The Abuja Declaration on Roll Back Malaria in Africa

By the African Heads of State and Government

25 April 2000, Abuja, Nigeria

We, the Heads of State and Government of African countries, meeting in Abuja, Nigeria on 25 April, 2000,


Bearing in mind other major Declarations on health and development adopted by the Organization of African Unity,

Recognizing the disease and economic burden that malaria places on hundreds of millions of Africans and the barrier it constitutes to development and alleviation of poverty,

Taking note that:

- Malaria accounts for about one million deaths annually in Africa,
- Nine out of ten cases of malaria worldwide occur in Africa south of the Sahara,
- Malaria costs Africa more than US$12 billion annually, and can be controlled for a small fraction of that amount,
- Those who suffer most are some of the continent's most impoverished and that malaria keeps them poor,
- A poor family living in malaria affected areas may spend up to 25% or more of its annual income on prevention and treatment,
- Malaria has slowed economic growth in African countries by 1.3% per year. As a result of the compounded effect over 35 years, the GDP level for African countries is now up to 32% lower than it would have been in the absence of malaria,
- Malaria can re-emerge in the areas where it is under control,

Acknowledging:

The strong commitment to improving health and promoting well-being of Africa's people by their governments, communities and development partners,

That all African countries have signed and ratified the Convention on the Right of the Child (CRC) which recognizes the right of all children to good health and nutrition,

Appreciating the momentum offered by Roll Back Malaria movement to help reduce their malaria burden,

Emphasising that a unique opportunity now exists to reverse the malaria situation in Africa,

1. REDEDICATE OURSELVES TO:

2. COMMIT OURSELVES TO AN INTENSIVE EFFORT TO:

- Halve the malaria mortality for Africa's people by 2010, through implementing the strategies and actions for Roll Back Malaria, agreed at the summit.
- Initiate actions at regional level to ensure implementation, monitoring and management of Roll Back Malaria.
- Initiate actions at country level to provide resources to facilitate realization of RBM objectives.
- Work with our partners in malaria-affected countries towards stated targets, ensuring the allocation of necessary resources from private and public sectors and from non-governmental organizations.
- Create an enabling environment in our countries which will permit increased participation of international partners in our malaria control actions.

3. RESOLVE TO:

- Initiate appropriate and sustainable action to strengthen the health systems to ensure that by the year 2005,
  - At least 60% of those suffering from malaria have prompt access to and are able to use correct, affordable and appropriate treatment within 24 hours of the onset of symptoms.
  - At least 60% of those at risk of malaria particularly pregnant women and children under five years of age, benefit from the most suitable combination of personal and community protective measures such as insecticide treated mosquito nets and other interventions which are accessible and affordable to prevent infection and suffering.
  - At least 60% of all pregnant women who are at risk of malaria, especially those in their first pregnancies, have access to chemoprophylaxis or presumptive intermittent treatment.

4. CALL UPON:

All member states to undertake health systems reforms which will,

- Promote community participation in joint ownership and control of Roll Back Malaria actions to enhance their sustainability.
- Make diagnosis and treatment of malaria available as far peripherally as possible including home treatment.
- Make appropriate treatment available and accessible to the poorest groups in the community.
- Continue to maximize vigilance to prevent the re-emergence of malaria.

All development partners to:

- Cancel in full the debt of poor and heavily indebted countries of Africa in order to release resources for poverty alleviation programmes including Roll Back Malaria.
- Allocate substantial new resources of at least US$ 1 billion per year to Roll Back Malaria.
- Invest additional resources to stimulate the development of malaria vaccines appropriate for Africa and provide similar incentives for other anti-malaria technologies.
- Strengthen and sustain collaboration of research institutions within Africa and with partners throughout the World.
- Foster the collaboration of research institutions with agencies implementing Roll Back Malaria, to ensure full utilization of research knowledge and programme experience.
5. PLEDGE TO:

- Implement in our countries the approved Plan of Action attached to this Declaration.
- Develop mechanisms to facilitate the provision of reliable information on malaria to decision-makers at household, community, district and national levels, to enable them take appropriate actions.
- Reduce or waive taxes and tariffs for mosquito nets and materials, insecticides, anti-malarial drugs and other recommended goods and services that are needed for malaria control strategies.
- Allocate the resource required for sustained implementation of planned Roll Back Malaria actions.
- Increase support for research (including operational research) to develop a vaccine, other new tools and improve existing ones.
- Commemorate this summit by declaring April 25th each year as African Malaria Day and to call upon the United Nations to declare the coming decade 2001-2010, a decade for Malaria.
- Explore and develop traditional medicine in the area of Malaria control.

6. REQUEST:

The Regional Committees of the African and East Mediterranean Region to follow up the implementation of this Declaration and report of the OAU regularly and seek collaboration with UN agencies and other partners.

7. MANDATE:

The government of Nigeria to report the outcome of this summit on Roll Back Malaria to the next OAU summit for follow up action in conjunction with the United Nations Agencies and other partners.