Focus on Delivery to Achieve Sustained Impact

The UK All Party Parliamentary Group on Malaria was launched in 2005 and has held regular presentations and debates dedicated to promoting control of malaria, which exerts a huge burden on the health and economy of developing countries. We argue that much of this burden is avoidable simply by applying existing tools with more determination.

The APPMG first examined the burden of malaria and the status of control and research, recommending that more support is needed and the support needs to be sufficiently longterm to reach a new lower equilibrium of malaria burden. Secondly, the group examined the various financing mechanisms for malaria control and research, and recommended that slightly over $3 billion per year should be committed globally to ensure achievement of malaria related Millennium Development Goals. Thirdly, the group reviewed the concept of the Affordable Medicines Facility for malaria as a means to increase access to appropriate treatment, and concluded it was worth pursuing as long as broader health systems improvements were also supported. The APPMG is now gathering evidence on the crucial issue of how best to deliver malaria control interventions to achieve sustained impact and make best use of resources committed.

We also argue for increased sustained resources and work relentlessly as advocates to raise awareness in the UK and the rest of Europe to secure support for the measures to bear down on this most tractable of the world’s scourges by using the preventive measures and treatments which are available and need to be scaled up.

Conclusion
It is very clear that we now have a highly effective arsenal of tools to combat malaria. These tools are at last making inroads on the greatest part of the global malaria burden, which is in Africa, because they are reaching meaningful coverage levels in some countries. In order to maintain impact and move to the next stage towards elimination of malaria, delivery systems need to be rigorously evaluated and improved. The benefits of supporting this longterm commitment will be great, and will extend beyond malaria.

The Problem
Africa faces the greatest burden of malaria and the response is hampered by poverty, inaccessibility of those most in need, weak health systems and limited numbers of skilled health workers.
The Opportunity

Financial support is at an all-time high, and the major funders such as the GFATM, US President’s Malaria Initiative, the Bill and Melinda Gates Foundation and UK Department for International Development recognise that the need is not short-term. Early signs of success are boosting morale and commitment to achieve more. The 2010 milestone is approaching fast to achieve a 50% reduction of the malaria burden from the year 2000 and 80% coverage with priority interventions, and the 2015 deadline to achieve the Millennium Development Goals is not far behind.

The Challenge

We need to deliver 50 million Long-lasting Insecticidal Nets (LLINs) per year and ensure they are kept and used. We need to diagnose and treat up to 500 million cases of malaria per year. We need to create capacity in some countries to run indoor residual spraying programmes. Delivery needs to ensure coverage and use. This requires massive capacity.

Strategies for high coverage need to achieve two objectives:
1. Rapidly increase currently low coverage levels
2. Sustain high coverage through longer term systems development

Several of the early signs of success are in small politically stable countries with limited areas of poor access and high burden. We can only achieve the goals by tackling also the most challenging areas of highest malaria burden.

The Response

1. Coverage For prevention of malaria the first objective can be achieved through campaigns to distribute free long lasting insecticidal nets, while the second objective needs better routine free distribution systems complemented by affordable nets in the commercial sector. For treatment, the first objective is more difficult. Procurement of sufficient drugs and diagnostics is just the start. Accessible treatment outlets staffed reliably by well-trained providers (in the public and private sectors), awareness of the public on when and where to seek treatment and capacity to deter deliberate attempts to distribute substandard products are all essential. Once these are in place they must be sustained.

2. Use Coverage alone is not enough, and the impact of delivering the best interventions depends on use. Effective communications are key to appropriate use.

3. Who delivers? Three sectors, public, private and civil society, are already involved in delivery of malaria control interventions. By drawing on the unique strengths of each sector and optimising its involvement there will be a far greater chance of achieving high and sustained coverage and use. Public sector not only delivers services but also sets policies and provides stewardship of other sectors, civil society focuses on the poorest and marginalised, and the commercial sector can improve access through competition. The three together can achieve more comprehensive coverage than any one alone.
4. **Information for improving delivery** A key element for successful delivery is to produce and use credible evidence bringing together diverse sources of information, and to generate the capacity to use information to make intelligent decisions at international, country and subnational levels. We expect more rapid changes in malaria transmission patterns than ever before. We need sophisticated, accurate and timely information systems to respond. We also need improved monitoring and evaluation, not least feedback on what successes are being achieved and what practically works on the ground so that donor confidence is continually reinforced and best practice is exchanged.

5. **Advocacy** Current funding needs to be increased and continued for long enough to see through what has been started. Sudden reductions in investment would be catastrophic, both in terms of losing a unique opportunity and because reduced immunity as malaria declines leaves populations more vulnerable to severe disease if protection stops. Advocacy for sustained funding, probably over decades to come, as well as for more coordination of efforts globally and nationally is essential.

**The Future**

By supporting these five strategies for effective delivery, we can achieve much more in the long term with what we already have.

A balanced portfolio of delivering existing interventions effectively, improving these interventions and their delivery systems and discovering and developing new ones will make the prospect of longer term elimination of malaria achievable.

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