Malaria

Transmitted by mosquitoes, malaria is a disease caused by parasites of the *Plasmodium* group, two of which – *P. falciparum* and *P. vivax* – pose the most threat to humans. Malaria’s effects include flu-like symptoms (chills, fever), vomiting, diarrhea, and jaundice, and if left untreated, malaria can lead to death. Globally, most malaria burden is in sub-Saharan Africa, with the highest DALY rates seen in Burkina Faso, Sierra Leone, and Niger. In 2017, according to the Global Burden of Disease 2017 study, the most malaria deaths were in Nigeria (more than 150,000), the Democratic Republic of the Congo (more than 80,000), and India (approximately 50,000).

In 2017, a total of $5.1 billion (4.9–5.4) was spent on malaria; note that our global spending estimate for malaria is only inclusive of 106 malaria-endemic countries, as well as global initiatives and unallocable spending. Between 2000 and 2017, total spending on malaria increased 268.4% (233.9–302.5). Of the 2017 total, DAH accounted for 48.7% (46.2–50.8), prepaid private spending 3.3% (3.2–3.5), out-of-pocket spending 16.1% (13.4–19.8), and government spending 31.9% (29.8–33.9). Government spending on malaria was highest in Nigeria, Ghana, and India, while malaria DAH was highest in Kenya, Tanzania, and the Democratic Republic of the Congo.

Figure 1 shows malaria spending in low- and middle-income countries in 2017. Figure 2, meanwhile, shows malaria DAH received compared to government spending in malaria-endemic countries, illustrating which endemic countries remain dependent on DAH for malaria spending. And Figure 3 shows malaria DAH received by program area in 2019.
**Figure 2** Development assistance for malaria compared to government health spending, 2017*

*The Central African Republic is the only country above 100%.

**Figure 3** DAH for malaria, by program area, 2019**

*Non-endemic countries are shown in white.

**2019 estimates are preliminary