

**Closing Ceremonies:
The Fourth MIM Pan-African Malaria Conference
Yaoundé, Cameroon
November 18, 2005**

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[START RECORDING]

MALE SPEAKER: Your Excellencies, ladies and gentlemen. The program of the joined ceremonies of the closing of the 4th Multilateral Initiative on Malaria, MIM Pan-African Malaria Conference 2005 and the opening of the Fifth Roll-Back Malaria Partnership Forum. On that distinguished chairmanship of His Excellency, the Prime Minister, head of government of the Republic of Cameroon, Chief Inoni Ephraim, shall take the following sequence. There will be the national anthem of the Republic of Cameroon to be sung by the famous [inaudible]. It will be followed by a welcome address by the Minister of Public Health of Cameroon, Urbain Olanguena Awono, who is chair of the local authorizing committee, Cameroon. This will be closely followed by a report on the 4th MIM Conference by Professor Vincent Titanji. Thereafter, there will be a statement on bridging Arabie policy by Melinda Moree of PATH-MVI. There will be a statement on the current name Secretariat achievements by Marita Troye-Blomberg, from Syria. Thereafter, a statement from the incoming new Secretariat, to be made by Wen Kilama from Tanzania. Would also have remarks on the 4th MIM Conference to be made by Dr. Luis Gomes Sambo, who is the WHO Afro Regional Director. Would have a message from the Arabian Partnership Forum Subcommittee. I'm sorry, or rather

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have a statement on the maximizing impact by addressing gender issues to be made by Yvonne Chaka-Chaka—the name is familiar—from South Africa. We will also have a message by Mr. Philippe Baetz, who is the Vice President of Sanofi-Aventis. There will be a statement on Global Action against Malaria by Dr. Anarfi Asamoah-Baah, who is the Deputy Director General of the WHO. There will be another message from Arabie Partnership Board to be delivered by Dr. Lambo, who is Chair and Minister of Health of the Federal Republic of Nigeria. Would be tuned to another song by Lavoix de Cenade.

And finally would have a keynote address by His Excellency, the Prime Minister Head of Government of the Republic of Cameroon, Chief Inoni Ephraim, whose opening of the ceremonies will be followed by another song by Lavoix de Cenade. Thank you for your kind attention.

[Applause]

INONI EPHRAIM: Excellence [inaudible] [Interpreter]
The program of the 4th MIM main ceremony of the Pan-African Conference on Malaria [inaudible] are followed by their own preferable partnership. Upon the Chairmanship of His Excellency Prime Minister, Head of Government [inaudible] the singing of the national anthem by Lavoix de Cenade, and the welcome address of the chairman of the [inaudible] committee, Mr. [inaudible]. Presentation on the report on 4th African

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Conference on Malaria by Professor Vincent Titanji. He will talk about the liberty of independent development and malaria causes. This will be done by Dr. [inaudible]. The passing of the leadership baton on Roll-Back Initiative will be done by Dr. [inaudible] Lumburg. And the inaugural address of the [inaudible]. And hopefully will get the message on a WHO officer presented by Dr. Luis Gomez Sambo who is the National Director of Republic of [inaudible] then a message of the sacrament will follow on the roll-back of malaria done by Mr. Stewart Kaiser. Then the address of Mrs. Chaka-Chaka [misspelled?] on the gender approach and improvement of impact of malaria control. A message or address by Philippe Baetz who is the vice President of Sanofi-Aventis. The address of Dr. Anarfi Asamoah-Baah who is the Assistant Director of WHO on the global response to malaria. The address of the Chairman of Board of Directors of Federal Malaria Initiative, Professor Eyitayo Lambo, Minister of Public Health of the Federal Republic of Nigeria. And, lastly, the highlight of this occasion, namely, the opening address, the official opening address of His Excellency, Chief Inoni Ephraim, Prime Minister, Head of Government. All rise for the national anthem.

[Singing]

[Applause]

Male Speaker 3: Thank you very much for [inaudible].

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I would like to advise the Minister of Health, who is the Chair of the local organizing committee, to take the floor and make his welcome statement.

MALE SPEAKER 4: The Right Honorable Prime Minister, Head of Government, for the Republic of Cameroon, the Vice Prime Minister, Honorable Ministers of State, Ladies and Gentlemen, Distinguished Officers and Ministers, Professor Lambo, Minister of the Federal Republic of Nigeria, President of Board of Directors of the Board of Malaria Partnership, Professor Kazatchkine, the Vice President of the Global Fund, Dr. Luis Gomes Sambo, Regional Director of the AIDS for Africa, Awa Marie Coll-Seck, Executive Secretary for Roll-Back Malaria Partnership, Ladies and Gentlemen, Distinguished Ambassadors, these Distinguished Representatives of International Organizations and their cooperating agencies, Ladies and Gentlemen, and Representatives of Pharmaceutical Industries. Ladies and Gentlemen and Representatives of the [inaudible] Societies, Organizations, their Participants at the 5th Global Forum of MIM, on the 4th Pan-African Conference and their Delegates at the 5th Global Forum of Roll-Back Malaria Partnership, Distinguished Guests.

Ladies and gentlemen, at this juncture when we meet for all the second highlight of the World Malaria Week, namely the

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joint session between the Fourth Pan-African Conference on the Multilateral Initiative on Malaria and the Fifth Global Forum of the Roll-Back Malaria Partnership; allow me to extend a warm welcome to all the guests of the Forum who have joined us. This is the meeting that we have been looking forward to over the last few years and has become a reality. Scientists have presented data of graphic communities, civil society, policy makers at the national and international level, pharmaceutical industries, donors are all meeting here in Yaounde, all united to combat malaria. All result to control these scourge that have been rising for the past 300 years and which has been challenging our intelligence and undermining our development. I would like to, on a score the fact that, the Fifth Global Forum, the first of its kind on African soil, is being organized here in Cameroon, which is African mediator. Allow me, once again, to underscore the high quality of participants who have come from multilateral institutions. From pharmaceutical companies, civil society, angios [misspelled], as well as the presence, the very appreciated presence of the group formed to control malaria, HIV and Tuberculosis. And this is the fund that has thrown light on malaria by putting it among the parities of official government assistance. Your Excellency and Ladies and Gentlemen, the objective of this forum is quite a lot to one. It is time for

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the commitment of the international committees toward attainment of the endegees [misspelled?] that is should be a major concern in Africa. And here in Africa, we feel like an action can be taken of this challenge. And it is vesitration [misspelled?] that we have to change. We have to change it with greater political will. More commitment, more men devoted to research, access to new preventative technologies and access to efficient drugs and therapy.

MALE SPEAKER 5: We are proud to have been ever to bring the entire malaria community together for the first time under one roof. This is an historic occasion, but this is also an urgent situation. It is extremely important that research and implementation work together and that both committees form the agenda of the orders. We need effective tools and we need effective scale of prevention and treatment. We sincerely hope that all Roll-Back Malaria Partners here yet today and I believe you are over 500 of you for this forum. I hope roll-back malaria partners can strengthen here in Yaounde their commitment, built on the achievement and results in successful gains that have been made so far. Different colleagues, we witnessed last week that this week, that Africa has malaria research capacity building, is the only trait despite this. We also witness that. African Research Committee has been able to achieve some great strides. Well, we also know that this

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capacity cap extends to malaria control capacity as well. This is just one of the most important issues and challenges to be revisited over the next two days. We know, we now need, we now need to do more. And now we need to move faster. I remember one of you said during the—Excuse me? I'm searching for something. One of you said during the presentation meeting [misspelled?] for the Global Fund in London I quote, "We must move from big meetings to action ." I supported him strongly when he said that. We need to do far more to achieve the changes expected, may we toss all this [inaudible] into a strong bridge towards more effective interventions to eliminate malaria as a major public health in the next decade. Yes, I believe we can, and if we can, then we must. Thank you very much.

[Applause]

MALE SPEAKER 6: I would like to invite Professor [inaudible] to present the report on the 4th MIM Conference.

PROFESSOR: The Right Honorable Prime Minister, Honorable Ministers, Distinguished Delegates, dear Colleagues, Ladies and Gentlemen. Report on the Fourth MIM Pan-African Malaria Conference in Yaoundé has on the 13th to the 18th of November, 2005. The program's initial initiative on Malaria Pan-African Conference opened in Yaoundé, Cameroon the 13 of November, 2005 at the Palais de Congres on the distinguished

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chairmanship of Cameroon's Prime Minister, Chief Ephraim Inoni. This conference which brought together 1,400 delegates from 63 countries and five continents is the first in a series that started in Senegal in 1997 and then moved to South Africa and Tanzania respectively in 1999 and 2001. The Yaounde conference for the first time was organized in tandem with the Roll-Back Malaria meeting which will follow on the 18th and 19th of November, 2005. Thereby creating an excellent opportunity to consider our research findings can be transmitted into effective control strategies. One distinctive feature of the Yaoundé MIM Conference has been the massive presence of young African investigators. Most of them [inaudible] who, through their presentations, have kindled our hope for a sustainable combat against malaria. Cameroon's bilingual English and French character has also favored a stronger and more effective participation of researchers from Africa, which wasn't the case in previous meetings. Certainly, the active support and participation of multilateral donors and networks, the WHO, TDR, the MIM Secretariat, GlaxoSmithKline, Bill and Melinda Gates Foundation, the Wellcome Trust, the Swedish Foreign Ministry, just to mention these few, has further demonstrated the potential of synergies, partnerships, and network combating a problem as complicated as malaria. At the conference, we have plenary sessions, symposia, post sessions, work shops,

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seminars, all blended in such a way of providing maximum interaction and exchanges among the participants. And the [inaudible] feature was what has come to be called Infotainment [misspelled?] of current controversies. That offered both information and entertainment at the end each day. The conference covered the major themes of malaria, and I would highlight a few of the points that were made in this report. As concerns the epidemiological picture, malaria presents a major problem and the data is gloomy and particularly damning for Africa. 350 to 650 million clinical episodes per year of which 60 to 90 percent occurred in Africa. One million to 1.7 million deaths per annum, with one child dying of malaria every 30 seconds. 30 to 50 percent of all patient admissions in African hospitals and the cost of 12 U.S. billion dollars loss of [inaudible] every year to which amounts to something like 50 percent of the health budget. This data showed that African means the most affected region with greatest burden of morbidity and death due to malaria. Numerous treatises also dwelt on the vector biology, insecticide resistance, and control. In Cameroon, Kenya, Nigeria, other countries studied, a complex picture of the [inaudible] vectors that spread malaria was recorded. Not only were there reports on the [inaudible] and behavior in ecology of this vector [inaudible] ecological behavior studied, but increasing evidence for the

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emergence and spread of resistance to [inaudible] and DDT, which are currently used to infect bednets and destroy malaria mosquitoes. Researchers and extension workers were called upon to rethink their strategies in those areas where detoxification and knock down mutations are coupling to undermine effective vector control. In this regard, the conference learned of three exciting new developments. What? The use of the fungi, malaria [inaudible] prism and is so plain as vector control agents, new researchers that mosquitoes infected with this fungi, not only eventually die but change that feeding habit refraining from the [inaudible] that transmits malaria. Other reports describe new insecticides and insect repellents from [inaudible] These are the regions once more confirmed a need to invest our research on Africa's volatile, yet biological resources for solutions of health problems. In an exciting session yesterday afternoon, new results on the creation of transgenic mosquitoes for malaria control were presented and discussed. A significant portion of this scientific communications and symposia, dealt with the treatment of malaria. Actually, for the man on the street this is really what matters most. The conference heard reports on the intermittent preventative treatment, which is proving to be highly effective in protecting the most vulnerable, that is pregnant women and infants in malaria-infected countries. In

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Tanzania and Ghana, IPT reduced malaria episodes and anemia by 54 and 105 percent respective. Many groups reported on the efficacy [misspelled?] of [inaudible] based on combination therapy, the so called ACT. A complicated picture of resistance to ACT was revealed in several studies in Uganda, [inaudible], Cameroon, and other countries. A new combination chloroquine hydrochloride [inaudible] CDA was shown to be effective against drug resistance to malaria. The new genome sciences are also giving new drug packets while systematics, screening of medicinal clients are using these for new generation of anti-malaria drugs. Nothing excites the public and researchers more than the prospect for a malaria vaccine. The conference heard many new and far-reaching discoveries in the areas of vaccine discovery formulation and testing. Over the years, scientists have gotten evidence to show that protective immunity to malaria does develop. However, overall immunity develops only slowly and especially among adults living in malaria infected countries. A major condition of contemporary malaria research therefore, is to create a vaccine that would either completely block the infection or at least reduce morbidity and death causes. The conference heard of million new exciting discoveries prepared by the publication of the Human Anopheles and Plasmodium genomics. The predicted power of bioinformatics through genomes to identify and

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validate new candidate vaccines was amply discussed.

Penetrating in science on the development of immune responses in the new net, pregnant women and adults were presented and were also discussed. The GSK reported that their recently developed vaccine, RTSSAS02A, effectively reduced clinical malaria episodes by 35 percent and severe malaria attacks by 49 percent a full 18 months after administration. This and other observations by the Pasteur and Walter Reed groups demonstrated the extensive work that is being conducted by multidisciplinary teams in their quest for the perennially elusive malaria vaccine. However, there is as yet no malaria vaccine available for wide use. Prevention through the use of bednets and better sanitation and vector control, together with rapid case identification and treatment remain our best hope for stemming the disease. The need to train and empower our next generation of researchers was also evidence for purification of the countries. Well trained African scientists working on the various assets of malaria research and control are needed. If Africa has to sustainably continue and win the fight against malaria, this means that a comprehensive training strategy should be built into the various controlled efforts spanning from the cutting edge sciences, like genomics, and bioinformatics to the more traditional disciplines like parasite biology, entomology, toxicology, past statistics,

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epidemiology, bioethics, and clean cut sciences. The aim is to create and retain a critical mass of African researchers, extension workers, and managers in Africa so that they can collaborate with their international partners and effectively take the heat in malaria research and control. There also has to be a career path for African scientists if you have to convince them to stay in Africa after they are trained. Although progress has been made in raising the number of malaria researchers from 750 in 1999 to more than 1,000 in 2005, more study needs to be done in capacity building. The mean is contemplating a new initiative that would work competitively long-term grasp, to develop new centers of experience in malaria research. These and other initiatives are expected to provide the adequate staff to keep the malaria programs alive and productive. The plenary conclusions and recommendations could be reached from the vast amount of presentation and data that came from the conference. One: Effective new tools— effective tools now exist for controlling and reducing the burden of malaria. These are insecticidal treated bednets. These should be made readily available to all those who need it. Rapid case detection and treatment effective malaria trucks exist and should be used to treat those who are infected. Environmental hygiene and vector control. Draining of standing water, larvaesiding

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[misspelled?], Spring, use of repellants should be intensified when it is the most appropriate. Completion number two: Africa should appropriate the fight against malaria and build the capacity to sustain it. Number three: The International Community and National Authorities should step up funding for malaria research and control. The researchers are mobilized in the thousands to give out the goods and work up a solution. Four: There should be positions and career paths for Africans and those working in Africa. The fight against malaria can be won. Let's pull our efforts together. We thank the International Scientific Committee, the convenience of the conference and participants for contributing to a vigorous scientific program. Thank you for your kind attention.

[Applause]

MALE SPEAKER 6: We'll listen to a statement on bridging research development and policy in the fight against malaria. This statement will be presented by Melinda Moree who is invited to take the floor.

Melinda Moree: I'd like to invite the guests on the podium to come down and have a seat up front, which was probably part of the plan that maybe didn't get conveyed.

[Applause] Okay, if we could bring up the slides, then we can get started. The reason for the movement was so as not to blind our distinguished guests with the light. Okay. So, dear

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honored guests and participants, it's really my pleasure to try and do something which is very difficult, which is to summarize a great deal of discussion that happened this week, essentially centralizing around the issue of: it's great to do all this research; it's great to have these products. But how do we actually translate this into impact on malaria? Next slide. Oh, I would like to recognize the fact that there were several people who contributed to this, if you could actually go back to that first slide there. [Inaudible] and myself met and we talked about this. And this is really a synthesis from a group effort. Next slide, please.

The thing that came across very sharply this week was that we have a dynamic situation with malaria where we have existing tools, we have new tools and there's a lot of stuff out there and it's complicated. Next, please.

Today we'll go ahead and do the next two. So, today we have bednets. We have the many tools that we just talked about. We have the existing drugs. We have some new things coming. By 2010, we'll have new drugs. Maybe we'll have intermittent presumptive treatment in infants. We'll have IRS, maybe IRS plus some new insecticides. In 2015, if all goes well, we might have a vaccine. In 2020 maybe we have transgenic mosquitoes. There's a lot of discussion this week about that. On the next click, the biggest issue that we

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really discussed this week is will we use these existing tools and the new tools for good, which is having an impact on malaria or, maybe evil is a little strong, but not really harness the horse power of all these tools, to make an impact on malaria. And a lot of discussion this week was about how we bring this together and how we make sure that we just don't keep adding things that don't come out with an impact on malaria. Next slide.

In the private sector, they talk about a supply chain. And in the public sector, we can talk about a value chain. And essentially in the private sector, it's all those pieces that have to happen in order for a company to essentially turn a profit and that profit becomes the bottom line by which they measure themselves, whether they're doing well, or whether they're not doing well. In the malaria community, this is composed of many different communities which have all been present this week at the MIM meeting. We have people who make new tools, we have people who figure out this will work in the field, and we have people then who scale these up; people who run national programs down to the household level. And the basic message is that all these things have to be present in order for us to have an impact. And I think one of the beautiful things, if we could come out of this week, is to stop the either/or discussions about is it control or is it

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research? And I think that our two banners overhead give us the answer to that, which is that it's both. And we must find a way to integrate these and make them work better in order to get the impact which, for the public sector, I think should be our driving factor. Private sector measures themselves according to profit. They use the supply chain. If we could measure ourselves according to impact and stop the more than one million deaths a year that happen from malaria, and not stop our efforts until we're making an impact there, working together, we'll really have something. And that's the continuum that I want to talk about in some of the key messages that have come out this week. The other piece of this is, you'll see, is the vast difference going in both directions. And one of the things that we have to be clear about is research people need to be involved in controlled activities, control people need to be involved in research activities, if we're to get to a new place. Next slide.

We had some good examples this week of new ways of operating. So the previous ways of operating would be each of these little boxes would go off and do wonderful work. I work on malaria vaccines. We could be really excited if we make a wonderful malaria vaccine. But if we haven't worked with all these other people and align those activities, we'll have a malaria vaccine that sits on a shelf and saves no lives. And

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we have not one. So, we need to be able to do this in a better way. The Intermittent Presumptive Treatment in Infants Consortium—there's a lot of discussion this week—this consortium has been formed around the very purpose of trying to take a new intervention and to bring in the implementation people, the policy people, and all these different groups together at the same time and to be able to solve these issues. This is a very, very rich project that I think is worth all of us looking at as an example. Next slide, please.

There is another activity going on with the malaria vaccine world and it's called the Decision Making Framework. There's a committee that's run by the Health Minister of Benin. And we're looking years before we have the malaria vaccine to understand what package of information needs to accompany malaria vaccine so that the way to implementation is clear and that we can move vaccine into implementation and impact as quickly as possible. We have to start these things now and we have to go to all those people together to have a successful effort. We can't wait. Next slide.

So, now we have moved to some of the key messages that really reflect this issue of a system approach. The one key message that came across from the beginning virtually to the end was, people talk about malaria in Africa. And the point that really came across strongly is that we have different

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contacts. We have a disease that manifests itself in different ways. We have different health systems and levels of infrastructure. And to think that we have single recommendations—that we're dealing with sort of a single manifestation of disease—will lead us to simplistic solutions that aren't practical when all of this hits the country level. One of the examples that came out this week was looking at a prediction for severe malaria. And what they found was when they looked overall, that this particular method of pigmented leukocytes showed that that was predictive. But now they did it at five different sites. At some sites it was predictive, at other sites it wasn't. We have a different disease that's showing up in different countries. It's a syndrome. And we have to start reflecting this complexity in the work that we do. Next slide.

I forgot to take out the magic bullet comment. One of the things that came up was that Brian Green [misspelled?] would raise this up to the opening session, is that we have to start talking about the combinations of the interventions. We can't just talk about drugs. We can't just talk about bed-nets. Because, at the country level, we're talking about all of those things. Malaria is complicated. There is not one answer that is going to get us the impact. It takes combinations of things and we have to understand how to use

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them better together. If we have—[inaudible] made this point— if we don't coordinate that research, if we don't make sure it's addressed at answering the questions of the countries, then what we get the default is no action because there's confusion. Or, increasingly, the other action is a movement to policy that's not evidence based. And what we want is we want evidence based action. And to get that is going to take everybody in this room working together to make sure that the evidence underlies the policy and underlies the implementation. One of the just small examples is talking about the Glaxo Smith Kline vaccine this week, is that the phase three clinical trials that are planned will be done with bed-nets. At the end of this, we'll know how the vaccine works and the contacts of bed-nets. We need more work like this, trying to answer really the questions that countries will be asking. Next slide.

The only thing that came up on the basic understanding side was from basic research heavily designed clinical trials to the monitoring and evaluation of work that we do. Malaria is a syndrome and there are many things that we don't understand about it. And if we can increase some of our basic understanding of the clinical disease of malaria, the pathogenesis behind it, then we're going to benefit across the spectrum of malaria. This is a basic area where we're missing some information and we're not necessarily investing in the way

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that we should be. Next slide.

The other part of this is that this is sort of the no magic bullet part is there is never a time when we're going to be finished with this dynamic interface between research and development and policy and implementation. This is a complex disease. Things are changing all the time. We have a dynamic environment. One of the examples that came up was intermittent presumptive treatment of pregnant women. If the drugs that you're using, you have increasing resistance to, what do you do with this policy recommendation? There's got to be monitoring in country, we've got to have systems that are flexible through this change, and we've got to have the capacity not so much at the global level but at the local level to make decisions about these policies and to make changes and to know what to do when that local context and environment. Next slide.

Another, which I've talked about, is that as we plan for these new interventions, we have to do it in a new and different way or else we're going to keep repeating the mistakes of the past. There's a tension about how soon that we start applying resources to new interventions that haven't shown their value. If we go too soon, we might have wasted time and energy. If we wait too late, we have life saving interventions that we're not applying. How do we get that right? And I would suggest that it's probably through

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dialogue. There was a point made, actually, by the Minister of Public Health earlier this week that communities must be involved in this. Because, if we don't involve them, they're going to learn through rumor because they know. So, it's been on the TVs, it's been in the papers this week in Cameroon, all these things about malaria vaccines and other interventions coming. Communities are hearing about them so we might as well go ahead and step up and work proactively and get that information out there. And one of things that came forward this week is that we also talk about how policy lags behind our need. There's a fair amount of concern expressed this week that policy may actually be out in front of our ability to implement, in some cases. And that this can actually cause as many problems as a lack of policy. Next slide.

So, here we are, back at the malaria value chain. If you could next click? And I have added this part about integration and system thinkers and this is close to signify that we need to grow, that capacity in our community. What we tend to do is when we bring everybody together, is we take all the people who are experts in those individual boxes and bring them together and say, let's solve the whole problem. And the thing is we need a different skill set. We need people who know how to think about systems. We know that we need people who know how to integrate, to be able to be the ones thinking

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about how we bring in all these things together. It's a different skill set. Every community probably has about five percent of its people who have this way of looking at the world. We need to be bringing those people together. Making sure that they sit there to solve our overall problems. Because, again, if we don't get to impact the rest of it is immaterial. Its nice research and we're coming to where we can talk to each other but it's not meaningful. Next slide.

I wanted to show you this slide that I started out the MIM meeting with earlier this week in the welcome session. Go ahead and hit two more.

You see up here it says new strategies against an ancient scourge and a strategy that I offered out is behavior change. And I think it's kind of funny for a research scientist to actually chuck up behavior change. But we need it in order to do things in a different way. And there were suggestions from donors. Stop funding little pieces of the problem. Solve the problem. Fund studies that are actually big enough to get an answer, not a piece of an answer. We need to be looking at what is the problem that needs to be solved and solving it instead of doing our own research that we're so comfortable in. For the researchers in implementers, this was said several times. We need to be working ourselves out of jobs. I don't want to be working on a malaria vaccine for the

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rest of my life. There are lots of other things to do in this world. I want to solve that. I want to move on to the next thing. And there are several people who have expressed this, this week. And if the country level who would really come out strongly out is, this is where it all hits. All the confusion, all the research that people come running through your countries and say its bed-nets and people come through and say no, it's IRS; it's all these other things. The countries have to be central in this process of articulating their own needs, not others who are perceiving their needs and exhibiting that leadership so that the rest of us can follow. The other part I put about behavior change, is our discussion about organizations. An issue, we can wait for organizations to do this or each and every one of us can realize that we need to change our behavior and we can start today. And we can do this in a different way and we can reach out to the people next to us in different boxes and make this all happen in a different way than it happens today. Next slide.

So, I hope this sense of humor comes across, I really do. But we talk all the time about scarce resources and this was probably on every other PowerPoint slide of the 40,000 PowerPoint slides this week. And we talked a lot about scarce resources. Go ahead and do the next click, please? And I spend a lot of my time on airplanes and I clip these out. And

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I'm pretty certain that in a world where there are people who buy dedicated hot dog hookers for \$50, and in a world where people buy little carriers to carry their pets around in for \$50, I'm pretty certain that we can find the money to buy bed-nets and the drugs and to invest in new drugs and vaccines for the future. The money is there. We haven't mobilized it. Just this week—[applause] Just this week the U.S. Congress is looking to allocate seven billion dollars for pandemic flu and bioterrorism agents. These are diseases that kill a handful of people. Some of them don't kill any. Small pox was eradicated the last time I checked. Seven billion dollars. I can guarantee you that if malaria were killing American children we'd have seven billion dollars to fight this battle tomorrow. But it's not—[applause]. We simply cannot accept the same old tired arguments that predict people societies mired in a society of poverty and ill health and still the promise of the future, the children who are dying of malaria. The next slide, please?

We've got to be emboldened by our vision because we have a righteous mission. There are over one million kids a year who die of malaria. This has got to stop. It's got to end. We need to strengthen our vision. A world that's free of malaria.

[Applause]

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MALE SPEAKER: Thank you very much Mrs. Melinda. I would like to invite those who came from the [inaudible] to stay in their seats. Because the next presentations will end these slides. Thank you. At this juncture, I would like to invite Marita Troye-Blomberg from Sweden to make a statement on the current named Secretariat achievements. Thank you.

[Applause]

MARITA TROYE-BLOMBERG: Thank you. Your Excellencies, Distinguished guests, colleagues, friends, ladies and gentlemen. This is the point where we all know that the MIM Pan-African Conference is going to end. This means, also, that the Secretariat who has been involved in organization of the Conference is ending its period. The Secretariat has been relocated in Stockholm for three years and we have been working a lot and then when you are going to end something, then you realize that this is a good time for it to try and understand what have we done? So, could we have the next slide?

The Secretariat in Sweden were lucky that we have some guidelines that we were supposed to do by the commendations which were down by [inaudible]

[Music]

[Applause]

MARITA TROYE-BLOMBERG: Thank you. So, as we heard from Melinda Moree, that is money needed for malaria. And the

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monies are around, we just need to find them. Meetings like this is a very, very good opportunity to make a [inaudible] for the malaria [inaudible]. And, as you all have been aware, that during this meeting we have had an extremely strong press Secretariat office. And then may the summary as you saw in this film on the success of this meeting. And I'm sure that this thing will be available to all of us so we can use it in the promotion to find money for malaria. But that was not what I was supposed to talk about. There was a misunderstanding. This was supposed to come at the end of my talk. But I'll have to bring you back to the MIM Secretariat. As I have said, that the MIM Secretariat when located in Sweden have both recommendation for integration of the Secretariat when it was hosted by NIH. So then we achieved these recommendations or what have we done?

We have done many different things and the major achievements that we have done which we think is important for the coordination of malaria activities that was connectivity building of malaria research in Africa, includes, among other things, first of all, we have through the help of [inaudible] been able to raise 500,000 euros for the continued building of connectivity in Africa, which is a product which is around together with MIMCO [misspelled?] and with some of the Royal Technical Institute in Stockholm. We have also been able to

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stop accumulation with EU to an EU founded network of incidence which is called [inaudible]. This [inaudible] order would include three African institutions and now we have allocated money to include additional African partners comprising a sum of 100,000 euros per year for four years. We have also been able to strengthen the collaboration between the different arms of MIM, which includes MIM TDR, [inaudible] and MR4. And as Melinda already indicated we have also been involved in coordination and synergizing of our R&D activities that we have been involved in establishing an R&D alliance for promotional malaria. We have also been aware there's a great need for African commitment in the malaria problem. And we have been very lucky in this instance, also that we have started collaboration with African union. And from the next year, there will be a MIM person working together with the African union. The person is not known yet, but there will be a call for applications. We have also, as you know, been able to raise money for this conference. At least at not last we have been lucky and successful in looking to the Secretariat is really moving African up. So, the Secretariat from the first of January would move to Tanzania under the umbrella of the [inaudible]. All these achievements which we are proud of would not have been possible providing we have had a very, very efficient Secretariat and we have had a fabulous coordinator,

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[inaudible], who is sitting down there, who is an unusual person. He's hard working, serious, devoted, and always optimistic. [Applause] Thank you, Arias [misspelled?] We also have other people in the Secretariat. We have had a very tough administration collecting money, [misspelled?] who is sitting up there. And we have two project managers who yet developed their own order to the [inaudible], who have been involved in fund raising and also in one who has attended the conference knows who Ula is. So I think they also need to have applause. [Applause]

Then we will also have a very efficient scientific advisory board comprising Lars Hviid. And Lars Hviid has also been the organizer and coordinator of the scientific organizing committee. So Lars, are you around? [Applause]

Other papers including of this study, advisory board implemented include [inaudible]. They have been contributing to the success of the Secretariat. We have also all the time the great support of the outer arms of people from MIM TDR, from MIM [inaudible] and from MR4. And I will not name all the names because I would probably forget somebody important and then it would not be so nice. All the things of course would not possible if we did not have support from different funders. And we thank the people who have funded the Secretariat, which include [inaudible] and the Swedish Research

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Council, the [inaudible] Foundation and the Stockholm University. And we are pleased to know that the [inaudible] will continue to support the Secretariat when it's located in Africa. So, see that it will continue. [Applause]

That with regards to the conference which we have been involved together with people here in Yaoundé. Of course we especially thank Wilfred Mbacham and his team and they really, really need a great applause. [Applause]

The MIM has been functioning as you know very well and that has been thanked to the local organizing committee, which is comprised of people of Cameroon. We also thank all the hostesses, all the people that really helped us during this conference. The conference, we have also been able to have around 24 different sponsors. And if you'll see in the abstract, you can see the major sponsors and with the help of these people we were able to raise 2,000,000 euros which, of course, helped for the success of the conference. Then of course let me end with the great challenge and that's why we are all here. That was Secretariat and this MIM conference were able to help the meeting back-to-back with roll-back malaria. And I think this is the first time in history that research people talked translation to people. So, I'm sure that this is the beginning of a real exciting change. So, [inaudible] I would very much like to thank the Organizing

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Committee of Roll-Back Malaria, especially Professor [inaudible] who was working with us in Stockholm, also the local organizing committee. And I think they also should have applause. [Applause]

So, here I will end and thank you all for all your participation in looking to the looking to receiving [inaudible] success. And I'm sure that the future for malaria, if you all put different importance in doing this, will help to eventually eradicate this terrible disease. Thank you.

[Applause]

MALE SPEAKER: Your Excellencies, with your permission, I would ask you once more to retain your seats for the last presentation. Ladies and gentlemen, considering the other engagements we have for you in addition to this program, I would like to request our [inaudible] speakers to the brief. Thank you. I would like to invite Wen Kilama from Tanzania who will make a brief presentation on the incoming new Secretariat. Thank you.

[Applause]

WEN KILAMA: May I have the slides, please? I will hand it back over to you. Okay. I'll do without them. Your Excellencies, Mr. Chairman, Colleagues, Ladies and Gentlemen. On behalf of my employer, the African Malaria Network Trust, and on behalf of all scientists, we have eminent very much

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pleased and even excited as the opportunity of hosting MIM in Tanzania starting early next year. Plus, this is very much a challenge, but we are prepared to face that challenge. A few years ago, we founded the African Malaria Network Trust and everyone was very skeptical that we are not to manage and we have managed very well. For example, in short training workshops we have already trained more than 800 African researchers. What I can promise here, Your Excellencies, Colleagues, Ladies and Gentlemen, firstly that we shall make sure that we build on the achievements made so far by the predecessors. We are located at the Tanzania Commission for Science and Technology in Dar es Salaam. When you see that building on Ali Hassan Mwinyi Road you are welcome to come and visit. You are MIM Secretariats and of course, also emminents. Next slide?

After building on what has been achieved as far as the Secretariat as we have just been informed, we have what we call added volume. We shall take advantage of the MIM Secretariat handed to us for the first time ever, to have [inaudible]. To create awareness at a greater level across Africa, not just cover [inaudible] to scientists as we leave our literature but also for policy makers, decision makers, all health workers and communities. We shall try to take awareness of this, to bring on board policy makers. In this regard, Your Excellencies

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which shall very much tell you our ever best to do this. Indeed, we have had and started having negotiations with African union so that we can get an African Goodwill Ambassador on Malaria. Because we as scientists cannot open doors, but Goodwill Ambassador we trust can do that. Finally, we are going to start an African Malaria Research and Control Forum, which will be a magazine, which will translate research results into a language that can be easily understood and comprehended by the non-specialists so that research can now be translated into action so that experiences from successful and even failures control can be published so that everyone will share into or whatever is coming out. And not this we will end at creating Centers of Excellence, hopefully four of those. We shall need inputs from everyone, particularly in this regard because this is a very major undertaking. We are willing to start a task force and to be the task force which shall decide on the operations of this several Centers of Excellence and who is it among the MIM players that is MR4 or TDR-MIM and ourselves and how is this going to be operated. And without further ado, I want to thank you your Excellencies, as we say in Swahili, [Swahili language]. We wish you success and please we shall dwell because the job ahead of us is great. Thank you.

[Applause]

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MALE SPEAKER: Thank you very much Your Excellencies, ladies and gentlemen. Would Your Excellency and Prime Minister Lambo to return to their seats? It is time for me to welcome remarks on the 4th MIM Conference which will be made by Dr. Luis Gomes Sambo. Dr. Luis Gomes Sambo is the WHO Afro-Original Director. Thank you and you are welcome to the floor.

[Applause]

DR. LUIS GOMES SAMBO: Thank you very much. Your Excellency, the Prime Minister of the Republic of Cameroon, Excellencies, members of the government of Cameroon, Excellencies Ministers of Health attending this conference, the President of the Organizing Committee, Excellencies members of the Diplomatic Corps and the Representatives of International Organizations, Distinguished Members of the Multi-Lateral Initiative on Malaria, Extinguished Roll-Back Malaria Partners, Honorable Guests, Ladies and Gentlemen. It gives me great pleasure to address you at this occasion on the joint session of the MIM Conference and Roll-Back Malaria Fund. It is coming up at a time when there is not office of [misspelled?] in Africa. It is in the process of running out the implementation of its news for [misspelled?] orientation for the next five years. So, we are very pleased and keen to hear from your experiences and to exchange views about the set-up of these events.

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Sub-Saharan Africa faces the highest level of communicable disease in the world. The scourge of HIV-Aids Epidemic, the alarming resurgence of tuberculosis and the persistent very high prevalence of malaria associated with poverty of most of the people. The whole current health [misspelled?] in Africa is threatening economic growth and social movement. We need healthier people and longer life expectancy at birth to make up the human capital required for a better future for Africa. It is paradoxical that in the days where we could launch prolong life exists, we have so much preventable diseases and suffering in Africa. With particular respect to malaria, I am aware of interventions to reduce or even eliminate malaria exists. Theoretical models have been built around these interventions and when they are subjected to mathematical calculations they should work. The big question is why has malaria control been such a big challenge for us in Africa? Poverty, weak health systems, resistance to medicines and pesticides, changes in the environment including global warming are making malaria control increasingly complex. One of the biggest obstacles which we have had is our inability to bring to scale and when I say bring to scale I will for a very large scale, multiple interventions of this work simultaneously. The researcher is repeat with small projects on malaria that produces wonderful results that are not

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operated on a larger scale. A few years after such projects have been folded up, the areas where the patients were desperate, go back to what they were before their research projects started. This should not be so. We must conduct operational research on how the forces that work on a small scale can be brought to work on a very large scale. We are aware that timely concern of MIM is to build the reciprocity of research that will fit into implementation. This is our understanding of the goal of the founding persons of MIM. It's true, reciprocity has been built, but we are not able to reap the successful scale-up of interventions that work at the research level. MIM could move more rapidly to bridge the gap that exists between implementers and researchers. And we are very happy to hear about the previous presentations about this.

Researchers would also implementers into the design and exhibitors of their studies. They hope to inform policy and improve practice. The whole idea is that successful must stay interventions at research go directly into large-scale implantations. This is going to be difficult, of course. This is why we have scientists to find answers to difficult questions. I therefore call on MIM and Roll-Back Malaria to join forces and open up a new horizon. Apart from the foregoing, we do not yet also have the type of social science studies that we need for stabled up interventions. It is true

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we have done well in the area of health economics but we need to do more in the area of scaling up interventions and socialability. For example, what type of social factors would contribute to sustain our field interventions? There is still room for research.

Now, talking about new technologies to fight malaria, we just want to say that [misspelled?] will continue between patrons and support, good and positive research on new drugs and vaccines. At the same time, the organization will continue to use its mandate to insure that new technologies will be made accessible to the poor people. These are the ones who suffer more from the consequences of malaria. Excellency, Mr. Prime Minister, Excellencies, Ladies and Gentlemen, I would like to recognize publicly the new opportunities already making the difference in the fight against malaria. I want to mention the Global Fund to fight AIDS, tuberculosis and malaria. The World Bank's Malaria Poster Program, the ES Initiative on Malaria, the European, and the developing countries political trials published here, MIM and the Bill and Melinda Gates Foundation among others who are making funds available for disease control and technology of hope. We are also backed by strong political will from the heads of states from African countries through the African union. We have also unite missions [misspelled?] to block [misspelled?] and the G8 [misspelled?] recent

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commitment to boost health investment and to take action to combat AIDS, tuberculosis, malaria and other diseases.

There are strong signals that the conditions are being created for more complete achievements in the fight against malaria. Nevertheless, we think that tangible results will depend on the translation of research findings into policy and action in the field. A greater commitment of national governments in driving health sector to perform processes, improve dialogue, and hold the nation among partners in support to national policies and progress, [misspelled?] public, private publishes and greater community involvement. Second capacities of local health services are also very important if you really want to scale up proven and cost effective interventions with appropriate monitoring and evaluation assistance. We should be able to measure the progress made. This is one of the political problems that we have in the fight against malaria.

I want to thank the Awono Minister of Health of Cameroon and the Chairman of the Roll-Back Malaria Publishing book, [misspelled?] of Nigeria for their invitation and opportunity to express our views on these important issues. Finally, I would like to formally thank all those involved in the organization of these important forums. Thank you very much for your patience.

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[Applause]

MALE SPEAKER: For this interim part of the presentation, Forum Subcommittee for the Board of Directors of the Roll-Back Malaria Initiative is to be presented by Stewart Tyson. Mr. Tyson?

STEWART TYSON: Thank you. I've been made to understand he's not around. I would like to invite Yvonne Chaka-Chaka from South Africa to make a presentation of maximizing the impact by oppressive generations in the fight against Malaria.

[Applause]

YVONNE CHAKA-CHAKA: Your Excellency, Honorable Ministers, Ladies and Gentlemen, Dear Public and Friends dedicated to Roll Back Malaria my name is Yvonne Chaka-Chaka from South Africa. Thank you for inviting me here today. Malaria agenda issue: In a meeting held at Paris on the 5th and the 6th of October 2005 and hosted by Arabie Partnership Secretariat in collaboration with the Monteback [misspelled?] Initiative on Malaria in a forum and defense of Africa solidarity, it was acknowledged that a gender perspective on malaria research and all areas of malaria control implementation have been neglected in the current local response to the disease. It concluded that a gender perspective is essential for substantial reduction and

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elimination of malaria. Malaria is not only health and poverty issue it is also a gender equality parenting. In a country most heavily affected by malaria, first time pregnant women and children under the ages of five and those at great risk of contracting the disease and women globally tend to be the greatest [misspelled?] ever studied. Women bear the greatest study of malaria because poverty has a greater impact on women than men. Access to healthcare is often not adapted to the situation and needs of women. Women have less control over resources and decision-making process than man. Now, our recommendation is that women are recognized as equals and important partners and stakeholders in the fight against malaria. Malaria control is acknowledged as a gender issue by governments, donors, and private sectors who want to fight these and end these illnesses. Reception of wellness about the different needs of specificity of malaria control and prevention rapidly increases considering the biological and social differences between women and men. I equate malaria prevention and treatment is made accessible to women at the local level. The powerment of women is an objective in the malaria control. A gendered approach in malaria control and intervention is integrated into poverty reduction and government schemes. We commit ourselves to mobilize the resources to gather existing knowledge on malaria and gender,

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to mobilize a network, advocate for a gender approach in malaria and to build a strong network of organizations to put malaria as a gender issue on political agendas.

We urge and welcome all stakeholders around the world to adhere and to make sure that they take into consideration on this statement to promote the integration of gender perspective for the effective of malaria control. Malaria control will only be cost effective if the agenda perspective in prevention treatment research and is well communicated. Ladies and gentlemen, everybody has said a lot, there's partners, there's government, there's HMO's based everyone, I think let's all do it for a safe and better Africa. This is what I want to say to you.

[Applause]

[SINGING]

MALE SPEAKER: Thank you very much, Yvonne Chaka-Chaka. I say [misspelled?] the names sounded familiar and I think she's not someone we need to introduce anymore here. She's also an Ambassador to UNICEF, thank you very much.

[APPLAUSE]

MALE SPEAKER: At this stage, I would like to invite Mr. Philippe Baetz, who is the vice-president of Sanofi-Aventis to make his brief presentation.

[Applause]

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MR. PHILILPPE BAETZ: [Translator in English] What can I say after this wonderful song? Thanks a lot. I'm going to speak in French, well maybe half of you will understand it and half will not understand, but I hope you all understand. Right when I wrote Prime Minister, the Honorable Minister of Health of the Republic of Cameroon, Honorable Ministers from other Countries, Ladies and Gentlemen, I'm speaking on behalf of the private sector, to tell you that we are fully committed sincerely committed amongst those who are fighting to combat malaria and especially within the Roll-Back Malaria Partnership. You all know about the capacity of the private sector to intervene at various levels, but again it's important during these great days to re-direct the various point at which we can intervene. The private sector is first and foremost the presence of certain entities in countries where malaria is endemic. Countries which are struggling to ensure their development. The private sector can do many things and it has become almost an obligation to multi-nationals as well as companies at all levels, companies at all nationalities to join this drive to Roll-Back Malaria. It is absolutely necessary and is possible for companies to do something to Roll-Back Malaria. When we talk about the private sector, we are talking about men and women who can in solidarity help our communities, especially at various levels. All sectors are concerned, of

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course. This year we are talking about chemical industries because we produce insecticides. We are talking about from surgical industries, these are all industries that are at a front line of malaria control, but they are not alone. Malaria control requires all sorts of activities. When we talk about malaria control, we are talking about industry that are involved in communication, industry that is involved in logistics so that the message of controlling malaria can reach as well as possible all sectors and all communities.

Of course, the private sector is remarkable in regard to its expert and its experiences, its skills. Some of their competencies are unique in malaria control. This is because we are aware that we have this skill, we have this experienced experts that we think that our contribution is of utmost importance. And so, it is almost an obligation for us to contribute to malaria control. We have to be able to develop new products that will be used in malaria control. Of course, we are talking here about drugs, new drugs. But then, we are also talking about chemical industry that produces insecticide. These are industries that are doing a remarkable job in developing new types of mosquito nets. And, we also try to work hand-in-hand with policy makers in order to produce chemicals and drugs that are special to the African continent and can help to reduce malaria. We also have an experts in the

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development of action plans that the governments are [misspelled?] and so I would like to say that you can depend on the private sector when it comes to the development of products and I can tell you that we stand ready to reduce the cost of the drugs that are used in treating malaria. This is to tell you that your expectations first in the private sector are founded because we are willing and committed to this course.

Also, the professionals in the private sector are also committed because we have experts to make a remarkable contribution and lastly, our experience, our experience in financial matters, our experience in the development and application of falciparidites. Our experience in conducting market surveys, consumption surveys, all of these make us valid partners in rolling back malaria. And so we would like to say that we are determined, we are resolved to work hand-in-hand with governments with other partners to focus on the implementation of radical procedures to Roll-Back Malaria. And if you want to count on us you should also create a forum for us. You should create space for us so that we can enter in more actively and so produce more concrete results. I would like to conclude by thanking Cameroon for hosting the events of this remarkable malaria week. I would also like to thank the organizers, to thank all those who have contributed in making this event a success. I would like to highlight and thank two

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personalities, two great ladies in malaria control. Dr. Culsak, she highlighted the contribution of Dr. Trialway [misspelled?] who worked tirelessly in the Roll-Back Malaria Department of WHO. I would like to again join her in thanking this personality. Next, I would like to congratulate and thank Dr. Maria Sek for her determination for her enthusiasm in ensuring malaria control. The presence of these exceptional ladies at high levels of responsibility reminds us to know that malaria and health in general affects our families, it affects our society. And so, I would like to thank them again for their tireless contribution and thank you for your kind attention.

[APPLAUSE]

MALE SPEAKER: Thank you. I would like to invite Dr. Anarfi Asamoah-Baah, Deputy, and Directive General of the World Health Organization, would you like to take the floor and make a statement on global action against malaria?

[APPLAUSE]

MALE SPEAKER: Everybody, [misspelled?].

[Laughter]

DR. ANARFI ASAMOAH-BAAH: Your Excellency, the Prime Minister and Head of Government for the Republic of Cameroon, Your Excellencies, Distinguished Ladies and Gentlemen, Fellow Colleagues, Friends and Partners, I feel really proud and

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privileged to be here because when I was growing up as a child, I learned that my parents had a lot of respect for malaria because any time as children we had malaria, they took special care of us. You had special food; you had special sweets and candies to go with your medicine. I think it was quinine at that time. And as children getting malaria became very attractive. So there were occasions when we went to bed dreaming and hoping and praying that we would get malaria the next morning. And we learned to fake malaria, but we had one problem because it was very difficult to fake fever, and my mother used to be a nurse, so together with my elder brother, we did some research and we found out that you don't always have to have fever when you have malaria. So anytime our mother would come to us and we would tell her you don't have to have a fever to get malaria. So, I'm speaking to you now not only as someone who has suffered from malaria, but someone who has been interested in malaria research since I was a kid. But also someone who actually benefited from malaria, praise the Lord. There are many few of us.

I see the ballroom as important for two reasons. One it is an opportunity for celebration, but more importantly it is an opportunity for sober reflection and commitment and in some cases, re-commitment, celebration because we have come a long way, not long ago there were especially given up on malaria

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because malaria was not a success story. There was very little going into malaria control and malaria research. Not many people wanted to be associated with malaria. In those days it wasn't fashionable to call yourself a malaralist. And on the country level it did not make economic sense to become a malaria control manager; it makes more sense to be a [misspelled?] manager. Contrast that with the situation that we have now, when almost everybody is talking about malaria now. Head of states are talking about malaria, presidents, not just presidents of countries, but presidents of Basques are talking about malaria. Even musicians are now advocates of not having malaria.

[Laughter] [Applause]

Rock stars are talking about malaria. People feel very proud now to call themselves people working in malaria. Malaria is becoming more and more sexy. [Laughter]

But this has not come about through accident. It is because some individuals, some groups of individuals, some institutions, some agencies, some from pharmaceutical companies refuse to give up on malaria at a time when the conventional wisdom was that malaria was a no win situation. At a time when we have lost so much confidence in ourselves that walls up communities. We are talking about fighting the disease; we are talking about stopping that disease. We are so unsure of

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ourselves that all that we could contend with is to roll back malaria gently. This was a time when we needed people to be faithful. So I see this as the proper committee to salute and pay tribute to those I will call the faithful, those whose mission is where we are today.

But more importantly this is also an occasion for sober reflection. As Melinda said we live in a very rich world. In one part of the world it is no longer a luxury to have two homes, two cars, two mobile phones, two televisions. In one part of the world children have Play Station, Game Port, and computers and in another part of our world, children die like chickens. 3,000 a day. I would not be surprised if future generations end up in die prisons for crimes of omission. As soon as there is more money in malaria, it is also true that the money that's available for malaria is a mere fraction of what is needed. A time must come for us to make malaria a disease that will require more than just compassion of the rich but also a disease that is in the self-interest of the rich because as you know, compassion comes with millions of money and self-interest comes with billions of money.

[Applause]

But the war against malaria will not be faulted by how much money comes from stable partners to be fought by the local action. We will only win the war when those who have no voice,

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when those who suffer diseases have a voice.

[Applause]

We will only win this war if civil society begins to put pressure on government of endemic countries to invest more in malaria. We will only win this war if African scientists will only work African industry, when African private sectors are in the forefront of this war. That is the only time when we will win this war. We will only win this war when we begin to make this war, a war that is led by African leaders because as you know [applause] we are very lucky. Because when African leaders go to war, they just don't fight for one year, they fight for 25 years.

[Applause]

These symbols ladies and gentlemen, this debt as usual will not help us. We need to bring on the table not just old partners but also new partners. Parliamentarians, musicians, media people, activists, we need to link up with other programs. This is not a war we can fight alone. As we fight malaria, we must also fight the cause of malaria. It is not enough to fight against the parasite that must bite the mosquito. If you go to many of our cities, we are helping the most the mosquito. [Laughter] Unless you fight the mosquito, we are not going to win. The problem is that the malaria parasite and the mosquito are cleverer than we are. They have

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been around longer than we have been around. And they are not going to give up unless we unite, we cannot win this war. So, my only plea is that for the sake of those who continue from this disease and for the sake of those of us who are benefited from malaria, let's unite against malaria. Thank you.

[Applause]

MALE SPEAKER: Thank you. I would like to invite the Arabie [misspelled?] Partnership Board Chair. Professor Eyitayo Lambo, who is Minister of Health of the Federal Republic of Nigeria to take the podium.

[Applause]

PROFESSOR EYITAYO LAMBO: Your Excellency, Prime Minister Head of Government for the Republic of Cameroon, as they say in my own part of the world, all of that which of course right here. I would like to start my brief address with a vote of thanks to the Head of State, the Prime Minister, the Government, and the good people of the Republic of Cameroon for their hospitality and warm welcome. We really appreciate all you have done and we still do to ensure that we have a free speech forum. [Inaudible] malaria and the committee were launched by the WHO Minister, the World Bank, and UNDP in 1998. At the time of the launch, there was not much money. There was not much coordination or global efforts. And indeed, there was nothing like Roll-Back Malaria and such. But today, we thank

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our Almighty God that history is different.

There is now a Roll-Back Malaria Partnership that consists of hundreds of partners all donated from several continents, consisting of malaria endemic countries, multi-lateral malaria partners, private sectors and deals from foundations, ORCD [misspelled?] donations, recycled centers and academia [misspelled?]. The Roll-Back Malaria Forum is an assembly of all constituencies of the RBM Partners. And it is the ultimate embodiment of the RBM Partnership. The forum also provides an opportunity for the members of each constituency to interact with their wide membership and the better way that the constituencies are operating and interacting through the Board with all the partner groups. I want to recall that four previous malaria forums have been held in the past.

This forum, forum five, is unique in a number of ways and I will just mention one or two. It is the first forum to be held since the new coordinating structure was put in place in October 2002. And secondly a problem more importantly, it is also the first to be hosted by a country in the south. I therefore congratulate the government and the [misspelled?], the Republic of Cameroon for achieving this meeting.

[Applause]

There is a Roll-Back Partnership Secretariat that has provided with strategic guidelines from the board and which for

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now is chairing, made up of 20 representations from the RBM constituencies. The functions of the Roll-Back Malaria Partnership Secretariat and the other rules of the board are clearly defined. We don't have time to go into that now. It is important to add that RBM Partnership has specific targets of malaria for 2010 and 2015. The Partnership has recorded achievement, which includes the following, I will just highlight a few of these, the unwritten rule of the Partnership has led to great expansion in its membership and supporters which today include artists. We have the beautiful artists who sing for us a little song, women's movements, and youth organizations. Secondly, more resources are being mobilized to supplement malaria activities. Such resources include an increase in the national [misspelled?]. And I'm happy that the previous speaker mentioned this that is we really must fight this malaria and win the war against malaria, which we must be dependent on the resources that are coming from the outside. And we are happy that some countries are already putting in some money, some of the national governments putting into malaria prevention and control. Resources are also coming from the [misspelled?] new malaria poster program, also from President Bush presented launch malaria incentive and of course, the resources that are coming from the global forum have been enormous. Also, to be of note, are the resources we

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are getting from the Gates Foundation. Particularly the support research and money toward [misspelled?] evaluation. The Partners development of specific new programs in support of malaria control and coordinated on the [misspelled?] RBM Partnership is under that, it's called I think we have fairly achieved. Also, the development of the first global strategic plan to cover the period of 2005 to 2015, which represents a consistent road map to malaria prevention and control for all partners up to 2015. Finally, in terms of achievement, it is worthy of note that the private sectors involvement is very, very strong particularly in the production of drugs, the nets and the insecticides.

Even though few countries have reached the [misspelled?] targets of the 360's but these 60-60, I don't have time to go into this. Many countries are one increased their ITM coverage. Two, they have changed the drug policies to AZT's which are known to be more effective. Three, they have uprooted a lot of experience with indoor and [misspelled?] spring. And four, they have deployed preventive malaria policies during pregnancy. We ignored that some, but we may [misspelled?] mean, with regard to a number of things. Among which is the supply chain management as well as a resource guide that is still high. However, we are optimistic that with great partnership and with effective, I don't know if I like

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that, effective harmonization and coordination to maximize the impact of the efforts that are being put in place by the partners. The partners against malaria will soon be achieved. The battle against malaria will soon be achieved its desired results. I would like to thank all partners who have made the way to Yaounde to attend this historic forum. I would like to specifically express the bus schedule to the following: One, the organizers, and participants of MIA, who are passing the baton. You saw this over the last one hour. They have passed the baton of malaria in the [misspelled?] wall. To us, in December they have provided to us the most needed correct evidence for malaria prevention and control.

Number two, for the local organizing committee under the very effective leadership of my brother and my colleague, the Honorable Minister of Public Health of the Republic of Cameroon. Number three, the [misspelled?] forum five supplement the chairman and finally, the Secretariat of the RBM Partnership for all governments for the forum. Finally, finally we are greatly appreciative of the Prime Minister's commitment to malaria control as demonstrated by this personal precedence at this opening ceremony. Can we give them a round of applause please?

[Applause]

I had to do a structural adjustment for my speech

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because of lack of time and therefore I thank you for your attention.

[Applause]

MALE SPEAKER: Ladies and gentlemen, to prepare the stage for the keynote address I would like to invite once more the Lavoix de Cenade Singers to sing a special song in the fight against malaria.

[Singers]

[Applause]

MALE SPEAKER: Once again, it is a great pleasure for me I have the distinguished honor to invite his Excellency, the Prime Minister, Head of Government of the Republic of Cameroon, Chief and Honorable Friend to take the floor and make the keynote address to the ceremony. Thank you.

EPHRAIM INONI: Excellence, [French spoken with English Translator] Members of Government, Officer Eyitayo Lambo, Chairman of the Board of Directors of the Roll-Back Malaria Partnership, Officer Michel Kazatchkine, Vice Chair of the Board of the Global Fund, Dr. Luis Gomes Sambo, Original Director of the Regional Office for Africa, Officer Awa-Marie Coll-Seck, Executive Secretary of the Roll-Back Malaria Partnership, Your Excellencies Ambassadors, Your Excellencies, Representatives of International Organizations, On Bilateral and [misspelled?] Natural Corporation Agencies, the Rapporteur

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General of the 4th African Conference of the Multilateral Initiative on Malaria, Representatives of the Pharmaceutical Industry, Representatives of [misspelled?] and Civil Society, Distinguished Participants of the 4th Pan-African Conference of the Roll-Back Initiative on Malaria, Distinguished Delegates to the 5th Global Forum of the Roll-Back Initiative Malaria Partnership, Distinguished Guests, Ladies and Gentlemen, a few days ago on this [misspelled?] I had the singular pleasure to chair the opening ceremony of delegations of the 4th Pan-African Conference of the Multilateral Initiative on Malaria, [misspelled?], on behalf of the President of the Republic, His Excellency Mr. Paul Biya [misspelled?] to commend from the bottom of my heart all the men of science for their commitment and their specific art for the proceedings throughout the week. The high quality of the general report that has just been presented is eloquent testimony [misspelled?]. Congratulations and thank you.

[Applause]

At this juncture I would like to recognize the representatives of all the continents of constituencies of the Roll-Back Malaria Partnership who all traveled to Yaounde to make this event an unprecedented event over organizing Africa and a turning point in controlling this scourge. I would like to pay special tribute to Professor Eyitayo Lambo, Chairman of

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the Roll-Back Malaria Partnership Board, Professor Michel Kazatchkine, Vice Chair of the Board of Directors of the Global Fund to fight AIDS, tuberculosis, and malaria. Your presence in this meeting is a source of honor and hope in the global response to this disease.

Distinguished Participants, the massive turnout for the 4th Pan-African Conference on Malaria, which is coming to an end is a strong signal for Africa with respect to the commitment and determination of the upcoming committee to seek sustainable solutions to this pandemic. During six long days, you shared on issues as varied as massive the role of traditional transgenetic engineering of systems of endemic countries [gap in audio]. I am convinced [gap in audio]

When I opened this missive to promote a partnership based on an approach as well as a collaborative approach as you seek new and relevant knowledge in checking this killer disease. I would like to congratulate you, but I can't of the findings reported that at this meeting, stem from south-south and south-[misspelled?] oppression. Research in Africa by global players with effective participation with researchers is gradually entering into the Hall of Fame. I urge you to move along the same lines, which enables research from health in general, and especially malaria to stand out as a key link in this system to challenge this illness in our respective

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countries.

Ladies and gentlemen, this joint session is the first of its kind in relations binding researchers and policy makers in respect of malaria control. It gives the way for added value almost immediately off the findings of research. This afternoon delegates are the 5th Global Forum of the Roll-Back Malaria Partnership will cross their minds on your work to draft new guidelines and devise new strategies in checking malaria.

Distinguished delegates, I urge you to keep everything you got to rise up to the challenge and also to meet the expectations by your meeting worldwide. The world is watching you. Do not disappoint the world.

Delegates [misspelled?] of the Roll-Back Malaria Partnership, you have already received the most updated and finest knowledge from imminent scientists as far as malaria is concerned. It is now time for all of us to elaborate new strategies to enhance the fight against this special scourge during the next decade. The strategies you will hear in this forum should have one main end, which is finding the path towards achieving the goals of the Abuja [misspelled?] Declaration, as well as the [misspelled?] development goals.

What is at stake during this malaria week? It's for us to change the present situation in which 3 million lives and 12

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billion US dollars are lost every year. As we all agree what the world needs now is an efficient and faster way to bring the effective, preventive and therapeutic tools to the most [misspelled?] and honorable people in our societies. In order to achieve this challenge, we shoot then from success stories. Scientists have demonstrated that working together, hand-in-hand, through strong and comprehensive partnerships and networks are a safe road to success. Let's seize this opportunity offered by this bridging session, which is a unique event organized as far as malaria is concerned to accelerate the global efforts towards malaria control and maintain the high profile we can fight the case of this endemic disease since the Millennium Summit for Development. Before I conclude, I would like to share a dream with you. I have a dream that by the year 2030, malaria will no longer be a public health problem in Africa.

[Applause]

My dream will become a reality given the obvious commitment and the firm determination of all of you who have come along from all corners of the world to make this forum a reality and a great success. On behalf of the President of the Republic, His Excellency Paul Biya, the Government and entire people of Cameroon, I would like to reassure you that we will continue to do all our best to ensure this success of the 5th

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Global Forum of Roll-Back Malaria Partnership which I am pleased to now officially over.

[Applause]

Long live the global fight against malaria. Long live its national cooperation. Long live Cameroon and thank you for your kind attention.

[Applause]

[Music]

[END RECORDING]

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