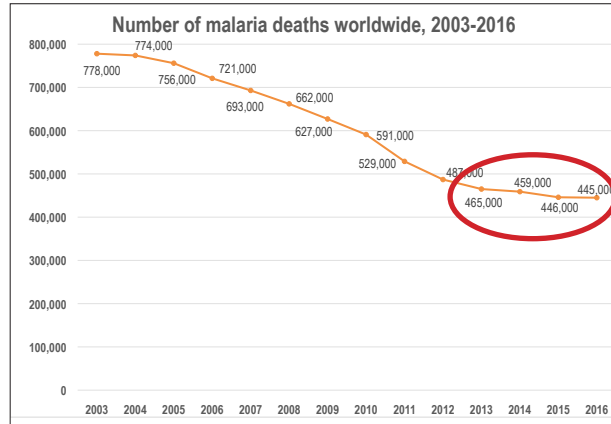


## What is at risk?

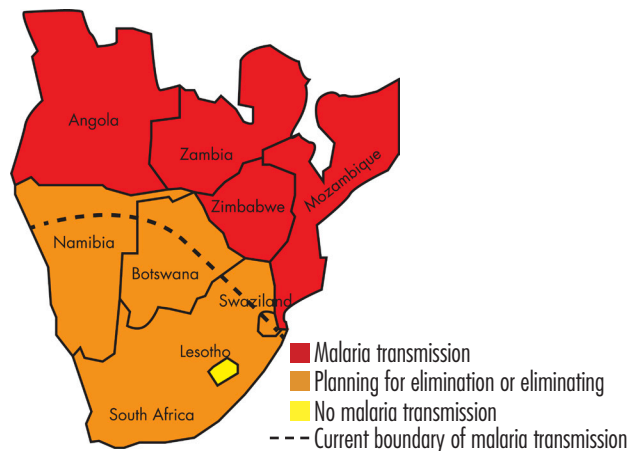
Progress in saving lives has stalled, after having steadily dropped. We are at a crossroad, and can choose to invest in elimination.



World Health Organization

## The Elimination Effort in Southern Africa:

Southern Africa countries have committed to eliminating malaria transmission: First in four low-transmission “frontline countries”—Botswana, Namibia, South Africa, and Swaziland and then in four “second line countries”—Angola, Mozambique, Zambia, and Zimbabwe by 2030.



## Faith Leaders and Communities



- Are present, trusted and respected.
- Are active everywhere, even in remote areas beyond the end of the road.
- Extend the reach of existing national health services.
- Use their experiential knowledge of the local context to identify and take action against the specific local drivers of malaria.
- Prevent new cases of malaria by ensuring correct and consistent use of nets and encourage acceptance of indoor spraying and other interventions.
- Conduct surveillance to detect malaria cases and ensure treatment adherence, thereby saving lives and ultimately reducing the likelihood of new infections.



**TOGETHER WE  
CAN ELIMINATE  
MALARIA**

**FOR GOOD**



# THE FIGHT TO ELIMINATE MALARIA:

J.C. FLOWERS  
FOUNDATION

## There is progress:

- Globally, in 2016 there were 21 million fewer malaria cases than in 2010.
- In the past decade, malaria deaths were cut by more than half.

## Nonetheless...

- Despite significant advances, a child still dies of malaria every two minutes.
- In 2016 there were 445,000 malaria-related deaths—70% of which were in children under 5.
- In 2016, 90% of malaria cases and 91% of malaria deaths were in Africa.

## And challenges remain:

- Global financing must triple from current levels to achieve World Health Organization 2030 goals.
- Health systems remain under resourced in many areas with malaria.
- Mosquitoes are developing resistance to insecticides.
- Malaria parasites are developing resistance to existing treatment.

## Good tools exist:

- Mosquito vectors can be controlled through cost-effective interventions like long-lasting insecticide-treated bed nets and indoor residual spraying with a long-lasting insecticide.
- There are effective, affordable treatments that work with very few side effects to cure malaria for good.
- Rapid diagnostic tests allow malaria diagnosis with just a drop of blood in under 20 minutes.

## But there are gaps:

- One in four children in sub-Saharan Africa are still living in a household without at least one insecticide-treated net or protection with indoor residual insecticide spraying.
- Approximately 60 million malaria cases go undiagnosed and untreated each year.
- 69% of pregnant women in areas with malaria do not receive the recommended minimum three doses of preventative treatment during pregnancy.

**Since 1955, 35 countries and territories that previously had malaria—including the United States and many in Europe—have become malaria-free... It can be done!**

For more information please contact:  
Rebecca Vander Meulen:  
T. +1.212.404.6890 / M. +1.646.984.0382  
rebecca@jcflowersfoundation.org

[www.jcflowersfoundation.org](http://www.jcflowersfoundation.org)