

## Chapter 4

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### Roll Back Malaria in 2007

This chapter explores briefly a vision for Roll Back Malaria in 2007; in other words, five years hence. It is important that RBM partners, and their senior management and staff, share this vision, or some agreed modification of it. The vision contains four main statements:

- we shall decrease the burden in some of the most seriously affected countries;
- we shall reduce the domain of the endemic;
- we shall make effective use of new tools and technologies; and
- we shall ensure sustainable finance.

These are briefly discussed in turn.

#### 4.1 Decreasing the Burden

Demonstrating a significant reduction in the global burden of malaria by 2007, five years from now, is the absolute and overriding priority for RBM. Since 90 percent of the global malaria burden is in Africa, Africa must be the major focus for the efforts of RBM. As argued above, eight to twelve African focus countries must be selected and reductions in malaria of public health significance must be achieved and demonstrated in those countries by 2007. This is perfectly possible; we have the tools, we have the resources, we have excellent and committed staff, we just need to do it.

While working with the focus countries in Africa, RBM also needs to work with a group of other African countries which could make good progress on a slightly slower timetable. The emphasis in this second group will be to demonstrate achievement at a local level and to prepare for major national programmes.

Outside Africa, some countries are making significant and steady progress in controlling malaria and this should be encouraged and sustained. Other countries are not and intensified assistance to them is appropriate. Achievements in malaria control outside Africa are all of great importance to the countries concerned. They assist in the reduction of the global burden, they demonstrate success, they advance scientific understanding and they raise morale.

The counterfactual, namely that we fail to reduce malaria in Africa by 2007, is extremely worrisome. If we cannot demonstrate success a decade after the birth of RBM, we are in danger of slipping back once again into despondency and fatalism concerning malaria. It will be hard to sustain political, financial or community commitment in the face of another major failure. This must not be allowed to happen.

#### 4.2 Squeezing the Endemic

The malaria endemic has borders. Some of these are defined by latitude and longitude, and others by altitude. Malaria on the borders of the endemic tends to be unstable and not of the most intense

holo-endemic form. An exception to this is Vanuatu, which represents the eastern-most extremity of the endemic in the Pacific.

Attacking malaria at the edges of the endemic has a number of significant advantages. Typically – again Vanuatu is the exception – establishing effective control and even eradication in these zones is easier because of the unstable nature of transmission. Also, declaring an area completely free of malaria provides a special boost to morale, both locally and globally, and is also a great benefit to the local population.<sup>32</sup>

Careful consideration should therefore be given to programmes which would greatly control or eliminate malaria from:

- regions of the Sahel (squeezing the northern border);
- South Africa (squeezing the southern border);
- selected upland areas in east Africa and elsewhere (pushing the endemic downhill);
- and
- Vanuatu.

Vanuatu is a special case. It has serious holo-endemic malaria on most islands. It has, however, achieved eradication from two islands: Aneityum and Tongoa. This success could be replicated in other islands and Vanuatu can be made malaria-free. This would be a demonstration of the power of current tools to achieve success. It would also be a considerable boost for the people and economy of Vanuatu. For example, Vanuatu has few natural resources and tourism could receive a major boost as a result of malaria elimination.

### **4.3 Using New Tools**

One of the original justifications for the creation of RBM is that it would provide an incentive for research into new tools for the control of malaria. The products of this research could be rapidly tested and, if successful, applied on a wide scale. This gives researchers confidence that there is a rapid potential application for their discoveries. It gives companies the confidence that there are substantial markets for new products. This dimension of RBM, especially that relating to markets, has been further strengthened by the creation of the Global Fund. The message to industry is that, if there is a new product which is useful, it will be bought and used on a large scale.

It is essential to ensure that this is in fact occurring in practice. NMCPs have traditionally been conservative in their choice and use of technologies and interventions, and slow to change. It has proved extraordinarily difficult to change from one insecticide policy to another, or from one approach to the distribution and financing of bednets to another, or from one first-line drug to another. In Phase II, it must be possible for countries, with the help and support of RBM, to be more nimble in trying, and adopting or rejecting, new technologies and new approaches. Where the data on cost and effectiveness demonstrate that the new approach is justified, countries, with the support of donors, must be willing to take the plunge and have confidence in the long-term availability of the resources necessary to sustain the new approach.

### **4.4 Ensuring Sustainable Finance**

At present, governments do not trust donors. They have good reason for this distrust. Donors are fickle. They encourage certain priorities and policies this year, and different ones next year. They commit finance through short-term projects, and at the end of those projects there is no guarantee

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<sup>32</sup> The eradication of malaria from southern Europe in the 1950s and 60s is a good illustration of the tremendous boost that is achieved by such an outcome.

of continued support for those activities. This situation has improved as a result of the growth of generic, rather than project funding instruments. Particular examples are health sector finance baskets created in the context of SWAs and the various poverty-related budgetary support mechanisms which have recently proliferated. These mechanisms hold more promise for the availability of sustained external support for agreed priorities that are poverty focused.

More is still needed, however. Both the scale of funding and its sustainability remain in doubt. The control of malaria in the worst affected countries is an enterprise measured in decades not in years. 2030 would be an optimistic target for the achievement of substantial control across most of Africa. Long-term financial commitments are therefore an essential ingredient, especially as countries move to more expensive diagnostic and therapeutic technologies.

Scale also matters. If the estimates of the Commission on Macroeconomics and Health are approximately correct, per capita spending on malaria must increase several-fold to ensure increased levels of coverage in terms of both treatment and prevention. By 2015, per capita spending must rise to approximately \$0.90 per person per year to meet the Abuja targets. (The comparison with the Abuja targets is not exact. The Abuja targets were set for 2010, whereas the CMH figures which reflect target coverage rates set by the international community were estimated for 2015. Also, the CMH assumed utilization rates of 70 percent, instead of the 60 percent coverage projected by the Abuja targets). In total dollars, the CMH estimates that spending on malaria in low-income and selected middle-income countries must increase by \$4.4 billion by 2015 to meet the Abuja targets.

In a particular country, a group of partners needs to come together with the government and shake hands on a two- or three-decade collaboration to control malaria. This is a deal with conditions. Governments must promise to allocate sufficient national resources, give malaria sufficient priority, and achieve collectively agreed milestones. Partners must pledge to provide, in a prompt and user-friendly manner, the technical and financial resources needed to ensure that the job gets done.