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THE FIGHT AGAINST MALARIA: IS THE HOUSE ON FIRE?

A call to finance the road to eradication[1]

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Unprecedented progress towards malaria elimination worldwide is at a crossroads. On the one hand, there have been significant gains: since 2000 through 2015, the global malaria incidence rate fell by 37% and the mortality rate by 58%. This has been accompanied by 30-fold increases in global malaria financing. However, since 2017, the 10 highest burden countries in Africa reported increases in incidence, and mortality reductions have slowed over the last three years. In addition, investment levels continue to be short of targets required to achieve goals set out in the Global Technical Strategy for Malaria 2016-2030 (GTS).

The coming months are critical in this fight. In a next few weeks, the Global Fund will determine its 6th replenishment to support country implementation from 2021 to 2023. Existing grants are ending in 2020, and malaria national strategic plans in high-burden countries are also expiring in 2020. It is unlikely that current levels of global health financing will be sustained and thus, countries will be expected to contribute more domestic resources. With evolving global health agendas, an increasing burden of disease, and diminishing resources, the global malaria community must critically assess how to build on the momentum of the last decade and reverse the recent alarming trend.

Progress towards malaria elimination worldwide depends upon the decisions we take in the immediate future. As the WHO Strategic Advisory Group has recently stated, "Our priority now should be to establish the foundation for a successful future eradication effort while guarding against the risk of failure that would lead to the waste of huge sums of money, frustrate all those involved, national governments and malaria experts alike, and cause a lack of confidence in the global health community's ability to ever rid the world of this disease".[3]

1 This note was originally drafted on the basis of the discussions that took place in the seminar "Innovate for Collective Impact to End Malaria" (Washington DC, January 2019).

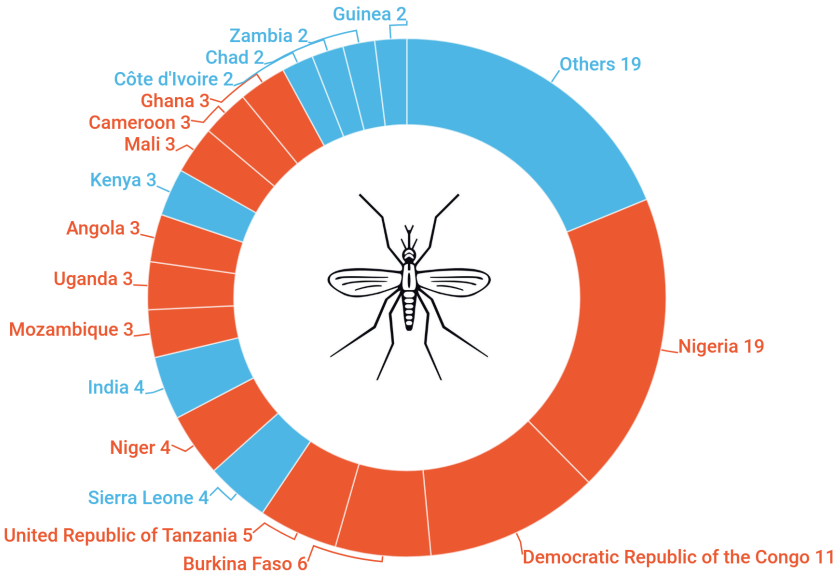
2 Clinton Health Access Initiative. ISGlobal would like to thank the contributions from Paula Ruíz-Castillo, as well as comments from Oriana Ramírez, Rafael Vilasanjuán and Gonzalo Fanjul.

3 Malaria eradication: benefits, future scenarios and feasibility (Executive summary). WHO Strategic Advisory Group on Malaria Eradication.

Malaria: An Unfinished Battle

The reduction of malaria burden has been one of the greatest public health achievements of the last half century. Since 2000, global financing for malaria increased from less than $100 million per year to $3.1 billion in 2017, although still 30% short of the global need according to the GTS. This has been accompanied by unprecedented impact, largely driven by increased use of insecticide treated nets (ITNs), and the availability of artemisinin combination therapies (ACTs)[4]. Currently, more countries are within reach of elimination than ever before: 46 countries now have less than 10,000 cases, 9 more than in 2010. Of 19 countries that attained elimination since 2000, 16 did so since 2007[5].

Figure 1: Percentage of estimated malaria deaths attributable to malaria



Eighteen countries account for nearly 80% of malaria deaths. The countries in red experienced an increase in cases of more than 100,000 patients between 2016 and 2017. (Source: WHO, 2017)

Yet, the road to end malaria is long, and the existing gains remain fragile. The disease still kills 435,000 people per year worldwide[6]. 60% of these deaths are among children under five and among this cohort, malaria remains the third cause of death after pneumonia and diarrhea[7]. Therefore, malaria remains a public health priority in many countries. After reaching the lowest global burden in 2015, malaria morbidity has been increasing by 1% each year, effectively reverting global progress back to levels identified in 2010[8]. Alarmingly, the Americas have seen a 72% increase in cases, although South East Asia and some African countries, such as Rwanda, have seen progress.

4World Malaria Report 2013 and World Malaria Report 2018.
5 World Malaria Report 2018.
6 World Malaria Report 2018.
7 https://vizhub.healthdata.org/gbd-compare/
8 World Malaria Report 2011 and 2012 indicate 216 and 219 million cases in 2010, respectively.

The Critical Financial Challenge

The recent reversal in progress can be attributed to reduced and insufficient funding, a fragmented donor landscape, and continued systematic health challenges in places where the burden is the highest.[9] In such countries, overall funding for malaria has decreased by at least 34% between 2016 and 2017 (for instance, Tanzania has seen a 52% reduction in one year).[10]

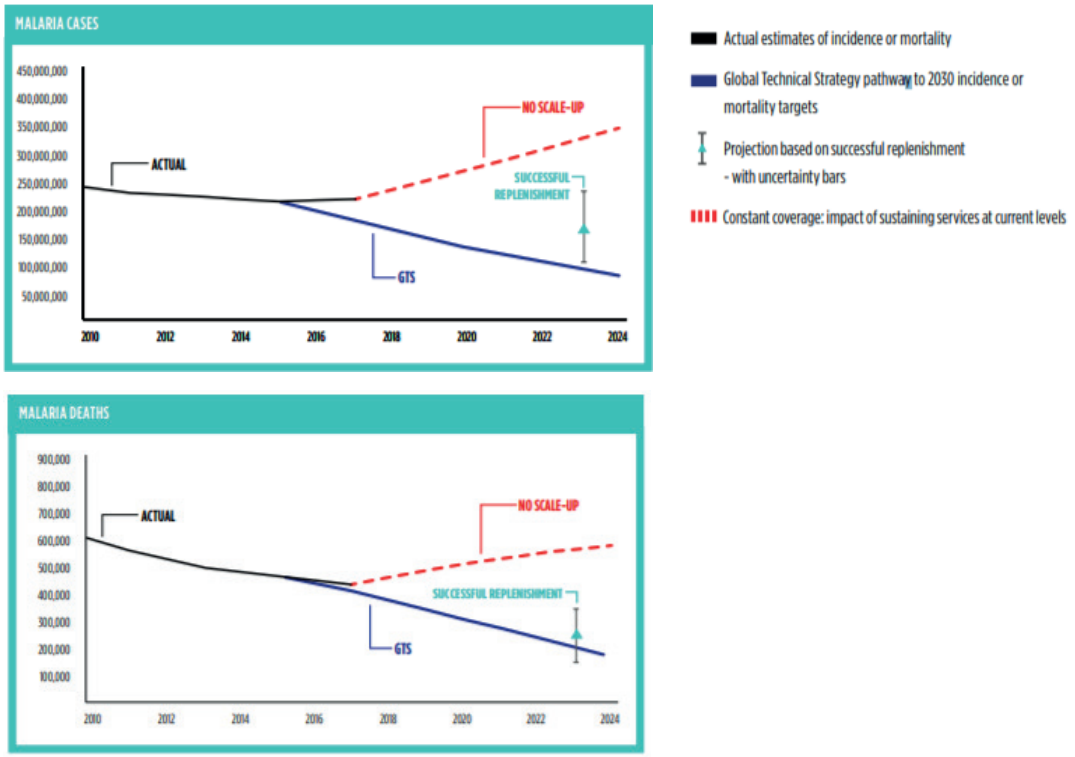
This has been accompanied by a reduction in the growth rate of overall global financing for malaria since 2009 and it has translated into major gaps in coverage of core malaria control tools. Such trends have notably obliterated the chances of achieving 2020 milestones set out in the GTS.[11]

- Although funding for malaria has remained relatively stable since 2010, the level of investment in 2017 is far from what is required to reach the first two milestones of the GTS; that is, a reduction of at least 40% in global malaria case incidence and mortality rates by 2020, compared with 2015 levels.
- To reach the GTS 2030 targets, it is estimated that annual malaria funding will need to increase to at least $6.6 billion per year by 2020. Stepping up investments in malaria research and development is key to achieving the GTS targets. In 2016, $588 million was spent in this area, representing 85% of the estimated annual need for research and development.
- Although research and development funding for malaria vaccines and drugs declined in 2016 compared with 2015, investments in vector control products almost doubled, from $33 million to $61 million.

In addition, sustaining financing for malaria will be a challenge in the context of competing global health priorities. The Global Fund is the single largest source of financing for malaria globally, supported primarily by the United States and United Kingdom. The Global Fund currently represents 57% of the total external assistance for malaria, and expects to maintain its critical contribution in the next replenishment cycle (2021-2023), but current funding levels are likely to remain short of the global goal of $6.6 billion for 2020. Pressure on vertical financing for malaria will increase due to competition for funding for other global health priorities. Besides the Global Fund, the Global Financing Facility, GAVI, the World Bank, the WHO, UNICEF, and Unitaid all grant resources to country institutions and service providers who often provide care across a multitude of diseases, not to mention separate regional initiatives that also compete for funds.[12] Limited coordination across financing sources at the global and in-country levels dilutes global financing and drives uncoordinated project implementation.[13] Fragmented donor efforts perpetuate inefficiency: countries are incentivized to keep vertical programs to maximize total funding sources.

9 Based on an analysis of malaria funding (external, domestic) and overall external financing for 7/10 high burden African countries from 2014-2016.
10 World Malaria Report 2018, country profiles 'Sources of Financing' pages (estimated at DRC: 44% reduction, Nigeria: 34% reduction, Tanzania: 52% reduction).
11 Based on on the World Malaria Report 2018.
12 For example, the Regional Malaria and Communicable Diseases Threats Trust Fund between the GFATM and the Asia Development Bank, the Regional Initiative for the Elimination of Malaria in the Dominican Republic and Mesoamerican countries, the E8 in Southern Africa.
13 CGD Note October 2018: The Declaration of Alma-Ata at 40: Realizing the Promise of Primary Health Care and Avoiding the Pitfalls in Making Vision Reality: The Declaration of Alma-Ata at 40: Realizing the Promise of Primary Health Care and Avoiding the Pitfalls in Making Vision Reality; Ooms et al. 2018. Addressing the fragmentation of global health: the Lancet Commission on synergies between universal health coverage, health security and health promotion.
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32072-5/fulltext

Figure 2: Expected evolution of cases and deaths, with and without funding



The pressure on malaria financing will be accompanied by increasing demands from global health donors for countries to contribute more domestic resources through matching or co-funding schemes. The Global Fund projects a 48% increase in domestic financing for HIV, malaria, and tuberculosis for the next replenishment cycle, an effort that requires sustained political will and effective health financing policies.[14] However, domestic contributions globally have stagnated from 2010 to 2017 and are expected to fall, even in countries with growing economies.[15] Economic growth will not necessarily be accompanied by greater government resources because taxation is weak in the informal sector, a key driver of that growth. This way, fragile taxation policies and enforcement strain the government's ability to increase domestic financing for all social and healthcare priorities.

In this context, coordination remains a key challenge. Poor primary care systems and limited surveillance systems hamper progress against malaria in the absence of coordination with other government and global health institutions. Countries rely on the same health workforce to deliver multiple services, especially at the community health level. Expectations of community health workers are high amidst global advocacy efforts to invest in integrated community case management (iCCM) and in general infrastructure to sustainably support task-shifting. Demands for malaria services have dependencies with other primary care needs in the community, particularly when patients are likely to have comorbidities, common among children under five. Evidence shows that integrated community case management of childhood diseases can improve malaria outcomes and lower the cost of care.[16] However, it is inefficient to strengthen only the malaria sliver of

14 The Global Fund Investment Case Summary 2019: https://www.theglobalfund.org/media/8174/publication_sixthreplenishmentinvestmentcase_summary_en.pdf
15 IWorld Malaria Report 2018.
16 Benefits of Integrated Malaria Case Management and iCCM. iCCM Financing Task Team. February 2015: http://siapsprogram.org/wp-content/uploads/2015/04/15-171-iCCM-two-pager-format-final.pdf

the overall health management information system (HMIS). Malaria surveillance depends on country-level stakeholders who oversee the broader HMIS, so what is relevant for malaria is likely relevant for other disease management programs as well and vice-versa.

What Can Be Done?

In a recent call for action presenting the case for its 6th replenishment efforts, the Global Fund has called the international community to "step up the fight, by increasing resource commitments and innovation, by scaling up prevention and treatment".[17] The arguments provided in this briefing paper reinforce this urgency. In particular, there are three priorities for the global malaria community to consider as immediate next steps:

1. Continued and strategic financial investment. Decades of investment in research triggered an abundance of effective tools to reduce transmission and save lives. Given the evolving dynamics within the parasite, vector, human biology, and the environment, continued funding to "keep up with nature" and develop appropriate solutions will be key in the coming years. However, having great tools is not enough. Traditionally, implementation science and operational research have been disproportionately less funded than product development and this is taking its toll: countries lack the evidence required to effectively adapt new strategies. Thus, in addition to investments in product development, resources should be directed towards improving adoption of such tools. The Global Fund's 6th replenishment is the most immediate occasion to fulfil this commitment.

2. Coordination of all actors involved. Political will and efficiency at global and country levels can do a better job of using existing resources. Partners at all levels need to share information about priorities, strategies, and work plans more openly, so that all actors can use resources more effectively. This could help to find synergies between activities and to support workforces that are expected to deliver multiple health services simultaneously. There is a need to strengthen the capacities of implementing actors, such as civil society organizations. Country-led coordination platforms should proactively work with donors so that their demands consider national contexts in their implementation of vertical strategies. This is especially critical in low-burden countries that will struggle to attract historical levels of vertical malaria financing. The escalated platform of universal health coverage (UHC) in the context of the sustainable development goals (SDGs), provides an opportunity to assess the impact of more horizontal financing models on malaria.

3.Increased surveillance to prioritize high burden countries and targeted intervention deployment. Doing everything everywhere no longer makes scientific or programmatic sense. In order to focus on most pressing needs, we need strengthened surveillance across all countries. Surveillance continues to be under-resourced, particularly in high burden areas, despite a global boom in big data driven by technological innovation. Poor health data compromises programmatic and research efforts. In a world where resources are increasingly strained and prioritization becomes more important, countries need to be able to collect, use, and deploy data more effectively. Policymakers and researchers can use that data to inform interventions and assess impact.

17 .The Global Fund Investment Case Summary 2019: https://www.theglobalfund.org/media/8174/publication_sixthreplenishmentinvestmentcase_summary_en.pdf

For the first time in 15 years, the gains that have been made in malaria are at the brink of reversing. The greatest need is in high-burden countries where saving children's lives remains a paramount priority. In lower-burden countries, the challenge will be to sustain existing gains. Universal coverage of existing tools is neither feasible nor technically sound in the context of reduced resources and burden heterogeneity. Prioritization is critical and can be done better, particularly in context of increasing investments in health system strengthening programs that will also impact malaria. Political will across all stakeholders is required to overcome program fragmentation. Strengthened surveillance systems could radically improve how resources are deployed and support country and research advocacy efforts. Finally, staying on top of the science must remain a fundamental anchor of the global malaria response. The opportunity is ripe to build on the existing momentum and change the course of an alarming path.