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“The U.S. Contribution to the Fight Against Malaria”

*Excerpts of Remarks by Chairman Chris Smith
Subcommittee on Africa, Global Health, Global Human Rights, and Int’l Orgs.
2172 Rayburn HOB
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Thank you for joining us for this morning’s hearing to examine the United States’ contribution to the global fight against malaria.

Leadership matters. In 2005, President George W. Bush established the President’s Malaria Initiative (PMI) and targeted several African malaria endemic countries to receive over a billion dollars to mitigate and someday eradicate this killer disease. The positive consequences of that bold and compassionate initiative include over a million lives saved over the last decade.

Although we will hear statistics about malaria cited several times during the course of this hearing, the global impact of this disease is so severe that they are worth repeating—yet we are making progress. The World Health Organization estimates that in 2010 there were 219 million malaria cases and 660,000 deaths. While still unconscionably high—every life is absolutely precious and of extraordinary importance—loss of life has declined from approximately 985,000 deaths in 2000.

Not surprisingly, malaria has a particularly devastating impact on the most vulnerable. Nearly 86% of those who die are children under five years of age living in Sub-Saharan Africa. Dr. Mark Dybul Executive Director of the Global Fund to Fight AIDS and President George W. Bush’s extraordinarily effective Global AIDS Coordinator, says that in “Africa alone, Malaria take the life of a child every minute” and pregnant women are also disproportionately afflicted with the disease. WHO emphasizes in its World Malaria Report 2012 that malaria is strongly associated with poverty. Countries in which a larger percentage of the population lives in poverty also have higher mortality rates from malaria. Children living in poorer populations and in rural areas have the highest parasite prevalence rates.

It is also important to note the extent to which the prevalence of malaria is concentrated. Eighty percent of malaria deaths occur in just 14 countries and almost 80% of cases occur in 17 countries. Over 40% of malaria deaths occur in two countries—the Democratic Republic of the Congo and Nigeria, and 40% of malaria cases are in the DRC, Nigeria, and India.

These high morbidity and mortality rates are not necessary—malaria is both preventable and treatable. We will hear today about the cost effective measures that are currently available and already having an impact or that are in the development process. And the United States, despite the current financial constraints, is making a significant contribution to the global fight against malaria. In addition to our contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States provided \$871 million in anti-malaria assistance in FY2012, and the request for FY2014 is \$893 million.

But these levels, even when combined with contributions from other donors, fall short of the global need. So our question today will be: what are the major challenges going forward, and how we can best use our resources to meet those challenges, to save the most lives and to have the greatest impact in controlling, if not eradicating, this dreaded disease?

We will also be taking a close look at several immediate threats to global efforts to combat malaria. On April 19th, this subcommittee held a hearing on “Meeting the Challenge of Drug-Resistant Diseases in Developing Countries.” In his testimony at that hearing, Dr. Thomas Frieden, the Director of the Centers for Disease Control and Prevention, warned that in recent years, malaria infections in parts of Southeast Asia have been showing resistance to artemisinin drugs. These drugs are the last remaining class of anti-malarial drugs and form the basis of malaria treatment globally. If these resistant parasites manage to spread to sub-Saharan Africa, he stated that “the results could be devastating”—an assessment that will likely be repeated by our witnesses today.

Insecticide-treated bed nets, which have an average useful life of two to three years, are an important, proven malaria prevention tool. According to the World Health Organization, 150 million nets are needed each year to provide protection to the vulnerable populations in sub-Saharan Africa. For the past two years however, the supply has been considerably lower than this level, resulting in an estimated current shortfall of 77 million nets. The consequences, if not urgently addressed, could place entire populations, especially children, at risk of a dramatic malaria resurgence and death.

We are fortunate to have with us three distinguished experts who will provide us with valuable insights into these challenges. Before turning to them, I invite my distinguished colleague, Ranking Member Bass, to give her opening remarks.