



## **Final Communiqué**

### **International Malaria Conference**

**April 21<sup>st</sup>-22<sup>nd</sup> 2008**

**Bonn, Germany**

On April 21<sup>st</sup> and 22<sup>nd</sup> 2008, 120 participants from 20 African, European and Northern American countries came together for the International Malaria Conference “**Joining Forces, Synergising Action – Sustainable and Innovative Ways of Ensuring Long-Term Availability of Malaria Prevention and Treatment Measures by 2015**”.

We, the participants of the International Malaria Conference, strongly commit ourselves to the fight against malaria and poverty. We are deeply concerned about the human suffering and loss of life malaria causes worldwide.

We acknowledge the progress that has been made in the fight against malaria in the last decade. However, international efforts have to be scaled up if global malaria targets are to be met by 2015.

On the occasion of the first World Malaria Day on April 25<sup>th</sup> 2008, we appeal to the international community to join forces, synergise action, maximise efforts and mobilise all existing resources in order to:

- Achieve the United Nations **Millennium Development Goals** (MDGs);
- Support the effective implementation of the **Abuja Plan of Action** in 2000;
- Reinforce the targets set up in the **Abuja Declaration** in 2001;
- Hold G8 Heads of State accountable to their promises made in previous **G8 Declarations**, including especially the declarations agreed to in 2005, 2006 and 2007.

Acknowledging the efforts that have been made in developing effective tools to control malaria, we urgently request the international community to implement the following recommendations in order to achieve universal access to malaria prevention, diagnosis and treatment by 2015:

#### **1.) Malaria Control and Health System Strengthening**

Health systems have a critical role to play in delivering malaria control interventions. In order to ensure that they reach the people in need, we urge the international community to:

- Reinforce integrated health service delivery at the primary and secondary level by strengthening capacities of local health personnel, as well as civil society and communities, at the grass roots level;
- Support health education to increase public awareness and understanding in affected countries, and to strengthen the capacity of the people in malaria-endemic countries to effectively control the disease;



- Support capacity building in-country, including strengthening of National Drug Authorities and universities – the later to encourage a higher output of pharmacists and technicians trained in pharmacy or related sciences.

## **2.) Availability of Medicines – Local Production and Procurement**

Local production of anti-malarials and other malaria control tools in Africa should be supported and strengthened. We therefore call upon the international community to:

- Set up technological focal points in three regions in Africa (East, South and West) by 2010, to coordinate and assist local manufacturers in meeting the needs of local populations;
- Enable appropriate technology transfer, North–South, through partnerships among local manufacturers and the World Health Organisation (WHO), non-governmental organisations (NGOs), and industries from the North;
- Encourage local production through support – including financial support – for incentives, such as grants for technology transfer and low-interest loans for local manufacturers;

## **3.) Current Distribution Systems – Do They Reach the Poor and Disadvantaged?**

Considering available strategies, we believe that reaching internationally agreed-upon prevention targets is feasible, provided that we move away from “doing business as usual”, particularly with respect to distribution. We therefore challenge the international community and governments of affected countries alike to:

- Support national partnerships among all stakeholders, including civil society and the commercial sector, to rapidly increase coverage of existing malaria prevention (the “Scaling up for Investment” – SUFI – approach);
- Supply the necessary commodities, whether free of charge or at highly subsidized prices, and support the strengthening of distribution systems and use of all available channels – including NGOs, for example – to ensure access for those most in need;
- Provide resources for awareness raising and behavior change communications around use of interventions, as well as for monitoring and evaluation of these activities.

## **4.) Sustainable Financing – Alternative and Innovative Mechanisms**

Achieving the international community’s goals for malaria, including relevant MDGs, by 2015 will require increased funding, on a sustained basis. To this end, we call upon the international community – and in particular the G8 and other donor nations – to fully fund existing mechanisms that support malaria control and to establish and fund additional innovative mechanisms that can help to ensure continued and sustainable growth in malaria control efforts, including the provision of existing and new interventions. Moreover, we call upon the international community to:



- Commit to long-term pledging to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) by 2010;
- Support the AMFm (Affordable Medicines Facility for Malaria) to ensure that the best drug therapies, such as Artemisinin-based Combination Therapies (ACTs), are affordable and available in the private sector;
- Take advantage of other innovative mechanisms, such as the International Finance Facility, to support existing and new interventions for combating malaria;
- Put in place incentives, such as tax deductions and/or exemptions, to encourage the provision of funds through Corporate Social Responsibility programs and financial contributions by individuals;
- At the national level, demonstrate commitment to malaria control measures through concrete measures, such as putting in place budget lines for malaria control programs.

#### **5.) Research and Development – New Initiatives**

New tools are needed to ensure the long-term success of malaria control efforts, especially if the long-term goal of eradication is to be achieved. We strongly urge the international community – including, in particular the G8 and other donors, to:

- Increase and sustain investments in research and development (R&D) for new tools, including basic research, drugs, diagnostics, vaccines, insecticides, and effective mechanisms for delivery;
- Support Public Private Partnerships (PPPs)/Product Development Partnerships (PDPs) and their potential synergies;
- Make malaria research an integral part of global programmes, such as the Global Change Programme in Germany;
- Create a global research fund.

#### **6.) Additional recommendations for the G8 and the European Union**

**With respect to the G8**, we applaud the commitment made by the G8 in 2007 to provide \$60 billion to address health-related needs in sub-Saharan Africa, including support for health systems strengthening and efforts to fight AIDS, tuberculosis and malaria.

We look to the G8 for their continued leadership in addressing the needs of sub-Saharan Africa, in partnership with African governments, communities and civil society of the malaria-endemic countries.

To this end, we urge the G8 to reaffirm now their support for this level of funding and to take steps to ensure that this commitment and its objectives are fulfilled. In addition to the recommendations noted elsewhere in this communiqué, we ask the G8 to:



- Report on progress toward fulfilling this financial commitment since the 2007 Summit and agree to measure and publish progress on funding and action at each subsequent G8 Summit;
- Identify in 2008 a timeframe for reaching the goal of \$60 billion in health funding for sub-Saharan Africa, with an emphasis on “front-loading” the provision of funding for increased impact;
- Identify, in cooperation with governments, communities and civil society in Africa, tangible areas for health-related development initiatives, with an emphasis on such issues as human resource needs, supply chains, and other aspects of health system strengthening;
- Commit to increases in funding for R&D into the new tools needed to combat malaria, including drugs, diagnostics, insecticides, and vaccines, keeping pace with increases in development cooperation and funds.

**With respect to the European Union** as well as EU Member States and the commitments made in the “Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)” (PfA) to increase efforts to scale up interventions in order to fill the financing gap for malaria. In addition to the other recommendations noted in this communiqué, we urge the European Union as well as EU Member States to:

- Increase technical assistance to partner countries, with particular regard to civil society organisations, in support of their work with the GFATM and to enhance efficiency in implementation;
- Adopt malaria as an equal high priority cause in its development cooperation, and research, policies;
- Fully implement the Paris Declaration on Aid Effectiveness by taking steps to strengthen coordination among bilateral and multilateral institutions and with the Country Coordinating Mechanisms (CCMs) of the GFATM.

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