




# RBM Partnership to End Malaria position on the next Global Fund strategy

The primary focus of the Global Fund must remain on ending the epidemics of HIV, tuberculosis and malaria, ensuring that there is enough funding for core interventions to achieve the 2030 Sustainable Development Goal (SDG).

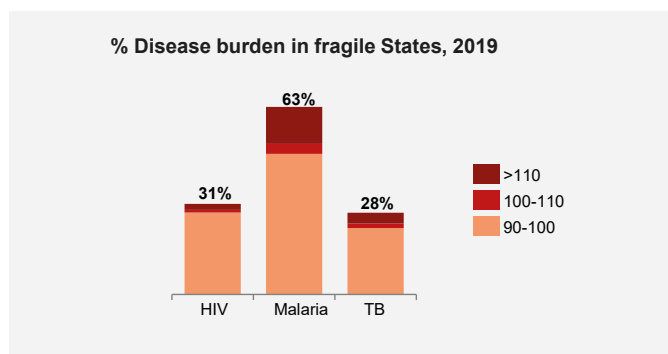
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## Overview

Malaria is a disease concentrated in the poorest nations, often synonymous with challenging operating environments. Nations with the highest burden of malaria have low tax revenue, fiscal space for health and GDPs which are likely to remain stagnant.

**As some of the lowest income countries in the world, malaria-endemic nations rely on external financing to sustain efforts against this disease.**

**Figure 1: Malaria as a disease more concentrated in fragile States**

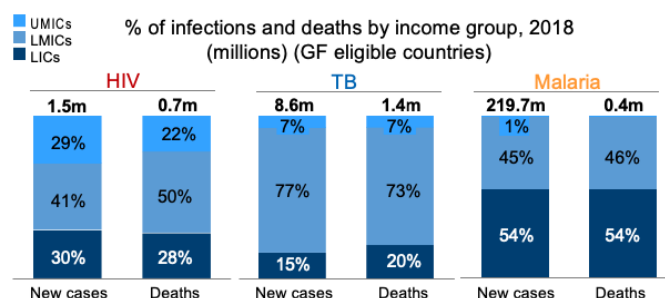


Sources: Fragile States Index (The Fund for Peace), Global Fund. Disease burden measured per 2020-2022 allocation methodology

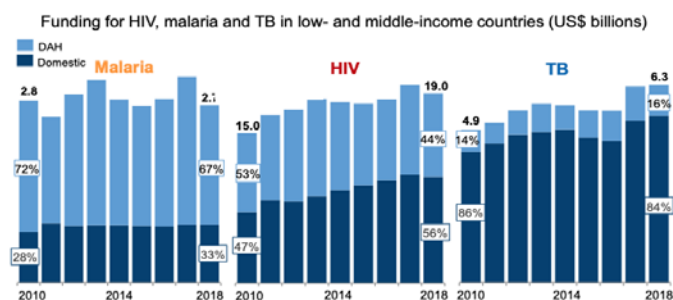
Nearly two-thirds of the global malaria burden is found in fragile States (**figure 1**) and over half of all malaria cases and deaths occur in low-income countries (**figure 2**).

Under US\$3 billion was invested in malaria control and elimination in 2019, well below the estimated US\$6 billion that would be required by 2020 to achieve the 2030 targets <sup>1</sup>. Annual global investments of US\$7.7 billion by 2025, with that figure rising to US\$8.7 billion by 2030, have been estimated to meet the targets of the WHO Global Technical Strategy for Malaria. <sup>2</sup>

**Figure 2: Cases and deaths for the three diseases, by country income classification**



**Figure 3: Reliance on domestic financing: Funding for malaria, HIV and TB in low- and middle-income countries US\$ (billions)**



While malaria, TB, and HIV have similar financing gaps, malaria is unique in its concentration in low-income and fragile settings which are uniquely reliant on external financing. The Global Fund in particular provides 65% of all external financing for malaria<sup>3</sup>. Although African countries account for 94% of malaria cases and deaths, they account for less of the total domestic resources invested toward malaria than countries outside of the continent.

**A decrease in external financing for malaria would threaten the sustainability of the global malaria response, which is highly vulnerable to resurgence and backsliding against the progress made since the Global Fund was established.**

While domestic resource mobilization for the malaria response has increased slowly over the past twenty years, the average rate of increase still exceeds both GDP and total health spending among the highest malaria burden countries. Moreover, according to current IMF projections through 2025, per capita GDP in

sub-Saharan Africa will remain largely stagnant, and general government revenue will decline<sup>4</sup>.

While there is still some scope for additional domestic resource mobilization, the Global Fund Sustainability, Transition and Co-financing strategy<sup>5</sup> takes a realistic approach to this challenge, recognizing the limitations countries face<sup>6</sup>.

Malaria has demonstrated its propensity to rebound rapidly when programmes are weakened, and often reach epidemic levels of infections as it reemerges in non-immune populations. Preventing resurgence by maintaining coverage of essential malaria interventions represents the best value for money in malaria financing.

With gains against malaria having plateaued since 2015, efforts to fill the resource gap for malaria programmes must be coupled with a range of programmatic and technical improvements including using data to inform better targeting of limited resources for maximum impact and the introduction and scale-up of effective new technologies and existing interventions. These will be necessary in order to get back on track to reach the 2030 malaria reduction and elimination targets. The malaria response must address long-term challenges, including weak health systems, barriers to reaching vulnerable populations, and the challenge of the COVID-19 pandemic.

This position paper provides input on a range of these challenges as well as opportunities for advancing the fight against malaria over the course of the next Global Fund Strategy. It is organized according to the topics which will be discussed at the 2021 Global Fund Partnership Forums, including the following sections:

<b>Integration and systems for health</b> .....	<b>3</b>	<b>Strengthening programme impact by country context</b> .....	<b>5</b>
<b>Adapting to a changing environment</b> .....	<b>4</b>	Data .....	5
Global health security .....	4	<b>Partnerships to support effective implementation</b> .....	<b>6</b>
Drug and product resistance .....	4	Private sector .....	6
Climate change .....	4	<b>Domestic and global resource mobilisation</b> .....	<b>7</b>
<b>Equity, human rights and the most vulnerable</b> .....	<b>5</b>	<b>Market shaping, procurement and bringing innovation to scale</b> ..	<b>7</b>
Identifying vulnerable populations .....	5	<b>Addressing regional malaria priorities</b> .....	<b>8</b>
Migration and displacement .....	5	Sub-saharan africa .....	8
Community and civil society engagement .....	5	Asia pacific and the americas .....	8

# Integration and systems for health

**Targeted investments in Resilient & Sustainable Systems for Health (RSSH) are critical to enabling success against malaria, however a fixed RSSH allocation will not resolve existing challenges in achieving impact through RSSH investments.**

- Investments should be country-owned and context-specific. Country-determined allocations of resources toward RSSH, as opposed to allocations set by the Global Fund Secretariat, will allow for the differentiated needs for RSSH and the three diseases at country-level and help avoid serious gaps in essential programming.
- The Global Fund remains a relatively small contributor to overall health financing and should therefore focus on investments that reflect its comparative advantage and leverage other funding sources.

**Efforts should be made to ensure that RSSH funds are derived equitably from the three disease allocations and that they contribute to meeting HIV, TB, and malaria targets.**

- To achieve this, there should be greater visibility of RSSH investments and decisions should be more transparent. Within disease-specific grants, the global community has little visibility over how much is allocated to RSSH, or through what processes prioritization decisions are made. The lack of available data, and limited use of RSSH indicators in monitoring and evaluation (M&E) frameworks exacerbates this issue.
- There is evidence of malaria allocations being redirected disproportionately to RSSH investments, in some of the highest burden countries, at the expense of critical resources for malaria commodities and services.
- The Global Fund should provide clearer guidance to countries on how RSSH investments can be more impactful and focused, ensure stronger country-level analyses, support the alignment of health systems investments between diseases and with medium-term country planning processes, whilst taking into account the comparative advantage of the Global Fund. For example, stronger guidance on the balance between funding of recurrent health costs such as salary top ups and support supervision, compared to creating a sustained system for health by country income status might help to guide investments.
- Through enhanced targeting of catalytic funding, the Global Fund can use its leverage to bring in other partners, encouraging other agencies to invest in RSSH measures.

**Malaria and RSSH investments are mutually beneficial and contribute to increasing the reach, resiliency, and cost efficiency of health systems to deliver sustainable impact.**

- RSSH must be informed by a country-level analysis that accounts for “bottom line” core costs for essential programme requirements, such as case management, preventive antimalarial tools and their delivery. A recent Technical Review Panel (TRP) RSSH review echoes this point.
- Malaria programming both requires and builds stronger health systems.
  - *Effective case management of fever accesses hard-to-reach geographies and vulnerable communities. RSSH has a key role to play in strengthening rural community-centred responses, for example, through community health workers (CHW) providing integrated community case management (iCCM).*
  - *CHW networks delivering iCCM have proved to be both essential and resilient during the COVID-19 pandemic. Community-based management is essential in the expansion of access to the health system, especially in the context of malaria, given that a child can die of malaria in 24 hours.*
  - *Seasonal malaria chemoprevention leverages community-based care to prevent malaria cases during seasonal transmission peaks, reducing pressure on healthcare facilities.*
  - *Investments in the use of real-time data to inform malaria programming, including through community-based monitoring, builds local integrated data systems, benefitting the three diseases, other epidemic diseases, and the broader health system.*
  - *A procurement and supply chain that can deliver essential malaria commodities to remote communities can benefit the whole health system.*

# Adapting to a changing environment

## Global health security

**Major epidemics and diseases with pandemic potential have generated important learnings and adaptations for keeping the fight against HIV, TB, and malaria on track in dynamic circumstances.** Ebola and H5N1 (South-East Asia) prompted major malaria programme adaptations which laid the groundwork for the quick response of malaria programmes to COVID-19.

**The infrastructure for malaria can help mitigate other global health security (GHS) threats. To strengthen its approach to GHS, the Global Fund should build upon its investments in surveillance, timely access to innovation, data for decision-making, supply chains, and programme implementation including expanded CHWs in hard to reach areas, both for the fight against malaria and for support to effective synergistic responses.**

- Investing in systems that will be regularly used for the ongoing GHS threats of HIV, TB, and malaria provides the opportunity to attract further investment from the three diseases and beyond, and thus continuously improve the quality of GHS.
- In the context of the pandemic, nearly 40% of childhood fevers in sub-Saharan Africa still go undiagnosed<sup>7</sup>. Community-level syndromic surveillance, with every fever identified, reported, and treated is a fundamental building block for the malaria response, for other major killers of children such as pneumonia, and early identification of GHS threats. Those concerned with epidemics should work together to strengthen these systems.
- Emergency operations centers, essential infrastructure for enabling the early detection and response to emerging pandemics, can be driven on a routine basis towards optimizing the execution of malaria programmes.
- Reduction in febrile illnesses, such as malaria, will positively impact signal detection for new emerging pathogens with epidemic/pandemic potential.



## Drug, insecticide and diagnostic resistance

**Resistance to diagnostics, medicines and insecticides is a major threat to malaria control and elimination. Ongoing research and development (R&D) and accelerated access to new interventions will be needed on an ongoing basis until eradication is achieved.**

- The pipeline is currently strong; however, new commodities and interventions can initially be more costly and sometimes more complex to implement and rapid scale up is often hampered by insufficient funding, weak regulatory environments and slow policy change.
- This complexity needs to be recognized in the new Global Fund strategy, so that an enabling environment is created. The current new nets projects provides an excellent example of how the Global Fund can effectively support initiatives that address some of these challenges.

## Climate change

**Malaria is a climate-sensitive disease, significantly influenced by changes in temperature, rainfall, as well as the frequency and severity of extreme weather events, such as cyclones.**

There is a need for a greater investigation into the interlinked challenges of climate change and malaria elimination. Specifically, there must be a greater understanding of how climate change will impact malaria epidemiology, control and elimination efforts and what changes will need to be implemented as a result. Current pilot studies adjusting the administration of seasonal malaria chemoprevention to changes resulting from climate change, for example, contribute to this agenda.

## Challenging Operating Environments

**With nearly two-thirds of the global malaria burden and less than 1/3 of HIV and TB burden found in fragile States, the Global Fund's policy for Challenging Operating Environments (COEs) must be better operationalized to optimally balance programmatic and other risks** as was noted in the 2018 Office of the Inspector General Review on Grant Implementation in Western and Central Africa.

- The risk of not delivering essential health services to vulnerable populations in high-transmission settings must be more appropriately weighted in this calculation.
- While agreed management actions work to address the findings of the OIG Review, the next Global Fund strategy must provide space to further assess and refine the Global Fund's operations in COEs.

# Equity, human rights and the most vulnerable

## Identifying vulnerable populations

**In epidemiological contexts ranging from high-burden to near-elimination, success in malaria control and elimination requires identifying and addressing the needs of the populations most vulnerable to malaria.**

- Often, women and children, rural populations, displaced people, migrants and mobile populations, ethnic minorities and indigenous people, miners, and forest dwellers, among others, have poor access to essential services and tools, and can be disproportionately affected by malaria relative to other groups, contributing to excess mortality and challenging elimination efforts.
- Cost issues often drive the use of adult formulations in place of pediatric formulation. This may result in under- or over-dosing, with potential safety and resistance consequences, and present palatability / adherence issues which further limit efficacy and introduce resistance concerns.
- The **Malaria Matchbox tool**, which outlines an approach for countries to identify the unique barriers people face to access and utilize healthcare services related to malaria prevention and care, should be further operationalized as countries work to better identify and reach vulnerable populations.

## Migration and displacement

**Integrating displaced populations into Global Fund grants is key to preventing malaria outbreaks in displaced settings as malaria remains a leading cause of morbidity and mortality among the world's 79.5 million displaced persons<sup>8</sup>.** A [review of Global Fund grant applications](#) by the UN Foundation and UNHCR found that that applications in the 2017–2019 funding cycle for all three diseases have room to improve in terms of their inclusion of activities for displaced populations.

## Community and civil society engagement

**Communities play a critical role in designing, implementing, and monitoring equitable, rights-based, and gender-responsive programmes to effectively respond to the barriers and needs of those affected or at risk, particularly underserved, marginalized, or vulnerable populations.**

- The role of communities is critical for programme delivery as well as equitable governance. We still see less visibility of voices focused on rural women, children, displaced people and other vulnerable groups impacted by malaria within Country Coordinating Mechanisms (CCMs) and other Global Fund governance mechanisms.
- To help address this, the RBM Partnership will raise awareness of and facilitate the involvement of affected communities and local civil society in existing platforms, including facilitating the uptake of the Global Fund's community, rights and gender technical support.

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# Strengthening programme impact by country context

## Data

**In addition to improving the effectiveness and value for money of interventions across the malaria portfolio, investments in the use of real-time data from community-based monitoring systems can increase participation of communities in malaria programmes and improve programme management across the health system.**

**The High Burden High Impact (HBHI) approach, designed to get countries back on track in order to achieve global targets, promotes the use of sub-national data and modelling to define how malaria interventions might be better targeted for maximum impact.**

- Expanding this approach further will allow countries to better define essential packages of interventions, targeted to highest burden areas to maximise impact, especially where resources are insufficient. This includes taking into account insecticide and antimalarial drug resistance to target and maximize the impactful of next generation insecticides, nets and medicines, and fast-track access to new innovations and interventions.



# Partnerships to support effective implementation

**The malaria partnership's technical assistance approach has generated many best practices relevant for the HIV, tuberculosis and malaria community.**

- For example, all technical assistance (TA) requests are based on country demand, assistance is sourced from within the region, and local consultants are mentored to enhance their capacity. Country peer review enhances performance and ensures lessons learned are shared across borders. All TA is evaluated by countries.
- Rapid support was provided to malaria programmes during the COVID-19 pandemic, including adaptation of guidance, regular check-ins with countries, remote support from consultants with deep existing knowledge of the country and increased use of local consultants and partners. This approach proved to be highly effective, allowing rapid reprogramming, replanning and implementation support, thereby limiting the impact of the pandemic on malaria control efforts.
- RBM supports enhanced accountability in the TA provided across the board, including 360 evaluations, through the Global Fund. This can only improve the support to countries, and we hope that this will include innovative approaches to longer-term capacity building.

**A broader diversity of voices is needed within Global Fund governance in order to achieve the 2030 targets for the three diseases and deliver results related to RSSH and GHS.**

- The Global Fund 'CCM Evolution' efforts should look to ensure that national governance bodies evolve in structure, sophistication and representation.
- Community engagement and inclusivity is critical not just for programme delivery but also to ensure equitable governance. The RBM Partnership is committed to working with the Global Fund to ensure that populations affected by malaria are actively included in Global Fund decision-making processes.
- The Global Fund is currently not well-suited at country level to align with national decision-making on RSSH and GHS as it lacks technical expertise and contact-points with relevant Ministerial departments.
- Data should be collected to transparently track representation in Global Fund Governance structures, including CCMs, as well as the amount of time devoted to various topics to ensure that priorities are not determined by inequitable representation.

## Private Sector

**With approximately 40% of patients with suspected malaria seeking first line diagnostic and treatment with private providers<sup>9</sup> and 35% of febrile children receiving medicines privately, the Global Fund, with support from the RBM Partnership, should work to bring key private sector actors into a formal quality assured system.**

- The TRP has noted that: *"While private health providers are essential actors in disease responses in many countries, ... across the funding requests reviewed they have not been reflected as an integral part of underlying disease programme plans."*<sup>10</sup>
- The Global Fund already provides strong technical guidance on the private sector, but the issue must be better prioritised in grant-making. New financing modalities such as Direct Facility Financing and Performance Based Financing could be deployed, together with a higher bar for TRP review where grants fail to address such coverage gaps, particularly in the Private Sector.



# Domestic and global resource mobilization

**Global resource mobilization remains critical for malaria programmes as the disease remains particularly concentrated in low-income and COE countries (Figures 1-3) where tax revenues remain low and the fiscal space for health remains insufficient to finance malaria programmes in most high burden settings**

**While domestic resources will not be realistically capable of replacing international funding in high burden countries, efforts to mobilize domestic resources are important for creating a long-term sustainable path toward malaria elimination in these countries.**

- The RBM Partnership plans to continue working with the Global Fund, including through the African Union African Leadership Meeting, National End Malaria Councils and End Malaria Funds, to elevate engagement from the malaria community and build both government commitment and financing, whilst recognising the limited fiscal space in some of the highest burden and COE countries where malaria predominates.



## Market shaping, procurement and bringing innovation to scale

**The Global Fund market shaping approach should pursue a healthy balance between seeking price reductions to maximize access to innovation and a price point that will enable sustainable production and continued investments in health technologies for the fight against the three diseases and manage resistance.**

- While continuation of market shaping approaches will be important for addressing resistance, preventing malaria resurgence, and overseeing the transition from currently available to next-generation prevention, diagnosis and treatment commodities, new strategies will also be necessary.
- Prices for new tools may never reach the low levels of those currently available, and the mixture of different interventions that will be needed to support diverse epidemiological settings will likely increase the cost per case/death averted in high-burden as well as elimination settings.
- The Global Fund will therefore need to continue working closely across the broader partnership to continue re-assessing the most effective financing mixture of supports for existing and new tools to maintain global progress against the disease and advance continuous innovation.



# Addressing regional malaria priorities

**Regional variations in malaria epidemiology and operational settings require both regional and national efforts to customize approaches to malaria elimination including efforts to:**

## Sub-Saharan Africa

- Operationalise the HBHI approach to ensure use of real time data to drive better targeting of malaria interventions to maximise impact.
- Address insecticide resistance, and any emergence of drug resistance, by targeting the fast tracking of new commodities.
- Expand coverage of quality case management including through integrated community case management and private sector engagement.
- Enhance regional co-ordination and collaboration including to address emergencies and upsurges.

## Asia Pacific and the Americas

- Enhance regional co-ordination and cross-border collaboration including to address emergencies and upsurges, population movement, drug resistance and regional resource mobilization.
- Ensure countries have developed sustainability plans and are prepared.
- Ensure the threat of drug resistance is contained and the region is on track for malaria elimination.

## Endnotes

- 1 World Health Organisation. World Malaria Report 2020.
- 2 Patouillard E, et al. BMJ Glob Health 2017;2:e000176. doi:10.1136/bmjgh-2016-000176
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