



Malaria: fight half done

By Roslyn Morauta
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This is an edited version of a speech made at the opening of the Global Malaria Congress in Melbourne, Australia, on 25 May 2023. [Read the full speech](#).

When the Global Fund was created 20 years ago, HIV, TB and malaria seemed unbeatable. But we have proven that with science, adequate resources and effective global collaboration, we can force even the deadliest diseases into retreat. In just 20 years, our partnership has saved 50 million lives and cut the combined death rate from the three diseases by more than half in the countries where we invest.

As an international organisation, the Global Fund mobilises funds and provides grants to support programs run by local partners and experts in more than 120 countries. This includes 56% of all international financing for malaria programs (39% of total available resources) and more than US\$16 billion invested in malaria control programs as of April 2022. In 2021, we accelerated our investments in the fight against infectious diseases, reaching an annual disbursement of more than US\$5 billion – the highest since our founding.

In those countries where the Global Fund invests, malaria deaths have dropped by 26% since the Global Fund was founded, and notably, in the absence of malaria control measures, deaths would have increased by 84% in the same period – translating to millions of lives saved.

But as a disease that has been around for thousands of years, we know it will not go easily. Even prior to COVID-19, after years of steady declines, malaria cases and deaths were on the rise in some countries. Malaria affects over 250 million people a year, it causes billions of dollars of economic damage, impacts on schooling, and as most of the deaths are children or pregnant women, shockingly malaria still kills a child every minute.

Nearly half of the world's population lives in areas at risk – 87 countries. Malaria is a

pandemic. However, funding has plateaued, climate change is wreaking havoc on our prevention efforts in many countries, and drug and insecticide resistance are increasing, risking a resurgence of the disease and a loss of hard-won gains.

We all know that malaria is not a disease that stands still. The parasites evolve to resist treatments and escape diagnostic tools; mosquitoes adapt to resist insecticides or bite their victims earlier in the day; humanitarian crises lead to mass displacement and create the conditions for mosquitoes to breed and parasites to multiply; the urban mosquito *Anopheles stephensi*, historically found in the Asian subcontinent and the Middle East, has spread to a growing number of locations in Africa and is a challenge that will not be easy to overcome.

What we also know is that malaria is one of the most climate-sensitive diseases and presents a stark example of what's to come – evolving and migrating to new areas with rising temperatures and deforestation, which causes pathogens to multiply.

Whether in Pakistan where floods last year displaced more than 33 million people, or more recently in Mozambique, the devastation caused by these extreme weather events has increased the risk of malaria transmission. The floodwater drives up malaria cases and deaths, leading to a massive surge among the poorest and most remote communities – those usually most exposed to climate disasters.

We have seen that direct effect at work in Pakistan, where malaria cases have been multiplied by four, involving also a more dangerous parasite that was not common before the floods. Malaria deaths in Pakistan increased by a factor of eight. Given that the poorest countries are those that will see the greatest impact of climate change, this is a frightening demonstration of what will only get worse in the short term. In sub-Saharan Africa, floods have increased tenfold, severe storms quadrupled, and droughts tripled since the 1970s – twice as fast as for the rest of the world.

Clearly, eliminating an infectious disease such as malaria, as fast as possible, is one of the best responses to the impact of climate change. It will reduce the risk factors for vulnerable populations and those with weakest access to healthcare in LMICs [low and middle income countries] and allow a new generation to grow up healthy and productive. It will also free up health systems that are overwhelmed with dealing with malaria, to deal with other health issues – a huge boost to their countries.

We have an exciting flow of innovative tools to fight malaria, including dual active ingredient bed nets to counter resistance, new treatments and prophylactics, new diagnostic tools and even vaccines.

One example of a highly cost-effective solution is seasonal malaria chemoprevention (SMC). For \$1.50 per month SMC can protect young children through the rainy season when they are most at risk. In 2021, nearly 45 million children were treated with SMC across 15 African countries. However, this could be extended to tens of millions more across many other countries.

Another example is the new dual active ingredient bed nets. These can be 40% more effective in preventing infections than the current generation of insecticide impregnated bed nets. But they are more expensive, so they are not being rolled out as fast as they could be. While a conventional bed net costs about US\$2.00, the new ones cost over 60 cents more. With 160 million bed nets distributed by the Global Fund a year, that adds up.

If we continue as now, it's highly likely that thousands more children will die from malaria every year as climate change fuels the spread of the disease, and resistance undermines the efficacy of the weapons we have to fight it. Yet this isn't one of those problems where we must invent new solutions. We already have effective tools, with better ones on the way. We simply don't have the money to use them to the fullest extent possible.

However, that also presents us an opportunity to invest in more resilient health systems – creating new partnerships, catalysing innovation, increasing funding to protect global health, and encouraging rapid research and development (just like we saw during the COVID-19 crisis).

Like polio, malaria has shown that you cannot half fight a disease and win. The fight against malaria is one of the biggest public health successes of the 21st century, but it's a fight that is only half done and risks going backwards unless we redouble our efforts. We have the tools and treatments to prevent and cure malaria. This is a fight we can win, if we build and maintain unwavering commitment and much-needed investment.

Together we have proven solutions to end malaria. What we need more of are partners and resources to put those solutions in place to drive results for the most vulnerable.

Together, we can work to make the world more equitable – a place where everyone is safe from deadly infectious diseases.

About the author/s

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Lady Roslyn Morauta is a global health leader and advocate. She is currently the Chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and also serves on the boards of the Asia Pacific Leaders Malaria Alliance and the Pacific Friends of Global

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