Invest in the future: Defeat malaria
World Malaria Day 2015

Fighting to reduce the malaria burden

Malaria is devastating for women, children and health systems. It keeps children from going to school, prevents parents from engaging in productive activities, and decreases the likelihood of a healthy pregnancy outcome. Malaria is a leading killer of children under five, particularly in sub-Saharan Africa.

The world has made great progress in reducing malaria deaths.

4.3 MILLION LIVES were saved between 2001-2013 through increased access to malaria prevention, diagnosis and treatment.

92% of those are children under 5.

Million children drop dead every year due to malaria.

INVESTMENT
in the malaria fight is one of the best buys in global health. The tools are cost-effective and the return on investment is high, with the world standing to gain an estimated $270 BILLION from eliminating the disease in sub-Saharan Africa alone.

Malaria in pregnancy

Pregnant women and their babies are especially at risk, since malaria infection during pregnancy can lead to stillbirth, low birthweight and other complications.

In Africa, 10,000 women and between 75,000 and 200,000 infants under one year die annually as a result of malaria infection during pregnancy.

More than
3/4 of pregnant women in endemic countries in sub-Saharan Africa don’t receive this preventive treatment (IPTp).

This translates into about
28 MILLION LIVE BIRTHS in sub-Saharan Africa in 2014 that were not protected against malaria.

REASONS:
- Confusion among health care providers about the IPTp policy
- Weak healthcare systems
- Lack of knowledge among pregnant women
- Financial barriers to accessing antenatal care

Which pregnant women are especially disadvantaged?

Malaria in pregnancy is highly inequitable.

Only
4 in 10 pregnant women in rural areas receive the recommended four antenatal care visits compared to almost
7 in 10 women living in urban areas.

We must sustain robust investment, including national resources, encourage political will, and scientific innovation to eliminate malaria.

WHAT IS NEEDED?

In some countries, rural women are especially disadvantaged:

In TOGO for example,

2 in 3 urban women receive treatment

but only
1 in 3 rural women receive treatment

WEALTH IS A MAJOR FACTOR:

POOREST
17% of women in the lowest wealth quintile receive IPTp

RICHEST
27% of women in the highest wealth quintile receive IPTp

Other countries where coverage of IPTp is minimal are half the level in urban areas include:

SENEGAL
MOZAMBIQUE
GUINEA
BURKINA FASO
CHAD

In Africa alone.

31% 43%

43%

31%

40%

Since 2000

INVESTMENT

Percentage of deaths among children under age 5 attributable to malaria, 2013

5-9 10-14 15-19 20 or more

DATA NOT AVAILABLE

2 in 10 pregnant women in rural areas do not receive IPTp.

Weak care systems

Financial barriers to accessing antenatal care

Invest in the future: Defeat malaria
World Malaria Day 2015

The malaria deaths in children under 5 years old have dropped by
40% SINCE 2000.

Yet, roughly
1,200 children die every day as a result of malaria in Africa.