

MALARIA IN AFRICA

AFRICAN LEADERS
MALARIA ALLIANCE



PROGRESS



- Since 2000, malaria mortality rates in Africa have fallen by 66% in all age groups, and by 71% among children under 5.



- Malaria progress contributed substantially to reducing the global rate of child deaths from 12.7 million in 1990 to 5.9 million in 2015.



- Malaria is no longer the leading cause of death among children in sub-Saharan Africa.



- Reductions in malaria cases in sub-Saharan Africa have saved an estimated \$900 million in case management costs over the last 14 years.



- Each \$1 invested in malaria control in Africa, on average, returns \$40 in higher economic growth.



- Several countries including, Zambia, Chad and Niger, have already enhanced their domestic resource commitments to malaria control efforts. Overall, there has been a more than 50% increase in projected domestic resource commitments in Global Fund concept notes.



- Through the innovative ALMA Scorecard for Accountability and Action tool, countries are tracking progress, identifying bottlenecks and taking action in the fight against malaria. The response rate to the recommended actions that accompany the ALMA Scorecard is more than 80%.

CHALLENGES



- In 2015, 89% of all malaria cases and 91% of all malaria deaths were in Africa.



- Malaria still kills 395,000 Africans every year, most of whom are children under 5.



- In 2015, there were an estimated 188 million cases of malaria in Africa.



- An African child dies from malaria every two minutes.

ABOUT MALARIA

MALARIA IS AN ENTIRELY PREVENTABLE AND TREATABLE DISEASE.

Extensive use of effective and low-cost malaria control interventions, including long-lasting insecticide-treated nets (LLINs) and indoor residual spraying (IRS), have led to the huge declines in incidence and death.

Since 2000, more than 1 billion insecticide-treated bed nets have been distributed in sub-Saharan Africa. Given that malaria-infected mosquitoes in Africa bite indoors and at night, these interventions have been highly effective.

Increased access to rapid diagnostic tests (RDTs) has made it easier to swiftly distinguish between malarial and non-malarial fevers, enabling timely and appropriate treatment.

CONTACT ALMA: Saleemah Abdul-Ghafur, Director / +1-678.362.0157 / saleemah@alma2030.org / www.alma2030.org