In July 2015, a new strategy and framework to guide investment and action to eliminate malaria will be released. Together, the World Health Organization’s Global Technical Strategy for Malaria 2016–2030 and the Roll Back Malaria (RBM) Partnership’s Action and Investment to defeat Malaria 2016–2030 (AIM) – for a malaria-free world outline the technical and financial pathway required to continue driving down the burden of malaria to reach the 2030 malaria goals, including concrete milestones in 2020 and 2025 to measure progress and accelerate action toward a malaria-free world. The two documents will be presented during a malaria financing discussion at the Third International Conference on Financing for Development (FfD) in Addis Ababa, Ethiopia.

Concerted action and investment is shrinking the malaria map and reducing the malaria burden.

- Between 2000 and 2015, the global malaria mortality rate is estimated to have decreased by 58 percent. As a result, the global MDG malaria target has been achieved and surpassed.
- As a result of increased financing, stronger coordination among partners, and technical guidance from WHO, countries have succeeded in averting more than 6 million malaria-related deaths since 2000, the vast majority of which have been children under age five in sub-Saharan Africa.
- The estimated 69 per cent reduction in malaria mortality in the under-five age group in this region also helped improve child survival rates, directly contributing to MDG4, the reduction of child mortality by two-thirds.
- Over 100 countries are already free from malaria, and at least 55 countries are on track to reduce malaria case incidence rates by 75 percent by the end of 2015.
- Today, fewer people than ever are getting infected with malaria in Africa, and many countries around the world are focusing on elimination targets for the first time in history, with new regional commitments announced in the Americas, Eastern Mediterranean, Asia Pacific, and Africa.
- In May 2015, the World Health Assembly adopted a goal to reduce global malaria incidence and mortality by 40% by 2020 and by 90% by 2030.

Eliminating malaria is key to achieving the Sustainable Development Goals. When we invest in malaria, we invest in poverty reduction and people-centered development.

- Though the world has made dramatic progress, much remains to be done: nearly 300 million people in sub-Saharan Africa still lack access to a protective insecticide-treated net, and at least 15 million pregnant women do not receive the protective treatment they need to keep themselves and their unborn child healthy.
- With more than half of the world’s population at risk of infection, malaria presents an alarming threat to global development. Each year, malaria costs the African continent an estimated minimum of US$12 billion in lost productivity, and in some high-burden countries it can account for as much as 40 percent of public health expenditure.
- Since 2000, lives saved from malaria are estimated to have accounted for 20 percent of all reductions in all-cause child mortality in sub-Saharan Africa. Efforts to prevent malaria in pregnancy alone saved the lives of 94,000 newborns between 2009 and 2012.
- Less malaria means less newborn, infant and maternal mortality, fewer days missed at school and work, more productive workforces, and stronger economies.
- Lowering and eliminating the burden of malaria strengthens health systems, enabling them to function more effectively and respond better to emerging threats to health security.
- Regions that have decreased malaria have seen substantial economic gains, with economic growth more than five times higher than in endemic regions.
• Gains made in malaria can be sustained and accelerated through 2030, thereby sustaining the health and productivity of some 3.2 billion people vulnerable to malaria per year.

**Investing in malaria is one of the best buys in global health.**

• Malaria interventions have proven to be among the most cost-effective public health interventions, second only to immunization.

• Malaria interventions cost only US$5–8 per case averted, while generating billions in savings.

• Meeting the 2030 malaria targets will generate more than US$4 trillion of additional economic output across the 2016–2030 timeframe. The global return on our investment in malaria elimination will be a staggering 40:1, with an unprecedented 60:1 return on investment in sub-Saharan Africa alone.

• According to the Copenhagen Consensus, which has been ranking activities in terms of return on investment for the post-2015 global goals for Sustainable Development, malaria control delivers US$36 in social and economic benefits for every dollar spent. Meaning, for a US$5 bednet, US$180 is returned to the economy.

**Sustained, predictable, and innovative financing is critical for continued success.** We must continue to build on our investments so we can continue saving lives, unlock economic potential in countries around the world, and put communities on the path to defeating the disease altogether.

• Robust, predictable financing and new innovations will be critical to continue to scale up interventions and make progress toward ambitious malaria elimination targets.

• Experts estimate that the cost of achieving the 2030 malaria goals will be US$100 billion, with a further US$10 billion required for research and development. This is an ambitious amount, but the investment carries a significant return: the potential to save more than 10 million lives, avert nearly 3 billion cases, and unlock more than US$4 trillion in additional economic output worldwide.

• To achieve the first five-year milestone and set us on course to achieve the 2030 targets, malaria investments will need to increase to US$6.4 billion per year by 2020. Despite the compelling case to invest in malaria, funding levels have stagnated since 2010 and, in 2013, only half of the US$5.1 billion required globally to reach the goals of the first Global Malaria Action Plan 2008–2015 was secured.

• While domestic malaria investments have grown considerably across the Millennium Development Goal era, a deeper level of political commitment will be needed to secure further increases as we move toward even more ambitious elimination targets. An increased level of funding will need to come from affected countries in order to propel our malaria progress.

• New and more innovative financing mechanisms are needed to support our ambitious malaria agenda. These should include new ways of raising and using tax revenues, more efficient use of existing funds, exploring revenue generation through key business sectors, and involving the private sector in partnerships or trust funds.

**The cost of inaction will be devastation and death. A strong and united partnership is key to overcoming gaps and ending the burden of malaria.**

• This preventable and treatable disease is still responsible for more than 450,000 child deaths in Africa each year. We must continue to work together—within and between sectors and across borders—to stretch the value of our investments, increase efficiencies, and maximize impact.

• Failure to achieve the global milestones and targets will be catastrophic—both financially and in terms of lives lost. The resources needed to achieve malaria elimination are paltry compared to what will be required if malaria resurges, particularly in the context of drug and insecticide resistance.

• History demonstrates that maintaining gains made fighting malaria are dependant on sufficient and sustained investment. Since the 1930s, there have been 75 documented resurgences of malaria reported in 61 countries, the majority linked to reduced or suspended funding for malaria programmes.

• Resurgence is particularly lethal in communities where high coverage with malaria prevention interventions has led to reduced immunity, which can result in devastatingly high levels of human sickness, suffering, and death across all age groups.

• Such a reversal would fundamentally undermine the unprecedented investment that has been made since 1998. Many countries around the world remain at risk of reintroduction, as shown by the number of imported cases every year, as well as resurgences in countries such as Greece. These costs and losses, and the associated economic burden, will be borne by countries, economies, businesses, health systems, and households. As usual the most vulnerable—pregnant women, children under five years of age and the poorest families—will be most affected.