

## TASK FORCE: Malaria

### Controlling Malaria Fights Poverty and Saves Lives

#### Task Force develops concrete plan for using proven solutions to fight devastating killer of children in Africa

17 January 2005, New York—Every 30 seconds an African child dies of malaria, and more than 1 million children succumb to the disease each year. Malaria is also an economic disaster. In malaria-endemic countries the disease, which sickens 300 to 500 million annually, incapacitates the workforce, leading to decreased productivity and output in various sectors of the economy.

But there is now a concrete plan for greatly reducing the suffering inflicted by the disease that focuses on relatively simple but proven solutions. These include boosting efforts to diagnose the disease at an early stage, reducing malarial mosquitoes by providing people in endemic areas with insecticide-treated bednets and indoor spraying, and offering effective malaria drugs free of charge, according to the blueprint for action—*Coming to Grips with Malaria in the New Millennium*—developed by the UN Millennium Project Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines.

The Working Group on Malaria was headed by **Professor Burton Singer**, Charles and Marie Robertson professor of public and international affairs at Princeton University, and **Dr. Awash Teklehaimanot**, director of the Malaria Program at Columbia University's Center for Global Health and Economic Development. They directed a team of malaria experts from around the world who for the last two years have studied effective strategies for fighting the disease. Their comprehensive strategy for fighting malaria is part of a detailed global action plan for fighting poverty, disease and environmental degradation in developing countries.

“Our solutions have the potential to achieve at least a 75 percent reduction in the current rates of malaria sickness and death by 2015,” the report said. “An integrated package of malaria control interventions would cost about US\$2-3 billion per year.”

The Working Group on Malaria recommends, among other things:

- **Increasing the political commitment to investing in proven solutions.** International donors need to significantly increase investments in health and ministers of health should ensure that these are appropriately spent on interventions such as insecticide-treated bednets and effective malaria drugs. These and other essential health services should be viewed as “public goods” available free of charge to the populations of developing countries.
- **Implementing the full integrated package of malaria control measures.** These include insecticide-treated nets; indoor residual spraying; early diagnosis; treatment with effective antimalarials (such as artemisinin-combination therapies); intermittent preventive treatment of pregnant women; management of the environment; health education and awareness; epidemic forecasting; and monitoring and surveillance systems.
- **Strengthening health systems with a focus on providing disease-endemic countries with the healthcare infrastructure, monitoring systems, and laboratory services** they need to ensure a rapid and effective response to malaria outbreaks.
- **Organizing communities to participate collectively in the fight against the disease.** For example, a programme in the Tigrina Region of Ethiopia that trained grandmothers and mothers how to prevent, diagnose and respond to the disease—and provided malaria drugs at no cost—reduced deaths in children under age 5 by 40 percent.

- **Training and deploying more skilled personnel in malaria endemic areas to implement proven prevention techniques, accurate diagnosis, and appropriate treatment.**
- **A global commitment** that by 2008, 80 percent of at-risk populations will be protected by treated bednets, indoor spraying or other effective malaria-control interventions, and 80 percent of malaria patients will be diagnosed and treated within one day of the onset of illness.

The working group views progress against the disease as vital to meeting commitments forged in 2000 at the Millennium Summit, where world leaders agreed to make the fight against poverty—and all of its faces—in developing countries their priority. The summit inspired the Millennium Development Goals, which are built on the recognition that, from health to the environment, from education to gender equality, a growing list of development issues can no longer be managed solely within the boundaries of a single nation.

The report is part of the UN Millennium Project, which was commissioned by the UN Secretary-General in 2002 to develop a practical plan of action for enabling developing countries to meet the Millennium Development Goals and reverse the grinding poverty, hunger and disease affecting billions of people. As an independent advisory body directed by Professor Jeffrey D. Sachs, the UN Millennium Project submitted its final recommendations in January 2005.

The Malaria Working Group is associated with the larger Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines, one of 10 UN Millennium Project Task Forces that together comprise some 265 experts from around the world, including members of parliament; researchers and scientists; policymakers; representatives of civil society; UN agencies; the World Bank; International Monetary Fund; and the private sector. The UN Millennium Project Task Force teams were challenged to diagnose the key constraints to meeting the Millennium Development Goals and present recommendations for overcoming the obstacles to get nations on track to achieving them by 2015.



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