The Critical Role of the Global Fund’s Catalytic Funding in Ending Malaria

The Global Fund’s catalytic investments support a set of priority programs deemed critical to achieving the Global Fund’s strategic aims but which cannot be accommodated through country allocations. In 2017–2019, the Global Fund Board approved USD 800 million for these catalytic activities, some of which have had substantial impact in malaria—at least 40 countries have benefited, reducing the risk of malaria resurgence and addressing the dual threats of insecticide and drug resistance.

By continuing to prioritize catalytic funding for malaria, the Global Fund can continue to multiply available resources for malaria, ensuring we stay on track to achieve a malaria-free world.

Catalytic funds have also filled a malaria ‘global good’ gap that is not otherwise covered in country allocations or by other donors. Comprising less than 2% of total available Global Fund allocation resources, catalytic funds for malaria tackle global health security threats, enable rapid responses to outbreaks, mitigate the risks associated with transitions from donor financing, and support rigorous action in countries crossing the elimination finish-line. Catalytic funds have also enabled the RBM Partnership to End Malaria, as well as WHO, to provide coordinated country support to address implementation bottlenecks.

Multi-country malaria grants have raised nearly twice as much in additional investment.

The Global Fund’s USD 145 million investment in multi-country grants for malaria has generated nearly USD 222 million in new financing for malaria in the 2017–2019 allocation period. This includes an expected USD 100 million in domestic financing. In the Greater Mekong Sub-region (GMS)—the epicenter of the malaria drug resistance threat—the Global Fund’s regional investment of USD 119 million has enabled the Regional Artemisinin-Resistance Initiative (RAI2E) to mobilize USD 2 million from the private sector. These resources have helped to curb the spread of drug resistance which poses an urgent threat to available malaria treatments. Domestic resource commitments have also significantly increased in the sub-region.
In southern Africa, the Global Fund’s USD 20 million investment in two multi-country grants—the Elimination 8 and MOSASWA—stimulated an additional USD 36.2 million in new funding from governments, the private sector, and the Bill & Melinda Gates Foundation. The Global Fund’s investment in a regional approach has mobilized malaria financing from governments that are not eligible for country allocations. The South African government has committed an estimated USD 1.1 million per year to sustain malaria border units and approximately USD 2.2 million per year towards a co-financing mechanism—the first of its kind—to support malaria interventions in neighboring southern Mozambique.

In Central America, the Global Fund’s USD 6 million contribution to the Regional Malaria Elimination Initiative (RMEI) —an innovative blended finance scheme—mobilized USD 83.6 million in new funding from the Inter-American Development Bank, the Bill & Melinda Gates Foundation, and Carlos Slim Foundation. The scheme is expected to leverage USD 100 million in additional funding from governments over five years. This new funding incentivizes seven countries in Central America and the Dominican Republic to prioritize malaria elimination as a national and regional priority.

Catalytic funding fills a “global good” gap, strengthening health security and R&D.

While the allocation formula is designed to prioritize the highest-burden geographies with the least ability to pay, the Global Fund’s catalytic funding remains a critical source of financing to catalyze international collective action on global and regional public goods such as insecticide and drug resistance, and malaria elimination.

Shortly after evidence of parasite resistance to artemisinin-based drugs emerged, the Global Fund’s investment in the GMS injected resources to shore up the region’s resistance response which is now a multi-partner, coordinated effort. In this case, the Global Fund’s catalytic funding is providing a global public good for health by mobilizing increased investments for health security and protecting the world from such threats that could be particularly devastating if resistance were to spread to sub-Saharan Africa.

Similarly, in southern Africa, the Global Fund’s multi-country investment in the Elimination 8 enabled a swift response to outbreaks in 2017 and funded a regional Situation Room for strengthened regional surveillance and outbreak detection in order to deploy resources where they are needed most. These mechanisms are building a health security infrastructure for epidemic preparedness and response that can be leveraged to address other threats that may arise.

Beyond multi-country grants, the Global Fund has made catalytic investments in malaria R&D, including the development of new long-lasting insecticidal nets. The next generation “new nets” partnership between the Global Fund, Unitaid, the US President’s Malaria Initiative, and the Bill & Melinda Gates Foundation is testing the performance of next generation nets to generate data that will guide international policy on their use and open up a market for the new nets, bringing about competition among manufacturers leading to lower prices, and ushering a sustainable, affordable tool for malaria-endemic countries. The catalytic funding of USD 33 million from the Global Fund has been matched by USD 33 million from Unitaid. This investment, as well as the piloting of the RTS,S vaccine (USD 15 million), highlights the Global Fund’s role in supporting the discovery, development, and uptake of new innovations—a role that will increasingly be important in the procurement shift from existing tools to new innovations.
Catalytic funding expands access to services, protects gains made under previous investments, and supports transition.

The Global Fund’s catalytic funding stimulates regional and cross-border collaboration not otherwise incentivized or included in country allocations. Multi-country grants are expanding access to malaria services, particularly in underserved areas of regional concern and for mobile and migrant populations, by harmonizing program planning and resource allocation between neighboring countries. Few donors or financing mechanisms play this role.

Catalytic funding can maximize impact against malaria by protecting gains made under previous investments, particularly in mitigating declines in country allocations, a common trajectory for low-transmission and middle-income countries. In particular, multi-country grants mitigate the risks associated with transition from donor financing, allowing for adequate and careful planning, without jeopardizing intervention coverage or risking resurgence. The Global Fund’s catalytic funding for malaria has reached at least 40 countries, one third of which do not receive other financing from the Global Fund. In these countries, the Global Fund’s catalytic funding has incentivized sustained commitment to national and regional elimination.

Catalytic funding supports the global malaria strategy to end malaria.

In the spirit of the Global Fund’s 2017–2022 strategy to “end the epidemics,” catalytic funds for malaria—comprising less than 2% of available resources in the current allocation period—have made an outsized difference in national and regional efforts to eliminate malaria. These investments, which have mobilized more than USD 222 million in additional resources, are critical to achieving malaria elimination targets endorsed by the WHO and the RBM Partnership to End Malaria.

By investing in essential malaria priorities through its catalytic funding mechanism, the Global Fund can continue to multiply available resources to fight malaria, ensuring we stay on track to achieve a malaria-free world.