



Organization of African Unity

**Remarks by Dr. Salim Ahmed Salim
Secretary General of the Organization of African Unity
Commemoration of the 1st Anniversary of
African Malaria Control Day**

ABUJA, NIGERIA, 25 APRIL 2001

The Honourable Minister of Health of the Government of the Republic of Nigeria,

Honourable Ministers,

Heads of Organizations

Ladies and Gentlemen,

Just a year ago, the African Summit on Roll Back Malaria was held here in Abuja. The outcome of that summit was considered by the Assembly of Heads of State and Government in Lome, Togo, where a decision to observe 25 April each year as Africa Malaria Control Day was made. To-day we mark the first anniversary of the occasion since the decision was made.

The commemoration of this anniversary and its coinciding during this week with the convening of the Summit on HIV/AIDS, Tuberculosis and other related infectious diseases serves as a reminder of the grave health challenges facing our Continent. Due to HIV/AIDS and malaria alone, our Continent loses more than 3 million precious lives every year. This is a horrendous situation, which requires all our efforts in arresting.

Malaria brings untold suffering to our people, keeps our societies poor, undermines development and reduces the incomes of families which are already among the poorest in the world. Due to repeated attacks of Malaria, productivity is reduced. Cultivation becomes limited or impossible leading to a decrease in the harvest of subsistence crops. Similarly, various other sectors are affected. The health, social and economic implications of Malaria pose a formidable challenge and leaves us in a dilemma.

Taking all this into consideration, it is indeed timely that we have gathered today to review the situation as regards the Abuja Declaration on Roll Back Malaria and to commemorate the first anniversary since it was adopted. The goals of this declaration are to reduce by half the malarial mortality for Africa's people by 2010. This we need to do by initiating activities at country level and work with our partners to create an enabling environment for the control of this disease.

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In the Abuja Declaration on Roll Back Malaria in Africa, Heads of State and Government resolved to strengthen health systems to ensure that by the year 2005, at least 60% of those suffering from malaria will have prompt access to correct, affordable treatment and those at risk of Malaria, particularly pregnant women and children under five years of age will benefit from the most suitable combination of personal and community measures such as insecticide treated mosquito nets and other materials to prevent infection and suffering. Proper arrangements have to be made to prevent pregnant women from malaria.

The Declaration called for the promotion of community participation for enhancing sustainability and for making the diagnosis of Malaria available in all areas and villages including those remotely located.

One year after, it is encouraging to have the International Community begin to pay more attention to the problem of malaria in Africa. I am gratified to learn that the UN General Assembly decided, on the recommendation of the General Committee, to include at its 55th session an item in its agenda proclaiming 2001 - 2010 to be a Decade for rolling back malaria in Africa. Within the continent, there is a determined effort to set in motion the implementation of the Plan of Action agreed upon in Abuja last year. This commemoration should also be used as an occasion to reaffirm our commitment to implement the agreement arrived at in Abuja.

There are a number of challenges facing our endeavour. These include the appearance of a drug resistant variant of the disease, the technical complications of developing effective control measures, the difficulties of overcoming impedance to preventive measures such as impregnated mosquito nets, and the poor development of basic infrastructure.

Many of these challenges can be overcome. It is critical that we strengthen Primary Health Care infrastructure and step up the integration of the malarial control programme within it. We need to enhance interdisciplinary and inter-sectoral collaboration at all levels in order to ensure effective and sustainable malaria control. As stated in the Plan of Action malarial prevention measures should be promoted and an appropriate national drug policy, which ensures accessible and affordable drugs to the whole population, needs to be developed.

Finally, malaria is preventable, and it is also curable. We can control its spread. We had done it before, there is no reason why we cannot roll it back now.

I thank you.