

Malaria efforts in Africa are at the crossroads.

According to the World Malaria Report, released by the World Health Organization (WHO) in 2017, just 15 countries carried the heaviest malaria burden in 2016, together accounting for 80% of all global malaria cases and deaths. All but one were in Africa.

While some countries have seen a greater than 20% increase in malaria cases and deaths since 2016, others are showing that beating malaria is possible. The report sends a clear warning that progress could be in jeopardy and that malaria resurgence is on the rise.

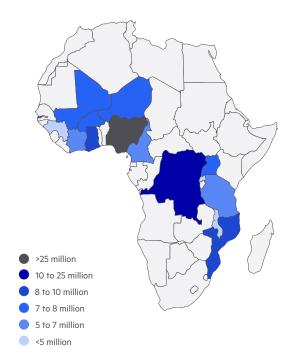
We know from experience that any gains in defeating malaria are fragile, and depend upon sufficient and sustained investment. Meanwhile, funding for the global malaria response has plateaued since 2010, reaching US\$ 2.7 billion in 2016 (less than half of the US\$ 6.5 billion a year funding target for 2020). In response to these findings, the RBM Partnership to End Malaria conducted gap analyses using information submitted by 30 endemic countries in Africa as part of the Global Fund To Fight AIDS, Tuberculosis and Malaria funding application process.

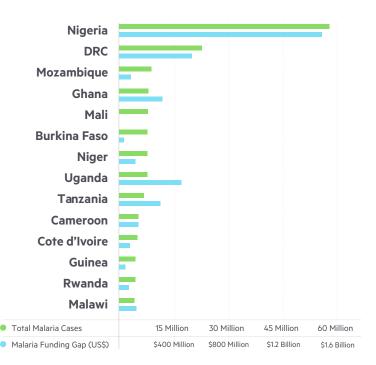
Accordingly US\$ 10.1 billion is needed to implement malaria national strategic plans in 30 African countries over the next three years (2018-2020) and achieve the WHO Global Technical Strategy targets. Of these total requirements, US\$ 4.7 billion is not yet financed, including US\$ 1.3 billion for essential commodities.



 Figure 1: Total Global Financial Requirement for Malaria Strategic Plans implementation in 30 African countries in 2018-2020. Figure 2: Fourteen highest malaria-burdened countries in Africa.







Commodities Gap

Of the US\$5.8 billion needed for delivery of essential commodities used in malaria vector control, diagnosis and treatment over the next three years, there remains a gap of US\$ 1.3 billion. 22 out of 30 countries are facing gaps in financing essential commodities: long lasting insecticide treated nets (LLINs) or indoor residual spraying (IRS) for vector control, rapid diagnostic tests (RDTs) for diagnosis, and artemisinin combination therapy (ACTs) for treatment. Additional commodity needs such as microscopy equipment, and drugs for intermittent preventive therapy in pregnancy and for seasonal malaria chemoprevention are not included in these essential commodity gaps.

- 6 countries are facing a combined gap in ACTs, amounting to 280 million treatment doses.
- An extra 136 million LLINs need to be funded in 15 countries.
- 7 countries that have been implementing IRS have a financial gap of US\$ 163 million.
- 4 countries are facing a gap in malaria RDTs of 63 million tests.

Country Focus: Nigeria

Nigeria is the highest-burden country, accounting for 27% of global malaria cases and deaths. The country's overall financial gap over the next three years to implement national malaria strategy is US\$ 1.4 billion (68% of the country's needs). It also accounts for more than half (53%) of the US\$ 1.3 billion gap for essential commodities, including the need to fund an additional 72.5 million LLINs, 55 million RDTs, and 257.5 million ACTs by 2020.



Figure 5: Nigeria's malaria funding and commodities needs in 2018-2020

Bridging the Gap

Africa stands to gain most from investing in the fight against malaria. Malaria already costs the continent's economy US\$ 12 billion per year in direct losses, and 1.3% of lost annual GDP growth. The resources needed to achieve malaria elimination are paltry compared to what will be required if malaria resurges, particularly in the context of drug and insecticide resistance. Beyond the financial return, investments in fighting malaria will have enormous positive effects on agriculture, education, women's empowerment, poverty eradication and other Sustainable Development Goals.

Malaria-affected countries must prioritise investment in health and tackling malaria.

To end malaria and mitigate its toll on the peoples and nations of Africa, endemic countries have a crucial role to play in speaking with a unified voice to:

- Build political support and public awareness around the multi-faceted benefits of malaria elimination,
- Engage with parliamentarians, state and local government leaders to budget and expend the necessary financing for the country's plans,

- Support timely and optimal use of malaria funds from all sources by promoting effective grant management, data reporting, procurement and supply chain management, and the public financial management system for malaria interventions,
- Promote the effective use of appropriate tools and the development of new ones as situations change (either to replace failing tools or to address new situations, such as a move from control to elimination).
- Analyse in-country bottlenecks to effective implementation, and
- Invest and improve the overall health system and strengthen disease surveillance systems.

Countries that increasingly invest their own funds, draw on a variety of local private sector and innovative sources, and improve their public financial management systems will additionally succeed in attracting increasing external financing on the path to malaria elimination.

 This analysis was prepared by the RBM Partnership to End Malaria based on the countries' applications to the Global Fund To Fight AIDS, Tuberculosis and Malaria for the period 2018-2020, WHO World Malaria Report 2017 and the Action and Investment to defeat Malaria 2016-2030.





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