

Malaria Funding and Resource Utilization: The First Decade of Roll Back Malaria

Malaria Funding and Resource Utilization, the first report to be released as part of the 2010–2011 Roll Back Malaria (RBM) Progress & Impact series, confirms that investment in malaria control is rapidly saving lives and reaping far-reaching benefits for countries. But without sustained and predictable long-term funding, the significant contribution of malaria control toward achievement of the five Millennium Development Goals (MDGs) that are closely tied to malaria control, as well as progress toward achieving the 2010 Abuja target of universal intervention coverage, could be reversed.

A new era of malaria control funding

Two decades ago, malaria was highlighted as a disease of poverty, affecting the poorest people in endemic countries and there was little funding to fight the disease. Since that time, funding for malaria control has quadrupled, with US\$ 4.5 billion of external assistance committed globally between 2003 and 2009. While many countries, organizations, and companies provide these resources, the majority of these funds are channeled through the Global Fund to Fight AIDS, Tuberculosis and Malaria, which began making commitments and disbursements in 2003, and the World Bank Malaria Booster Program for Malaria Control in Africa and the US President’s Malaria Initiative (US-PMI), which were launched in 2006.

Ninety percent of the global malaria burden resides in sub-Saharan Africa, which is the recipient of 80% of external funding for malaria control. Countries are spending these funds appropriately, focusing primarily on prevention (42%) and treatment (31%), as well as health systems strengthening (14%) and programme support (13%). Once funding is received, countries are timely in procuring and distributing needed supplies—on average, more than 80% of funds were spent within the year they became available.

Increased support needed to continue saving lives

And it’s working—increases in global funding for malaria control have saved lives and reduced illnesses, particularly for women

and young children. In the 12 countries included in this report, an estimated 384 000 lives were saved from 2000 to 2009. Data suggests that if these same countries were able to achieve the RBM target of at least 80% intervention coverage by 2010, an additional 200 000 lives would be saved every year. Countries that have had even modest per-person spending have been able to make substantial progress in malaria control scale-up, which has helped shift the burden of the disease from low income families and national governments to a shared responsibility of the global community.

While current funding is effective, it is less than 25% of the total amount needed annually and there is some evidence that yearly commitments—currently

A summary of key findings

- An assessment of malaria control financing and resource utilization in 12 African countries in which data were available found that reliable and sustained funding is central to saving many lives—from 2000 to 2009, approximately 384 000 child lives were saved.
- External financing for intervention scale-up is being used efficiently and appropriately by countries; funds are spent primarily on prevention, treatment, programme support, and health systems strengthening, respectively.
- Steep increases in global malaria financing have occurred since 2003. Seventy percent of 2003–2009 commitments are from the Global Fund, 15% from US-PMI, 8% from the World Bank, and 7% from countries and bilateral agencies.
- Current funding levels appear to have peaked at US\$ 1.6 billion per year—approximately 25% of the estimated need to attain RBM targets and achieve the five malaria-related MDGs.
- Progress in reducing malaria burden positions the malaria control community strongly to attain RBM and MDG targets; 2010 is the year in which donors will help determine whether these targets are met.

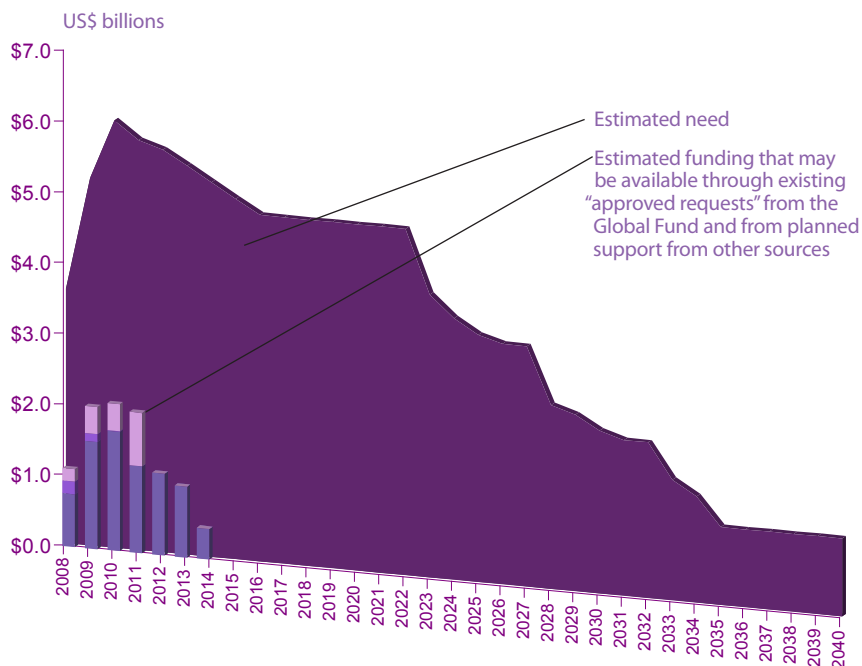
estimated at US\$ 1.6 billion per year—may have already peaked. Yet global financing needs for malaria control are estimated at US\$ 5 to 6 billion annually for the next 10 years, as quantified in the RBM Partnership’s 2008 Global Malaria Action Plan (see Figure 1). In addition, donor commitments and disbursements still have a high year-to-year variability, which can negatively affect programme planning, and they do not adequately respond to differences in need between countries.

Malaria Funding and Resource Utilization demonstrates that, while increased external assistance has had a dramatic impact on reducing malaria mortality and morbidity, external financing commitments must continue to increase in order to address outstanding needs and realize the full potential of malaria control in Africa. By bridging the current funding gap and helping countries implement their plans, partners can, together, make malaria a problem of the past.

FIGURE 1

Estimated annual global resource requirements for malaria control and current global malaria commitments from Global Fund, World Bank, and US-PMI.

The Global Malaria Action Plan estimated that between \$5.0 and \$6.2 billion is required per year between 2010 and 2015 to scale up and sustain control and progress toward malaria elimination globally. While there have been substantial increases in funding for malaria control, they continue to fall short of the amount needed to achieve the global goals.



Source: Global Malaria Action Plan (RBM, 2008), Global Fund, World Bank, and US-PMI.

Note: Current estimated commitments represent approved Global Fund grant requests (not all approved requests are committed funds) and estimates from the US-PMI and World Bank.

The Roll Back Malaria Progress & Impact series is a strategic effort to secure high levels of commitment to malaria control among donor countries, international health organizations, and governments of endemic and epidemic countries. The first report in the series, *Malaria Funding and Resource Utilization*, provides a global overview of malaria financing over the past decade, focusing specifically on funding sources, commitments, disbursements, and expenditures leading to distribution and application of malaria interventions. It also quantifies future funding requirements for achieving 2010 RBM targets and 2015 MDGs. The report, authored by UNICEF, WHO and MACEPA, a programme at PATH, includes an in-depth analysis of the impact of funding in the twelve African countries in which data were available (Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritania, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania, and Zambia). Results clearly show that reliable and sustained funding is central to saving lives.

For more information

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