

Outcomes of the ALMA Forum

28th January, 2013

Addis Ababa, Ethiopia

Background

Over the past decade, malaria, a treatable and preventable disease, has been justifiably reinstated as a priority for global health investment. International funding commitments for malaria control have risen from under US\$100 million in 2003 to more than US\$2 billion in 2011. The Global Fund to Fight AIDS, Tuberculosis and Malaria has been the single largest external investor in malaria control worldwide, comprising over 65% of all donor support, followed by the US President's Malaria Initiative, the World Bank, UNITAID, and the United Kingdom. Several other donor governments, foundations and private sector partners, make up the balance of funders.

We have now entered a financial crisis and require the full mobilization of ALMA members and partners to address it. Most immediately, if the 2013 funding gaps are not filled, ALMA member countries will suffer significant malaria resurgence, and wipe out existing gains. The Outcomes from this Forum are focused on averting this.

ALMA Heads of State observations

ALMA recognizes that National investments bolstered by these donor resources have allowed for the scale-up of proven cost effective malaria control interventions, including long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS), diagnostic testing (through both rapid diagnostic tests [RDTs] and microscopy), and treatment with highly efficacious artemisinin-based combination therapies (ACTs). As an example, more than 290 million LLINs were distributed in sub-Saharan Africa between 2008 and the end of 2010. An additional 162 million LLINs have since been procured and delivered.

Concurrent with the dramatic increases in access to malaria control interventions, malaria cases have fallen by more than 75% in eight ALMA countries over the past decade; another three countries have registered declines of 50-75%. Over this same time period, malaria mortality rates have fallen by approximately one quarter globally and by more than a third in the WHO African Region.

MEMBERS

- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Chad
- Comoros
- Republic of Congo
- Democratic Republic of Congo
- Côte d'Ivoire
- Djibouti
- Egypt
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- The Gambia
- Ghana
- Guinea
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sahrawi Arab Democratic Republic
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Sudan
- Swaziland
- United Republic of Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

The ALMA Heads of State and Government have closely monitored policy compliance and financing in-country as well as implementation of recommended interventions and impact. Whereas there has been rapid policy change in ALMA countries, as well as consistent financial support over the five years to 2011; 2012 has seen a dramatic change owing to the global financial downturn, which led us in July last year, to express grave concern about the lack of momentum and possible reversal of the gains in malaria control. The situation has continued to escalate, and may rapidly lead to the resurgence of malaria. Due to the repercussions from the global financial crisis, and specifically, the slowdown of new commitments from the Global Fund, ALMA member states are no longer able to reach or maintain universal coverage of malaria control. In 2012, 70 million LLINs were distributed compared to 92 million in 2011 and 145 million in 2010. ALMA and the Roll Back Malaria Partnership currently estimate the funding gap to achieve the 2015 targets as US\$3.6 billion. Approximately US\$1 billion in additional support is required in 2013 alone.

The Big Push to Avert the Malaria Funding Crisis

In July 2012, the ALMA Forum called for a Big Push by all stakeholders to reverse this negative trend. At this January 2013 Forum, we are clearly outlining the actions that are required, and call upon our traditional partners, as well as invite new stakeholders to join us and our people. Together, we can maintain the gains in the fight against malaria and meet the legitimate and priority needs of all countries, whilst enhancing accountability and sustainability.

1. With the growing strength of African economies over the past decade, we embrace innovative financing and commit to generating new revenue streams in support of increasing domestic contributions to malaria control in particular, and public health more broadly. Two options among several we are considering include levies on financial transactions and airline tickets. This undertaking will serve the purpose of raising new domestic revenue, improving sustainability, and will help to ensure that the benefits of trade and investment between Africa and the World flow to Africa's people. We ALMA members urge the BRICS and traditional partners to join us in fully exploiting this rich potential source of development funding.
2. To address the malaria emergency we are facing, the African Leaders Malaria Alliance members stand ready to consider with donors immediate emergency financing mechanisms that can bridge the financing gap, including with the Global Fund, the World Bank's International Development Association (IDA), United States, United Kingdom, African Development Bank, and other donors. We call upon the Ministers of Finance of Mozambique and the United Republic of Tanzania to convene the Finance Ministers of those countries facing unfunded needs and risking resurgence for a special meeting alongside the International Monetary Fund/World Bank Spring Meetings in April 2013 to address the urgent funding gaps with the donor partners noted above.

3. We urge all partners that have supported the funding of LLINs over the past five years in ALMA member countries, to support their replacement. Children with no immunity who have been protected over the past three to four years are beginning to get exposed, and will be presenting with severe malaria if urgent protection is not provided. Nine member countries of ALMA urgently require replacement nets to be made available during the first and second quarters of 2013.
4. In 2010 and 2011, ALMA, working with eight member countries and the World Bank Group, successfully piloted a bulk purchasing mechanism which delivered cheaper, high quality LLINs rapidly to countries, due to standardization of net specifications. The countries in urgent need of net replacement as well as the funding donors are urged to adopt this bulk purchasing mechanism to accelerate access.
5. ALMA recognizes the crucial role that the Global Fund has played and will continue to play in the fight against AIDS, TB and Malaria. As a key partner, ALMA is committed to actively lobby for and support the Fund's replenishment efforts this year. We urge the Fund to actively explore new ways to maximize the use of the Fund's existing resources. We would like to encourage the Global Fund and its partners to examine innovative ways to unlock its financial capacity to assist in making the case for replenishment. We would encourage the same for the World Bank Group as it enters the replenishment for the International Development Association, which ALMA will also lobby for and strongly support.
6. The ALMA Forum urges the World Bank Group and the African Development Bank to dramatically ramp up and accelerate technical support to strengthen financial management and controls in member countries, including in the health sector, as well as securing their assistance with financing mechanisms that can bridge the current gap.

The ALMA Forum in May 2013 will be updated on progress in these six areas.

