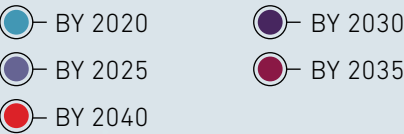


From Aspiration to Action

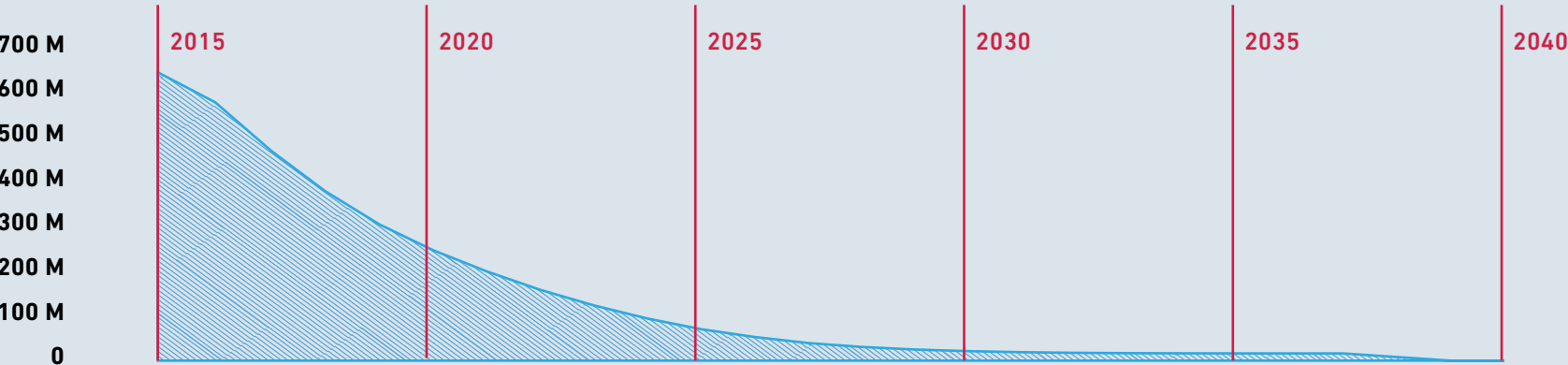
What will it take to end malaria?

Progress in combating malaria over the past 15 years represents one of the greatest success stories in the history of public health. Globally, malaria deaths have fallen 60% since 2000,¹ and the United Nations estimates that 6.2 million lives have been saved by malaria interventions between 2000 and 2015. Yet, as many as one billion people are currently infected with the malaria parasite, and nearly 500,000 children still die from this preventable disease each year—the equivalent of one child every minute.² Today, we have an opportunity to achieve something that was once thought impossible: **We can end malaria forever within a generation.**

From Aspiration to Action works back from a theoretical end date of 2040. The map and the chart below—derived from an epidemiological model by the Malaria Atlas Project—illustrate one potential pathway to malaria eradication by 2040.



PEOPLE INFECTED



¹World Health Organization/Unicef, Achieving the malaria MDG target: reversing the incidence of malaria 2000–2015 (Geneva, WHO, 2015)
²World Health Organization, World Malaria Report 2014 (Geneva: WHO, 2014)

BENEFITS

Achieving malaria eradication by 2040 would produce significant health and economic benefits over 25 years:

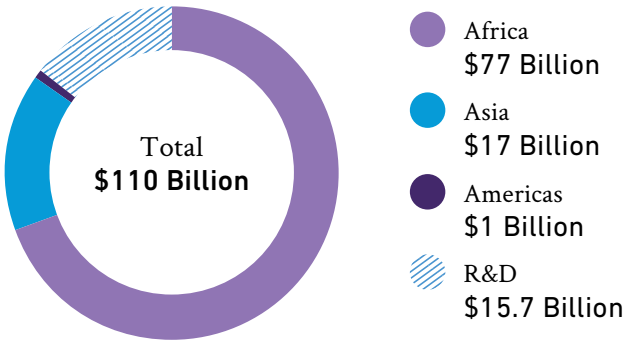
11 MILLION
LIVES SAVED

4 BILLION
CASES AVERTED

\$2 TRILLION
IN ECONOMIC IMPACT

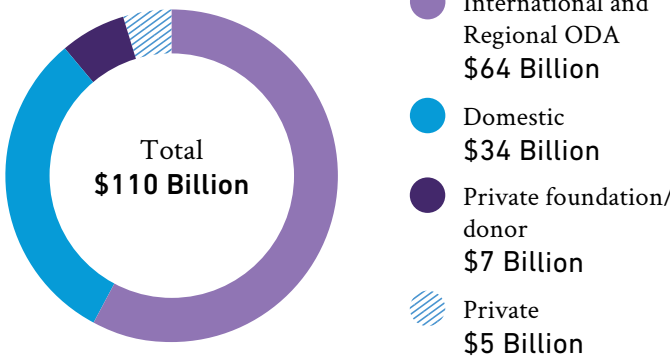
19:1
RETURN ON INVESTMENT

COST SUMMARY



Total costs to achieve malaria eradication are estimated to be \$90–\$120 billion between 2015 and 2040. This compares to an estimated \$2 trillion in economic benefits from productivity gains and health savings, or \$19 in benefits for every \$1 spent on malaria elimination.

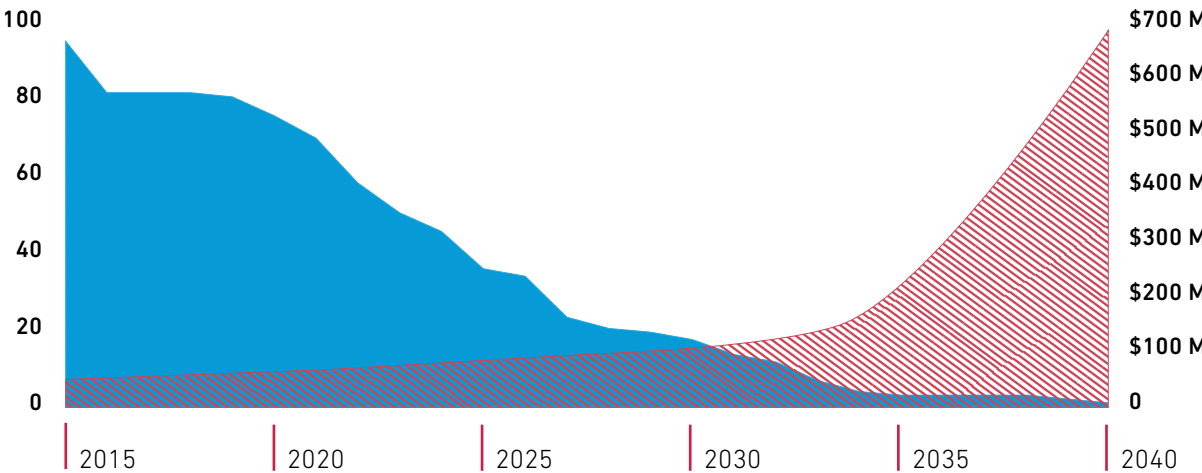
SOURCES OF FINANCING



Specific approaches to financing malaria elimination will vary by region and for R&D. Below is a breakdown of percentages by source.

COUNTRIES REMAINING

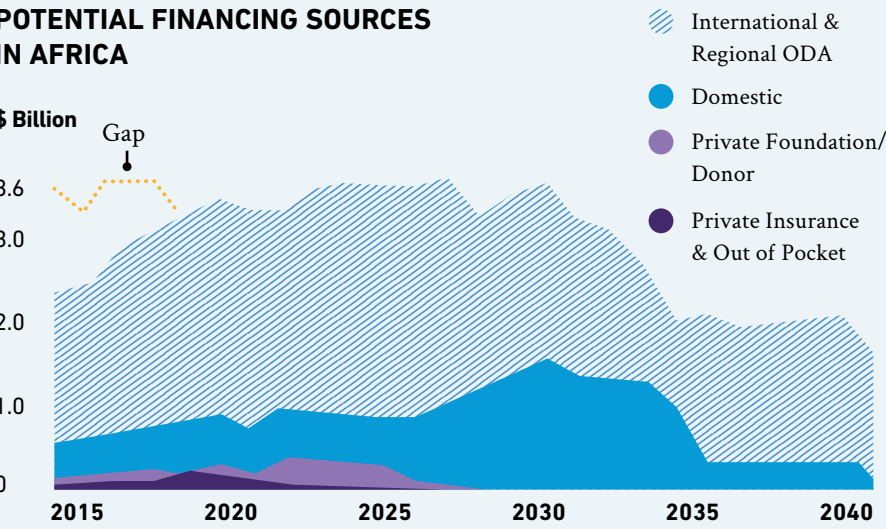
COST PER COUNTRY REMAINING



To put the world on the path to eradication, **malaria funding will need to double between 2015 and 2025.**³ Global ODA alone is not anticipated to grow at rates that will meet the cost requirements of malaria eradication. Therefore, affected country and regional financing will have to increase significantly to achieve the ambitious elimination targets being set by countries and regions.

AFRICA

Most national economies in sub-Saharan Africa are projected to grow substantially over the next 25 years, and the region’s GDP is likely to increase nearly 40 percent between 2015 and 2020.⁴ From Aspiration to Action projects a 50-percent increase for ODA to Africa in the first ten years, with domestic funding growing ~55% over the same period to meet the cost requirements of control and elimination efforts.



BENEFITS: AFRICA

8.8 MILLION

LIVES SAVED

3.2 BILLION

CASES AVERTED

\$1.3 TRILLION

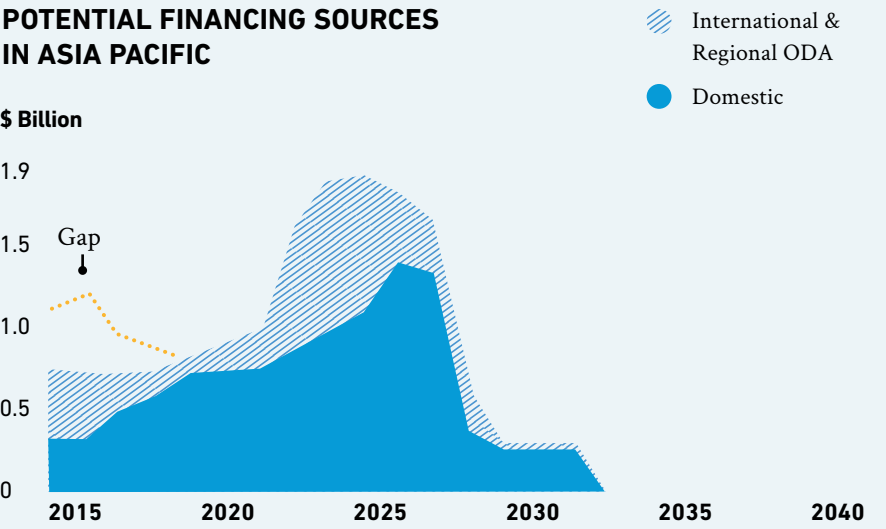
ECONOMIC IMPACT

**MALARIA ELIMINATION IN SOUTHERN AFRICA
TARGET 2025**

No nation south of the Sahara has succeeded in eliminating the disease. That is about to change. SADC members have formed the Elimination Eight Initiative (E8) with the goal of eliminating malaria from four of its member states by 2020 (Botswana, Namibia, South Africa, and Swaziland) and from the remaining four member states by 2025 (Angola, Mozambique, Zambia, and Zimbabwe).

ASIA PACIFIC

In the Asia-Pacific region, momentum is building to support high-level elimination commitments. In November 2014 at the 9th East Asia Summit, 18 regional heads of state and government committed to eliminating malaria from the Asia-Pacific by 2030. As economies in the region develop, international ODA as a percentage of public health funding will likely decline. Funding from within the Asia-Pacific region in the form of domestic financing, regional ODA, or regional lending has the potential to replace international funding.



BENEFITS: ASIA PACIFIC

2 MILLION

LIVES SAVED

793.5 MILLION

CASES AVERTED

\$698.4 BILLION

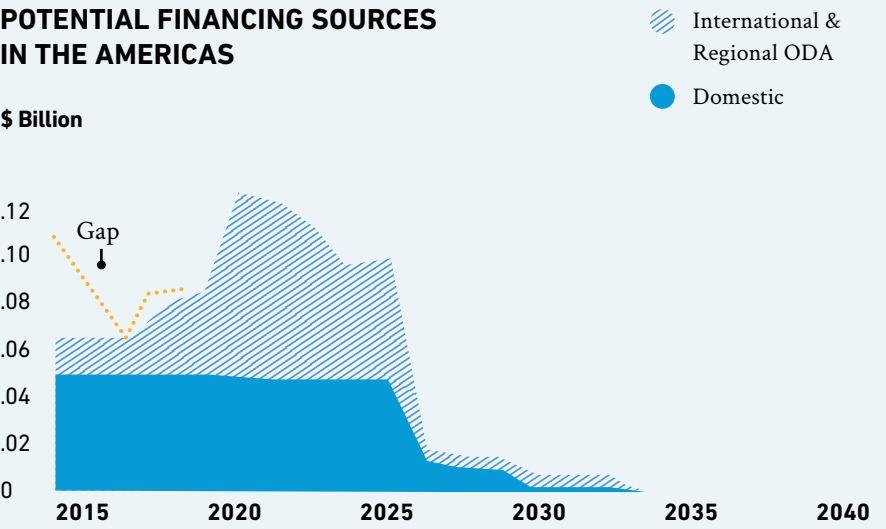
ECONOMIC IMPACT

**ENDING MALARIA IN SOUTHEAST ASIA
TARGET 2020**

No regional elimination effort is more critical over the next five years than the successful elimination of *P.falciparum* malaria from the five nations of Southeast Asia (Cambodia, Laos, Myanmar, Thailand, and Vietnam) that, together with Yunnan Province in China, make up the Greater Mekong Sub-region (GMS). Multi-drug resistance (MDR) “hot spots” have emerged in forested border areas, posing a direct threat to the success of global elimination efforts.

THE AMERICAS

Given the comparatively low disease burden of the Americas and the region’s rapidly emerging economies, it is likely that all countries in the Americas, except for Haiti and a small number of countries in Central America, will have the capacity to cover their elimination costs through domestic financing. International and regional official development assistance (ODA) may make up an estimated 45 percent of elimination costs.



BENEFITS: THE AMERICAS

43,197

LIVES SAVED

16.6 MILLION

CASES AVERTED

\$31.9 BILLION

ECONOMIC IMPACT

**ENDING MALARIA IN NORTH AMERICA
TARGET 2020**

Haiti and the Dominican Republic remain the only two countries affected by malaria in the Caribbean region. In February 2015, the Haiti Malaria Elimination Consortium (HaMEC) was launched with the goal of eliminating malaria transmission and reintroduction from the Island of Hispaniola by 2020. A parallel effort to eliminate malaria from Central America is underway, which means that we could witness the final elimination of malaria from North America within a decade.

³Original financial modeling for Aspiration to Action. For details, see “Methods” section in online appendix.

⁴World Bank, “World Bank Open Data”. 2015. Web