The Fight Against Malaria

The fight against malaria is one of the biggest public health successes of the 21st century.

The number of deaths caused by malaria globally declined nearly 50 percent between 2000 and 2015 – that translates to an estimated 6.8 million deaths averted. We have the tools and treatments to prevent and cure malaria; but in recent years, global investment has plateaued and progress has stalled. This is a fight we can win, if we build and maintain unwavering commitment.

The Challenge

Malaria is among the deadliest diseases in human history. In 2016, there were 216 million cases and 445,000 deaths from malaria, with about 90 percent of these occurring in sub-Saharan Africa. Pregnant women and children under age 5 are most at risk; malaria in pregnancy can lead to stillbirths, low birth weight and other complications, and children under 5 are vulnerable because they have not yet developed any immunity to the disease.
As the global refugee and migration crisis increases, key and vulnerable populations such as migrants, refugees, and internally displaced people are increasingly exposed to malaria and face barriers to health care due to language, lack of information and eligibility due to their legal status.

Malaria is present in 91 countries, and these increasingly fall into one of two categories: those with a high burden of malaria that are experiencing setbacks in their responses, and those progressing toward elimination. This progress toward elimination underscores the fact that we have effective tools and strategies to halt malaria.

The last point is significant. The history of malaria elimination efforts shows that the disease will exploit any letup in efforts to control it. Even impressive gains can be wiped out by a lapse during a single transmission season, and failure to maintain effective control can result in resurgence of the disease. A “rebound” can make the situation even worse than before control efforts, because people lose the partial immunity acquired through repeated exposure to malaria.

The Global Fund Response

The Global Fund provides more than half of all international financing for malaria, and has invested US$10.5 billion in malaria control programs in more than 100 countries from 2002-2017, using a comprehensive approach that combines:

- Education about symptoms, prevention and treatment
- Prevention through use of mosquito nets, spraying structures with insecticide and preventive treatment for children and pregnant women
- Diagnosis, including supplying rapid diagnostic tests to community health volunteers
- Treatment

Today’s most serious challenges:
- The fight against malaria is underfunded. An estimated US$2.7 billion was invested in malaria control and elimination efforts globally in 2016 – less than half the 2020 funding target.
  - Drug-resistant malaria has emerged across the Greater Mekong region.
  - Insecticide resistance is widespread across Africa, where the disease burden is highest.
  - Climate change, migration and political instability affect malaria transmission dynamics and service delivery.
  - Sub-standard and counterfeit drugs can still be found in many markets.
  - Attention and investment can dissipate as the malaria burden drops, or progress stalls.
Community Awareness and Action

Global Fund partners work with communities in malaria-endemic areas to provide information about what malaria is, how it is transmitted, what treatments are available, and, most importantly, what actions to take if malaria is suspected. In Ghana, for example, village elders teach their community “not to let the sun set twice” on a child with fever. In many countries, malaria prevention lessons are added to the school curriculum. In Senegal, community health workers are a critical force in the fight to eliminate malaria, particularly in hard-to-reach rural villages.

Race to Elimination

The malaria map is shrinking. The global malaria strategy and the Sustainable Development Goals call for malaria to be eliminated from at least 35 countries by 2030. An additional milestone has been set for the elimination of malaria in at least 10 countries by 2020 – a target the health community believes is within reach. In June 2018, Paraguay became the first country in the Americas in more than 45 years to be certified by WHO as malaria free, and Sri Lanka eliminated malaria in 2016.

WHO estimates that eliminating malaria by 2030 will:

- Generate US$4 trillion additional economic output.
- Save an additional 10 million lives.

The emergence of drug resistance in the Greater Mekong region threatens a devastating setback for the region and a major shock to health security if it goes global. In response, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2013 – our largest regional grant, and the first with the defined goal of malaria elimination from a specific geography. RAI has supported Cambodia, Laos, Myanmar, Thailand and Viet Nam to purchase and distribute commodities such as insecticide-treated nets, rapid diagnostic tests that don’t require a laboratory or medical expertise, and quality-assured drugs, which together yielded a sharp drop in malaria deaths.

Key results through Global Fund-supported programs:

- 60% DECREASE IN MALARIA MORTALITY IN CHILDREN UNDER 5
- 795 MILLION MOSQUITO NETS DISTRIBUTED BY PROGRAMS TO FIGHT MALARIA
- 668 MILLION CASES OF MALARIA TREATED

In places on the cusp of elimination, the Global Fund supports approaches that focus control activities in targeted geographic areas or for specific, high-risk populations. Enhanced case finding is resource intensive – requiring identification, rapid testing and isolation and follow-up with every case, including family or community members who also might have been exposed. But it is essential to interrupting malaria transmission and achieving elimination. The investment to eliminate malaria will pay dividends beyond one disease by alleviating a significant burden on resource-constrained health systems. Regions that have decreased malaria have seen five times greater economic growth than regions endemic with malaria.

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Innovating and Investing to Stop Malaria

The Global Fund is investing in new tools, partnerships and innovations to beat malaria. The Global Fund Board approved US$35 million in additional catalytic funding to work with Unitaid to pilot new mosquito nets to combat insecticide resistance. A separate catalytic fund supports the pilot introduction of RTS,S, a malaria vaccine, together with WHO, Gavi, the Vaccine Alliance, and Unitaid. We are also allocating US$6 million in catalytic funding to the Regional Malaria Elimination Initiative, a joint effort led by the Inter-American Development Bank that will leverage a total of US$89 million from public and private donors to eliminate malaria in priority countries in Latin America and avoid its re-introduction. In Asia, the Global Fund has joined forces with the Asia Pacific Leaders Malaria Alliance and private sector partners to support M2030, a new consumer-marketing initiative that will support malaria elimination efforts in Asia.

Children under 5 are the most vulnerable to malaria. Seasonal malaria chemo-prevention – preventive malaria medicine for children – has untapped potential in countries where transmission is highly seasonal, such as in Nigeria, Burkina Faso, Chad, Niger and Mali. We can save the lives of tens of thousands of children by giving them preventive malaria medicines when the risk is higher. In Niger for example, the 2016 seasonal malaria prevention campaign reached about 1.2 million children.