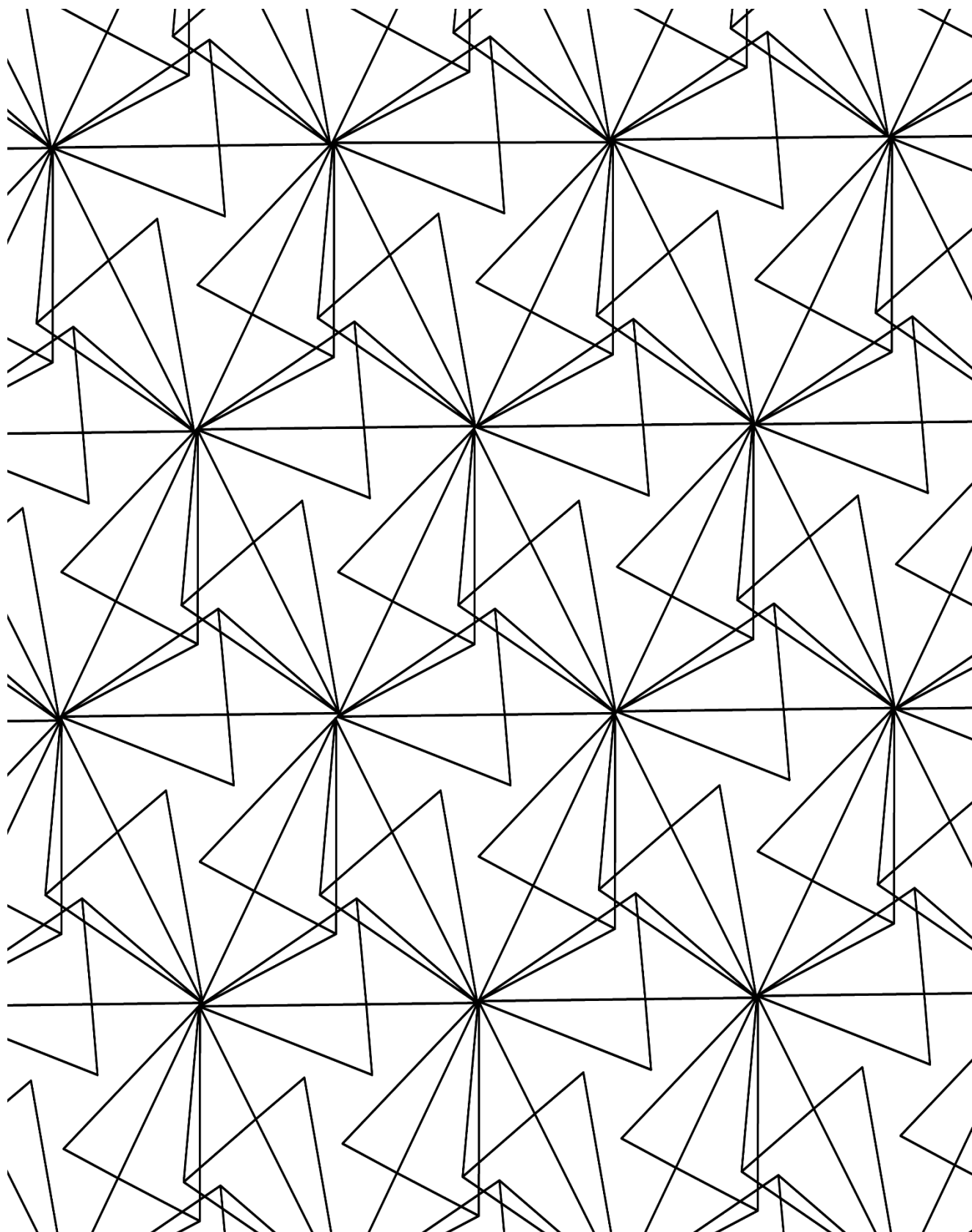


# FOUNDERS PLEDGE **REPORT SUMMARY**

## MALARIA PREVENTION

Version: December 2018



BASED ON ORIGINAL RESEARCH BY **GiveWell**

This is a Founders Pledge summary and interpretation of original research published by [GiveWell](#). To view the latest version of GiveWell's full reports on their website, please visit [this page](#) and [this page](#).

## About GiveWell

GiveWell is a nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of their analysis to help donors decide where to give.

Unlike charity evaluators that focus solely on financials, assessing administrative or fundraising costs, they conduct in-depth research aiming to determine how much good a given program accomplishes (in terms of lives saved, lives improved, etc.) per dollar spent. Rather than try to rate as many charities as possible, they focus on the few charities that stand out most (by [their criteria](#)) in order to find and confidently recommend high-impact giving opportunities (their [list of top charities](#)).

To learn more about GiveWell, go to [GiveWell.org](#).



## The problem

The World Health Organization estimates that in 2017 there were 219 million cases of malaria, with nearly half of the world's population at risk of the disease, and 435,000 people dying from it.<sup>i</sup> Africa accounts for 92% of malarial deaths.<sup>ii</sup> Malaria is transmitted by infected mosquitoes, and is especially dangerous to children and pregnant women. Young children who have not developed immunity risk a rapid progression of the disease, and death.<sup>iii</sup> Children suffering of severe malaria also often develop severe anaemia (a major cause of poor child-development) and cerebral malaria (a swelling of the brain that causes seizures and other neurological complications).<sup>iv,v</sup> There is some evidence indicating that malaria's effect on child health in turn has a negative effect on physical development, decreases people's ability to earn and support themselves later in life.<sup>vi</sup> For pregnant women, malaria increases the risk of spontaneous abortion, stillbirth and delivery of a low-birth-weight baby.<sup>vii</sup> The current level of investment in malaria eradication is less than half of what is needed to achieve the internationally agreed milestones for elimination of the disease.<sup>viii</sup>

## Solutions

There are two effective solutions to the problem of malaria. The first involves distributing bed nets treated with safe insecticide to all people in an affected area. They are used to block, kill or repel mosquitoes at night, which is when malaria-carrying mosquitoes bite most often.

The second solution, seasonal malaria chemoprevention, consists of providing children between the ages of 3 months and 5 years with anti-malarial medicines during malaria season. Medicines are often distributed by community health workers, generally via door-to-door delivery.

## The evidence

There is strong evidence that bed nets effectively reduce reducing child mortality and improve early childhood-development. A 2004 review found bed nets to be effective at reducing all-cause child mortality and anaemia.<sup>ix</sup> A 2006 review found they were effective at reducing the risk of low birth weight and spontaneous abortion.<sup>xi</sup> Experts also believe bed nets are likely to decrease adult mortality. Evidence suggests that distributing bed nets for free is much more effective than asking people to pay, since charging significantly reduces demand.<sup>xii</sup>

Evidence also strongly supports the effectiveness of seasonal malaria chemoprevention in reducing malaria. A 2012 review found this intervention to prevent roughly three quarters of all clinical malaria episodes in the treatment population.<sup>xiii</sup>



## Organisations

### Against Malaria Foundation (AMF)

AMF provides funding to support the distribution of insecticide-treated nets. AMF buys and ships the nets, and works with local distribution partners such as governments and other charities to reach recipients. They also collaborate with partners to collect data on distribution, and conduct follow-up surveys. AMF has a strong track record and is highly cost-effective: its lean organisational structure, careful use of technology, and its partnerships with local charities keep its costs exceptionally low. The cost of the entire process (from purchase to monitoring) is about \$4 per net distributed. The current estimated cost of averting a death through this programme is about \$4,100. By comparison, the NHS would consider it cost-effective to spend around £600,000 to save a life.<sup>xiv</sup> As of September 2018, AMF has supported large-scale distributions in Malawi, DRC, Ghana, Uganda, Togo, Papua New Guinea, and Zambia, distributing over 25 million bed nets in total. As of the end of 2018, AMF has the capacity to productively use tens of millions of additional dollars.

### Malaria Consortium's seasonal malaria chemoprevention programme

Malaria Consortium works on preventing, controlling and treating malaria. They support seasonal malaria chemoprevention programmes by: funding distributions, providing technical and financial assistance (for instance on logistics and financial reporting), training health workers, and advocacy (to persuade governments to run programmes). It costs roughly \$7 per person to provide malaria chemoprevention for a full season. The current estimated cost of averting a death through this programme is about \$2,300. Malaria Consortium has implemented this type of programme in Nigeria, Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia. For the period 2019–2021, they could absorb up to an additional \$39.4 million to fund additional distributions.



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