



**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Fifty-ninth session

Kigali, Republic of Rwanda, 31 August–4 September 2009

**RESOLUTION**

**ACCELERATED MALARIA CONTROL: TOWARDS ELIMINATION  
IN THE AFRICAN REGION**

The Regional Committee,

Having examined the document entitled “Acceleration of malaria control: towards elimination in the African Region”;

Recalling Regional Committee Resolution AFR/RC50/R6 on Roll Back Malaria in the African Region: a framework for implementation; the 2000 and 2006 Abuja OAU and AU Summits’ commitments on HIV and AIDS, tuberculosis and malaria; Resolution AFR/RC53/R6 on scaling up interventions against HIV/AIDS, tuberculosis and malaria; Resolutions WHA58.2 and WHA60.18 on malaria control and establishment of Malaria Day and the UN Secretary-General’s 2008 Malaria Initiative which called for universal access to essential malaria prevention and control interventions;

Aware of the persisting heavy burden of malaria in the African Region and its devastating consequences on health and socioeconomic development;

Recognizing that lack of evidence-based policies, comprehensive strategies, delays in implementation, weak health systems and inadequate human resource capacity negatively influence programme performance;

Mindful of the fact that coordination and harmonization of partner activity for resource mobilization and efficient utilization are critical for national and regional performance in malaria control;

Aware that scaling up cost-effective interventions [Long Lasting Insecticidal Nets (LLINs), Indoor Residual Spraying (IRS), Intermittent Preventive Treatment of malaria in pregnancy (IPTp), Artemisinin-based combination therapies (ACTs)] for universal coverage results in a critical reduction of the malaria burden and that malaria control currently relies on a limited number of tools;

Confirming the usefulness and effectiveness of IRS using DDT as a major intervention for malaria control within the provisions of the Stockholm Convention;

Acknowledging the invaluable support received from multilateral and bilateral cooperation partners, foundations, malaria advocates and community-based organizations;



Analyzing the new opportunities provided at the international level to control and eliminate malaria [the UN, AU, World Economic Forum, GFATM, Affordable Medicines Facility for malaria (AMFm), the World Bank Booster Programme, the US President's Malaria Initiative (US/PMI), the Bill and Melinda Gates Foundation];

1. ENDORSES the document entitled 'Accelerated malaria control: towards elimination in the African Region';

2. URGES Member States:

- (a) to integrate malaria control in all poverty reduction strategies and national health and development plans in line with the commitments of UN, AU and regional economic communities and mobilize local resources for sustainable implementation and assessment of the impact of accelerated malaria control;
- (b) to support health systems strengthening including building of human resource capacity through pre- and in-service training for scaling up essential malaria prevention and control interventions;
- (c) to support ongoing research and development initiatives for new medicines, insecticides, diagnostic tools and other technologies for malaria control and elimination and invest in operational research for informed policy and decision making in order to scale up and improve programme efficiency for impact;
- (d) to strengthen the institutional capacity of national malaria programmes at central and decentralized levels for better coordination of all stakeholders and partners in order to ensure programme performance, transparency and accountability in accordance with the 'Three Ones' principles;
- (e) to lead joint programme reviews, develop comprehensive need-based and fully-budgeted strategic and operational plans with strong surveillance, monitoring and evaluation components;
- (f) to strengthen health information systems, integrated disease surveillance and response and undertake appropriate surveys in order to generate reliable evidence, facilitate translation of knowledge into successful implementation and inform programmatic transitions;
- (g) to invest in health promotion, community education and participation, sanitation, and increase human resource capacity with emphasis on mid-level and community health workers for universal coverage of essential interventions using integrated approaches;
- (h) to ensure rigorous quantification, forecasting, procurement, supply and rational use of affordable, safe, quality-assured medicines and commodities for timely and reliable malaria diagnosis and treatment at health facility and community levels;
- (i) to develop cross-border malaria control acceleration initiatives based on proven cost-effective interventions and taking into account existing subregional mechanisms;

3. REQUESTS partners involved in supporting malaria control efforts in the Region to increase funding for malaria control in order to reach the UN targets of universal coverage, reduce malaria deaths to minimal levels, and achieve health-related Millennium Development Goals to which malaria control contributes;

4. REQUESTS the Regional Director:

- (a) to facilitate high-level advocacy, coordination of partner action in collaboration with the UN, RBM, other partner institutions, the AU and regional economic communities for adequate resource mobilization and efficient technical cooperation;
- (b) to support the development of new tools, medicines, applied technologies and commodities and help revitalize drug and insecticide efficacy monitoring networks;
- (c) to report to the sixty-first session of the Regional Committee, and thereafter every other year, on the progress made in the implementation of accelerated malaria control in the African Region.

*Ninth meeting, 2 September 2009*