Progress in the Fight Against Malaria

Never before has there been greater momentum for fighting malaria, and the U.S. is helping to lead this effort. The next administration and Congress can help roll back malaria further, and put the world on a long-term course to ultimately eradicate the disease.

The U.S. is a world leader in the fight against malaria:

• In 2007, the U.S. provided $257 million in funding for bilateral programs to fight malaria. Twenty-five million people, most of these children, in 15 countries have been reached through these investments.

• The U.S. has disbursed more than $2.5 billion to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a key partner in the fight against malaria, since its inception. The Global Fund has financed the distribution of 59 million bed nets and the delivery of 60 million malaria drug treatments.¹

• The U.S. is a leader in research and development (R&D) for malaria; in 2004, the National Institute of Allergy and Infectious Diseases provided $80.2 million for malaria R&D, while USAID contributed $9.7 million, and CDC contributed $5.9 million.

American investments have helped reduce malaria deaths, and accelerate progress toward a vaccine – both were unthinkable just 10 years ago:

• In Tanzania, nearly 40% fewer cases of malaria were reported during peak season last year, and a 70% reduction in the number of children suffering from severe anemia (for which malaria is a primary contributor) was reported.²

• In Kenya, bed nets have reduced deaths from malaria for young children by 44% in the country’s most endemic regions. With grants from the Global Fund and other bilateral donors, the Kenyan government distributed 3.4 million free bed nets, achieving a tenfold increase in the number of children sleeping under bed nets.³

• A malaria vaccine candidate first developed by the U.S. Walter Reed Army Institute of Research is the world’s most advanced malaria vaccine candidate. It is the first to demonstrate in clinical trials that it can protect young children living in malaria-endemic areas against infection and clinical disease caused by Plasmodium falciparum, the most deadly form of the malaria parasite.⁴

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Ultimately eradicating malaria will require increased resources and action. The next administration and Congress can do much to strengthen the global malaria fight:

- **Expand the U.S. malaria program to include more countries.** While current programs focus on the 15 worst-affected African countries, malaria is still a problem in many parts of the world such as Southeast Asia. U.S. support for the Global Fund should also be maintained or increased.

- **Encourage our partners to increase their funding commitments to support the malaria eradication effort, and continue to increase the U.S. contribution to malaria eradication.** While the mobilization of donor governments and civil society groups (including private foundations, faith groups, and others) has brought much-needed momentum to the fight against malaria, more funding will be needed to eradicate this disease once and for all.

- **Support the Affordable Medicines Facility - Malaria (AMFm), a tool to provide effective treatment to patients at an affordable price.** The global community, led by the Global Fund and the Roll Bank Malaria Partnership, is in the final stages of developing this facility to reduce the price of artemisinin-based combination therapies (ACTs), an effective anti-malarial treatment.

- **Increase public and private sector resources for R&D investments in the development of new drugs, vaccines, diagnostics, and vector control strategies.**

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**Frequently Asked Questions**

**Do we have effective tools to make progress against malaria?**

While the use of bed nets has long been encouraged by the World Health Organization (WHO), the recent development of long-lasting insecticidal nets has dramatically improved their usefulness. Unlike their predecessors, the long-lasting nets do not need to be re-dipped in buckets of insecticide every six months, as they remain effective for up to five years without retreatment. Indoor residual spraying with insecticides is also an effective way to prevent transmission. Malarial disease can be prevented with prophylactic anti-malarial drugs. Those who have been infected with the malaria parasite can be treated with anti-malarial drugs where available and affordable, and more effective medicines are increasingly becoming available. Unlike previous anti-malarials that have been rendered useless in many regions due to drug resistance, ACTs are now recommended.

**What about DDT?**

Nearly 30 years after phasing out the widespread use of indoor spraying with DDT and other insecticides to control malaria, the WHO now recommends the use of indoor residual spraying not only in epidemic areas but also in areas with constant and high malaria transmission, including throughout Africa. Extensive research and testing has demonstrated that well-managed indoor residual spraying programs using DDT are safe for wildlife and humans. Indoor residual spraying is the application of long-acting insecticides on the walls and ceilings of houses and domestic animal shelters in order to kill malaria-carrying mosquitoes that land on these surfaces. Environmental Defense, which launched the anti-DDT campaign in the 1960s, now endorses the indoor use of DDT for malaria control, as does the Sierra Club and the Endangered Wildlife Trust.

**To learn more, see:**

- Roll Back Malaria Partnership: http://rbm.who.int/index.html
- World Health Organization: http://www.who.int/topics/malaria/en/
- President’s Malaria Initiative: http://www.fightingmalaria.gov/