In my community, malaria remains a persistent threat to the health and well-being of many. Malaria has tested the limits of our health infrastructure time and again and has presented a health challenge to so many, including my own family. Late last year, my youngest child was very ill and hospitalized for malaria. In the very best possible way he became one of the statistics: cured of malaria, again, thanks to investments in our health system and availability of medication and medical interventions.

Current investments are saving almost 600,000 lives and preventing close to 100 million cases each year and despite on-going challenges to effectively eradicate the diseases, battling malaria has been one of the great health successes having dropped by 60% in the last 20 years the death rates to malaria.

This does not however mean that we can afford to let our guard down for even one minute.

As communities and countries like mine “gather” (virtually, of course!) for World Malaria Day (April 24th) it is critical that we remember that it is precisely times like this, when another health threat such as COVID-19 rises, that we are most likely to see a resurgence in malaria. Like the opportunistic infection it is, historically malaria rises just as our attention is diverted or there’s a decrease in political commitment and we reduce investments. The only antidote is to continue, without letting up, with the comprehensive approaches like education, prevention, diagnosis and treatment that have been proven to have real results in the fight against malaria. We must invest to combat COVID-19 but we cannot for one minute, reduce our efforts against malaria or other infectious diseases.

The RBM Partnership to End Malaria recently issued this statement urging countries to maintain momentum in the fight against malaria. As the Board Member for the Communities Delegation, a Health advocate, a GFAN Speaker and a mother I would add the following:

• Ensure community and key, affected and vulnerable populations are included: Malaria already claims the lives of 400,000 people, mostly children each year therefore, we must ensure we protect malaria vulnerable people and prioritize treatment for malaria even while countries may be urging residents to self-isolate and stay at home
• Guarantee the human rights and dignity are respected: We already know that large-scale disruptions to health systems like war and other acute health challenges such as Ebola mean that there will be resurgences of malaria deaths therefore, we must continue to provide adequate malaria prevention, diagnosis and treatment in the face of COVID-19
• Ensure continuity of service delivery: Supply chains for treatments and other tools to fight malaria must be maintained and protected and we need to begin planning now for contactless systems for accessing treatments and care to protect patients and the healthcare workers whose efforts are already stretched and will be more so in the coming months
• Raise the bar: while it presents many challenges to our health care systems and threatens existing health care capacity, the COVID-19 pandemic presents us the opportunity to learn from our history of fighting malaria (and HIV and TB) and “raise the bar” of how we respond to health emergencies; it challenges us to design and implement health responses to guarantee human rights and dignity are respected and that we honour the UHC principle of “Leave no one Behind”.

The Global Fund to Fight HIV, TB and Malaria provides 65% of international funding for malaria and global fund advocates are asking for a people-centred approach to COVID-19 that addresses the emerging pandemic and protects our fragile gains against malaria (and HIV and TB).

For World Malaria Day, join me in signing on to these key asks of the Global Fund and lets ensure that our response to COVID-19 does not divert from our fight against malaria and cause even more suffering from a disease we know how to prevent and treat.

Maurine is the board member representing Communities on the Global Fund Board and is the Communities Representative at the TB Stakeholders Association of the TB Alliance. She is also a member of the Steering Committee of Women 4 Global Fund and the Global Fund’s Community Rights and Gender (CRG) Division Advisory Group. In Kenya, Maurine is a member of Gender Technical Committee on HIV and AIDS. To learn more about Maurine and her story visit here.