

Speech at the Launch of the Race Against Malaria Rally

3 April 2003

Ministers,
Your Excellencies High Commissioners,
Senior Officials,
Rally Drivers,
Members of the press:

We have gathered here today to launch the Southern Africa Race against Malaria Rally. The countries of Southern Africa have taken this initiative because we are determined to deal with one of the main killer diseases in our region, malaria.

Health for all throughout our region is one of the central objectives we must continue to pursue as we strive to improve the quality of the lives of the millions of our people.

We thank the rally drivers who have volunteered to participate in the race that will start in our country and end in Tanzania, which will raise consciousness throughout our region about the important need for all of us to join hands to defeat the killer disease, malaria.

Malaria is one of the leading causes of illness and death in Southern Africa as indicated by figures of people who seek outpatient care from clinics and inpatient care from hospitals. There are a total of 88 million people living in malaria transmission areas with 14 million children under five and 4 million pregnant women at high risk at any one time of contracting the disease.

In Southern Africa it is estimated that 19-21 million people get malaria each year due to failure in malaria health promotion and prevention. It is also estimated that half a million people die of malaria every year due to lack of access to basic health care.

The control of malaria is now gaining a renewed momentum in Southern Africa after decades of low prioritisation. This was in the past within a background of inadequate access to health promotion (education programs, advertising materials and community based health care workers securing community involvement) and preventive measures (indoor residual house spraying, insecticide treated mosquito net programs and mosquito skin repellents), weakening public health services (malaria control field camps and teams, clinics and health posts) and increasing malaria drug resistance.

Large-scale control activities are now being launched in Southern Africa through the Roll Back Malaria Initiative which will require not only effective scientific tools and strategies but also political and business leadership followed by the necessary capital, human and technological investment in the region.

A partnership has emerged to move the malaria control agenda in Southern Africa. This partnership has been established between the national, regional and international public sectors such as Ministries/Departments of Health, Southern Africa Development Community (SADC), World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

This core partnership has extended to include the major multinational, regional and national private companies who produce and market malaria control tools and products such as insecticides, mosquito nets, mosquito repellents, anti-malarial drugs and malaria equipment.

This partnership has also further extended to include the private sector involved in agricultural production such as sugar, cotton and mineral production such as coal, oils, diamonds, etc to protect their work force

and the surrounding communities. Some have been actively involved in supporting social malaria projects.

However, the Global Health Agenda needs to pay even greater attention to the challenge of malaria than it does currently. Renewed advocacy is therefore required to put malaria control in Southern Africa and Africa back on the global agenda.

This is further emphasised by the fact that poverty and malaria are interlinked. Poverty increases risk of malaria and mortality from malaria. Communities with low incomes, limited education and poor access to health care are at least able to engage in malaria control activities. Prevention of malaria may not be affordable or properly understood.

Equally, treatment-seeking behaviour may be influenced by lack of education as well as inability to pay transport, consultation and treatment fees at health facilities. In Malawi for very poor households the direct cost of malaria treatment is 28% of their annual income.

Tools and Products for Malaria Control are available and accessible and new ones are being developed and tested. These include:

- Insecticide treated nets
- Insecticide for indoor residual spraying
- Mosquito skin repellents
- Rapid diagnostic kits and microscopy
- Anti-malarial drugs for early treatment, prophylaxis, and intermittent therapy.

The Race against Malaria Rally must further strengthen our region's focus on the important fight against malaria. We should not allow that hundreds of thousands of our people should die from a disease that can be prevented and cured.

We wish the rally drivers success as they highlight the task we all face - decisively to roll back malaria. This is a war we can and must win.

Thank you.