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 acute illness and death. Globally, most malaria burden is in sub-Saharan Africa, with the highest disability-adjusted life year rates seen in Sierra Leone, Burkina Faso, and Niger. In 2019, according to the Global Burden of Disease Study 2019, the most malaria deaths were in Nigeria (nearly 200,000), the Democratic Republic of the Congo (over 55,000), and India (nearly 30,000). However, these numbers can obscure the great progress made in the fight against malaria: in 1990, there were almost 850,000 deaths from malaria globally, but by 2019 that number had dropped to roughly 650,000. And in sub-Saharan Africa, where malaria burden remains highest in the world, the rate of malaria deaths dropped from approximately 121 deaths per 100,000 to 55 deaths per 100,000.

There was a total of $2.3 billion in development assistance for health for malaria in 2020. In comparison, a total of $5.1 billion (comprising government spending, prepaid private spending, out-of-pocket spending, and development assistance for health) was spent on malaria across 106 malaria-endemic countries in 2017, the latest year for which we estimate total spending by health focus area; 48.6% of total spending on malaria was DAH. Figures A and B break down DAH for malaria by channel of assistance and program area, between 1990 and 2020. Though malaria DAH dropped 2.2% between 2019 and 2020, the Global Fund remained the largest channel of malaria assistance, followed by US bilateral agencies. And by program area, antimicrobial resistance has grown 54.0% annually over the past 30 years, going from $14 in 1990 to $5.8 million in 2020. Figure C illustrates how important to the growth of malaria DAH major donors (the US, the UK, the Bill & Melinda Gates Foundation) have been since 1990. However, malaria DAH has plateaued since 2008, hovering around $2 to $2.5 billion since then.
**FIGURE B** Development assistance for malaria by program area, 1990–2020

*2019 and 2020 estimates are preliminary.

IBRD = International Bank for Reconstruction and Development.

“Other” captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

**FIGURE C** Development assistance for malaria by source of funding, 1990–2020

*2019 and 2020 estimates are preliminary.

“Other sources” includes Afghanistan, Angola, Argentina, Austria, Azerbaijan, Austria, Bangladesh, Belgium, Bhutan, Brazil, Brunei, Bulgaria, Côte d’Ivoire, Cambodia, Cameroon, Central African Republic, Chad, Colombia, Croatia, Czechia, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, Gabon, Guinea, Guinea-Bissau, Hungary, Ireland, India, Indonesia, Iran, Iraq, Ireland, Italy, Jamaica, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Maldives, Malta, Mauritius, Myanmar, New Zealand, Nigeria, Norway, Pakistan, Papua New Guinea, Peru, Poland, Portugal, Portugal, Puerto Rico, Romania, Russia, Saint Vincent and the Grenadines, Saudi Arabia, Senegal, Singapore, Slovakia, Slovenia, South Africa, South Korea, South Sudan, Sudan, Sweden, Switzerland, Syria, Taiwan (province of China), Thailand, Turkey, Uganda, Ukraine, United Arab Emirates, Yemen, and Zimbabwe. “Other sources” captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed. Health assistance for which we have no source information is designated as “Unidentified.”