

SPEECH OF HE MARC RAVALOMANANA,
PRESIDENT OF THE REPUBLIC OF MADAGASCAR
ON THE OCCASION OF THE ROUNDTABLE DISCUSSION ABOUT
«ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS FOR WATER,
SANITATION AND HYGIENE
IN AFRICA WITH A GENDER PERSPECTIVE»
Wednesday, 14 September 2005, 6: 00 pm to 7 : 30pm

Mr. Chairman,
Excellencies,
Ladies and Gentlemen,

Madagascar is an island with a land area of almost six hundred **thousand** square kilometers. Its population is estimated at seventeen million inhabitants, **more than seventy-five percent** of which live in rural areas. It has important natural resources, a **favorable** climate, a **unique** and rich biodiversity, **huge potential** in agriculture, livestock and fisheries, mining, wood, hard-working farmers, and strong cultural values.

So, we are a **rich** country as far as our potential is concerned. However, we are **still** one of the **poorest** countries. **Seventy-four percent** of our people still live on **less than one** dollar a day. **One third** of our territory has **no** access to markets. Illiteracy is **still forty-seven percent**. About **fifty thousand** children die **every** year because of a lack of access to safe drinking water and poor sanitary conditions.

In **most** of the 22 regions in Madagascar we have an ample supply of water. The surplus could be channeled to areas in need of water. Yet, we have **twelve million** people out of our population of seventeen million that have **no** access to safe drinking water, and a staggering **fourteen million** who do **not** have appropriate sanitation facilities.

Why are **these** figures **so high**? Not only in Madagascar but also in **many** other countries? There are several reasons:

First: Very often, people – **especially** in rural areas – are not aware of the impact that polluted water and the lack of effective sanitary systems have on their health. When you ask them about their needs, they **always** rank roads, schools, and health centers above water and sanitation.

Second: International and other donor programs seldom focus on these matters. Water and sanitary infrastructure are often dealt with in a general overview **without** specific focus on the improvements of living conditions in the rural areas.

Third: The state or private-owned enterprises in charge of supplying drinking water very often focus on urban areas, where there is a better pay off because of the high density of customers. They often neglect the rural areas where most people live.

Fourth: Digging wells and supplying sanitary systems in about ten thousand villages is **difficult** to plan, organize and follow up for a state ministry. Our centralized administration can hardly meet the demand.

Fifth: Water and sanitary systems need **a lot** of maintenance. Such maintenance has to be organized at local level, where the required **money**, **organization** and **capacity** are **very often** missing.

Sixth: I have **hardly ever** seen a man carry a water bucket. The provision of water is an issue **women** and not men deal with. Women and girls have to walk **long distances** to fetch water. It would be interesting to find out if in the communes led by female mayors, the priority ranking of drinking water and hygiene is different than in others.

Ladies and Gentlemen,

What has to be done?

In **recent** years, based on the Millennium Development Goals, the new priorities of the WASH initiative and the Paris Club activities have been **water, sanitation, and hygiene**. It would make a **big** difference if the “Drinking water for all” program could be provided with more means and implemented more rapidly.

What do we do in Madagascar?

Based on our Vision “Madagascar, naturally”, the PRSP and the “Politique Générale de l’État 2005”, our Ministry of Energy and Mines has developed a “National Program for safe Drinking Water and Sanitation”. We believe in country ownership on these important matters. The focus of **this** program – in its second phase – is to **enhance** and **coordinate all** multi-and bilateral activities. From 2004 to 2015 our challenge is to improve the access to drinking water from **sixty-six** to **seventy-eight** percent in urban areas and from fourteen to fifty-two percent in rural areas. For the same period, access to sanitation should be improved from **twenty-seven** to **sixty-three** percent in urban areas and from **seven** to **fifty-four** percent in rural areas.

To achieve these goals, **a lot** remains to be done as outlined in our national program and in the DIORANO-WASH initiative of September 2002. I would like to stress **three** points which, in **my** opinion, are crucial for the success of the program:

Firstly: We need **better** communication, much better communication, regarding the **necessity** of **water, sanitation and hygiene**.

Secondly: The planning, the construction and maintenance of water and sanitary systems **have** to be **decentralized**. Let the **communes** – and in some cases – the **regions**, take on these responsibilities. Let us provide them **directly** with the necessary appropriate means. Let us empower them for these tasks.

Thirdly: We need **more** international support. This afternoon, during the special session of the General Assembly of the UN on the Millennium Development Goals, I repeated my plea for a Marshall Plan for Africa, which I already stated a year ago. Water and Sanitation should be an **important** part of this plan.

Ladies and Gentlemen,

The **globalization** of **economies** must be urgently followed by a globalization of **responsibilities**. People **urgently** need taps in their villages more than a TV set in their homes.

I thank you for your attention.