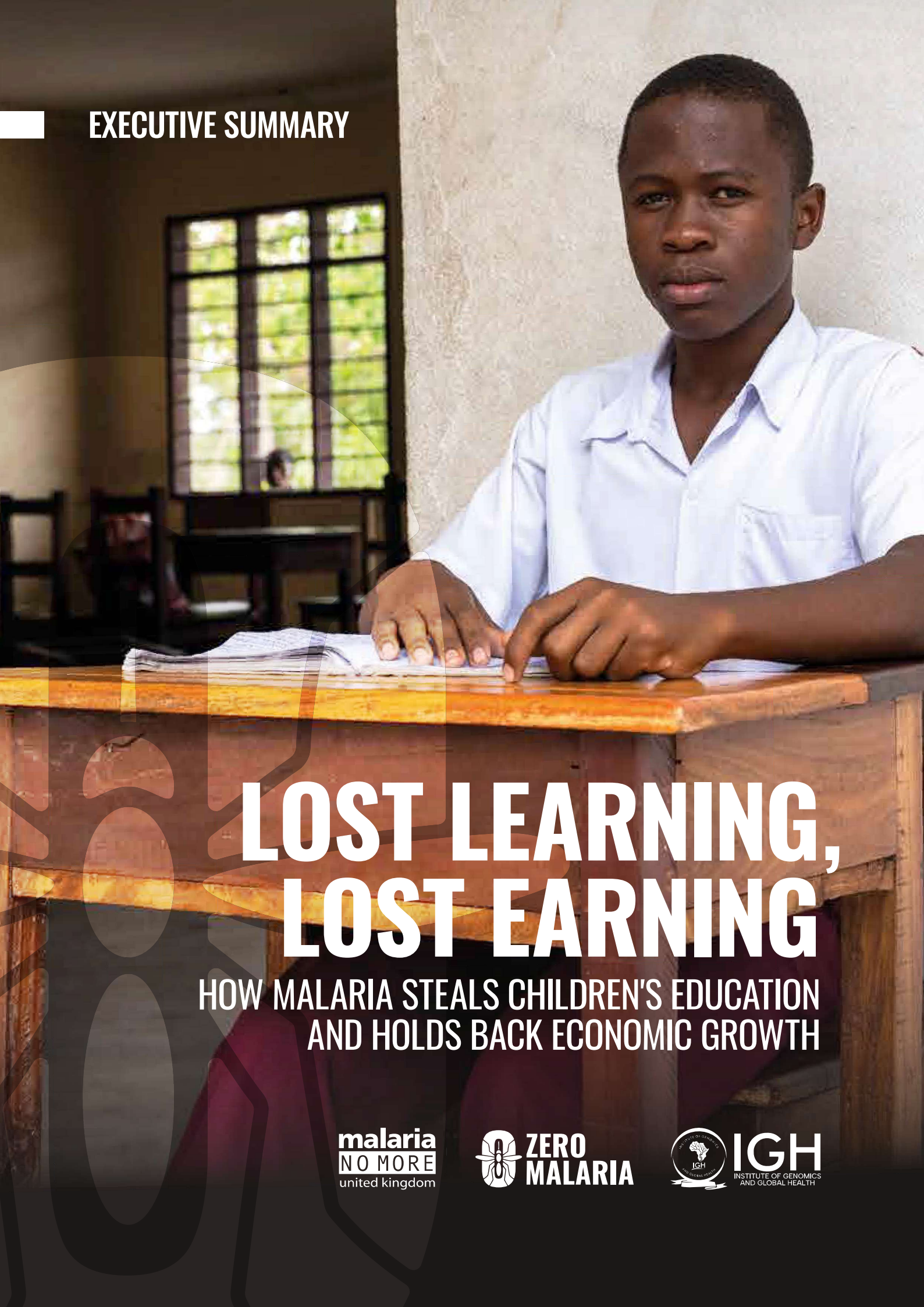


EXECUTIVE SUMMARY

LOST LEARNING, LOST EARNING

HOW MALARIA STEALS CHILDREN'S EDUCATION AND HOLDS BACK ECONOMIC GROWTH

malaria NO MORE united kingdom

ZERO MALARIA

IGH INSTITUTE OF GENOMICS AND GLOBAL HEALTH

KEY FIGURES AT A GLANCE

ACROSS THE 48 AFRICAN COUNTRIES ANALYSED IN THIS REPORT:

770 MILLION DUE TO MALARIA, CHILDREN BORN BETWEEN 2000-2045 WILL MISS AN ESTIMATED YEARS OF SCHOOLING AND **$2.65 TRILLION** WILL BE LOST IN LIFETIME EARNINGS

71 DAYS ON AVERAGE EACH CHILD WILL MISS OF SCHOOL AND LOSE **$1,362** IN POTENTIAL LIFETIME EARNINGS

81 MILLION 30% CUTS TO EXTERNAL FUNDING FROM 2027 WILL RESULT IN AN ADDITIONAL LOST SCHOOL YEARS AND **$262 BILLION** IN LOST LIFETIME LEARNINGS

377 MILLION ACHIEVING THE SDG TARGETS FOR REDUCTIONS IN MALARIA BY 2030 COULD RESTORE SCHOOL YEARS AND **$1.2 TRILLION** IN LIFETIME EARNINGS

EXECUTIVE SUMMARY

Malaria is a deadly yet preventable disease which hits children the hardest. Every year, almost half a million children will die from it, overwhelmingly in rural areas of sub-Saharan Africa. It is the single largest cause of death for children under 5 in Africa, and its continued existence is a global threat.

Despite the improvements made this century, malaria cases and deaths remain stubbornly high. After years of momentum, hard-won progress has stalled, leading to a growing risk of resurgence. Biological resistance, extreme weather events, and conflict are converging to create a moment of real danger. At the same time, global health financing is declining, placing strain on the systems that help control malaria and increasing uncertainty about the future of the fight.

Malaria is more than a health crisis. Its effects in early childhood shape a person's education, employment, and earnings throughout their life. Reversing progress against the disease is a concern for all of society.

This report, based on modelling conducted by Impact Global Health, examines the lives of children born between 2000 and 2045 in 48 African countries that make up the overwhelming majority of the global malaria disease burden. It tracks how exposure to malaria during childhood affects schooling and cognitive development, reduces participation in employment, and suppresses lifetime earnings. It also compares the consequences of funding cuts with the gains that renewed progress could deliver.

THE REPORT MAKES CLEAR FOUR VITAL TRUTHS:

- **Malaria is stealing children's education.**
  At current exposure levels, malaria will cost children born between 2000 and 2045 a collective **770 million years of schooling**. On average, a child born in these countries will miss more than **71 school days** – almost 4% of their total time at school. The massive progress made on malaria at the start of the century meant that between 2000 and 2013 the amount of schooling lost to the disease was halved. But as progress slowed, so has the improvement in school attendance. A child born in 2026 will attend school for only six days more than one born in 2013.

- **Lost education becomes reduced economic potential.**
  Childhood malaria is projected to cost **$2.65 trillion in lifetime earnings** for those born between 2000 and 2045. On average, a child born during that period would lose **$1,362**, or approximately **8% of their potential lifetime earnings**.

- **Funding cuts reverse hard-won progress.**
  Health financing from donor partners has rapidly declined in recent years and despite some increases in domestic funding, the overall resources are well below what is needed to control and eliminate the disease.[1] Aligned with modelling used in the report "The Price of Retreat", this model demonstrates the devastation that a 30% reduction in official development assistance (ODA) from 2027 onwards would cause. A 30% cut would increase malaria prevalence by 2.2%, cause an additional **$262 billion in lost lifetime earnings** and bring total earnings lost to almost **$3 trillion**. Children would lose a further **81 million years of schooling**.

- **Malaria is a disease the world can end within a generation.**
  Scientific innovation for malaria gives great cause for optimism. The pace of development is accelerating, with new and potentially transformative tools and technologies moving through the pipeline. These advances show how world-class research, grounded in local expertise, can save lives while strengthening health systems. With sufficient funding to deploy these tools and treatments alongside existing defences, the fight against malaria can be won. Leveraging this innovation and achieving the SDG target of a 90% reduction in malaria cases by 2030 from 2015 levels would deliver an additional **377 million years of schooling** and increase lifetime earnings by around **$1.2 trillion**. Achieving a 90% drop in malaria cases by 2040, a decade later than the target date, would save **313 million school years** and increase earnings by **$983 billion**.

RECOMMENDATIONS

- **Malaria endemic countries** should increase their health investments to the level of the Abuja commitment of 15% of national expenditure to be spent on health and prioritise investments in malaria control and elimination to the most vulnerable populations.
- **Multilateral and regional development banks** seeking to support economic growth and development in African countries and improve early childhood development should ensure that malaria is prioritised in efforts to strengthen primary healthcare, fully integrated into early childhood development support, and recognised as a priority during the World Bank's IDA22 replenishment.
- **Donor partners in high income countries** should continue their support for the lifesaving work of the Global Fund to Fight AIDS TB and Malaria and Gavi, the Vaccine Alliance, as well as bilateral programming, and ensure health investments are prioritised in IDA22.
- **Philanthropic actors** should invest through the multilateral global health initiatives and at domestic level support the national End Malaria Councils and Funds.
- **Private-sector actors** should ensure that their operations enable access to malaria care, support national End Malaria Councils and Funds, and demonstrate to governments that malaria investment is an essential component of a successful economic model.
- **Civil-society actors** should demonstrate more clearly the link between malaria and economic outcomes, incorporate this evidence into their advocacy, press for malaria to be prioritised in national health plans, and call on governments to recognise malaria investment as a direct contribution to early childhood development.



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