



General Assembly

Distr.: General
4 March 2005

Fifty-ninth session
Agenda item 46

Resolution adopted by the General Assembly on 23 December 2004

[without reference to a Main Committee (A/59/L.56 and Add.1)]

59/256. 2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

The General Assembly,

Recalling its resolutions 49/135 of 19 December 1994, 50/128 of 20 December 1995, 55/284 of 7 September 2001, 57/294 of 20 December 2002 and 58/237 of 23 December 2003 concerning the struggle against malaria in developing countries, particularly in Africa,

Bearing in mind the relevant resolutions of the Economic and Social Council relating to the struggle against malaria and diarrhoeal diseases, in particular resolution 1998/36 of 30 July 1998,

Taking note of the declarations and decisions on health issues adopted by the Organization of African Unity, in particular the declaration and plan of action on the “Roll Back Malaria” initiative adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000,¹ as well as decision AHG/Dec.155 (XXXVI) concerning the implementation of that declaration and plan of action, adopted by the Assembly of Heads of State and Government of the Organization of African Unity at its thirty-sixth ordinary session, held in Lomé from 10 to 12 July 2000,²

Also taking note of the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, adopted by the Assembly of the African Union at its second ordinary session, held in Maputo from 10 to 12 July 2003,³

Recognizing the linkages in efforts being made to reach the targets set at the Abuja Summit as necessary and important for the attainment of the “Roll Back Malaria” goal and the targets of the United Nations Millennium Declaration⁴ by 2010 and 2015, respectively,

Also recognizing the urgent need for scaling up national malaria control programmes if African countries are to meet the intermediate target set by the Abuja Summit for the five-year period 2000–2005,

¹ See A/55/240/Add.1.

² See A/55/286, annex II.

³ A/58/626, annex I, Assembly/AU/Decl.6 (II).

⁴ See resolution 55/2.

Further recognizing that malaria-related ill health and deaths throughout the world can be eliminated with political commitment and commensurate resources if the public is educated and sensitized about malaria and appropriate health services are made available, particularly in countries where the disease is endemic,

Emphasizing the importance of implementing the Millennium Declaration, and welcoming in this connection the commitment of Member States to respond to the specific needs of Africa,

Commending the efforts of the World Health Organization, the United Nations Children's Fund and other partners to fight malaria over the years, including the launching of the Roll Back Malaria Partnership in 1998,

1. *Takes note* of the note by the Secretary-General transmitting the report of the World Health Organization,⁵ and calls for support for the recommendations contained therein;

2. *Calls upon* the international community to continue to support the "Roll Back Malaria" partner organizations, including the World Health Organization and the United Nations Children's Fund, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease;

3. *Appeals* to the international community to ensure increased support for bilateral and multilateral assistance to combat malaria, including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to assist in the development of sound national plans to control malaria in malaria-endemic countries and their implementation in a sustained and equitable way that, inter alia, contributes to health system development;

4. *Urges* malaria-endemic countries to increase domestic resource allocation to malaria control;

5. *Encourages* all African countries that have not yet done so to implement the recommendations of the Abuja Summit¹ to reduce or waive taxes and tariffs for nets and other products needed for malaria control, both to reduce the price of nets to consumers and to stimulate free trade in insecticide-treated nets;

6. *Calls upon* malaria-endemic countries, in particular those in sub-Saharan Africa, to establish and strengthen policies and programmes to ensure a rapid scale-up in the coverage of insecticide-treated nets to at least 60 per cent of those at risk, wherever the use of such nets is the vector-control method of choice, by applying expeditious approaches, including targeted free or highly subsidized distribution to vulnerable groups;

7. *Expresses its concern* about the increase in resistant strains of malaria in several regions of the world;

8. *Encourages* all Member States experiencing resistance to conventional monotherapies to replace them with combination therapies, as recommended by the World Health Organization, in a timely manner;

9. *Recognizes* the importance of the development of effective vaccines and new medicines to prevent and treat malaria and the need for further and accelerated research, including through effective global partnerships such as the various malaria vaccine initiatives and the Medicines for Malaria Venture, where necessary stimulated by new incentives to secure their development;

⁵ See A/59/261.

10. *Reiterates* the need for expanded public-private partnerships for malaria control and prevention, and in this context urges petroleum companies operating in Africa to consider providing polymer for the manufacture of mosquito nets at reduced prices as a contribution to rolling back malaria in Africa;

11. *Calls upon* the international community to support investment in the development of new anti-malarial medicines and insecticides for the effective control of malaria in view of the challenging resistance of the parasite to anti-malarial medicines and the resistance of mosquitoes to insecticides;

12. *Also calls upon* the international community to support ways to expand access to artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in Africa, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy and the scaling up of artemisinin production to meet the increased need;

13. *Further calls upon* the international community to support coordinated efforts to improve surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended “Roll Back Malaria” interventions and subsequent reductions in the burden of malaria;

14. *Requests* the Secretary-General, in close collaboration with the World Health Organization, the United Nations Children’s Fund, developing countries and regional organizations, including the African Union, to conduct in 2005 an evaluation of the measures taken and progress made towards the achievement of the mid-term targets, the means of implementation provided by the international community in this regard and the overall goals of the Decade, and to report thereon to the General Assembly at its sixtieth session;

15. *Also requests* the Secretary-General to report to the General Assembly at its sixtieth session on the implementation of the present resolution under the agenda item entitled “2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa”.

*76th plenary meeting
23 December 2004*