«Seit dem Jahre 1990 ist das Bruttoinlandprodukt in vielen Staaten südlich der Sahara gesunken, und Malaria ist einer der Hauptgründe für diese schwache wirtschaftliche Entwicklung», erklärte Jeffrey Sachs, Direktor des Zentrums für Internationale Entwicklung der Harvard-Universität.

## Gipfeltreffen zum Thema Malaria

Die in Abuja anwesenden afrikanischen Staats- und Regierungschefs haben gestern einen Fünfjahresplan zur Bekämpfung der Malaria auf dem Kontinent beschlossen. Danach soll bis zum Jahre 2005 mindestens 60 Prozent der an Malaria erkrankten Menschen der Zugang zu finanzierbaren Medikamenten garantiert werden, hiess es in einer gestern in Nigerias Hauptstadt veröffentlichten Erklärung.

Das UNO-Kinderhilfswerk Unicef hatte die afrikanischen Staatschefs anlässlich des Gipfeltreffens aufgerufen, den Kampf gegen die Malaria aufzunehmen. Die Unicef-Exekutivdirektorin Carol Ballamy sagte gestern in Abuja, die Mittel gegen Malaria könnten nicht angewendet werden, wenn der politische Wille fehle.

## Geld für Vorsorge fehlt

Unicef ist derzeit in dreissig Ländern Afrikas mit Anti-Malaria-Kampagnen aktiv. Vor allem schwangere Frauen und Kinder sollen vor dem Fieber geschützt werden. Doch viele Familien können laut Ballamy das Geld für mit Insektenschutzmittel behandelte Moskitonetze nicht aufbringen. Deshalb müssten in Afrika Steuern und Importabgaben auf Spezialnetze aufgehoben werden.

# Malaria dyrt gissel för afrikanerna

Ystads Allehanda  
April 26, 2000

**Sjukdomen kostar kontinenten miljarder varje år.**

■ **NIGERIA.** Malaria har inte bara krävt miljontals afrikaners liv, sjukdomen har också kostat kontinenten mer än 100 miljarder dollar under de senaste 30 åren. Ekonomiskt sett hade Afrika haft det betydligt bättre ställt om malaria hade bekämpats med större kraft.

Det är en av slutsatserna i en rapport som presenterades på tisdagen vid ett afrikanskt toppmöte om malaria som hålls i Nigeria.

Malaria är en av världens svåraste sjukdomar. Läkemedel och bekämpningsmedel har bidragit till att sjukdomen är sällsynt i i-

världen, men i u-länderna drabbas mellan 300 miljoner och 500 miljoner människor varje år. Minst en miljon människor dör i malaria varje år.

## DRAR NED TILLVÄXTEN

Afrika söder om Sahara är värst drabbat och barn är särskilt utsatta. Dessutom håller malaria på att bli resistent.

Toppmötet i Nigeria går ut på att samordna kampen mot sjukdomen. Bland stats- och regeringscheferna på plats i Abuja märks Namibias president Sam Nujoma och Sudans militäre ledare, Omar Bashir.

Beräkningen om hur mycket malaria kostat Afrika har gjorts av ekonomen Jeffrey Sachs vid Harvarduniversitetets Centrum

för internationell utveckling.

Förutom det mänskliga lidande som malaria orsakar beräknas sjukdomen dra ned den ekonomiska tillväxten med 1,3 procent per år enligt Harvardstudien. Effekten tilltar med åren. Det innebär att ju längre ett land drabbats av malaria, desto mer kommer det att sacka efter malariafria länder.

## WHO-KAMPANJ

För att beräkna den ekonomiska kostnaden har Sachs räknat ihop vårdkostnaderna för malaria med andra faktorer som missad skolgång, neurologiska skador på barn, minskad produktivitet, uteblivna utländska investeringar och minskad turism.

Sachs har också räknat in effekterna av ländernas ekonomiska

politik och andra faktorer som påverkar tillväxten.

Enligt Sachs skulle en årlig investering om 1 miljard dollar (8,8 miljarder kronor) leda till påtagliga minskningar av antalet människor som drabbas av malaria. I dag satsar världen bara 120 miljoner dollar (drygt 1 miljard kronor) på malariabekämpning.

Världshälsoorganisationen, WHO, planerar att halvera antalet dödsfall till år 2010 genom en särskild kampanj som lanserades 1998. Ett av inslagen i strategin är myggnät som behandlats med sprej som visat sig vara en billig, enkel metod att hindra malaria. Men bara 2 av 100 afrikanska barn sover under sådana myggnät, uppger WHO som är medarrangör. (FLT-AP)



6 The African, Monday April 24, 2000

## EDITORIAL

*The African*

THE TANZANIAN DAILY

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Monday April 24, 2000

# War against malaria must be stepped up

SEVERAL African leaders and heads of international donor agencies meet in Abuja, Nigeria tomorrow to deliberate on the strategies to combat Malaria.

Malaria, a disease spread by mosquitoes kills more than one million people in Africa annually, a figure representing more than 90 per cent of all malaria-deaths around the world.

In Tanzania, malaria is the leading killer disease and accounts for over a half of all cases reported in hospitals.

Apart from being the main cause of deaths, the disease is also a heavy economic burden as millions of working days are lost to the disease.

The World Health Organisation (WHO) estimates that malaria will cost the African continent about 3.6 billion US dollars this year.

WHO says that in 1999 there were nearly 500 million cases of acute malaria — a figure that is five times higher than the combined cases of tuberculosis, AIDS, measles and leprosy.

## Africa's first summit on malaria begins

ABUJA: Malaria, the disease which kills more than a million Africans each year, is beatable, Nigerian President Olusegun Obasanjo said in a statement released ahead of the first African malaria summit here today.

Dozens of heads of state and government representatives from across the continent were due today to pledge increased commitment to fighting malaria when they attend the world's first summit to focus on malaria.

"Malaria stops adults earning a living and children from going to school. Each year families spend the equivalent of several months' earnings on malaria treatment and prevention," he said.

"It does not have to be like this. Malaria is preventable, treatable and curable."

Africa accounts for more than 90% of the 500-million cases of malaria suffered world-wide each year and more than 90% of the more than one-million deaths, according to the World Health Organisation. — Sapa-AFP

It is said that children and pregnant women are most at risk. And statistics show that malaria is responsible for one in four childhood deaths in Africa, while pregnancy doubles a woman's risk of death.

It is unfortunate that millions of people continue to die every year of a disease whose cause and nature are well known by science.

Prevention and treatment of malaria is also cheap, but what is disgusting is the fact that many die due to lack access to health care, life-saving drugs and treated mosquito nets.

Malaria cases can greatly be reduced through rapid and accurate diagnosis and treatment, but due to lack of access to health care the disease remains a serious problem in the continent.

It is our hope that African leaders will be in Abuja for serious business, so as to attain the target set by the WHO to reduce malaria-related deaths by a half within the first two decades of this century.

We have evidence that some governments in Africa, including Tanzania are not doing enough in the fight against malaria.

Tanzania had a project funded by the government of Japan, which was aimed at eliminating mosquitoes by spraying insecticide at the breeding grounds. The project was, however, abandoned. And that is just the tip of the iceberg.

Daily News  
April 25, 2000



## DRUG REGIMES FOR CHLOROQUINE-RESISTANT AREAS

### mefloquine (Lariam®)

#### ADVANTAGES

- highly effective
- weekly regime

#### DISADVANTAGES

- certain contra-indications
- not yet indicated for long-term use
- severe neurological side-effects although rare
- relatively expensive

**chloroquine** (eg Nivaquine®, Daramal®, Plasmoquine®) and **pyroguenil** (Paludrine®)

#### ADVANTAGES

- well-tolerated with a low incidence of severe side-effects
- can be used long term
- available without a prescription
- relatively inexpensive

#### DISADVANTAGES

- wide-spread resistance, especially in SE Asia
- poor compliance due to complicated regime

### doxycycline (e.g. Vibramycin®)

#### ADVANTAGES

- resistance is rare
- highly effective in SE Asia

#### DISADVANTAGES

- relatively little experience as an antimalarial
- short-term use only (<7 weeks)
- photosensitivity and candida superinfection

Source: Lee Baker, Glaxo Wellcome Malaria Hotline, TFS Drug Information Centre



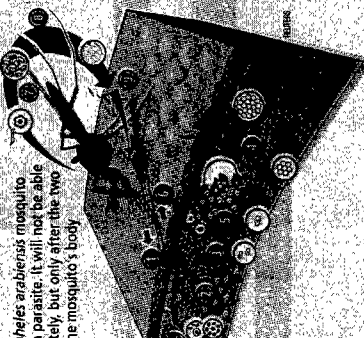
Malaria is only transmitted by the female *Anopheles gambiae* mosquito which has fed off a human carrying the malaria parasite. It will not be able to pass malaria on to the next human immediately, but only after the two weeks that it takes the parasite to develop in the mosquito's body.

#### Three-week period

1. Malaria parasite injected into human body
2. Infects red blood cells and gives rise to young parasites that invade the red blood cells
3. Parasites grow and reproduce
4. Infected cell ruptures, releasing young forms which invade new red cells
5. Asexual cycle of development is repeated over and over, destroying red blood cells

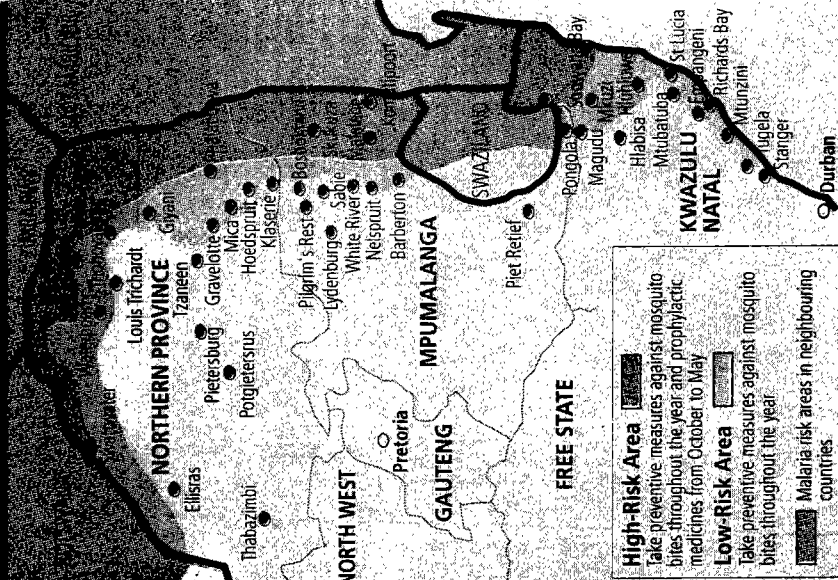
#### Two-week period

6. Mosquito sucks in infected blood
7. Parasites mate in stomach and develop into a cyst
8. Excysted parasites invade the mosquito's body
9. They invade salivary glands until injected into new human host



## MINUSCULE MOZZIE A FAR MIGHTIER KILLER THAN THE BIG 5

### DISTRIBUTION OF MALARIA



Source: Dr Dave Durrheim, Consultant, Communicable Disease Control, Mpumalanga Dept of Health

# African leaders call for action on malaria

More than 90% of cases occur on continent and disease kills more people than Aids, delegates to first summit are told



SABA-AP  
Abuja

**D**ozens of African leaders meeting in Nigeria yesterday committed themselves to halving the 1 million annual death toll from malaria by 2010 and called for \$1-billion (R6.6-billion) a year in international funding.

More than 90% of the 500 million cases of malaria worldwide each year occur in Africa, where more than one person dies every 15 seconds and 2,500 children under five die every day from the mosquito-borne disease.

Opening the world's first-ever summit focused solely on malaria, Nigeria's President Obasanjo called the disease "primarily an African problem", crisp-

pling the continent's economic development and scarring lives.

The cost of malaria is "massive," he said. "If we can reduce the 1 million deaths from malaria every year by 50% (within a decade), that will be a great achievement."

African leaders must carry out health-sector reforms and introduce anti-malaria policies, but they cannot succeed unassisted, he told the summit, co-organised by Nigeria and the World Health Organisation.

International donors should allocate substantial new resources of at least \$1-billion per year to the WHO's Roll Back Malaria programme in Africa, Obasanjo said.

Africa's development partners should cancel in full the debts of poor and heavily indebted countries in order to release funds for an anti-malaria drive as part of poverty al-

leviation programmes, he urged.

Harvard University malaria expert Jeffrey Sachs told the summit the economic cost to Africa of malaria had been "seriously understated" in the past. Malaria has cost Africa an average of 1.3 percentage points in economic growth every year since 1980, putting the cumulative cost at billions of dollars over the years, he said.

However, Obasanjo said malaria remained the "impoverished Cinderella" of medical science.

"Africans have consistently put it to the world that malaria is the number-one health problem. When recognition of the HIV/Aids virus came to the fore, Africans continued with their message that malaria was still killing more people. But we went unheeded," he said.

"It makes no practical sense to

spend so much on one, while leaving the other underfunded," he added.

Yesterday's summit was attended by more than 20 African heads of state, with presidents attending from Angola, Kenya, Sudan and across the continent, and other countries represented at ministerial level.

Noting the pleas for assistance, the top of the agenda of political David Naboro, a senior WHO official, said the body had received assurances of around \$500-million (about R3.35-billion) in new funding from the World Bank, African Development Bank and the European Union for malaria programmes in Africa over the next two to three years.

However, these would depend on proof of genuine commitment from African governments, he said. "Effective anti-malaria mea-

sures do exist," he said. "When the southern political leaders put the political will behind it, the northern countries will respond. The constraint is not finance," he said.

Carol Bellamy, executive director of Unicef, said more attention needed to be focused on the issue. "Malaria has to be restored again to the top of the agenda of political leaders in Africa," she said, adding: "This summit is doing that."

WHO Executive Director Gro Harlem Brundtland agreed. "To reduce poverty, we must improve health," she said, calling for health-sector reform to increase access to health care.

The action plan and declaration, committing leaders to reforms to tackle malaria were to be endorsed at the end of the summit.

Uhuru, Jumatano, Aprili 26, 2000

# Viongozi wa Afrika wajadili malaria

**ABUJA, Nigeria**  
**VIONGOZI** wa Afrika walianza mkutano mjini Abuja jana kujadili njia za kutumia katika kukabiliana na ugonjwa wa malaria unaoendelea kuwa tishio kwa maisha ya mamilioni barani mwao.

Shirika la Afya Duniani (WHO) linakadiriwa kwamba watu

milioni moja hufariki kwa malaria kila mwaka duniani, na kwamba karibu wote wanaokufa ni Waafrika, watoto wakiwa ndio wako hatarini zaidi.

WHO inaeleza kwamba inakadiriwa watoto 2,500 walio chini ya miaka mitano wanakufa kwa malaria katika Afrika kila siku.

Ugonjwa wa malaria unaongezeka mno Afrika

mkutano wa viongozi hao, iliyo tayarishwa na mchumi wa Marekani, Jeffrey Sachs, itatoa hoja pia kwamba malaria imechangia vilevile katika kudumaza kwa uchumi wa nchi nyingi za Afrika.

Anaeleza katika ripoti yake kwamba gharama za mazoezi na kushughulikia malaria, ikiwa pamoja na tiba na mda unaopotea

kuwahudumia wagonjwa, zinachangia kupungua kukua kwa uchumi wa nchi nyingi kusini mwa Jangwa la Sahara kwa kiasi fulani kila mwaka.

Kwenye mkutano huo, viongozi wa Afrika wanatazamiwa kutoa mwito kwa serikali za nchi za magharibi na kampuni za kimataifa kufanyi utafiti kuhusu uwezekano wa kupatikana chanjo ya malaria.





National Concord, Nigeria  
April 24, 2000

## Losses from Malaria to hit \$3.6 billion this year

THE World Health Organisation WHO, regional director for Africa, Dr. Ebrahim Samba, has said that the African region lost more than U.S. \$2 billion in 1997 because of Malaria and Malaria-related diseases.

Samba, who made the disclosure in a statement released in Abuja, quoted health economists as saying that the amount of loss was expected to reach U.S. \$3.6 billion this year.

"In the highly endemic areas of Africa, Malaria is responsible for about 30 per cent to 50 per cent of fever cases and 30 per cent of outpatient consultations," he said, adding that malaria was also responsible for 10 per cent to 15 per cent of hospital admissions.

"In fact, one out of every 20 children born in the region dies of malaria-related disease," added Samba, who also described the disease as a major contributory factor to poverty in the region.

He noted that the diseases affected the poor primarily thereby exacerbating inequalities in health and impeding development.

According to Samba, the gravity of the problem is well recognised and efforts are being made at various levels to reduce deaths due to Malaria Progressively by 50 per cent by 2010, by another 30 per cent by 2015 and by another 20 per cent by 2025.

The key feature of the RBM partnership is that it is inter-sectoral, inter-agency, multi-disciplinary and multinational and based on the needs in the field and driven by country demands, the regional director said.

He said the programme also sought to mobilise and coordinate a global coalition including leaders from Malaria-Endemic countries as well as the public and private sector organisations.

Samba said that 50 African heads of state, head of state of the eight leading industrial countries, heads of 10 international development agencies and more than 12 health and development ministers from the organisation for economic cooperation and development had been invited to the African summit on Malaria opening in Abuja on Monday

Crocodile, Togo  
May 4, 2000

## Abuja : 1<sup>er</sup> sommet africain sur le paludisme Réduire le taux de morbidité d'ici 2010

Parmi les maladies émergentes, le paludisme encore appelée malaria est celle qui fait le plus de victimes dans le monde. Cinq cents (500) millions de patients meurent par an sur les cinq continents à la suite d'un accès palustre. Un million de décès sont enregistrés sur le seul continent africain, soit 90% durant une année. Malgré la volonté d'intensifier les soins de santé primaires, les mesures de prévention restent caduques. L'anophèle vecteur du paludisme foisonne dans les régions marécageuses, et à végétation dense infectant ainsi les populations riveraines exposées à de graves endémies. Dans certaines agglomérations urbaines les conditions de vie particulièrement indécentes faisant fi de l'hygiène du milieu encouragent la formation des gîtes larvaires et partant la propagation du

plasmodium falciparum dans les zones de reproduction de choix que sont les dépôts d'eaux usées stagnantes. L'utilisation des moustiquaires maintes fois recommandées par les services de santé aux populations comme moyen de protection contre la piqure de l'anophèle reste très limitée faute de pouvoir d'achat.

### Le plan d'action d'Abuja

En ouvrant les travaux du premier sommet sur le paludisme le 25 Avril, le président Olusegun Obasanjo chef de l'Etat nigérian a relevé les dégâts causés par la malaria en Afrique et souhaité une meilleure couverture sanitaire en vue d'une réduction du taux de morbidité d'ici l'an 2010. Le laisser-aller des masses laborieuses, et le peu d'empressement que celles-ci observent au cours des différentes phases en présence d'un cas chronique de paludisme rendent précaires les

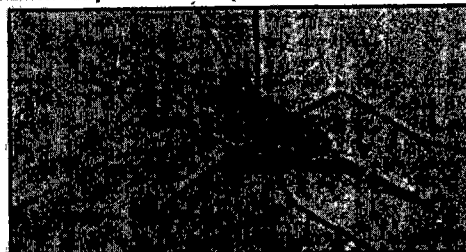
chances de guérison des patients, a fait remarquer le président Obasanjo qui préconise la prévention comme solution pour conjurer les cas graves. S'inscrivant dans le même contexte, le plan d'action d'Abuja insiste de même sur la prophylaxie préventive comme méthode idéale pour contrecarrer une complication infectieuse chez le paludéen. A cette fin, il s'avère nécessaire de sensibiliser les populations sur l'importance de la cure de chloroquine dont la prise périodique peut entraver l'incubation inexorable du plasmodium falciparum. Par ailleurs l'utilisation à bon escient de certaines plantes médicinales telle que la *nocleapholia* communément appelée "gnimon" très courante sur le marché local et d'autres recettes tropicales constituent à bien des égards une panacée.

Pierre Kpakpo

## DOSSIER

### La folie destructrice du paludisme

*Le paludisme fait partie du paysage sanitaire des régions tropicales et équatoriales. Il est la cause de beaucoup de décès. Mieux, il constitue avec le sida, la maladie la plus meurtrière sur le continent africain. La malaria, une autre appellation pour le désigner, en tue plus de cinq cent millions dans le monde et plus d'un million de personnes chaque année en Afrique.*



L'anophèle femelle, agent vecteur de la malaria

#### A la découverte de la maladie

Du latin palus "marais" ou malaria qui veut dire "air mauvais" le paludisme est une maladie infectieuse provoquée par un parasite transmis par la piqure d'un moustique, l'anophèle femelle, dont on dénombre environ une soixantaine d'espèces. Ses manifestations sont nombreuses et variées. Le paludisme peut se manifester autrement. Au minimum, il s'agit d'une banale fièvre. Plus accentuée, c'est l'accès dit "pernicieux", le sujet perd conscience et meurt s'il n'est pas vite soigné. Le paludisme dans sa forme pernicieuse attaque ceux qui n'ont pas de défense par rapport au parasite, notamment les enfants de

moins de 5 ans, les femmes enceintes... Dès l'antiquité, les Egyptiens sont parvenus à faire la différence entre les pluies, les inondations et les fièvres. Plus d'un siècle que les chercheurs ont su que c'est une moustique, l'anophèle femelle qui transmet le paludisme. Quand le moustique pique quelqu'un pour profiter de son sang, il lui inocule quelques parasites microscopiques, qui se logent dans son foie. Pendant des semaines voire des mois, ils vont y demeurer.

A la suite d'une fatigue, d'une maladie, les parasites sortent du foie pour se loger dans les globules rouges et se reproduire et déclencher la fièvre. Les principaux symptômes sont des accès de fièvre, des vomissements, des céphalées, de l'anémie et des troubles neurologiques dans les formes les plus gra-

ves. Quatre types de parasites sont recensés. Plasmodium malaria, plasmodium vivax, plasmodium orale et plasmodium falciparum. Le dernier symptôme est mortel lorsqu'il n'est pas vite traité. Le paludisme attaque en Afrique (sub-saharienne), en Amérique du Sud, en Asie.

#### Comment éviter le paludisme ?

Près d'un demi-siècle qu'une croisade est menée à l'égard de la malaria. On a tout d'abord pensé que les insecticides auront raison des moustiques. Ainsi, on aura éliminé la maladie. Peine perdue. Les moustiques se sont familiarisés avec ces insecticides qui ne les tuent plus. C'est dire d'une autre manière que le choix des produits pour prévenir et guérir demeure limitée en dépit de nombreux travaux de recherche. Au niveau des antipalustres, la quinidine demeure active. Un moyen plus efficace pour combattre la malaria reste l'association de la chloroquine et du proguanil. La première protection contre la maladie, c'est d'éviter les piqures de moustiques. Ainsi, il faut dormir pendant la nuit sous une moustiquaire imprégnée de pyréthrine (insecticide) qui tue les moustiques. On peut aussi installer des moustiquaires aux fenêtres de la maison ou utiliser les serpentins d'encens antimoustiques. On n'insistera jamais assez sur la nécessité de prise régulière de produits

Suite à la page 8



# African leaders gather to roll back scourge of mosquito-borne killer

Abuja — African leaders, health ministers and the heads of international aid agencies meet tomorrow for a one-day summit aimed at committing the continent to halve deaths from malaria by 2010.

The summit, the idea of Nigeria's President Olusegun Obasanjo, is being co-organised by the World Health Organisation, under a programme launched in 1998 to roll back malaria across the world.

More than 1 million people worldwide die from the mosquito-borne disease every year. Those most vulnerable are the poor, children and pregnant women.

While malaria-related deaths are on the retreat in most areas of the world, they are on the rise in Africa, accounting for more than 90% of deaths, according to the summit's organisers.

Partly this is because of

rising poverty on the continent, and partly because of lax government attention.

"Malaria is now essentially an African disease," said the working paper prepared for the summit.

"In practically every malaria-endemic country outside Africa the malaria situation has been steadily improving. By contrast, malaria has been treated with inexplicable neglect in Africa," it said.

Health workers' frustration at the rise of malaria deaths in Africa is heightened by the ease of combating the disease.

The strategy to be laid out at the summit includes improving education on the causes, easing access to affordable drugs and to insecticide-treated malaria nets, improving access to early reliable testing, and more research into available drugs.

A plan of action set out at the summit, if endorsed, is

expected to be submitted to the Organisation of African Unity for adoption at its next general assembly.

The summit will also declare April 25 every year Africa Malaria Day to draw attention to the disease.

The summit was preceded by a meeting of donors, government officials and representatives of the private sector, and a meeting of technical experts is due to be held today.

According to Nigerian Health Minister Tim Menakaya, the challenge is now Africa's to deal with.

Among specific goals, to be set out at the summit, are:

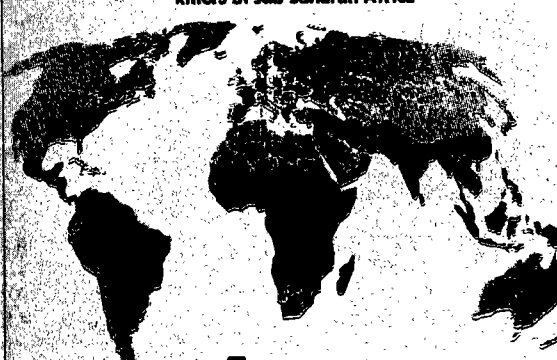
- Providing access to affordable and appropriate treatment by 2005 for at least 60% of those suffering from malaria.

- Providing protective measures against malaria for at least 60% of those at risk; particularly pregnant women. — Sapa-AFP

The Star  
April 24, 2000

**THE BATTLE AGAINST MALARIA**

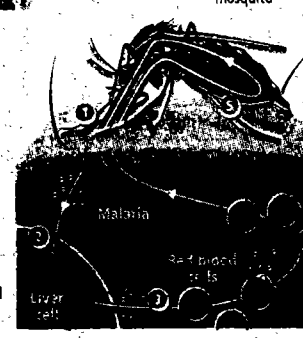
Regional heads of state will meet in the Nigerian capital Abuja tomorrow to discuss how to combat malaria, one of the biggest killers in sub-Saharan Africa



■ Malaria regions

**MALARIA LIFE CYCLE**

- 1 Mosquito feeds on human blood, injecting malaria parasites into bloodstream
- 2 Parasites target the liver, where they multiply
- 3 Parasites invade red blood cells
- 4 Infected cells rupture releasing more parasites which infect more red blood cells
- 5 Mosquito feeds on infected blood - parasites reproduce in gut and move to salivary glands



Anopheles mosquito

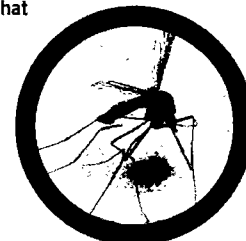
Source: Malaria Foundation International

New Scientist  
April 29, 2000

## NEWSWIRE

### Weakened by disease

Malaria stunts the economies of countries in the tropics, curbing growth by 1.3 per cent per year, according to a team from the Centre for International Development at Harvard University and the London School of Hygiene and Tropical Medicine. Their report, commissioned by the World Health Organization and published this week, says an immediate funding increase of \$1 billion is needed to control the disease, and that this would immediately save regions where malaria is endemic up to \$12 billion a year on treatment and lost productivity.





# Kein Geld für Moskitonetze

Gipfeltreffen zur Malariabekämpfung in Nigeria

Malaria hat in Afrika nicht nur Millionen Menschen das Leben gekostet, die Krankheit schädigte die Wirtschaft des Kontinents in den vergangenen 30 Jahren auch um 100 Milliarden Dollar.

(ap/sda) Zu diesem Ergebnis kommt eine Studie der amerikanischen Harvard-Universität. Sie wurde gestern den afrikanischen Staats- und Regierungschefs vorgestellt, die in Nigeria über Strategien zur Malariabekämpfung be-

raten. Jedes Jahr infizieren sich in Entwicklungsländern und Tropengebieten 300 bis 500 Millionen Menschen mit der Krankheit, mindestens eine Million stirbt daran.

Laut Harvard-Studie verzögert die Malaria die wirtschaftliche

Entwicklung jährlich um 1,3 Prozent. Die Belastung der afrikanischen Staaten durch Malaria sei weitaus höher als angenommen.

## Jährlich eine Milliarde

Um die Malaria wirkungsvoll zu bekämpfen, müssten die reichsten Staaten der Welt jährlich eine Milliarde Dollar zur Verfügung stellen, sagte Jeffrey Sachs, Direktor des Harvard-Zentrums und Autor der Studie. Derzeit würden pro Jahr lediglich 120 Millionen Dollar zur Bekämpfung der Krankheit ausgegeben.

## Für Familien zu teuer

Nach Angaben der Weltgesundheitsorganisation (WHO), die den Gipfel in Abuja mitorganisiert, schlafen derzeit nur zwei Prozent der afrikanischen Kinder unter Moskitonetzen. Viele Familien können das Geld für Moskitonet-

ze, die mit Insektenschutzmittel behandelt sind, nicht aufbringen. Malaria wird durch Stechfliegen übertragen. Die WHO will die Zahl der Malariatoten bis zum Jahre 2010 halbieren. In der Kampagne «Rollback Malaria» sollen afrikanische Familien mit Moskitonetzen ausgestattet werden.

## Fünfjahresplan beschlossen

Die Staatschefs haben nun am Gipfeltreffen einen Fünfjahresplan zur Bekämpfung der Malaria beschlossen. Vor allem der Zugang zu finanzierbaren Medikamenten soll garantiert werden. Auch Unicef ist derzeit in 30 Ländern Afrikas mit Anti-Malaria-Kampagnen aktiv. Unicef fordert, dass Steuern und Importabgaben auf Spezialnetze aufgehoben werden.

Pretoria News

April 26, 2000

## Less talk and more action on malaria

More than 20 African presidents and heads of international agencies were at the one-day summit in Nigeria meant to refocus attention on malaria, which experts say kills two million people, mostly African children, every year. According to one estimate, malaria has killed half the people who have ever lived on this planet.

The World Health Organisation, which co-sponsored the Nigeria summit, released a report on a new study showing that malaria slows economic growth in Africa by 1,3 percent each year. The report estimates that Sub-Saharan Africa's GDP would be up to R660-billion or 32 percent greater this year if malaria had been eliminated 35 years ago.

We hope the summit was not just a talk-shop, but has produced meaningful resolutions. Our continent needs leaders who prioritise their resources to concentrate on issues such as increased service at the primary health-care level, the spraying of homes and mosquito-breeding areas with environmentally sound insecticide, and providing accurate information about malaria hot spots in the region.

While we need such summits for planning purposes, we also need more action than talk-shops and summit declarations if we are to rid our continent of this disease.

HERALD - TIMES

APR 26 2000

NIGERIA

## Leaders gather to combat malaria

ABUJA — Nigeria's president said Tuesday that poorer nations could commit more resources to fighting malaria if Western nations canceled African debts.

More than 18 African presidents and prime ministers attended the one-day summit, organized in part by the World Health Organization. The conference aims to devise strategies to roll back the spread of the disease.

In a report presented at the summit, Harvard University researchers said the disease is one reason many African nations remain trapped in poverty.



# Malaria: un gran peso sobre Africa

*Estudio señala el profundo impacto económico que tiene la enfermedad en esa región*

The New York Times News Service

**P**ARIS.— La malaria perjudica a las economías africanas más de lo que es reconocido, pero podría ser mejor controlada a un precio relativamente bajo, según un nuevo estudio.

El estudio, realizado por el Centro Harvard para el Desarrollo Internacional y el Colegio Londinense de Higiene y Medicina Tropical, será presentado en Nigeria durante la primera conferencia en que los jefes de Estado africanos se reunirán para discutir el tema de la malaria, enfermedad que provoca anualmente la muerte de más de un millón de personas, en su mayoría niños.

Analizando los efectos de la malaria en 27 economías africanas entre 1965 y 1990, el estudio llegó a la conclusión de que este mal disminuyó en 1% las tasas de

crecimiento anual de dichos países. Si la malaria hubiera sido eliminada en 1965, el producto interno bruto anual de Africa sería hoy de 400,000 millones de dólares, en vez de 300,000 millones, según estimó el estudio.

Los modelos económicos del estudio, según Jeffrey Sachs, director del Centro Harvard, tomaron en consideración más que los costos del tratamiento y las pérdidas asociadas con las muertes. También estimaron las pérdidas provocadas por la fuga del turismo y los inversionistas extranjeros, el crecimiento de la población y el empobrecimiento que se produce cuando los padres procrean más hijos porque saben que algunos de ellos morirán.

En los países más afectados, la enfermedad cruza las divisiones entre clases. "No importa si eres rico o pobre: tus posibilidades de contraerla son elevadas", aseveró Nils Delaire, presidente del Consejo de Salud Mundial, que participa en la conferencia.

La reunión celebrada esta semana en Abuja, Nigeria, es patrocinada por la Organización Mundial de la Salud, y congrega a agencias de las Naciones Unidas, el Banco Mundial, a donadores occidentales y a los jefes de Estado de 20 países africanos en

una campaña para hacer retroceder a la malaria, que espera reducir a la mitad el índice de muertes a causa de dicho flagelo provocado por mosquitos, en un plazo de 10 años.

El arma principal que promueven los patrocinadores es muy sencilla: camas con redes tratadas con insecticida.

Después de eso, favorecen rociar las larvas de mosquitos para matarlas, educar a los habitantes rurales para que se sometan a sencillas pruebas de sangre y medicamentos baratos para mantener vivos a los pacientes hasta que puedan ser atendidos por un médico.

Sachs insinuó que las naciones desarrolladas podrían disminuir notablemente el azote de esta enfermedad con sólo gastar 1,000 millones de dólares en la lucha contra la malaria. Subrayó que la aportación de Estados Unidos sería de 75 centavos de dólar por cada estadounidense.

El gobierno de Washington ofrece alivios fiscales de hasta 1,000 millones de dólares a cualquier compañía que invente una vacuna contra la malaria, y la Fundación Gates, creada por el fundador de Microsoft, invierte 250 millones de dólares en esta investigación.

JUMATANO

APRIL 26 - 28, 2000

## Afrika yapambana na ugonjwa wa malaria

sababu ya mabadiliko ya mazingira, kuvurugika kwa mfumo wa huduma za afya na tiba na kuongezeka kwa usugu wa wa malaria kwa madawa dhidi ya mbu wanaosababisha ugonjwa huo.

Taarifa ya mkutano wa Kimarekani kwa mkutano huo inaonyesha kwamba malaria imechangia katika kuathirika kwa uchumi wa Bara la Afrika.

Taarifa hiyo, iliyoandaliwa na Bwana Jeffrey Sachs, inaainisha muda unaopotea na fedha zinazotumika katika tiba pamoja na kushuka kwa kiwango cha kukua kwa uchumi kwa nchi za kusini mwa jangwa la sahara kila mwaka.

Katika mkutano huo wa

wakuu wa nchi za Afrika, mwito unatazamiwa kutolewa kwa serikali za Ulaya magharibi na makampuni ya utafiti kuongeza juhudi katika kuitafuta chanjo dhidi ya malaria.

Kwa wakati huu, WHO inasema kwamba zipo njia nyingi za gharama nafuu ambazo Afrika ingeweza kutumia katika mapambano dhidi ya malaria. Hizi ni pamoja na matumizi ya vyandarua na madawa muafaka ambayo yangeweza kupunguza idadi ya wagonjwa wa malaria kwa nusu ifikapo mwaka 2010. ■

Bleed

April 26, 2000

### 'Skeld dié skuld kwyf'

Abuja (Nigerië). – Pres. Olusegun Obasanjo het gister hier 'n beroep op Westerse lande gedoen om Afrika-lande se skuld te kanselleer, sodat meer geld aan die bestryding van malaria bestee kan word.

Obasanjo was aan die woord op 'n eendagberaad wat deur die Wêreld-gesondheidsorganisasie (WGO) gereël is om malaria te bekamp. Dit is deur minstens agttien presidente en premiers van Afrika-lande bygevoeg. Tussen 300 miljoen en 500 miljoen mense word jaarliks in ontwikkelingslande met 'n tropiese klimaat siek van malaria. Nagenoeg 'n miljoen van dié mense sterf jaarliks aan die siekte. – (Sapa-AP).

Pretoria News  
April 26, 2000

# African leaders gather for first summit on malaria

## Sapa-APF

Abuja - Leaders from dozens of African countries gathered in Nigeria yesterday for the world's first summit focused on malaria and were expected to commit to halve the 1-million death toll from malaria in the next 10 years.

Malaria, prevalent on the Indian sub-continent, in sub-Saharan Africa, South-East Asia and parts of the Americas, kills more than a million people every year, 90% of whom are Africans.

More than 500-million cases of the disease occur every year and 2 500 children under the age of five die of malaria every day. Children and pregnant women are the most vulnerable to the disease.

The costs of the disease are borne in deaths and economic underdevelopment, Nigeria's President Olusegun Obasanjo said in a statement released before opening the summit being co-hosted by Nigeria

and the World Health Organisation (WHO).

"Malaria traps the people of Africa in poverty," Mr Obasanjo told leaders of the only continent where the disease is spreading fast. "It stops adults earning a living and children from going to school."

"Each year families spend the equivalent of several months' earnings on malaria treatment and prevention," he said.

## Preventable

"It does not have to be like this. Malaria is preventable, treatable and curable," he added.

About 14 heads of state and dozens of government representatives were due in Nigeria for the summit, along with representatives of leading UN and international organisations.

Opening a technical session on Monday preparing for the summit, Nigerian Health Minister Tin Menakaya said malaria was the

greatest killer of Africans.

"The burden of malaria has continued to increase, ravaging our communities, resulting in disabilities and death, especially in children and pregnant women," Mr Menakaya said.

"The socio-economic impact of malaria manifests as devastation of the labour force and depletion of the meagre household incomes of victims," he said.

The objectives of the summit, he said, were to inform heads of state and government about the economic and social costs of malaria, provide ideas about ways of tackling the problem and commit the continent to reducing the death toll from malaria by half by 2010, he said.

According to research announced at the summit the impact of malaria on economic growth in developing countries is more serious than long thought.

Overall, malaria is estimated to

have cut African economic growth by 10% from 1980 to 1995, academics John Luke Gallup and Jeffrey D Sachs said in a paper released at the summit.

"The cost of malaria is substantially greater than economists have previously estimated," they said.

## Strategies

The anti-malarial strategies to be endorsed at the summit include improving education on the malaria risk, finding ways to easy access to affordable drugs and to insecticide-treated mosquito nets, improving access to reliable tests and more research into new drugs.

The plan of action set out at the summit is expected to be submitted to the Organisation of African Unity for adoption at its next general assembly.

The summit will also declare April 25 every year as Africa Malaria Day to draw attention to the disease. - Sapa-APF

## Disease is reason for African poverty

Washington - Africa's economy might be up to \$100-billion richer today if malaria had been conquered three decades ago, but instead this devastating disease is one reason many African nations remain trapped in poverty, says a study from Harvard University.

The study presented to African leaders gathering in Nigeria yesterday for an unprecedented summit on malaria, finds the burden of this killer parasite to be far higher than previously estimated.

"It's absolutely shocking," said study author Jeffrey Sachs, director of Harvard's Centre for International Development.

In addition to causing immense suffering and death, malaria slows economic development by about 1.3% a year. That effect is compounded over time - meaning the longer malaria plagues a country, the farther it falls behind malaria-free nations.

It will take an annual investment of \$1-billion by the world's richest countries to significantly attack malaria, Mr Sachs said. - Sapa-APF

# Malaria kuua watoto 700,000 yasema WHO

**Na Mwandishi Wetu**

**WATOTO 700,000 wengi wao wakiwa wa umri wa chini ya miaka mitano, watakuwa katika mchizi mbalimbali duniani kwa ugonjwa wa malaria mwakuhuu, Shirikala Afya Duniani (WHO) limesema.**

Katika taarifa hiyo kwa  
vyombo vya habari jana, shirika  
hililo limesema baadhi ya watoto  
nao watakufa ndani ya saa 24  
u baada ya kuugua.

**Limefafanua shirika hilo  
katika taarifa yake fupi ya  
kurasambili kuwaugonjwahuo**

unaua mtoto katika kila  
sekunde 30 na kwamba mtoto  
huugua ugonjwa huo wastani  
wa mara sita kwa mwaka.

**"Katika nchi zinazoshambuliwa zaidi na malaria, wanawakewakotika natari zaidi... hivyo kusababisha watoto**

wanaozaliwa kuwa na uzito  
pungufu. Karibu asilimia 60 ya  
mimba zinazoharibika ni kwa  
sababu ya malaria," imesema.

**Taarifa hiyo imefafanua kuwa ugonjwa huo unaua watu wapatao milioni 1 kila mwaka, kiwa ni karibu watu 3,000 kwa**

siku.

Imeongeza kuwa karibu watu milioni 500, wengi wao wakiwa watoto, huugumaliria kila mwaka, ambapo asilimia 40 ya watu dunaini wako katika kishio la ugonjwa huo.

Hata hivyo, taarifa hiyo imefafanua kuwa watu tisa kati ya 10 wanaugua malaria, khatari katika nchi za Afrika kusini mwa Jangwa la Sahara.

**Shirika hilo limezitaja**  
**saababu za kushamiri kwa**  
**ugonjwa huo kuwa ni udhaifu**  
**wa mifumo ya afya, udhaifu**  
**wa dawa, kuhamahama kwa**

watu, mazingira machafu, mabadiliko ya hali ya hewa na mipango mibovu ya maendeleo.

“Dawa ya klorokwini ambayo huuzwa bei rahisi kuliko dawa nyingine zote za malaria—inapotezahalakamno uwezo wakewa kutibu—karibu katika nchi zote ambako ngonjwa huu umeshamiri,” anasema taarifa hivo.

**Ikielezea udhaifu wa madawa ya kutibu ugonjwa uo, WHO imesema katika saadhi ya nchi duniani, aina ne za dawa za ugonjwa huo imethibitika kuwahazifaitena**

kuutibu ugonjwa huo.

Hata hivyo, mbali na klorokwini, taarifa hiyo haikuzitaja dawa hizo nyingine. Dawazinatumika zaidi hivasakutibumalarani pamojana metakelfin, fancidar, alfan na quinine.

Pia taarifa hiyo imesema nalaria ndio ugonjwa unaongoza kwa kuua wakimbizi barani Afrika kutokana na kuhamama kutoka eneo moja hadi jingine, au kosefu wakina madhubuti ugonjwa huo unaoshamiri naenyo ya joto.

Shirika hilo limesema nchi za Afrika kusini mwa Sahara zilizometumia zaidi ya dola za Kimarékani milioni 2 (sh. tritilioni 1.6) zilitumika kuutibu ugonjwa huo mwaka 1997.

Limesema familia zinazoshambuliwa na malaria katika nchi hizo na nchi vingine maskini duniani, kutumiakariburo ya mapato yao kuufibu ugonjwa huo na kupipia gharama zake za kinga.

# 1<sup>er</sup> SOMMET AFRICAIN SUR LE PALUDISME À ABUJA

Le Matinal, Benin  
April 27, 2000

# Kérékou dénonce l'hypocrisie souriante de l'Europe

Le premier sommet africain sur le paludisme qui s'est ouvert mardi à Abuja en présence d'une dizaine de chefs d'Etat a pris fin dans la soirée du même jour. Outre les engagements pris par les participants à réduire de moitié

le président béninois qui conduit à un programme d'appauvrissement des pays déjà pauvres. Le PAS, sans le dissimuler, n'a en réalité servi, selon Kérékou, qu'à enrichir ses chanciers sur le dos de certains malheureux (qui ont pu l'être par coïncidence, sans aucune intention). L'erreur I et l'Occident s'étant appauvris, les chefs d'Etat africains commencent par connaître les vrais mobiles.

d'ici 2010 le nombre de victimes de la maladie, le président de la République du Bénin est monté au créneau. Sans détour, Kérékou a parlé franc, fustigé, dénoncé et critiqué l'hypocrisie souriante de l'Occident.

de leur "générosité", a tout fait le droit de changer de fusil d'épaule. Mais peut-être n'est-on désormais pas en mesure de faire partie d'un programme de lutte contre la pauvreté. C'est un leurre indigne, fût-il leurre, le droit d'être pauvre, le droit de l'être à jamais. Mais qu'est-ce que le droit de l'être à jamais ? C'est le droit de ne pas mourir, c'est le droit de continuer à vivre. Peut-être pas de mourir, mais de continuer à vivre. De toutes les manières, on a assisté à un sévère déclin de la culture de la mort, la requête de Kérékou qui, pour attirer l'attention de ses pairs, leur a demandé si « nous allons continuer à être des marionnettes ». C'est une question intelligente qui est posée et à laquelle il faudrait une réponse proportionnelle. Hélas ! On attendra peut-être encore longtemps, cette réponse. En tout cas, le procès est poursuivi dans un langage de vérité qui a débouché sur un aveu. « Nous sommes responsables. C'est bien sûr, mais... »



duquel on débuta aisément que les dirigeants politiques étaient donc morts ou avaient les yeux





## RESPONSE CARD

### ACTION TO ROLL BACK MALARIA – THE AFRICAN SUMMIT ON ROLL BACK MALARIA

- ☐ I would like to become part of Roll Back Malaria.  
(Benefits include: Membership in the RBM network; Access to RBM information; Receive RBM newsletter; Opportunity to publish in RBM publications or website).
- ☐ Please put me on your mailing list.  
I would like to receive RBM publications as they become available.
- ☐ I would like additional copies of this document to share with others.  
Please send me.....copies.
- ☐ I would like to receive the RBM infokit  
(fact sheets, press releases)
- ☐ I would like to receive RBM advocacy materials ( 8 min. video of the African Summit, postcards, poster, stickers)

NAME: (please print) .....

TITLE: .....

ORGANISATION: .....

STREET ADDRESS: .....

SECTOR, TOWN, CITY: .....

PROVINCE OR STATE: .....

COUNTRY: .....

TEL (including country codes): .....

FAX (including country codes): .....

e-mail: .....

What are your main areas of interest related to malaria control:

.....  
.....

Questions and comments on the RBM partnership:

.....  
.....

For more information on the African Summit and on the Roll Back Malaria partnership visit the RBM interactive website at: <http://www.rbm.who.int/>  
or contact:

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