

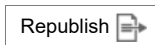


The true cost of malaria

How to make the Asia-Pacific malaria free by 2030

GEOFF CLARK

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DEVELOPMENT, HEALTH | ASIA, THE PACIFIC

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Strengthening a country's health system is one of the best ways to invest in human and economic development. For the Asia-Pacific, eliminating malaria is a particularly prudent investment, Geoff Clark writes.

The link between the health of a society and the strength of its economy is clear. As documented in the influential report [Global health 2035: a world converging within a generation](#), the returns on investing in health are impressive.

Reductions in mortality account for about 11 per cent of recent economic growth in low-income and middle-income countries, as measured in their national income accounts. Between 2000 and 2011, about 24 per cent of the growth in full income in low-income and middle-income countries resulted from the value of additional life years gained.

Despite this clear link, many nations in the Asia-Pacific fail to prioritise efforts to strengthen health systems. Weak health systems must be bolstered to deal with future epidemics and to promote health. Investing in health also supports human development, promotes active participation in economic development, and helps avoid catastrophic risks.

In countries with weak health systems, outbreaks of infectious disease generate negative spirals, creating

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About the Author



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Universal health coverage (UHC) provides countries both the conceptual framework and the opportunity for this investment. UHC ensures that all people can access quality health services. It helps safeguard all people from public health risks, including impoverishment due to illness.

OT disease

While there is a strong business case for investment in broad coverage of efficiently delivered preventative services, financing UHC in the environment of Asia-Pacific economies presents challenges. This is particularly evident where epidemiological and demographic trends are dynamic, and new curative treatments place demands on finite budgets.

Social health insurance (SHI) is a mechanism for raising and pooling funds to finance health services. It has a demonstrated ability to improve the health status of populations and to improve labour productivity and economic growth.

There are a number of variations on how SHI has evolved across countries. A common element of all systems, however, is the pooling of funds across all contributors to allow spreading of the financial risk associated with the need to use a health service.

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SHI also reduces the fear of financial hardship among individuals. Global evidence indicates that the greater the degree of reliance on out-of-pocket spending to finance health care, the greater the incidence of financial risk associated with medical care.

Eliminating malaria in the Asia-Pacific by 2030 is a realistic target, and has been agreed to by governments in the region. Eradicating the disease could direct over \$300 billion of economic benefits towards more pressing health and development targets.

As many Asia-Pacific nations consider further development and expansion of social health insurance, a unique opportunity presents itself. Governments must ensure that the financial reforms implemented under a shift to SHI adequately fund universal health coverage, including the benefits package covering malaria and tuberculosis for the rural poor.

This will allow countries in the region to protect their own economic interests while cooperating to secure regional prosperity. It is time for the Asia-Pacific to 'grasp the nettle' and use health care funds through SHI to work towards the elimination of malaria through a strong and viable health strengthening program. This will not only rid the region of one of the most deadly and economically crippling diseases, but will also strengthen health security for all.

This piece is based on the author's article for the Asia & the Pacific Policy Studies journal 'An ounce of prevention is worth a pound of cure'. Read and download the full article for free: <http://onlinelibrary.wiley.com/doi/10.1002>



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