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## AFRICAN GOVERNMENTS MUST INCREASE DOMESTIC FUNDING FOR MALARIA IN THE FACE OF REDUCED GLOBAL FUND ALLOCATIONS

There has been significant progress towards malaria elimination in sub-Saharan Africa. However, in light of the recently released [2017-2019 Global Fund country allocations](#) – many of which indicate marked reductions in malaria funding – government planners, strategists and policy makers should be proactively discussing how to sustain the gains that have been made.

According to the World Health Organization's [2016 World Malaria Report](#), funding for malaria increased each year from 2005 to 2010, but has subsequently fluctuated, with totals for 2014 and 2015 lower than 2013 (Figure). In Africa, just 25% of malaria funding comes from domestic governments, compared to 33% from the Global Fund and 29% from the United States Agency for International Development.

Figure: Investments in malaria control activities by funding source, 2005–2015 (World Health Organization, 2016)

[Investments in malaria control activities by funding](#)

Source: WHO, 2016

The Global Fund's 2017-2019 funding cycle seemed to have the right rhythm for the African Constituencies, beginning with the acceptance of the forwarded recommendations to the Global Fund Board meeting in November 2016. The approval of \$800 million for catalytic investments was also welcome news, the largest portion of which (\$202 million) will go towards national, regional and other strategic malaria programming. Twenty million \$ is earmarked specifically for regional malaria elimination

programming in Southern Africa. Nonetheless, the 2017-2019 Global Fund country allocations may widen the funding gap for malaria in some countries. There are plenty of critiques of the Global Fund's allocation methodology, which is sometimes seen to be too heavily reliant on a country's income level, without accounting for important factors such as inequality and a government's willingness (different from ability) to pay. There is a growing concern among Global Fund grant recipients that the new allocations may be a stumbling block to maintaining milestones in the fight against malaria.

Past experience has shown that despite registering economic growth and increasing their domestic funding, the need continues to outpace increases in domestic funding. Many African countries consistently fail to meet their Abuja commitment to dedicate 15% of their annual budgets to health. This trend needs to change for African countries to keep the current momentum in the fight against malaria.

To eliminate malaria for good will require additional funding that must increasingly come from within affected countries. This should be coupled with developing sound strategies and searching for solutions to halt malaria-related deaths and finding new approaches to preventing malaria, such as conducting integrated sensitization and outreach campaigns along with strengthening health systems. Greater impact can be achieved when resources are pooled, pooling of resources and integration of activities remains the ultimate test for African countries at a time when malaria funding is dwindling.

Attaining the pre-elimination stage in the fight against malaria has seemed within many countries' grasp but sustained and sufficient funding for malaria control is a serious challenge. In 2015, malaria funding totaled \$2.9 billion, representing only 46% of the funding milestone for 2020 (\$6.4 billion). Governments and funding partners alike must commit to filling this funding gap, or the Sustainable Development Goals (SDG) target to eliminate malaria as a public health threat by 2030 will not be met. In the face of this funding gap and in light of reductions in many Global Fund country allocations for malaria, African countries must dedicate a greater proportion of their national health sector budgets to fighting malaria. National funding should be increased towards treatment and the procurement of ITNs. For example in Uganda [a single episode of malaria costs](#) a family on average 9 US dollars, or 3% of their annual income. Workers suffering from malaria may be unable to work for an estimated 5-20 days per episode. Given that many people are infected multiple times a year, this has substantial financial consequences to families. A poor family in a malaria endemic area may spend up to 25% of the household income on malaria prevention and treatment.

Despite funding challenges, key milestones in the fight against malaria have been achieved. For example, malaria-related deaths among children under five years have decreased globally by 69% to 303,000 between the years 2000 to 2015. Overall, the number of new cases fell by 21% between 2010 and 2015, mortality rates fell by 29% globally, and by 31% in the African region. This substantial decrease is mainly attributable to the nearly 500 million insecticide-treated bed nets delivered over the past three years coupled with significant expansion of diagnosis and treatment.

Winning the fight against malaria will call for mobilization of more resources. In order for the global goals to be met, and for the Global Fund to achieve its targets in its [2017-2022 Strategy](#), the Fund must play a leadership role in mobilizing increased resources for malaria – from both domestic and international sources.

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