

The battle to end malaria must not be lost to COVID-19

The Coronavirus pandemic is raging across the globe, putting the lives of billions of people in jeopardy. But while this crisis is demanding an enormous amount of our time, attention and resources, we cannot ignore the other significant threats to people's health and well-being that existed long before the appearance of COVID-19.

Malaria is one of the oldest, deadliest diseases in the world, killing 435,000 people each year, the majority of them children. We've made great progress over the last decade in the fight against malaria, saving 600,000 lives and preventing 100 million cases annually. But the all-encompassing COVID-19 pandemic threatens to roll back that progress, leaving millions of people at much greater risk of contracting malaria and not getting the treatment they need to survive.



COVID-19 response can derail malaria prevention and treatment

Many aspects of the response to COVID-19 could have a devastating impact on the distribution of long-lasting insecticide-treated nets (LLINs), a critical tool in the prevention of malaria that is responsible for averting up to 70% of all malaria cases. Lockdowns, potential challenges to manufacturing, social distancing and economic hardships all conspire against the regular dissemination of these life-saving nets.

Another challenge is that many of the symptoms of COVID-19 are similar to those of malaria, including fever, headache, fatigue and joint pains. That means that some people who contract malaria might be confused by their symptoms, or they might choose not to seek out treatment because they are afraid to visit a health facility for fear of being exposed to the Coronavirus. This situation complicates the management of both diseases and could result in many cases of malaria going undiagnosed and untreated.

We can look to the 2014-2015 Ebola outbreak in West Africa to see how one emerging disease crisis can exacerbate existing ones. According to the journal [Emerging Infectious Diseases](#), Ebola overwhelmed the health care systems of Guinea, Liberia and Sierra Leone, reducing people's access to services for the diagnosis and treatment of malaria, HIV-AIDS and tuberculosis by an estimated 50%. We cannot allow this to happen again in the midst of the COVID-19 crisis.



Sustaining malaria prevention and control efforts in time of crisis

Just as the [World Health Organization \(WHO\)](#) urged countries to continue their regular distributions of LLINs during the Ebola epidemic, organizations on the front lines of the fight against malaria are once again calling for the uninterrupted dissemination of life-saving nets. This will reduce the number of malaria-related fever cases that would require treatment at health facilities and free up much-needed resources to deal with COVID-19.

While some distribution campaigns involved massive community gatherings and festivities in the past, governments and nonprofit organizations must now redesign their distribution processes to take into account social distancing requirements. This is already being pursued by the governments of Uganda and other African nations.

Those organizations involved in the manufacturing and shipment of LLINs must ensure that their systems are not disrupted by Coronavirus-related shutdowns. For example, Vestergaard has been proactive in making sure we have the raw materials needed to produce our high-quality nets. We have also been active in keeping track of any disruptions to the transport and delivery of nets, both by land and by sea.

On this [World Malaria Day](#), we must keep in mind all that we've accomplished thus far in the ongoing fight against malaria. We must salute the extraordinary work of our health care workers around the world who have contributed to this success and support their current efforts to contain COVID-19. Together, we can and must fight both of these diseases at the same time, with the critical goal of saving the most lives possible.