STATEMENT BY MR CHRISTOPHE LOBRY-BOULANGER
OF THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES
DELEGATION TO THE UNITED NATIONS

Agenda item 12: 2001-2010: Decade to Roll Back Malaria
in Developing Countries, Particularly in Africa

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Mr. President,

The agenda item today provides an opportunity to evaluate the progress made in the fight against malaria, but also, for the second time in this session, to underline the critical importance of strong and efficient health infrastructure as a key element of public health that is crucial to adequately address the main health threats of our time, be they NCDs, Ebola, or malaria.

Months away from the 2015 MDGs deadline, we can assert that malaria control and prevention has contributed, and does contribute to the achievement of most MDGs, and more particularly of MDG 4, 5 and 6; Decreases in malaria deaths, for instance, have markedly contributed to the MDG 4 target of reducing by two-thirds, between 1990 and 2015, the under-five mortality rate. Likewise, easy to implement interventions, such as intermittent preventive treatment during pregnancy (IPTp) or insecticide treated mosquito nets (ITNs) have greatly influenced the improvement of maternal health (reduction of severe maternal anemia, low birth weight, miscarriages and still births). Moreover, the recent WHO malaria report (A/68/854) attests of very positive accomplishments in MDG 6: “Between 2000 and 2012, a substantial scale-up of malaria interventions led to a 42 per cent decline in malaria mortality rates globally, saving an estimated 3.3 million lives, a 25 per cent reduction globally and 31 per cent reduction in Africa.”

Today, the disease is concentrated in 17 countries, where about 80 per cent of the world’s malaria deaths occur, and which are challenged by hard to reach communities, or weak health infrastructures, or both. Only two African countries account for about 40 per cent of malaria mortality worldwide. Nonetheless, we have made progress. Yet, such recent success in prevention and control is fragile and can be maintained only with sufficient financial and political commitment, as well as stronger national policies, operational plans and research.

Mr. President,

Echoing the recently adopted resolution on malaria (A/RES/68/308), the IFRC encourages malaria-endemic countries to consider adopting and implementing the Multisectoral Action Framework for Malaria developed by the Roll Back Malaria Partnership and the United Nations Development Programme. And we also encourage regional and intersectoral collaboration, both public and private, at all levels, especially in education, health, economic development, data collection and the environment, to advance malaria-control objectives.
We repeat our call for international efforts to scale-up investments in research and development initiatives to stay ahead of the mosquito and the parasite. Malaria-endemic countries, development partners and the international community must also support the timely replacement of long-lasting insecticide-treated nets in accordance with the WHO recommendations on the service lives of such nets in order to prevent the risk of malaria resurgence and a reversal of the gains made to date, such as in the Greater Mekong subregion of South-East Asia for example.

Mr. President,
The IFRC welcomes the strong and ambitious goals contained in the Report of the Open Working Group on Sustainable Development Goals, particularly its strong goal on health. We welcome the zero-goal approach for malaria, and want to emphasize the importance of solid health infrastructures in order to address national and regional health needs. Current health crises have taught us that one must address not only the effects of a health emergency, but the underlying structural capacity of local systems, the ability to access affordable essential medicines and vaccines, to finance, recruit, develop, train and keep a strong health workforce. Only with proper early warning and response capacity will States be able to manage national and global health risks such as the current and devastating Ebola outbreak.

Mr. President,

The IFRC’s fight against malaria is focused on social mobilization, communication aimed at changing behaviour, and assistance to households with LLIN distribution and hanging. It also supports individual countries’ ministries of health, such as in Kenya, where the Kenya Red Cross Society is a key partner of the country’s Ministry of Health, implementing malaria prevention and control interventions in over 100 difficult to access villages in the western, coastal and Rift Valley regions with its Home Management of Malaria Strategy.

The Red Cross and Red Crescent believes that programmes which empower communities to respond comprehensively to malaria are part of the winning formula to beat the disease, to reach these last mile populations, and make the aspirational goal of ending malaria by 2030 a reality. When community-based volunteers are equipped and empowered to provide knowledge, prevention and treatment options, local people become first responders to combat this ancient scourge.

The IFRC believes that, together with mobile technology, social media can also be a valuable ally when it comes to reaching communities with health messages. In Asia for instance, social media is fundamentally changing how the region communicates. A number of Asian National Societies (such as the Red Cross of Cambodia, Laos and Viet Nam) have made significant advances in harnessing the power of social media, and are now using mobile and web-based technologies to improve communications and interactions and malaria preventions activities with the communities they serve.

Mr. President,

In conclusion, the IFRC stresses the need for stronger partnerships and sustainable funding to carry the success forward, stronger and more efficient health infrastructures, national and regional policies, empowering communities with the knowledge and materials needed to prevent and treat this disease; as well as greater recognition, support and investment in community based solutions and action; and investment in operational research, which allow for data-driven, efficient, and cost effective malaria programmes on the ground.

I thank you.