

THE PRICE OF RETREAT

How underinvestment in malaria risks resurgence, lost growth, and a generation's future



AFRICAN LEADERS
MALARIA ALLIANCE



malaria
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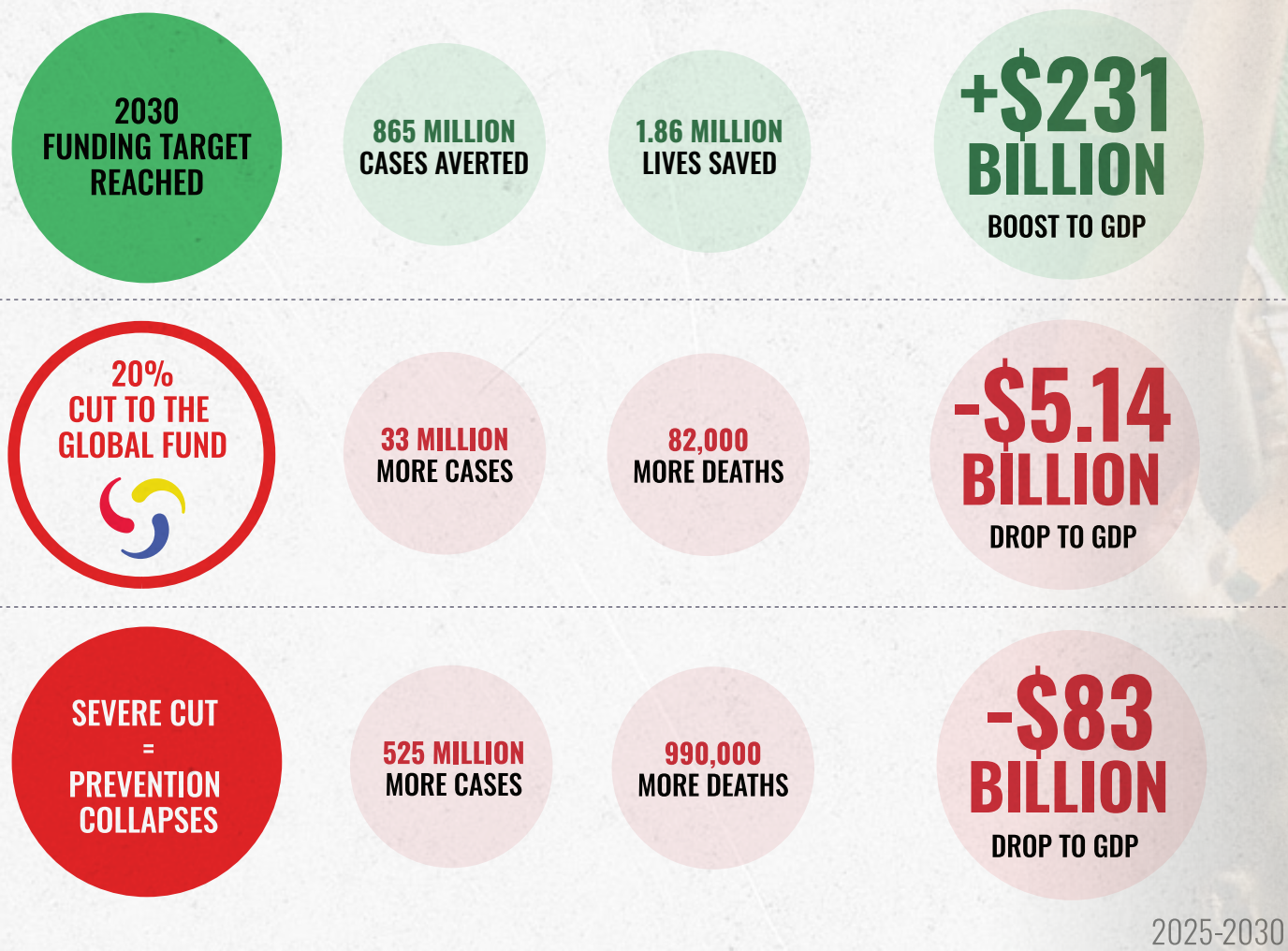


About this report

This report was written and produced by the African Leaders Malaria Alliance (ALMA) and Malaria No More UK (MNMUK). It is based on analysis from Management Sciences for Health (MSH). We are grateful to the Malaria Atlas Project (MAP) for sharing data modelling which underpins the analysis.

The report is published as a contribution to Zero Malaria, a global movement born out of the grassroots pan-African campaign Zero Malaria Starts with Me, that is committed to ending malaria in a generation.

The price of retreat



2025-2030

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Acronyms

ALMA	African Leaders Malaria Alliance.
ASM	Artisanal and small-scale mining sector.
CFR	Case-Fatality Rate.
DRC	Democratic Republic of Congo.
GC7	The 7th Replenishment of the Global Fund.
GDP	Gross Domestic Product.
GTS	Global Technical Strategy for Malaria.
IRS	Indoor Residual Spraying.
LLINs	Long-Lasting Insecticidal Nets.
MAP	Malaria Atlas Project.
MNMUK	Malaria No More UK.
MSH	Management Sciences for Health.
ODA	Official Development Assistance.
USD	United States Dollar.
WHO	World Health Organization.

Executive summary

Eliminating malaria is within reach, but only if resources are strategically invested to strengthen health systems, equip health workers, and ensure families' access to effective diagnostics, treatments, and preventive technologies.

The global community has made significant progress, halving malaria mortality over the past two decades. Today, the fight against malaria is supported by the most advanced toolkit to date: new nets and insecticides, improved treatments, rapid diagnostics, two approved vaccines, and even more transformational tools on the way.

Insufficient funding, however, has caused malaria progress to stall. More than half of the activities in national malaria strategies are unfunded and endemic countries face increasing commodity gaps. A perfect storm of climate change, rising drug and insecticide resistance, trade disruptions, and global insecurity further undermine the efficacy of malaria interventions and threaten to reverse the hard-won progress that has been made since 2000.

In 2023 alone, malaria caused 263 million cases and 590,000 deaths worldwide—with 76% of deaths among children under five.

This is a reality that global leaders cannot afford to ignore. In 2023 alone, malaria caused 263 million cases and 590,000 deaths worldwide—with 76% of deaths among children under five. Malaria's hold must be broken so that both children and economies can thrive. This is especially true for Africa which accounts for 95% of global cases and deaths. Malaria is destabilising. The disease and the mosquitoes that carry it cause untold disruption to people's lives, companies' operations, and economic growth. Malaria is a leading cause of worker and student absenteeism. As the 8th replenishment of the Global Fund to Fight AIDS, TB and Malaria approaches, it is critical that the global community ensures this critical lifeline, which provides 59% of all international malaria funding – investing over US\$20.3 billion to date – is sustained and expanded.

This report, prepared by Malaria No More UK (MNMUK) and the African Leaders Malaria Alliance (ALMA) demonstrates that even small adjustments to malaria financing have a significant impact on malaria cases and deaths and present huge consequences for GDP (Gross Domestic Product), global trade, and key economic sectors like mining and agriculture.

Accelerating progress to achieve the targets of the Global Technical Strategy for Malaria would increase GDP across the African continent by \$231 billion by 2030. By 2040, \$2.5 trillion will have been added to African economies and \$112 billion in increased trade with G7 countries. Conversely, a 20% reduction in the replenishment of the Global Fund would reduce Africa's GDP by \$30 billion and bilateral trade by \$1.3 billion by 2040. A worst-case scenario where the world turns its back on the fight against malaria and countries cannot implement preventative interventions would cost Africa \$402 billion and G7 countries \$15 billion by 2040.

Africa's youthful population represents one of the continent's greatest assets. However, rising malaria incidence among school-age children from 2025 to 2030, and long-term to 2040, further threatens future generations' economic prosperity. Children who fall ill from malaria are more likely to experience learning disruption and face reduced cognitive development, limiting future earning potential and directly reducing the region's economic growth prospects. A 20% decline in the Global Fund replenishment and its impact on student absenteeism and achievement is expected to cost the region \$5.7 billion in lost future earnings by 2040. Whereas achieving the 2030 GTS targets has the potential to boost youth earnings by \$171 billion over the same time period.

The modelling demonstrates that malaria is not only a significant health issue but, also an economic one. From the modelling it's clear to see that sustaining and expanding funding (including fully funding the Global Fund) protects lives, livelihoods, and economies. Failing to do so is likely to trigger resurgences that will strip billions from GDP, weaken global partnerships, and steal from Africa's next generation. It is clear that to get back on track, we urgently need to deliver a big push to invest the resources required.

To seize this opportunity, the international community and endemic countries must deliver a big push by:

- **Ensuring all donors, more especially G7 nations and partner countries, fully fund the 8th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria**, in November 2025, supporting and enhancing the investments made by malaria endemic countries themselves in order to deliver a "big push" towards the goal of ending the disease.
- **Delivering on the Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030 (Catalytic Framework)**, with African governments prioritising domestic resource mobilisation and enhancing political will, and accelerated action.
- **Recognising malaria elimination as both a health and economic priority**, encouraging G20 countries to use this year's G20 leaders' summit, as well as meetings of health, trade and development ministers, to recognise that malaria elimination is core to both social and economic progress.
- **Working more effectively with the private sector through public private partnerships to increase national funding sources for malaria**, continuing to prioritise the creation of national End Malaria Councils to drive the necessary multi-stakeholder support needed to achieve a "whole of society" response to malaria.



A woman gets tested for malaria in Uganda. Zahara Abdul/Malaria No More UK

Introduction

While the mortality rate from malaria has halved over the last two decades, the disease continues to pose a significant economic burden on developing nations, particularly in Africa. The World Health Organization's (WHO) 2024 World Malaria Report highlights that the global burden of malaria remains concentrated in Africa, accounting for 95% of the 263 million malaria cases and deaths worldwide.² 76% of these deaths were children under 5 years old.^{1,2}

Progress in the reduction of malaria mortality and morbidity rates in Africa has been driven by the scale-up of mosquito control interventions and case management.³

Whilst acknowledging the critical role of domestic resource mobilisation in malaria endemic countries, which has grown significantly in the last decade and now contributes around a third of all funding for malaria control and elimination efforts, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the world's largest multilateral health funder, has played a crucial role in supporting countries to drive the fight against malaria. In September 2025, the annual Global Fund Results Report highlighted that the Global Fund provides 59% of all international financing for malaria programmes, investing US\$20.3 billion to date.⁴ Crucially, the Global Fund is the largest source of finance for supporting malaria prevention tools across sub-Saharan Africa.⁵

Efforts to control and eliminate malaria are in jeopardy. A perfect storm of threats – from increasing biological resistance to treatments and tools, the impact of climate change on preparing for and responding to malaria seasons, and increasing humanitarian crises – are being exacerbated further by the current political and economic climate. A growing number of countries are signalling an intent, or direct action, to reduce their Official Development Assistance (ODA) budgets and therefore reducing the funding available for global health and other international development goals.

The ability to fully fund the Global Fund's work is now more important than ever before, and the repercussions for the malaria fight could be catastrophic. Recent analysis by the Malaria Atlas Project (MAP) has shown that in the event of a lower replenishment of \$11 billion, and a reduction in the malaria allocation at the next Global Fund replenishment there could be 137.2 million additional malaria cases and up to 337,000 additional deaths over 2027 to 2029.⁶

Evidence of an emerging escalation of malaria rates is already being documented across Africa. Between January and June 2025, several African countries particularly in Southern Africa, which experienced heavy rainfall, reported upsurges in cases and deaths.^{7,8}

It is more important than ever that endemic countries work with donor countries and the international community to accelerate progress towards the achievement of elimination in Africa in line with the AU's Catalytic Framework, and the wider global goal of reducing malaria incidence and mortality by at least 90% by 2030. Making a big push towards ending malaria will save lives, protect the gains made in the fight against malaria over the past two decades, and promote future economic growth.

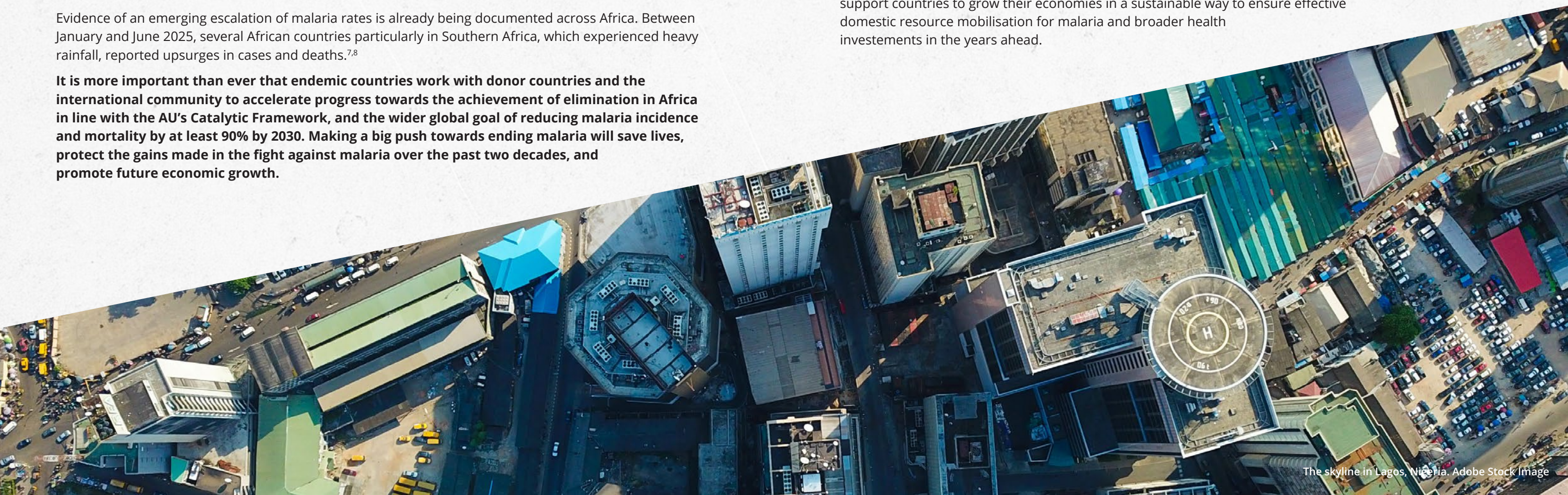
The economic benefits of malaria control and risks of resurgence to prosperity

A growing body of evidence, including an analysis published by Malaria No More UK (MNMUK) in 2024, shows that investing in malaria control and elimination programmes is economically smart, not just for affected endemic countries but for the whole global economy.⁹ Malaria, a leading cause of worker and student absenteeism, affects private and public sector productivity and household economic security. Past studies have shown that malaria reduces GDP growth by up to 1.3% and estimates by the African Leaders Malaria Alliance (ALMA) project that malaria causes up to half a billion days of work to be lost each year in Africa. Reduced economic growth and investment have compound impacts on global trade, including bilateral trade with G7 countries. As countries announce declining ODA and with the upcoming 8th Replenishment of the Global Fund, it is critical to understand how different funding scenarios are likely to affect not just malaria cases and deaths, but the macroeconomy and key sectors as well.

This report, published by MNMUK and ALMA, explores the potential economic impact of a resurgence based on new modelling by Management Sciences for Health (MSH). The report deploys analysis of the macroeconomic impacts of malaria cases and deaths from different funding scenarios on growth and development across Africa. It examines how changes in malaria funding can affect overall growth, trade, and future earnings loss, as well as key economic development sectors including agriculture, tourism, extractives, other major employers, and overall costs to the health system and individuals. The report provides both global, regional and national analysis, with detailed exploration of eight high-priority countries that account for over 50% of the global burden of malaria: Nigeria, the Democratic Republic of the Congo (DRC), Uganda, Mozambique, Burkina Faso, Ghana, Kenya, and Zambia.

At a time when Africa's economic growth is already fragile, the implications of a malaria resurgence across Africa are huge, risking thousands of lives in high burden countries, disrupting food production, economies, international trade, and livelihoods.

The analysis in this report demonstrates the case for why malaria investments are so important for African economies and their trading partners, as well as the continued need for international financing to support countries to grow their economies in a sustainable way to ensure effective domestic resource mobilisation for malaria and broader health investments in the years ahead.



About the modelling

MSH designed an econometric model to analyse the impacts of malaria on economic (e.g., GDP) and social development across Africa. Projections of malaria cases and deaths in funding scenarios are based on analysis from the Malaria Atlas Project (MAP) (Table 1).

The detailed methodology can be accessed at <https://bit.ly/46l8EvO>

Funding scenarios

The model evaluates four funding scenarios accounting for significant changes to donor financing, especially with the upcoming replenishment of the Global Fund, the largest international funder of malaria programmes in Africa.

Taken together, these scenarios highlight a range of possible futures from severe consequences of decreased funding to the positive benefits of achieving global targets. What’s clear is how crucial contributions to the Global Fund – along with domestic and bilateral funding – are to maintaining progress made since 2000 and avoiding significant losses attributable to malaria upsurges. This report analyses how stagnation or reduction in Global Fund support – and in wider global malaria financing – could adversely shape outcomes, noting that the scenarios presented also depend on the response of other key funding and resource streams.

- Scenario 1: Flatline Malaria Funding**
Malaria funding remains flat, consistent with a Global Fund replenishment outcome of approximately \$13.1 billion.¹⁰ This scenario applies adjustments accounting for increasing commodity costs (e.g., deployment of next generation commodities, increased trade barriers) to forward-looking projections based on historical malaria cases and deaths. All other scenarios are compared to this baseline scenario.
- Scenario 2: 20% Reduction to the Global Fund**
A 20% reduction from the Global Fund’s previous replenishment (GC7), aligned with a \$10.5 billion replenishment and a proportionally reduced allocation of around \$3.4 billion for malaria.
- Scenario 3: No Prevention**
Significant reductions in funding result in only sustaining case management interventions at 2023 coverage levels without preventative malaria interventions (e.g., LLINs, IRS, SMC).
- Scenario 4: GTS Target**
Forecasted resource needs are met to accelerate progress and achieve the 2030 targets of the Global Technical Strategy (GTS) for Malaria.¹¹

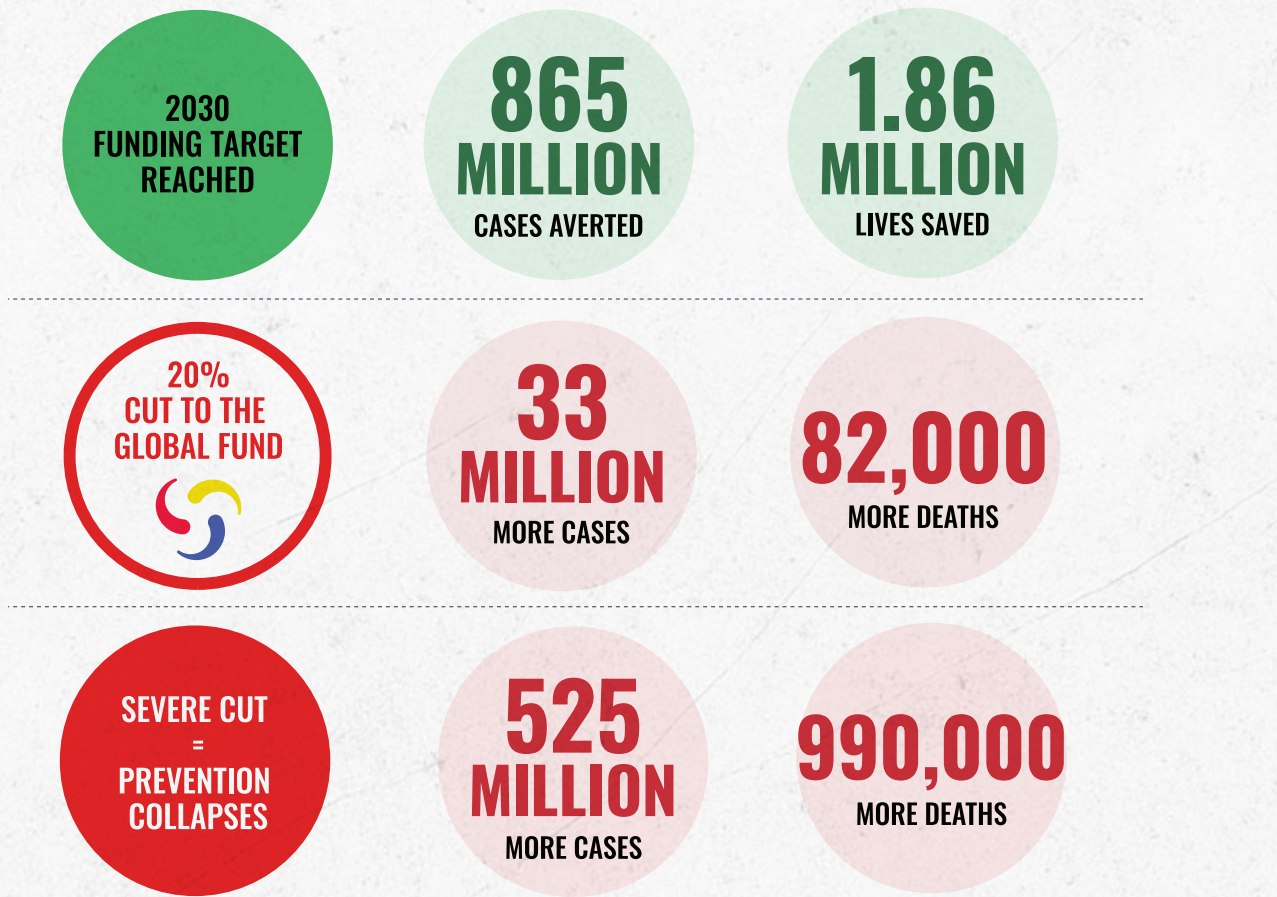
Timeframe

The modelled scenarios assess impacts across two timeframes: 2025-2030 (short-term) and 2025-2040 (long-term). Modelling to 2030 allows us to directly assess the near-term impact of changes in malaria funding, especially relating to the 8th replenishment of the Global Fund, and progress relative to global targets and immediate funding needs. This is the primary focus of the report.

Modelling to 2040 provides insight into the long-term economic effects of sustaining malaria investments at different levels and the compounding impact malaria could continue to have on African economies and their trade partners over time. The data has been included here for comparison.

Table 1

Projections of Changes to Malaria Cases and Deaths across the Funding Scenarios				
2025-2030				
	Projected Cases		Projected Deaths	
Scenario	#	+/- Compared to flatline	#	+/- Compared to flatline
1. Flatline	1.65 billion		2.75 million	
2. Global Fund 20% Reduction	1.68 billion	+33.44 million	2.83 million	+82,071
3. No Prevention	2.18 billion	+525.85 million	3.74 million	+989,675
4. GTS Target	786.3 million	-864.81 million	887,272	-1.86 million
2025-2040				
	Projected Cases		Projected Deaths	
Scenario	#	+/- Compared to flatline	#	+/- Compared to flatline
1. Flatline	5.14 billion		12.25 million	
2. Global Fund 20% Reduction	5.27 billion	+134.62 million	12.58 million	+330,032
3. No Prevention	7.17 billion	+ 2.03 billion	16.67 million	+4.43 million
4. GTS Target	1.14 billion	-3.99 billion	2.72 million	-9.53 million



Section 1

Understanding the impact of malaria resurgence on Africa and the globe

The burden of malaria on endemic countries' economies

The impact of malaria on economic growth, labour productivity, healthcare expenditure, and overall financial stability in Africa is profound. Numerous studies have quantified and demonstrated the economic burden of malaria on endemic countries, the African region, and the global economy as a whole.¹² Malaria significantly reduces GDP growth, hinders investment, disrupts the tourism sector, and weakens human capital development.

Malaria reduces GDP growth by up to 1.3% per person each year, even after accounting for other social and economic factors. Per-person income in malaria-endemic countries is on average 70% lower than in countries without malaria.¹³ Conversely, even modest reductions in malaria can generate measurable economic benefits. A 10% drop in malaria incidence is linked to a 0.11% increase in per capita GDP growth per year.¹⁴ This means even relatively small reductions in malaria rates measurably boost economies. Full-scale control could yield enormous gains for high-burden nations. Modelling from WHO published in 2023 estimates that if malaria reaches the 2030 global targets, 26 high-burden countries could collectively gain US\$152 billion in GDP, approximately 0.17% of their total GDP.¹⁵

At a microeconomic level, malaria exacerbates poverty and food insecurity by contributing to high absenteeism and reduced productivity, especially in the agricultural sector. The direct and indirect economic costs of malaria strain healthcare systems, increase household expenditures, and deepen financial instability among affected populations, thereby perpetuating poverty cycles.¹⁶

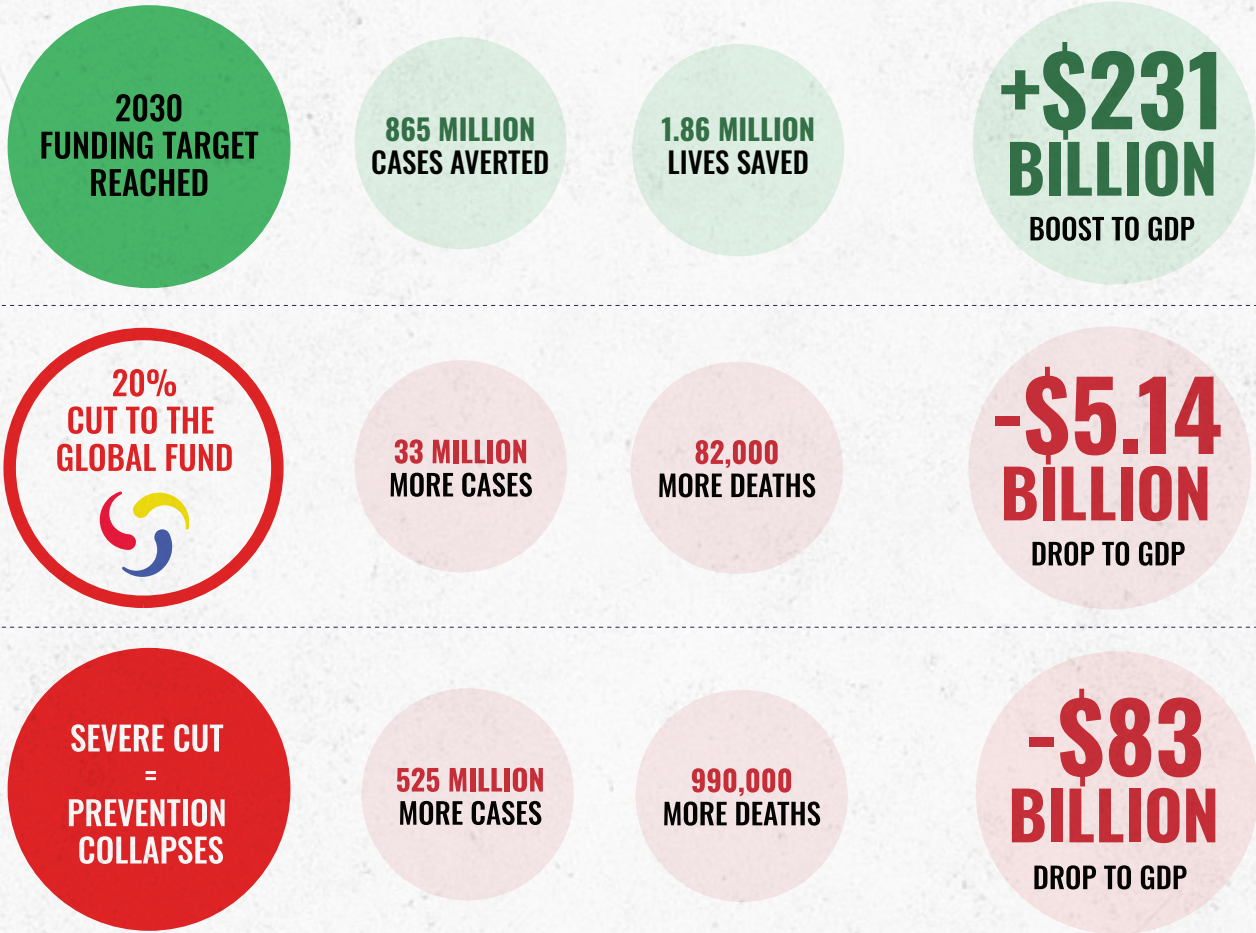
The projected impact of malaria resurgence on an already fragile economic landscape

A resurgence of malaria now and over the coming years threatens to undermine progress the global community has made over the past quarter century and would compound the economic challenges that malaria-endemic countries already face. Africa's growth outlook has strengthened over recent years and economic performance improved in 2024, with real GDP expanding by 3.3 percent and 54% of countries registering positive growth.¹⁷

This growth, however, is fragile with economies under strain from inflation, currency depreciation, high debt service costs, and geopolitical fragmentation. Seismic shifts in trade policies of major economies are transforming global trade with massive implications. The African Development Bank warns that tariff and trade wars will erode the growing strength of African economies more so than in other regions. Already 2026 growth forecasts have been reduced by 0.4% compared to February estimates.¹⁸

In this increasingly fragile economic context, the degree to which malaria cases and deaths increase has important implications for endemic country economies. This section of the report will explore those implications across four scenarios for African GDP, future earnings potential, export trade across the African region and specifically with G7 nations.

THE PRICE OF RETREAT: BILLIONS WIPED FROM FUTURE GDP



2025-2030

Projected impact of malaria on Africa GDP growth

Table 2

Projections of Malaria Impact on GDP (Africa)			
2025 - 2030			
Projected GDP			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	13.56 trillion		
2. Global Fund 20% Reduction	13.55 trillion	-5.14 billion	-0.04%
3. No Prevention	13.47 trillion	-83.00 billion	-0.61%
4. GTS Target	13.79 trillion	+231.14 billion	+1.71%
2025 - 2040			
Projected GDP			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	44.53 trillion		
2. Global Fund 20% Reduction	44.50 trillion	-30.18 billion	-0.07%
3. No Prevention	44.13 trillion	-401.86 billion	-0.90%
4. GTS Target	47.06 trillion	+2.53 trillion	+5.68%

Modelling indicates that with increases in malaria cases and deaths if funding stagnates or declines, the region faces billions of dollars in lost GDP within just a few years. A reduction of 20% to previous Global Fund replenishment levels (7th replenishment cycle) would lead to an additional loss of \$5.14 billion in GDP by 2030. In a worst-case scenario with funding so low that all prevention interventions are halted, there is a projected increase on existing levels of 525 million cases and 990,000 deaths, leading to a fall in GDP across Africa of \$83 billion. By contrast, if the GTS targets are met, including full replenishment of the Global Fund, between 2025-2030, there would be 865 million less cases and 1.86 million less deaths, compared to a flatlining of GF funding, translating into a gain of over \$230 billion to African GDP over the same period.

Extrapolating these projections over a 15-year period to 2040 illustrates the longer-term compound effect of funding changes. By 2040, a 20% reduction in the replenishment of the Global Fund would reduce African GDP by \$30 billion. A worst-case scenario where the world turns its back on the fight against malaria and countries cannot implement preventative interventions would cost Africa \$402 billion.

“When malaria hits, people miss work. When people miss work, productivity drops. And when productivity drops, profits follow. One illness can take a worker out for days. That’s lost output, lost income for families, and lost profit for companies. Malaria investment is investment in people, growth, innovation, and resilience – a commitment Ecobank advances through the Zero Malaria Business Leadership Initiative.”

Elisa Desbordes, CEO, Ecobank Foundation

Impact of malaria on future loss of earnings potential

Table 3

Projected Impact of Malaria on Future Loss of Earnings (Africa)			
2025 - 2030			
Projected lost future earnings			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	65.17 billion		
2. Global Fund 20% Reduction	66.48 billion	+1.32 billion	+2.02%
3. No Prevention	84.90 billion	+19.73 billion	+30.28%
4. GTS Target	31.00 billion	-34.17 billion	-52.43%
2025 - 2040			
Projected lost future earnings			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	219.14 billion		
2. Global Fund 20% Reduction	224.82 billion	+5.68 billion	+2.60%
3. No Prevention	301.24 billion	+82.10 billion	+37.47%
4. GTS Target	47.77 billion	-171.37 billion	-78.20%

Modelling indicates that a 20% reduction in Global Fund financing is projected to cost the African economy \$1.3 billion in future earnings potential between 2025 and 2030 – the result of disruption in educational attainment as a result of missed school days, as well as the huge numbers of children who will lose their lives and never have the opportunity to fulfil their potential.

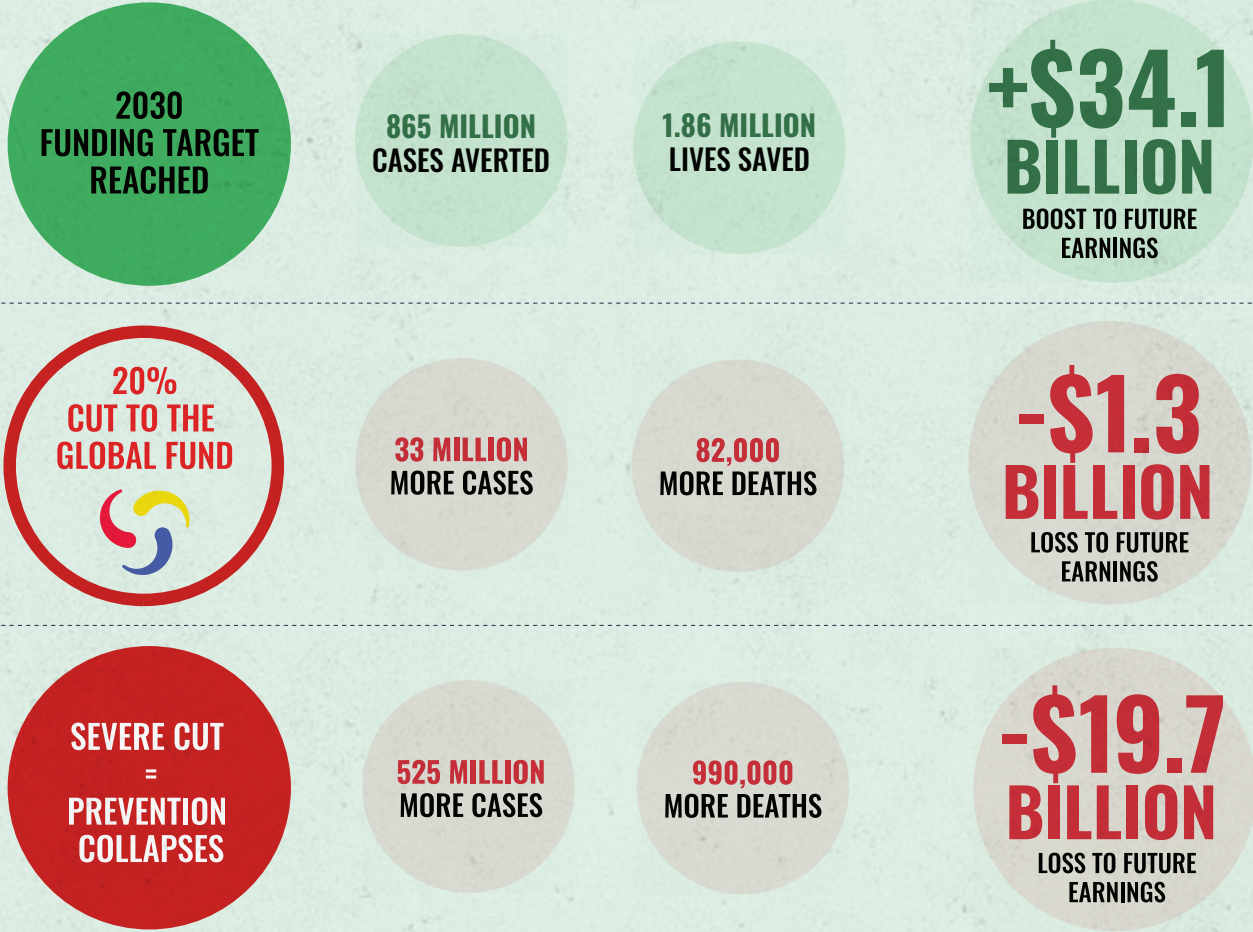
In a worst-case scenario, where prevention efforts collapse entirely, school absenteeism could rise sharply in high-burden countries across Africa. This not only disrupts learning in the short term but also undermines long-term human capital formation, limiting future employment prospects and earnings for affected children. The projected future loss of income for school-age children is \$19.7 billion.

By contrast, if the GTS targets are achieved by 2030, the amount of lost future earnings decreases by \$34.2 billion over five years, reducing the impact of lost future earnings by over 50% compared to the flatline scenario, reflecting the significant economic benefits of sustained investment in malaria control to protect the region’s future economic growth and development.

These projections highlight more than just monetary losses – they represent the diminished opportunities and reduced productivity of the next generation. Children who fall ill from malaria miss school and are more likely to miss key educational milestones. The long-term health impacts of malaria can impair cognitive development and learning for school-age children, leading to widespread knowledge gaps and reduced productivity across the labour force.¹⁹

Protecting children from malaria is therefore not only about saving lives but also about safeguarding Africa’s long-term human capital, ensuring a healthier, better-educated workforce, and laying the foundations for sustained economic and social development.

LEADERS MUST INVEST IN AFRICA’S NEXT GENERATION AND WORKFORCE



2025-2030

Projecting forward to 2040

Extrapolating these projections over a 15-year period to 2040 demonstrates how sustained underfunding and therefore continued increases in malaria cases and deaths will continue to drive a negative impact on future earnings potential across the region, with a possible \$5.7 billion loss in future earnings through a sustained 20% reduction in Global Fund funding. The longer-term impact of no prevention interventions for malaria would lead to a loss of \$82 billion in future earnings over that same period.

Case Study: Malaria and education

Filette – When Malaria Costs More Than Health

For 15-year-old Filette, malaria meant lost school days, lost income, and lost opportunity, for her and her family.

"When I had malaria during exams, I had to take three subjects at once and I couldn't concentrate," she says. "My mum couldn't go to work because she had to look after me, so we lost income too. Malaria doesn't just make children sick; it holds back families and destroys our future."

For Filette's mother, staying home meant losing the daily income her family depends on. For Filette, missing school meant falling behind in her studies, something that can make it harder to get a good job later and earn enough to support herself.

Like many families in her community, one illness led to days of lost work, missed lessons, and financial worry. Malaria's impact reaches far beyond the clinic. Each case costs time, learning, and income, holding families back and keeping communities in poverty.

In Filette's neighbourhood, some children don't make it to the hospital in time. She has seen how easily malaria can turn deadly, but she also dreams of what life could be without it.

"If malaria was gone, we'd be happy," she says. "We'd go to school, play, and not be afraid."

Her message to leaders is simple and urgent:

"I'm a malaria survivor. Please take action so no child has to miss school or lose their future because of malaria."

Filette was forced to miss school when she became ill with malaria, while her mother missed work caring for her.

Jean-Luc Photography /Malaria No More UK



Projected impact of malaria on export trade revenue for the Africa region

Table 4

Impact of Malaria on Export Trade Revenue (Africa)			
2025 - 2030			
Projected export trade			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	3.06 trillion		
2. Global Fund 20% Reduction	3.06 trillion	-1.11 billion	-0.04%
3. No Prevention	3.05 trillion	-16.23 billion	-0.53%
4. GTS Target	3.11 trillion	+49.82 billion	+1.63%
2025 - 2040			
Projected export trade			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	10.02 trillion		
2. Global Fund 20% Reduction	10.01 trillion	-6.51 billion	-0.07%
3. No Prevention	9.94 trillion	-76.66 billion	-0.77%
4. GTS Target	10.56 trillion	+545.36 billion	+5.45%

The state of malaria control and elimination efforts has significant implications for Africa’s export trade. Economic growth derived from increasing exports should drive valuable funding for malaria. At the same time, rising malarial illness would hinder companies in their goal of increasing export and subsequently denude national treasuries from valuable income.

A 20% reduction in Global Fund support would lead to a loss of \$1.1 billion in value of export trade revenue, and in a worst-case scenario, where prevention interventions collapse, the region could lose more than \$16.2 billion during the same period.

Conversely, meeting global resourcing needs outlined in the GTS, including a full replenishment of the Global Fund, could lead to a gain to the African economy of almost \$50 billion in export trade revenue from 2025-2030, reinforcing the degree to which malaria undermines economic competitiveness and growth across the region.

Projecting forward to 2040

Over the longer term, sustained underfunding and continued increases in malaria cases and deaths will continue to hamper export trade revenues across the region, with a \$6.5 billion loss in revenue through a sustained 20% cut in Global Fund financing. The longer-term impact of no prevention interventions for malaria would lead to a loss of \$76.7 billion in export trade revenue over that same period.

THE ECONOMIC KNOCK-ON EFFECT TO G7 TRADE REVENUE



2025-2030



A shipping yard in Dar Es Salaam, Tanzania. Adobe stock images

Projected impact of malaria on bilateral trade with G7 partners

Overall, G7 countries combined account for 20.67% of sub-Saharan Africa’s total export trade revenue.

Over the 2025-2030 period, the combined export revenue from G7 countries would be \$633 billion in a flatlining of Global Fund funding scenario and would fall by \$229 million with a 20% reduction in Global Fund funding.

In a worst-case scenario with no prevention interventions, total export revenue from G7 countries would fall by \$3.4 billion over that same period. If the GTS targets are met, export revenue from the G7 would increase by \$10.3 billion compared to the scenario of flatlined Global Fund funding.

The United States (5.24%), United Kingdom (3%), and Germany (2.9%) are the top three export markets among the G7 for sub-Saharan Africa.

- **US:** Increased malaria cases and deaths from a 20% reduction in Global Fund funding would cost the African region \$38 million in US export trade revenue. In a worst-case scenario with no prevention interventions, there would be a drop of \$850 million. Conversely, if the GTS targets are met, there would be a gain of \$2.6 billion in export revenue from the US.
- **UK:** Increased malaria cases and deaths from a 20% reduction in Global Fund funding would cost the African region \$33.3 million in UK export trade revenue. In a worst-case scenario with no prevention interventions, there would be a drop of \$486.9 million. Conversely, if the GTS targets are met, there would be a gain of \$1.5 billion in export revenue from the UK.
- **Germany:** Increased malaria cases and deaths from a 20% reduction in Global Fund funding would cost the African region \$32.2 million in German export trade. In a worst-case scenario with no prevention interventions, there would be a drop of \$470.7 million. Conversely, if the GTS targets are met, there would be a gain of \$1.4 billion in export revenue from Germany.

Projecting forward to 2040

Extrapolating these projections over a 15-year period to 2040 illustrates the longer-term impact if funding levels remain the same, with a \$1.3 billion hit on export revenue from G7 countries if the 20% cut to Global Fund funding is sustained at the same level over the next 15 years. The longer-term impact of no prevention interventions for malaria would drive a loss in G7 export trade revenue across the African region by over \$15.8 billion.



Projected impact of malaria on Africa GDP growth in eight high priority countries (2025 - 2030)

BURKINA FASO

20% cut to
The Global Fund

-\$57.84million

Severe cuts and
prevention collapses

-\$1.30billion

2030 funding
target reached

+\$2.60billion

DEMOCRATIC REPUBLIC OF CONGO

20% cut to
The Global Fund

-\$247.21million

Severe cuts and
prevention collapses

-\$2.57billion

2030 funding
target reached

+\$11.18billion

GHANA

20% cut to
The Global Fund

-\$231.48million

Severe cuts and
prevention collapses

-\$2.34billion

2030 funding
target reached

+\$10.40billion

KENYA

20% cut to
The Global Fund

-\$348.01million

Severe cuts and
prevention collapses

-\$4.85billion

2030 funding
target reached

+\$15.67billion

MOZAMBIQUE

20% cut to
The Global Fund

-\$66.88million

Severe cuts and
prevention collapses

-\$735.85million

2030 funding
target reached

+\$3.01billion

NIGERIA

20% cut to
The Global Fund

-\$1.03billion

Severe cuts and
prevention collapses

-\$15.58billion

2030 funding
target reached

+\$46.38billion

UGANDA

20% cut to
The Global Fund

-\$154.84million

Severe cuts and
prevention collapses

-\$1.76billion

2030 funding
target reached

+\$6.98billion

ZAMBIA

20% cut to
The Global Fund

-\$87.78million

Severe cuts and
prevention collapses

-\$1.16billion

2030 funding
target reached

+\$3.96billion



Section 2

Understanding the impact of malaria resurgence on key industry sectors

This analysis focuses on three industries – tourism, agriculture, and extractives – to explore different impacts that a resurgence of malaria in African endemic countries could have. Tourism, agriculture, and extractives are pillars of many African economies, major sources of employment, and significant contributors to export earnings and global supply chains. They are also sectors highly vulnerable to health shocks; malaria outbreaks reduce workforce productivity, disrupt operations, and deter investment and travel.

Agriculture

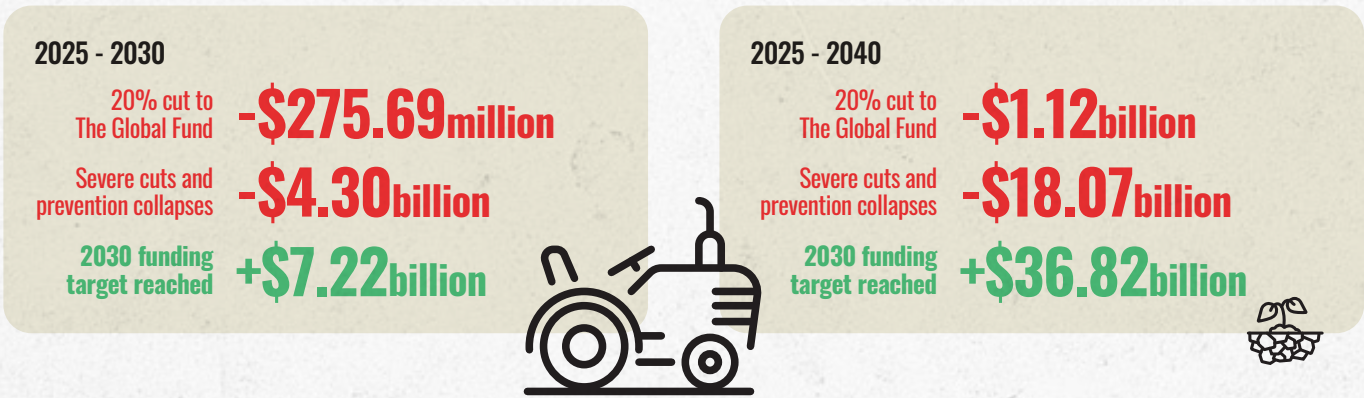
Agriculture is one of the single most important economic sectors in Africa.²⁰ It provides employment for about two-thirds of the continent's working population and for each country contributes an average of 30 to 60 percent of GDP and about 30 percent of the value of exports.^{21,22} Governments across the continent are investing billions of dollars into agricultural improvements and innovations with African Heads of State and Government committing to spend at least 10% of their national budgets on agriculture.²³

Malaria significantly affects the agricultural sector in endemic countries across Africa. Employment in agriculture is inherently in rural areas where the prevalence of standing water, combined with the need for irrigation puts workers and communities at risk. Malaria prevalence among children is higher in rural areas than in urban areas, with children from rural areas over four times more likely to be infected,²⁴ so that individuals in the agricultural workforce are not only having to take absences from work for their own treatment but also to care for their children, posing a significant concern for agricultural productivity.

Most workers in the agricultural sector receive their pay based on output or production, which means that the medical costs incurred during treatment and lost earnings contribute to the economic costs of disease transmission. During periods of high malaria mosquito exposure, farmers and farmhands often become incapacitated, leading to a reduction in agricultural productivity, which directly impacts food security and economies in rural areas.²⁵

This modelling explores the impact of malaria on the agriculture sector across Africa, looking at the way in which increases or decreases in malaria incidence relating to different funding scenarios will translate into productivity losses or gains.

Projected impact of malaria on agriculture sector



The modelling illustrates the impact that changes in malaria case incidence and death can place on an already vulnerable and essential sector for Africa's economic development, with a projected loss of \$276 million in agricultural productivity if Global Fund resources fall by 20% by 2030.

Looking beyond Global Fund contributions alone, a worst-case scenario that assumes a collapse in prevention efforts will result in a total of \$4.3 billion in agriculture productivity loss by 2030.

Conversely, if the Global Fund is fully replenished and broader financing commitments under the Global Technical Strategy are met, the agriculture sector could unlock over \$7 billion in productivity gains between 2025-2030.

A resurgence of malaria would carry enormous financial costs for the agriculture sector, stripping billions of dollars from rural economies and undermining productivity at the heart of many African countries. For farming communities, this would mean lost income, reduced food security, and deeper cycles of poverty, while for agribusinesses it would translate into weaker supply chains, reduced output, and higher costs.

Projecting forward to 2040

Over the longer term, sustained underfunding and continued increases in malaria cases and deaths will continue to drive even greater productivity losses from the agriculture sector, with over \$1.1 billion in lost productivity if a cut of 20% to current Global Fund funding levels is sustained to 2040. The longer-term impact of no prevention interventions for malaria would lead to an increase in lost productivity of \$18 billion for the agriculture sector alone.



Farmers harvesting Cassava in a field in Uganda. Adobe Stock Images

Case Study: Zambia Sugar

From Malaria Crisis to Zero Cases — and why Global Partnership Matters

In the year 2000, Zambia Sugar's business was thriving—but its workforce was not. At the height of the country's malaria crisis, 1 in 5 employees contracted the disease during peak season. Clinics were overwhelmed. Skilled professionals avoided rural posts. Entire departments would pause operations for regular funerals, losing multiple days of work at a time.

“We were losing millions of dollars, malaria didn't just kill people. It killed profit.”

Ackson Tembo, Business Affairs Manager

Faced with spiralling costs and growing disruption, Zambia Sugar decided to act. The company launched its own malaria control programme: mass indoor spraying, universal bed net distribution, case tracking, and health screening for over 5,000 seasonal migrant workers arriving from high-risk areas each year.

By 2024, the company achieved something once thought impossible: zero malaria cases on its estate.

But this progress is fragile.

“Every year, we rely on national systems to support us by screening and treat people before they arrive,” Tembo explains. *“That's made possible by the Global Fund. If that funding collapses, our malaria-free status won't last.”*

Zambia Sugar contributes around 4% of Zambia's GDP. It exports sugar across the region, supports local outgrowers, and sustains thousands of jobs. A malaria resurgence—triggered by cuts to national prevention programmes—would ripple far beyond the estate. It would disrupt not just agriculture, but trade, education, and the broader economy.

“We're proof that malaria control is good business,” says Tembo. *“But no business can do it alone. The Global Fund is a crucial part of our economic infrastructure. Undermine it, and we all pay the price.”*

A Shared Responsibility

As the world looks toward the 2025 Global Fund replenishment, Zambia Sugar's experience offers a powerful reminder: fighting malaria is not just a health priority—it's an economic strategy.

For the Global Fund to continue protecting lives and livelihoods, it must be fully funded—through the collective commitment of African governments, G7 donor countries, and the private sector. Only through shared investment can we sustain gains, prevent resurgence, and protect the economic engines of the continent.



A mother and her baby get tested for malaria in rural Uganda. Zahara Abdul/Malaria No More UK

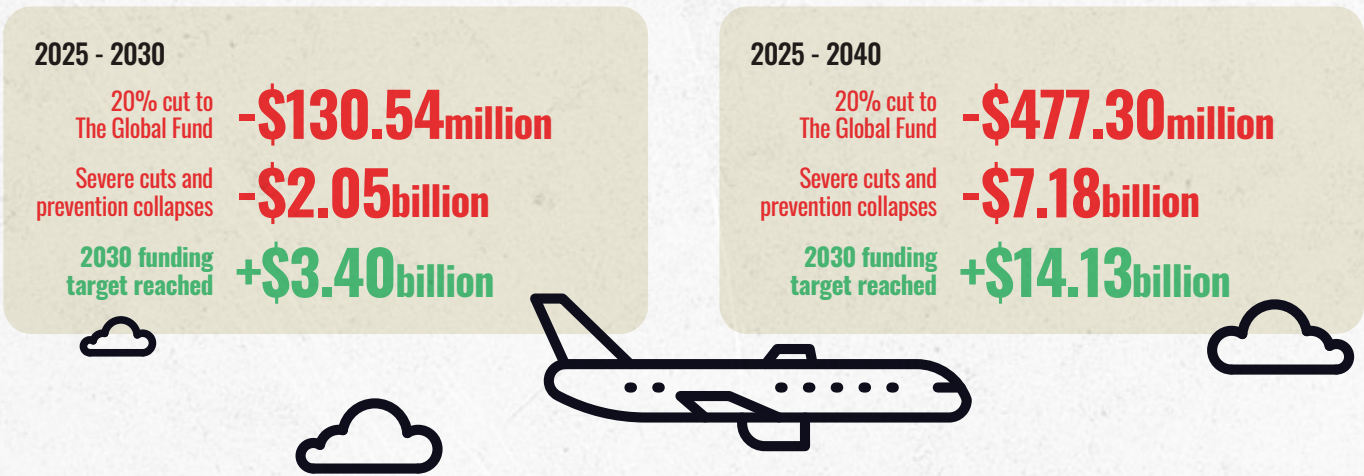
Tourism

Tourism is increasingly recognised as a major global driver of GDP growth and sectoral development across Africa. Over the next decade, the sector is forecast to grow 5.1% every year – almost twice as fast as the wider economy and create 12.7 million new jobs.²⁶

Research shows that malaria significantly impacts global tourism.²⁷ Malaria risk can discourage tourism in Africa, reducing visitor numbers and foreign exchange earnings. Countries with malaria risk receive 47% fewer tourists than countries where this disease is not endemic.²⁸

Our modelling explores the projected impact of malaria on the tourism sector across Africa based on our four funding scenarios.

Projected impact of malaria on tourism sector



Modelling indicates that a 20% cut to the Global Fund would generate a loss of \$131 million in revenue from the tourism sector between 2025-2030. In a worst-case scenario, where prevention efforts collapse entirely, the sector could lose over \$2 billion over the same period.

By contrast, if GTS targets are met through full Global Fund replenishment and broader financing, the tourism industry could generate almost \$3.4 billion in additional revenue.

Projecting forward to 2040

Over the longer term, sustained underfunding and continued increases in malaria cases and deaths will continue to negatively impact the tourism sector, with \$478 million in lost revenue if a cut of 20% to current Global Fund funding levels is sustained to 2040. The longer-term impact of no prevention interventions for malaria would lead to an increase in lost revenue for the tourism sector of over \$7 billion.



A beach in Kilifi, Kenya. Adobe Stock Images

Extractives

The extractive industries – oil & gas, and mining – are cornerstones of many African economies. Minerals and hydrocarbons account for a third or more of export revenues for approximately 60% of countries on the continent. The International Monetary Fund (IMF) classifies 26 African nations as “resource rich”²⁹ and a total of 42 are considered dependent on their natural resources.³⁰ The economic reliance is often profound:

- **Angola:** Oil constituted approximately 87% of export earnings in 2022 (\$40 billion).³¹
- **Democratic Republic of Congo (DRC):** The extractive sector generated 46% of government revenue and a staggering 99% of all exports in 2021.³²
- **Nigeria:** While the sector contributed only 8.6% of GDP in 2021, it was responsible for 75.5% of total exports.³³
- **Botswana:** Diamond mining has historically provided about 30% of GDP and over 85% of export earnings.³⁴

Industry outlooks project sustained and expanding activity. Africa holds 30% of global mineral reserves and could capture over 12% of the projected \$16 trillion revenues from minerals necessary for batteries and renewable-energy technologies by 2050. As demand for these minerals surges, new mining projects are expected in regions with malaria transmission, underscoring the need to integrate malaria control into sustainability strategies.

While the extractive industries are fundamental economic drivers in many African nations, their operations frequently overlap with regions of high malaria transmission. The nature of extractive projects can also exacerbate local malaria risk. Mining pits, tailings ponds, and road construction can create stagnant water, forming ideal breeding grounds for malaria mosquitoes, and the influx workers into high-transmission zones can amplify the spread of the disease within the workforce and to surrounding communities. This intersection creates significant health and business risks, as malaria directly impacts workforce productivity, increases operational costs, and can strain community relations.

Projected impact of malaria on the extractives sector

Case studies on investments by mining and oil & gas firms highlight the significant impact and risk associated with malaria. Malaria imposes direct costs on extractive operations through increased healthcare expenditure and lost productivity. Targeted control programmes have proven to deliver a strong return on investment.

- **AngloGold Ashanti, Ghana:** At its Obuasi mine, the company hospital treated 6,500-7,000 malaria cases per month amongst mine workers and their families (an additional 12,000 suspected cases of malaria were treated in public health facilities in the community). The company estimated that malaria was costing the company more than \$2.2 million per year (\$275 per employee in 2009 dollars), including monthly costs of approximately \$55,000 for malaria-related medicines and health services (\$82 per employee per year). After implementing an integrated control programme featuring IRS, LLINs, and enhanced diagnostics, monthly cases plummeted 83% to 1,150 and medical costs fell by 82% to under \$10,000. Most importantly, annual workdays lost dropped from 84,000 (10.5 days per employee) to just 3,400 (0.4 days per employee).³⁵
- **Marathon Oil, Equatorial Guinea:** A public-private partnership on Bioko Island, heavily backed by Marathon Oil, successfully reduced malaria parasite prevalence in children from 42% to 18% within four years. The programme, which included IRS, nets, rapid diagnostic tests (RDTs), and preventive therapy for pregnant women, also contributed to a 64% reduction in all-cause mortality for children under five, fostering a more stable and healthy environment for oil & gas operations.³⁶

- **Zambian Copper Belt:** Similar initiatives led by mining companies in Zambia (e.g., First Quantum Minerals, which is the Chair of the multisectoral Zambia End Malaria Council) demonstrated highly favourable cost-benefit ratios. An analysis of Zambia Sugar, Mopani Copper Mines and Konkola Copper Mines estimated that the companies spending on malaria control interventions averaged more than \$34 per employee per year. Corporate financing for IRS, LLINs, and comprehensive case management reduced absenteeism by 94% and reduced the burden on company clinics from 27,925 cases per year to 1,631.³⁷

The number of employees in Extractive Industries in malaria-endemic countries in Africa is difficult to quantify. However, there are an estimated 2.5 million workers in formal extractive industries and an additional 13-21 million informal workers in the more labour-intensive, artisanal and small-scale mining (ASM) sector.^{38,39} Using inflation-adjusted benchmarks from the experiences of AngloGold, **malaria is projected to cost the formal extractives sector \$1 billion per year, with an additional \$0.7-1 billion lost amongst the most vulnerable ASM workers.**



Case Study: AngloGold Ashanti

A partnership powering Ghana's fight against malaria

A powerful partnership supporting systemic change in malaria control in Ghana: AngloGold Ashanti Malaria Programme (AGAMal)

A business in crisis

In 2004, AngloGold Ashanti (AGA) identified malaria as the most significant public health threat to its operations in Africa, and for their mine in Obuasi in Ghana, malaria cases were having a detrimental impact on the workforce, with the mine hospital recording 6,800 malaria cases from 8,000 workers each month.

In 2005, AGA launched AngloGold Ashanti Malaria Programme (AGAMal) – a malaria control programme that addressed the issue with community relations built into its strategy. Recognising that malaria control would only succeed if surrounding communities were also protected.

Ignatius Williams, Head of Monitoring & Evaluation at AGAMal, shares, *“The leadership realised that malaria wasn’t just a health issue, it was a direct threat to the mines. In addition to lost workforce hours, there was also a direct cost of \$8,000 a month to the company for malaria treatment for staff.”*

The impact of action

The initial results were dramatic: Within two years of launching the programme, malaria cases had dropped by 74%. Absenteeism decreased from 7,500 days per month in 2005 to 300 days per month in 2009. By 2010, malaria cases had fallen by 80% and the programme had prevented an estimated two million malaria cases.

Ignatius explains *“Malaria cases dropped significantly, meaning fewer people needed treatment, and reduced lost workdays. Better health also meant higher school*

attendance and fewer disruptions in education for the families of staff and wider community, which supports learning and longer-term human capital development.”

Scaling the malaria programme for systemic change

With groundbreaking results, AGAMal was eager to scale the programme to reach more people and communities, supporting malaria control and elimination.

“Crucially, AGAMal worked closely with Ghana’s National Malaria Control Programme to align with national policy. This collaboration enabled the initiative to scale beyond the mine. With a five-year Global Fund grant, AGAMal expanded to reach 40 districts and over 10 million people.”

The power of strategic partnerships

This demonstrates what is possible with strategic partnerships and investment: millions of lives saved, economic stability, stronger health systems, and real momentum towards eliminating malaria.

“The policy alignment and the Global Fund financing transformed AGAMal from a corporate social responsibility initiative to a nationally significant malaria control programme. The Global Fund continues to play a very key role in ensuring that no populations or no communities are left behind.”

A smart reminder

“For business owners and policy makers, malaria control isn’t just a health sector expense. It’s much more complicated than that. It’s an investment in human capital, economic stability and the growth of the general community.”

As the Global Fund approaches its eighth replenishment cycle, this serves as a powerful reminder that investment in malaria not only saves lives but also supports livelihoods and strengthens growing economies.



A truck in the middle of a gold mine in Ghana. Adobe Stock Images

Section 3

Understanding the impact of malaria resurgence on the healthcare sector

A high burden of malaria increases demand for outpatient and inpatient services, straining health facilities and diverting health system resources from other essential services. This burden is not only incurred in terms of costs to the health system but also in out-of-pocket expenses for patients, such as medicine, transportation, and productivity losses.⁴⁰

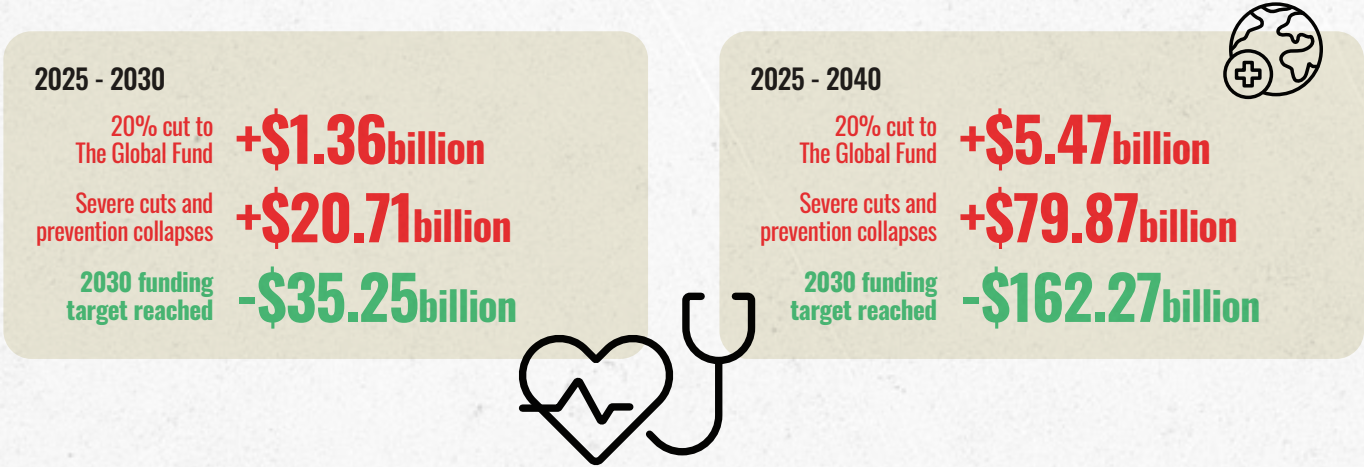
As both appetite and momentum grow for Africa’s health sovereignty, increasing rates of malaria would hold back African governments from steering away from aid and towards ownership of their entire health budgets.⁴¹ While malaria continues to drain health systems, it sucks up precious resources that could be better expended elsewhere; building health infrastructure to underpin solid health systems or funding research to tackle the diseases the population will be facing over the coming decades.

The Global Fund shares African leaders’ ambition for the strengthening of domestic capacity and capabilities and indeed works in alignment with governments to ensure that support for health system strengthening is an element of all investment. African governments have recognised that strengthening domestic governance of health expenditure will deliver greater efficiencies and maximise value for money, both of which are imperative to expedite the transition towards greater country ownership of health. This renewed ambition underlines why investing to eliminate malaria now, before it could spiral out of control and sweep up further domestic potential, must be seen as a key opportunity by all. ^{42,43}

Malaria accounts for a substantial amount of public health expenditure, with control and treatment in endemic countries consuming a significant percentage of the country’s health budgets and depriving countries of major investments in other essential health areas. High out of pocket costs can translate into catastrophic health spending for people and their families, pushing people deeper into poverty, and further weakening the overall economy. ⁴⁴

Indirect costs include loss of production due to sickness and fatalities. The loss of adult labour and the mortality of infants and children have a long-term economic impact on families and communities. ⁴⁵

Projected impact of malaria on health costs



Malaria places a massive and growing burden on health systems across Africa, with costs of malaria diagnostics and treatments increasing by \$1.36 billion between 2025-2030 if Global Fund funding is reduced by a 20% cut.

In a worst-case scenario, where prevention programmes collapse entirely, costs will rise to \$20.7 billion.

Conversely, if countries were supported to achieve the GTS targets, healthcare spend would decrease by \$35.2 billion, cutting the cost burden of malaria in half (53%).

Projecting forward to 2040

The picture becomes even starker over the longer term. Over the next 15 years, sustained cuts of 20% would increase healthcare spending by \$5.5 billion, and without any prevention interventions, costs would climb to almost \$80 billion.

This is compared to a scenario where the GTS targets are met, where malaria healthcare spending could be reduced by \$162 billion over the same period, easing the strain on families and freeing up public health budgets to invest in other public sector priorities.



The intensive care unit in the Democratic Republic of Congo. Adobe Stock Images

Case Study: Malaria and health

Malaria Resurgence Will Push Uganda's Health System Past Breaking Point

Uganda is home to 42 million people at risk of malaria, recording an estimated 12 million cases annually. Despite decades of experience managing the disease, Uganda's health system relies on both domestic investment and international funding, with more than 70% of malaria commodities supplied through the Global Fund and other partners.

Dr Daniel Kyabayinze, Director of Public Health at Uganda's Ministry of Health, explains that while the country has trained personnel and established health infrastructure, the system cannot withstand large surges in malaria cases without sustained support.

"We have the personnel and the health facilities, but almost 100% of mosquito nets, spraying, and seasonal malaria chemoprevention come from external donors. Without these supplies, the system would collapse."

When malaria cases spike, hospitals and health centres are quickly overwhelmed. Patients with malaria crowd out women arriving for safe deliveries or children needing immunisations. Out-of-pocket spending rises as families turn to private pharmacies when public supplies run out.

"Uganda has seen this before. Between 2017 and 2019, the sudden halt of indoor residual spraying in northern districts triggered a devastating outbreak. Without that preventive shield, malaria cases surged, hospitals overflowed, and families grieved children who should never have been lost. During the 2017-2019 outbreak, hospitals were crowded, children were dying, and services for other patients ground to a halt. Stopping any intervention resets progress to zero."

The impact is most devastating for children and pregnant women. Delays in treatment often lead to severe or cerebral malaria, which requires intensive care, IV treatment, and sometimes ventilation. These services are not widely available outside referral hospitals. Families face the loss of children to a preventable disease, with knock-on effects for livelihoods, schooling, and mental health.

Resurgences also take a toll on frontline health workers. Up to 30% of patients in Ugandan health facilities already present with malaria; further surges mean long queues, burnout, and reduced capacity to manage other urgent conditions.

Cuts or delays in donor support, particularly to the Global Fund, would be catastrophic.

"Every single child is worth 100% to that family. Every child lost is not a number – it is a family's entire world. In Africa we are stepping up and increasing our domestic financing, but with malaria concentrated in the poorest countries, the Global Fund financing remains essential."

Dr Kyabayinze also points to the wider implications for global health security, drawing parallels with COVID-19: *"Malaria is not just Africa's fight. With climate change, mosquitoes can spread further and faster, putting everyone at risk. Investing in prevention is an investment in global health security - cheaper, safer, and smarter than waiting to respond once it spreads."*

Uganda's case shows that underfunding the Global Fund would not only cost lives but would destabilise health systems, disrupt economic productivity, and risk reversing years of progress. Sustained investment - both domestic and international - is essential to protect families, frontline health workers, and the country's future growth.

"We have the personnel and the health facilities, but almost 100% of mosquito nets, spraying, and seasonal malaria chemoprevention come from external donors. Without these supplies, the system would collapse."

Conclusion and recommendations

This report shows that investments in malaria control and elimination do far more than save lives and treat illness. Investments today are downpayments on future economic success. Children who are not sick and who thrive in school are more likely to drive economic progress in the future.

The fight against malaria is in the midst of a perfect storm for resurgence, as growing resistance, extreme weather events and population displacement threaten to take us backwards. Failure to ramp up investments could see malaria levels swell, taking the world back to levels not seen since the 1970s. Whilst leaders need to make difficult decisions on where to target limited funding, this report makes clear that cuts to malaria investments would be a grave error. Not only will countries rapidly lose the lives of those least able to protect themselves, they will see economic growth stifled by this preventable disease.

2025 has been a year of significant change for the global health ecosystem. Now, more than ever before, endemic nations are looking to assert their sovereignty over the health services which define their citizens' lives. This report makes clear the continued existence of malaria will continue to drain resources away which that could be better deployed to that effort. Getting back on a trajectory to end malaria over the next decade is a win-win for donors and endemic countries alike in this journey.

In order to get back on track, unlock growth and ensure greater stability, leaders of donor and endemic countries, as well as private sector and philanthropic actors should:

- 1. Fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria:** Ensure all donors, including G7 nations and partner countries, fully fund the 8th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, in November 2025, supporting and enhancing the investments made by malaria endemic countries themselves in order to deliver a “big push” towards the goal of ending the disease.
- 2. Deliver on the Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030 (Catalytic Framework),** with African governments prioritising domestic resource mobilisation and enhancing political will.
- 3. Recognise the link between economic development, global health security and malaria elimination:** G20 countries can use this year's G20 leaders' summit, as well as meetings of health, trade and development ministers, to recognise that malaria elimination is core to both social and economic progress.
- 4. Work more effectively with the private sector to increase national funding sources for malaria:** The report shows that there is ample room to seek support from private sector actors who stand to benefit from healthier and more productive workforces. The creation of national End Malaria Councils – which have already raised over \$166 million across 11 councils – is vital as they focus key national actors around the necessary multi-stakeholder support needed to achieve a “whole of society” response to malaria. These councils are country-owned multisectoral forums that convene senior leaders from government, private sector, religious and traditional sectors, as well as civil society and youth to support the fight against malaria.

Glossary

Artemisinin-based combination therapies (ACTs) - The most effective treatments for uncomplicated *P. falciparum* malaria.

Bilateral Trade - Trade between two specific countries. In the context of this report, it refers to export trade between sub-Saharan African nations and individual G7 countries.

The Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030 - The African Union's policy framework for malaria elimination

Commodity Gaps - A shortfall in the availability of essential health products, such as nets, tests, and treatments, which national malaria strategies require but cannot afford.

Domestic Resource Mobilisation - The process through which countries raise their own funds to provide for their people.

End Malaria Councils - Country-owned, multisectoral forums that bring together senior leaders from government, the private sector, religious and traditional leaders, civil society, and youth to mobilise resources and support the fight against malaria.

Extractives - Industries involved in the extraction of raw materials from the earth, such as mining, oil, and gas. This is one of the key sectors analysed in the report.

Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) - The world's largest multilateral health funder. It provides 59% of all international financing for malaria programmes and has invested over US\$20.3 billion to date.

G7 - Group of Seven, an intergovernmental political and economic forum consisting of Canada, France, Germany, Italy, Japan, the United Kingdom, and the United States.

G20 - Group of Twenty, an intergovernmental forum comprising 19 sovereign countries, the European Union, and the African Union.

Health Sovereignty - The concept that nations should have autonomy and ownership over their health systems, budgets, and public health priorities, reducing reliance on foreign aid.

Human Capital - The economic value of a worker's experience and skills. The report discusses how malaria undermines human capital by disrupting education and cognitive development.

Malaria Endemic Country - A country where malaria is prevalent.

Malaria Vector Control - Methods that target the mosquitoes that transmit malaria. Key examples in the report are LLINs and IRS.

Out-of-Pocket Expenses - The report notes these costs can be catastrophic for families affected by malaria.

Replenishment (of the Global Fund) - A process where the Global Fund secures financial commitments from donors for a specific period to continue funding its programmes. This report focuses on the upcoming 8th Replenishment.

Resurgence (of Malaria) - A significant increase in the number of malaria cases and deaths, threatening to reverse previous progress. This report models the economic impacts of a potential resurgence based on different funding scenarios.

RTS,S and R21 - Names of the two WHO-approved malaria vaccines.

Projections of Changes to Malaria Cases and Deaths across the Funding Scenarios

2025-2030				
	Projected Cases		Projected Deaths	
Scenario	#	+/- Compared to flatline	#	+/- Compared to flatline
1. Flatline	1.65 billion		2.75 million	
2. Global Fund 20% Reduction	1.68 billion	+33.44 million	2.83 million	+82,071
3. No Prevention	2.18 billion	+525.85 million	3.74 million	+989,675
4. GTS Target	786.3 million	-864.81 million	887,272	-1.86 million
2025-2040				
	Projected Cases		Projected Deaths	
Scenario	#	+/- Compared to flatline	#	+/- Compared to flatline
1. Flatline	5.14 billion		12.25 million	
2. Global Fund 20% Reduction	5.27 billion	+134.62 million	12.58 million	+330,032
3. No Prevention	7.17 billion	+ 2.03 billion	16.67 million	+4.43 million
4. GTS Target	1.14 billion	-3.99 billion	2.72 million	-9.53 million

Projected impact of malaria on Africa GDP growth

2025 - 2030			
Projected GDP			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	13.56 trillion		
2. Global Fund 20% Reduction	13.55 trillion	-5.14 billion	-0.04%
3. No Prevention	13.47 trillion	-83.00 billion	-0.61%
4. GTS Target	13.79 trillion	+231.14 billion	+1.71%
2025 - 2040			
Projected GDP			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	44.53 trillion		
2. Global Fund 20% Reduction	44.50 trillion	-30.18 billion	-0.07%
3. No Prevention	44.13 trillion	-401.86 billion	-0.90%
4. GTS Target	47.06 trillion	+2.53 trillion	+5.68%

Impact of malaria on future loss of earnings potential

2025 - 2030			
Projected lost future earnings			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	65.17 billion		
2. Global Fund 20% Reduction	66.48 billion	+1.32 billion	+2.02%
3. No Prevention	84.90 billion	+19.73 billion	+30.28%
4. GTS Target	31.00 billion	-34.17 billion	-52.43%
2025 - 2040			
Projected lost future earnings			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	219.14 billion		
2. Global Fund 20% Reduction	224.82 billion	+5.68 billion	+2.60%
3. No Prevention	301.24 billion	+82.10 billion	+37.47%
4. GTS Target	47.77 billion	-171.37 billion	-78.20%

Projected impact of malaria on export trade revenue for the Africa region

2025 - 2030			
Projected export trade revenue			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	3.06 trillion		
2. Global Fund 20% Reduction	3.06 trillion	-1.11 billion	-0.04%
3. No Prevention	3.05 trillion	-16.23 billion	-0.53%
4. GTS Target	3.11 trillion	+49.82 billion	+1.63%
2025 - 2040			
Projected export trade revenue			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	10.02 trillion		
2. Global Fund 20% Reduction	10.01 trillion	-6.51 billion	-0.07%
3. No Prevention	9.94 trillion	-76.66 billion	-0.77%
4. GTS Target	10.56 trillion	+545.36 billion	+5.45%

Projected impact of malaria on bilateral trade with G7 partners

2025-2030 Impact of Malaria on Africa Export Trade to G7 Countries				
Country (SSA Export Share 2022)	Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
Canada (1.66%)	1. Flatline	50.82 billion		
	2. Global Fund 20% Reduction	50.80 billion	-20 million	-0.03%
	3. No Prevention	50.55 billion	-270 million	-0.53%
	4. GTS Target	51.65 billion	+830 million	+1.61%
France (2.85%)	1. Flatline	87.26 billion		
	2. Global Fund 20% Reduction	87.23 billion	-30 million	-0.03%
	3. No Prevention	86.79 billion	-460 million	-0.53%
	4. GTS Target	88.68 billion	+1.42 billion	+1.60%
Germany (2.90%)	1. Flatline	88.79 billion		
	2. Global Fund 20% Reduction	88.76 billion	-30 million	-0.03%
	3. No Prevention	88.32 billion	-470 million	-0.53%
	4. GTS Target	90.23 billion	+1.44 billion	+1.60%
Italy (2.36%)	1. Flatline	72.25 billion		
	2. Global Fund 20% Reduction	72.23 billion	-20 million	-0.04%
	3. No Prevention	71.87 billion	-380 million	-0.53%
	4. GTS Target	73.43 billion	+1.18 billion	+1.61%
Japan (2.66%)	1. Flatline	81.44 billion		
	2. Global Fund 20% Reduction	81.41 billion	-30 million	-0.04%
	3. No Prevention	81.01 billion	-430 million	-0.53%
	4. GTS Target	82.76 billion	+1.33 billion	+1.61%
United Kingdom (3.00%)	1. Flatline	91.85 billion		
	2. Global Fund 20% Reduction	91.82 billion	-30 million	-0.03%
	3. No Prevention	91.36 billion	-490 million	-0.54%
	4. GTS Target	93.34 billion	+1.50 billion	+1.61%
United States (5.24%)	1. Flatline	160.43 billion		
	2. Global Fund 20% Reduction	160.37 billion	-60 million	-0.04%
	3. No Prevention	159.58 billion	-850 million	-0.53%
	4. GTS Target	163.04 billion	+2.61 billion	+1.60%
G7 Combined (20.67%)	1. Flatline	632.84 billion		
	2. Global Fund 20% Reduction	632.61 billion	-230 million	-0.04%
	3. No Prevention	629.49 billion	-3.35 billion	-0.53%
	4. GTS Target	643.14 billion	+10.30 billion	+1.60%

2025-2040 Impact of Malaria on Africa Export Trade to G7 Countries				
Country (SSA Export Share 2022)	Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
Canada (1.66%)	1. Flatline	166.29 billion		
	2. Global Fund 20% Reduction	166.18 billion	-110 million	-0.07%
	3. No Prevention	165.01 billion	-1.27 billion	-0.77%
	4. GTS Target	175.34 billion	+9.05 billion	+5.16%
France (2.85%)	1. Flatline	285.49 billion		
	2. Global Fund 20% Reduction	285.31 billion	-190 million	-0.07%
	3. No Prevention	283.31 billion	-2.18 billion	-0.77%
	4. GTS Target	301.04 billion	+15.54 billion	+5.16%
Germany (2.90%)	1. Flatline	290.50 billion		
	2. Global Fund 20% Reduction	290.31 billion	-190 million	-0.07%
	3. No Prevention	288.28 billion	-2.22 billion	-0.77%
	4. GTS Target	306.32 billion	+15.82 billion	+5.16%
Italy (2.36%)	1. Flatline	236.41 billion		
	2. Global Fund 20% Reduction	236.25 billion	-150 million	-0.06%
	3. No Prevention	234.60 billion	-1.81 billion	-0.77%
	4. GTS Target	249.28 billion	+12.87 billion	+5.16%
Japan (2.66%)	1. Flatline	266.46 billion		
	2. Global Fund 20% Reduction	266.29 billion	-170 million	-0.06%
	3. No Prevention	264.42 billion	-2.04 billion	-0.77%
	4. GTS Target	280.97 billion	+14.51 billion	+5.16%
United Kingdom (3.00%)	1. Flatline	300.52 billion		
	2. Global Fund 20% Reduction	300.32 billion	-200 million	-0.07%
	3. No Prevention	298.22 billion	-2.30 billion	-0.77%
	4. GTS Target	316.88 billion	+16.36 billion	+5.16%
United States (5.24%)	1. Flatline	524.91 billion		
	2. Global Fund 20% Reduction	524.57 billion	-340 million	-0.06%
	3. No Prevention	520.89 billion	-4.02 billion	-0.77%
	4. GTS Target	553.48 billion	+28.58 billion	+5.16%
G7 Combined (20.67%)	1. Flatline	2,070.57 billion		
	2. Global Fund 20% Reduction	2,069.23 billion	-1.35 billion	-0.07%
	3. No Prevention	2,054.73 billion	-15.84 billion	-0.77%
	4. GTS Target	2,183.30 billion	+112.73 billion	+5.16%

Projected impact of malaria on agriculture sector

2025 - 2030			
Projected lost agricultural productivity			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	13.72 billion		
2. Global Fund 20% Reduction	14.00 billion	+275.69 million	+2.01%
3. No Prevention	18.02 billion	+4.30 billion	+31.34%
4. GTS Target	6.51 billion	-7.22 billion	-52.6%
2025 - 2040			
Projected lost agricultural productivity			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	46.95 billion		
2. Global Fund 20% Reduction	48.16 billion	+1.12 billion	+2.58%
3. No Prevention	65.02 billion	+18.07 billion	+38.48%
4. GTS Target	10.13 billion	-36.82 billion	-78.40%

Projected impact of malaria on tourism sector

2025 - 2030			
Projected tourism revenue			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	218.21 billion		
2. Global Fund 20% Reduction	218.08 billion	-130.54 million	-0.06%
3. No Prevention	216.17 billion	-2.05 billion	-0.94%
4. GTS Target	221.61 billion	+3.40 billion	+1.56%
2025 - 2040			
Projected tourism revenue			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	604.45 billion		
2. Global Fund 20% Reduction	603.97 billion	-477.30 million	-0.08%
3. No Prevention	597.27 billion	-7.18 billion	-1.19%
4. GTS Target	618.59 billion	+14.13 billion	+2.34%

Projected impact of malaria on health sector

2025 - 2030			
Projected health sector spending			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	67.33 billion		
2. Global Fund 20% Reduction	68.70 billion	+1.36 billion	+2.02%
3. No Prevention	88.04 billion	+20.71 billion	+30.77%
4. GTS Target	32.09 billion	-35.25 billion	-53.35%
2025 - 2040			
Projected health sector spending			
Scenario	Estimate (\$USD)	+/- (\$USD) Compared to flatline	+/- % Compared to flatline
1. Flatline	208.61 billion		
2. Global Fund 20% Reduction	214.08 billion	+5.47 billion	+2.62%
3. No Prevention	288.48 billion	+79.87 billion	+38.29
4. GTS Target	46.34 billion	-162.27 billion	-77.79%

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