



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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GF/B17/8 - Addendum
Decision

ADDENDUM

THE GLOBAL FUND'S ROLE AS A STRATEGIC AND RESPONSIBLE INVESTOR IN MALARIA

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1. This document serves as an addendum to GF/B17/8, Part Three. After reviewing the paper, three Global Fund Board constituencies who also participate on the Roll Back Malaria Board requested that additional background information be provided to the Board for consideration to the discussion on this agenda item.

This additional information includes:

- i. Problem statement: The challenge of “covering the net gap”
- ii. The LLIN Gap
- iii. The role of counties to “cover the net gap”
- iv. The role of the RBM Partnership to “cover the net gap”

Problem statement: The challenge of “covering the net gap”

2. According to the RBM partnership, to reach the 80 percent long-lasting insecticidal net (LLIN) utilization target by December 31, 2010, universal coverage of at-risk populations is required. This target has been reinforced by a recent shift in WHO guidance to rapidly achieve universal LLIN coverage in order to achieve a “mass effect” and reduce overall disease transmission. There is now consensus within the RBM Partnership that an exceptional effort is required to reach the 2010 targets.

3. This is not to say that other malaria control interventions should not receive concomitant attention. For instance, substantial efforts are required to expand access to effective antimalarial treatment (being discussed at this Board meeting on the Affordable Medicines Facility for Malaria). According to recent research on the potential impact of malaria control intervention, treating and curing clinical malaria amplifies the effect achieved through LLINs.

4. In addition, indoor-spraying, where appropriate, should also be expanded – but the geographic, eco-epidemiologic and sociologic specificity of this intervention may make it less amenable to a continental procurement and financing solution. Greater thought is likely required to determine an appropriate mechanism to finance and deliver effective spraying.

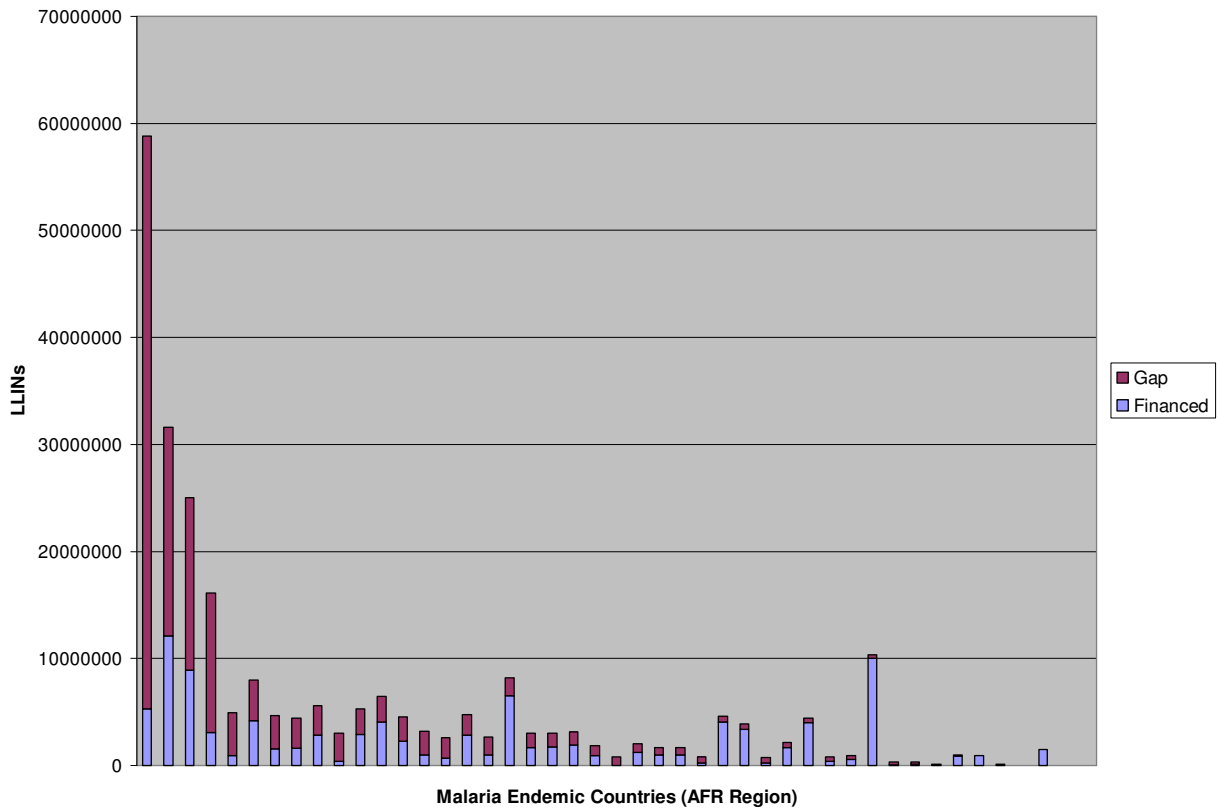
5. On the current trajectory, achieving the goals of universal coverage and 80 percent long-lasting insecticide treated net (LLIN) utilization by end 2010, are unlikely to be met due to the timeliness and scale of available resources from the Global Fund and other partners, as well as substantial delivery challenges at country-level. It is critical to note that “covering the net gap” does not stop at financing and procurement but that success can only be defined as LLIN utilization by those at risk,

which requires considerable resources for delivery, distribution and behavior change communications.

6. Part Three of GF/B17/8 discussed recommendations to the Global Fund Board to enhance its role as a partner in rapidly scaling up comprehensive malaria control efforts. We would like to emphasize to the Global Fund Board that we recognize that the role of countries in leading the charge. We also recognize the importance of technical support, implementation support, and funding provided by other partners in the RBM Partnership. The Global Fund is one piece, albeit a large piece, of a broader strategy to achieve the 2010 targets. This addendum seeks to draw attention to the piece of the LLIN financing and delivery challenge that the Global Fund board might address, while putting this contribution in the context of what countries and RBM partners must also address for successful achievement of the target

The LLIN Gap

7. It is estimated by the RBM Partnership that about 250 million LLINs are required to achieve universal coverage in sub-Saharan Africa. Estimated financing is available for approximately 100 million nets primarily from previous Global Fund rounds, the World Bank’s Malaria Control Booster Program, and the U.S. President’s Malaria Initiative (PMI). This leaves a financing shortfall of about 150 million LLINs, much of which could be financed through Rounds 8 and 9 (as well as RCC opportunities), the US PMI, the second phase of the Bank’s Booster Program, as well as contributions from the UK (e.g. the Prime Minister’s recent commitment to 20 million nets) and other partners. The below table provides an indication of the gap by country (though country labels have been excluded for this document due to an ongoing verification process).



Source: UNICEF April 2008, on behalf of the RBM Partnership’s Harmonization Working Group

8. It should be noted that while over 90 percent of deaths from malaria occur in Sub-Saharan Africa, and this addendum focuses on that region, continuing support must be provided in other endemic parts of the world, especially South and East Asia, Latin America, and the Caribbean. Addressing the transmission burden in other parts of the world will also result in stemming the tide of drug resistance. Improved estimates of malaria-related mortality are required, especially in India, where *P. falciparum* malaria may be on the rise.

The role of countries to cover the gap

9. Malaria endemic countries must first demonstrate the demand and political commitment to achieve a rapid LLIN scale-up over the next 32 months. This demand should include not only a sufficient commodity request but also broader support to ensure the delivery and utilization of LLINs, for instance, through community health workers and other health system strengthening mechanisms.

10. While the availability of commodities in a timely fashion is often the limiting factor, equally important is the ability of implementing partners to put in place delivery systems capable of absorbing an “exceptional” number of LLINs to quickly reach the December 31, 2010 target. Each country, while calculating its requirements to obtain universal coverage should also put in place comprehensive distribution plans, as well as mechanisms to promote utilization and monitoring.

11. To accelerate progress toward the goal, and establish a basis for consolidation and sustainability of results, delivery systems should be integrated, wherever possible. For example, delivery can be integrated with other routine maternal and child health services, including routine immunization, focused antenatal care services, and periodic planned health campaigns, such as child health days.

The role of the RBM Partnership to cover the gap

12. Implementation Support and Improved Planning: The RBM Partnership is providing proactive and reactive implementation support to assist malaria endemic countries to develop realistic plans to achieve a rapid LLIN scale-up over the next 32 months, within the context of a comprehensive menu of effective malaria prevention and treatment interventions. Individual RBM partners will continue to provide in-country implementation support, and RBM structures such as the Harmonization Working Group are being strengthened with full time staff for a Malaria Implementation Support Team to provide consistent support to the country scale-up. As part of this support, the Partnership will continue to play a central role in analyzing systemic bottlenecks that are preventing a rapid scale-up of LLINs and other effective prevention and treatment interventions, as well as providing high-level analyses and advocacy to promote the rapid scale-up.

13. Monitoring: The Partnership has a key role to play in tracking progress against the gap - - progress against not only pledged financing to cover the gap, but also the procurement, delivery and utilization of LLINs on the path to achieving the 2010 target.

14. Mobilizing additional financing: Additional resources will be required above and beyond those expected from the Global Fund to cover the net gap of 150 million nets. African countries could draw on World Bank financing (The World Bank is in the final stages of preparing the second phase of the Malaria Control Booster Program) to provide between 40-50 million LLINs over the next 32 months, and the US PMI will could provide at least 20 million. The recent UK commitment of about 20 million nets will be key to the effort as well. This leaves about 70 million nets as an indicative target for Rounds 8 and 9, as well as future RCC applications and other partners to get to the 150 million net target for universal coverage.

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