

**Roll Back Malaria Global Partners' Forum V Yaoundé,  
Cameroon 11/19/05**

**MICHEL KAZATCHKINE, M.D**

Kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Thank you Prime Minister and the Director General of the World Health Organization, Dr. Lee, the Executive Secretary of the Roll Back Malaria Partnership, Dr. Coll-Seck, distinguished participants of the Rollback Malaria Partnership, distinguished colleagues, ladies and gentlemen.

First and foremost, I am gratified and honored to attend the Rollback Malaria Partnership Fifth Forum in Cameroon. Your country, Mr. Prime Minister, which I first discovered in its born commitment to fight AIDS and who's political, medical and scientific dynamism as well as active associations have been established in all areas relating to public health on the African continent.

I would also like, on behalf of Dr. Dr. Carol Jacobs, Chair Person of the Board of Directors of the Global Fund and Dr. Feachem, the Executive Director to extend my congratulations and friendly regards to Cameroon that received six grants from the Global Fund as well as to its Minister for Public Health, Hon. Urbain Olanuena Awono, the Chair of the CCM and all the doctors who are members; I know you have turned out massively here today fighting against malaria. Allow me also to extend to all participants of this forum a message to restate the strong commitment and alight commitment of the global fund in controlling malaria. This Forum comes on the heels of milestones in development in 2005.

The international community, during the Millennium Summit in New York last September recognized that access to development is impossible without access to health and that health cannot be seen as fallout of development efforts, but offers rather a development factor that contributes to concentrating human capitals. This year the consignment of health has been finally, considered as a global public good and this concession has evolved. Also, the disparity the human know in the south and the access to basic human right of health became even more glaring. This inequality between a

world that has access to health and the developing world where some 60 million persons are killed by illnesses that are preventable and curable is scandalous in respect of the moral ethical values, which we hold dear. It is also a daunting scientific economic and political challenge, and it is therefore, within this context that we need to envision the new dynamics of malaria control after the [inaudible] call to action at country level, continent level and global level. This comes at a time when there are new and massive funds from multilateral funding initiatives, The Global Fund, The World Bank as well as major bilateral world initiatives. It also comes at a time when [inaudible] are reforming to introduce new [inaudible] based on initial therapies and where there is an ongoing mobile reflection on production capacities, the cost and modalities of delivering second-line anti-malaria treatment. Yet, over the last few years malaria control has appeared to be one of the issues, which by the very nature [inaudible] concessions hardly matter. Let me say this again, by now we have prevention methods and treatments whose efficacy has been proven through research and development of vaccine have been revitalized. We have new resources as I said while ago, there may be inadequate in respect of the global needs that amount to about \$3 billion yearly. However, they are quite sufficient to get up and scale up action so as to have an impact. For example, the changes are founded by the effective dispersment of global funds, and there is also a shift in regard to the scale of interventions, the means that may be available for national programs and new procession of new drugs that are no accessible. I would like to dwell on the cont initial of the Global Fund awhile.

In the last three years, the Global Fund has already approved five-year malaria programs in 56 countries amounting to US \$2.3 billion of which \$1.85 billion are directed to Africa. This will provide funding for over 260 million ACT treatments and 110 million insecticide-treated bed nets to protect families from malaria. At the end of last month, October 2005, it is already 1.3 million people who have received ACT drugs and 3.4 million people who have had access to anti-malarial

treatment in general through programs funded by the Global Fund, but the Global Fund has not, in my view, only been changing the scale of preventive and therapeutic interventions in malaria in the last two years. It has also delineated to us how a globalized world can confront the global public health crisis of HIV/AIDS, TB and malaria in the twenty-first century as a multi-lateral funding institution exclusively focused on the fight against these three killer diseases and thus the expression of the commitment and solidarity of the entire international community, not only those of a subset of wealthy donor countries, but indeed those of everyone, donors and the recipients that are equally represented on our Global Fund World; a world that comprises delegations from the industrialized and from developing countries, from governments and from the private sector and foundations, from the civil society including people affected by the diseases and from the U.N. organizations of which the support we know is essential for the successful implementation of the programs at the country level, a board which to me this appears as an anticipation of a truly global governance of health where all stake holders come together for key decision that may affect millions of people worldwide. In addition, in the young friends in governance, the Global Fund, through a rigorous review of applications and its performance-based means of disbursements of allocated funds, has been providing a strong incentive for rigor and transparency in data collection, management of funds and implementation of sound and evidence-based programs. Let me reiterate here as I conclude this strong commitment of the Global Fund in your hour, come and fight against malaria. Our fight for health as human right, as a global public good, our fight against the unacceptable inequities in access to health, our fight for an African continent where children will not die of preventable and treatable malaria anymore, will not be orphaned by HIV/AIDS, where the human economic and societal impact of the diseases would be dramatically reduced and where the road to development can be opened again. Thank you for your attention.