



# Malaria in Africa

The vast majority of malaria deaths occur in Africa, south of the Sahara, where malaria also presents major obstacles to social and economic development. Malaria has been estimated to cost Africa more than US\$ 12 billion every year in lost GDP, even though it could be controlled for a fraction of that sum.

There are at least 300 million acute cases of malaria each year globally, resulting in more than a million deaths. Around 90% of these deaths occur in Africa, mostly in young children. Malaria is Africa's leading cause of under-five mortality (20%) and constitutes 10% of the continent's overall disease burden. It accounts for 40% of public health expenditure, 30–50% of inpatient admissions, and up to 50% of outpatient visits in areas with high malaria transmission.

There are several reasons why Africa bears an overwhelming proportion of the malaria burden. Most malaria infections in Africa south of the Sahara are caused by *Plasmodium falciparum*, the most severe and life-threatening form of the disease. This region is also home to the most efficient, and therefore deadly, species of the mosquitoes which transmit the disease. Moreover, many countries in Africa lacked the infrastructures and resources necessary to mount sustainable campaigns against malaria and as a result few benefited from historical efforts to eradicate malaria.

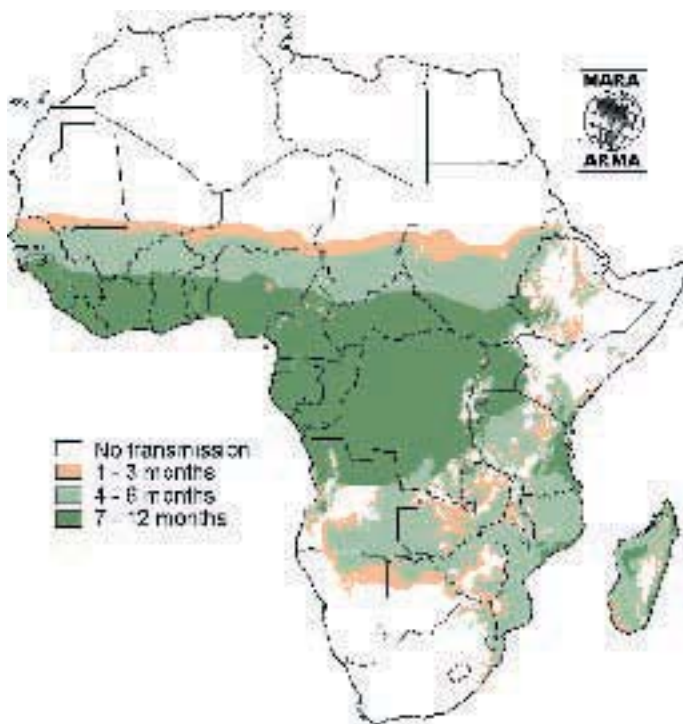


*Malaria hampers children's schooling and social development, depleting Africa's future human resources.*

In Africa today, malaria is understood to be both a disease of poverty and a cause of poverty. Annual economic growth in countries with high malaria transmission has historically been lower than in countries without malaria. Economists believe that malaria is responsible for a 'growth penalty' of up to 1.3% per year in some African countries. When compounded over the years, this penalty leads to substantial differences in GDP between countries with and without malaria and severely restrains the economic growth of the entire region. Malaria also has a direct impact on Africa's human resources. Not only does malaria result in lost life and lost productivity due to illness and premature death, but malaria also hampers children's schooling and social development through both absenteeism and permanent neurological and other damage associated with severe episodes of the disease.

One of the greatest challenges facing Africa in the fight against malaria is drug resistance. Resistance to chloroquine, the cheapest and most widely used antimalarial, is common throughout Africa (particularly in southern and eastern parts of the continent). Resistance to sulfadoxine-pyrimethamine (SP), often seen as the first and least expensive alternative to chloroquine, is also increasing in east and southern Africa. As a result of these trends, many countries are having to change their treatment policies and use drugs which are more expensive, including combinations of drugs, which it is hoped will slow the development of resistance.

Growing political commitment by African leaders for action on malaria was given a boost by the founding of the Roll Back Malaria global partnership in 1998. Less than two years later African Heads of State and their representatives met in Abuja, Nigeria to translate RBM's goal of halving the malaria burden by 2010 into tangible political action. The Abuja Declaration, signed in April 2000



*Computer-generated model showing duration of malaria transmission seasons across Africa.*



*Malaria accounts for between 30% and 50% of hospital admissions and up to 50% of outpatient visits in high transmission areas.*

endorsed a concerted strategy to tackle the problem of malaria across Africa. The Abuja Declaration endorsed RBM's goal and established a series of interim targets—for the number of people having access to treatment, protective measures or, in the case of pregnant women, receiving intermittent preventive treatment—to ensure that progress would be made towards the goal and malaria-endemic countries and other RBM partners held responsible.

Considerable progress has been made since Abuja. Almost 20 African countries have reduced or eliminated taxes and tariffs on

insecticide-treated nets (ITNs) to make them more affordable. More than half the malaria-endemic African countries, representing almost half the population at risk have established 'Country Strategic Plans' (CSPs) to achieve the RBM goal and the targets set in Abuja. CSPs are all based on the four technical elements of Roll Back Malaria and the evidence-based interventions associated with them—prompt access to effective treatment, promotion of ITNs and improved vector control, prevention and management of malaria in pregnancy and improving the prevention of, and response to, malaria epidemics and malaria in complex emergencies.

Countries are now working through local partnerships to develop the capacity to fully implement their CSPs using on-going health sector reforms and linkages to other initiatives, such as IMCI (Integrated Management of Childhood Illness) and MPS (Making Pregnancy Safer), to improve access to key interventions. CSPs have been successful in attracting new resources for malaria control. However, given projected resource needs to the year 2010, only 20% of necessary funds will be available locally. African countries, working with their partners and donors, must identify and mobilize resources for the remainder. Countries are looking to a variety of sources to ensure sustainable financing of their efforts to Roll Back Malaria—this includes traditional sources of funding, from the national treasury and donor community as well as the exploration of new opportunities through debt relief schemes and the newly formed Global Fund to Fight AIDS, TB and Malaria.



Roll Back Malaria is a global partnership initiated by WHO, UNDP, UNICEF and the World Bank in 1998. It seeks to work with governments, other development agencies, NGOs, and private sector companies to reduce the human and socioeconomic costs of malaria.