

**DRAFT HARARE DECLARATION ON MALARIA PREVENTION  
AND CONTROL IN THE CONTEXT OF AFRICAN ECONOMIC  
RECOVERY AND DEVELOPMENT**

We, the Heads of State and Government of the Organization of African Unity meeting in our Thirty-Third Ordinary Session in Harare, Zimbabwe from 2 to 4 June 1997,

Bearing in mind Declaration AHG/Decl.1 (XXIII) on Health Basis of Development adopted at the Twenty-Third Session of the Assembly of Heads of State and Government in Addis Ababa,

Recalling other major Declarations adopted by our Assembly, particularly, Declarations:

- AHG/Decl.4 (XXX) on Population and Development in Africa;
- AHG/Decl.5 (XXX) on Social Development.

Recognizing the burden that malaria places on the population of Africa and that malaria remains a major killer disease and a barrier to sustainable social and economic development,

Taking note that:

- the disease and death (4,200 deaths everyday) caused by malaria only in tropical Africa is unacceptably high;
- malaria is a major impediment to social and economic development in Africa (US\$ 5 million loss everyday);
- there is a need for political commitment by all African countries in terms of policies for malaria control, making resources available, and mobilization of communities for active participation in malaria control;
- most national programmes are still at the initial stages of implementation and the scope of intervention activities is limited;
- tools for malaria control in Africa are available to reduce deaths and illness but are not accessible, for various reasons, in appropriate forms;

**-changes brought about by development often create environments favourable for malaria transmission opening the way for epidemics in areas which were previously malaria-free.**

**Acknowledging the invaluable technical and financial contributions provided to Member States of our Organization by all its partners, especially WHO, UNICEF, UNDP and The World Bank Group, in their efforts to prevent and control malaria,**

**Mindful of the grave concern and alarm over the loss of life and degradation in the quality of life caused by malaria, expressed by Member States of the United Nations General Assembly at its 50th Regular Session in 1995 and that they reaffirmed their endorsement of the Global Strategy for its control:**

**1.COMMIT OURSELVES to:**

- a)control malaria in Africa as an urgent priority and confirm our strong determination to maintain the gains achieved and prevent epidemics from occurring;**
- b)support fully the implementation of the Global and Regional Strategy and approaches recommended by the World Health Organization;**
- c)implement well planned and coordinated malaria control programmes involving individuals, families, communities, institutions, relevant government Ministries, and other public and private sectors;**
- d)allocate sufficient human, financial and material resources, and mobilize other local resources including resources from non-governmental and private and civil sectors, for the sustained prevention and control of malaria in Africa;**
- e)mobilize additional external resources from international agencies, governmental and non-governmental agencies, foundations and industrial and commercial enterprises to support national and commercial action to control malaria and surveillance to prevent epidemics and sustain the progress made;**

- f) support malaria prevention and control through well defined policies and appropriate legislation and its enforcement, to facilitate programme implementation, community participation and access to preventive measures and treatment, for all population at risk;**
- g) implement in our countries the activities enumerated in the attached African Plan of Action.**

**2. CALL UPON all Member States to take immediate and substantive action to:**

- a) give their full political support to actions directed towards sustainable malaria prevention and control as an urgent priority, and mobilize all local, traditional and national and international leaders to participate actively in the control programme;**
- b) further develop and implement plans for malaria prevention and control including their incorporation into development projects based on environmental and health impact assessments;**
- c) develop strong community based programmes to mobilize active community participation for malaria prevention and control;**
- d) promote and support micro-financing schemes, especially for women, to initiate income generating projects aimed at basic environmental and household improvements which contribute to the prevention and control of malaria and the ready availability of affordable essential drugs, materials, supplies and transportation for personal protection and treatment;**
- e) develop mechanisms that will facilitate and ensure well coordinated multisectoral action to reduce substantially the burden of malaria and promote inter-country collaboration and coordination of efforts;**

**f) promote basic and operational research to ensure that new tools, including vaccines, are made available without delay and existing ones are used in the most cost-effective and sustainable manner.**

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**3.MANDATE the Ministries of Health of OAU Member States in collaboration with all other relevant sectors of Government to ensure that applicable parts of the malaria control strategy, as recommended by the World Health Organization, are included in their annual plans of action and are evaluated at least annually;**

#### **4.WELCOME**

**a)the initiatives taken by the Director-General, and Regional Directors of the African and Eastern Mediterranean Regions, of the World Health Organization to re-organize and strengthen malaria activities that have established and reinforced the foundation for further development and implementation of sustainable malaria prevention and control in African countries in order to prevent deaths and reduce illness due to malaria;**

**b)the extensive efforts made by WHO, The World Bank Group, UNDP, UNICEF, other international agencies, governmental and non-governmental organizations as well as other partners, to provide OAU Member States with the necessary technical logistical and financial support for the control of and research into malaria in Africa;**

**5.REQUEST WHO, The World Bank Group, UNDP and other relevant governmental and non-governmental organizations to augment their material, financial and scientific support to OAU Member States in order to substantially reduce the unnecessary suffering, loss of life and economic and social burden experienced by the present population in Africa and to sustain them in the long term for the benefit of future generations;**

**6.INVITE Governments and other partners including multilateral and**

bilateral agencies to participate actively in a vigorous coordinated effort to control malaria in Africa in the remaining years of this millennium, and to build a foundation for sustainable malaria control into the third millennium;

7.MANDATE the Secretary-General of the Organization of African Unity to submit to the next OAU Summit a Plan of Action for follow-up and evaluation on the implementation of this declaration over a five-year period and a progress report every year.

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### PROPOSED PLAN OF ACTION

#### Priority areas for Action

#### Approaches and Activities

##### Health Systems:

- Improve the capacity of the health services to respond promptly and appropriately to the needs of the population for disease prevention and control in a comprehensive manner.
- Further develop mechanisms to ensure adequate, uninterrupted and prompt delivery of supplies, especially of drugs, insecticides and other malaria-related materials.

##### Disease Management:

- Improve the quality of diagnosis and treatment by training, supervision and continuing education and by improving laboratory facilities and drug supply.
- Establish community based programmes for the early diagnosis and prompt adequate treatment of malaria.
- Provide health education and communication to schools, parents, especially mothers, and persons caring for young children, on recognition of malaria and treatment in the home.

##### Provision of anti-malarial Drugs:

- Update national drug policies and assure their implementation and review across the government and private health sectors.**
- Support the establishment and/or maintenance and extension of national drugs supply services.**
- Promote rational prescribing in both the public and private sectors and an efficient regulatory authority that critically reviews all applications for market approval with strong inspection and enforcement.**
- Support and contribute to the establishment and/or maintenance and extension of national and regional independent drug quality control laboratories.**

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**Disease Prevention:**

- Sensitize the population to those preventive measures, such as house screening and the use of personal prevention measures, including the use of mosquito nets, that can be carried out by families and communities.**
- Support a public campaign to popularize the use of malaria prevention measures, especially for high risk population groups such as pregnant women and young children, particularly during high risk periods of the year.**
- Support the selective use of vector control measures;**
- Provide written and electronic information in malaria incidence and control to industries especially those related to agricultural development schemes, water and mining;**
- Improve communication, physical and electronic, between peripheral areas affected by malaria and the centrally organized services, including tertiary facilities.**

**Disease Surveillance and Epidemic  
Detection and Control:**

- Take action to ensure regular, reliable reporting of malaria cases**

and deaths, monitor progress and to guide the allocation of resources and provide health information services to health workers which are appropriate, opposite and up-to-date;

- Establish an effective system of alerting the malaria control programme to new development projects, labour and other population movements, environmental change and planned development;
- Establish an alert and effective epidemic response capability with a well developed preparedness plan backed up by stocks of, or rapid access to, the necessary supplies of drugs, insecticides and equipment and trained personnel and transport to be able to contain any outbreak as rapidly as possible.

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**Sustainable Control:**

- Promote essential multi-sectoral action to ensure that projects and activities do not create vector breeding, and expose workers, families and communities to an increased risk of malaria, and to enact and enforce appropriate legislation;
- Promote awareness among the business community on the positive benefits, and negative economic impact, of a continuing malaria problem, influence them to provide material and financial support to the malaria control programme and for community action, and to provide official recognition to those making a sustained, substantial contribution;
- Create business opportunities and provide special incentives (such as exemption from excise, import and sales taxes) that would ensure vulnerable people in the community have ready access to the necessary drugs, supplies, services, mosquito nets, mosquito repellents and other essential commodities when needed, and that they are well informed on how to prevent malaria, cure the diseases and reduce length of illness and prevent death;

- Support and actively promote various initiatives for sustainability of malaria control as a result of increased social and economic development, through income generating projects within a basic development needs approach, and micro-financing schemes, to stimulate self-sufficiency;**
- Establish on a sound footing, and enforced with the support of appropriate legislation, those essential public health functions that promote the sustained control of malaria. These should be implemented as a responsibility of government of carried out by other sectors monitored closely and legislated by government;**

#### **Human Resources Development;**

- Provide continuing education opportunities, materials and organized learning sessions for health services personnel to enable them to keep abreast of national policy and guidelines on malaria control and international trends;**

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- Establish a long range national training programme following capacity building needs assessment, for all levels of the health services and malaria control programme, including the development and adaptation of training materials, and high quality training, based on WHO standards and norms;**
- Ensure that standards and guidelines for case management, diseases prevention, epidemic surveillance and control and other control related activities are incorporated into training activities, and that they provide a basis for evaluating competencies acquired by trainees during both training and work performance in all disciplines of health professions and including traditional health practitioners;**
- Regularly review the curriculum of schools of medicine, 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;**



## **Inter-disciplinary Operational Research**

- In collaboration with appropriate institutions, develop the capacity within the national malaria control programme to conduct, and analyze inter-disciplinary operational research on issues of direct relevance to the control objectives, and to provide guidance for programme changes as necessary;**
- Exchange of results of operational research between countries of the region, particularly those sharing similar problems, interests and borders.**

**ASSEMBLY OF HEADS OF STATE  
AND GOVERNMENT  
Thirty-third Ordinary Session  
2 - 4 June, 1997  
Harare, Zimbabwe**

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