Malaria

WHAT YOU SHOULD KNOW

Malaria is a serious and often fatal disease caused by a bite from a mosquito infected with the malaria parasite. People with malaria suffer from high fevers, shaking chills, flu-like symptoms, and – in severe cases – meningitis and death. Malaria typically occurs in tropical and subtropical areas of the world, putting over half of the world’s population at risk of malaria infection.

In 2015 alone, there were an estimated 212 million new cases of malaria, resulting in approximately 429,000 deaths worldwide. Children under 5 accounted for an estimated 70% of these fatalities; one child dies every two minutes for lack of simple, cost-effective tools such as an insecticide-treated net or a course of treatment.¹

Broader use of malaria interventions (insecticide-treated nets, indoor residual spraying, antimalarial medication, etc.) between 2000 and 2015 helped reduce malaria mortality rates by 62% and malaria incidence by 41% globally. This equals an estimated 6.8 million fewer malaria deaths globally than would have occurred had incidence and mortality rates remained unchanged since 2000.

Since its launch in 2005, the President’s Malaria Initiative (PMI) has procured more than 197 million insecticide-treated bed nets to prevent infection, 229 million rapid diagnostic tests, and more than 376 million lifesaving antimalarial treatments.²

As of December 2015, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had distributed 659 million insecticide-treated bed nets to protect against malaria and had treated 582 million cases of the disease.

RECOMMENDATIONS FOR CONGRESS

Maintain strong bipartisan support for PMI, the Global Fund, and other sources of malaria funding, such as through UN agency malaria programming. Sustained support is needed to capitalize on this unique moment in history. We are at a tipping point on the path to eradication and must build on the progress achieved to create a malaria-free future and eliminate the threat of resurgence.

Encourage donors and the administration to support country and region-specific elimination efforts. Elimination of malaria means the end of the recurring costs of controlling and treating the disease, an end to school and work days lost while sick with malaria, and an end to the needless deaths and disability of children and adults around the world. Today, with new tools on the horizon and strong partnerships and programs in endemic countries, elimination efforts will be crucial to maintaining enthusiasm and funding for the long-term goal of eradication.

Continue investing in the research and development (R&D) of new tools and approaches that hold the promise of controlling and eliminating the disease, including those needed to combat drug and insecticide resistance. Consideration must be given to the long-term benefits of U.S. leadership in R&D and the need for new tools to accelerate progress towards ending malaria, such as next-generation diagnostics, novel insecticides, and vaccines.

The U.S. Agency for International Development (USAID) must continue to promote the awareness of linkages between malaria and other leading causes of death for children under 5. Linking malaria with nutrition, pneumonia, and diarrhea prevention efforts in particular will help maximize efficiencies and achieve greatest results.

Global Health Council

The Collective Voice of the Global Health Community
The U.S. is the global leader in the fight against malaria. Under the leadership of President George W. Bush, PMI was launched in 2005 as a 5-year, $1.265 billion expansion of the U.S. government's response to malaria control. With the support of the Obama administration, PMI has since expanded to include programs in 19 high-burden sub-Saharan African countries and the Greater Mekong subregion of Southeast Asia. The U.S. is also a major contributor to the Global Fund, which has provided 659 million insecticide-treated nets and treated 582 million cases of malaria to date. Together, PMI and the Global Fund provide over 90% of global funding for malaria-reduction efforts.

U.S. funding supports the implementation of malaria prevention and treatment activities around the world and the development of malaria vaccines, anti-malaria drugs, diagnostics, insecticides, and other malaria-related research. We now have the opportunity to end malaria once and for all within a generation. It is imperative that the U.S. continues this leadership and supports countries working to eliminate malaria and the needless deaths it causes around the world.

The remarkable progress achieved to date in fighting malaria is a result of coordinated action between U.S. government bilateral programs, country-coordinating mechanisms, multilateral agencies, and private-sector partners. Access to and availability of lifesaving malaria interventions have played a particularly important part in this progress, thanks to increased funding and political support from the U.S. and other major donors. Past investments in R&D have resulted in the development of the drugs, insecticides, and diagnostic tools that are in use today and have brought the world closer to having the first-ever malaria vaccine. Bilateral and multilateral malaria prevention programs have also been crucial for protecting U.S. military personnel serving in countries where malaria is prevalent. Efforts to implement successful interventions have also helped to strengthen health systems in malaria-endemic countries.

In light of these successes, we must maintain momentum to ensure the eradication of this disease. Drug resistance is not new to the malaria fight but today looms ever larger as a deadly threat. From the 1950s to the 1970s, chloroquine-resistant malaria parasites swept through Asia to Africa, causing a resurgence of malaria cases and millions of deaths. Today, artemisinin is considered the gold standard for antimalarial drugs and is currently the basis of first-line treatment around the world. The emergence of artemisinin resistance in the Greater Mekong subregion once again threatens the sustainability of recent progress, not only in the region but worldwide.

The benefits of ending malaria would be significant: lower health care costs, higher productivity, increased capacity to respond to other disease outbreaks, and a blueprint that could be used against other diseases of poverty. With the sustained support of U.S. government malaria programs, coupled with the use of existing tools and the development of new ones, will we be able to eradicate malaria altogether – the only reasonable course of action if we want to put an end to the recurring costs of fighting this disease.