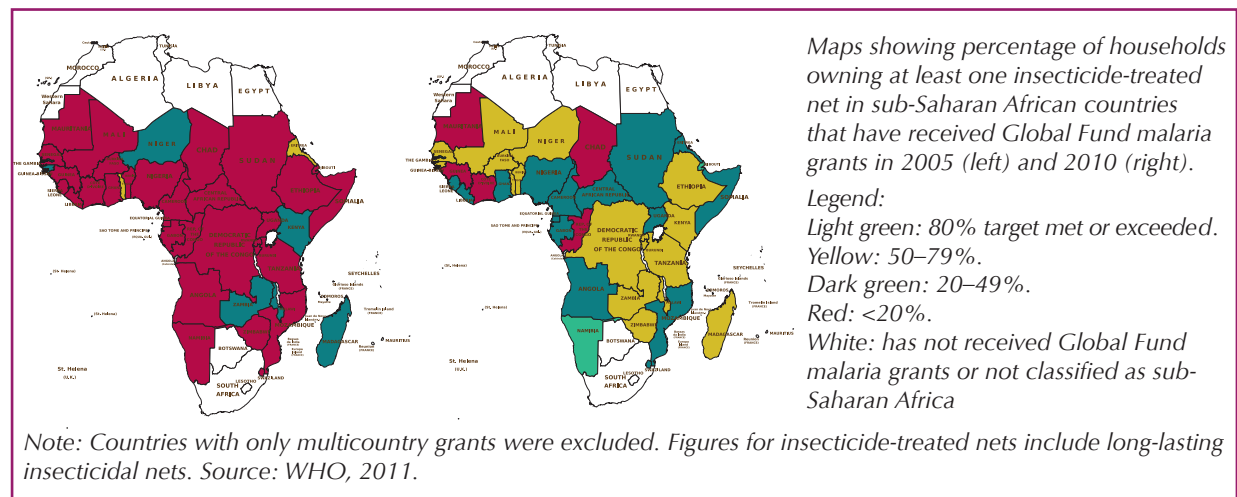


The Global Fund and the fight against malaria in sub-Saharan Africa

Scale-up of measures against malaria has been encouraging. The uptake of artemisinin-based combination therapies has been excellent though formal diagnosis is still lagging behind



Recent years have seen important progress in reducing the burden of malaria – both incidence and malaria-specific mortality have fallen since 2000. Nonetheless, the global health burden associated with malaria remains substantial – in 2010 there were 655 000 malaria deaths, 86% of which were in children under 5.

The Global Fund is the leading international donor for malaria alongside the US President's Malaria Initiative, and accounted for around half of all international malaria funding in 2011. Since 2002, the Global Fund has approved US\$6.5 billion for malaria grants, or 28% of its total grant portfolio – of which US\$4.4 billion has been allocated to 143 grants in 37 sub-Saharan countries.

As a result of hard work on the part of Global Fund partners and recipients, the scale-up of key malaria services through Global Fund-supported programmes has accelerated rapidly in recent years. For insecticide-treated net distribution, the rate of annual increase between 2009 and 2011 in absolute numbers is 20 times the rate for 2006–2009.

The Global Fund has supported programmes to distribute 210 million insecticide-treated nets in sub-Saharan African countries. Overall, household ownership of insecticide-treated nets in sub-Saharan Africa increased from 3% in 2000 to 45% in 2010 and clear progress has been made compared with as recently as 2005 (see Figure above) – a remarkable achievement, yet still below the international target of 80% coverage.

This article has been written by the Communications Department at the Global Fund headquarters in Geneva, Switzerland.

During the same period, more than 220 million cases of malaria were treated and 39 million houses and dwellings received indoor residual spraying in sub-Saharan Africa.

The Global Fund has also supported the distribution of rapid diagnostic tests for malaria, but their scale-up is lagging behind that for artemisinin-based combination therapy (ACT). In 2010, the coverage of ACT through national malaria programmes in sub-Saharan Africa was more than twice the number of tests conducted (including microscopy and rapid diagnostic tests) – indicating that many patients received treatment without having their diagnosis confirmed. Greater investments in quality-assured diagnostic tests will maximise impact and value for money by ensuring more effective use of ACT.

New technologies are also being put to use in the fight against malaria. Swaziland, for example, implemented an Immediate Disease Notification System which allows health workers to report confirmed malaria cases by calling a toll-free number. The system has significantly improved reporting by health facilities. This is a step in the right direction, but across Africa, health information systems require strengthening to enhance monitoring of malaria trends – this requires improvements in routine disease surveillance, focusing on confirmed cases and the medical certification of causes of death.

Overall, important declines in case incidence and mortality for malaria have been seen in recent years. But further acceleration of prevention and treatment services for malaria will be needed if the Millennium Development Goal targets for malaria are to be met.