Statement

Luncheon of the African Leaders Malaria Alliance (ALMA)

Addis Ababa, 15th July, 2012
President Ellen Johnson Sirleaf, Excellencies, members and friends of ALMA

I will begin by commending African leaders for coming together to end malaria by 2015.

The last decade has seen significant progress economically and socially in Africa. This includes progress on the Health MDGs. Poverty is declining from 50% to 37% but of course, there remains large pockets of poverty especially in post conflict countries.

Last September, the Roll Back Malaria Partnership reported on the remarkable progress made against malaria in the last decade, and that we could be on the verge of ground breaking progress:

- Global malaria deaths are down by 40%;

- 11 African countries have cut malaria related deaths by 50% thereby saving 1.1 million lives in the process.

Not surprising therefore that one of the most impressive stories in development in the last decade has been the dramatic decline in children mortality in Africa.

We know that utilization of bednets and indoor spraying have led to a reduction in children’s death from malaria by 20%.

This dramatic success owes to a combination of factors:

- Strong advocacy and leadership provided by your Governments and initiatives like ALMA;

- Strong commitment that has fully leveraged best practices and innovation in availing prevention and treatment; and

- Strong policies that have focused on removing obstacles to access malaria prevention and treatment protocols.
As Professor Awa Marie Coll Seck well put it, “we are light years from 10 years ago”. From treated bednets, more effective drugs, better tests – and hopefully soon a vaccine.

In the same way as the world decided to eradicate polio and has almost succeeded, malaria remains a preventable and treatable disease and can be eliminated like Polio.

Nonetheless, I would like to raise a couple of points:

First, malaria is still exacting a high economic cost and preventing Africa from taking advantage of its full human capital. Remember, 90% of all malaria deaths still occur in Africa.

Second, we still have some work to do better:

- Prevention and vector elimination;
- Treatment; and
- Greater attention to expectant mothers.

There is much to be done if we aim to truly get to near zero malaria deaths by 2015.

Third, if we have made so much progress, it is indeed due to:

- Greater awareness, ALMA, the Roll Back Malaria Partnership - a strong international coalition comprised of the public and private sectors and foundations;

This coalition led to a vast increase in funding for programs such as HIV/AIDS, Tuberculosis and Malaria, from the Global Fund, GAVI, the US President’s Initiative, Bill and Melinda Gates Foundation, UNITAID and others.

This coalition led to increased funding for malaria from 100 million dollars in 2003 to 1.5 billion dollars in 2010 – quite an impressive increase.
Going forward:

These are the messages I would like to leave with leaders:

- Sustained funding is critical to consolidate gains made and to prevent a backslide; and

- This is true for malaria but also for health programs which have been strongly dependent on external and international funding.

1. As a result of the prevailing global crisis, we have a window of two to three years when such funding is still possible. I believe in those two to three years, there will still be strong support but use the window wisely through:

   a. More effective spending; and

   b. Greater governance in those programs including strong governance.

2. Over the last decade domestic efforts, domestic funding was a minor complement for programs largely funded by international sources.

My assessment is that, once these two to three year window is over, the situation must be reversed.

In other words, foreign external funding will be a minor complement to health programs that must be largely domestically funded from national budgets.

The current two/three year window provides an opportunity for planning to that eventuality.

Your Excellencies,

These are the two messages, we shared with Ministers of Health and Finance whom we convened in Tunis early this month, alongside international partners who have been instrumental in the progress we can celebrate today.
We examined the levels of gaps, innovation and work in progress. We also examined all these issues of Value for Money and Sustainability and supporting measures on water, sanitation and Nutrition.

We have come a long way in the last ten years. Let us now ensure sustainability and avoid backslide. The danger of backsliding on malaria, on HIV/AIDS and other diseases is real especially if we do not take advantage of low hanging fruits such as prevention of mother to child transmission (PMTCT) or bednets.

It can be done.

We have seen best practices in Africa and elsewhere on safety nets, on Universal Health Access which are scalable and replicable – in particular in community health interventions.

The African Development Bank stands ready to assist in the process of ensuring sustainability. I once again thank you for your leadership.

I thank you