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The Abuja Declaration and the Plan of Action

An extract from The African Summit on Roll Back Malaria, Abuja, 25 April 2000 (WHO/CDS/RBM/2000.17)

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The African Summit on Roll Back Malaria

The African Summit on Roll Back Malaria was held in Abuja, Nigeria on the 25th of April 2000. It reflected a real convergence of political momentum, institutional synergy and technical consensus on malaria (and, to some extent, other infectious diseases issues).

Forty four of the fifty malaria-affected countries in Africa attended the summit. Nineteen country delegations were led by the Heads of State, while the remaining delegations were led by senior government officials including the Vice President, Prime Minister or, in some cases, the Minister of Health. The Summit was also attended by the senior officials from each of the four founding agencies -- Director General of the WHO, Vice President of the World Bank, Executive Director of UNICEF, and Director of UNDP Africa, as well as other key partners including UNESCO, the African Development Bank, USAID, DFID, CIDA, and the French Co-operation. The Heads of State and other delegates reviewed evidence, debated options and ratified an action-oriented declaration with strong follow-up processes. The Summit concluded with the review and signing of the Declaration and the Plan of Action (all countries present signed the Declaration).

By signing the Declaration the African leaders rededicated themselves to the principles and targets of the Harare Declaration of 1997. They committed themselves to an intensive effort to halve the malaria mortality for Africa's people by 2010, through implementing strategies and actions for Roll Back Malaria, as agreed at the Summit. In addition, they agreed:

- to catalyze actions at regional level to ensure implementation, monitoring and management of Roll Back Malaria;
- to initiate actions at country level to provide resources to facilitate realization of RBM objectives;
- to work with partners towards stated targets, ensuring the allocation of necessary resources from private and public sectors and from non-governmental organizations; and
- to create an enabling environment in their countries which will permit increased participation of international partners in malaria control actions.

The Leaders resolved 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 correctly use, affordable and appropriate treatment within 24 hours of the onset of symptoms,
- at least 60% of those at risk of malaria, particularly children under five years of age and pregnant women, and 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, and
- 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.

The Heads of State called upon all countries to undertake and continue health systems reforms which will promote community participation and joint ownership of Roll Back Malaria actions to enhance their sustainability. Health systems should make diagnosis and treatment of malaria available as peripherally as possible, including home treatment, and accessible to the poorest groups in the community. In addition, countries must continue to maximize vigilance to prevent the re-emergence of malaria.

Development partners were called upon to cancel in full the debt of poor and heavily indebted countries within Africa in order to release resources for poverty alleviation programmes, such as Roll Back Malaria and to allocate substantial new resources of at least US$ 1 billion per year to Roll Back Malaria. Additional resources are also needed to stimulate the

development of malaria vaccines appropriate for Africa and to provide similar incentives for other anti-malaria technologies. The collaboration between research institutions within Africa and partners throughout the World should be strengthened and sustained to ensure the full utilization of research knowledge and programme experience.

The Leaders themselves pledged:

- to implement the agreed Plan of Action within their own countries;
- to 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;
- to 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,
- to allocate the resource required for sustained implementation of planned Roll Back Malaria actions;
- to increase support for research (including operational research) to develop a vaccine, other new tools and improve existing ones;
- to commemorate this summit by declaring April 25th each year as African Malaria Day;
- to call upon the United Nations to declare the coming decade 2001-2010, a decade for Malaria, explore; and
- to develop traditional medicine in the area of Malaria control.

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

The Summit host, His Excellency Olusegen Obasanjo, President of Nigeria, in his closing remarks observed, "Today we have begun to write the final chapter of the history of malaria. We have raised the hopes and expectations of our people - we must not let them down. We cannot afford to let them down. May malaria be rolled out and development rolled in all African countries."

The Abuja Declaration

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,

Recalling the Organization of African Unity (OAU) Harare Declaration of 4th June 1997 on Malaria Prevention and Control in the context of African Economic Recovery and Development, and the subsequent African Initiative for Malaria control in the 21st century which became Roll Back Malaria in Africa in late 1998,

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,

Considering that malaria is preventable, treatable and curable,

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:

The principles and targets of the Harare Declaration of 1997.

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,

i) Promote community participation in joint ownership and control of Roll Back Malaria actions to enhance their sustainability.

ii) Make diagnosis and treatment of malaria available as far peripherally as possible including home treatment.

iii) Make appropriate treatment available and accessible to the poorest groups in the community.

iv) Continue to maximize vigilance to prevent the re-emergence of malaria.

All development partners to:

v) 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.

vi) Allocate substantial new resources of at least US$ 1 billion per year to Roll Back Malaria.

vii) Invest additional resources to stimulate the development of malaria vaccines appropriate for Africa and provide similar incentives for other anti-malaria technologies.

viii) Strengthen and sustain collaboration of research institutions within Africa and with partners throughout the World.

ix) 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:

i) Implement in our countries the approved Plan of Action attached to this Declaration.

ii) Develop mechanisms to facilitate the provision of reliable information on malaria to decision-makers at household, community, district and national levels, to enable them to take appropriate actions.

iii) 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.

iv) Allocate the resources required for sustained implementation of planned Roll Back Malaria actions.

v) Increase support for research (including operational research) to develop a vaccine, other new tools and improve existing ones.

vi) 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.

vii) 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.

Framework for monitoring the Plan of Action, Abuja Declaration

A. Elements of the plan

PRIORITY AREAS	APPROACHES AND ACTIVITIES
Organization and management of the health system	■ Improve the managerial capacity of ministries of Health. Ensure the existence of health policies and integrated programmes for priority disease management and prevention. Develop core indicators to monitor and evaluate progress of health system performance. ■ Promote decentralization of the health system in order to improve access to services. ■ Build and strengthen capacity for health delivery at district and community levels. ■ Health system decentralization should match decentralization in other sectors. ■ Strengthen partnership with NGOs and the private sector to provide universal coverage and access with built in complementarity, consistency and continuum of care. ■ Build and strengthen partnerships with other sectors whose activities promote malaria transmission, by ensuring that Environmental Impact Assessment (EIA), Health Risk Assessment (HRA) and Health Risk Management (HRM) of all development projects take place. ■ Broaden health financing options at community level so as to improve accessibility and affordability of malaria treatment and preventive measures. ■ Strengthen existing financial management system to ensure transparency, equity and probity in the utilization of funds at all levels.
Disease management	■ Develop packages of interventions to address priority diseases (curative and prevention) such as IMCI. ■ Ensure the allocation of necessary resources and facilitate collaboration of all members of the health team in the delivery of priority intervention packages. ■ Encourage and support community based programmes for the early diagnosis, prompt and adequate treatment of malaria. ■ Take appropriate measures to ensure that adequate treatment for severe malaria is available and affordable for the poorest section of the community.

	■ Improve the quality of diagnosis and treatment by continuing training and supervision. Provide functioning laboratory facilities, appropriate equipment and essential drugs supply at referral centers. ■ Provide health education and communication to schools, work places, parents, especially mothers and persons caring for young children, on the recognition of malaria. Improve capacity for treatment at the home and for recognizing when to seek assistance for severe cases. ■ Establish guidelines for management of malaria and other priority diseases by health personnel at all levels.
Provision of anti-malarial drugs and malaria control related materials	■ Develop mechanisms to ensure adequate, uninterrupted and prompt delivery of supplies, especially drugs, insecticides and other malaria control related materials. ■ Produce and update National drug policies for all priority diseases and ensure their implementation and review across the government and private sectors. ■ Promote rational prescribing of anti-malaria drugs in both the public and private sectors. Establish or strengthen an efficient regulatory authority that critically reviews all applications for drug registration and has a strong inspection and enforcement capacity. ■ Support and contribute to the establishment and/or maintenance of national and regional independent drug quality control laboratories
Disease prevention	■ Sensitize the population and promote preventive measures, such as house screening, ITN and other measures such as environmental management. ■ Support and encourage environmental measures taken by families and communities to reduce mosquito breeding sites. ■ Support and promote the formulation and use of traditional medicines for malaria control. ■ Support and promote the use of malaria preventive measures such as chemoprophylaxis and/ or presumptive intermittent treatment for pregnant women especially those in their first pregnancies. ■ Initiate strategies to prevent the re-introduction of malaria to malaria free areas.
Disease surveillance, epidemic preparedness and response	■ Strengthen health information system to ensure reliable reporting of malaria cases and deaths as part of the integrated disease surveillance system. ■ Provide such health information to health workers and policy makers for appropriate decision-making.

	■ Establish an alert mid effective epidemic preparedness and response capability to detect and contain any outbreak as rapidly as possible. ■ Establish an effective system to alert malaria control authorities and policy makers in other relevant sectors of new development projects, population movements, as well as environmental and climatic changes that could impact the malaria situation.
Sustainable control	■ Promote essential multisectoral action to ensure that projects and activities do not create vector breeding sites, or expose workers, families and communities to a risk of malaria. Enact and enforce appropriate legalisation and regulations to support control strategies. ■ Promote awareness among the business community on the negative economic impact of a continuing malaria problem and influence them to provide material and financial support to malaria control at all levels. Provide official recognition to those making sustained and substantial contribution. ■ Provide special incentives such as soft loans, exemption from excise, import and stiles taxes that would reduce the cost of materials and supplies for malaria control. ■ Establish and enforce appropriate legislation and regulations that promote health and prevent disease. ■ Build and strengthen partnerships with schools and work places to increase access to malaria treatment and preventive measures.
Human Resources Development	■ Provide continuing education opportunities for health services personnel and communities to enable them keep abreast with national policy and guidelines on malaria control. ■ Establish short, medium and long term human resources development programmme following capacity building needs assessment, for all levels of health services delivery. ■ Ensure that standards and guidelines for case management, disease prevention, epidemic surveillance, transmission and control are incorporated into pre-service and other training activities, and that they provide a basis for evaluating competencies acquired by trainees during training and work performance. ■ Regularly review the curriculum of schools of medicine, nursing, public health, allied sciences and other training institutions to ensure that they are up to date with regard to national policies and disease management standards.

Research including inter-disciplinary operational research	■ In collaboration with appropriate institutions, develop or strengthen the capacity and capability at all levels to conduct research including interdisciplinary operational research on issues of direct relevance to the control objectives, and ensure that results provide guidance for programme changes as necessary. ■ Exchange research results between countries of the region, particularly those sharing similar problems and interests. ■ Establish mechanisms for the development of priority research agenda and co-ordination at country level. Ensure that results are incorporated into control strategies. ■ Support multi center studies for the development of vaccines, new drugs and tools for malaria control. ■ Promote research and development of traditional medicine.

B. INDICATORS FOR MONITORING 2000-2005

Organisation and management of the health system	■ No of countries with a health policy. ■ No of countries with district health plans which reflect the policy. ■ Policy of universal coverage for all with a basic intervention package, including malaria interventions. ■ Percentage of health facilities that have applied the intervention packages. ■ Percentage of total government expenditures devoted to health. ■ Ratio of health expenditures between primary, secondary and tertiary facilities. ■ % of districts systematically collecting and using health information for planning. ■ No of countries with anti-malarial drugs policy. ■ No of countries with Integrated Disease Surveillance system.
Disease management	■ % of districts at country level that are implementing IMCI at facility, community and household levels to manage childhood illnesses. ■ % of high risk persons with a malaria attack getting appropriate treatment in eight hours. ■ No of countries with protocols for referrals at facility level. ■ % of household with access to anti-malarial drugs within 24 hours.

Provision of anti-malarial drugs and malaria control related materials	■ % of facilities with 1st and 2nd line anti-malarials available ■ % of facilities with adequate parasite detection services
Disease prevention	■ % of under-fives sleeping under ITNs. ■ % of pregnant women sleeping under ITNs. ■ % of pregnant women receiving chemoprophylaxis or presumptive intermittent treatment. ■ % of sprayed houses. ■ development of legislation and regulations on control strategies for malaria. ■ % of health projects with environment and health impact assessment.
Disease surveillance, epidemic preparedness and response	■ % of malaria epidemics detected within two weeks of onset. ■ % of malaria epidemics properly controlled within two weeks of onset.
Sustainable control	■ No of countries that have instituted tax reduction measures or waivers on anti-malarial drugs, insecticide treated mosquito nets and other anti-malarial products. ■ % of countries where environmental risk factors for malaria are taken into account in the planning of development projects. ■ No of countries where malaria prevention and treatment seeking is integrated into primary school curriculum.
Human Resources Development	■ Presence of technical skilled staff (including IMCI) at the required level of service delivery. ■ % increase in knowledge, attitude and practices at community level.
Research including inter-disciplinary operational research	■ No. of new anti-malarial drugs and tools developed for use at community and institutional levels. ■ % of countries with effective collaboration in operational research between national institutions and Ministries of Health. ■ No of countries that have established mechanisms for the development and co-ordination of priority research agenda at country level including vaccine development. ■ Research findings incorporated into control strategies. ■ New findings in traditional medicine.

C. FRAMEWORK FOR REPORTING

INSTITUTIONS	MECHANISMS
1. Report to the heads of state and governments **OAU meeting of heads of state and governments**	■ The WHO/AFRO/EMRO Regional Directors in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the annual meeting of the Heads of State and Government of the OAU. ■ Evaluation: -Extraordinary meetings of Heads of State and Government will be held to review and evaluate the progress made in the years 2005 (mid term) and 2010 (end of term).
2. Reporting to the ministers of health **OAU ministers of health** **Regional Committee Meetings/AFRO/EMRO**	■ The WHO/AFRO/EMRO Regional Directors in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the annual meeting of the Ministers of Health of the OAU. ■ The WHO/AFRO/EMRO, Regional Directors, sub-regional groupings such as ECOWAS, East African Community (EAC), Southern African Development Community (SADC), Common wealth Regional Health Secretariat for Eastern and Southern Africa (CRHSESA) and other partners in consultation with the OAU Secretary General will provide a progress report on the implementation of the POA of the Abuja Declaration to the WHO Regional Committee Meetings for AFRO and EMRO.
3. Reporting to partners **Global Meeting of Partners on RBM (Geneva)** **Regional Meeting of Partners/Task Force on RBM** **Partners at country level**	■ The WHO/AFRO/EMRO Regional Directors in consultation with the Project Manager RBM/HQ will provide a progress report on the implementation of the POA of the Abuja Declaration to the RBM Global partners meeting. ■ The WHO/AFRO Regional Director will provide a progress report on the implementation of the POA of the Abuja Declaration to Regional meeting of partners/Task force on RBM. ■ Ministries of Health will report to partners at country level on progress made on the implementation of the POA of the Abuja Declaration.
4. Reporting by countries **Annual Reports**	■ In collaboration with countries and partners WHO/AFRO/EMRO will develop a format to enable countries use existing information to report annually progress made on the implementation of the POA of the Abuja Declaration.