



# The Commonwealth and malaria: Why we need to act now

The Commonwealth Heads of Government Meeting (CHOGM) in April 2018 presents an exceptional opportunity to convene a Global Malaria Summit and put the world on the path towards ending malaria for good. Commonwealth Heads of State working with business leaders, the research and development community and civil society can agree to new initiatives to deliver the tools, data and innovation needed to accelerate progress in a profound way that will put us on firmly on the path to elimination.

Since 2000 the international community has cut malaria deaths by over 60%, saving over 6.8 million lives. Cases were cut by 37% between 2000 and 2015, helping to unlock the economic potential of many impoverished communities and countries<sup>1</sup>. Yet despite progress, a disease that costs less than \$1 to diagnose and treat will kill nearly half a million people this year.

In 2015 there were over 212 million cases and 429,000 deaths from malaria. Coverage of key preventions is still insufficient; in 2015, 43% of the population of sub-Saharan Africa was not covered by either bed-nets or indoor residual spraying (IRS), 69% of eligible pregnant women did not receive chemoprevention and 36% of children with fever were not taken for care. The increasing emergence of drug-resistant forms of malaria and insecticide-resistant mosquitoes threatens hard-won progress to date.

The Commonwealth represents 2.4 billion people, 90% of whom live in malaria-endemic countries. Many have populations where over 90% are at risk of malaria, including Nigeria and India, home to 180 million and 1.3 billion people respectively. Some members have successfully eliminated malaria, such as Sri Lanka (declared free in 2016), and others have elimination in their sights: Malaysia hopes to eliminate by 2020. Many Commonwealth Heads of Government are part of regional networks aimed at ending malaria, and all Commonwealth Health Ministers have committed their countries through WHO resolutions to eliminate malaria within their borders and across their regions.

**malaria**  
**NO MORE**  
united kingdom

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<sup>1</sup> [WHO World Malaria Report 2016](#)



17

Countries have eliminated malaria since 2000



2

A child dies from malaria every two minutes

The extensive shared culture, language and history of Commonwealth nations together with the values enshrined in its Charter makes the Commonwealth a powerful conduit through which action can be galvanised on the world's biggest challenges. Significant in both population and geography, with countries on every continent, the Commonwealth can blaze a trail for the rest of the world to follow. The heavy malaria burden, its intersectionality with social and economic issues and the sheer ambition of eliminating the world's oldest disease make it a fitting choice for the Commonwealth's next great challenge.

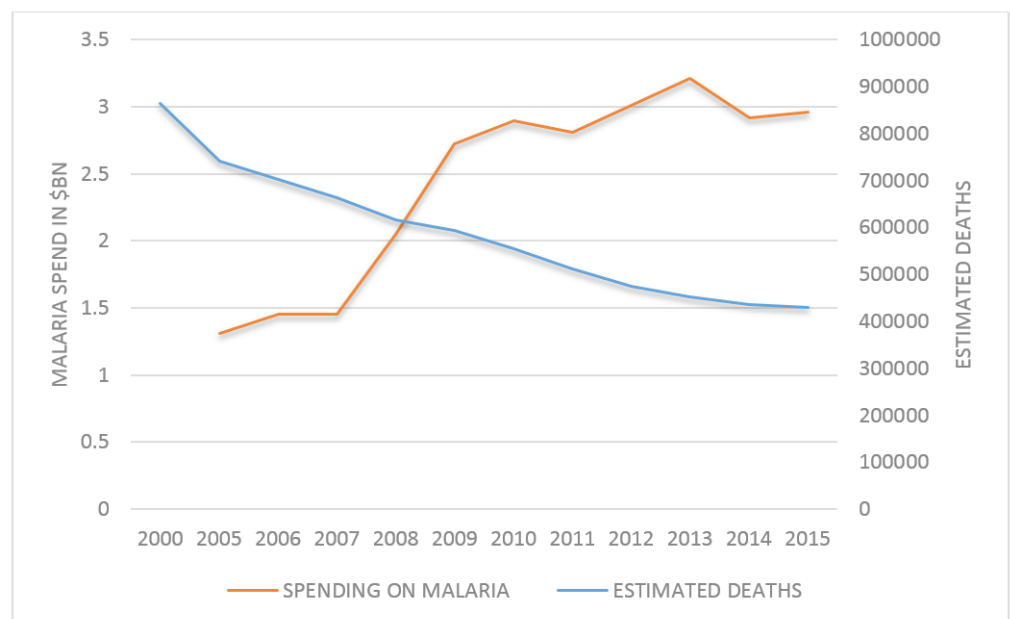
Action is needed now to build on recent progress and to meet international targets in the face of declining political attention, plateauing global funding, substantial coverage gaps and emerging drug and insecticide resistance. A great deal of work is already taking place across the Commonwealth to tackle malaria and other mosquito-borne diseases: putting malaria front-and-centre of CHOGM raises the issue to the eyeline of those with the real power to drive change, Heads of Government. Together, they can push past national obstacles to create meaningful cooperation between countries and, as a biennial fixture in the calendar, CHOGM provides a future forum to track ongoing progress.

## Malaria and the Commonwealth

The Commonwealth is disproportionately affected by malaria: it accounts for almost a third of the global population, yet two-thirds of the global population at risk of malaria. 24 members of the Commonwealth are actively tackling the disease, 20 have eliminated malaria and eight have never had malaria. Europe is the only region declared malaria-free (in 2015).

Malaria remains the most prolific vector-borne disease worldwide. Mosquitoes are the prime culprit, carrying malaria and many other serious diseases, and there are over 3,000 species. Non-malarial Commonwealth countries still have a strong interest in controlling mosquitoes carrying other diseases such as Zika, yellow fever and dengue. Preventing malaria is a means to help prevent these other diseases, significantly contributing to the overall Universal Health Care approach currently promoted at Commonwealth Health Ministers' meetings.

## The end of malaria is in sight - but needs funding





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# 6.8m

Lives saved  
since 2000

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According to the WHO, expenditure on malaria control and elimination totalled \$2.9 billion in 2015. The largest funders are governments of malaria-endemic countries (32% of the total) which includes many Commonwealth members. The Commonwealth also includes some of the largest contributors to the fight against malaria through international aid, such as Canada, Australia and the UK, who alone provides 16% of all malaria financing<sup>2</sup>.

Progress is fragile and there are severe consequences if investment is not sustained. Experience shows that when financial commitments against malaria weaken, it resurges quickly, costing millions of lives and billions of dollars. Increasing national and international investment is vital if we are to reach the globally-agreed goal of elimination in a further 10 countries by 2020 and of a 90% reduction in malaria deaths by 2030.

## The threat from drug-resistant infection is growing



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# 90%

Of Commonwealth citizens  
live in malaria-affected  
countries

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The effectiveness of current insecticides is declining. The international public health community has maintained a robust arsenal of antimalarial drugs, and is working through product development partnerships to strengthen the pipeline. However, resistance to treatments is increasing and spreading rapidly. Drug-resistant infection, also known as antimicrobial resistance (AMR) is a growing menace in the fight against a wide range of diseases including malaria, and was a priority issue at the recent G20 Health Ministers Meeting hosted by Germany and at the World Health Assembly this year.

Several Commonwealth countries and partners are already working to combat growing antimalarial drug resistance. Australia, the UK and Canada are strong supporters of improving global health security and the UK in particular is championing work on AMR. The Commonwealth Pharmacists' Association has identified AMR as a priority, and now provides online training via webinars to improve understanding and strengthen surveillance. At the Commonwealth Health Ministers' Meeting in May 2017, ministers committed "to promoting action on AMR... looking at innovative ways to reduce financial barriers to tackling AMR."<sup>3</sup> They will update on their progress at their meeting in 2018.

## Eliminating malaria means greater prosperity for all

Malaria has a huge impact on countries' economic growth and trade. In Africa, – where more than 90% of malaria cases occur - 18 nations are Commonwealth members. Malaria costs Africa more than £8 billion and as much as 1.3% of GDP every year in the worst-affected countries<sup>4</sup>. In some African Commonwealth countries, up to a third of working days are lost to malaria, with severe social and economic consequences. Malaria traps people in poverty, prevents children from attending school and particularly affects women as they are often primary caregivers within a family.

Malaria also impacts upon trade relations with non-endemic countries. A recent report by EY showed that UK trade with the 13 most malaria-affected countries could have been up to £765 million higher in 2015 but for the impact of malaria. There is currently £15 billion of trade each year between the UK and these countries; trade with India and Nigeria, who have

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<sup>2</sup> [WHO World Malaria Report 2016](#)

<sup>3</sup> [Ministerial Statement](#), Commonwealth Health Ministers Meeting, 21 May 2017

<sup>4</sup> Gallup, John Luke, and Jeffrey D. Sachs, 'The economic burden of malaria', 2001

the most malaria cases globally, is worth £10 billion and £2.5 billion respectively.<sup>5</sup>

## Conclusions

Malaria features in work taking place across the Commonwealth - from organisations like Commonwealth Nurses and Midwives Federation, whose members are at the coalface of health provision, to researchers developing new insecticides and treatments at globally-recognised institutions like the London School of Hygiene & Tropical Medicine, to Commonwealth Health Ministers who regularly convene to work collectively. But there is still an opportunity for more. By showing collective leadership at the highest level, the Commonwealth can become the vanguard of serious progress towards a malaria-free world.

Malaria is not simply a health issue: it is a childhood and education issue, a gender issue, an environmental issue, and an economic issue. With this in mind, the Commonwealth Heads of Government Meeting in April 2018 presents an opportunity to bring together a global grouping at a critical moment in the fight against this disease, and by raising its profile, broaden the understanding of its cross-cutting impact.

The size of the malaria burden in the Commonwealth means that a failure to act will have grave consequences. Global targets hang in the balance, and the threat of resistance is urgent and spreading. Commonwealth neglect for malaria will plainly jeopardise global progress towards the Sustainable Development Goals.

Yet the prize is momentous. If the Commonwealth acts, the world could end malaria within this generation. This, surely, is an ambition worthy of our endeavour.

## COMMONWEALTH POLICY RECOMMENDATIONS

1. Re-commit to accelerating action to achieve the agreed 2020 and 2030 global malaria targets and the goal to achieve a malaria-free world, putting the necessary financing and policy mechanisms in place;
2. Instigate greater cross border collaboration and innovative public/private partnerships to address urgent challenges such as drug and insecticide resistance, seizing the opportunity to accelerate existing work;
3. Recognise the centrality of the Commonwealth in tackling malaria and using its critical networks to spearhead global progress on this issue, and agree to revisit the issue of malaria and vector control at CHOGM 2020.

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### About Malaria No More UK

We have an ambitious mission to end the oldest killer disease in human history. We work with governments, private sector partners and the public to galvanise the political will and financial commitment required to accelerate innovation, access and action to end this devastating disease once and for all. We are determined to be the generation to end malaria and believe this goal is within our reach.

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<sup>5</sup> EY Report, '[Global Britain and Ending Malaria: The Bottom Line](#)', April 2017