Mr. Ban Ki-moon, Secretary-General of the United Nations;  
Madam Nkosazana Dlamini Zuma, Chairperson, African Union Commission Excellencies, Honorable Ministers;  
Dr. Fatoumata Nafo-Traoré, Executive Director of the Roll Back Malaria (RBM) Partnership;  
Ms. Yvonne Chaka Chaka, Roll Back Malaria Goodwill Ambassador;  

As we say in West Africa, when there are so many distinguished personalities involved, all protocols observed.

I am please to join so many political leaders and health policy to talk about Malaria, which is the most curable and preventable disease, but remains the number one killer of children and poor people around the world, mostly in sub-Saharan Africa. Liberia is among those countries most affected.

As we start to look into the horizon beyond 2015 and set a new development agenda that is people centered, as we put emphasis on the wellbeing and empowerment of every human being, one of the most crucial areas of concern will be health. Universal health care, water and sanitation and access to affordable medication must claim our attention with some urgency.

At the global level, we have had the opportunity to work with many policy makers and leaders around the world on the post-2015 agenda, as well as in the Common African position on the post-2015, championed so well by President [Jacob] Zuma, health is a center priority.

Africa has made great strides in the past years in many areas. Our economies have grown faster than any other region in the world. We have created new partnership in many domains around the world and it is safe to say that we
have reached a consensus on what we all consider the number one priorities regarding the economy, climate change and governance issues.

In the High Level Panel report submitted to the UN Secretary General of the United Nations in May 2013, we noted the remarkable progress made towards achieving the MDGs, such as: the fastest reduction in poverty ever, with 500 million fewer people living below the poverty line; child mortality rates declined by more than 30 percent; and malaria deaths reduced by 45 percent worldwide and 49 percent across Africa.

These statistics are heartwarming; but reducing malaria deaths by 45 percent, although great progress, we need to do more. In today’s world where medications for HIVs-AIDS and other diseases have been invented, tested and proven effective in a matter of years, malaria still remains a killer. 45 percent is a good number, but 100 percent is much greater achievement and we must work towards that.

As we look to concluding a new development agenda beyond the MDGs, we must also go beyond Rolling Back Malaria goal to the total eradication of malaria in a foreseeable future. We must set benchmarks and timelines, engage a relentless battle against it from all fronts. This is a poor-people disease, so, the eradication of poverty – heralded in all post-2015 agendas - must go hand in hand with put an end to those things that epitomize poverty.

We must continue to call upon the scientific community, the medical research institutions as well as the pharmaceutical industry to join us in the fight and make malaria something of the past. The knowledge is there, the logistics are available. What is now needed is the political will be to commit those resources to remove from the face of earth a curable and preventable disease that targets the most vulnerable ones in our society.

The Common African Position calls for providing universal and equitable access to affordable and quality healthcare for all, especially those in vulnerable situations. This includes reducing the incidences of communicable, non-communicable and emerging diseases. We have made remarkable gains in malaria prevention across the African continent but one child dying of malaria in our times is one death too many, something that is preventable.
The Common African Position calls on the people of Africa to take control of their own future, to design and implement their own development agenda. This means that we also have to take responsibilities for our wellbeing and the healthcare of our most vulnerable groups. We have committed ourselves to mobilizing domestic resources. We have also committed to invest in science, technology and innovation.

African countries are therefore marshalling increased domestic resources from national budgets and the private sector, while we continue to partner with bilateral donors – many of whom are participating in this Summit – and with multilateral donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are grateful for the unwavering commitment and engaged partnership in reaching our health goals.

As a Global Fund Champion, I am especially pleased with the 4th Global Fund Replenishment, which will help to close critical funding gaps for African countries on paths to providing universal coverage of life-saving commodities. Countries are responding to the Global Fund’s New Funding Model by ensuring that we allocate resources among malaria, HIV/AIDS and tuberculosis commensurate with the disease burden.

We are all on this journey together, and while we have overcome tremendous obstacles, more hurdles lay ahead in improving the lives of people across Africa and the world. We must champion the unfinished business of ridding Africa of malaria, HIV and TB. If we redouble our efforts in the remaining 636 days to the end of 2015 and commit to a shared post-2015 agenda, our success is insight!

It is possible to do so. We must do it. We must commit ourselves and all available resources to ensure that no child in the next generation will die of malaria.

We are all on this journey together, and we must improve the lives of people across Africa and the world. We must champion the unfinished business of ridding Africa of malaria, not just roll it back. Malaria is not a curse, it is a preventable disease and together, we can defeat it.

Thank you.