Malaria: Global Progress, Challenges and Priorities
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Global Fund Overview

**HOW IT WORKS**

1. **WE RAISE THE MONEY**
   The Global Fund raises and invests more than US$4 billion a year to support programs run by local experts in more than 100 countries. The money comes from donor governments and 8% from the private sector and foundations.

2. **COUNTRIES MAKE INVESTMENT DECISIONS**
   A Country Coordinating Mechanism made up of representatives of people whose lives are affected by the three diseases, medical experts, government and civil society meets and develops a plan to fight the diseases in their community.

3. **WE REVIEW AND APPROVE**
   An independent panel of experts reviews the plan to determine if it will achieve results. The panel may request changes to the plan. Once finalized, it goes to the Global Fund’s Board for approval.

4. **LOCAL EXPERTS IMPLEMENT**
   Local experts and partners use grant money to deliver programs. Impact is continuously monitored and evaluated.

5. **OVERSIGHT IN ACTION**

**Where the Programs Are**

(disbursements in 2018-2020 as of June 2019)

- **74%** Sub-Saharan Africa
- **16%** Asia and the Pacific
- **3%** Latin America and the Caribbean
- **4%** North Africa and the Middle East
- **3%** Eastern Europe and Central Asia
The Global Fund Strategy 2017-2022

Objectives

1. Maximize Impact Against HIV, TB, and Malaria
2. Build Resilient & Sustainable Systems for Health
3. Promote & Protect Human Rights and Gender Equality
4. Mobilize Increased Resources

Targets

- 14M Lives saved in the three-year period beginning in 2017
- 194M New infections or cases of HIV, TB and malaria averted
- US$35B Catalyzed in domestic finance for health
- US$230B Driven in economic gains
The Global Fund Partnership Achievements to Date

- 38 MILLION LIVES SAVED through the Global Fund Partnership
- 20.1 MILLION PEOPLE on ANTIRETROVIRAL THERAPY for HIV in 2019
- 5.7 MILLION PEOPLE WITH TB TREATED in 2019
- 160 MILLION MOSQUITO NETS DISTRIBUTED in 2019
- 45.4 BILLION US$ DISBURSED as of June 2020

Source: Global Fund Strategic Information Analysis
THE GLOBAL FUND STRATEGY 2017-2022

Maximize impact against malaria

Scale up and maintain interventions to reduce Malaria transmission and deaths and support countries to eliminate Malaria, in line with the Global technical strategy and AIM:

1. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations.
2. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs.
3. Support grant implementation success.
The Global Fund provides 56% of all international financing for malaria, and has invested more than US$13.2 billion in malaria control programs as of June 2020.

Key results in countries where the Global Fund invests in 2019:

- **243 million** Suspected cases tested for malaria in 2019
- **124 million** Cases of malaria treated in 2019
- **US$2** The cost of an insecticidal net. Economies of scale have enabled 11 million extra nets to be purchased
- **US$0.58** Is the cost of antimalarials, enabling the treatment of 24 million extra people

Responding to the threat of increasing drug resistance in the Greater Mekong region, the Global Fund is investing more that US$244 million through the Regional Artemisinin-resistance Initiative.
Malaria: Global Progress, Challenges, Priorities

Progress towards malaria elimination

- **Eliminating countries**
- **No Malaria**
- **Countries that eliminated malaria since 2000**

Pyrethroid and drug resistance

**Widespread insecticide resistance:** Resistance to pyrethroid-based insecticides has spread in every malaria endemic region. In 2017 nearly a quarter of the 80 reporting countries reported resistance to all 4 insecticide classes.

**Concentrated drug resistance:** Antimalarial resistance remains concentrated in the eastern Greater Mekong Subregion – with 3 or more ACTs failing.

**Rising costs:** Expected increases in unit costs for LLINs due to new AIs will limit effective coverage in current state.

Goals, milestones and targets for the Global technical strategy for malaria 2016–2030

1. **Reduce malaria mortality rates globally compared with 2015**
   - 2020: At least 40% reduction achieved
   - 2025: At least 75% reduction achieved
   - 2030: At least 90% reduction achieved

2. **Reduce malaria case incidence globally compared with 2015**
   - 2020: At least 40% reduction achieved
   - 2025: At least 75% reduction achieved
   - 2030: At least 90% reduction achieved

3. **Eliminate malaria from countries in which malaria was transmitted in 2015**
   - 2025: At least 10 countries will be on track to elimination
   - 2030: At least 20 countries will be on track to elimination

4. **Prevent re-establishment of malaria in all countries that are malaria-free**
   - 2025: Re-establishment prevented
   - 2030: Re-establishment prevented

Malaria Innovation pipeline

- **New RDTs, Triple ACTs**
- **New insecticides, targeted sugar baits, Spatial repellent**
- **New medicines, fractional dose RTS, S/AS01 all ages**
- **Monoclonal antibodies, speciating u-RDT**
- **Gene-drive system, Long-lasting vaccine, needle free diagnostic**

Sources for graphs and key messages: WHO; World Malaria Report (WHO), 2020; IHME Financing Global Health; IR Map per; WWARN Database; Global Technical Strategy for Malaria 2016-2030 (WHO); Global Fund’s Malaria Landscape Analysis, LLINs = Long Lasting Insecticide-treated Nets, ACTs = Artemisinin-based combination therapies, AIs = active ingredients.
delivery of malaria services has been significantly impacted with 10-16% fewer cases tested in 2020 compared with 2019

The decline in suspected malaria cases tested is smaller in absolute terms but represents a larger proportion relative to the previous year: 1,4 million (-16%) fewer cases tested in 2020 vs 2019; levels remain -23% by Dec

LLINs: 1,8 million (18%) fewer LLINs were distributed through continuous distribution

Source: Global Fund Indicator Monitoring Initiative, data reported by PRs
The Global Fund response to the COVID-19 pandemic makes funding available through the COVID-19 Response Mechanism and grant flexibilities. This report lists approved funding.


<table>
<thead>
<tr>
<th>Total approved in USD equivalent</th>
<th>$1,063,484,269</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total countries and multicountries</td>
<td>119</td>
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Countries Accessing Global Fund Support to Fight COVID-19
Malaria strategic direction
Current cycle (2020-2022)

Sub-national tailoring
1. Unrestricted allocation – Across intervention types
2. Unrestricted allocation – Within intervention types
3. Budget restricted allocation – Across and within intervention types
4. Delivery and Implementation

Vector Control
1. On-going efforts to ensure high coverage of effective transmission reduction
2. COVID – 19 adaptations - More than 200m nets are on track to be distributed in 2020

Case Management and Chemoprevention
• Increase access to quality test, treat and track
• Maximize impact of chemoprevention
• COVID- 19 adaptations

Surveillance
• Continue to push for real time data on morbidity for country level decision making
  ➢ Evolve HMIS systems
  ➢ Build trust and utilization of data
  ➢ Develop capacity for epidemiological stratification and action at country level
## Malaria strategic direction

### Immediate priorities

| Ensure 2020 - 2022 allocation well programmed and implemented | Address acute issue of upsurges in several countries due to climate perturbations |
| Address Key and Vulnerable populations | Catalyze on the even further galvanized partnerships |
Global Fund Strategy Development (2023+) Timeline

### 2020
- Q1: Collection of input & evidence to inform Strategy development
  - Open Consultation for input across partnership (representing the input of >5,200 individuals from >100 countries)
  - Global Fund Board and Strategy Committee guidance; statements
  - Evidence sources: including TERG, TRP, OIG reports, broader literature
  - Partner reports and strategy development processes; Secretariat input
- Q2: Partnership Forums
  - Global Opening:
- Q3: Development of Strategy Framework
  - by GF Strategy Committee and Board
- Q4: Development of Strategy Narrative
  - by GF Strategy Committee and Board

### 2021
- Q1: Final Strategy Document approved Nov 2021
- Q2: March SC Framework Input
- Q3: April Board Call Input
- Q4: May Board Input
- Q1: June SC Input & recommendation
- Q2: July Board Approval

**Policy updates (including allocation methodology)**
**Development of Strategy KPIs and M&E Framework**

**Preparations for 7th Replenishment, Strategy implementation & next cycle of GF grants (2024+)**
Broader Health and Development Landscape

Demographic Shifts

The world's population is growing, causing increased demand on health systems. Sub-Saharan Africa is experiencing a youth bulge, while population aged 65+ fastest growing in all regions.

Source: UN World Population Prospects 2018

Shifts in Burden of Disease

Looking towards the 2030 horizon, the world is expected to see an epidemiological transition from communicable diseases to non-communicable diseases (NCDs) as the major driver of disease burden.

Source: World Bank

Displacement, Fragility and Instability

>1% of world population is displaced from their home.

The most fragile States account for 2/3 of malaria burden and less than 1/3 of HIV and TB burden.

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

Climate and Environment

Climate change is expected to impact the fight against the three diseases (warming, changing rainfall, extreme weather, and air pollution).

Food & water insecurity resulting from global warming, extreme weather events can lead to increased vulnerability of already at-risk populations.

Climate vulnerability

Sub-objective of the Evolving Objective on Pandemic Preparedness and Response: Encourage climate, environmentally sensitive & One Health approaches
Priorities for Malaria as we move into the next strategy (2023+)

**Sub-objectives:**

- Expand equitable access to basic primary health services that includes quality early diagnosis and treatment of malaria and accurate recording and reporting of the clinical encounters.
- Achieve and sustain adequate levels of effective vector control of locally appropriate tools.
- Optimize the implementation of malaria interventions, utilizing more granular data and capacitating decision making and action at a sub-national level.
- Drive towards elimination and facilitate prevention of reestablishment in areas near to the end game.
- Establish consistent levels of control for all areas of historically high malariogenic potential and strive for regional elimination in a select geographic area of sub-Saharan Africa to demonstrate the path to eradication.
- Contribute collectively to health system strengthening, capacity building and sustainability to prepare and respond to external threats to malaria control such as climate change, pandemics, complex emergencies, political instability.

**Contributory objectives:**

- Maximizing people-centered Integrated systems for Health to deliver impact, resilience and sustainability.
- Maximizing the engagement and leadership of most affected communities to leave no one behind.
- Maximizing health equity, gender equality and human rights.
- **Mobilizing Increased Resources for Health**
Thank you