



## **INFORMATION**

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## **Key Messages for World Malaria Day 2009**

### **“Counting Malaria Out” to Reaching the 2010 Targets**

On the occasion of World Malaria Day 2009, RBM Partners have agreed to use the following key messages in their joint effort to keep malaria high on the international development agenda. Under the theme of "Counting malaria out", the Partnership launches a two-year campaign to intensify global efforts to:

- Implement the Global Malaria Action Plan (GMAP)
- Reach the first important malaria milestone by 2010
- Strengthen health systems in endemic countries for the long-term goals of sustained control and disease elimination.

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### **Key figures**

To achieve universal coverage by 2010, the GMAP requires the following interventions:

- More than 700 million insecticide-treated bed nets – half of those in Africa
- More than 200 million of doses of effective treatment
- Indoor spraying for around 200 million homes annually
- Approximately 1.5 billion diagnostic tests annually

By 2010, through targeting universal coverage:

- 80% of people at risk from malaria are using locally appropriate vector control methods such as long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS) and, in some settings, other environmental and biological measures;
- 80% of malaria patients are diagnosed and treated with anti-malarial treatments;
- in areas of high transmission, 100% of pregnant women receive intermittent preventive treatment (IPT);

- global malaria cases are reduced by 50% of the 2000 levels: 175-250 million cases annually and less than 500,000 deaths annually from malaria.
- global malaria deaths are reduced by 50% from 2000 levels.

Investment needed worldwide to achieve these GMAP goals:

- \$5.3 billion USD in 2009
- \$6.2 billion USD in 2010
- \$5 billion USD annually from 2011 to 2020 to sustain progress
- \$1 billion USD annually for research and development of new prevention and treatment tools

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## **GMAP is the blueprint for global coordinated action against malaria**

- The GMAP provides a global framework for action around which partners can coordinate their efforts. Developed through a consultative process, it consolidates the collective input of 30 endemic countries and regions, 65 international institutions and 250 experts from a wide range of fields. The GMAP presents
  1. a comprehensive overview of the global malaria landscape,
  2. an evidence-based approach to deliver treatment to all people at risk
  3. an estimate of the annual funding needs to achieve the goals of the RBM Partnership for 2010, 2015 and beyond.
- Sustained country leadership and commitment are essential in overcoming malaria.
- The RBM Partnership has developed the Global Malaria Action Plan (GMAP) first and foremost to support endemic countries.

## **Reaching the malaria-related MDGs**

### **Goal 4: Reduce child mortality**

*Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.*

- Malaria is a leading cause of child mortality in Africa, claiming a life nearly every 30 seconds. Children are at highest risk for severe malarial illness and death during the first five years of life while their immune systems are developing. Malaria is a leading cause of child mortality, responsible for 8% of child deaths worldwide and 18% of child deaths in Africa. In addition to the symptoms and complications of the disease, malaria affects a child's immune system and increases their susceptibility to other diseases. As they grow older, childhood malaria infection, including cerebral malaria, can have long-term effects related to delayed physical growth, impaired cognitive development and persistent neurological damage.

### **Goal 5: Improve maternal health:**

*Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.*

- Pregnant women, infected with malaria, have an increased risk of severe maternal anemia, parasites in the placenta, low birth weight, prematurity, and increased infant mortality. Pregnant women are more susceptible to complications from malaria, including cerebral malaria and kidney failure. In malaria endemic areas one in four severe maternal anemia cases are attributable to malaria infection, as are nearly 20% of low birth weight babies.

#### **Strategies to address MDGs 4 and 5:**

- The World Health Organization has adopted a three pronged approach to ease the burden of malaria on women and children in endemic areas that includes intermittent preventive treatment (IPT) for pregnant women, malaria illness management during pregnancy, and the use of insecticide-treated bed nets (ITNs) for the entire population living in malaria-affected areas.
- The recently launched cherry-flavoured dispersible paediatric formulation of a highly effective ACT adds to this approach. This new formulation is expected to improve malaria case management of children and save countless young lives.
- These strategies, combined with initiatives to promote prompt and effective treatment for childhood fevers, have measurable impact. IPT reduces low birth weight by 29%; treatment during pregnancy saves lives, and insecticide-treated nets are one of the most effective ways to prevent malaria transmission. Studies have shown that high coverage and regular use of ITNs can reduce overall all-cause under-five mortality rates by nearly 20% in malaria-endemic areas. Moreover, the use of a sweet-tasting ACTs will make it easier for mothers and caregivers to administer effective malaria medicine to their children, and improve compliance to treatment.
- Integration of scaled-up malaria programs with existing maternal and child health services is essential to achieving global targets for malaria reduction. This strategy offers cost effectiveness when malaria treatment and prevention is incorporated into child and reproductive health services to reduce the burden of malaria while simultaneously tackling other health concerns.

### **Goal 6: Combat HIV/AIDS, malaria and other diseases**

*Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

- HIV/AIDS compounds the symptoms of malaria, particularly in pregnant women. HIV infection during pregnancy is associated with greater numbers of malaria parasites in the placenta, which brings a higher risk of birth complications. Malaria in turn causes anemia in pregnancy and is associated with a higher HIV-1 viral load. Malaria, HIV/AIDS and anemia all result in low birth weight, an important risk factor for infant mortality. The dangerous combination of HIV/AIDS and malaria underlines the need for integrated health services, and also highlights the need for further research into the effects of HIV treatments and anti-malarial drugs in pregnant women.

## Economic Impact of Malaria

- Malaria imposes an enormous economic burden on families, communities and entire countries in Africa. Malaria-related health expenditures and lost productivity costs Africa's economy an estimated \$12 billion per year and significantly impacts foreign direct investment, tourism, labor productivity. Malaria accounts for approximately 40% of public health expenditures in sub-Saharan Africa, 20%-50% of inpatient admissions, and up to 50% of outpatient visits in highly endemic areas.
- At the household level, malaria can pose a serious economic hardship, accounting for more than 10% of a family's annual spending. Direct costs for malaria-related prevention range from \$0.41 in Malawi to more than \$7.00 in Ghana. Outpatient costs for treatment can be as high as \$154 for cerebral malaria in Senegal.
- Despite the tremendous economic challenge that malaria presents, cost-effective prevention and treatment tools are available, and rapid-scale up of these interventions have potential to result in millions of lives saved, hundreds of millions of malaria cases prevented, and produce tens of billions of dollars in economic returns.

### Return on Investment for Rapid Scale-up of Interventions

- Implementation and scale up of malaria interventions can be hampered by poor procurement processes and inefficient supply chain management. Furthermore, 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. Additionally, qualified Procurement Agents may be engaged to streamline the pricing and PSM processes.

### Innovative Financing: AMFm and UNITAID

- The Affordable Medicines Facility – malaria (AMFm) is a financing mechanism designed to make artemisinin-based combination therapies (ACTs) more accessible, and by so doing to reduce the use of sub-optimal treatments. The AMFm involves negotiating a reduced price for ACTs, and then making a co-payment to lower further their sales price to buyers in malaria-endemic countries. These affordable ACTs will then be distributed through the public, private and not-for-profit health sectors. By reducing the cost of ACTs available across the health sector, the AMFm aims to serve as a platform for scaling up access to ACTs and curtailing emerging resistance to artemisinin brought about by the use of artemisinin-based monotherapies.

- The AMFm will leverage additional financial resources to increase access to ACTs as part of an integrated approach to fighting malaria. The AMFm is demand-driven, and therefore country-driven, and will support national plans to increase access to ACTs.
- UNITAID aims to improve access to treatments against HIV/AIDS, malaria and tuberculosis for the populations of developing countries, by getting lower prices of quality medicines and diagnostics which are still too expensive for these countries, and speed up their availability and delivery in the field.
- UNITAID is financed primarily from the proceeds of a solidarity tax on airline tickets which ensures a steady flow of contributions. The revenue generated from the tax is also a truly additional, new source of funds for global public health.
- UNITAID funds are mostly based on innovative funding, which are secure, additional, sustainable and predictable. This allows UNITAID to commit on long term projects in order to have an impact on manufacturers. Long term commitment and the purchasing of high volume of drugs and diagnostics allows UNITAID to get lower prices as manufacturers are encouraged to increase their production which results in economies of scale. As a consequence, when prices are reduced, UNITAID and its partners can provide more drugs and treatments for the same budget.

## **Malaria and Health Systems Strengthening**

- Effective, long-term malaria control is inextricably linked to the strength of health systems. Strong health systems can deliver effective safe, high-quality interventions when and where they are needed and assure access to reliable health information and effective disease surveillance. At the same time, integrating malaria treatment, prevention and surveillance into existing health programs and activities in endemic countries will ensure that funding earmarked for malaria control contributes to the development, expansion and continuous improvement of national health systems.
- The international community has recognized the importance of health systems strengthening in combating the major poverty-related diseases in the poorest countries of the world. In 2007, the G8 pledges US\$ 60 billion to strengthen health systems in Africa and advance the MDGs related to HIV, tuberculosis and malaria.