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RBM/EXD/2008/INF.
06 JUL 2009
Official document

General distribution
English Only

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Economic and Social Council
High-level Segment on Health
2009 Substantive Session
Geneva, 6 July 2009**

Mr. President, Honorable Ministers, Distinguished Delegates, Ladies and Gentlemen,

Thank you for inviting me to speak here today on behalf of the Roll Back Malaria Partnership.

We hear time and again that basic health for the world's poor is essential to global economic prosperity. Yet the poor continue to fall sick and die from diseases that are preventable and treatable with existing public health interventions.

Malaria is a case in point.

- 300 million people contract the disease every year, even if effective prevention exists.
- One million die from it, even if treatment exists.
Almost half of the world's population continues to live in places where malaria burdens economies, health systems and communities.

No government or institution operating alone can achieve the many malaria-related MDGs. This is where partnership comes into play.

In 1998, WHO, UNICEF, UNDP and the World Bank founded the Roll Back Malaria Partnership to provide a coordinated global approach to fighting the disease.

Over the past decade, our partnership has evolved into a global movement, aligning hundreds of partners from malaria-endemic countries, multilateral development organizations, the private sector, NGOs, foundations, and research and academia. Today the RBM Board also includes the Global Fund, UNITAID and the UN Special Envoy for Malaria.

Let me turn now to six concrete examples of what the RBM Partnership is delivering to support countries to reverse all these needless deaths and suffering from malaria.

- First, coordination and harmonization. The RBM Partnership has agreed on a single roadmap for global malaria control and elimination around which all partners are aligning their work.
- Second, financing. RBM has directly helped countries to leverage unprecedented international funding to fight malaria.

With coordinated technical assistance brokered by RBM, the success rate of Global Fund grant applications for malaria has increased from less than 30 percent to more than 70 percent in the past three years.

Other RBM partners -- in particular, The World Bank and the US President's Malaria Initiative -- are making major contributions.

- Third, integration. The malaria community has joined with others to develop integrated models for delivery of health services. When free mosquito bednet were distributed during immunization campaigns against polio and measles, more mothers were willing to walk long distances to have their children vaccinated and obtain protection against malaria at the same time.
- Fourth, affordability. RBM, in partnership with the Global Fund, has taken forward an idea -- that first came from a group led by a Nobel Prize winning economist -- to make effective malaria medicines more affordable.

The *Affordable Medicines Facility for malaria* is an innovative financing mechanism to increase access to the effective ACT medicine and to force out cheaper but ineffective old drugs and monotherapies that fuel drug resistance. This program is starting

now with an initial roll-out in 11 countries.

- Fifth, technology transfer. RBM supported a joint venture enabling technology transfer from Japan to Tanzania for the manufacture of state-of-the-art long-lasting insecticide-treated bednets.

Today, more than 20 million bednets are manufactured annually in Arusha in an enterprise that has created 5000 jobs and boosted local skills.

Distinguished delegates,

- My sixth and last example of RBM results is what matters most: reversing malaria cases and deaths.

Partner support to deliver large-scale interventions -- mosquito nets, insecticide spraying inside houses, and effective medicines -- has helped slash malaria rates by more than sixty percent in countries such as Eritrea, Ethiopia, Rwanda, Swaziland, Zambia, as well as the island of Zanzibar.

All these examples show how a partnership for a specific disease delivers broad health and development gains and relieves overstressed health systems.

Of course, challenges remain to achieving the RBM 2010 targets and fulfilling the UN Secretary-General's call for universal coverage with malaria interventions.

But the most daunting challenge that must concern all of us is to sustain our focus and financing for malaria and other major diseases, so together we can help save lives in every endemic country and community and reach our Millennium Development Goals.

At a time when the health of the economy is a shared preoccupation, I invite you to consider the economic value of partnerships in health.

We have momentum, let's keep going forward. Thank you.

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