



## **INFORMATION**

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## Agreed Key Messages

For World Malaria Day 2010

1. **Investment in malaria control is saving lives and has far-reaching benefits.**
2. **Malaria control is rapidly advancing throughout Africa due to intensified efforts.**
3. **Malaria control, research and elimination activities significantly impact the MDGs.**
4. **2010 is a year of opportunity and of renewing global commitment to malaria's demise.**

## 1. Investment in malaria control is saving lives and has far-reaching benefits.

### a) Investments recently made in malaria control are saving lives

Between 2003 and 2009:

- International funding for malaria control dramatically increased from \$US 300 million annually to nearly \$US 2.0 billion.<sup>1</sup>
- Malaria deaths have been reduced from an estimated 1 million to approximately 850 000 per year<sup>2</sup>.
- Malaria cases have fallen from at least 350 million cases per year to 250 million a year.
- Among African children under 5 years, malaria associated deaths have dropped from an estimated 3,000 per day to approximately 2,000 per day.<sup>3</sup>

With the funding that is invested in malaria control:

- An estimated 100 million malaria cases are averted per year.
- In Africa, approximately 1 child died every 30 seconds from malaria at the beginning of the decade. Today, countries are saving an estimated 1 life every 3 minutes with current malaria control scale up efforts.<sup>4</sup>
- Achieving universal coverage with prevention measures by 2010 or soon thereafter will save even more lives and dramatically reduce infections and malaria illness across the continent.
- A recent report on malaria funding<sup>5</sup> and resource utilization has demonstrated a direct and rapid correlation, both between resources committed to malaria and increases in access to malaria interventions, as well as between better access to interventions and reductions in deaths and cases.

#### **Country specific examples of success**

During a multi-year phase scaling up primary interventions, Zambia recorded a 66% decline in malaria-specific deaths and a 29% reduction in all-cause mortality for children under five.

Over a similar period of time, Rwanda observed a 67% reduction in malaria-specific deaths and a 33% reduction in all-cause mortality for children under five.<sup>6</sup>

<sup>1</sup> Source: World Malaria Day 2010: Africa Update

<sup>2</sup> Based on comparing data from WMR 2005 and WMR 2009

<sup>3</sup> Based on comparison between WHO/UNICEF Africa Malaria Report 2003 and WHO World Malaria Report 2009.

<sup>4</sup> Based on comparison between WHO/UNICEF Africa Malaria Report 2003 and WHO World Malaria Report 2009.

<sup>5</sup> Malaria Funding and Resource Utilization: The first decade of Roll Back Malaria

<sup>6</sup> Malaria Funding and Resource Utilization: The first decade of Roll Back Malaria, 2010.

**b) Substantial progress in reducing malaria deaths and cases has been achieved by the national malaria control programs in several African nations, including Ethiopia, Eritrea, Equatorial Guinea, Kenya, Malawi, Mozambique, Rwanda and:**

- **Zanzibar:** More than 70% reduction in malaria-specific mortality and in hospital malaria admissions of children under 5.
- **Sao Tome and Principe:** More than 90% reduction in malaria-specific mortality and nearly 90% reduction in hospital malaria admissions of children under 5.
- **Zambia:** Nearly 70% reduction in malaria-specific mortality.

**c) Malaria control helps strengthen health systems**

- Partnerships for specific diseases, such as malaria relieve overstressed health systems.
- In Tanzania and Zambia, as the number of malaria patients dropped dramatically, previously overburdened staff and facilities could be dedicated to tackling other life-threatening illnesses.
- In Ethiopia, malaria control efforts helped build a strong human resources capacity at the community level.

**d) Malaria control has positive economic impacts**

- As malaria deaths and cases decrease in Africa, resources dedicated to combating the disease, which currently account for approximately 40% of public health expenditures, can be diverted to other burdens.<sup>7</sup>
- Controlling malaria can help alleviate a heavy financial burden on households, contributing significantly to poverty reduction, as the disease has been shown to consume more than 25% of family income in Africa.<sup>8</sup>
- According to McKinsey & Co., rapid and large scale deployment of malaria interventions would increase economic output by as much as US\$30 billion in Africa and prevent 672 million malaria cases over a five year period. (McKinsey report)

## 2. Malaria control is rapidly advancing throughout Africa due to intensified efforts

**a) Investment in malaria control is resulting in a rapid scale-up of live-saving interventions**

- Of the nearly 350 million ITNs needed to achieve universal coverage, nearly 200 million were delivered in Africa between 2007 and 2009.
- Across 26 African nations, ITN use by children rose 20% over 8 years.
- New, cost-effective tools like long-lasting insecticide-treated nets (LLINs) and Artemisinin-based Combination Therapies (ACTs) make malaria easier to prevent and treat than ever before. LLINs cost on average \$10, which includes the net, distribution, and teaching and

<sup>7</sup> President's Malaria Initiative, Working with Communities to Save Lives in Africa, Third Annual Report, March 2009.

<sup>8</sup> [http://rbm.who.int/worldmaliaday2008/docs/zambezi\\_QAmalaria.pdf](http://rbm.who.int/worldmaliaday2008/docs/zambezi_QAmalaria.pdf)

monitoring usage, and a course of ACTs for an adult costs on average \$6. Combination of prevention and treatment with ACTs is necessary for effective results.

- Procurement of the most effective anti-malarial, artemisinin-based combination therapy (ACT), increased from 5 million in 2004 to 160 million in 2009.
- In just 14 countries, indoor residual spraying has already protected 25 million people.<sup>9</sup>

**b) Sustained donor support is needed to continue to build on the impact and scale-up that is seen in countries.**

Closing the current funding gap, ensuring continuation in funding, and addressing other hurdles will help sustain progress in countries and overcome the major challenges to reaching the 2010 and 2015 targets and beyond in order to eliminate malaria.

Investing in malaria control means investing in:

- better population access to effective prevention, diagnosis and treatment in endemic countries
- better coordination and management of all aspects of the fight against malaria: from advocacy and resource management to providing technical support to country programmes to resolve specific bottlenecks to ensuring use of available interventions.
- strengthening health systems
- building human resource capacity in countries
- financing research to develop alternatives to current drugs and insecticides to be able to face possible parasite and mosquito resistance and to determine effectiveness of interventions.
- systems for collecting data at district, national, regional and global levels and monitoring progress
- strategies that build endemic-country capacity to allow suitable responses to challenges in procurement and supply-chain management.

**c) Efficient Supply Chain Management will help continue rapid advancement of control efforts**

- Implementation and scale up of malaria interventions can be hampered by poor procurement processes and inefficient supply chain management. Poor PSM can lead to delays in supplying essential malaria commodities to patients and caretakers who need them.
- Interventions to address these areas have resulted in savings of 30% in average treatment costs while reducing wastage due to expiration and poor supply chain management.
- Donors and partners working in malaria should increase their efforts in this arena to include strategies that build endemic-country capacity to allow suitable responses to challenges in PSM. Countries with limited capacity in this area should be encouraged to seek external assistance from RBM technical partners and to utilize options such as Direct Payment. Qualified Procurement Agents may be engaged to streamline the pricing and PSM processes.

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<sup>9</sup> World Malaria Day 2010: Africa Update.

### 3. Malaria control, research and elimination activities significantly impact the MDGs

**a) Achievement of many of the Millennium Development Goals depends heavily on successful anti-malaria efforts**

**MDG1 (poverty reduction): Malaria control interventions help lift poor people out of poverty**

- As demonstrated extensively above, malaria takes a heavy economic toll. Controlling malaria and eventually eliminating the disease will help restore lost wages and increase economic productivity.
- Limiting the spread of malaria improves communities' health and productivity, thus helping them help themselves.

**MDG2 (universal education): Malaria contributes to absenteeism and poor school performance in Africa**

- Malaria interferes with education - repeated sickness keeps both children and teachers out of school.
- Malaria contributes to anemia which interferes with intellectual performance of children and can give rise to poor performance and school drop out
- Cognitive damage resulting from cerebral malaria prevents many children from attending school.

**MDG4 (child survival): Malaria control interventions reduce significantly child mortality**

- Malaria is one of the leading causes of child mortality worldwide
- Malaria in pregnancy leads to low birth weight and premature delivery, both associated with neonatal death. Malaria causes nearly 200,000 newborn deaths a year.
- Malaria interventions alone can help countries reach their targets of reducing child mortality
- Researchers Rowe and Steketee suggest that if malaria mortality is reduced by 50 percent in high transmission areas, all-cause childhood mortality is also likely to decrease.<sup>10</sup> The reduction of all-cause child mortality through malaria control interventions has been demonstrated in several studies, including the Bioko experience Equatorial Guinea.<sup>11</sup>
- On Bioko Island in Equatorial Guinea, effective malaria control measures – nets and indoor residual spraying (IRS) – resulted in dramatic drops in child malaria and mortality. Between 2004 and 2008, under-five mortality rates dropped from 152/1000 live births to 55/1000 thanks to large scale introduction of malaria control interventions (IRS and nets). Researchers documented reductions in the prevalence of malaria, anemia and reported fevers in children and showed that in high transmission settings, effective malaria control measures, deployed on a large scale, can result in major health improvements and play a key role in improving child survival. This example speaks to the contribution that malaria control interventions can make to reaching MDG 4.

<sup>10</sup> Am. J. Trop. Med. Hyg., 2007; 77: 48–55

<sup>11</sup> Am. J. Trop. Med. Hyg., 2009; 80: 882–888

#### **MDG5 (maternal health)**

- Pregnant women are 4 times more likely to contract malaria
- Malaria infection in Africa causes 400,000 cases of severe maternal anemia contributing to maternal mortality
- Considerable improvements in maternal health have been recorded in 12 malaria-endemic African countries where malaria interventions have reached high coverage, including Ethiopia, Rwanda, United Republic of Tanzania, and Zambia.<sup>12</sup>

#### **MGG6 (reduction of infectious diseases)**

- Current efforts to implement the Global Malaria Action Plan aim at reducing malaria deaths to near zero by 2015 and eradicating the disease in the long term.

#### **MDG 8 (develop global partnerships)**

- Malaria control requires diverse expertise and a high level of coordination.
- Successful malaria control depends on effective collaboration among different actors within a global partnership.
- The private-public partnership for malaria has been among the most successful partnerships in global health: within a few years, it has succeeded in improving access to malaria interventions and bringing malaria deaths and cases down in a number of endemic countries

#### **b) Consistent with the Global Malaria Action Plan, research and development are critical to the success of malaria elimination and demand increased investment.**

- Malaria control is vital but new tools are equally important and their development must be supported
  - Resistance to artemisinin is a real threat:
  - Parasites are taking longer to be cleared from the blood after treatment with artemisinin combination therapies, as recently reported from the Thai-Cambodian border.
  - The development of chloroquine resistance in the same region in 1957 provides an example of the importance of responding to the threat immediately.
- If countries are to move from control to elimination of malaria the disease must be assailed from all angles:
  - Research and development into new detection, treatment and prevention tools must continue.
  - Both *P.falciparum* malaria and *P.vivax* malaria must be treated and cured with innovative medicines
  - Drugs to tackle emerging resistance as well as alternatives to artemisinin must be developed
  - Ways to block transmission of malaria infection from person to person must be found
  - Innovative and affordable diagnostics must be developed to detect very low levels of infection, without which elimination efforts cannot be scaled up
  - Research for a malaria vaccine must continue.

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<sup>12</sup> Source: RBM Progress & Impact Series, Number 1, March 2010, p. 75

- If funding for research and development of new detection, treatment and prevention tools is not sustained malaria control itself will be severely affected. The international community cannot afford to ignore the lessons learnt from the first malaria eradication campaign 60 years ago.
- The leading malaria vaccine candidate, RTS,S, just entered the final phase of clinical testing, opening up the potential to save dramatically more lives starting in five years or so.
- Clinical trials in seven African countries are providing the first rigorous scientific evidence that a vaccine against malaria is not only possible but probable. Even with a projected effectiveness of 53%, RTS,S could protect millions against disease and death before a more effective, second-generation vaccine becomes available by our target date of 2025.

#### 4. 2010 is a year of opportunity and of renewing global commitment to malaria's demise.

##### a) 2010 is a milestone year for the fight against malaria.

- The international community has committed to providing universal access to malaria prevention, diagnosis and treatment by the end of this year. Some countries have already achieved their 2010 targets proving that "universal coverage" is possible.
- If all of the 34 African countries that account for 95% of malaria-associated child deaths on the continent reach their 2010 targets for providing universal access to protective nets alone, more than half of current malaria deaths (55%) will be prevented<sup>13</sup>. This means that MDG6 for malaria will be reached and that malaria will no longer be an obstacle to achieving other MDGs.

##### b) 2010 holds multiple opportunities for global leaders to demonstrate their commitment to combating malaria with increased resources and action.

**Global Fund Replenishment** – The Global Fund is the leading public financier of effective malaria control throughout the world, accounting for 60% of all malaria funding worldwide. To date, the Global Fund has approved \$5.3 billion for malaria grants in 83 countries around the world. The Global Fund is at the forefront of efforts to combine the three methods of effective malaria control – spraying with insecticides, providing insecticide-treated netting and treating infections with anti-malaria medicines. By the end of 2009, Global Fund supported programs had distributed 104 million insecticide-treated nets to protect families from malaria, sprayed dwellings with insecticide 19 million times and treated 108 million cases of malaria.

<sup>13</sup> Source: World Malaria Day 2010: Africa Update; estimates based on household surveys.

The Global Fund is projecting three resource scenarios for the projection of its 2011-2013 financial needs:

- Scenario 1: USD 13 billion to allow for the continuation of funding of existing programs. New programs could only be funded at a significantly lower level than in recent years.
- Scenario 2: USD 17 billion would allow for the continuation of funding of existing programs. In addition, it would allow for funding of new proposals at a level that comes close to that of recent years. This would allow current trajectories of progress to be preserved.
- Scenario 3: USD 20 billion would allow for the continuation of funding of existing programs. In addition, well-performing programs could be scaled up significantly, allowing for more rapid progress towards achievement of the health-related Millennium Development Goals.
- Without adequate funding to meet demand, the Global Fund will be unable to maintain and increase the activities it has supported in the past and success achieved to date can be undermined.

**G8 Summit** - G8 meetings in Canada will focus on maternal and child health and represent another opportunity for global leaders representing the world's largest economies to make new commitments that will improve the lives of women and children impacted by malaria.

- The Canadian Prime Minister has announced a global health initiative targeting maternal and child health.
- Canada is also host to the 2010 World Religions Summit at the University of Winnipeg, Manitoba, in June, 2010. The important role that the inter-faith community has in malaria control efforts is significant.

**c) Insufficient investment in 2010 and beyond could lead to a reversal of the progress achieved to date and the malaria threat made worse, costing more in the future.**

- History has revealed that when malaria control is not fully supported through to the elimination phase, the disease can often make a dramatic resurgence. For example, Sri Lanka was once on the verge of elimination in the 1970s with only 7 cases, but just a few years later, there were nearly 500,000 cases and now an estimated 10,000 cases occur each year.<sup>14</sup>
- In some locations, due to extensive malaria control efforts, an entire cohort of children lack immunity from malaria, as they have been protected from exposure through the use of ITNs and IRS. They remain susceptible to a more severe infection until malaria transmission is greatly reduced and eliminated.
- Support for new drug and insecticide development now is also essential to minimizing future risk and costs. Sixty years ago, quinine was an effective anti-malarial. Now, the disease has evolved, and it is no longer effective in many endemic parts of the world. (NYTimes et al.)

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<sup>14</sup> The Economist, The fight against malaria intensifies, April 2008