TIME TO DELIVER ZERO MALARIA

WORLD MALARIA DAY 2023 MESSAGING GUIDE

ZERO MALARIA STARTS WITH ME

RBM Partnership To End Malaria

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MESSAGING FRAMEWORK

THEME	TIME TO DELIVER ZERO MALARIA		
CORE NARRATIVE	**Opportunity:** Countries are working tirelessly to hold the line against malaria, and recent investments have produced one of the most robust pipelines of malaria interventions in decades. **Incoming threats:** However, emerging biological threats will reduce the effectiveness of existing tools. Last year's Global Fund Replenishment falls short of what is needed to maintain malaria programmes, scale up the latest innovations and reach everyone living at risk. Together, funding shortfalls and emerging biological threats are brewing a perfect storm for malaria. **Urgency:** Now is the time to take action to deliver #ZeroMalaria. Countries and partners must urgently invest in tailoring and scaling up new and existing tools, innovate to deliver and target new approaches and ensure the most vulnerable are reached.		
MESSAGE PILLARS	INVEST	INNOVATE	IMPLEMENT
CALL TO ACTION	Leaders in malaria-endemic and donor countries must urgently deliver bold investments in malaria control and elimination to bridge critical funding gaps and accelerate progress.	Urgent investment from the public and private sectors is required to deliver and tailor transformative and improved solutions to end malaria.	Country governments and communities around the world must continue to demonstrate leadership, adopt innovative and sustainable approaches and scale up national malaria programmes to target and deliver lifesaving tools to those who need them most.
MESSAGE TERRITORIES	• Funding gaps • Global Fund Replenishment • Market shaping	• Biological threats • New tools • New approaches • Use of data	• Reaching the unreached in need • Prevention & treatment • Celebrate country progress • Data-driven decision making • Multisectoral collaboration • HBHI

CORE NARRATIVE

Since 2000, global partnership and sustained investment has transformed the fight against malaria – preventing 2 billion malaria cases, saving 11.7 million lives, and putting eradication within reach.

Even before the COVID-19 pandemic, progress had been uneven for the past five years and the rate of decline in malaria cases and deaths in the highest burden countries had slowed significantly due to a funding plateau, biological threats, population growth, and competing financial and health priorities.

But, while many countries came together to fight for what counts at last year's Global Fund Replenishment, an unprecedented shortfall of more than 50% in global malaria funding is now holding countries back from maintaining life-saving malaria programmes at current levels and reaching everyone living at risk from malaria.

In recent years, a number of biological threats have emerged putting existing and future progress at risk. Recent investments in R&D have produced the most robust pipeline of malaria interventions in over a decade to address these threats and transform the fight against malaria. Despite this remarkable progress, many proven interventions are waiting to be implemented at scale. Countries will not reap the rewards of these investments without further commitment to scale-up and roll out these innovations where they're needed most.

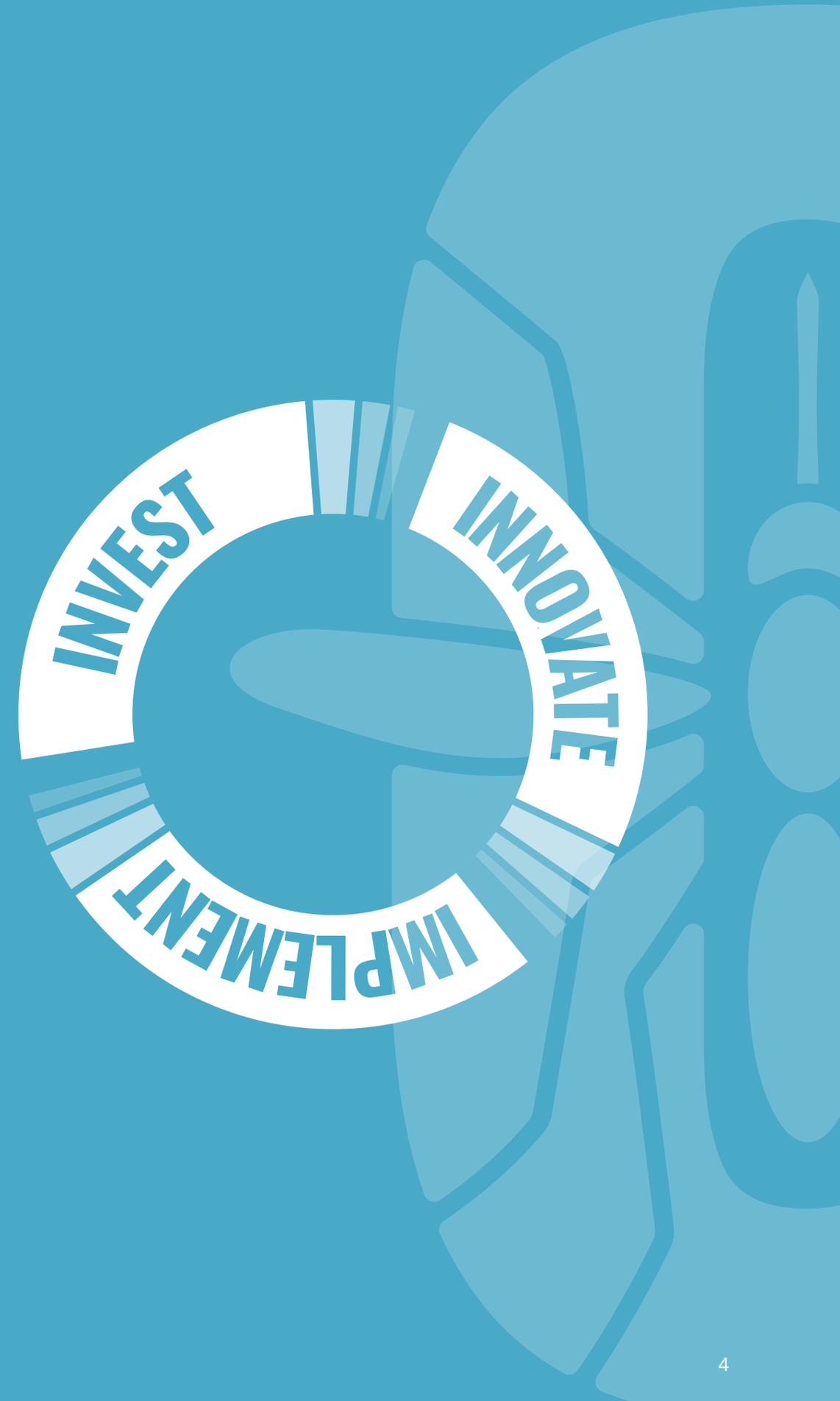
Countries and partners are working tirelessly to hold the line against malaria, implementing innovative approaches to tailor and deliver lifesaving tools to the most vulnerable and hard to reach. However, funding gaps are contributing to declining progress in the countries with the highest burden of malaria. In 2021, malaria cases increased to 247 million. Today, half the world's population lives at risk of dying from a mosquito bite.

Together, low coverage of existing tools, emerging biological threats and funding shortfalls are brewing a perfect storm for malaria. Now is the time to take decisive action to deliver on our goal of zero malaria and achieve 2030 targets. Countries and partners must urgently invest in programmes, innovate to develop and tailor new tools and approaches to those who need them most and implement national strategies to accelerate progress against this age-old disease.

It's time to deliver zero malaria.

World Malaria Day, marked each year on 25 April, brings together the global malaria community to highlight global efforts to end malaria, the need for sustained political commitment and continued investment for malaria control and elimination. This World Malaria Day, we call on global actors to invest, innovate and implement for a zero malaria world.

GENERAL MESSAGING



1.
INVEST

CALL TO ACTION

Global leaders must urgently deliver bold investments in malaria control and elimination to bridge critical funding gaps to accelerate progress.

Since 2000, global partnership and sustained investment transformed the fight against malaria – preventing 2 billion malaria cases, saving 11.7 million lives, and putting eradication within reach.

While many countries came together to fight for what counts at last year's Global Fund Replenishment, an unprecedented shortfall in funding is now holding countries back from maintaining life-saving malaria programmes at current levels and reaching everyone at risk.

The funding gap for malaria continues to widen: in 2020, US$3.3 billion was invested globally in malaria control and elimination against a target of US$6.8 billion. To reach global malaria targets, annual investments will need to triple by 2030 – to US$10.3 billion per year.

Unprecedented investment and commitment have turned the tide in the Greater Mekong Subregion (GMS), however sustained investments will be essential to reach the last mile and end malaria in the region for good.

Total R&D funding in malaria totalled US$626 million in 2021. This is the third consecutive year of funding decline since its 2018 peak, with malaria R&D funding declining across almost all product categories.

These investments in malaria programmes are critical to build more resilient health systems, through strengthening supply chains, enhancing countries' surveillance and lab capacity and building the capacity of community health workers to detect and fight other health threats.

While many countries stepped up to pledge US$15.7 billion to the Global Fund's Seventh Replenishment last year, this falls far short of the US$18 billion needed to accelerate the fight against malaria, HIV and TB in order to achieve global targets.

- After accounting for donor conditionalities and exchange rates, US$4.18 billion has been allocated to malaria, an increase of just 2.7% compared to the previous funding cycle (2021-2023).
- The failure of key donors to increase their pledges by 30% will result in many countries receiving inadequate funding to meet their projected programme needs throughout 2023-26, with significant implications on programmes delivered.
- The largest regional Global Fund grant addressing RAI (Resistance to Artemisinin) saw a 20% reduction in funding for the period 2024-2026.

2.
INNOVATE

CALL TO ACTION

Urgent investment from the public and private sectors is urgently required to accelerate innovation and deliver transformative and improved solutions to end malaria.

In recent years, a number of biological threats have emerged that threaten malaria control and elimination efforts, putting both existing and future progress at risk.

The ability of the Anopheles mosquito – and the malaria parasite it transmits – to constantly evolve has given rise to emerging drug and insecticide resistance, reducing the efficacy of existing tools including insecticides, antimalarial treatment and rapid diagnostic tests.

- In Africa, partial resistance to artemisinin has recently been observed in Eritrea, Rwanda and Uganda, however research suggests ACTs remain effective.
- Gene mutations resulting in the deletion of the HRP2 protein has significant implications on the effectiveness of HRP2-based RDTs, resulting in false negatives.
- Mosquitoes in many areas have developed resistance to pyrethroids, the main ingredient in standard insecticide treated nets.

The emergence of the Anopheles stephensi mosquito in pockets of Africa has given rise to outbreaks of malaria in urban settings.

Rising cases of P. vivax malaria threatens progress in the Greater Mekong Subregion.

Rising cases of P. knowlesi malaria can result in severe malaria infection and possibly death if undiagnosed or treated late.

Rising temperatures, changing rainfall patterns and extreme weather events caused by climate change are creating new environments where malaria-carrying mosquitoes can thrive, and causing significant disruption to malaria programmes.

- In 2022, flooding in Pakistan resulted in a four-fold increase in malaria cases, while a number of cyclones disrupted Indoor Residual Spraying campaigns in Mozambique.

Recent investments in R&D have produced the most robust pipeline of malaria interventions in over a decade to address emerging threats and transform the fight against malaria.

Mosquito nets incorporating new insecticide formulations, including Pyrethroid-piperonyl butoxide (PBO) and dual-insecticide nets, have been approved for use to address insecticide resistance in areas with pyrethroid resistance.

- The New Nets project has supported the roll out of dual-insecticide nets, which are 40% more effective than standard insecticide treated nets.

As new treatments are being developed, the use of multiple first-line drugs, either in parallel or in rotation, is enabling countries to respond to antimalarial resistance.

Significant progress has been made to develop other potential vaccines, including the Jenner Institute's R21 vaccine candidate, a BioNTech initiative aiming to develop the first mRNA-based malaria vaccine, and others targeting other stages in the parasite's lifecycle, as well as several efforts to develop monoclonal antibodies.

Research suggests use of genetically modified mosquitoes and gene drive could be a powerful and cost-effective approach to supplement existing interventions.

Pilot countries are introducing the world's first malaria vaccine, RTS,S, following WHO's recommendation for its widespread use among children under 5. There is no silver bullet to end malaria, but when delivered as part of a diverse package of complementary tools, the RTS,S vaccine has the potential to save tens of thousands of children per year.

Countries are using sophisticated genetic disease monitoring and sequencing to track the emergence of insecticide and antimalarial resistance in close to real-time.

Despite remarkable progress, many proven interventions are waiting to be implemented at scale. Countries will not reap the rewards of these investments without further commitment to scale-up and roll out these innovations where they're needed most.

Concerted efforts to drive down the price of commodities and investments to accelerate the rollout of new tools will be critical to unlocking potential gains.

- Through the New Nets project, the RBM Partnership came together to provide the necessary evidence for WHO to approve the use of dual-insecticide nets and pool resources to guarantee the volume of nets, reducing the cost and increasing production to deliver the nets at scale.

- Efforts to roll out essential, highly effective commodities and innovations at scale remain significantly under-resourced, with the Global Fund Replenishment shortfall having significant implications on funding for catalytic initiatives to help countries combat biological threats and ensure access to new products.

- Further action is needed at all levels to resource gaps to increase demand and reduce costs, including new drugs needed to address the increasing threat of antimalarial resistance.

3.
IMPLEMENT

CALL TO ACTION

Country governments and communities around the world must continue to demonstrate leadership, adopt innovative approaches and scale up national malaria programmes to deliver lifesaving tools to those who need them most.

Countries and partners are working tirelessly to hold the line against malaria, implementing innovative approaches to deliver lifesaving tools to the most vulnerable.

A growing number of countries and regions are approaching malaria elimination.

- Twenty-four countries and territories have eliminated malaria since 2000.
- According to WHO, 25 countries are within reach of achieving zero malaria cases between 2021-25.
- Between 2015-2020, South East Asia achieved the target of reducing malaria cases and deaths by 40%.

The Zero Malaria Starts with Me movement continues to build momentum, engaging all levels of society to take ownership of the fight against malaria. AU Member States have committed to launch national campaigns by the end of 2023, joining the 25 countries which have already adopted the campaign since 2018.

- In 2022, the Republics of Burundi, Cabo Verde, Cameroon, and South Sudan launched their Zero Malaria Starts with Me campaigns bringing the total number to 27.

In 2022, more mosquito nets were delivered to countries than ever before – despite the ongoing impact of the COVID-19 pandemic, demonstrating the commitment of countries to the fight against malaria.

By championing the 'High Burden to High Impact' country-led approach, countries are increasing adoption of data-driven decision making and tailoring approaches to optimize the use of malaria interventions to local contexts.

- Countries are using data on insecticide resistance to target and scale up the distribution of PBO nets and dual insecticide nets. In 2022, over 51% of all nets delivered to countries were PBO nets, and 8% were dual insecticide nets.
- Through sub-national tailoring, Nigeria expanded the coverage of Seasonal Malaria Chemoprevention to protect almost 80 million more children between 2019 and 2021.
- Bhutan is conducting research to identify new tools and approaches for disease surveillance and accelerate malaria elimination in the local context.

Countries are adopting an inclusive, multisectoral response to control, eliminate and ultimately eradicate malaria.

- His Excellency President Umaro Sissoco Embaló, Chair of the African Leaders

Malaria Alliance has called on all AU Member States affected by malaria to launch End Malaria Councils and End Malaria Funds to increase multisectoral action and domestic resource commitments for the disease.

- Six End Malaria Councils have been launched to date, with another 18 in the pipeline. In 2022, the Republics of Guinea, Nigeria, and Rwanda announced or launched high-level End Malaria Councils and over US$28 million has been mobilized to date.

- Since 2020, 5 African countries have introduced the Zero Malaria Business Leadership Initiative to foster domestic resource mobilization and drive private sector engagement for the fight against malaria in Africa.

- Countries including Timor Leste and Bhutan have introduced cross-ministerial task forces, bringing together a range of government representatives and experts to sustain political commitment and inform cross-sectoral policy.

Countries are increasingly collaborating across borders to implement malaria control and disease surveillance.

- In Africa, countries are working together to scale up disease surveillance and campaign delivery, for example across the Rwanda-Tanzania and Uganda-Kenya borders, and joint mosquito net distribution campaigns co-delivered by Senegal and The Gambia

- In Latin America, the Regional Malaria Elimination Initiative was created in 2017 to secure a mix of grant and concessional credit funding for collaborative programs to eliminate malaria across Mesoamerica and the Dominican Republic.

- In Asia Pacific, India, Bhutan, and Nepal have implemented a number of cross-border efforts to tackle malaria, including strengthening bilateral communication, initiating a joint cross-border surveillance plan, organizing activities in parallel, and building health worker capacity in border regions.

However, funding gaps are contributing to declining progress in the countries with the highest burden of malaria. In 2021, malaria cases increased to 247 million. Today, half the world's population lives at risk of dying from a mosquito bite.

Shortfalls in funding continue to prevent countries from increasing coverage of lifesaving malaria tools among the most vulnerable and hard to reach.

- Despite countries increasing coverage from 5% in 2000, further investment is required to reach the 32% of households in sub-Saharan Africa which don't have access to an insecticide-treated net.

- Globally, the percentage of the population living at risk of malaria protected by Indoor Residual Spraying has declined, from 5.5% in 2010 to 2.4% in 2021.

- Almost two-thirds (65%) of pregnant women in sub-Saharan Africa did not receive the recommended three doses of preventive malaria treatment in 2021.

Too many people at high risk of malaria are still missing out on the services they need to prevent, detect and treat the disease.

- Today less than 1% of children access treatment from community health workers. Countries must enhance training and increase the capacity of community health workers (CHWs) to recognize, diagnose and treat malaria among hard-to-reach groups.

Together, funding shortfalls and emerging biological threats are brewing a perfect storm for malaria. Now is the time to take decisive action to deliver on our goal of zero malaria and achieve 2030 targets. Countries and partners must urgently invest in programmes and research, innovate to develop and tailor new tools and approaches targeting those who need them most and implement national strategies to accelerate progress against this centuries-old disease.

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