

Paul Wolfowitz's Remarks at the Princess of Africa Launch, Johannesburg

Paul Wolfowitz
President of the World Bank
March 15, 2007

Paul Wolfowitz: [I would like to thank] Yvonne for the leadership that she's shown and she has inspired a lot of people I was already pretty inspired already but she took me up to a higher level when she came to Washington.

You have already heard the terrible statistics. Every one of them a human life that -- we are losing million people a year to diseases that's preventable, it's 3,000 people everyday and 90% of them are children, 90% of them are here in Africa and it's a terrible burden on people who don't die from it. The estimates I have seen already -- the school children in Kenya on average lose 20 days of school every year because of this disease. I think about my own children and how they would manage in school if they were out sick with a serious disease 20 days every year.

In African countries like Burkina Faso or Malawi, the estimates are in the neighborhood of 10-20% of national income is lost to the work days that are lost as a result of this diseases and it's an enormous drain on public health resources, which are already strain by the plague of HIV/AIDS and many others. So, in fact if we can succeed in eradicating or at least enormously reducing the prevalence of malaria it will in fact free up resources and health systems to combat other challenges in this part of the world.

So, it's extremely important for whatever reasons and didn't get the attention it deserved in recent years. We have stepped up our efforts at the World Bank substantially in the five years from 2000 to 2005 we only committed \$50 million over those five years to malaria programs. We've now committed for the next three years \$500 million of which, as Louis said already over \$370 million of that has been committed now to a very coherent natural programs in some 40 different countries including one group of West African countries in the West African basin.

Those 11 projects are expected to deliver 19 million long lasting bed nets primarily for young children and pregnant women and about 40 million doses of Artemisinin-based combination treatment, primarily for children and they will also finance Indoor Residual Spraying (IRS). We relate here because we are visiting some very interesting work being done of North, that it is of North right, in Tzaneen and Limpopo and because we are trying to get back here before you all give up on us we cut into a little bit abbreviated but it was enough time to appreciate two things two things very powerfully.

One is that even something as seemingly simple as Indoor Residual Spraying (IRS) which has proven to be extremely effective and by the way the project we visited has among the most successful -- it has the highest success rates of any projects that I have heard about which is one reason I was very excited to visit it but just doing the Indoor Residual the right way and doing in a way that doesn't allow the mosquitoes to eventually breed pesticide resistant strains actually requires several weeks of training to the sprayers. It's not something that you just push a button and it happens and even more complex is the research that has to go along with it.

We visited the malaria institute there, it's a very simple lab but it does but looks to me some extremely complex work. If you can imagine just a lab technician who can manipulate mosquitoes you realize that it's fairly high level of skill that is involved there. And I think it's an area where South Africa and maybe that project in particular have a leadership role to play for the whole subcontinent. The scaling up that we are talking about hoping to achieve it's going to require training a lot more people, creating a lot more labs like that one and it's something where-- the human capacity needs to be developed along with the financial capacity.

I want to thank Yvonne again, I want to thank her also for the emphasis that she has placed on transparency and accountability; all the money that all of us are raising will only be effective if it gets to where it is supposed to go and that's a crucial part of this and I think public information is really the lifeblood of accountability and transparency. It's one in many reasons why it's always good to meet with the press and talk about these things and it's always good to have you out in the field checking out what is actually going on.

We are trying to do a much better job in this area of keeping track of ourselves, and when I say ourselves I mean all the many donors the Global Fund, the World Bank, WHO, the various bilaterals. We have come together through the Roll Back Malaria partnership in Geneva to agree on a very simple scorecard that will allow us to see country-by-country whose promised what kind of money, what sorts of commodities or spraying or medicine it is supposed to produce and then of course most important of all what it is producing in terms of reduced incidents of malaria and increased speed of treatment for those people who have it.

This is a preventable diseases and I dearly, dearly hope that when meet again in a few years that we'll be able to say that it's not a million people and maybe it is even (inaudible) going to be. Thank you very much.