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REGIONAL IMPACT REPORT

Malaria in West Africa

The fight against malaria is one of the biggest success stories of the 21st century. A global effort to rapidly expand prevention, treatment and care succeeded in reversing the incidence of malaria, and significantly reducing deaths. In West Africa, sustained investments and broad partner engagement over the last decade have made a tremendous difference. A comprehensive approach that combines wide distribution of mosquito nets, indoor spraying, rapid testing, artemisinin-based combination therapies and education is proving an effective way to combat the disease.

Programs supported by the Global Fund have saved **1.2 million** lives from malaria in West Africa as of the end of 2014. That represents a **65 percent decline** in mortality due to malaria in West Africa.

Despite these dramatic gains, malaria remains one of the world's deadliest diseases. Malaria still claims hundreds of thousands of lives globally each year, and robs families and communities of prosperity, productive work and schooling. West Africa is disproportionately affected by the disease, accounting for half the global burden. More than **300 million people** in West Africa are at risk of malaria, with the greatest risk to children under the age of five and pregnant women. The Ebola virus outbreak, which hit **Guinea, Liberia and Sierra Leone** the hardest, sent a wake-up call about the vital importance of building resilient and sustainable systems for health to contain the spread of diseases.

Much more needs to be done. Continued political commitment and additional resources are needed to reduce malaria incidence, strengthen systems for health and protect mothers and children, or risk a resurgence of the disease. With implementing countries in the lead determining their own solutions to fighting the disease, the global community has an opportunity to end malaria as a major public health threat by 2030.

Universal Coverage of Mosquito Nets

The single most important factor in reducing the morbidity and mortality of malaria in West Africa is the distribution of long-lasting insecticidal nets. Thanks to partnerships, more and more families have access to mosquito nets, as mass distribution campaigns are allowing countries to achieve for the first time the milestone of universal coverage. A total of **220 million mosquito nets** have been distributed in West Africa through Global Fund programs for malaria.

In **Burkina Faso**, 75 percent of children under the age of five slept under an insecticide treated net in 2014, up from just 2 percent in 2003.

The Global Fund is supporting **Senegal's** first campaign for universal coverage of mosquito nets, which under the National Strategic Plan has a target of 80 percent of the population sleeping under an insecticide treated net by 2020.

In **Niger**, which has reduced child mortality among children under the age of five from 327 per 1,000 in 1990 to 104 in 2013, the Global Fund partnership is also backing the government's efforts to provide universal coverage of bed nets for the first time in its history in an initiative that brings together UNICEF, WHO and the National Malaria Control Program. Similarly, **Côte d'Ivoire** now provides protection against malaria to virtually its entire population of 20 million people through universal coverage of nets, following a partnership effort between UNICEF, WHO and CARE. In **Togo**, the successful implementation of the 2011 and 2014 mass campaigns resulted in the distribution of nets to more than 98 percent of the population. In **Guinea-Bissau**, such campaigns have played a big role in the dramatic decline in malaria prevalence from 9.4 percent to 1.3 percent between 2012 and 2014 among children under five years.

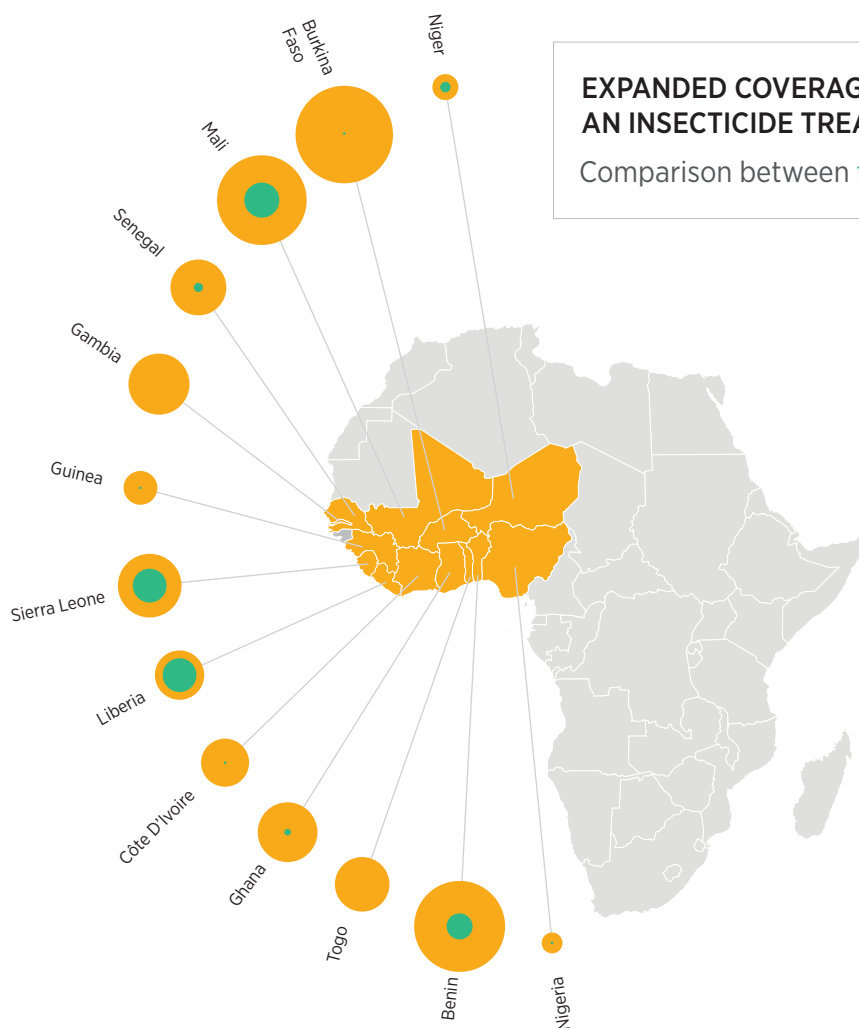


Burkina Faso, Gambia, Guinea, Guinea-Bissau, Senegal, Sierra Leone and Togo have received African Leaders Malaria Alliance (ALMA) awards for their robust malaria control efforts.

Community Health Workers

Training and equipping health workers who can reach those most at risk is key to fighting malaria. In **Benin**, investments by the Global Fund partnership are supporting a strategy to train, supply and supervise

community health workers to treat children under the age of five for malaria, pneumonia and diarrhea in areas with no access to health facilities. Malaria, pneumonia and diarrhea are the three largest causes of child mortality in sub-Saharan Africa. Working with partners including WHO, UNICEF, the President's Malaria Initiative and the Ministry of Health of Benin, Global Fund investments have supported the training of 11,000 frontline community health workers, who are using rapid diagnostic tests and artemisinin-based combination therapy.



EXPANDED COVERAGE OF CHILDREN UNDER FIVE SLEEPING UNDER AN INSECTICIDE TREATED NET
Comparison between the oldest and the most recent surveys

Benin Comparison: 2006 - 2012 20.3% (2006) 69.7% (2012)	Burkina Faso Comparison: 2003 - 2014 1.9% (2003) 75.3% (2014)
Côte D'Ivoire Comparison: 2005 - 2012 1.3% (2005) 37.2% (2012)	Gambia 2013 47% (2013)
Ghana Comparison: 2003 - 2014 3.9% (2003) 46.6% (2014)	Guinea Comparison: 2005 - 2012 1.4% (2005) 26% (2012)
Liberia Comparison: 2009 - 2013 26.4% (2009) 38.1% (2013)	Mali Comparison: 2006 - 2013 27.1% (2006) 69% (2013)
Niger Comparison: 2006 - 2012 7.4% (2006) 20.1% (2012)	Nigeria Comparison: 2003 - 2013 1.2% (2003) 16.6% (2013)
Senegal Comparison: 2005 - 2014 7.2% (2005) 43.2% (2014)	Sierra Leone Comparison: 2008 - 2013 25.8% (2008) 49% (2013)
Togo 2014 42.8% (2014)	

Source: DHS / MIS Survey 2002-2014



The strategy, known as Integrated Community Case Management (iCCM), is proving an effective tool in achieving high treatment coverage and delivering high-quality care for sick children in the community. Benin is one of the few countries in West Africa that has expanded iCCM interventions at national level. **Burkina Faso, Sierra Leone** and **Togo** also are implementing these interventions.

Challenging Operating Environments

The Global Fund is changing the way it engages in challenging operating environments to improve efficiency and offer more flexible and simplified responses. Such countries or regions are characterized by weak governance, poor access to health services, and man-made or natural crises.

With the Ebola outbreak, the essential role of building resilient and sustainable systems of health come into sharp focus. Two of countries most affected by Ebola – **Liberia** and **Sierra Leone** – are post-conflict states each with unique challenges in building effective health systems. During the peak of the Ebola outbreak, the Global Fund tapped into the Emergency Fund, a special initiative designed to provide quick financing to fight HIV, TB and malaria in emergency situations. In **Liberia**, that supported the expansion of a mass-distribution campaign of mosquito nets, which allowed the distribution of 2.8 million nets. In **Sierra Leone**, it was used for mass drug administration of artemisinin-based combination therapy, an effort that reached over 95 percent of targeted households.

Patients with Ebola and malaria display common symptoms such as fever, headache and aching joints. Decreasing incidence of malaria reduced the chances of misdiagnosis of Ebola, thus lessening the burden of malaria on already overstretched health systems. In **Guinea**, the Global Fund and the President's Malaria Initiative mobilized additional funds for mitigation activities impact in the fight against malaria.

Challenging operating environments are critical to the Global Fund mission and objectives -- they account for a third of global disease burden for HIV, TB and malaria, and for a third of Global Fund investments. **Nigeria**, a politically complex nation with high levels of disease and poverty, shoulders the largest proportion of the world's malaria burden at 24 percent. Despite its many challenges, **Nigeria** has achieved progress against malaria with international support: deaths from the disease dropped by 62 percent since 2000.

Towards Elimination

All countries in West Africa are malaria endemic countries. With significant progress being made in controlling the disease, a few are working towards malaria elimination in the near future. By 2020, **Gambia** hopes to reduce malaria mortality rates and malaria case incidence by at least 40 percent compared with 2013, ensuring effective malaria prevention and control to achieve pre-elimination. Gambia was one the African countries rewarded by the African Union in 2015 for its robust malaria control efforts, including mass distribution of long-lasting insecticide treated nets and indoor residual spraying.

In **Senegal**, where deaths due to malaria have fallen 55 percent since 2002, 20 districts are already in the pre-elimination stage. The country's plan is to move towards pre-elimination stage nationwide by 2020. The small island nation of **Cape Verde** reported only 46 cases in 2014, of which 20 were imported, and is working to eliminate malaria by 2020.



Better Data, Better Health

Data is the lifeblood of a strong health system and critical to fighting malaria. The Global Fund has invested in better information systems in implementing countries, working with partners to collect critical sub-national data.

Malaria is a disease with sharp seasonal variations and where timeliness of data is essential to act quickly and effectively. In West Africa, it sometimes can mean using a network of mobile phones at community-level clinics to collect data from the local community to support and monitor health interventions.

In **Burkina Faso**, an electronic patient record system in clinics was piloted over three years in two districts to improve clinical integrated management of childhood illnesses. The successful pilot phase led to expansion of the system to the Sahel region. The positive experience of the patient record system was also extended to community health workers, who will be using a mobile phone software to record children's illnesses in some districts. The software collects information such as the patient's age, gender, fever history, tests by rapid testing kits or by laboratory, drugs prescribed and referral to higher level facilities. The plan is to expand it nationwide and transmit the data into a national database.

In **Gambia**, an innovative technique using portable devices such as iPads and bar codes in vouchers was used during the last mass campaign in 2014 to distribute bed nets. Carried out by the international NGO Catholic Relief Services and in support of the country's national strategy against malaria, the campaign allowed collection of data on the spot, including tracking which families received nets and daily distribution numbers.

A Shared Responsibility

As a 21st-century partnership, the Global Fund combines the strength of governments, civil society, the private sector and people affected by the three diseases. To reinforce country ownership and sustainability of supported programs, the Global Fund implements counterpart financing policies to increase domestic funding for the three diseases and the health sector. This has catalyzed a significant increase in domestic investments in health. Countries in West Africa are making important contributions to the fight against malaria. In **Togo**, for example, government commitments for malaria have increased nine-fold, to US \$ 7.04 million, between 2014 and 2017.

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

* West African region countries include: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.