

Malaria Millennium Development Goal 'unlikely to be met'

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The Millennium Development Goal (MDG) to halt and begin to reverse the incidence of malaria globally is unlikely to be met, according to Wellcome Trust Principal Research Fellow Professor Bob Snow. The statement comes in a report published today in the open access journal *PLoS Medicine*.

The eight MDGs were established by the United Nations in 2000 with a view to tackling global poverty and health inequality. Goal 6 included the target to "halt and begin to reverse the incidence of malaria and other major diseases".

Malaria is one of the world's biggest killers, killing over a million people every year, mainly children and pregnant women in Africa and South-east Asia. It is caused by the malaria parasite, which is injected into the bloodstream from the salivary glands of infected mosquitoes. There are a number of different species of parasite, but the deadliest is the *Plasmodium falciparum* parasite, which accounts for 90 per cent of deaths from malaria.

According to research conducted as part of the Malaria Atlas Project (www.map.ox.ac.uk), over 40% of the world's population is at risk from infection from the *P. falciparum* parasite. Professor Snow and colleagues from the University of Oxford, who developed the map, have identified the areas where risk is moderate or high and areas where the risk is relatively low and compared this to levels of funding to control malaria in these areas. They also analysed where funding was allocated

for malaria control from major donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank and the US President's Initiative, and from national governments.

"There is clearly a lot of good will from the international community to tackle malaria, but more money needs to be invested and this needs to be distributed more equitably," says Professor Snow, who is based at the Kenya Medical Research Institute (KEMRI) in Nairobi, Kenya. "If not, it is unlikely that the Millennium Development Goal to tackle malaria will be met.

"We need to map where the problems are and where investment is most needed if we are to target the funds more effectively. This has been one of the primary intentions of the Wellcome Trust-funded Malaria Atlas Project. Without a map we could easily be missing the target and wandering around in endless circles."

In 2007, annual funding for malaria control, which includes insecticide-spraying, use of insecticide-treated bed nets and access to rapid diagnosis and medicine, amounted to US\$1 billion – less than US\$1 per person at risk. Around forty percent of this came from the GFATM, the rest from national governments and external donors. Previous studies have estimated the optimum amount required to tackle malaria to be between US\$4-5.

The researchers found a wide range of regional disparity between risk levels and amount of money allocated to the area for malaria control. For example, Burma (Myanmar) received US\$0.01 for each person at risk, compared to US\$147 in Suriname, South America. Certain areas, such as Africa, the Americas and the Middle East, received appropriate levels of the funding disbursed, but there were large shortfalls in other regions, such as South East Asia and the Western Pacific regions.

"Sixteen countries – that's half of all the people at most risk – receive less than fifty cents for each person at risk," says Professor Snow. "This includes seven of the poorest countries in Africa and two of the most densely populated at-risk countries in the world, India and Indonesia."

The research has been welcomed by Anthony Kiszewski, Assistant Professor of Epidemiology at Bentley College, Waltham, Massachusetts.

"Professor Snow and colleagues have presented us with the clearest picture yet of shortfalls in funding, not to assign blame, but to illuminate targets where intensified investment could produce large returns," says Professor Kiszewski. "With a goal as ambitious as halting and beginning to reverse malaria incidence by 2015, the world can't afford to underfund large populations at risk."

Source: Wellcome Trust

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