

# RBM Partnership To End Malaria

Thematic brief

## Achieving Universal Health Coverage and a Malaria-free World: Mutually Reinforcing Goals

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**Achieving a world free of malaria will be accelerated by the successful adoption of Universal Health Coverage (UHC)**, which would provide everyone, everywhere with accessible, affordable, and sustainable health services. Malaria causes more than 200 million cases and 400,000 deaths annually. Since 2000, global efforts to control and eliminate this disease have saved 7 million lives and prevented 1 billion cases of malaria<sup>i</sup>. Addressing malaria has allowed countries to improve their health systems and advance UHC by providing equitable and financially accessible health services to the most vulnerable populations. Increased investments in both UHC and malaria are critical to maintain progress and address the burden of the disease in sub-Saharan Africa, where malaria cases are increasing in some countries, and help support elimination efforts in lower burden countries.



Each year, 1 billion people do not receive the health care they need, and 100 million fall into poverty due to unaffordable health expenses<sup>ii</sup>. Contributing to this situation, **an estimated \$556 million in out-of-pocket costs were incurred by patients seeking care for malaria in endemic countries in 2016<sup>ii</sup>**.

## Key messages

**Malaria interventions serve as an entry point to the health system and other health services.** Malaria education and case management is often delivered through community health workers through integrated community case management (iCCM) of malaria, pneumonia and diarrhea providing timely and effective treatment in rural areas with limited access to health facilities<sup>iv</sup>.

**Universal coverage of community-based interventions plays an important role in efforts to reduce the malaria burden.** Vector control (insecticide-treated bednets and indoor residual spraying) and seasonal malaria chemoprevention make up more than half of malaria control costs and are primarily delivered at community level like many vaccination services.

**Investments in malaria expand access and capacity to address other health issues.** Malaria investments are working to increase capacity of health workers, strengthen supply chain management systems, build real-time surveillance and data management infrastructure, improve laboratories, and reinforce monitoring and evaluation<sup>v</sup>.

**Investments in malaria have a high return,** including increased agricultural productivity and economic growth, reduced household poverty, greater equity and women's empowerment, and better education. Achieving a 90% reduction of cases by 2030 is estimated to unlock US\$ 4 trillion dollars of economic output<sup>vi</sup>.

**Sustaining investments in malaria is key to preventing resurgences and their corresponding burden on health systems.** Between the 1930s and the 2000s, 75 malaria resurgence events were documented in 61 countries. Most were a direct consequence of the weakening of malaria control programs due to resource constraints and resulted in increased cases and deaths from malaria<sup>vii</sup>.

**By reducing the malaria burden on health systems, resources can be redirected to address other health issues.** In high-burden settings, malaria accounts for up to 45% of all outpatient consultations<sup>viii</sup>. Decreasing the burden of malaria on health systems will relieve the pressure that malaria puts on public health systems by freeing up budgets and time for health workers and professionals, allowing them to tackle other major health issues.

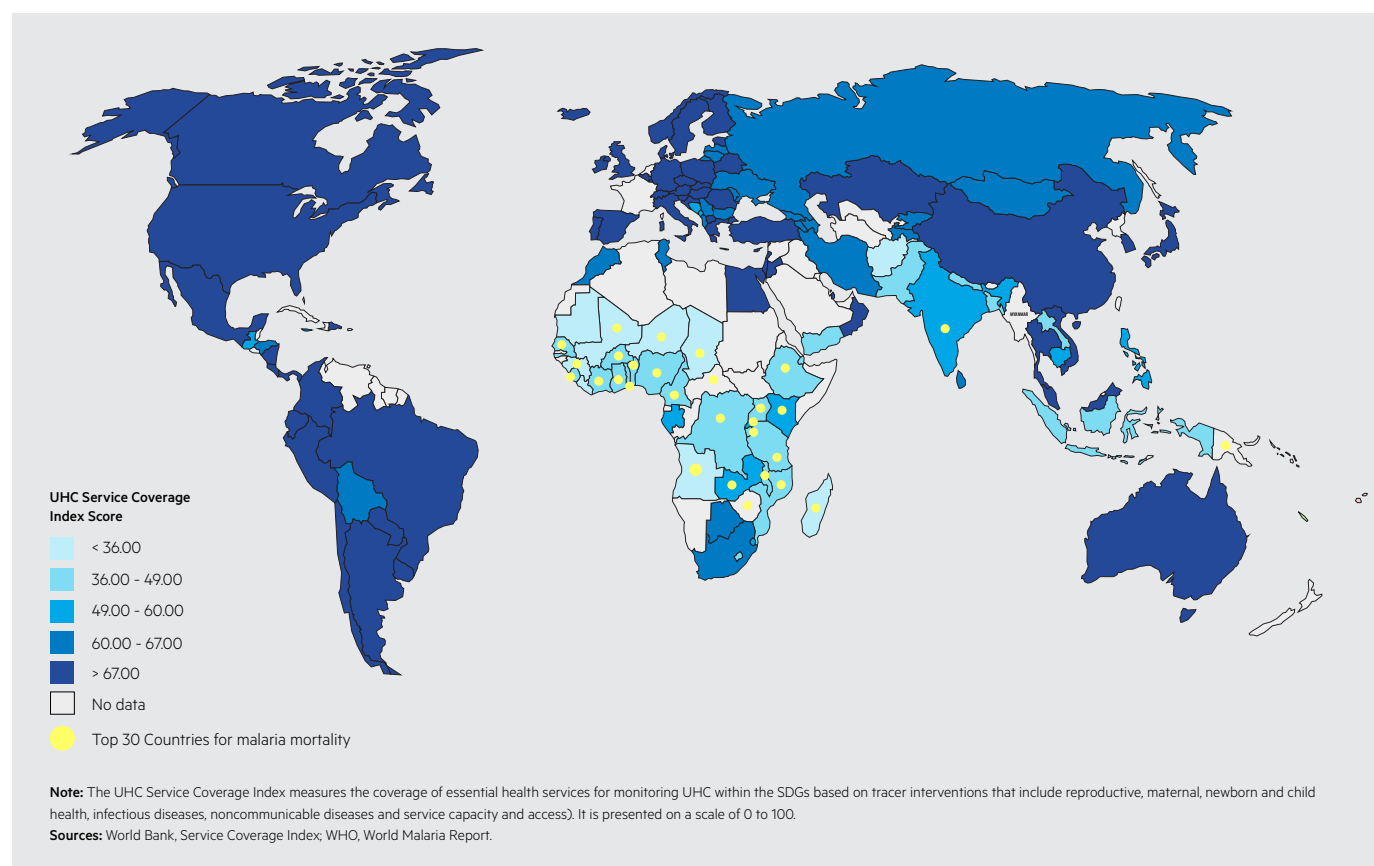
**Financing for malaria and UHC require increased and efficient allocation of resources. Continued funding for the Global Fund to Fight AIDS, TB and Malaria is essential to sustain malaria progress and enable UHC.** The Global Fund is the largest multilateral investor in health systems and malaria providing approximately \$1 billion per year in funding for resilient and sustainable systems for health and nearly 60% of all international financing for malaria<sup>x</sup>.



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**Highly malaria-endemic countries have poor health coverage.** The UHC service coverage index scores of 10 of the 11 countries with the highest burden of malaria are some of the lowest-ranked in the world! Without timely access to affordable quality care, malaria cases are more likely to result in mortality.

**Figure:** 30 Countries with the highest number of annual malaria deaths\*



## Focus on Ethiopia

**Through its Health Extension Program (HEP), Ethiopia has developed a primary healthcare infrastructure and trained nearly 40,000 health extension workers to deliver basic health services to remote communities.** With support from the Global Fund, Ethiopia financed the HEP, built health facilities, and improved its procurement and supply chain system<sup>xi, xii, xiii</sup>. A Health Extension Worker in a rural community stated that ten years ago her work was primarily focused on treating people dying of malaria. Between 2000 to 2017, malaria deaths in Ethiopia dropped 58%<sup>xv</sup>, and recently she only saw one malaria case over the course of several weeks. Her daily work now includes organizing a measles vaccination program and delivering antenatal care<sup>xiv</sup>.

## Focus on Thailand

**In 2002, Thailand achieved UHC after gradually expanding health insurance coverage, starting with a pro-poor scheme in 1975 to provide free medical care.** The government introduced a tax-based universal coverage scheme to provide insurance for citizens employed in the informal private sector, with parallel systems for formal private sector workers and civil servants. In 2015, these schemes covered 99.9% of the population, even though government health spending was less than 4% of GDP. Outpatient services for malaria case management are covered under Thailand's UHC scheme and the government utilizes donor funds to integrate malaria services into the general public health system. Hospitals in malaria-endemic districts across Thailand are being trained in basic malaria prevention, diagnosis, and treatment. Thailand is an example of how strategic development of health systems can expand health coverage at minimal costs in middle-income countries<sup>xv, xvi</sup>.

# Joint solutions for strengthening UHC and malaria control and elimination efforts

## Access

- **Distance and travel times to public health facilities should be reduced.** Access to primary health facilities can reduce the burden of malaria by 66%<sup>xvii</sup>.
- **Expanding access to well-trained and resourced community health workers should be prioritized within UHC efforts.** Expansion of access to community case management can increase timely treatment of malaria and other febrile diseases and reduce the total outpatient attendance at health facilities<sup>iii</sup>.
- **Reaching universal coverage of effective malaria preventive interventions, including vector control and seasonal malaria chemoprevention should be prioritized.** Significant funding gaps continue to limit access to effective tools for malaria prevention.

## Quality

- **Research and development should be promoted to develop better tools** such as new vector control tools, child-friendly medicines, single encounter radical cures to increase compliance and reduce the burden of delivery on the health system.
- **Efforts should continue to improve the quality of malaria diagnosis and treatment in the public and private sectors** to ensure that

suspected malaria cases are confirmed ahead of treatment and patients receive appropriate, quality assured medication in a timely manner.

## Affordability

- **Malaria should be a key priority of UHC health benefits packages and budgets in endemic countries,** including tools for prevention, such as vector control, as well as testing and treatment of malaria with quality-assured diagnostics and medicines.
- **Disease experts should be included in national UHC oversight committees** to ensure affordability and full integration of malaria into health coverage programs.
- **External financing is essential to sustain malaria progress and enable UHC in low-income countries.** The limited fiscal space and small market sizes of many malaria-endemic countries mean that external support is essential to funding UHC and sustaining the fight against the disease.
- **Insecticide treated nets and malaria diagnosis and treatment should be free of charge in the public sector in malaria-endemic countries** in order to limit out-of-pocket payments and increase coverage of prevention, testing, and treatment services.

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## For more information

Please contact the RBM Partnership to End Malaria at [info@endmalaria.org](mailto:info@endmalaria.org) or visit our website [endmalaria.org](http://endmalaria.org).