

STEP UP THE FIGHT AGAINST MALARIA

The number of deaths caused by malaria globally declined nearly 50% between 2000 and 2015 – that translates to an estimated 6.8 million deaths averted. However, after those years of breathtaking progress, the decline in malaria cases has stalled. In 2016, there were an estimated 217 million cases of malaria, and 2017 saw 219 million cases.

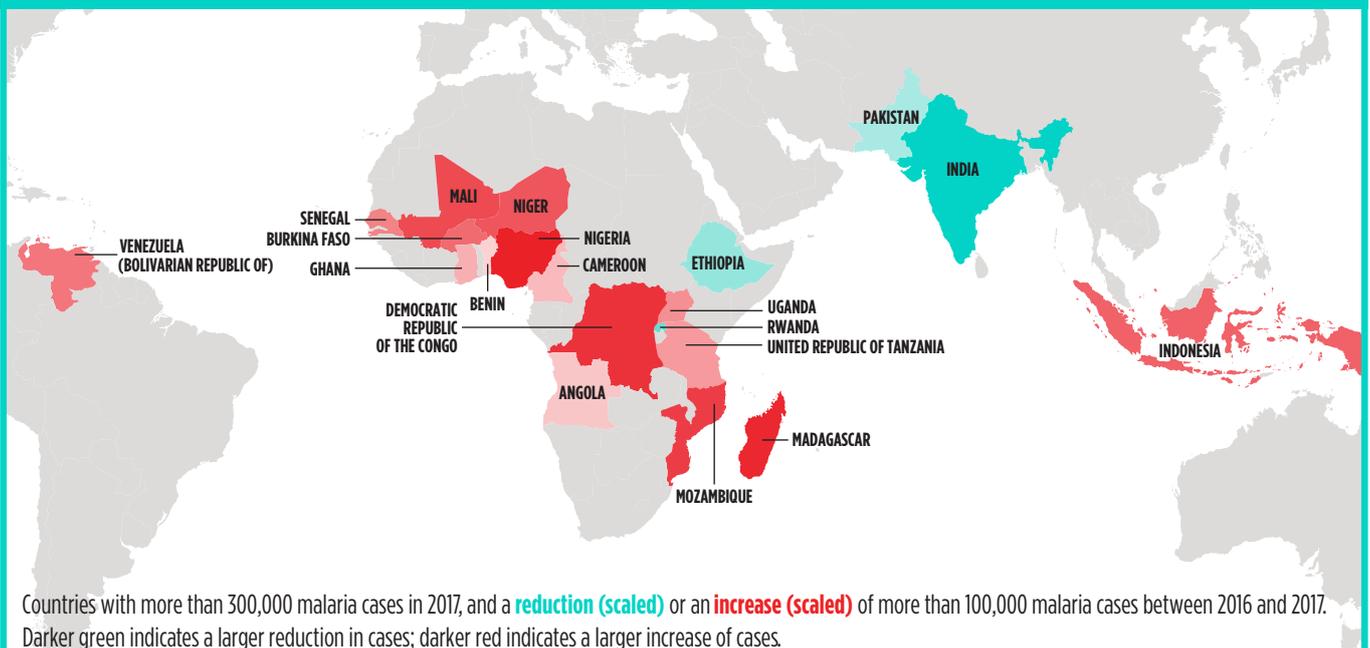
Malaria remains a fight we can win, if we build and maintain unwavering commitment. We have the tools to end malaria. Almost every year, new countries are certified malaria-free – Paraguay and Uzbekistan celebrated this milestone in 2018. Still, new threats have pushed us off track. We are not on trajectory to reach the Sustainable Development Goal (SDG) target of ending the disease by 2030. Wavering political commitment, shortfalls in funding and increasing insecticide and drug resistance have slowed progress

and enabled the disease to gain ground. The human toll is huge and unacceptable: A child still dies every two minutes from malaria.

In the highest burden countries – most of which are lower-income countries – we are not doing enough to break the parasite’s transmission cycle. Stagnant funding in countries with rapid population growth has meant per capita funding for malaria prevention and care has declined for the past several years, leading to gaps in mosquito control coverage and

other prevention and treatment activities. Increasing insecticide resistance has exacerbated these trends. As recognized in the November 2018 launch of “High-burden to high-impact,” a country-led response catalyzed by WHO and the RBM Partnership to End Malaria, we must act now to get back on track toward malaria control and elimination. The prospect of artemisinin resistance spreading more widely underscores the need for urgent action.

HIGH BURDEN COUNTRIES



Countries with more than 300,000 malaria cases in 2017, and a **reduction (scaled)** or an **increase (scaled)** of more than 100,000 malaria cases between 2016 and 2017. Darker green indicates a larger reduction in cases; darker red indicates a larger increase of cases.

Source: National Malaria Reports and WHO estimates

Getting back on track to end malaria and deliver the broader Sustainable Development Goal 3 targets will require all the actors involved – including multilateral and bilateral partners, governments, civil society and the private sector – to raise their game, accelerate innovation, coordinate and collaborate more efficiently, and execute programs more effectively. We must step up the fight against the disease by increasing resource commitments and innovation, by scaling up prevention and treatment. As we have repeatedly witnessed, any complacency or weakening of resolve lets malaria resurge at alarming rates.

For instance, the Global Fund’s Regional Artemisinin-resistance Initiative (RAI) was launched in 2013 in response to the emergence of drug-resistant malaria in the Greater Mekong region. RAI has supported Cambodia, Laos, Myanmar, Thailand and Viet Nam to purchase and distribute commodities such as insecticide treated nets, rapid diagnostic tests that don’t require a laboratory or medical expertise, and quality assured drugs, which together yielded a sharp drop in malaria deaths. Even after malaria cases are reduced to zero, countries need resilient and sustainable systems for health to ensure the disease is not reintroduced. RAI includes a significant investment in health information systems, provision of integrated health services, support for national health strategies and efficient supply chains.

INNOVATION

We need more innovation in diagnostics, prevention, treatment and delivery models. Only through innovation can we counter the threat of resistance in malaria, extend our reach to the poorest and most marginalized. Only through innovation can we stretch every resource to maximize impact. New diagnostics, drugs, and vector control mechanisms are needed. We need further innovation in clinical and prevention tools, both to enhance the efficacy of prevention efforts and to improve treatment outcomes.

Working in partnership with Unitaid, and in collaboration with President’s Malaria Initiative and Bill & Melinda Gates Foundation, the Global Fund has committed US\$33 million in catalytic funding to support pilots of next generation mosquito nets designed to protect against mosquitos that have become resistant to current nets. Working in partnership with WHO, Gavi, the Vaccine Alliance, and Unitaid, the Global Fund has committed US\$15 million in a separate catalytic fund to support the pilot introduction of RTS,S, a malaria vaccine, which will be launched in three African countries in 2019.

New clinical and prevention tools are vital. So, too, are new ways of reaching and working with individuals and communities to maximize impact and to ensure sustainability. We need to ensure even more seamless

collaboration between all the actors involved in the biomedical innovation process, so that we fill gaps more quickly, anticipate and address resistance challenges, and continuously introduce more cost-effective and safer solutions. The Global Fund will play a critical role in this process. As a big – and sometimes the biggest – purchaser of innovative products for HIV, TB and malaria, the Global Fund can facilitate rapid scale-up and integration into programming, so people can benefit quickly.

STEPPING UP THE FIGHT

Ending the epidemics of HIV, TB and malaria by 2030 is within reach, but not yet firmly in our grasp. But after years of remarkable progress, new threats have pushed us off track. We now face a decisive moment. Do we step up the fight, or do we allow ourselves to slip back? The Global Fund’s fundraising target for the next three-year cycle is at least US\$14 billion. These funds will help save 16 million lives and cut the mortality rate from HIV, TB and malaria in half by 2023, while building stronger health systems. It is time to step up the fight to end the epidemics by 2030.

HISTORY HAS SHOWN

MALARIA’S ABILITY TO RESURGE

Moustarida, age 3, is one of more than 4 million children under 5 in Niger alone to receive seasonal malaria chemoprevention (SMC).

During the rainy season, when malaria strikes the most, community health workers dispense SMC to protect young children from the disease. This cost-effective, targeted intervention can reduce cases by more than 50 percent. Effective control of diseases like malaria frees health systems to manage other demands and prepare for future threats. But malaria cases are rising in some countries after years of decline; history has shown malaria’s ability to resurge even after years of successful control. As the leading international funder of the malaria response, the Global Fund is investing in new tools, data generation, partnerships and innovations – including piloting new mosquito nets to combat insecticide resistance in Africa.



The Global Fund / David O'Dwyer

ABOUT THE GLOBAL FUND

The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.