AFRICAN LEADERS MALARIA ALLIANCE | ALMA

Financing for Malaria Control
Update for the ALMA African Union Summit
Malabo, Equatorial Guinea, June 2011

Background

Africa has made significant progress towards the achievement of universal coverage of key malaria interventions. Since 2008, over 300 million LLINs have been distributed in Africa, sufficient to achieve 80% coverage of the at-risk population. Approximately 10% of the at-risk population in Africa is also protected through IndoorResidual Spraying (IRS). Malaria diagnosis, particularly through the roll out of Rapid Diagnostic Tests (RDTs), and treatment with Artemisinin-based Combination Therapy (ACTs), including at community level, have also scaled up significantly, with around 160 million RDTs and 283 million ACTs financed in 2011. As we move towards zero malaria deaths in Africa by 2015, it will be essential to further strengthen the funding base to ensure that these impressive gains are sustained, and that universal coverage is reached. The risk of not maintaining progress by sustaining malaria control is real. In previously high/medium endemic settings where malaria has been controlled, it will quickly resurge when control measures are relaxed or halted. Last year, upsurges in malaria were seen in a number of countries as coverage of interventions dropped, illustrating the importance of maintaining coverage. The ALMA Scorecard for Action and Accountability will also help to track countries where additional resources are required to sustain coverage gains and scale up coverage.

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Current situation

The Roll Back Malaria Global Malaria Action Plan estimates that approximately US$ 2.6 billion is required annually to achieve and sustain universal coverage of key malaria interventions. Taking into account the resources that have already been secured or pledged by donors this leaves a gap of around US$ 2.2. billion over the next five years to sustain universal coverage. Significant efforts will need to be made in order to ensure that existing pledges are translated into firm commitments and ultimately cash.

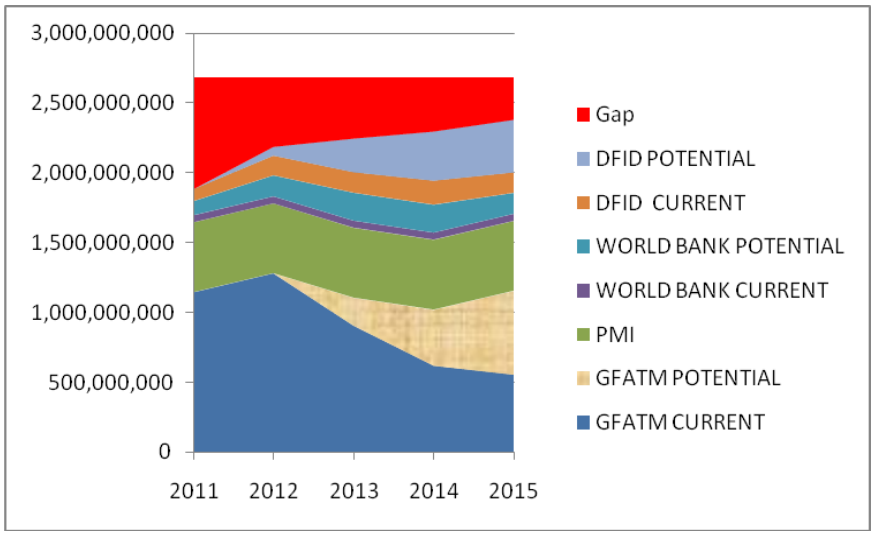

Fig. 1. Pledged funding and funding gaps 2011-2015 in US Dollars

ALMA is already working in Ethiopia, Rwanda, Senegal, Tanzania and Zanzibar with the Clinton Foundation, and other partners to identify best practices in malaria financing at country level, with a view to supporting all malaria-endemic countries to devise appropriate, context-sensitive solutions to sustained financing. The costing of the five countries' malaria programs has largely been completed, and Clinton Health Access Initiative (CHAI) and ALMA are now working with National Malaria Control Programs and relevant in-country partners to ensure the data are accurate and representative. The focus of the initiative is now shifting to a consideration of how best to sustainably finance malaria programs over the next ten years.

ALMA and partners are also actively investigating additional innovative sources including results based financing, risk pooling, health insurance schemes, and the Trust (Solidarity) funds, as well as increased domestic and private sector contributions.

Proposed solutions and clear action plans will be presented at the September 2011 Heads of State and Government Forum in New York for discussion.

Next steps

Malaria-endemic countries certainly need their traditional donors to stay the course, but new partners and new innovative mechanisms of financing are also required to ensure that the financial gaps are filled. This will require:

1. Working with existing donors to ensure current pledges are met, including:
    - The Global Fund – Round 11 will be launched on the 15th August 2011 and it is hoped that we can continue the recent high success rates for malaria proposals;
    - WB IDA 16 – working with Ministers of Finance and Health to enable setting aside resources for malaria and health – especially in the context of the very positive IDA 16 replenishment;
    - Key bi-laterals including DFID and PMI to identify and fill outstanding gaps, through honoring commitments and timely disbursements.

2. Identifying areas where efficiencies can be improved, including through pooled procurement, standardization of net specifications, etc
3. Identifying opportunities for innovative financing including results based financing, risk pooling, health insurance schemes, and the Trust (Solidarity) funds, as well as increased domestic and private sector contributions.