



PRESS RELEASE

MILLENNIUM DEVELOPMENT GOALS FOR MALARIA : REACHING THE HALFWAY POINT

Boosting the fight against malaria will contribute towards attaining 6 out of 8 Millennium Development Goals

Geneva , 4th July 2007 The Millennium Development Goals (MDGs) , adopted by all of the world's governments at the Millennium Summit in 2000, are eight time-bound targets to cut poverty, disease, child mortality, and illiteracy by 2015. July 2007 marks the halfway point for achieving these goals.

How are we doing? Results for malaria show that progress is being made, but much more needs to be done and efforts need to be stepped up immediately. A strategy of global advocacy has resulted in a proliferation of funds and programs dedicated to combating malaria including the Global Fund to fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, the President's Malaria Initiative, the World Bank's Booster Program and increasing support from the private sector.

In 2006 alone, 18 million long lasting insecticide treated nets (LLINs) were distributed across Africa. Following a combined vaccination and insecticide net distribution campaign in Rwanda , coverage rates of children under five years increased from 15 to 95%. Improved coverage rates for antimalarial treatment use and distribution of LLINs are expected for 2007, soon to be available from UNICEF reporting on behalf of the RBM Partnership.

Many other challenges still remain. Most endemic countries frequently have only limited capacity to scale up malaria control and manage procurement and distribution services.; community groups need to be mobilized and supported so that they can take part in planning malaria control programs. Investment in health systems must be reinforced and extensive technical assistance currently being provided by RBM Partners including World Health Organization , UNICEF, and non-governmental organizations, must continue to be made available with sustained funding. To understand the real impact of global malaria control efforts, country level monitoring & evaluation capacity must also be strengthened.

Despite the infusion of funds from new initiatives, according to the 2007 Data Report, only two of the G8 donor countries are on track with their funding commitments. " *Not only do donors have to abide by their previous commitments, but additional pledges must be made and fulfilled. Overall global financing for malaria does not remotely approach the \$US 3 billion per year estimated to succeed in the struggle against this disease,*" declared Dr. Awa Marie Coll-Seck, Executive Director of the Roll Back Malaria Partnership.

Time is running out, and much more must be done to improve the welfare of the world's poorest people by 2015. If we are to achieve the MDG, it is imperative that efforts to fund malaria be stepped up; not only will this enable us to win the fight against this devastating disease, but also because rolling back malaria will contribute significantly to achieving six of the eight MDGs.

- MDG 1 (Eradicate extreme poverty): Controlling malaria will help to eradicate extreme poverty, because malaria keeps people poor, costing Africa US\$ 12 billion per year in lost GDP and consuming up to 25% of household incomes and 40% of government spending.

- MDG 2 (Achieve universal primary education): Malaria also hampers efforts to achieve universal primary education. As a leading cause of illness and absenteeism in children and teachers, malaria impairs attendance and learning and can cause lasting neurological and cognitive damage in children.
- MDG 4 (Reduce Child Mortality): Malaria is the leading cause of child mortality in Africa, accounting for 20% of all deaths. Malaria infection during pregnancy is also a major cause of premature birth and infant mortality.
- MDG 5 (Improve Maternal Health): Malaria is four times more likely to strike pregnant women than other adults and is also particularly damaging to the pregnant women.
- MDG 6 (Combat, HIV, malaria and other diseases): Malaria control will reduce morbidity and mortality due not only to malaria but also to other diseases.
- MDG 8 (Develop a global partnership for development): Malaria medicines are currently expensive and in short supply; the public-private partnerships currently under way to improve access to affordable malaria drugs can serve as a basis for improving access to other essential medicines.

"Intensifying the battle against malaria is a major challenge for development but a profitable investment in people," said Dr Arata Kochi, Director of the Global Malaria Program of the World Health Organization. ***"Children will benefit from attending school and millions of men and women will be able to get back to work and earn money for themselves and their countries."***

Please note that Dr Awa Marie Coll-Seck, Executive Director of the RBM Partnership will be available for interviews in Paris and Geneva this week . For all interviews please contact Michel Aublanc, details below.

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