



The Global Malaria Action Plan

On World Malaria Day in April 2008, the UN Secretary-General called for putting “a stop to malaria deaths.” As a first step, he urged the world to ensure “universal coverage by the end of 2010.” The world will now take a major step towards that goal with the Roll Back Malaria (RBM) Partnership’s Global Malaria Action Plan (GMAP): the first comprehensive blueprint for global malaria control and elimination.

As the global coordinating body for fighting malaria, the RBM Partnership has assembled the plan through consultation with more than 250 experts from malaria-endemic countries and international organizations from fields as diverse as economics, public health and epidemiology.

The Global Malaria Action Plan plots a course toward malaria control milestones in 2010, 2015 and beyond, and lays the groundwork for malaria elimination and eventual eradication with aspiration towards short, medium and long term targets.

Short term – Scale up access to bed nets, indoor spraying, diagnosis and treatment, including preventive treatment for pregnant women, for all in need in Africa by 2010

Medium term – Reduce the number of malaria deaths from one million to near zero by 2015 through continued universal coverage to key anti-malaria tools

Long term – Eliminate malaria in key countries by maintaining near zero deaths and eventually find a way to eradicate malaria through a portfolio of research projects, such as vaccine research

To achieve these goals, the plan outlines a three-part strategy focused on the following:

- Control malaria to reduce the current burden and sustain control as long as necessary
- Eliminate malaria over time country by country
- Research new tools and approaches to support global control and elimination efforts

On September 25, 2008, the international community including RBM partners such as the United Nations, the World Health Organization, ACTMalaria, KeNAAM, Voices, the British Government, the Bill & Melinda Gates Foundation and Malaria No More teamed up with heads of state and government, major agencies, private sector, faith and civil society leaders to unite behind the GMAP.

Through strategic deployment of core interventions for just a few years, the burden of malaria has been reduced to just one-tenth of what it was formerly in some areas of high transmission. Malaria deaths have been reduced by 50% or more in some countries. With affordable, safe and easy treatment options currently available, the RBM partnership knows how to prevent and fight malaria and reduce the number of preventable deaths to near zero, but there is still a need for more resources and high-level attention to implementing the plan.

Ambitious targets

- Achieving full malaria control in all endemic countries, including those in Africa as well as the rest of the world, will cost \$5.3 billion in 2009, \$6.2 billion in 2010, and \$5.1 billion annually from 2011 to 2020.
- Research and development for new treatments will cost \$750-900 million over the next ten years
- 730 million Long Lasting Insecticide treated Nets (LLINs) are needed globally. About 350 million LLINs needed for Africa. In Africa, approximately 50-100 million needed nets will be distributed in 2008, leaving 250-300 million new LLINs that need to be distributed in 2009 and 2010
- 172 million households sprayed annually with insecticides
- 25 million treatment courses of Intermittent Preventative Treatment (IPTp) for pregnant women in Africa
- 1.5 billion diagnostic tests
- 228 million treatments of Artemisinin-based Combination Therapies (ACTs) to treat *P. falciparum* malaria
- 19 million doses of Chloroquine (CQ) and Primaquine (PQ) to treat *P. vivax* malaria

While the costs of fighting malaria are significant, the benefits are far greater and the risks of inaction too large to ignore (e.g., lives lost, economic development stymied, resistance emerging). The short- and medium-term costs are justified by the enormous health benefits – and ultimately, economic benefits – that will accrue, as outlined by the GMAP.

The RBM Partnership remains committed to garnering additional financial resources as well as cooperating to provide ongoing support and tackle malaria. Success will require a substantial increase in resources over what is currently allocated for malaria control.

Major findings

- Malaria control saves lives today and prevents deaths tomorrow. Up to an estimated 4.2 million lives will be saved by 2015 in the 20 highest burden countries in Africa alone if the plan is put into effect.
- Malaria control is highly cost effective, especially when compared to interventions for other diseases. At a cost of \$2-24 per disability-adjusted life year (DALY) saved, the only intervention that is more cost effective is childhood immunization.
- Research investment in new and improved interventions will improve malaria control, increase the cost-effectiveness of interventions and support efforts to eliminate malaria. Estimates show, for instance, that developing preventative interventions (LLINs, IRS, etc) that achieve greater field effectiveness could decrease the costs for interventions by approximately US\$ 100 million per year.
- A lower malaria burden yields positive economic benefits and can reduce poverty. Malaria affects some of the poorest, most marginalized populations in the world. In Africa, for instance, malaria costs at least \$12 billion in direct losses, but much more than that in lost economic growth when examined over the long term.
- Ongoing progress in malaria and successful execution of the GMAP will act as a catalyst for achieving six of the eight Millennium Development Goals. Minimizing the malaria burden means more people at work, more children at school and a break in the cycle of poverty.