

Editor's comment

Ending malaria



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When I was a child I lived in Lusaka and travelled to Bulawayo to go to school – always by train. One of the things I had to carry with me was a circle of wire for keeping my hated mosquito net up above my bed at boarding school, and then again when I got home. I didn't know anything about the disease – just hated sleeping under a mosquito net, and one trip, the home run back to Lusaka, I left the wire on the train. As it happened that was my final trip anyway. We left for Britain that summer and never returned to what was then Northern Rhodesia, so malaria continued to be something I never thought about. We didn't bother with antimalaria prophylaxis when we returned to Bulawayo on holiday a few years later and I had to argue quite hard with my mother about taking it when she went to Ghana last year! Fortunately her own GP backed me up.

Like so many privileged people living in Africa, we took our 'immunity' for granted. But this is far from being the case for most people who live in areas where malaria is endemic. The disease kills – and

it kills millions of people. Somewhere around 1 million in fact. Every 30 seconds a child somewhere dies of malaria. In any given year, 10% of the global population will be infected with malaria. In Africa, where 80% of malaria is treated at home, the disease kills 1 child in 20 before the age of 5 years.

These are figures that are almost impossible to comprehend. A child dies every 30 seconds – 1 child in 20 dead from malaria before he or she turns 5. Wherever malaria is endemic and poorly treated, the Millennium Development Goals suffer yet another setback – and this is across a huge swath of sub-Saharan Africa, across Asia and in Central and South America. Eastern Europe and the South Pacific also have endemic malaria.

The socioeconomic effects are stark. Malaria causes an average loss of 1.3% of annual economic growth in countries with high levels of transmission. Over the years, this has led to major differences in GDP between countries with and without malaria. In some countries with a very

heavy malaria burden, the disease may account for as much as 40% of public health expenditure, 30 - 50% of inpatient admissions, and up to 60% of outpatient visits. Malaria has lifelong effects through increased poverty, impaired learning and decreased attendance in schools and the workplace.

And yet malaria is a preventable and treatable disease. But, like so many other similar diseases, it is one that affects predominantly poor people – and a few travellers to endemic areas who have access to antimalarial prophylaxis and who are generally OK. These poor people who are affected comprise 40% of the world's population and yet the most promising vaccine research was actually started by the US army to protect its soldiers in malaria-endemic countries. The problems are resistance to antimalarial drugs, vector control and prevention of malaria in pregnant women and insecticide resistance. None of these problems is insurmountable – all that is required is the will, by the international community and by governments of affected countries.

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