



MESSAGING TOOLKIT

7TH GLOBAL FUND
REPLENISHMENT

As of February 8, 2022

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INTRODUCTION AND TOOLKIT STRUCTURE

This messaging toolkit serves as a complement in support of the Global Fund’s campaign -- #FightForWhatCounts – and calls on global leaders to achieve the Replenishment goal. We invite you to use this messaging document, which offers malaria-specific key messages, themes and case studies, for all communications and campaign materials over the coming months to drive increased commitments to the Global Fund.

Each topline message is accompanied by evidence points in the ‘Messaging & Evidence’ section, followed by thematic messaging and evidence (e.g. Gender Equality and Climate Change). Thematic case studies are located in the appendix.

TOPLINE MESSAGING SUMMARY

- **Global Fund Unique Impact** A fully resourced Global Fund is critical to ending malaria, advancing health equity, and building resilient health systems. Since 2002, the Global Fund has saved over 44 million lives, reduced the burden of HIV/AIDS, malaria, and tuberculosis by 40%, and strengthened health systems in the world’s most vulnerable communities. We will save *20 million more lives* and avert over 450 million cases or infections by reaching the Global Fund’s target of US\$18 billion for the next three-year cycle.
- **A Precarious Juncture** Today, the malaria fight is at a precarious juncture with the global malaria burden much higher than previously estimated and half the world’s population still at risk of the disease. The countries with the highest burden of malaria have the least ability to fund health services and have suffered the greatest economic impact from COVID-19. **A fully replenished Global Fund will impact our ability to end these diseases, improve economic growth, and prepare for future health threats.**
- **A Safer World** Malaria investments are a pathfinder for pandemic preparedness and response. Increased investment in the Global Fund offers one of the best opportunities we have to accelerate progress against malaria, help countries continue to build resilient and sustainable health systems, and strengthen country capacity to fight this pandemic and be prepared for the next one.
- **Innovative Approaches** Key to the Global Fund’s success is developing and implementing innovative solutions and establishing strong country partnerships to solve tough global health challenges. Innovative approaches to partnerships, financing, and catalytic investments include the rapid introduction, scale-up, and targeted delivery of new malaria interventions, improved supply chains, and stronger surveillance and lab capacity, and resulted in a 45% drop in malaria deaths. A fully replenished Global Fund would allow us to harness innovation to save more lives and maximize impact to bring the world closer to ending malaria.
- **A More Equal World** A fully replenished Global Fund will help us get back on track to end malaria and achieve a more equitable world. The Global Fund’s malaria programs are critical to improving economic growth, advancing gender equality, expanding access to life-saving malaria health care, and ensuring people can thrive in malaria-free communities.



MESSAGING & EVIDENCE:

TOPLINE MESSAGES

GLOBAL FUND UNIQUE IMPACT

TOPLINE MESSAGE:

A fully resourced Global Fund is critical to ending malaria, advancing health equity, and building resilient health systems. Since 2002, the Global Fund has saved over 44 million lives, reduced the burden of HIV/AIDS, malaria, and tuberculosis by 40%, and strengthened health systems in the world's most vulnerable communities. We will save 20 million more lives and avert over 450 million cases or infections by reaching the Global Fund's target of US\$18 billion for the next three-year cycle.

- In the last 20 years, the Global Fund's investments and innovative partnerships with malaria-affected countries, donor governments, the private sector, and NGOs contributed to saving 10.6 million lives from malaria and preventing more than 1.7 billion malaria cases—one of the greatest global health successes this century
- Reducing malaria by 90% and eliminating the disease in 35 countries by 2030 could save 10 million lives and unlock an estimated \$4 trillion in economic benefits from gains in productivity and health savings
- The Global Fund mobilizes and invests funding that accounts for 56% of malaria programme financing across 94 countries. Their programs engage local experts, leverage global partnerships and innovative financing approaches among donors, endemic country governments, and the private sector
- By leveraging investments from the private sector and high-burden countries, pooling resources, and consolidating technical expertise, the Global Fund provides a results-oriented, accountable model for assistance that has been proven to offer excellent value for money
- In 2019-2021, 74% of Global Fund investments went to countries in Sub-Saharan Africa
- For 2021-2023, the Global Fund allocated US \$3.58 billion for malaria in endemic countries in Africa, an increase of US \$825 million from 2019-2021
 - » The additional funding has allowed countries to scale up malaria interventions (e.g., insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention for young children) and case management, whilst also working to address key challenges like insecticide resistance
- In countries where the Global Fund invests, malaria deaths have reduced by 45% between 2002 and 2019
- If fully funded, between 2020-2026, the Global Fund could:
 - » Reduce malaria cases by 66%, from 239 million to 81 million
 - » Reduce malaria deaths by 62% from 623,000 to 234,000
 - » Reduce incidence and mortality rates by 69% and 66% respectively
 - » Increase use of long-lasting insecticidal nets in sub-Saharan Africa from 43% in 2020 to 52% by 2026
 - » Treat 550 million malaria cases through public sector systems between 2021 and 2026
 - » Eliminate malaria from an additional six countries by 2026

ADDITIONAL EVIDENCE

- Global investments topping US\$53 billion over 20 years gave 44 million people living at risk of malaria access to life-saving tools and healthcare
 - » Of the US\$ 3.3 billion invested in malaria in 2020, almost US\$1.4 billion (42%) was channeled through the Global Fund. Compared with 2019, the Global Fund's disbursements to malaria-endemic countries increased by about US\$0.2 billion in 2020
 - » Malaria death rates were nearly halved between 2000 and 2020
 - » The Global Fund supported the purchase of nearly 50 million more effective, dual-insecticide treated nets
 - » In the past 20 years, the Global Fund has supported campaigns that are critical to prevent, diagnose and treat malaria, including
 - Distributing over 188 million mosquito nets
 - Training more than two million community health workers to ensure access to malaria services, particularly in hard to reach areas
 - Supporting indoor residual spraying (IRS) campaigns which led to 9.4 million structures sprayed in 2020
 - Supporting the distribution of seasonal malaria chemoprevention treatment for children, protecting nearly 30 million, an increase of 8 million children covered from 2019 despite COVID-19 disruptions
- Investing in community health workers is instrumental in eliminating malaria and fighting against other health threats around the world. It yields returns as high as 10:1 when accounting for increased productivity from a healthier population, the avoidance of the high costs of health crises, and the economic impact of increased employment
- The Global Fund's efforts and successes have led to healthier citizens, more robust and resilient health systems, growing economies, and a robust and trained health workforce. A fully funded Global Fund can help countries fulfill the promise of malaria elimination
 - » Between 2000 and 2020, the number of countries that reported fewer than 10,000 malaria cases increased from 26 to 47 and with fewer than 100 indigenous cases increased from 6 to 26
 - » Between 2000 and 2020, malaria transmission has not been re-established in any of the 11 countries certified malaria-free by WHO
 - » Despite the challenges of COVID-19, in 2021, WHO certified two countries – China and El Salvador – as malaria-free, and a further 25 are on track to end malaria transmission by 2025

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MALARIA BURDEN & URGENCY

TOPLINE MESSAGING

Today, the malaria fight is at a precarious juncture with the global malaria burden much higher than previously estimated and half the world's population still at risk of the disease. The countries with the highest burden of malaria have the least ability to fund health services and have suffered the greatest economic impact from COVID-19. A fully replenished Global Fund will impact our ability to end these diseases, improve economic growth, and prepare for future health threats.

- Malaria is concentrated in low-income and fragile settings that are uniquely reliant on external financing, especially Global Fund investments; and COVID-19 has further exacerbated this reality
- Using a new and more precise methodology to report causes of death in children under five, *WHO's World Malaria Report 2021* shows the impact of malaria in Africa is significantly higher than previous estimates. The human toll is unacceptable: a child dies from malaria almost every minute
 - » 80% of annual malaria deaths are among African children under five
 - » Malaria accounts for a larger share (7.8%) of deaths among children under the age of 5 than previously recognized. The previous WHO methodology found that malaria accounted for 4.8% of deaths among children under five
- After years of steady declines and a plateau in global funding, malaria cases have risen in the highest-burden countries, and it particularly burdens fragile health systems in countries across Africa. However, things could have been far worse if not for the efforts of the global malaria community and endemic countries to maintain health services during COVID-19
 - » Between 2019 and 2020, malaria cases increased by 5.8% to an estimated **241 million** cases and malaria deaths increased by 12% to an estimated **627,000 deaths**. An estimated 68% of the additional 69,000 deaths were due to malaria *disruptions during the COVID-19 pandemic*
 - » Between 2019 and 2020, malaria in *high burden countries* increased to 163 million cases and 444,600 deaths
 - » High burden countries account for 67% and 71% of malaria cases and deaths between 2019 and 2020
 - » These deaths – 96% of which occur in *sub-Saharan Africa* and more than 400,000 of which occur among children under 5 – far exceed the number of deaths in Africa from COVID-19 since 2020, a reminder that ending malaria must stay high on political agendas and be prioritized for investment
 - » Given that the Global Fund currently represents **56% of total external assistance** for malaria (and 39% of total available resources), a successful Replenishment of the Global Fund is crucial to getting back on track to reducing malaria cases and deaths
- The ongoing pandemic, humanitarian emergencies, and the emergence of *widespread resistance* to the primary insecticide (pyrethroids) used in nets and partial resistance to artemisinin-based drugs pose real threats to malaria control and elimination efforts
 - » During COVID-19, up to **122 million people in 21 malaria endemic countries** needed emergency relief due to other humanitarian emergencies unrelated to the pandemic
 - » The current set of tools will not be enough to eradicate malaria, especially as growing insecticide and drug resistance threaten mosquito control and therapeutic efficacy of antimalarials. We need ongoing investment in transformative tools to successfully eliminate malaria within a generation

ADDITIONAL EVIDENCE

- The World's Health Organization's *2021 UHC report* estimated that half of the world's population still lacks access to health services and that health spending hardships have increased
- Insecticide-treated nets have played a critical role in the reduction of malaria morbidity and mortality. However, the continued impact of insecticide-treated nets is threatened by the increasing prevalence of resistance among malaria vectors to the class of insecticides (pyrethroids) used to treat nets
 - » Widespread use of pyrethroids in malaria vector control—including in ITNs—and in agriculture has led to the development of *pyrethroid resistance* among malaria-carrying Anopheles species
 - » Extensive resistance has been documented worldwide, with the most intensive levels of resistance identified in sub-Saharan Africa
 - » Of the 88 countries that reported insecticide resistance data to the World Health Organization between 2010 and 2020, 77 (87%) have detected *pyrethroid resistance*
- Artemisinin-based drugs (ACTs) are the most widely used and successful treatments for malaria. The continued efficacy of ACTs is threatened by the emergence of resistance to antimalarial drugs (artemisinin). This has been observed in the Greater Mekong Subregion and has been recently confirmed in a few countries in Africa
 - » Reports of sporadic resistance to modern malaria drugs have begun appearing in recent years and are now confirmed in *Eritrea, Rwanda, and Uganda*
 - » Increased Global Fund investments will lead to great surveillance in settings where antimalarial drug resistance has spread

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A SAFER WORLD FOR ALL

(PANDEMIC PREPAREDNESS)

TOPLINE MESSAGING

Malaria investments are a pathfinder for pandemic preparedness and response. Increased investment in the Global Fund offers one of the best opportunities we have to accelerate progress against malaria, help countries continue to build resilient and sustainable health systems and strengthen country capacity to fight this pandemic and be prepared for the next one.

- With 20 years of investments in health systems and partnerships, the Global Fund is well placed to maximize its programs to help address the immense and urgent need to build strong and resilient global and country-based pandemic preparedness systems
- The COVID-19 pandemic has had an adverse impact on malaria in Africa, but countries, with support from the Global Fund, have taken action to avoid worst-case scenarios
 - » WHO estimated that COVID-19 led to 49,000 additional malaria deaths in 2020 (roughly two-thirds of the increase in deaths). However, this 9% increase in malaria deaths was significantly lower than the WHO's worst-case scenario, which had suggested that malaria deaths could have doubled
 - » Modest disruption in the malaria fight resulted from the heroic efforts by countries to sustain life-saving malaria interventions using innovative strategies for indoor residual spraying, delivering insecticide-treated nets and seasonal malaria chemoprevention, and prioritizing malaria case management - including decentralizing services to well-trained community health workers and accelerating the delivery of antimalarials to avoid stock-outs
- The Global Fund reacted decisively to the emergence of COVID-19 by making available more than US\$4 billion to support countries as they respond to the pandemic, adapt their HIV, TB and malaria programs, and reinforce their already overstretched systems for health
 - » The Global Fund has deployed more than US\$4.1 billion in additional financing to more than 108 countries and 20 regional programs as of January 2022, protecting frontline health workers and communities from disease (PPE)
- As we now live in the age of pandemics it is critical that the capacity to detect and respond quickly and effectively to disease threats and outbreaks is strengthened
 - » Investing in health capacity building and scaling models of community service delivery protects against future health threats while also addressing the present threats of malaria and COVID-19
- It is estimated that one-third of the US\$18 billion - US\$6 billion - will be investments in health systems that both support the ongoing fight against the three diseases and reinforce pandemic preparedness

ADDITIONAL EVIDENCE

- From 2014 to 2020, over one-third of the Global Fund's work (US\$2.5 billion) directly and indirectly supported health security in 10 countries (the Democratic Republic of the Congo, Guatemala, Guinea, India, Indonesia, Kenya, Nigeria, Sierra Leone, Uganda, and Vietnam), demonstrating that disease-specific programs strengthen health systems and advance other global health efforts
- With two million children under-five dying of pneumonia, diarrhea and malaria annually, and nearly 40% of fever cases going undiagnosed, investing in community health workers and service delivery protects against future threats while also addressing the present threats of malaria and COVID-19
- Under the COVID-19 Response Mechanism (C19RM), the Global Fund is supporting countries by focusing on three broad areas of investment: the COVID-19 response, COVID-19-related adaptations of programs to fight HIV, tuberculosis and malaria, and strengthening health and community systems
 - » C19RM investments are directed towards expanding testing capacity, treatments and medical supplies, protecting frontline health workers, adapting lifesaving HIV, TB and malaria programs, and reinforcing systems for health
 - » Global Fund investments purchased personal protective equipment (PPE) for frontline health workers so malaria services could continue during the pandemic
 - » In 2021, the Global Fund's C19RM provided support to 51 African countries and three regional initiatives for:
 - Mitigating COVID-19 Impact on HIV, TB, and Malaria Programmes: US\$214 million
 - Reinforcing the National COVID-19 Response: US\$1.7billion
 - Urgent improvements to Health and Community Systems: US\$342 million
 - COVID-19 Diagnostic Tests: US\$564 million
 - COVID-19 PPE: US\$374 million
 - COVID-19 Therapeutics: US\$400 million
- Close collaboration between national governments and global and bilateral partners - the Global Fund, PMI, and the RBM Partnership to End Malaria - used real-time data to avoid widespread stockouts of life-saving malaria medicines and rapid diagnostic tests during the COVID-19 pandemic
 - » The COVID-19 pandemic has reinforced how investing in real-time data is vital to effectively fight an infectious disease and to win the malaria fight, as digital tools helped malaria prevention continue and protected hard-won gains during the pandemic
- Through its core programming, the Global Fund invests in health capacity building and scaling models of community service delivery that protect against future health threats while also addressing the present threats of malaria and COVID-19
 - » The Global Fund is the largest multilateral investor in grants for health systems, investing US\$1 billion a year to build resilient and sustainable systems for health
 - » Community health workers funded by the Global Fund are playing a key role in screening for COVID-19 and promoting prevention and containment in rural settings
 - » Through rapid mobilization for logistics, testing and awareness-raising, malaria programs rapidly stepped up during the pandemic in countries like Zambia, Mozambique, and Uganda to stop the spread of COVID-19.

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INNOVATIVE APPROACHES

TOPLINE MESSAGING

Key to the Global Fund's success is developing and implementing innovative solutions and establishing strong country partnerships to solve tough global health challenges. Innovative approaches to partnerships, financing, and catalytic investments include the rapid introduction, scale-up, and targeted delivery of new malaria interventions, improved supply chains, and stronger surveillance and lab capacity, and resulted in a 45% drop in malaria deaths. A fully replenished Global Fund would allow us to harness innovation to save more lives and maximize impact to bring the world closer to ending malaria.

- The Global Fund's work commitment to introducing and scaling up the delivery of new tools helped transform the malaria fight in the last 20 years
- The Global Fund invests in supply chain, data and surveillance, community health worker training, and integrated case management to help countries increase access to and better target life-saving malaria interventions, which are critical to accelerating progress worldwide and delivering transformative results
- Investments from the Global Fund support countries to better integrate community systems and responses into national health plans. Case data from community-led reporting provides continuous feedback to the countries to optimize the use of resources and better target interventions
- Significant investments in R&D during the last several years produced a robust pipeline of malaria interventions poised to transform the fight against malaria
 - » These include more effective nets, effective vaccines, monoclonal antibodies, improved vector control tools like ATSBs, and diagnostic and surveillance tools. Investments in the Global Fund will ensure these transformative tools, once approved, will be rolled out quickly where they're needed most
- The Global Fund supports new financing mechanisms to attract new sources of financing and use financial innovation to increase the efficiency of current resources – optimizing the appropriate use of different types of capital, improving incentives, and sharing risks more effectively

ADDITIONAL EVIDENCE

- The Global Fund has supported market shaping and evidence generation around next-generation dual-insecticide-treated nets, as well as the recently approved malaria vaccine, bringing us additional tools in the fight against the disease
 - » The Global Fund continues to support countries to deploy innovative and more effective vector control tools, including the purchase of nearly 30 million pyrethroid-PBO nets in 2020 to provide better malaria control in areas of pyrethroid insecticide resistance
 - » In 2020, in partnership with UNITAID, the Innovative Vector Consortium (IVCC), the US President's Malaria Initiative (PMI), and the Bill & Melinda Gates Foundation, the Global Fund co-financed the purchase of 20 million dual-insecticide treated nets through the New Nets Project
 - The New Nets Project works to build the evidence base around, and prime the market for, the next generation of nets, which are treated with two different types of insecticide to help improve control of mosquitoes
- » In 2016, in partnership with WHO, Gavi, the Vaccine Alliance, and UNITAID, the Global Fund *invested US\$15 million* from its catalytic funds in the RTS,S malaria vaccine pilot. This catalytic investment helped open up a new frontier in the fight against malaria. In 2021, *WHO recommended the RTS,S vaccine*, and the highest burden countries are planning to expand the rollout of the first malaria vaccine program
- » The Global Fund is a founding partner of the *Access to COVID-19 Tools Accelerator* (ACT-Accelerator) – a global collaboration to accelerate development, production, and equitable access to new COVID-19 technologies
- The *Regional Malaria Elimination* Initiative was created in partnership with the Inter-American Development Bank, BMGF, Carlos Slim Foundation, Clinton Health Access Initiative, and Pan American Health Organization to secure a mix of grant and concessional credit funding for collaborative programs to eliminate malaria across Mesoamerica and the Dominican Republic

EQUITY

TOPLINE MESSAGING

A fully replenished Global Fund will help us get back on track to end malaria and achieve a more equitable world. The Global Fund's malaria programs are critical to improving economic growth, advancing gender equality, expanding access to life-saving malaria health care, and ensuring people can thrive in malaria-free communities.

- Reducing malaria by 90% and eliminating the disease in 35 countries by 2030 could save 10 million lives and unlock an estimated \$4 trillion in economic benefits from gains in productivity and health savings
- Malaria continues to have its heaviest toll on the world's poorest and most vulnerable people, particularly children in Africa
- The reduction in mortality from HIV, TB and malaria in the past two decades has significantly contributed to an overall increase in life expectancy in LMICs and helped reduce global inequity in life expectancy
 - » This impact is particularly striking in countries in sub-Saharan Africa. Between 2002 and 2019, life expectancy in 15 countries in this region increased on average from 52.3 years to 65.7 years. These countries accounted for 40% of the global decline in inequality, with nearly 60% of this decline contributed by reduced mortality from HIV, TB, and malaria
- High-burden malaria countries are often the countries most economically impacted by COVID-19 disruptions and humanitarian emergencies
- Global Fund is focused on supporting the countries with the fewest resources that are shouldering the highest burden of malaria
 - » Global Fund's 2021 programmatic update emphasizes improvements to efficiency, equity, and impact through the use of data to stratify and tailor malaria interventions to the local context and that a resilient health system underpins the overall success of the malaria response
- Malaria holds back economies, communities, and families, with women and girls bearing a disproportionate impact of missed days in school, inability to maintain steady work or have access to life-saving malaria interventions
- The Global Fund partnership will ensure the development of truly universal systems of health that leave no one behind. A successful Replenishment of US\$18 billion would reduce global inequity in life expectancy (where people in low-income countries live much shorter lives than in high-income countries) by 9% in 2026

EVIDENCE

- This investment will save more than 20 million lives, yield a return on investment of 1:31, and reduce inequities in health services by addressing gender-related and human rights barriers to access, and working with partners to build more inclusive health systems that leave no one behind
- In malaria-endemic countries, even within a single locality, children of lower socioeconomic status are twice as likely to contract malaria than those of higher status. The probability of dying from malaria is inversely related to income and education
- According to the WHO, in 2015 malaria cost the African economy almost US\$117 billion in productivity losses
- In 2019-2021, 74% of Global Fund investments went to countries in Sub-Saharan Africa
- The Global Fund and the RBM Partnership to End Malaria developed the Malaria Matchbox tool to provide countries with guidance on how to identify risk factors and barriers impeding equitable and integrated people-centered malaria programs. In 2018, the tool was piloted in India and Niger, to analyze and address human rights and gender-based related barriers in malaria programs
- A 10% reduction in malaria has been associated with a 0.3% rise in annual GDP. At the household level, reducing malaria protects household income from lost earnings and the costs of seeking care

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MESSAGING & EVIDENCE:

ADDITIONAL THEMES

GENDER EQUALITY

TOPLINE MESSAGING

Ending malaria is an unrealized opportunity for advancing gender and health equity because it is preventable, treatable, and beatable. By investing in malaria eradication, we can reduce maternal and child mortality, improve women’s empowerment and gender equality, and bend the curve on poverty. When we invest more in putting women and adolescent girls at the fulcrum of the malaria fight, we can achieve a double dividend: accelerate ending malaria and advance gender equality.

- As patients, caregivers, and healthcare providers, women and adolescent girls disproportionately experience the health, societal, and economic brunt of malaria. These effects often have lifelong consequences that perpetuate malaria as a driver of poverty and gender inequality
 - » Over the last twenty years, steady progress has been achieved in the fight against malaria, with the death rate decreasing by half. However, pregnant women and their children—the populations most vulnerable to malaria—are being left behind
 - » Hundreds of millions of pregnant women and children are vulnerable to malaria while adolescent girls fall through the many gendered gaps in the provision of malaria services
 - » More resources are needed to better target and tailor access to life-saving interventions such as malaria preventive treatment, insecticide-treated nets, and indoor residual spraying
 - » Coverage of preventive antimalarial treatment during pregnancy increased slowly since 2010 but has remained well below global targets. Even fewer eligible pregnant women received the full course of this life-saving intervention in 2020 as compared to 2019, with coverage falling back from 34% to 32% due to disruptions linked to the COVID-19 pandemic
- In countries where the Global Fund invests, 11.5 million pregnant women received preventative therapy for malaria in 2020, nearly the same amount as previous years despite COVID-19 disruptions
- The Global Fund’s new strategy places a focus on making investments that address these barriers to care through gender transformational approaches and creating policy environments that maximize the safety and security of affected communities
 - » To reach greater gender equity across the malaria community, the Global Fund has worked with partners to offer guidelines for equity assessment and improving the effectiveness of malaria programs, especially through addressing gender barriers in health
 - » Along with the RBM Partnership to End Malaria, the Global fund developed the Malaria Matchbox Tool, contributed to the Gates Foundation’s Gender Equality Toolbox, and informed the Case for Investing in a Gendered Approach in the fight against malaria

EVIDENCE

- Analysis by UN Women and UNDP shows that COVID-19 has pushed 47 million women and girls into poverty and could result in an 8% to 45% increase in deaths among pregnant women and young children
- Women are affected more severely by malaria because of socially determined roles within their communities and families. Women have less access to information due to lower literacy rates; traditional household roles may also put them at greater risk of malaria infection, and might be less likely to sleep under an insecticide-treated net due to cultural and social pressures
- **WOMEN AS MALARIA PATIENTS**
 - » In 2020, a staggering 11.6 million pregnant women were infected with malaria in sub-Saharan Africa, resulting in high levels of stillbirths, maternal and newborn deaths, and low birthweight babies
 - In 2016, malaria was the 5th leading cause of death among adolescent girls between the ages of 10 and 14
 - » Inequities in access to and use of malaria preventive treatment during pregnancy (IPTp) prevent malaria programs from reaching the most vulnerable pregnant women
 - Despite being a proven treatment to protect women during pregnancy only 33% of women at risk of malaria receive the full course of recommended Intermittent Preventive Treatment in Pregnancy (IPTp)
 - Richer, educated, urban women are more likely to receive malaria preventative treatment during pregnancy (IPTp) than their poorer, uneducated, rural counterparts
- **WOMEN AS CAREGIVERS**
 - » Women are the greatest contributors in the informal “care economy” but caring for children and family members who may suffer from malaria multiple times a year keeps them from steady work or school attendance
- **WOMEN AS HEALTHCARE PROVIDERS**
 - » The financial value of women’s contribution to the global health systems is estimated to be 5% of Global GDP, half of which is unpaid, which is approximately 1 trillion dollars
 - Women make up 70% of the community health workforce that has been instrumental in driving down malaria cases and deaths in remote and rural communities, especially during COVID-19
 - In addition to malaria, CHWs also are responsible for treating and effectively preventing 40% of newborn and child deaths, including pneumonia, diarrhea, and sepsis
 - » National malaria programmes are mobilizing community health workers, the majority of which are females, who are actively playing a key role in sustaining malaria case management, addressing other diseases, and supporting pandemic preparedness and response including through early detection of fevers, and real-time surveillance
 - » Investing in a female health workforce creates pathways for them to become decision-makers and role models for other women and girls in their communities
 - In 2020, 20,000 female seasonal workers hired to support indoor residual spraying (IRS) campaigns in 16 countries earned over USD \$2.5 million in wages, providing substantial financial support to these workers, their families, and communities
- Women’s workload increases when a family member gets sick with malaria; women can spend up to four times the number of days spent on caregiving for malaria cases in a household compared to men
- Women belonging to agricultural communities need to dedicate more time to provide informal care for the sick compared to men of the same household, limiting opportunities for paid work

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CLIMATE CHANGE

TOPLINE MESSAGING

Malaria is a particularly climate-sensitive disease, significantly influenced by changes in temperature, rainfall, as well as the frequency and severity of extreme weather events. Replenishing the Global Fund will help build climate-resilient and environmentally sensitive health systems.

- The rising frequency of extreme weather events, especially cyclones and floods, increases the risk of malaria transmission and its overall burden. Increased quantities of standing water are ideal for mosquito breeding, while higher levels of displacement and migration can interrupt anti-malaria efforts, stretch health systems, and potentially bring malaria into new areas
- Warmer temperatures may also increase the burden of malaria as the growth cycles of the parasite are shortened, allowing an already evolving disease to grow faster and more susceptible to mutations that evade current prevention and treatment methods
- Over the long term, rising temperatures and increases in rainfall could impact the geographic distribution of malaria and spread the disease to previously malaria-free zones
- Replenishing the Global Fund will help build climate-resilient and environmentally sensitive health systems. As part of the implementation of its new strategy, the Global Fund will address and support countries in developing climate-resilient disease programs while scaling up efforts to track and respond to emerging drug and insecticide resistance linked to environmental changes
- The Global Fund has worked with suppliers of health products and mosquito nets to advance environmentally responsible treatment and prevention tools using the Responsible Procurement Framework. Long-term agreements with manufacturers of long-lasting insecticide-treated nets (LLINs) now include requirements for suppliers to comply with international environment, health, and safety standards
- Enough flexibility to incorporate new climate and forecast information, invest in monitoring and surveillance systems for climate and malaria, and invest in capacity building to use climate information for malaria
- Climate change will affect the epidemiology of existing diseases and facilitate the emergence of new diseases. Changes in rainfall, temperature and humidity are already shifting malaria transmission into new areas
- Climate change and other environmental pressures will also change the dynamics of zoonotic spillover, the process by which diseases affecting animals transition to humans. Since three-quarters of new disease threats originate in animals, any increase in zoonotic spillover will increase the probability of new pandemic threats

EVIDENCE

- Experts believe the drastic rise in global temperatures may increase the rate of mosquito-borne illnesses like malaria in some areas and further widen its geographical reach as disease-carrying mosquitoes proliferate in areas of historically low malaria burden
- Rising global temperature will increase the climatic suitability of malaria, particularly in already endemic areas (Africa, Southeast Asia, and the Americas)
 - » WHO estimates that climate change will lead to 60,000 additional deaths per year due to malaria between 2030 and 2050, an increase of nearly 15% in overall annual deaths from this preventable disease
 - » By 2050, climate change alone might expose some areas in South America, sub-Saharan Africa, and China to a 50% higher probability of malaria transmission
- The predicted expansion towards higher altitudes and temperate regions suggests that outbreaks can occur in areas where people might be immunologically naive and public health systems unprepared
 - Malaria parasites need less time to develop at lower temperatures than previously thought, thus even slighter warming may be enough to heighten malaria risk
 - Based on recent research, a wide range of elevations lost their cool temperature protection in the past three decades, with 10-day average minimum temperatures now becoming warmer than the critical threshold for malaria protection. In other words, the Ethiopian Highlands became more malaria-friendly over the past 30 years
- For instance, greater parts of the East African highlands, especially at altitudes above 1,500 meters, will be able to support malaria transmission, which is particularly concerning when densely-populated areas become warmer
- Scientists studying the effect of climate change on malaria, specifically the increase in temperature, project an increase in climate suitability for malaria transmission over the easter African highlands on the Rift Valley and Ethiopia in the future
- Malaria can cause an epidemic in areas with traditionally low prevalence rates because populations do not have the natural immunity that is developed over time by those who live in malaria-endemic areas
- The negative effects of climate change are already affecting the GDP of Africa by approximately 1.4% and the costs of adaptation are expected to reach 3% of annual GDP by 2030 if global warming reaches 4°C
 - » Both malaria and climate change exact a heavy toll on the economies of low-income countries. Malaria is estimated to cause an “economic growth penalty” of up to 1.3% per year in malaria-endemic African countries
- Unpredictable yet recurrent extreme weather events threaten access to, and the effectiveness of, health services and malaria prevention tools needed to protect people against disease
 - » An increase in climate-related disease outbreaks will have very different impacts on women and men, mainly because around the world women have less access to medical services than men

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CASE STUDIES

PROMINENT THEMES

GLOBAL FUND IMPACT

- In **El Salvador**, the first Central American country certified malaria-free by WHO, the Global Fund financed key interventions and enhanced regional collaboration to accelerate malaria elimination
- In 2003, with support from the Global Fund, **China** stepped up training, staffing, laboratory equipment, medicines and mosquito control, an effort that led to a further reduction in cases. Within 10 years, the number of cases had fallen to about 5000 annually
- The Global Fund helped scale-up malaria programming in **India**, proving that each dollar invested in malaria brings US\$36 in return through improved health and economic activity. Today, domestic funding accounts for most of India's malaria program resources
- The Global Fund contributed to the introduction of mosquito nets in **Senegal** and the development of the first national malaria information system. Between 2000 and 2019, the number of malaria cases and deaths decreased by 73% and by 13% accordingly in Senegal
- In **Uganda**, the Global Fund financed the introduction of effective anti-malarial tools like next-generation mosquito nets, rapid diagnostic tests, and medication to prevent malaria during pregnancy (IPTp)
- In **Ethiopia**, the Global Fund supported the expansion of community health workers to diagnose, treat, and report malaria cases country-wide. Between 2004 and 2019, malaria incidence rates have declined by almost 87%
- In the **Greater Mekong subregion**, the Global Fund helped establish monitoring networks and large-scale intervention delivery campaigns to reduce the incidence of the most dangerous form of malaria by a staggering 97%, stopping the spread of multidrug-resistant parasites

RETURN ON INVESTMENT

- In **Uganda**, the 3.3 million children under 5 who seek treatment for malaria every year amounts to an economic impact of \$333 million to patients and \$32 million to the government
- In **Ghana**, malaria elimination is estimated to prevent 85.5 million cases, save 4468 lives, and avert US\$2.2 billion in health system expenditures by 2030. The economic gain was estimated at US\$32 billion in reduced health system expenditure, increased household prosperity and productivity gains. The return on investment for malaria control and elimination is 32:1

RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH/PANDEMIC PREPAREDNESS TO BUILD A SAFER WORLD FOR ALL

- In April 2020, within weeks of **Cambodia's** first COVID-19 cases, the National Center for Parasitology, Entomology and Malaria Control used savings from the country's Global Fund allocation to buy PPE, masks, sanitizers, mobile phone credit, thermometers, and disinfectants for frontline health workers to ensure continuity of malaria services
- In early March 2020, the Global Fund enabled countries to use up to US\$500 million in grant flexibilities to rapidly adapt existing programs, purchase protective equipment, diagnostics, and medical supplies, and deploy prevention campaigns. In April, the Global Fund took a further step by launching the COVID-19 Response Mechanism with an initial capacity of an additional US\$500 million
- In **Mozambique**, the Global Fund provided funding through the C-19RM for procurement of PPE to protect community and facility health workers to maintain the provision of malaria health services, and to conduct mosquito nets distribution and IRS campaigns
- In **Benin**, the Global Fund supported about 5,500 community health workers to conduct a door-to-door distribution of more than 8 million mosquito nets across the country protecting over 14 million people from malaria despite the COVID-19 pandemic
- **Malaysia**, with support from the Global Fund, conducted a door-to-door mosquito net distribution to avoid community gatherings and maintain social distancing while ensuring continuity in malaria prevention campaigns to prevent outbreaks during the pandemic
- **Zambia**, with support from the Global Fund, is aiming to deploy 36,000 health care workers trained in integrated community case management to extend care for uncomplicated malaria for 325,000 people of all ages at the community level
- In **South Sudan**, the Global Fund supported the adaptation of the mosquito net campaign to COVID-19. Over 3.2 million mosquito nets have been distributed since the beginning of the pandemic
- In **Guinea**, the Global Fund provided funding through the C-19RM (COVID-19 Response Mechanism) to cover increased malaria preventive treatment (SMC) campaign costs related to COVID-19 adaptations (PPE and door-to-door distribution strategy) to protect over 1 million children from malaria

INNOVATION

- RTS,S vaccine
 - » RTS,S/AS01 (RTS,S) is a vaccine that acts against Plasmodium falciparum, the deadliest malaria parasite globally and the most prevalent in Africa
 - » The vaccine has delivered a significant reduction in deadly severe malaria (30%) in real-life childhood vaccination settings
 - » The vaccine was recommended for wider routine use by WHO on 6 October 2021, and in December 2021 the Board of Gavi, the Vaccine Alliance approved funding to support malaria vaccine introduction, procurement, and delivery for Gavi-eligible countries in sub-Saharan Africa
- Interceptor® G2 / New Nets
 - » Insecticide-treated nets (ITNs) are one of the most commonly used methods to repel mosquitoes and reduce malaria infections. Long-lasting insecticide-treated nets have been the backbone of malaria prevention for decades, helping to prevent 68% of malaria cases in Africa between 2000 and 2015
 - » The Interceptor® G2 is a second-generation insecticide-treated net (ITN), designed specifically in response to studies showing increases in insecticide-resistant mosquitoes
 - » Unitaid and the Global Fund are each investing US\$33 million in the four-year New Nets project
 - » By 2022, the New Nets Project will have distributed over 35 million Interceptor® G2 nets across 13 countries, protecting an estimated 63 million people and averting millions of malaria cases
- SMC
 - » Malaria hits children the hardest —in 2020, 77% of the 627,000 people who died were children under the age of five
 - » Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria in those most vulnerable to the disease's effects. It involves administering monthly doses of antimalarial drugs to children aged 3-59 months during peak malaria transmission season with the objective of maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of greatest malarial risk
 - » According to the 2020 Global Fund Results Report, despite the difficulties in implementation related to COVID-19, seasonal malaria chemoprevention saw an increase in the number of children covered to a total of nearly 30 million, compared to 22 million in 2019

HEALTH EQUITY

- The Global Fund funded the establishment of Community Action Groups in Bhutan to engage high-risk populations. Village health workers play a vital role in carrying out social mobilization activities including community-level awareness and last-mile outreach to communities in border and remote areas

GENDER EQUALITY

- As patients, caregivers, and healthcare providers, the unique adverse ripple effects that women experience due to malaria result in significant and long-term health and economic costs for themselves, their families, and their communities
- A *2016 study* among rural households in Kenya suggests that low-income female-headed households or households where women do not have economic and decision-making autonomy, are less likely to receive information about and to participate in indoor residual spraying (IRS)
- Malaria transmission is determined in large part by social, economic, and cultural factors, which intersect with sex-specific and gender specific vulnerabilities to impact women's and men's ability to prevent malaria infection and access medicines for prevention and treatment – both for themselves and for their children
- **CHILDREN**
 - » It is estimated that malaria infection during pregnancy in these countries resulted in 819,000 children with low birth weight. Given that low birth weight is a strong risk factor for neonatal and childhood mortality, averting a substantial number of low birth weights will save many lives
 - » Pregnant women who are co-infected with HIV and malaria are also at greater risk of severe anemia and death and are more likely to transmit HIV to their babies, and their babies are nearly twice as likely to contract malaria compared to babies born to women who are not living with HIV
- **WOMEN AS PATIENTS**
 - » During pregnancy, malaria risk increases exponentially, targeting the placenta and putting the woman and the unborn baby at greater risk of death, illness, anemia, and stunted growth
 - » Pregnant women are more vulnerable to malaria than other adults. And yet this vulnerability is heightened for young, poor, and rural women and women living with HIV. We need more resources to scale-up malaria preventive treatment (IPTp) and target this intervention to reach and protect underserved vulnerable pregnant women
 - » It is estimated that 10,000 pregnant women and 200,000 infants from malaria-endemic countries die each year as a result of malaria infection during pregnancy
 - » In 2019, one in four young women in sub-Saharan Africa gave birth before they turned 18. Adolescents are at high risk of placental malaria, which increases the risk of stillbirth, low birth rate, and anemia
- **WOMEN AS CAREGIVERS**
 - » In **Ghana**, women in agricultural households invest up to 246 days of caregiving for malaria cases among children in a household compared to 66 days by men, resulting in an inequality of 180 days over a lifetime of child-rearing which prevents women from engaging in paid work and their roles e.g., as health workers
- **WOMEN AS HEALTHCARE PROVIDERS**
 - » The unpaid, informal labor provided by women as caregivers leads to a vicious cycle in which time poverty prevents women from achieving economic independence
 - » Women community health workers spend four times as many hours on unpaid work compared to men
 - » Health systems are increasingly engaging women from the same community as community healthcare workers. This facilitates the uptake of services by women and empowers women by raising their social status and benefiting broader community awareness on issues such as malaria

CLIMATE CHANGE

As part of the implementation of its new strategy, the Global Fund will *address and support countries* in developing climate-resilient disease programs while scaling up efforts to track and respond to emerging drug and insecticide resistance linked to environmental changes

The Global Fund has worked with suppliers of health products and mosquito nets to advance environmentally responsible treatment and prevention tools using the Responsible Procurement Framework. Long-term agreements with manufacturers of long-lasting insecticide-treated nets (LLINs) now include requirements for suppliers to comply with international environment, health, and safety standards