

TESSENEY DECLARATION ON MALARIA CONTROL 2004

WHEREAS “ The Abuja declaration” adopted by Roll Back Malaria in 2000 set targets to all African member countries, to be met by 2010, and

Whereas, “The Mendefera Declaration” set Eritrean National Targets for 2005 and,

Whereas the State of Eritrea has now essentially met all the Abuja Targets, and is in a stronger position to meet the Mendefera Declaration of 1999 and,

Whereas the Seventh National Assessment Workshop held in Tesseneay felt the need for a new Declaration laying out the next targets to be met in two years.

Therefore, all conference participants hereby declare the following: -

The State of Eritrea has now met the Abuja Goal of halving malaria mortality, and, where it is relevant as determined by national policy, met the following Abuja Targets:

1. At least 60% suffering from malaria have access to prompt treatment by anti-malarial drugs
2. At least 60% of those at risk from malaria, particularly children under five and pregnant women, will benefit from a suitable combination of personal and community protective measures, such as ITNs.
3. At least 60% of pregnant women who are at risk of malaria will have access to intermittent preventive treatment (chemo-prophylaxis).

This progress is indicated by the following achievements, when compared to the baseline of the year 1999:

- 1) Overall mortality from malaria has been reduced by nearly 60%
- 2) The case fatality rate has decreased by 35% for both age groups (under and over 5 years)
- 3) Overall number of outpatient malaria cases has been reduced by 60%.

These advances have been achieved through the following interventions:

- 1) Case management:
 - a) Increased access to treatment through training, equipping and supervision of community health workers.
 - b) National drug policy was changed to more effective drugs in 2002.
 - c) Improved diagnostic capacity through training and assignment of appropriate technicians, equipment and supplies.
 - d) Reduced the case fatality rate for severe malaria through education programs for health workers and in the communities and through increased access to prompt treatment for all age groups.

2) Community based integrated vector control:

- a) Half a million impregnated nets have been distributed in the last three years,
- b) Free ITNs were available to all pregnant women from 2001,
- c) The free distribution of treated bednets for all vulnerable groups and people living in malarious areas encouraged people to take responsibility for owning nets as routine property in their home and,
- d) To date between 60% and 70% of households in malarious areas have at least one ITN, and on average these households have nearly two ITNs each.
- e) Of the vulnerable under five year old population, nearly two-thirds are sleeping under an ITN,
- f) A third of the over-five population are sleeping under a net,
- g) Targeted reduction of mosquito breeding sites and general environmental management through community based programs,
- h) Indoor residual spraying in selected villages.

Given this progress the participants of the 7th Annual National Assessment Workshop (4-5 March 2004) believe it is necessary to set the following preliminary goals to further protect the population and enhance the declining trend in malaria as well as make these achievements sustainable.

We reaffirm our commitment to the goals set in the Mendefera Declaration in July 1999:

- 1) Reduce malaria mortality by 80% by the end of the year 2005
- 2) Reduce incidence of malaria by 80% by the end of the year 2005
- 3) Reduce outpatient morbidity of malaria by 80% by the end of the year 2005
- 4) Prevent malaria epidemics through the collective strategies listed above.

In addition the State of Eritrea sets the following goals for the next 2 years(2006):

- 1) 80% of all children under five in malarious areas sleeping under an impregnated net.
- 2) 60% of people over five in malarious areas sleeping under an ITN
- 3) 80% of pregnant women in malarious areas sleeping under an ITN.
- 4) Increase participation/involvement of communities in environmental management through intensive education, communication and mobilization (health promotion).

With continued collaboration between the communities affected, the Ministry of Health, and our partners, we are confident that these goals are feasible and reachable.

We call on all concerned parties to continue their full participation in achieving these goals as in the past.

We commit ourselves with the resources at our disposal to free our people from the serious effects of malaria and its catastrophic consequences.