The Challenge of Malaria

Prof. Awa-Marie Coll-Seck
Executive Director of RBM Partnership

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A DECADE OF ROLLING BACK MALARIA: WHERE ARE WE?
Historic milestones in the fight against malaria (1998-2008)

- UN Secretary General's Special Envoy for malaria
- Call for universal coverage by 2010
- President's Malaria Initiative
- World Bank Booster

1998
- New funding for countries

1999
- MDGs
- Abuja Summit

2000
- MMV Gates Foundation

2002
- Launch of GMAP

2003
- RBM’s architecture was developed

2005
- G8 pledges Success in Countries ++

2007
- The Global Malaria Action Plan

For a malaria-free world
More countries succeed in reducing malaria deaths and cases

Malawi, Mozambique, Niger and Ethiopia: more than 40% decrease in under five mortality (UNICEF Sept 2009)

• Eritrea: 52% decrease in under five mortality (UNICEF Sept 2009)

Equatorial Guinea: 63% reduction in all-cause mortality in children under five since 2004

• Zambia: 66% decline in malaria deaths; reached the 2010 target of a more than 50% reduction in malaria mortality compared to 2000 (WHO April 2009)

Rwanda, Sao Tome and Principe and the island of Zanzibar achieved major reductions in malaria mortality.
CHALLENGES TO ACHIEVING THE 2010 TARGETS AND MDGs
Challenges at global level

Key strategic challenges

- Funding gaps
- Keeping malaria high on the agenda
- Harmonization and alignment
- Strategic debates:
  - horizontal vs. vertical approach
  - debates on DDT use
- ACT and insecticide resistance
- Need for continued research and new tools
Global international financing increases

(US$ million)

2004: 249.11
2005: 439.63
2006: 608.26
2007: 701.26
2008: 1,299.70
2009e: 1,600.00

The Global Fund | PMI | World Bank | Other USAID | Others
Global cost for malaria control and elimination

R&D will cost additional $US 750 to 900 million a year
Global research and development costs

Global research & development costs (~ $750M – $900M / year)
New vaccines, drugs, vector control and diagnostics

Global implementation costs (~ $5B / yr for next 10 y)

Prevention: LLINs, IRS and IPTp

Case management: Drugs, diagnostics and severe case mgt

Country program costs: infrastructure / institutional strengthening, M&E, operational research, training and community health workers.

Source: GMAP costing model
Estimated annual global resource needs for malaria control and current global malaria commitments from Global Fund, World Bank, and US-PMI

US dollars (billion)

Source: Global Malaria Action Plan (RBM 2008), Global Fund, World Bank and US-PMI
More investment in R&D for malaria

4 consortia focus on developing new tools

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<th>Consortia</th>
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<td>IVCC</td>
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**Strategic debate: horizontal vs. vertical approach**

**Health systems strengthening and disease control are complementary and interdependent**

**Effective and sustainable malaria control efforts depend on strong health systems**

Strong health systems are needed to ensure sustainable access to prevention e.g. IPTp through ANC clinics, effective diagnosis and treatment (ACTs)

**Malaria control programmes strengthen health systems**

**Ethiopia**: building a human resources capacity at community level

**Tanzania, Zambia, etc.**: freeing overburdened health facilities to tackle other life-threatening illnesses.
Strategic debates: DDT use

The Stockholm Convention on Persistent Organic Pollutants allows the use of DDT for disease vector control, within the recommendations and guidelines of WHO until locally effective and affordable substitutes are available.

The ongoing debate on use among public health specialists and policy-makers influences:

- the production and availability of DDT for vector control
- countries' decision to deploy DDT

A need to secure:

Investment in research for alternatives
Challenges at country level

Recent inputs

• Meeting of African ministers in Geneva: May 2009
• Data from country roadmaps for 47 African countries and territories
• Partner publications
• Information shared in key meetings
• WHO/ UNICEF data
Challenges at country level

Weak health systems

Low community awareness and participation
ACTs: distribution challenges

- Anti-malarial mono-therapies still exceed ACTs in the private and public sectors.

- Malaria treatments are currently obtained mainly through the private sector.

- Almost 25% of all malaria treatments distributed through the private sector in DRC are oral artemisinin monotherapies.

**Relative Volumes of Antimalarials Distributed by Sector and Drug Type**

*Source: ACTWatch*
Fluctuations in donor funding for countries

Total disbursements for malaria control – OECD database for selected countries 2003 to 2007

Source: OECD database, analysis by MACEPA
PARTNERSHIP INITIATIVES TO ADDRESS CHALLENGES
# Uniting partners to overcome challenges

## Targets:

- **By 2010**: universal coverage
- **By 2015**: reduce deaths to near zero
- **2015 and beyond**: sustain gains and work towards elimination

## Innovative financing mechanisms

- Access to GF resources: TA for country applications
- Expansion of donors base
- VPP, AMFm, SMS for life
- UAM, ALMA
- MalERA
OVERCOMING THESE CHALLENGES WILL HELP US REACH THE MALARIA TARGETS