

Early Evidence of Sustainable Impact on Malaria

Achieving impact on malaria

The Global Fund has shown that where distribution of insecticide-treated bed nets (ITNs), spraying and treatment are scaled up to national population coverage, malaria cases and child mortality can be reduced by up to 50 percent.

This scale is achieved by country programs and partners (including RBM, PMI, UNICEF, World Bank, bilaterals, and WHO).

From pilot studies to country impact

- ▶ **Pilot trials** of ITNs in Kenya showed child mortality improvement and economic benefits. Southern Africa showed the benefits of integrating spraying and effective treatment
- ▶ **National declines:** Global Fund-supported programs now show similar evidence of national declines in malaria and child mortality in Rwanda, Burundi, Eritrea, Swaziland, Kenya, Mozambique and Zanzibar, with initial signs of decline in Ethiopia and Zambia

Summary of evidence of sustainable impact on malaria

- ▶ Malaria impact contributes to the Millennium Development Goals 6 (combat HIV, malaria and other diseases) and 4 (reduce child mortality)
- ▶ Scaling up prevention and treatment shows initial success in reduced drug demand and improved health systems capacity. Up to 50 percent of patient visits are related to malaria in high-burdened areas. In some facilities in Rwanda, patient visits have declined by 50 percent after community malaria and HIV interventions

COUNTRY	EVIDENCE OF IMPACT	SERVICES SUPPORTED
Rwanda	- 64% decline in child malaria cases - 66% decline in child malaria deaths (facility data 2005-2007) - Declining treatment demand	- By end 2007, more than 2.4 million ITNs were distributed, achieving 60% coverage - National ACT roll-out
Zanzibar	- 52% decline in child mortality (2002-2005) - 77% decline in out-patient malaria cases (2002-2005) - Significant decline in ACT drug demand due to improved diagnosis and almost no new malaria cases reported	- Introduced ACT treatment in 2003 - Comprehensive 90% ITN coverage - Household spraying: 90% coverage - NGO training on net use
Burundi	- 45% decline in malaria incidence (2000-2005) - Independent review showed impact of malaria interventions on new cases	- One of first countries to introduce effective ACT treatment, 3.9 million cases treated - More than 1 million ITNs distributed
Eritrea	- 71% decline in malaria deaths (2000-2006) - 91% decline in outpatient malaria cases (2000-2006) - 42% decline in malaria cases in facilities (2005-2006)	- ITN coverage increased to 60% - Introduced ACT treatment in 2007 - Strengthened community-based activities: community health workers, diagnosis and education programs
Kenya	- 61% decline in malaria among children in coastal districts (1999-2006)	- Mass distribution of ITNs and effective malaria treatment
Mozambique, Swaziland, South Africa	- 87 to 96% reduction in malaria incidence - 82 to 87% reduction in malaria mortality - 53 to 94% reduction in malaria parasite prevalence - Declining demand for drugs	- 5 million people protected by indoor residual spraying (IRS) - Universal coverage with effective drugs
Ethiopia, Zambia	- Some initial signs of protective effect of ITNs and of declines in malaria cases - Evidence of significant declines in child mortality which require careful evaluation	- ITN distribution: 9.4 million (Ethiopia), 1.9 million (Zambia) - Effective ACT treatment introduced

Sources: Bhattacharai et. al. 2007; Global Fund grant information; WHO 2008; Gimnig et. al. 2003; Okiro et. al. 2007; Low-Beer et al. 2007; Nahlen, Low-Beer 2007; National Malaria Control Country Program Data.

“Once people get into the rhythm, the results can really scale up. The Global Fund has provided the most predictable financing to support scale up ... now the challenge is how to sustain it”

How Global Fund Financing Achieves Sustainable Impact on Malaria with Partners

The Global Fund model supports sustainable impact against malaria in three clear ways:

1. Supporting country programs with partners: Leading with prevention, scaling up effective treatment
2. Flexible financing of services and systems
3. Performance-based funding for impact

At the same time, significant challenges exist to sustain impact:

- ▶ Accelerate success in the delivery of insecticide-treated bed nets (ITNs) to universal coverage of those at risk
- ▶ Building national capacity for comprehensive and sustainable prevention and treatment

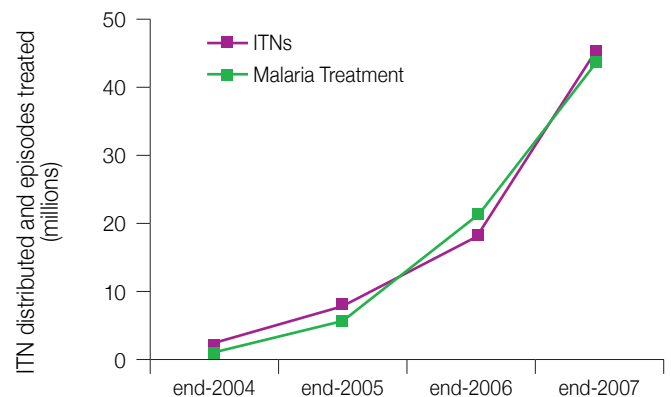
1 Leading with prevention, scaling up treatment

The Global Fund finances country programs that ensure an appropriate balance of prevention (ITNs and spraying) and treatment.

- ▶ In 2002, only **5 million** ITNs were distributed globally
- ▶ Since then, **46 million** ITNs have been distributed by Global Fund-supported programs together with partners
- ▶ The Global Fund has provided two-thirds of international financing for malaria, committing **US\$ 3.7 billion**

Results are achieved together with many partners (Roll Back Malaria (RBM), UNICEF, the U.S. President's Malaria Initiative (PMI), the World Bank, bilaterals and the World Health Organization (WHO)) – and, crucially, the leadership of countries.

Global Fund-supported programs have rapidly scaled up global malaria prevention and treatment



2 Flexible financing of appropriate services and systems

The Global Fund has helped build a platform for partner impact by supporting prevention and treatment as well as building systems for delivery.

- ▶ Investing in procurement, supply and distribution systems
- ▶ Financing necessary health and community workers to deliver malaria services
- ▶ Supporting education and facilities to improve appropriate diagnosis

Multi-country Southern Africa program: systems and support to widen impact

- ▶ **Systems:** Extended the successful South Africa program and surveillance to Swaziland and Mozambique to manage malaria across the region
- ▶ **Coverage:** 90 percent of households covered with indoor residual spraying (IRS) in target zones. Universal coverage with effective drugs
- ▶ **Impact:** 70 percent decline in malaria cases, now leading to declines in drug demand

3 Performance-based funding for impact

It is easier to want to finance services; it is more difficult to manage finances to achieve and sustain impact.

Performance-based funding ensures learning, the identification of bottlenecks, and a sharp focus on reducing malaria cases and deaths.

Ethiopia program: performance management for impact

- ▶ **Learning:** The program had not delivered a single ITN against a target of two million. It was given six months to deliver results
- ▶ **System support:** Ethiopia found solutions to procurement problems with UNICEF, and trained 4,416 health workers
- ▶ **Managing for impact:** Ethiopia delivered the two million ITNs. Subsequently, finance has been accelerated to deliver seven million additional ITNs to achieve impact

“What made the difference is you gave us a clear warning, that we were in the red zone ... we could focus and we both saw the problem ... performance-based funding helped us think through implementation.”

–Minister of Health, Ethiopia