

PM+: Malaria funding critical to elimination of disease

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Opinion Plus

EU is a key partner in the fight against Malaria, but must take greater role, argues Charles Nelson.



Malaria, a completely preventable and treatable disease, kills more than 580,000 people a year.

Almost 90 per cent of these deaths happen in Africa where an estimated 437,000 children die before their fifth birthday. These numbers are unacceptable.

This is despite the fact that significant progress has actually been made. A rapid expansion of malaria interventions since 2000 has helped reduce the number of malaria deaths by around 47 per cent worldwide and by 54 per cent in Africa.

This is predominantly due to activity in support of the malaria-specific millennium development goal, which not only created a cause for the international development community to rally behind, but also helped mobilise policymakers on the issue.

These gains, though impressive, are fragile and malaria has resurged significantly on many occasions.

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The parasite that causes the disease, Plasmodium Falciparum, is unfortunately developing resistance to artemisinin, our most effective treatment, in the Mekong area of Southeast Asia.

This region has been the cradle of resistance to previous antimalarial drugs, therefore tackling resistance is now a global health priority.

If allowed to reach malaria-endemic parts of Africa and South Asia, it could have a devastating impact on recent achievements and trigger a huge rise in malaria deaths.

In Southeast Asia there is relatively low overall transmission of malaria. Containment programmes are now aimed at accelerating the elimination of Plasmodium Falciparum, as the only safe way to eliminate resistant malaria parasites, and the risk of them migrating, is to eliminate malaria.

This must be done urgently, and we cannot afford to miss the short window of opportunity we have to act.

We, the Malaria Consortium are contributing to these efforts by helping countries establish stronger surveillance systems for malaria, triggering timely response.

The people most at risk of suffering from and spreading drug resistant malaria in the region are the large mobile and migrant populations.

We are also helping to protect and monitor these populations, and to help stop the increase of drug resistant malaria both within and beyond the region. This is an issue that is having increasing resonance globally.

It is clear from the Ebola crisis in West Africa that weak health systems struggle to cope with infectious disease epidemics, and the loss of one of the key tools in the treatment for malaria, before alternatives can be found, would be devastating.

Furthermore, there is growing international attention being given to the issues of antibiotic and anti-tuberculosis drug resistance, problems with similar causes and effects to antimalarial drug resistance.

The European commission remains a key partner in the fight against malaria, with an important role to play in helping developing countries to achieve universal access to prevention and treatment.

As one of the leading donors to the global fund to fight AIDS, Tuberculosis and Malaria, the EU's contributions should be applauded.

However, as we celebrate World Malaria Day on 25 April, the fight continues and there is no room for complacency.

The commission has a greater role to play in directly addressing the urgent issue of drug resistant malaria, and European political champions are needed to keep malaria high on the agenda.

Yet the biggest challenge remains, international and domestic funding combined is still only just over half of what is required to achieve global targets for malaria control and elimination as forecasted by the World Health Organisation.

If we want to stay ahead of the game in malaria control and continue making steady progress towards elimination, policymakers need to help close this funding gap.

About the author

Charles Nelson is chief executive at Malaria Consortium

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