

INVESTING FOR A MALARIA-FREE WORLD

Recent years have seen extraordinary advances in the fight against malaria, but the gains are fragile and unevenly distributed. Victory against the malaria parasite would be one of the highest achievements in human history. To reach the 2030 malaria goals and bring our vision of a malaria-free world within reach, we must:



Reducing malaria is critical to achieving the Sustainable Development Goals.

- **COMBINE FORCES TO DEFEAT MALARIA**
And recognize the important role that all stakeholders, including non-health sectors, play in the reduction and elimination of malaria;
- **DEMONSTRATE CONTINUED PROGRESS**
And show that reducing malaria is critical to achieving the Sustainable Development Goals (SDGs);
- **EXPAND PARTNERSHIPS**
Work across countries, and call on stakeholders in all areas to participate and intensify their engagement in the fight against malaria;
- **ACCELERATE EFFORTS**
And act with urgency to reduce the number of people suffering and dying from this preventable and treatable illness, and achieve malaria elimination locally, nationally and regionally as soon as possible.

By working together, malaria-affected countries, donors, organizations and communities have brought effective malaria interventions to hundreds of millions of people. As a result, malaria death rates among young children were reduced by more than 50% and over 4.3 million malaria deaths were averted between 2001-2013.¹



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ACTION AND INVESTMENT IS SHRINKING THE MALARIA MAP

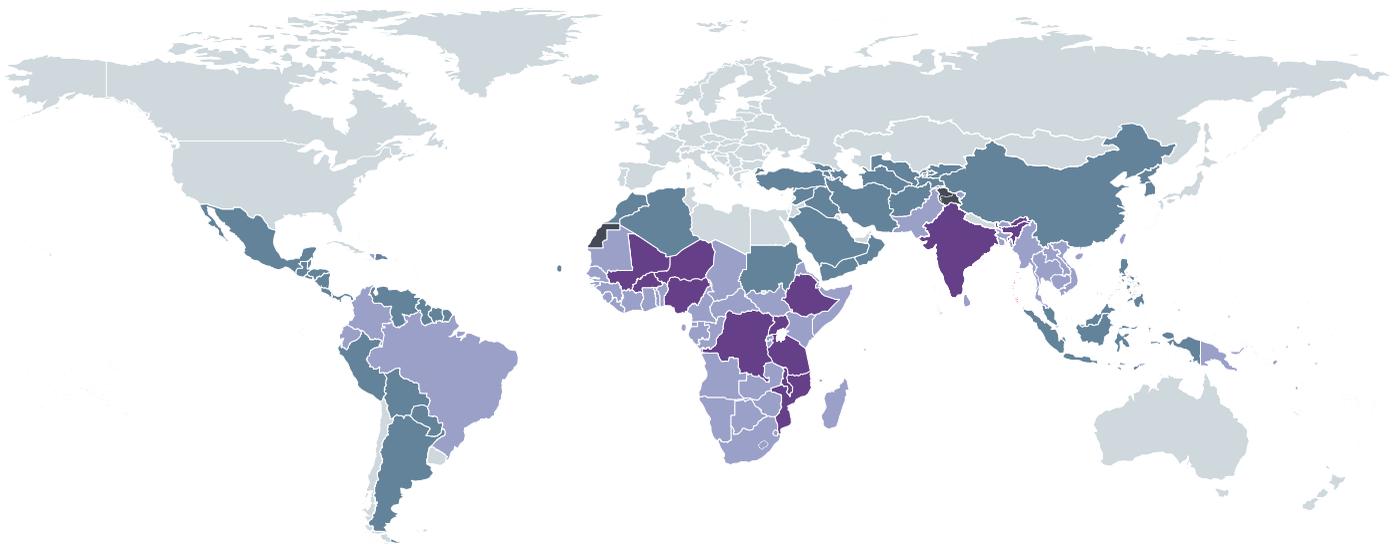
The malaria map is shrinking: in high burden areas malaria parasite prevalence has been reduced tremendously. 100 countries are now free from malaria, at least 55 countries are on track to reduce malaria case incidence rates by 75% by the end of 2015, and 26 countries are working to eliminate the disease entirely.¹ New regional commitments have been made to eliminate malaria in Africa, the Americas, the Asia Pacific and the Eastern Mediterranean.



Effective interventions have averted over 4.3 million malaria deaths.

MALARIA DEATHS AVERTED, 2001-2013

>100,000
 1,000 – 99,999
 1 – 999



Source: Map modified from World Malaria Report 2014, WHO

LESS MALARIA MEANS LESS POVERTY AND BETTER MATERNAL AND CHILD HEALTH

Since 2000, lives saved from malaria are estimated to have accounted for 20% of all reductions in all-cause child mortality in sub-Saharan Africa. Efforts to prevent malaria in pregnancy alone saved the lives of 94 000 newborns between 2009 and 2012.²

Regions that have managed to decrease malaria have seen substantial economic gains, with economic growth more than five times higher than in endemic regions.^{3,4}

In endemic countries, malaria can account for 40% of public health spending.⁵ Malaria strains public health systems, reducing both human and financial capacity. Lowering and eliminating the burden of malaria enables national systems to function more effectively, and respond better to any emerging threats to health security.

Reductions in malaria burden mean lower newborn, infant and maternal mortality (Millennium Development Goals 4 and 5), fewer days missed at school and work, more productive communities and stronger economies. Eliminating malaria is thus critical to achieving the broader development targets set by the SDGs, and must remain a key priority for the global development community.

DESPITE DRAMATIC PROGRESS, MUCH MORE NEEDS TO BE DONE

Over 3 billion people worldwide are still at risk of malaria. In 2013, there were an estimated 198 million malaria infections globally, which caused about 584 000 deaths, mainly (~80%) in children aged under 5 years.¹ This preventable and treatable disease continues to kill one child every minute for lack of simple, cost-effective tools such as an insecticide-treated net or a simple course of treatment.

Insufficient access to prevention, diagnosis and treatment of malaria leads to widespread illness and death, harming households, communities and countries.

THERE IS A NEW GLOBAL TECHNICAL STRATEGY AND A NEW FRAMEWORK FOR INVESTMENT AND ACTION

In 2015, the World Health Assembly endorsed the WHO *Global Technical Strategy for Malaria 2016-2030* and the Roll Back Malaria Partnership approved *Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria-free world*.^a Together these two documents lay out concrete 2020 and 2025

malaria milestones and 2030 targets to accelerate progress towards a malaria-free world. The WHO *Global Technical Strategy for Malaria 2016-2030* guides the development of tailored country programmes to dramatically reduce the number of cases and deaths from malaria, and accelerate towards malaria elimination. It underlines the need to ensure universal coverage of core malaria interventions, and identifies areas where innovative solutions will be required to reach the goals. The document complements and is interdependent with AIM.

TABLE 1: JOINT GOALS, MILESTONES AND TARGETS FOR 2016-2030

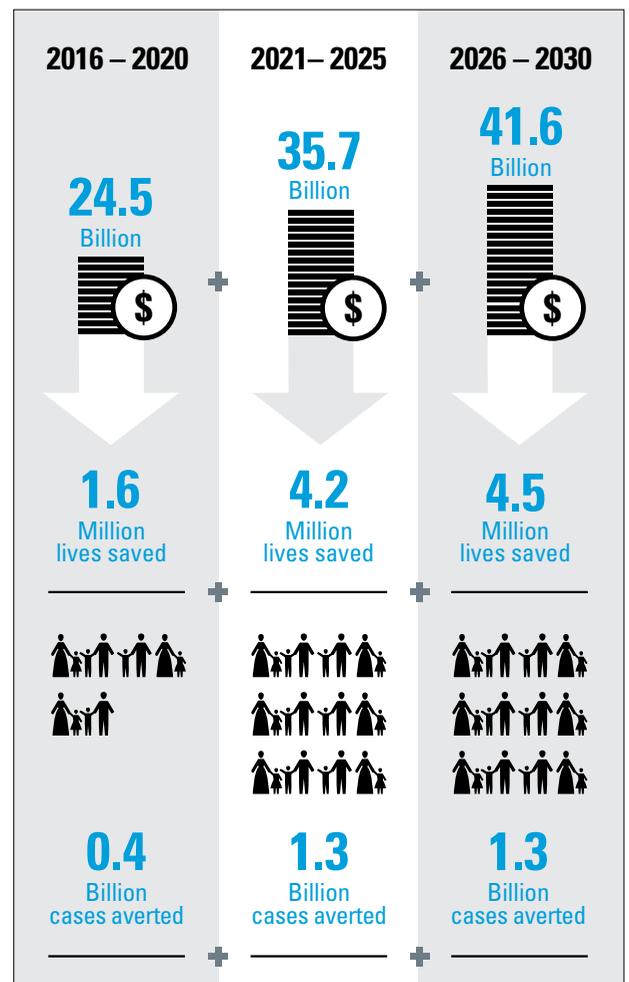
Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	At least 40%	At least 75%	At least 90%
2. Reduce malaria case incidence globally compared with 2015	At least 40%	At least 75%	At least 90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

THE COST OF REDUCING MALARIA IS HIGH BUT THE VALUE OF THE RESULTING BENEFITS FAR HIGHER

Just over US\$ 100 billion^b will be needed to reach the 2030 malaria targets, with an additional US\$ 10 billion required to fund research and development for innovations in malaria, including new drugs and insecticides.⁶ This investment will deliver a significant return: nearly 3 billion malaria cases will be averted and over 10 million lives saved.^{7, 11}



COSTS AND BENEFITS OF MALARIA 2020 AND 2025 MILESTONES AND 2030 TARGETS



^a These critical new documents provide technical guidance to further reduce and eliminate malaria, as well as more detailed evidence making the case for investing in malaria.

^b Throughout the document the term 1 billion means 1000 million.

INVESTMENT IN MALARIA IS ONE OF THE BEST BUYS IN GLOBAL HEALTH

Malaria interventions are highly cost effective, costing only US\$ 5-8 per case averted while generating billions in savings.⁸ Immunization is the only public health intervention that has been shown to be more cost effective.^{9, 10}

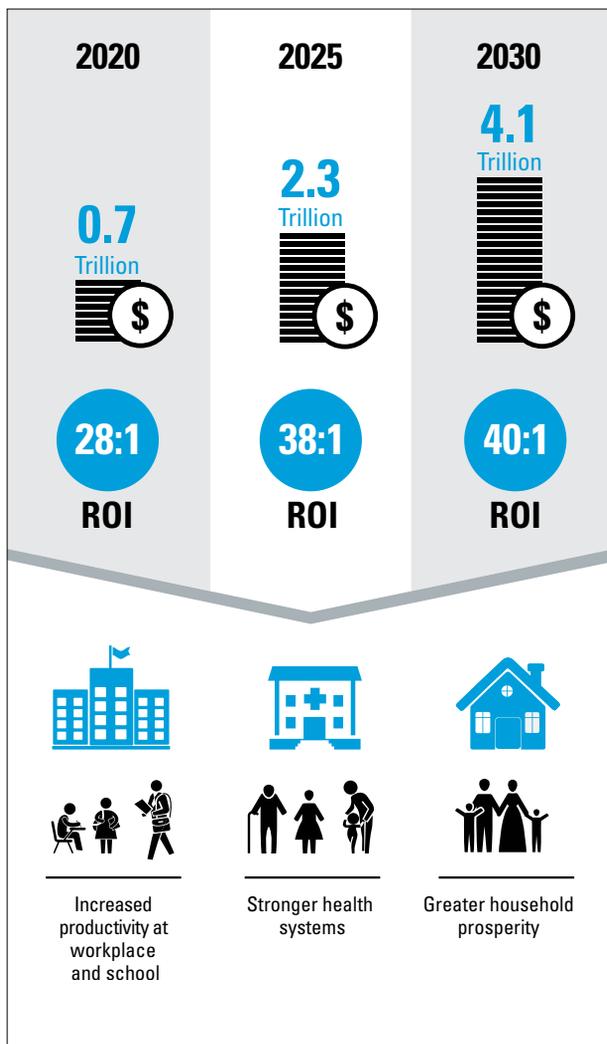
The benefits increase incrementally with the attainment of the 2020 and 2025 milestones, and will result in a 40-fold return by the time the 2030 targets are realized.¹¹ Disaggregation by region shows an unprecedented 60-fold return for sub-Saharan Africa. Benefits include cost savings for both households and health systems, and the increased

macroeconomic output generated by a healthy and productive workforce unburdened by malaria.

In total, over US\$ 4 trillion of additional economic output would be generated across the 2016-2030 timeframe.

Beyond the financial return, investments in fighting malaria will have enormous positive effects on agriculture, education and women's empowerment.⁷ They will also contribute significantly to reductions in poverty and the alleviation of inequality.

CUMULATIVE INVESTMENT RETURNS OF MALARIA 2020 AND 2025 MILESTONES AND 2030 TARGETS



SUSTAINED, ROBUST FINANCING, POLITICAL WILL AND SCIENTIFIC INNOVATION ARE IMPERATIVE

Dependable resources are critical. Although both international and domestic funding to fight malaria increased almost every year between 2005 and 2014, financial gaps remain the greatest threat to progress. Over the next 15 years, donors need to sustain their commitments to malaria control and elimination, while affected countries need to devote a higher proportion of their domestic financing to malaria.

The continued development of new solutions and strategies – including next-generation drugs, diagnostics and vaccines – is needed to further accelerate gains and mitigate the threat of drug and insecticide resistance.

COMMUNITY ENGAGEMENT IS CENTRAL TO CONTINUED PROGRESS

To ensure that no-one is left behind, we need to put people at the centre of our response through more effective community engagement, better communication of the need for social and behaviour change, and by bringing malaria interventions to the most vulnerable populations.

WINNING THE FIGHT WILL ALLOW COMMUNITIES TO THRIVE AS NEVER BEFORE

To succeed, our global malaria response must be as resilient and adaptive as the parasite itself. By working together we can put an end to this needless suffering and strengthen the potential of individuals, communities and countries to achieve our ultimate goal – a world free from malaria.

THE COST OF INACTION WILL BE DEVASTATION AND DEATH

We know from experience that any gains in defeating malaria are fragile, and depend upon sufficient and sustained investment. Since the 1930s, 75 documented resurgences of malaria have been reported in 61 countries; most of these resurgences were linked to reduced or suspended funding for malaria control and prevention.¹²

Resurgence is particularly lethal in communities in which high coverage with malaria prevention interventions has led to reduced immunity. It can result in devastating levels of human sickness, suffering and death across all age groups.¹³

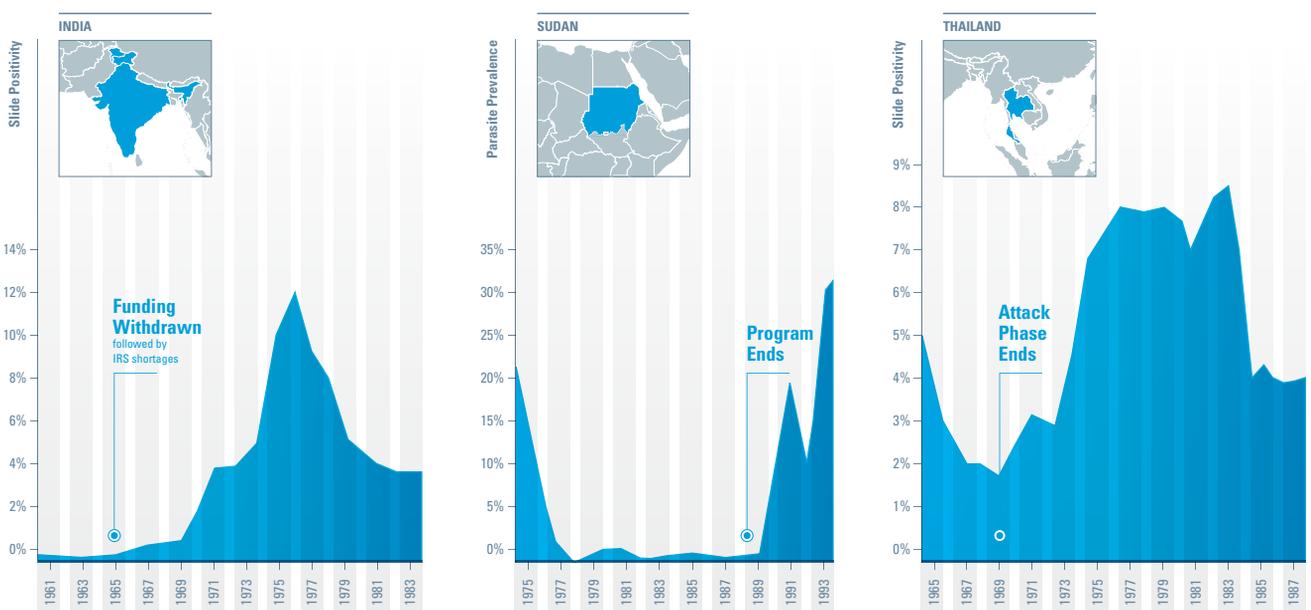
Despite the compelling case to invest in the fight against malaria, funding levels only increased from US\$ 2.3 billion in 2010 to US\$ 2.7 billion in 2013. In 2013, only 52% of the US\$ 5.1 billion required globally to reach the goals of the first Global Malaria Action Plan 2008-2015 was secured.¹⁴ To achieve our first milestone of reducing malaria mortality and incidence rates by at least 40%, we need to be raising US\$6.4 billion per year by 2020.

Failure to achieve the global milestones and 2030 targets will be catastrophic – both in terms of lives lost and financially. The resources needed to achieve malaria elimination are paltry compared to what will be required if malaria resurges, particularly in the context of drug and insecticide resistance.

The costs, loss of life and associated economic burden will be borne by countries, economies, businesses, health systems and households. As usual, those who are most vulnerable – pregnant women, children aged under 5 years and the poorest families – will be most affected.

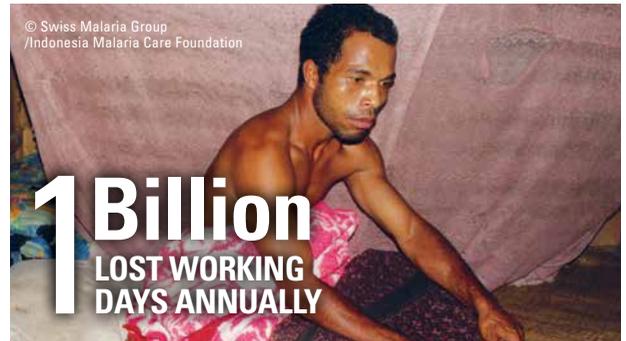
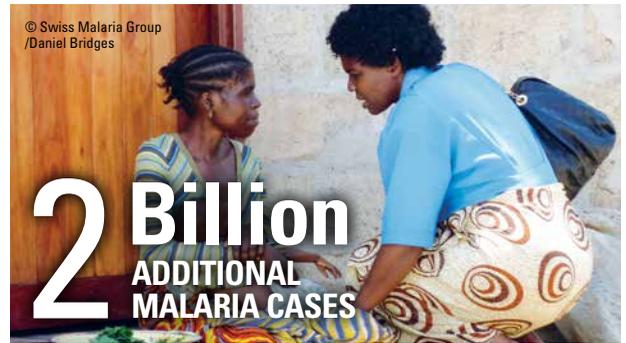
Such a reversal would fundamentally undermine the unprecedented investment that has been made since 1998. Globally, everyone is at risk, regardless of economic status, as shown by the 10 000 imported cases every year and resurgences in countries such as Greece.

REMOVAL OF CONTROL MEASURES LEADS TO RESURGENCE, WITH PREVALENCE LEVELS FREQUENTLY HIGHER THAN BEFORE DUE TO DECLINE IN POPULATION IMMUNITY



Historical examples from India, Sudan and Thailand.¹²

HUMAN AND ECONOMIC COSTS OVER THE 2016-2030 TIMEFRAME IF CURRENT MALARIA INTERVENTION COVERAGE WERE TO REVERT TO 2007 LEVELS



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The costs of failure will be catastrophic and dwarf the amount needed to achieve the 2030 malaria targets.



Calculations based on levels of coverage with malaria interventions for 2016–2030 reverting to 2007 levels.⁷

- 1 World Health Organization. *World Malaria Report 2014*.
- 2 Roll Back Malaria Partnership. *The contribution of malaria control to maternal and newborn health* (2014).
- 3 McCarthy, F. D., Wolf, H. & Wu, Y. *Malaria and Growth*. World Bank Policy Research Working Paper 2303 (2000).
- 4 Gallup, J. L. & Sachs, J. D. The economic burden of malaria. *Am. J. Trop. Med. Hyg.* 64, 85-96 (2001).
- 5 Narasimhan, V. & Attaran, A. Roll back malaria? The scarcity of international aid for malaria control. *Malar. J.* 2, 8 (2003).
- 6 World Health Organization. *Global Technical Strategy for Malaria 2016-2030* (2015).
- 7 Roll Back Malaria Partnership. *Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria-free world* (2015).
- 8 ALMA, E2Pi & Clinton Health Access Initiative. *Maintaining the gains in malaria control* (2011).
- 9 McLaughlin, C., Levy, J., Noonan, K. & Rosqueta, K. *Lifting the burden of malaria: an investment guide for impact-driven philanthropy* (2009).
- 10 Lazminaravan, R. et al. Advancement of global health: key messages from the Disease Control Priorities Project. *Lancet* 367, 1193-1208 (2006).
- 11 WHO/GMP and RBM/Swiss TPH. Work conducted for the development of WHO's *Global Technical Strategy for Malaria 2016-2030* and RBM's *Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria free world* (2015).
- 12 Cohen, J. M. et al. Malaria resurgence: a systematic review and assessment of its causes. *Malar. J.* 11, 122 (2012).
- 13 Lubell, Y. et al. Artemisinin resistance – modelling the potential human and economic costs. *Malar. J.* 13, 452 (2014).
- 14 Roll Back Malaria Partnership. *Global Malaria Action Plan: for a malaria-free world* (2008).