**The Economic Impact of Malaria in Malawi**

When we think about the disease malaria, we typically envision a threat to a nation’s health, not its economy. Nonetheless, the disease poses a financial threat arguably just as virulent. Since its inception in 2013, United Purpose’s Malaria Control Unit, in partnership with the Against Malaria Foundation, has observed malaria’s detrimental grip on the economy first hand.

In Malawi, malaria is a prodigious burden on the country’s public services, in particular, the country’s healthcare system. Malaria accounts for 40% of all hospital admissions in Malawi[[1]](#footnote-1), with 4,827,373 cases and 4,000 deaths[[2]](#footnote-2) as a result of the disease confirmed every year. The ubiquity and frequency of malaria costs Malawi 21-44% of all its health centre resources[[3]](#footnote-3). For a health care system whose resources already run thin, with only 1.9 physicians for every 100,000 members of the population[[4]](#footnote-4), the extensive cost of malaria consultations and treatments present a hefty barrier to growth. A 2009 study by Joshua Yukich estimated that the Malawian economy saves between $1,105 to $1,222 from every malarial death prevented[[5]](#footnote-5); money which could be reinvested into the development of the country.

In an effort to mitigate the cost of the disease on Malawian healthcare, preventive measures, such as nets and insecticides, have been prioritised**.**  The 2017-2022 National Malaria Control Strategy Plan has acknowledged the cost-effectiveness of nets. It is currently striving to achieve ‘universal coverage’, defined as one net for every two people, in Malawi by 2022 in order to diminish the effects of the disease and allow its healthcare resources to develop uninhibited. The Against Malaria Foundation, who have been funding net distributions in the country since 2006, have identified long-lasting insecticide treated nets which cost only $3.36 to distribute, as the most effective method of prevention.

It’s not just the healthcare system which bears the economic blow of malaria. The Malawian Ministry of Health estimates that Malawian workers lose 15-25 workdays a year to the disease[[6]](#footnote-6). In a country where many depend on subsistence farming and two thirds of the population’s primary source of income is agricultural labour, the productivity forfeited whilst ill or caring for ill family members is keenly felt in terms of a loss of GDP and food security.

The Gross National Income per capita in Malawi stands at $320, almost a fifth of the sub-Saharan African average of $1,516.[[7]](#footnote-7) A low-income household in Malawi will earn only $68 per annum, amounting to $0.19 per day[[8]](#footnote-8). Although free malarial medication is available from government health facilities, due to frequent scarcities and shortages, it is common practice to purchase the medication from local shops. Treatment for an infant with the disease will cost a household $0.51 and for an adult $0.75[[9]](#footnote-9). Due to the prevalence of the disease, with Malawian adults expected to suffer 6.1 attacks of malaria a year and children 9.7[[10]](#footnote-10), over the course of the year these expenses will accumulate an expenditure of $19.83[[11]](#footnote-11). To the individuals who form these low-income households, the prospect of 28% of their earnings being consumed by the disease could become synonymous with food insecurity that year or a rudimentary education for their children. Abating the frequency of the disease would significantly lift the economic toll malaria exacts on low income households and communities.

The 2017 Malawi Malaria Indicator Survey revealed a direct correlation between malaria prevalence and household income. In Malawi, the disease’s effects and expenses disproportionately affect the households in the low-income bracket. In wealthier areas of Malawi, such as in urban and peri-urban areas where only 1% of the urban population occupy the lowest wealth quintile, 55% of households have an insecticide-treated net for every two people. This is starkly higher than 39% of households in rural areas, where a significantly higher 24% of the population are in the lowest wealth quintile. This translates to a higher prevalence in the poorest and most rural households, where the rates of malaria in children under five are at 28%, seven times that of the urban average[[12]](#footnote-12).

This means the economic impact of malaria in Malawian communities injuriously and disproportionally effects individuals who were initially unable to access affordable preventative measures, and who are subsequently unable to buy medication or access treatment.

Access to preventative measures like long-lasting insecticide treated nets, which last up to four years, would save a household crucial money and time for those who need it most. However, only 3% of mosquito nets in Malawi are shop bought, 73% are received from mass distribution campaigns[[13]](#footnote-13), revealing that many feel too financially restricted to purchase the nets of their own accord. The propagation and proliferation of nets still needs to be supported by mass distribution campaigns in order to ensure as many as possible can reap the benefits of reduced malaria and increased productivity.

Makangata Village in Balaka District, who have worked closely with United Purpose’s Malaria Control Unit since its inception in 2013. Since then United Purpose has been responsible for mass distribution of nets with the support of the Against Malaria Foundation. Before the mass distribution campaign was conducted, Makangata’s sixty households suffered from persistent bouts of malaria, with the nearest health centre was hours away by foot. The Deputy Village Head Agness Batan told UP workers that ‘if we were lucky we could use a motorbike, but in most cases, we had to walk for hours.’

During the mass distributions, run by United Purpose Malaria Control Unit, each household received an adequate number of long-lasting insecticide-treated nets per sleep space and were educated on how best to prevent the disease. Following the distribution, the community was monitored every six months for two and half years to evaluate if top up distributions would be necessary. The community has since witnessed what Agness terms a ‘significant decrease’ in malaria cases. Better health has directly resulted in economic expansion for the households of Mankangata, as Agness puts it, ‘Since everyone in the village is healthier, they are able to be more productive’. She goes on to add that her community has been able to ‘produce more food to increase food security and generate a profit through sales at the market’, so much so in fact that there was surplus in the community and, under United Purpose’s DISCOVER project funded by DfiD, Irish Aid and the Norweigan Embassy, the community built a grain store to store their harvests. The village has also witnessed an increase in children’s school attendance, with fewer children incapacitated by malaria or staying home to tend to ill family members.

Reducing the lost hours, earnings and savings someone will lose as a result of malaria, would allow many in Malawi to realise their full economic capacity, and in the process, contribute to the advancement of their community and country. Universal coverage of LLINs is the most judicial way to decrease the prevalence of Malaria; allowing the poorest and most vulnerable to access preventative measures which they would otherwise be unable to afford, and breaking the cycle of vulnerability cause by recurrent, costly exposure to the disease.

However, it is a goal still very much dependent on the work of organisations like the Against Malaria Foundation and United Purpose’s Malaria Control Unit. The 2017-2022 National Malaria Control Strategy Plan has estimated that a total of 14,124,488 insecticide-treated nets need to be distributed to achieve universal coverage, however, only 1,209,725 are currently available. A further, $4,316,000 is needed to procure and distribute them[[14]](#footnote-14). The National Malaria Control Strategy’s potential economic impact would prove instrumental to Malawian households and the economy, however, gaps in funding and resources act as an obstruction to swift and effective progress. Increased funding is necessary to allow the National Malaria Control Strategy and its partners to reach their full efficacy, and protect the population from a completely preventable disease.

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