

# MALARIA & POVERTY

**“Malaria and poverty are intimately connected. As both a root cause and a consequence of poverty, malaria is most intractable for the poorest countries and communities in the world that face a vicious cycle of poverty and ill health”.**

*The Earth Institute, University of Colombia*



Credit: Daniel Cima/American Red Cross

cost and burden – to both families/ households and national economies. Malaria slows economic growth and development and perpetuates the vicious cycle of poverty.

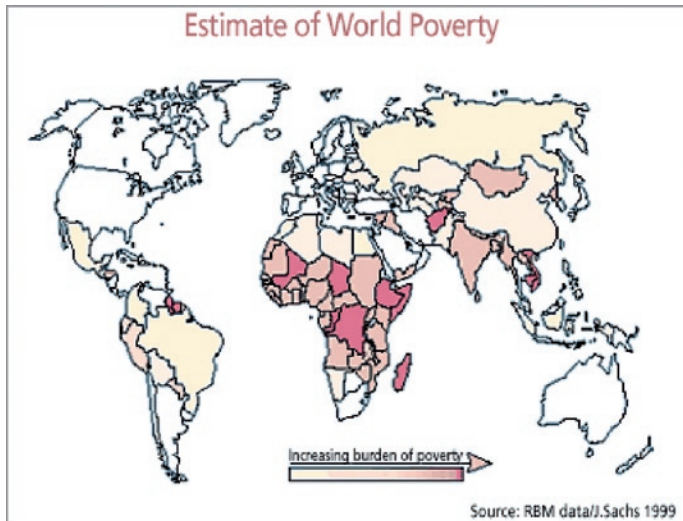
- It is no coincidence that the only parts of Africa that have significantly reduced malaria are the northern and southern tips, home to the richest countries on the continent. In the Western Hemisphere, the country with the worst malaria, Haiti, also happens to be the poorest country in that region<sup>iii</sup>.

**Malaria is most entrenched in the poorest countries in the developing world**

- Malaria is a devastating disease with some 40 percent of the world’s population in 107 countries at risk today<sup>i</sup>. It kills a child every 30 seconds, and some 3 million people a year - the large majority in the poorest countries of sub-Saharan Africa.
- Malaria is often referred to as the epidemic of the poor<sup>ii</sup>. Whilst the disease is in large part determined mainly by climate and ecology, and not poverty per se, the impact of malaria takes its toll on the poorest – those least able to afford preventative measures and medical treatment.
- The impact of malaria is not only felt in terms of the human suffering and death it causes, but also by the significant economic

Estimate of world malaria burden





## Economic Cost of Malaria on Countries

- Malaria can be an economic disaster. Countries with high malaria transmission have historically had lower economic growth than in countries without malaria<sup>iv</sup>. Those countries that have been able to reduce malaria have shown substantial growth and improved prosperity afterwards<sup>v</sup>.
- Every year malaria is estimated to cost Africa \$US 12 billion in lost Gross Domestic Product (GDP). It is estimated the disease has slowed economic growth in Africa by 1.3 percent per year as a result of lost life and lower productivity – what economists call a “growth penalty”<sup>vi</sup>. When repeated year after year it is a serious constraint to economic development.
- The direct costs of malaria include high public expenditure to attempt to maintain health facilities and infrastructure, manage effective malaria control campaigns and provide public education.
- For countries with a high malaria burden, the disease may account for as much as 40 percent of public health expenditure, with malaria accounting for up to 50 percent of outpatient visits<sup>vii</sup>. In Tanzania, for example, malaria accounts for 30 percent of the national disease burden<sup>viii</sup>.
- Figures in Tanzania also show that malaria accounts for 43 percent of under-five outpatient attendance, 35 percent of under-five hospital admissions and 37 percent of under-five hospital deaths<sup>ix</sup>.
- The indirect costs of malaria are also widely felt as worker productivity lowers with increased sick leave, absenteeism and premature mortality of the workforce. For many the transmission period of malaria coincides with the planting season which further lowers agricultural productivity<sup>x</sup>.

- For endemic countries, the mere presence of malaria can also deter investment, savings and turn away a potentially income-generating tourism trade.

## Economic burden for households

- The human suffering and loss of life caused by malaria is often matched by the economic burden placed on families who bear the direct costs from their own pockets. Personal expenditure includes spending on insecticide-treated nets, doctors’ fees, anti-malaria drugs, transport to health facilities, support to the patient and funeral costs. This can put an unbearable strain on household resources – in Ghana malaria care can cost up to 34 percent of a poor household’s income<sup>xi</sup>.
- There are also indirect costs for families and households. The permanent neurological and physical damages caused by severe episodes of the disease hamper children’s schooling and their general well-being. This can directly affect their education and ability to earn in later life. Absenteeism from work also impacts on household income.

## Malaria & the MDGs

- In 2000 the international community ushered in the new millennium by adopting the UN Millennium Declaration that was translated into a roadmap setting out eight Millennium Development Goals (MDGs) to be reached by 2015.
- At the MDG mid-way mark in 2007 the consensus was that, whilst there are some grounds for optimism, progress is uneven and extreme poverty and poor health remain a reality for millions. As 2015 draws nearer, the international community must accelerate and scale up efforts to get on track.





- It is widely acknowledged that controlling malaria is an integral part of a comprehensive development framework with a key role in poverty reduction<sup>xii</sup>. It therefore has a major effect on the ability to achieve the MDGs, and must be addressed if we are to improve upon progress towards meeting these goals.
- There is a synergy across the goals and targets set out in the MDGs with the result that progress in one target is likely to be a result and cause of progress in others. And malaria is no exception. It has a positive impact on achieving the other MDGs, especially those relating to health, education and poverty levels<sup>xiii</sup>.

## How tackling malaria will contribute to achieving the MDGs;

### • Eradicating extreme poverty and hunger (MDG 1)

The economic burden of malaria for both families and governments take a significant toll, reducing opportunities for economic growth and impacting on household income. With malaria costing Africa an estimated US\$ 12 billion per year in lost GDP and consuming up to 25 percent of household incomes and 40 percent of government health spending, reducing and controlling malaria will directly help countries and communities lift themselves out of extreme and chronic poverty.



### • Achieve universal primary education (MDGs 2)

Tackling malaria will have a positive effect on reaching universal primary education targets as the disease is a leading cause of illness and absenteeism in both children and teachers.

Episodes of malaria also cause stunting in children's physical and mental development which in turn contribute to impaired cognitive development, lower completion of primary school studies and lower returns to education.

In addition, the traditional role of girls in households as carers also impacts on their enrolment and completion rates when malaria episodes among families and households remains high<sup>xiv</sup>.

### • Reduce child mortality (Goal 4)

The fourth MDG aims to reduce by two thirds the mortality rate among children under five. With malaria the leading cause of child mortality in Africa, accounting for 20 percent of all childhood deaths (one in every five)<sup>xv</sup>, scaling up malaria control programmes will have significant benefits.

The proper use of a \$10 bed net has, for example, been shown to reduce under-five mortality by up to 25 per cent<sup>xvi</sup>.

### • Improve maternal health (Goal 5)

Malaria interventions have a clear and direct role to play in meeting MDG 5 which aims to reduce maternal mortality rate by three quarters by 2015. Pregnant women (particularly during first and second pregnancies) and their unborn children are particularly vulnerable to malaria; the disease is four times more likely to strike pregnant women than other adults, and has life-threatening implications for both mother and child<sup>xvii</sup>.

Research also shows how HIV and malaria combine to adversely affect pregnant women and their infants. HIV further worsens pregnancy-associated malaria leaving mothers and their children particularly vulnerable<sup>xviii</sup>.

### • Combat HIV/AIDS, malaria and other diseases (MDG 6)

Malaria is an important target in this goal that aims to halt and reverse the prevalence of malaria, along with HIV/AIDS and other diseases.

Tackling malaria will not only reduce morbidity and mortality from the disease itself, but also has an impact

on, for example, HIV/AIDS. The connection between the two diseases has been documented - HIV can increase the risk of malaria and death due to malaria, whilst malaria contributes to an increase in viral load among HIV-positive adults that has the potential to accelerate the progression from HIV to AIDS. Clearly there are implications at the programmatic level looking at more integrated services for prevention and treatment of both diseases.

- **Global partnerships for development and access to affordable essential drugs (Goal 8)**

A range of public-private partnerships are working on improving access to anti-malarial drugs and developing new tools to tackle the disease. These efforts can serve as a basis for improving access to other essential medicines.

## Members of the European Alliance Against Malaria:

- **Red Cross EU Office**, Belgium
- **German Foundation for World Population (DSW)**,  
Head Office, Germany and  
Brussels office, Belgium
- **European Parliamentary Forum**,  
Belgium
- **German Red Cross**, Germany
- **Friends of the Global Fund Europe**,  
France
- **Equilibres et Populations**, France
- **Spanish Red Cross**, Spain
- **Spanish Federation of Family Planning**,  
Spain
- **Malaria Consortium**, United Kingdom
- **Global Health Advocates**,  
United Kingdom
- **Bartley Robbs Consultants**,  
United Kingdom

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- i World Malaria Report, WHO/RBM/UNICEF, 2005
  - ii Economic Commission for Africa, Enhancing Health Systems: Malaria's Negative Impact in Africa, October 2005
  - iii The Economic Burden of Malaria, Jeffrey Sachs & John Luke Gallup, Center for International Development, Harvard, February 2001
  - iv The Economic Burden of Malaria, Jeffrey Sachs & John Luke Gallup, Center for International Development, Harvard, February 2001
  - v The Economic Burden of Malaria, Jeffrey Sachs & John Luke Gallup, Center for International Development, Harvard, February 2001
  - vi RBM Partnership Secretariat, The Abjua Declaration and the Plan of Action in The Africa Summit on Roll Back Malaria, 2000, WHO
  - vii Roll Back Malaria InfoSheet
  - viii Ministry of Health and Social Welfare, Tanzania, cited in East African Business Week, 15 May 2007

- ix Ministry of Health and Social Welfare, Tanzania, cited in East African Business Week, 15 May 2007
- x Economic Commission for Africa, Enhancing Health Systems: Malaria's Negative Impact in Africa, October 2005
- xi WHO and UNICEF, Africa Malaria Report 2003, Geneva
- xii Economic Commission for Africa, Enhancing Health Systems: Malaria's Negative Impact in Africa, October 2005
- xiii Economic Commission for Africa, Enhancing Health Systems: Malaria's Negative Impact in Africa, October 2005
- xiv Economic Commission for Africa, Enhancing Health Systems: Malaria's Negative Impact in Africa, October 2005
- xv Roll Back Malaria to Achieve the MDGs
- xvi UNICEF, 25 April Release 2007
- xvii Roll Back Malaria
- xviii Public Library of Science, University of Toronto, June 2007)

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Working for a malaria-free world