



In Extraordinary Times... The Power of More



Accelerate Action and Invest in Communities to End Malaria

“Harness Innovation to reduce the malaria disease burden and save lives” is the theme of World Malaria Day 25th April 2022, and it calls for the need for accelerated action and investments and innovation that will bring new vector control approaches, diagnostics, antimalarial medicines and other tools to speed the pace of progress against malaria.

The first malaria parasites in mosquitoes are traced back to approximately 30 million years ago. About 10,000 years ago, malaria started to have major impacts on human survival. During the Middle Ages, physicians treated malaria using herbal medicines, and in the nineteenth century, parasites were identified as the source of malaria and the first drugs to treat malaria were developed. However, despite the advancements in technology including Artemisinin-based combination therapies (ACTs), Insecticide-treated nets (ITNs) and indoor residual spraying (IRS), no single tool is available today that will solve the problem of malaria.

Malaria is a preventable and treatable disease that continues to have devastating impacts on the health and livelihoods of people globally. In 2020, there were an estimated 241 million new cases of malaria and 627,000 malaria-related deaths in 85 countries where more than two-thirds of deaths were among children under the age of 5 in Africa.¹

World leaders committed to the Sustainable Development Goals (SDGs) in 2015 – including achieving SDG Target 3.3 of ending the epidemics of AIDS, TB, malaria and neglected tropical disease and combat hepatitis, water-borne disease and other communicable diseases by 2030. Despite this commitment, the rate of decline in malaria cases over the past two decades has slowed, and the rate of decrease in cases in 2019 was four percent lower than 2000, making malaria elimination by 2030 – the global target – less likely.²

“Achieving SDG 3.3 is not a far-fetched goal. We need to step up our game and invest more in malaria for innovation and tools that will equip the world to fight against malaria. Furthermore, we need increased investments in communities and civil society to end malaria. These investments are critical because community health workers and community-led organisations are part of health systems and central towards malaria responses that are community-centred, human rights-based, and gender transformative,” said Olivia Ngou, Global Coordinator of Civil Society for Malaria Elimination (CS4ME).

According to the Organisation for Economic Co-operation and Development (OECD), about 2.31 billion people are at high-risk of malaria in the Asia-Pacific which is home to the top three malaria high-burden countries: India, Indonesia and Papua New Guinea. In the Greater Mekong Subregion (GMS), malaria disproportionately affects ethnic minorities, indigenous and mobile populations and migrant workers. Furthermore, the GMS is a recurrent epicentre of antimalarial drug resistance and this drug resistance continues to be a serious threat to malaria control efforts in the region and recent evidence of the independent emergence of artemisinin partial resistance in the World Health Organization (WHO) African Region. This is of great global concern as it is home to 95 percent of malaria cases and 96 percent of malaria deaths.³ When malaria control was scaled up, there was little pyrethroid resistance in the major vectors, today there is no country in Africa where the vectors remain fully susceptible to pyrethroids.⁴

¹ [World Malaria Report 2021](#). Geneva: World Health Organization; 2021

² [Accelerating to the Finish: Increasing Sustainable Financing for HIV, Tuberculosis and Malaria Responses in Asia-Pacific to Achieve 2030 Targets](#), Global Fund Advocates Network Asia-Pacific; 2021

³ [World Malaria Report 2021](#). Geneva: World Health Organization; 2021

⁴ Hemingway J. The role of vector control in stopping the transmission of malaria: threats and opportunities. *Philos Trans R Soc Lond B Biol Sci*. 2014 May 12;369(1645):20130431. doi: 10.1098/rstb.2013.0431. PMID: 24821917; PMCID: PMC4024224. Maps on Coleman, M., Hemingway, J., Gleave, K.A. et al. Developing global maps of insecticide resistance risk to improve vector control. *Malar J* 16, 86 (2017)

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In addition, funding for global malaria control and elimination efforts decreased by 15 percent between 2017 and 2018, from USD 3.2 billion to USD 2.7 billion, and the total available funding for malaria reached only USD 3 billion against a global target of USD 5.6 billion in 2019.⁵

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) provides 56 percent of all international financing for malaria programmes (39 percent of total available resources) and has invested more than USD 14.7 billion in malaria control programmes. Furthermore, the Global Fund has provided additional funding in 2020 through the COVID-19 Response Mechanism (C19RM) to countries to mitigate the impact of COVID-19 on malaria responses.

According to the Global Fund's [Results Report 2021](#), in countries where the Global Fund invests in, malaria deaths have reduced by 26 percent between 2002 and 2020; 188 million mosquito nets were distributed to protect families from malaria; 259 million people were tested for malaria; 11.5 million pregnant women received preventive therapy and 9.4 million structures were covered by IRS.

The [Seventh Replenishment](#) of the Global Fund provides a one-time opportunity to get malaria responses back on track to achieve the 2030 targets and Universal Health Coverage (UHC) that leaves no one behind. The [Investment Case](#) for the Seventh Replenishment calls for at least USD 18 billion to save 20 million lives between 2024 and 2026; reduce the mortality rate by 64 percent across the three diseases by 2026; avert more than 450 million infections or cases; reduce the death toll across the three diseases; catalyse scale-up of domestic investment of up to USD 59 billion; reinforce systems for health and pandemic preparedness; reduce inequities in health services; and yield a return on investment of USD 1:31.

“The Seventh Replenishment Conference of the Global Fund hosted by the United States is crucial as we continue to fight for what counts – malaria elimination. Malaria affects populations disproportionately based on various socio-economic factors and these inequities must be addressed so no-one is left behind. All countries must be held accountable for ensuring financing through global mechanisms and that domestic resources are sustained despite disruptions caused by COVID-19. USD 18 billion is the floor and not the ceiling to ensure that continued investments are available in countries to combat malaria,” said Prof. Maxine Whittaker, Regional Artemisinin-resistance Initiative (RAI) Regional Steering Committee Civil Society Organisation Representative.

COVID-19 has exacerbated challenges in global health in attaining the SDGs, but despite the challenges, the pandemic has produced a wave of innovations and adaptations to continue the fight against malaria and for the world to strengthen resilient and sustainable health systems. Thus, we call for both public and private donors to rally together to attain at least USD 18 billion for the Seventh Replenishment of the Global Fund and for urgent, accelerated and concerted action to get back on the trajectory towards ending malaria because

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[Civil Society for Malaria Elimination \(CS4ME\)](#) is a global network of civil society organisations and communities contributing to malaria elimination and ensure that communities are at the centre of malaria programmes. Firm in the belief that empowered community and civil society are game-changers in health responses, CS4ME facilitates a platform for representatives of malaria communities and civil society to come together as part of their commitment to jointly advocate for more effective, sustainable, people-centred, rights-based, equitable, and inclusive malaria programmes.

The [Global Fund Advocates Network Asia-Pacific \(GFAN AP\)](#) is an advocacy platform of HIV, Tuberculosis and malaria community and civil society organisations in the Asia-Pacific region. GFAN AP supports advocacy for a fully resourced Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); increased and sustainable domestic resource mobilisation for health; and equitable, people-centred, human rights-based and gender transformative inclusion of HIV, Tuberculosis and malaria responses within Universal Health Coverage (UHC).

The [Regional Malaria CSO Platform \(GMS\)](#) is a platform for civil society organisations working in malaria and/or serving vulnerable populations including mobile and migrant populations, ethnic communities, forest and farm workers and internally displaced people. The main purpose of the platform is to provide a common space to the civil society organisations in the GMS especially RAI implementing countries Thailand, Myanmar, Cambodia, Lao PDR and Vietnam for communication, harmonised programmatic interventions, capacity strengthening, promote best practices and coordinated actions for advocacy to address malaria issues of malaria vulnerable and at-risk populations.

⁵ [Accelerating to the Finish: Increasing Sustainable Financing for HIV, Tuberculosis and Malaria Responses in Asia-Pacific to Achieve 2030 Targets](#), Global Fund Advocates Network Asia-Pacific; 2021

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