

Publication**An investment case to prevent the reintroduction of malaria in Sri Lanka****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 3829022**Author(s)** Shretta, Rima; Baral, Ranju; Avanceña, Anton L. V.; Fox, Katie; Dannoruwa, Asoka Premasiri; Jayanetti, Ravindra; Jeyakumaran, Arumainayagam; Hasanth, Rasike; Peris, Lalanthika; Premaratne, Risintha**Author(s) at UniBasel** [Shretta, Rima](#) ;**Year** 2017**Title** An investment case to prevent the reintroduction of malaria in Sri Lanka**Journal** American journal of tropical medicine and hygiene**Volume** 96**Number** 3**Pages / Article-Number** 602-615

Abstract Sri Lanka has made remarkable gains in reducing the burden of malaria, recording no locally transmitted malaria cases since November 2012 and zero deaths since 2007. The country was recently certified as malaria free by World Health Organization in September 2016. Sri Lanka, however, continues to face a risk of resurgence due to persistent receptivity and vulnerability to malaria transmission. Maintaining the gains will require continued financing to the malaria program to maintain the activities aimed at preventing reintroduction. This article presents an investment case for malaria in Sri Lanka by estimating the costs and benefits of sustaining investments to prevent the reintroduction of the disease. An ingredient-based approach was used to estimate the cost of the existing program. The cost of potential resurgence was estimated using a hypothetical scenario in which resurgence assumed to occur, if all prevention of reintroduction activities were halted. These estimates were used to compute a benefit-cost ratio and a return on investment. The total economic cost of the malaria program in 2014 was estimated at U.S. dollars (USD) 0.57 per capita per year with a financial cost of USD0.37 per capita. The cost of potential malaria resurgence was, however, much higher estimated at 13 times the cost of maintaining existing activities or 21 times based on financial costs alone. This evidence suggests a substantial return on investment providing a compelling argument for advocacy for continued prioritization of funding for the prevention of reintroduction of malaria in Sri Lanka.

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