

**Statement by H.E. Ellen Johnson Sirleaf President Republic of Liberia**

**and**

**Former Chair of the African Leaders Malaria Alliance**

**At the**

**Malaria Financing for a new Era: An Exceptional Case for Investment  
Panel**

**Third International Financing for Development Conference**

**Addis Ababa**

Monday, 13<sup>th</sup> July 2015

13h15 to 14h45

Mr. Secretary-General;  
H.E. Prime Minister Hailemariam Dessalegn  
Excellencies;  
Distinguished Guests;  
Ladies and Gentleman:

I am pleased to participate in this panel on the occasion of the Third International Financing for Development Conference as we mark the tremendous progress that African countries have made on malaria control Financing the conclusion of the Addis Ababa Action Africa's Agenda as we advocate for the elimination of malaria as outlined in Agenda 2063 and the Global Sustainable Development Goals.

Globally, malaria remains one of leading causes of death for children under five and pregnant women. Half of the world's population, approximately 3.3 billion people living in 109 countries are at risk of malaria and contributes not only to deaths of children under five, but also deepens and reinforces poverty in some of the poorest areas around the world, notably Sub Saharan Africa.

Yet tremendous progress has been made. Between 2000 and 2015, the global malaria incidence rate has fallen by an estimated 37 per cent, and the global malaria mortality rate has decreased by 58 per cent. Increased worldwide attention and substantial expansion of malaria control interventions have helped to avert over 6.2 million malaria deaths, primarily in children under five years of age in sub-Saharan Africa. We predict that more than 80% of African countries will have achieved 100% operational vector control by the end of 2015. This increase in coverage across the African continent has driven down malaria mortality by 69% in the under-five age group reduced child mortality by two-thirds thereby improving child survival rates, and directly contributing to MDG4. These figures mark the greatest decline worldwide and signal that we are ready to move toward a unified elimination target.

As you know Liberia is situated in a tropical equatorial belt in West Africa with significant rainfall during the May–October rainy season. It has a population of 4.24 million people and is divided into 15 counties.

The malaria epidemiology has been the same over the years in Liberia. According to the Health Facility Survey of 2013 malaria still remains the leading cause of morbidity / mortality in Liberia responsible for at least 39% of all inpatients' deaths and 55% of deaths among children under 5 years, with the entire population at risk of infection.

During the period under review Liberia was plagued with the outbreak of Ebola Virus Disease (EVD), which paralyzed both economic and health care systems in the County thereby affecting the most populous and high volume health facilities counties throughout the country.

Despite the challenges, the fight to control the spread of malaria has made gains over the last few years. The malaria prevalence rate among children under five is steadily decreasing (66% in 2005 to 32% in 2009 to 28% in 2011), reflecting the impact of malaria prevention and control interventions implemented by our national program with support from partners which include the distribution LLINs, indoor residual spraying campaigns, advocacy for the use of ACTs and health education at community and facility level. Liberia, just achieved universal coverage of LLINs this last month when we completed our own universal coverage campaign.

While Ebola greatly stretched our resources and systems, Liberia benefitted from additional emergency funds from the Global Fund to help manage malaria during the outbreak. We are working to rebuild our health system

and the continued commitment of traditional donors is essential in the fight against malaria, and it will be essential for us all to support the Global Fund replenishment which will take place next year. The significant contributions from other donors including PMI, DFID, UNITAID and the Gates Foundation are also essential in this fight.

Country bottom-up gap analysis from Africa indicates that around US\$ 10.5 billion is required over the next three years to implement national malaria control and elimination plans.

The good news is that nearly US\$ 6 billion is reported to have been secured already including significant commitments through the Global Fund New Funding Model. We believe this gap will be reduced further as we exploit efficiencies and flexibilities in the Global Fund.

We all recognize that increased domestic resources are essential if we are going to effectively control and eliminate malaria from this continent.

There are reports of significantly enhanced domestic resource commitments from countries eligible for Global Fund resources, with a more than 50% increase in commitments over the 2015-2017 period compared to 2012-2014.

Countries are also investing in innovative financing such as malaria and health bonds, debt conversion mechanisms, health insurance schemes and solidarity taxes. The launch of the Global Financing Facility later today will further enhance resource commitments to address health in the post 2015 world.

Now more than ever, we can achieve a malaria-free Africa.

Thank You