

Partnership to Fight Malaria's Huge Cost to Economic Development

by  
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Introduction by Eduardo Doryan, Special Representative of the World Bank to The United Nations.

Good morning, everyone. Please be seated. Your Excellencies, ladies and gentlemen, on behalf of the, I warmly welcome all of you to this, the Fourth Global Partnership Meeting to Roll Back Malaria. As a founding partner, the World Bank is pleased to host this meeting three years after the inception of the Partnership and exactly one year after the African Summit on Roll Back Malaria that was held in Abuja, Nigeria, and which I had the privilege to attend.

The goal of Roll Back Malaria is to halve the death toll of malaria-affected persons, young and old, from productive laborers to mothers and children living in the poorest communities of the world, by the year 2010. To achieve this goal, RBM has made a commitment to work together with a wide range of partners across different sectors.

In testament to this commitment, I am pleased to see here that the Partnership is very well represented today. We are joined here by delegations from at least 21 malaria-affected countries from around the world and 51 organizations representing multilateral and bilateral agencies, NGOs, the private sector, industry, research institutions, foundations, and the media.

I would like to extend now a very warm welcome to the Director-General of the World Health Organization, Dr. Gro Harlem Brundtland; to the Deputy Executive Director of UNICEF, Andre Roberfroid; and, indeed, to President James D. Wolfensohn from the World Bank.

As host of this year's Global Partnership Meeting, I would like to invite President James D. Wolfensohn to share with us his perspective on the Partnership and where we stand today.

MR. WOLFENSOHN: Well, Mr. Doryan, Mr. Minister, distinguished colleagues on the panel, particularly Dr. Brundtland, Your Excellencies, ladies and gentlemen. We are very happy to have the opportunity of hosting this fourth meeting of the Roll Back Malaria campaign. I am particularly proud that we have all of you here with us and representatives of our partner

organizations in UNDP and UNICEF and, indeed, so many of you who have made a tremendous contribution to this Roll Back Malaria campaign.

As Mr. Alnwick said, today is an opportunity for us not just to reflect on the progress that we've made in the last several years, but most particularly to talk about the action phase, to move from the discussions of the Partnership to implementation, and to learn from each other what we are doing and what we have been doing, and, more significantly, what we can do in terms of this really dramatic development and human problem.

Over 3,000 people are dying every day, mainly children, and with economic costs that in Africa alone are estimated at \$12 billion a year, we have a problem that is not only immense in human scale, but immense also as a development challenge. It is said to set back GDP in African countries that are affected by more than 1 percent per annum, and this in a continent which is struggling to build the levels of GDP growth so that we can attack the questions of poverty. This is a large and important issue.

Indeed, at the meeting of the African leaders which was held, at which you, President Rawlings, made a very stirring speech, this recognition of the crucial importance of this campaign was made evident. And, in fact, the representation at that meeting was such that we were given confidence that African leadership was very much behind the approach that we're taking.

Now, what is it that is significant about this work? It's clear that it's not just the money, though money is important. We ourselves in the institution have now got about \$450 million out in various forms of anti-malaria programs in 46 countries over 56 projects. But we're ready to roll out additional funding, mainly IDA funding, for this work, really at the call of you, your Ministers, and for those that are Health Ministers, your Finance Ministers, whom not doubt you can influence in this effort.

But we also recognize that even if we get the monetary resources which can come not just from us but with Jeff Sachs' help, all the grants that he's going to organize from around the world from all the people that he knows who are ready to give you money, if we can link the grants, the lending, and the funding in whatever form it comes, we know very well that that alone is not sufficient.

The fight against malaria is not just a program to try and deal with the mosquitoes or the bed nets or the drugs that are required. That is, of course, important. The medical aspects, the focus on the disease, and prevention is crucial. But it has to go beyond that in two very important respects.

First of all, it has to be national in scope. It has to be rolled out on more than a project basis. The numbers are too great to think in terms of a project here and a project there. We simply have to deal with this, as we do in so many other development issues, with programs that are replicable, that are communal and that are owned, and that can be rolled out on a broad scale.

All of us could take a small area and deal with the question of malaria by delivering nets, by dealing with the problems of getting drugs, and giving a focus, and we could make an area safe. And that's a project which works and makes you feel terrific. And we tend to do that a lot in the Bank in all our work.

But with the population growth anticipated to go from over 600 million to 1.1 billion in the next 25 years in Africa alone, with 2 billion more people in the next 25 years going into the developing countries, many of which are affected by malaria, projects alone are not sufficient. We have to come up with programs that are communal, where there's education, where it's known, and where we can engage all sectors of society, not just medical officers. And it starts with the planning of public works, the dealing with water. With every single project that we're engaged in, one needs to think in terms of the malarial impact.

We have to scale our projects in terms of communities so that there is a recognition on the part of communities that they are educated to the issues of malaria, that they know how to deal with them, and that they simply will not accept as a fact of life that 3,000 people die per day, mainly kids under five years old. This is not a necessity. It is a fact, but it's something that we must join together to fight against.

Here the partnership that we have to build is not an uncommon partnership. It's a partnership first and foremost with governments. Governments must give this the priority that it needs and deserves. It needs to be more than a health priority. It needs to be a priority which is embedded in government policy at all levels and is perceived, as is growing in terms of Africa in the case of AIDS, which is maybe more visible in some ways today, in terms of the public media, that this is a killer of a million people a year and a costly aspect of the loss of jobs, the loss of efficiency, the loss of GDP, and the loss of human contentment and human happiness.

That is where we have to place this issue, so governments have their role. But governments alone can't do it. It has to be done with nongovernmental organizations, with civil society in its broadest forms, and with church groups, who have played such an important role in terms of health delivery systems and which need to be embraced in a more coordinated manner, voluntarily, than perhaps has been true up to now.

We have been dealing with the faith-based organizations and with civil society in many of the countries in Africa, and most notably, I'm happy to say, in Tanzania, where we recently had a meeting with faith-based groups on this subject. So we're ready to reach out to all aspects of civil society and also to the private sector.

For the private sector, it is not just a charity. It's self-interest. You need to keep the families healthy. You need to create an environment in which the lost jobs are diminished and where you have a healthy society in which you can operate. It's good business as well as good societal behavior.

What we need to do and what we're going to learn from each other in the course of these next few days is to learn of the initiatives that have been taken to see how from each other in the presentations that will be made we can understand what are the types of programs that work, that can be replicated, that can be owned and can be developed in scale.

Keep in mind the replicability and scale and ownership. We're not interested in the programs that can solve the problems of 1,000 well-placed, well-financed families. When I say I'm not interested, I am interested but it's not the issue that we're facing today. You can deal with 1,000 families if they've got enough money and you've got a wall around them and you stop the mosquitoes and you have bed nets. The more significant thing is how to deal with the sort of people that we saw in this short feature that we've had before us today.

We need to engage academia, and we need to engage the drug companies and the vaccine companies, and we need to give a focus to this war in which we're engaged. This is like, if I may say so, so many of the problematic wars and conflicts in Africa. They do not get the appropriate attention in the press. They do not get the sense of priority. They do not get the impetus that they deserve, as though life is cheaper and human suffering is less because it's in Africa and poorer countries.

Suffering is the same in whatever family and in whatever economic strata. And we have today the responsibility and the opportunity to lift the level of awareness and to create the momentum and build on that momentum, because this is truly a fight, it is truly a war.

We have to work with governments on taxes and tariffs. We have to work on it in terms of priorities. We have to look at the debt relief issues which were already mentioned by Mr. Alnwick and in which I believe we've already made significant progress. And we need, in fact, to use today as another starting point, no longer for analysis but for implementation.

I want to say to you that, so far as the Bank is concerned, we're ready for that challenge. We're anxious to be part of it. We respect greatly the leadership of Dr. Brundtland and WHO and those that are setting the course for us. We're anxious to be a good partner, and we welcome you to this meeting.

Thank you very much.