

Malaria

DESCRIPTION

Malaria programs work with public-private partners and multilateral donors to support implementation of prevention and treatment activities, including the development of new vaccines, drugs, insecticides, and other malaria-related research.

WHAT DOES THIS BUY?

Supports purchase and delivery of antimalaria vaccines, antimalarial drugs, insecticides, and the development of new malaria vaccines and related research.

JUSTIFICATION FOR THE REQUEST

- Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bite of an infected mosquito.
- Working together, the **U.S. and the international community have decreased mortality from malaria by 62%**.
- Malaria kills one child every two minutes, and is one of the most severe public health problems worldwide. It is a leading cause of death and disease in many developing countries, where young children and pregnant women are the most affected.
- Malaria is preventable and treatable. However, in 2016, it took the lives of 445,000 people globally, and there were an estimated 216 million new cases, 5 million more than 2015.
- **3.2 billion people, or one half of the world's population, live in areas at risk of malaria transmission** (106 countries and territories).
- Across sub-Saharan Africa, household ownership of at least one insecticide-treated mosquito net increased from 50% in 2010 to 80% in 2016. However, the proportion of households with enough nets (one net for every two people) remains inadequate, at 43% in 2016.¹

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U.S. INTEREST

Malaria imposes substantial costs to both people and governments.

- The costs to individuals and their families include preventive measures, drugs, treatment, travel expenses, and lost work. Government costs include health facilities, drugs and supplies, public health interventions, including insecticide spraying or distribution of insecticide-treated bed nets, lost work, and tourism.
- According to estimates, direct costs (for example, illness, treatment, premature death) are at least \$12 billion per year. Lost economic growth is far greater.

Looking to the Future

Malaria – TITLE III

BOLD VISION

- Additional investments could provide preventive therapy to all the children living in areas of highly seasonal malaria transmission in Africa’s Sahel region. In 2016, seasonal malaria prevention programs protected 15 million children in 12 countries in the Sahel. However, mainly due to lack of funding, the programs did not cover about 13 million children who could have benefited.² Since 2012, the World Health Organization (WHO) has recommended seasonal prevention for children aged 3-59 months living in these areas of the Sahel.
- Additional investments could accelerate the WHO Global Technical Strategy for Malaria 2016-2030, adopted by the World Health Assembly in May 2015, which provides a technical framework for all malaria-endemic countries. The goals of the Strategy are to:
 - Reduce cases of malaria by at least 90% by 2030,
 - Reduce malaria mortality rates by at least 90% by 2030,
 - Eliminate malaria in at least 35 countries by 2030, and
 - Prevent a resurgence of malaria in all countries that are malaria-free.

IMPACT OF CUTS

Cuts would compromise progress already made toward the elimination of malaria, increasing the number of people infected and the number of fatalities.

¹ “Key Points: World Malaria Report 2017,” World Health Organization. <https://www.who.int/malaria/media/world-malaria-report-2017/en/>.

² Ibid.

5 YEAR FUNDING HISTORY

■ House ■ Senate

Funding levels may not accurately reflect those in the appropriations bills and/or reports due to rounding.

