

World Malaria Day: Looking back on a decade of progress

By Prof. Awa Marie Coll-Seck

A decade ago, far from public outcry or front-page headlines, malaria was killing 3,000 people every day, mainly African women and children. Few of the over three billion people at risk had access to mosquito nets or effective malaria drugs. Chloroquine, the main malaria drug, had become ineffective against malaria's deadliest strain, and the pipeline for new drugs, vaccines and other tools to control malaria was virtually empty.

April 25 is World Malaria Day. It is an opportunity to recognize the achievements of the last decade, since the moment when advocacy efforts shifted malaria from a neglected disease to global health priority. The immediate results were tangible: a thirty-fold jump in international funding, increased commitment by African leaders, a rapid expansion of research and development, and the creation of new alliances addressing malaria. The Roll Back Malaria Partnership, the global framework for coordinated action created in 1998 by the World Health Organization, United Nations Children's Fund, United Nations Development Programme and the World Bank, is now a worldwide movement of over 500 public and private sector partners.

Change has been most dramatic in Africa, where enough insecticide-treated mosquito nets have been delivered to cover 76 per cent of people at risk and 11 countries have reduced malaria cases and deaths by over 50 per cent. In just a decade, Africa has begun to extract itself from the grip of a disease that has held sway for millennia. The Global Fund to Fight AIDS, Tuberculosis and Malaria, now the source of two-thirds of all malaria funding, has been instrumental in realizing many of these gains together with the US President's Malaria Initiative, the World Bank Booster Programme, UNICEF and other bilateral contributions.

However, these gains are as fragile as they are impressive. While countries could soon be able to distribute enough bed-nets to protect everyone at risk, achieving similar traction with treatment, diagnosis and indoor spraying has proven more difficult. More critically, growing drug and insecticide resistance, left unchecked, could leave millions without effective treatment and prevention options, essentially turning the clock back to the conditions of ten years ago.

The challenge now is to not only sustain these hard-won results, but also to make greater advances in areas where progress has eluded us most, particularly access to diagnostics and treatment.

Without proper use of malaria drugs we will never conquer resistance and eliminate malaria.

As we go forward, two ambitious objectives are before us: the Millennium Development Goal target to halt and begin to reverse the incidence of malaria, and the goals of the Global Malaria Action Plan, particularly the milestone to reduce malaria deaths to near zero by 2015. To reach these goals we will need to both maintain our present gains and intensify our efforts. This cannot be done without greater commitment, innovation and new ways of funding malaria control and elimination. We have already seen the power of public-private partnerships, which have made drugs more affordable and available, nurtured innovative sources of financing, and furthered research and development efforts to create new drugs, insecticides, rapid diagnostics tests and vaccines.

We cannot fail to meet these objectives. If we do, the price will be too high. In addition to the millions of lives which will be lost, the impact on development will be huge. Let us not forget that in countries with a large malaria burden, particularly those in Africa, the disease consumes up to a quarter of household incomes, trapping people in a cycle of poverty. About 40 per cent of government health spending

goes to malaria, a disease which costs Africa US \$ 12 billion in direct costs every year and much more in lost productivity. Countries struggling with malaria and those that have long since eliminated it both have a role to play in fighting this disease. Political leaders in countries with malaria burdens must remain firm in their commitments, from increasing health budgets to improving supply lines. Donors must meet their own pledges and help find ways to bridge the gaps in necessary funding going forward. Malaria has proven itself to be a good investment. As the most cost effective single health intervention after childhood vaccination, universal malaria prevention coverage alone can save the lives of at least 3 million African children by 2015.

The results of the last ten years have shown us that with public private partnerships and by increasing financial and political support we can move many steps closer to controlling and eliminating malaria. This tremendous progress has laid the foundation for the next phase of the malaria fight. It is now clear that while creating a malaria-free world is challenging, it is possible.

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