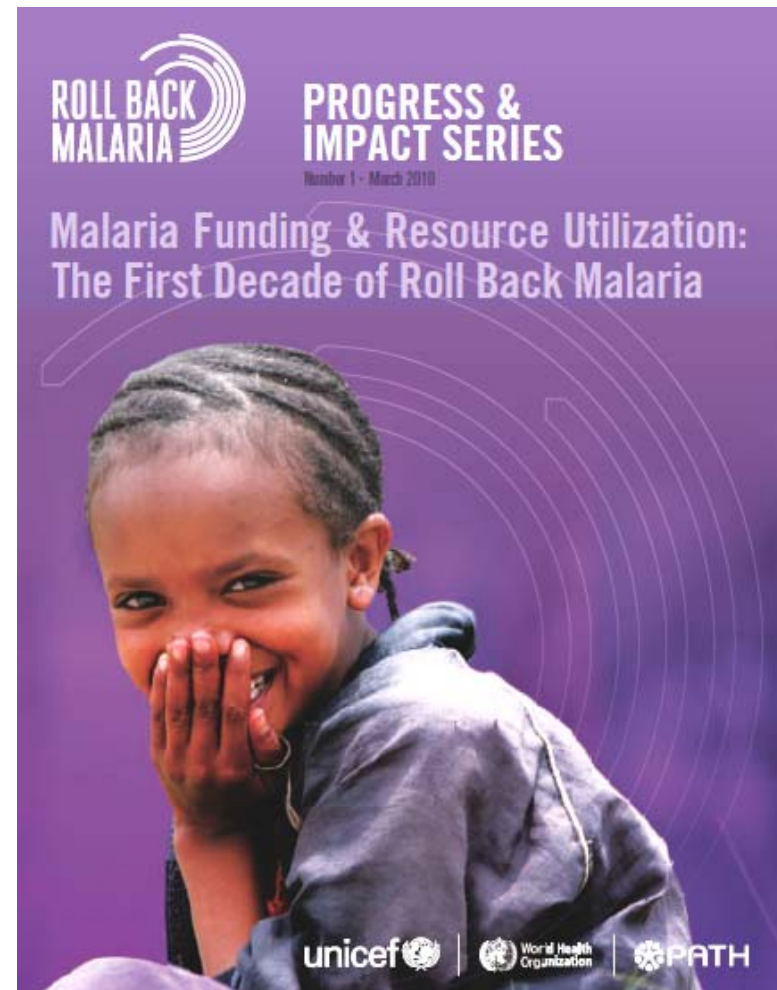


Malaria Funding

Richard W. Steketee
MACEPA, PATH

April World Malaria Day 2010, Seattle WA



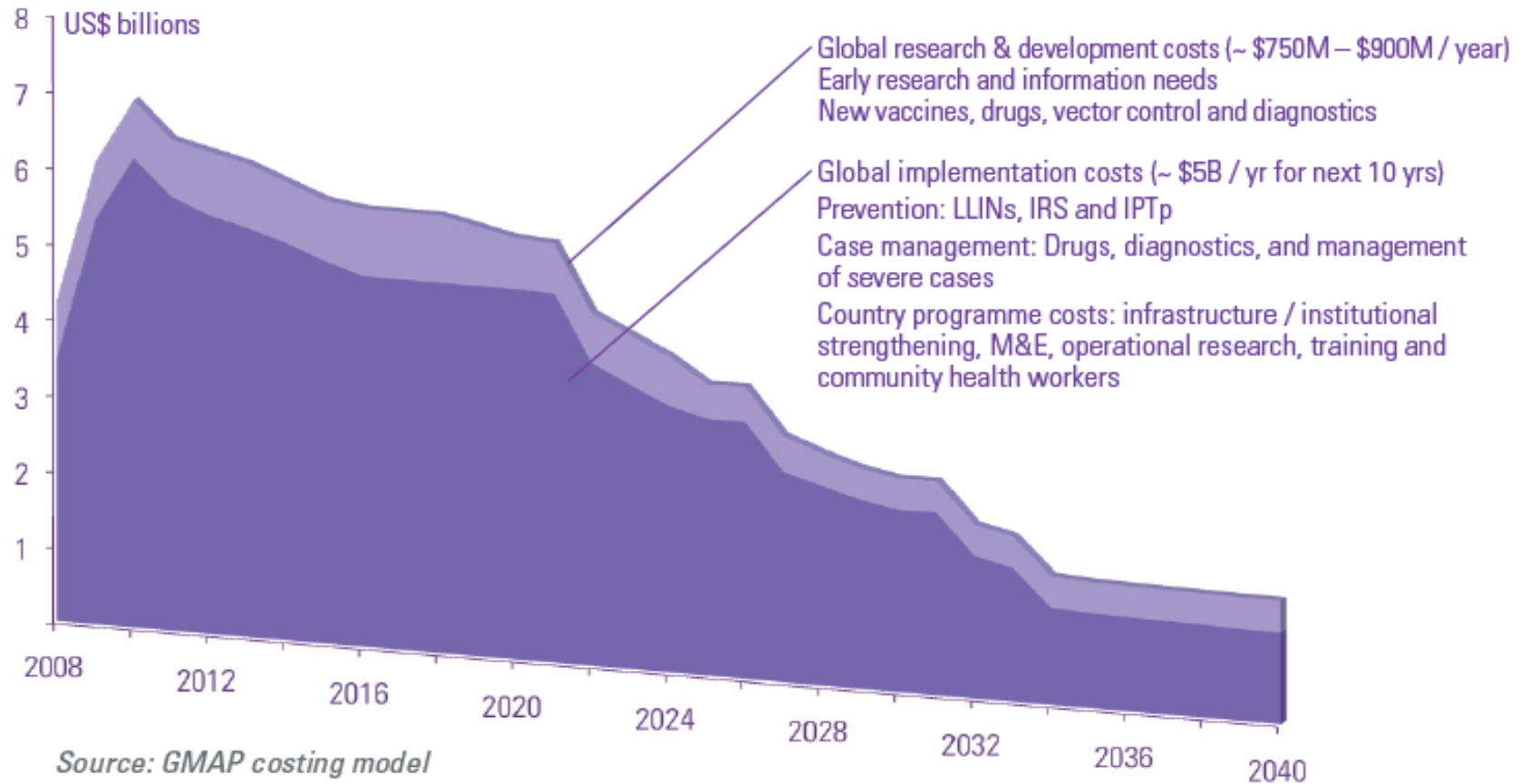
Malaria Funding

- Is there a plan?
- Is there money?
- Where does the money come from?
- Is the money moving efficiently?
- Where does the money go and how is it used?
- Is the funding stable and appropriate to planning needs?
- Is the funding working?
- What does future funding look like?



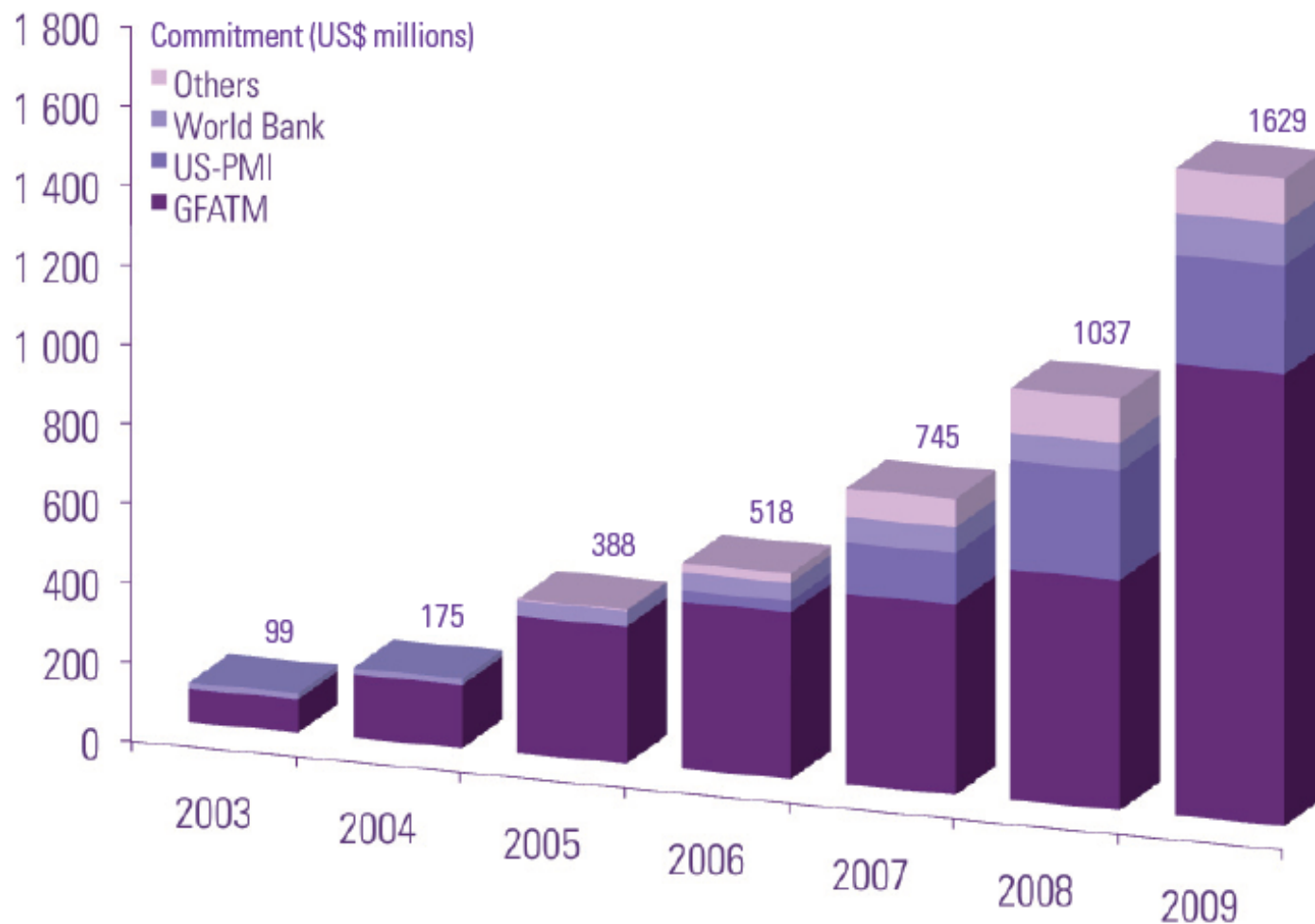
Summary estimates of financial needs for rapid scale up of global malaria-control programming and research from 2010 to 2040.

The Global Malaria Action Plan's estimates of financial needs for the next 35 years for malaria control programmes suggest that annual needs will peak in 2010 at \$6.2 billion and will be relatively stable at approximately \$5 billion per year over the next 10 years.



Annual funding commitments of the Global Fund, World Bank, US-PMI, and countries and multilaterals participating in the Development Assistance Community (DAC).

Malaria-control funding commitments have increased steadily each year from 2003 (~\$100 million) through 2009 (~\$1.6 billion).

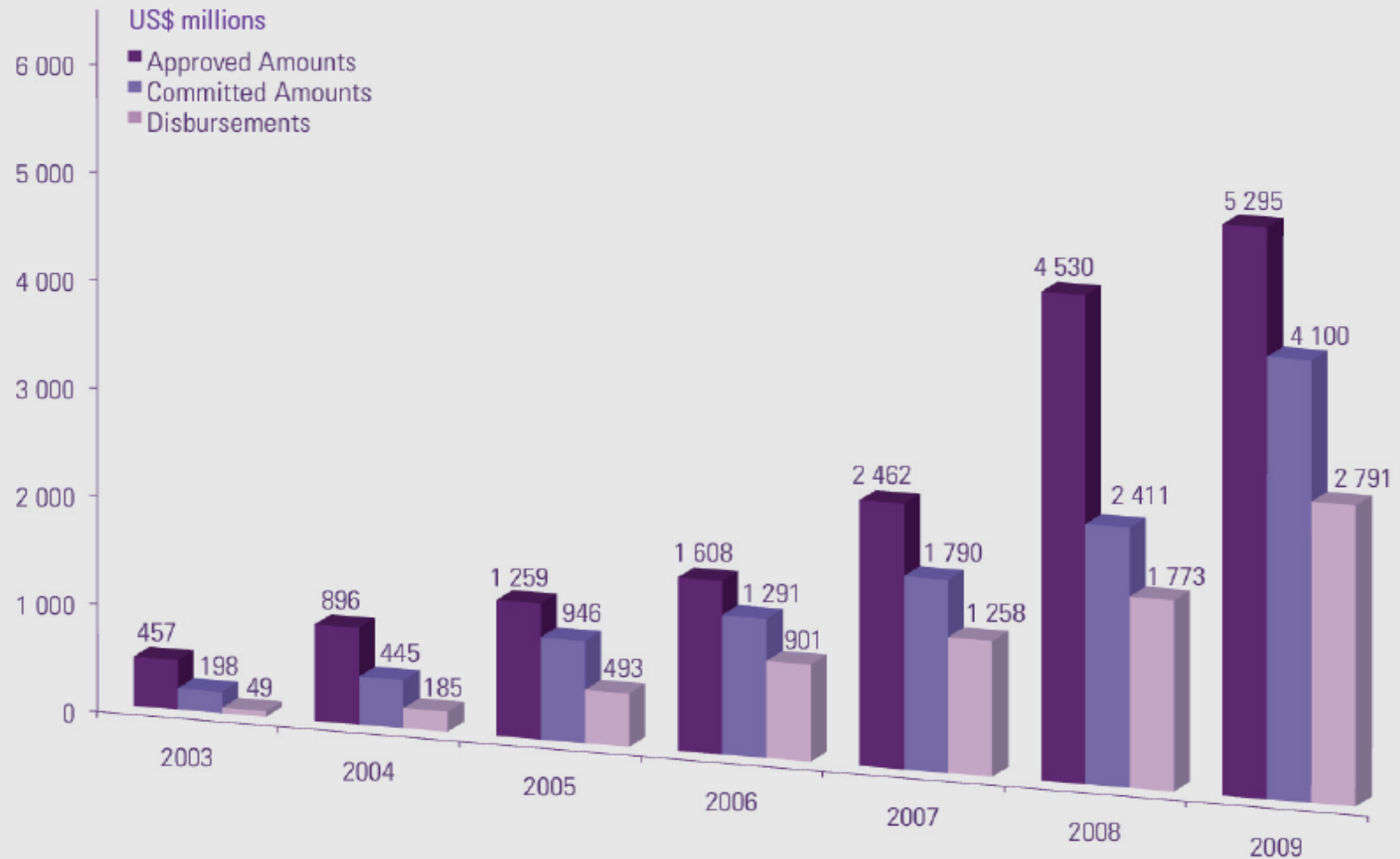


Source: The Global Fund, World Bank, and US-PMI.



Cumulative approved, committed, and disbursed funds from the Global Fund across all malaria grants between 2003 and 2008.

Global Fund lag-times between funding approvals and commitments is ~1 year, and lag-times between commitments and initial disbursements are shorter (typically 1–2 months).

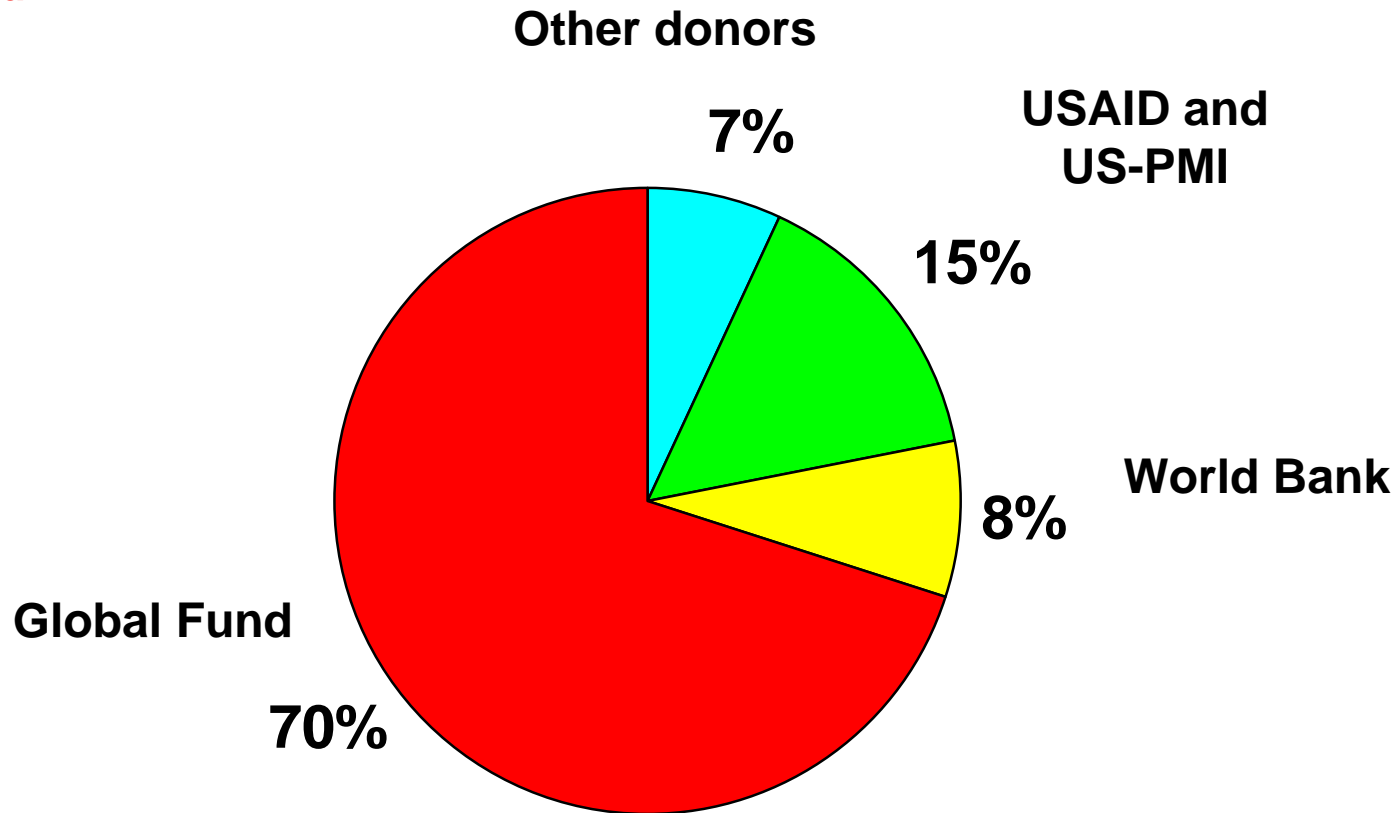


Source: The Global Fund.



Commitments of Global Fund, World Bank, US-PMI, and other countries participating in the DAC network support for malaria control between 2003 and 2009

Of note, 43 countries and more than 10 foundations or private organizations support the Global Fund channel; 18 countries or other multilaterals provide bilateral support for malaria.

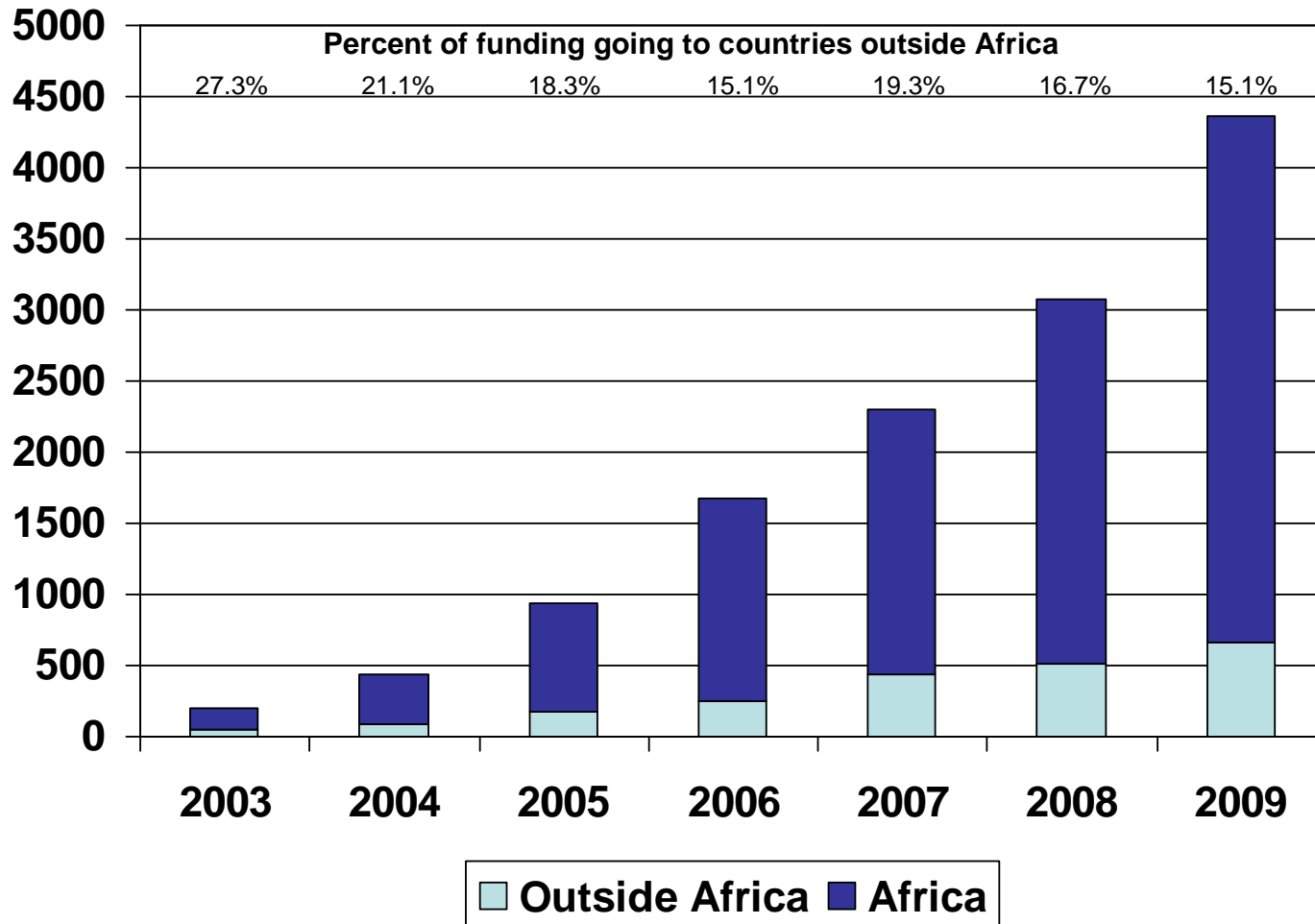


Commitments 2003–2009: total ~\$4.6 billion over seven years.



Cumulative malaria funding commitments from the Global Fund, World Bank, and US-PMI 2003–2009 for countries in and outside of sub-Saharan Africa.

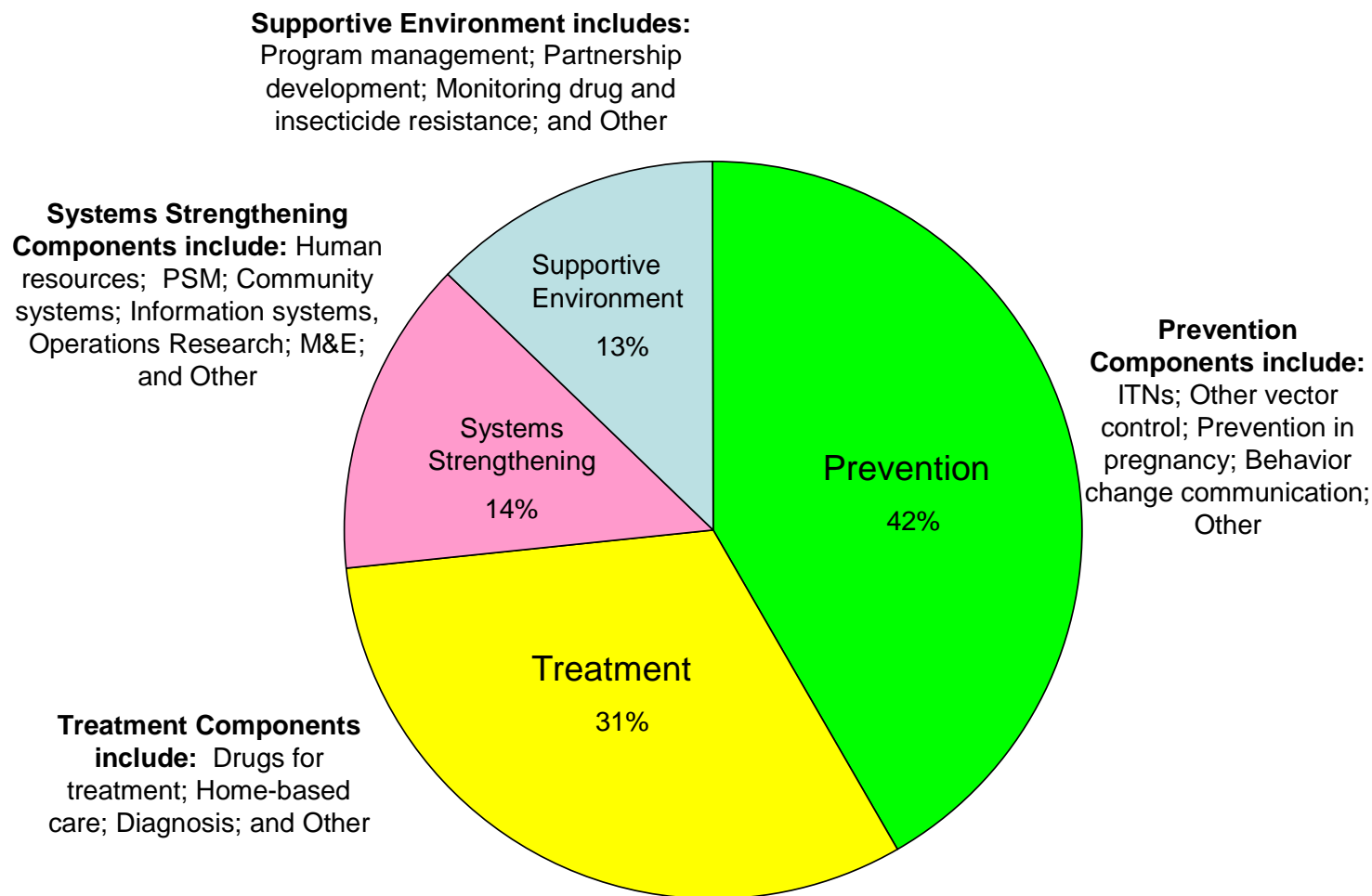
As funding increased, the proportion going outside sub-Saharan Africa decreased from 27% to 15%; consistent with estimates that sub-Saharan Africa accounts for ~85% of the global malaria burden.



Source: Global Fund, World Bank and US-PMI.



Average country Global Fund malaria cumulative expenditures through 2008 by category.



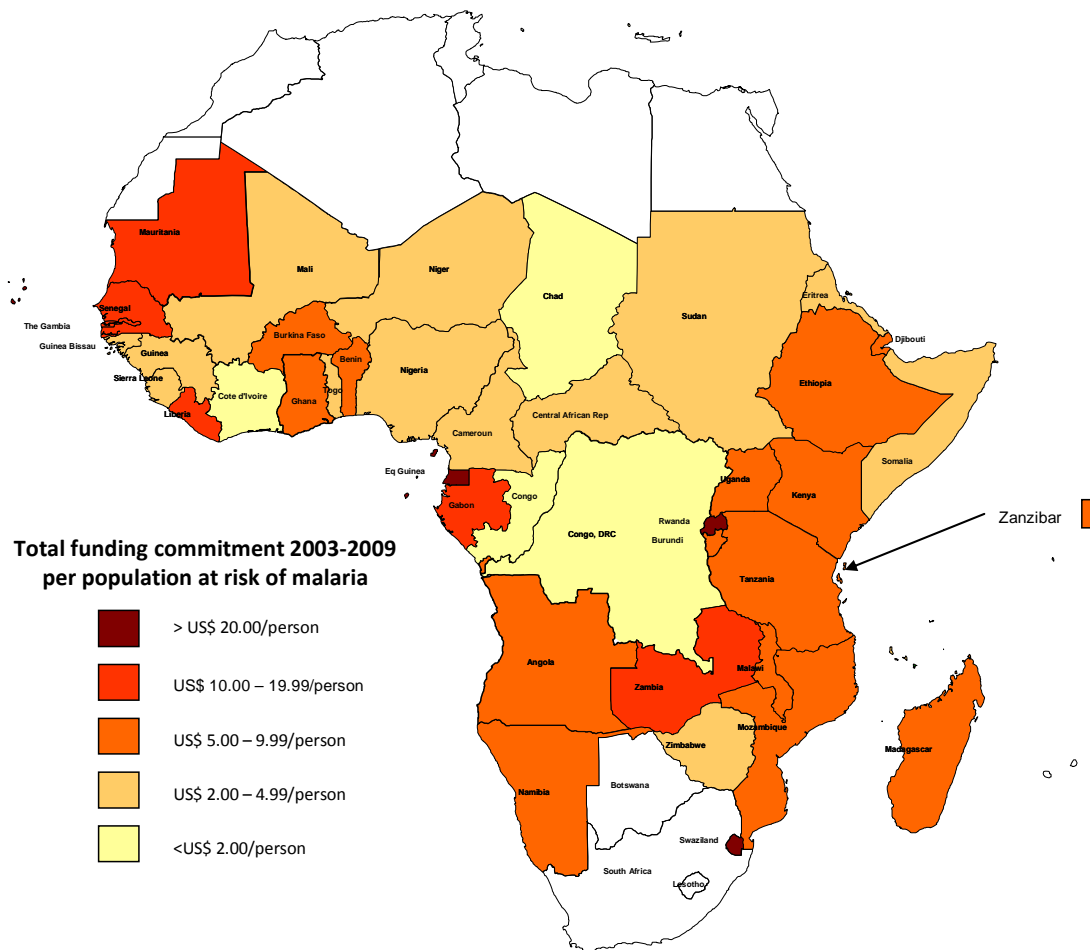
Source: Global Fund Enhanced Financial Reporting System. Represents ~\$1.2 billion expended in 2008.

Note: not all countries have completed reporting, but general compliance with reporting is good and 93% of expected reports were received by the end of December in 2009.



Cumulative funding commitments for the life of the grants from all external sources for 2003–2009 per person at risk (ppr) of malaria.

There is an 80-fold difference between ppr funding levels in sub-Saharan Africa



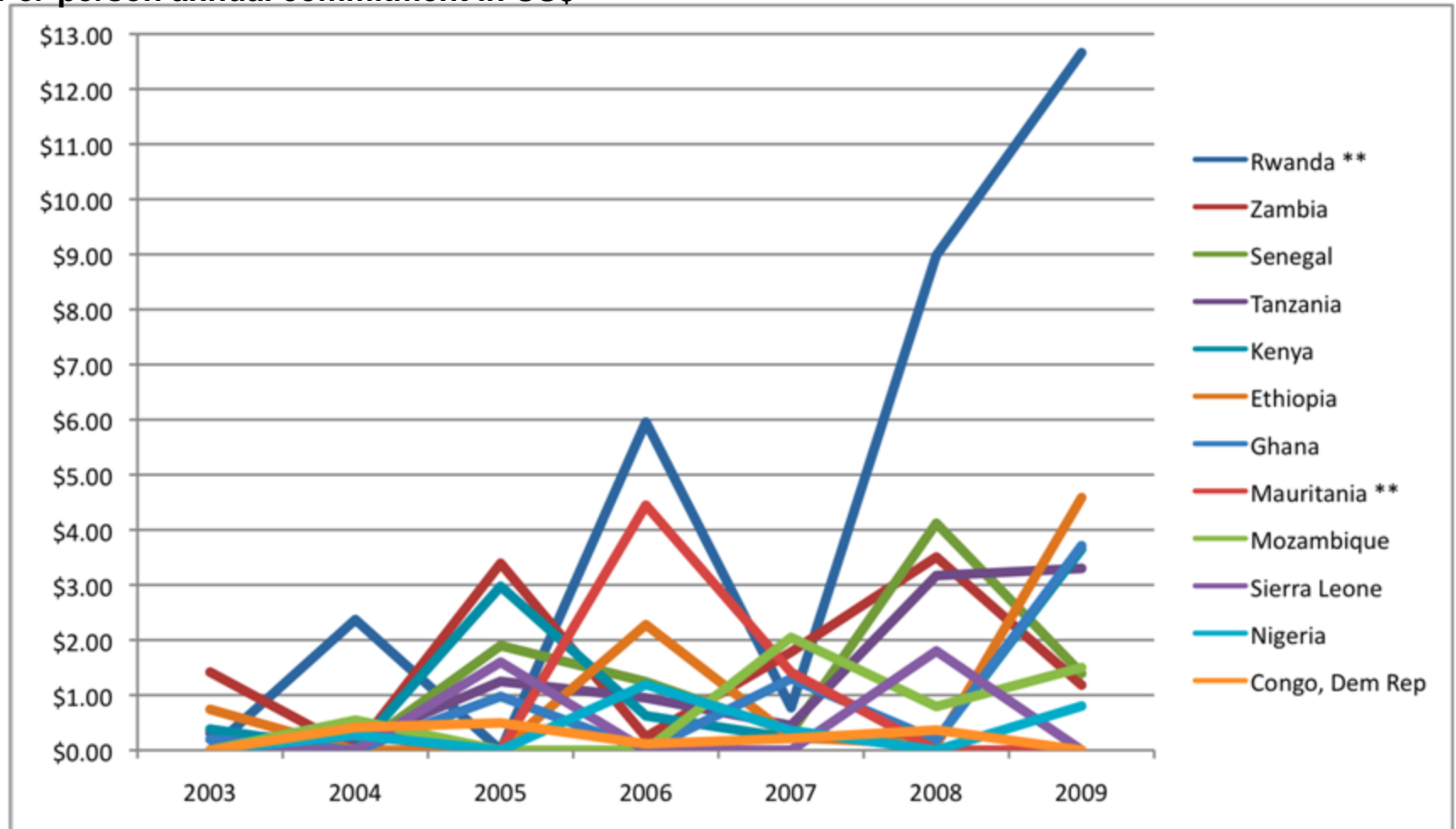
* Over the current life of all country malaria grants, the country per capita commitments ranged from US\$50.93 (Sao Tome and Principe) to US\$ 0.57 (Cote d'Ivoire); no external grants were reported for Botswana, Cape Verde, or South Africa.

Source: Data from the Global Fund, World Bank, US-PMI, OECD, (as of December 2009).



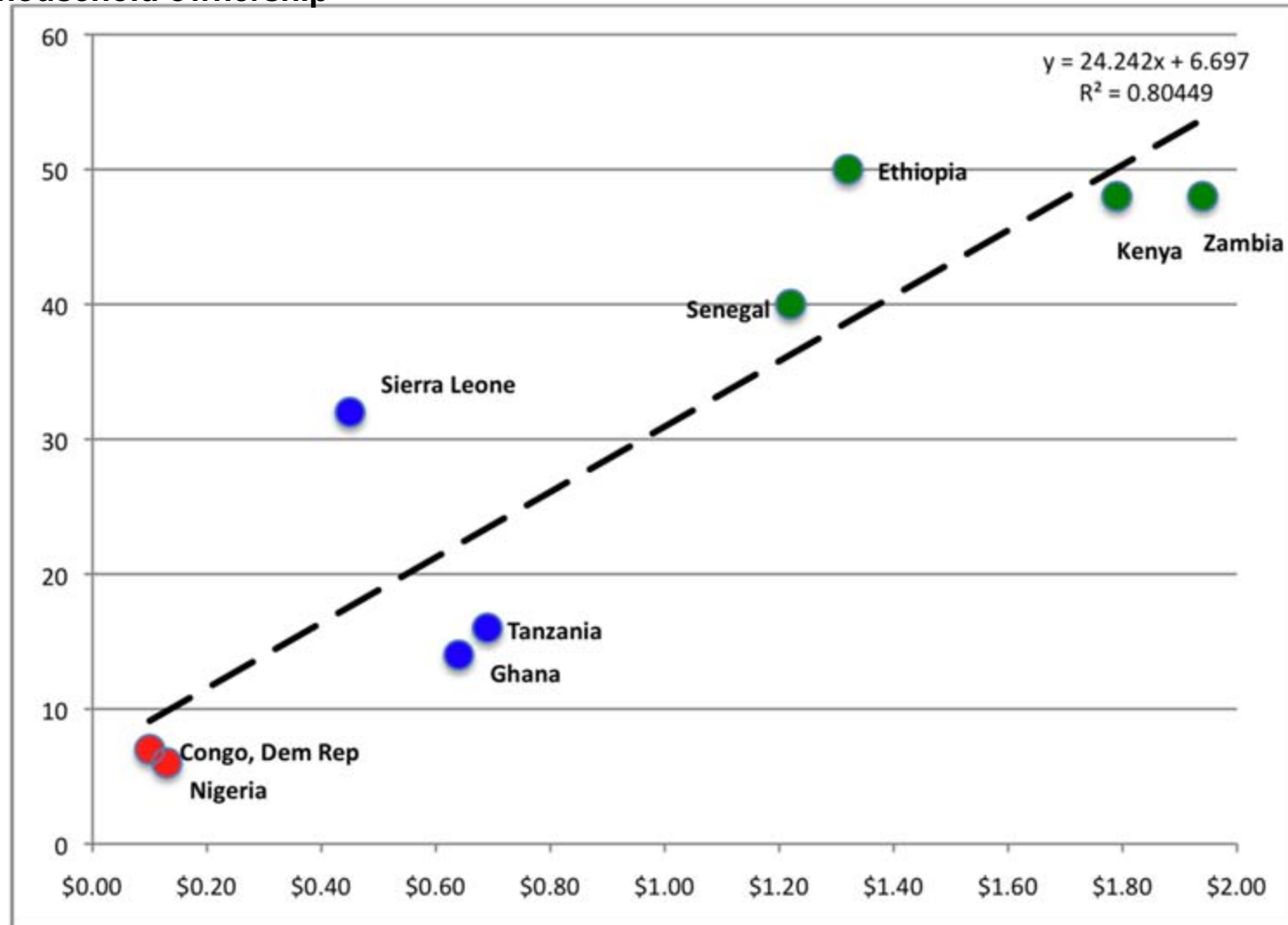
Annual funding commitments per-person-at-risk by Global Fund, World Bank, and US-PMI, 12 countries, current USD, 2003—2009.

Per-person annual commitment in US\$



Total ITN procurement expenditures per-person-at-risk between baseline and follow-up surveys and percentage point gain in coverage between these surveys, 9 countries.

Percentage point gain in ITN household ownership



Per person expenditures for ITNs



Annual ACT procurement expenditures per person at risk using Global Fund, US-PMI, and World Bank resources, 12 countries, 2005–2008.

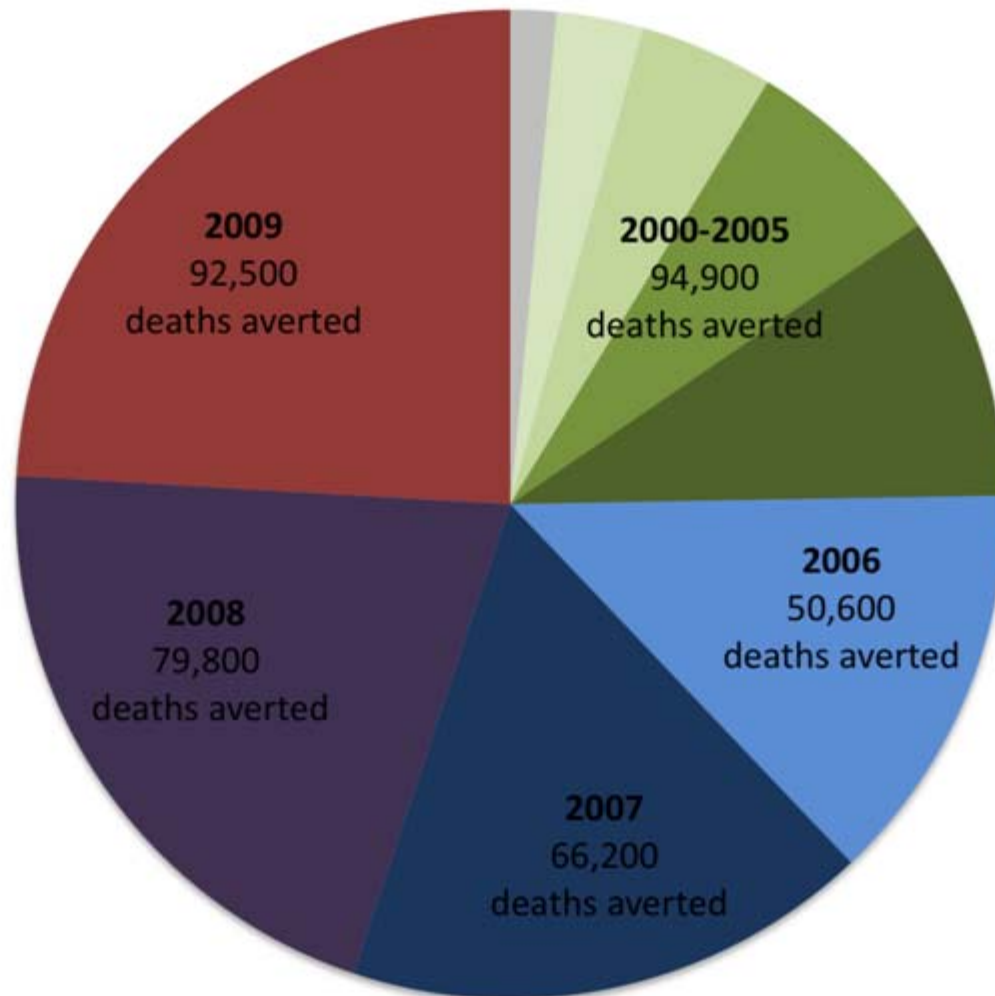
ACT procurement spending is often too low and too variable from year to year.

Country	Annual expenditures on ACT procurement per person at risk using funds from GFATM, US-PMI and World Bank				Average spending on ACT procurement
	2005	2006	2007	2008	2005-2008
Rwanda *	\$0.08	\$1.23	\$0.77	\$0.12	\$0.55
Zambia	\$0.21	\$0.44	\$0.47	\$0.67	\$0.45
Kenya	\$0.00	\$0.57	\$0.06	\$0.33	\$0.24
Tanzania, Un. Rep.	\$0.07	\$0.40	\$0.21	\$0.00	\$0.17
Ghana	\$0.04	\$0.16	\$0.21	\$0.17	\$0.15
Ethiopia	\$0.07	\$0.34	\$0.09	\$0.05	\$0.14
Mauritania *	\$0.01	\$0.00	\$0.01	\$0.30	\$0.08
Senegal	\$0.13	\$0.20	\$0.00	\$0.00	\$0.08
Sierra Leone	\$0.00	\$0.18	\$0.00	\$0.15	\$0.08
Mozambique	\$0.00	\$0.00	\$0.00	\$0.26	\$0.07
Nigeria	\$0.01	\$0.06	\$0.02	\$0.04	\$0.03
Congo, Dem. Rep.	\$0.01	\$0.01	\$0.01	\$0.05	\$0.02



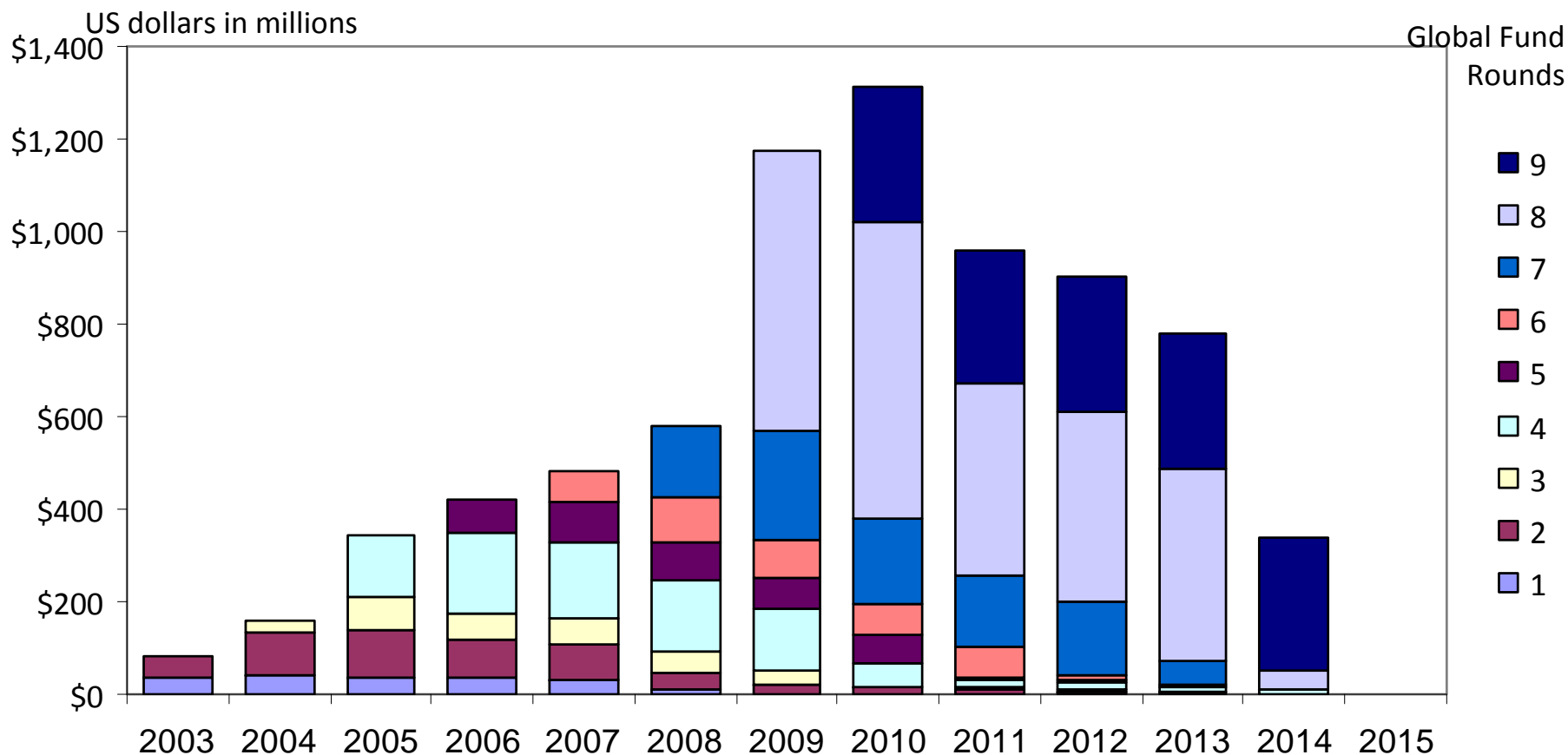
Estimated number of malaria deaths averted in children under age five due to changes in ITN and IPT coverage during 2000–2009, 12 countries.

Three-quarters of these estimated malaria deaths were averted since 2006



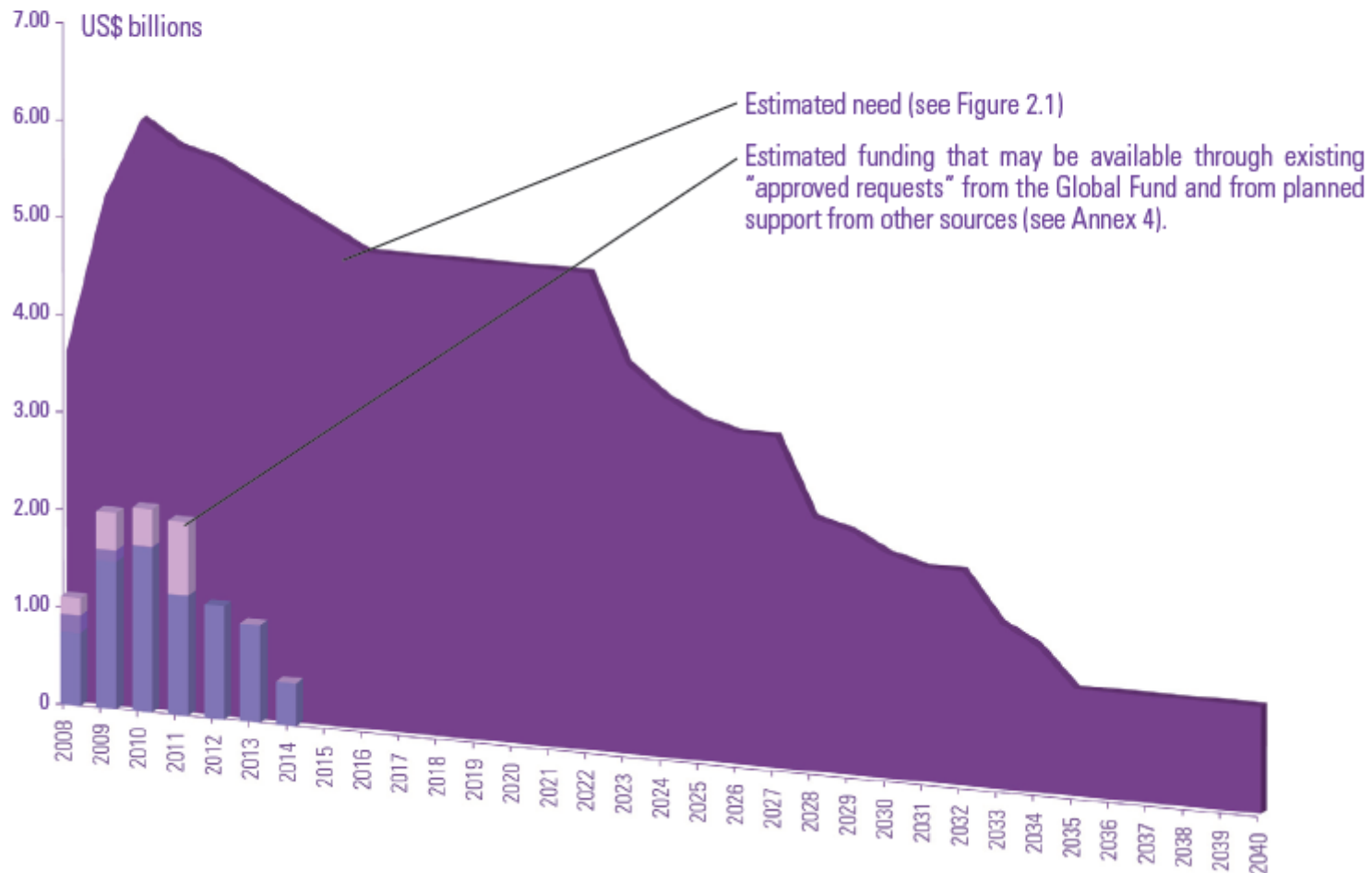
Global Fund “approved requests” for malaria control support over the life of the existing nine Rounds of funding.

With the current 9 Rounds of approved grant requests, Global Fund resources will peak in 2010 at ~\$ 1.3 billion



Estimated annual global resource requirements for malaria control and current global malaria commitments from Global Fund, World Bank, and US-PMI.

The Global Malaria Action Plan estimated that between \$5.0–\$6.2 billion is required per year between 2010 and 2015 to scale up and sustain control and progress toward malaria elimination globally. While there have been substantial increases in funding for malaria control, they continue to fall short of the needs to achieve the global goals.



Source: Global Malaria Action Plan (RBM, 2008), Global Fund, World Bank, and US-PMI.



Malaria Funding

- There is a costed plan: \$ 5 to 6 billion/year
- External funding commitments have grown rapidly to ~\$1.7 billion per year.
- There is a lag time between commitment → disbursement → expenditure → delivery
- The money mostly comes from Global Fund (~70%), US-PMI, World Bank
- The money goes mostly to Africa (85%) and to prevention (1/3rd), treatment (1/3rd), program support (1/6th) and health system strengthening (1/6th)
- There is great variability in funding: highly variable per-person-at-risk and annually in countries
- Uncertainty in the future funding is very real

