



World Malaria Day 2009

“Counting Malaria Out”

A Community Statement



April 25th is World Malaria Day and Malaria Awareness Day in the United States. In observance of this day and in recognition of the tremendous opportunities to reduce the burden that malaria imposes on the health of people worldwide, we, the Malaria Community, stand in support of the following statement.

The Challenge

Malaria is an acute and often fatal disease caused by a parasite transmitted to humans by mosquitoes, and one of the leading causes of death and disease worldwide. The World Health Organization estimates that there were 247 million cases of malaria in 2006 and nearly one million deaths, the vast majority of which were children under age 5 in Africa. Malaria is both preventable and treatable using four interventions: the indoor residual spraying of insecticide on the walls of homes; long-lasting insecticide-treated nets; and life-saving antimalaria drugs, including artemisinin-based combination therapies and intermittent preventive therapy for pregnant women. However, these interventions often are not reaching those who need them most.



U.S. Leadership in the Global Malaria Fight

The single largest U.S.-funded malaria program, the President’s Malaria Initiative (PMI), represents an historic five-year expansion of U.S. government resources to fight malaria in the region most affected by the disease with the goal of reducing malaria-related deaths by 50 percent in 15 focus countries. PMI aims to accomplish this by expanding coverage of malaria prevention and treatment measures to 85 percent of the most vulnerable populations – children under age 5 and pregnant women. PMI has accomplished the following to date:



- Indoor residual spraying benefiting more than 24 million people in 2008;
- Procurement of more than 12 million long-lasting insecticide-treated mosquito nets, more than two-thirds of which have been distributed;
- Procurement of more than 28 million artemisinin-based combination therapy (ACT) treatments and training of more than 35,000 health workers in 2008 in use of ACTs; and
- Procurement of more than 2.36 million intermittent preventive treatments for pregnant women and training of more than 14,000 health workers in 2008 on how to administer these treatments correctly.



In 2008 the United States took a large step forward in the global fight against malaria by passing the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. The Lantos-Hyde Act authorizes \$5 billion for malaria programs in fiscal years 2009-2013 and calls for the development and congressional oversight of a 5-year global malaria strategy. It is critical that the Obama Administration continue to work closely with the Malaria Coordinator to reach the president’s commitment to end malaria deaths by 2015.



Fighting Malaria Through the Global Fund and Other Partnerships

The U.S. is the largest contributor to the Global Fund to Fight AIDS, TB and Malaria – a partnership between governments, civil society, the private sector and communities that has provided significant new resources to fight malaria. The Global Fund has committed \$4.5 billion to fight malaria through 175 grants in 83 countries around the world –





accounting for two-thirds of all donor funding for malaria. With a total of \$1.7 billion disbursed to countries to date, Global Fund financing has provided malaria medicine treatments to 74 million people and distributed 70 million insecticide-treated nets. The support of the United States is vital if the Global Fund is to continue its success. In addition, the U.S. should continue to support dynamic public and private partnerships such as Roll Back Malaria (RBM), which are showing positive results.

Expanding Access to Current Interventions

Stakeholders must maximize global access to existing proven interventions to fight malaria. Through generous donor contributions, access to interventions is improving – yielding dramatic successes in places like Ethiopia and Rwanda where malaria infections and deaths have decreased by more than 50 percent. We must find means to expand delivery of proven interventions, strengthen the capacity of partner countries to administer basic interventions at the community level, share best practices across countries and motivate individuals to protect themselves and their families.

Investing in New Tools

Objectives in the fight against malaria can only be realized if the research pipeline for new, effective and affordable antimalarial tools is robust and continuously replenished. Maintaining and expanding progress against malaria will require new drugs, insecticides, diagnostics, and – ultimately – a vaccine. Because the malaria parasite and its mosquito host are highly adaptable and can quickly develop resistance to drugs and insecticides, constant innovation to develop new drugs and insecticides is needed. Inexpensive and country-appropriate diagnostic tools remain largely unavailable, resulting in frequent unnecessary treatment with antimalarial drugs; this treatment, in turn, accelerates the parasite's development of drug resistance. We are closer than ever before to a malaria vaccine, but achieving this objective will require greater investments.

Next Steps for U.S. Leadership in the Global Malaria Fight

- a. Craft and implement a 5-year U.S. global malaria strategy that supports international partnerships.** Releasing this strategy early in the Obama Administration would improve the efficiency and effectiveness of US programs. This U.S. malaria strategy should complement and contribute to Roll Back Malaria's Global Malaria Action Plan, which calls for malaria-endemic countries to make a substantial impact on their malaria burden by controlling it with existing tools; reducing to zero all locally-acquired infections; and creation and effective implementation of new tools. Coordinating the U.S. plan with national malaria control plans of partner countries and non-governmental organizations will allow achievement of maximum impact.
- b. Increase funding to address malaria globally.** Congress should appropriate at least \$800 million in FY2010 in bilateral funding for malaria programs to meet the targets set forth in PMI and the \$5 billion over five years authorized in Lantos-Hyde. Congress also should provide robust U.S. investments in the Global Fund.

- c. Accelerate development of new and improved tools to combat malaria.** Congress should support the following investments in investments in FY2010: A doubling to \$18 million for the Centers for Disease Control and Prevention's malaria programs; a proportional increase to USAID and PMI malaria research programs; and \$30 million for the Department of Defense's malaria programs. Research needs to be addressed systemically by total budget allocations of \$31.1 billion for the National Institutes of Health; at least \$4.9 billion for NIH's National Institute of Allergy and Infectious Diseases; and at least \$71 million for NIH's Fogarty International Center.