

# HFG Malaria Technical Review



Many countries have made impressive gains in decreasing malaria mortality and incidence. Malaria mortality has decreased by 60 percent, with 6.2 million lives saved since 2000. Yet, to achieve a malaria-free world, funding for cost-effective interventions and efficient malaria control programs must be sustained to preserve gains, reduce, and ultimately eliminate transmission. The World Health Organization (WHO) Global Technical Strategy for Malaria 2016-2030 estimates the cost of achieving the 2030 malaria goals to be US\$ 101.8 billion, with a further US\$ 673 million needed each year to fund malaria research and development. Malaria program implementers and funders need sound and appropriate economic evidence in order to advocate for continued resources and to implement programs in a cost-effective way.

The USAID-funded Health Finance and Governance (HFG) project worked to equip policymakers, government officials, and program managers with contextualized evidence necessary to:

- ▶ Maximize the impact of available funding by choosing the most cost-effective malaria interventions
- ▶ Demonstrate economic impact of malaria control interventions

## Maximizing the impact of available funding

In Senegal, in collaboration with the National Malaria Control Program (NMCP), HFG conducted [a cost-effectiveness analysis of the country's targeted malaria prevention and treatment intervention packages](#), which vary by district.

Overall, the analysis found a wide variation of cost per disability-adjusted life year (DALY) averted across packages (\$81-\$1,349). Using the WHO standards, all packages were “cost effective” (less than three times Senegal’s GDP per capita). The most cost-effective package consisted of seasonal malaria chemoprophylaxis plus Senegal’s basic Scale Up For Impact (SUFI) suite of interventions, which includes bednets, intermittent prophylaxis in pregnancy, rapid diagnostic tests, and artemisinin-based combination therapies (ACTs) at health facilities and in the community. The NMCP implements SUFI across all districts. The analysis also found that prevention interventions cost less than the treatment interventions in terms of unit costs.

The results helped to inform policymakers and NMCP officials on how to adjust the level and allocation of resources to both maximize the impact of available resources and identify areas where additional resources could be used most effectively. The study also provided Senegal and other malaria-endemic countries with methods and data to support sustainability planning and mobilization of domestic resources for malaria elimination.



## About HFG:

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. The HFG Project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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To learn more, visit [www.hfgproject.org](http://www.hfgproject.org).

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## Demonstrating economic impact of malaria control interventions

In Zambia, HFG completed [two innovative studies](#) that quantified the impact of malaria interventions on the health system. [The first study](#) found that, in districts where malaria prevention, diagnosis, and treatment had been scaled up, hospitals saw a significant reduction in malaria cases and an increase in maternal and other patients as hospital staff, beds, blood supplies, and other resources were freed up. Similarly, [the second study](#) found that malaria control scale-up reduced the need for and spending on pediatric blood transfusions used to treat children with severe malarial anemia. The cost savings and blood supply were redirected to serve other patients. Findings from these studies suggest that the scale-up of malaria prevention, diagnosis, and treatment interventions frees up valuable resources – such as financial resources and blood supplies – that health facilities can use for other purposes.

Also in Zambia, HFG conducted a [retrospective analysis examining the association between district-level data on malaria control interventions and household outcomes](#). Due to data limitations, the study could not detect an association between malaria control scale-up and household microeconomic outcomes such as household labor productivity and school attendance. The study experience, however, highlighted ways to improve the quality of commonly-available, retrospective data, and its value for researchers and funders of these types of economic evaluations to reach a wider audience. The Malaria Journal published the study in January 2017.

HFG also proposed and launched the [Malaria Economic Research \(MER\) Community of Practice](#) (COP) consisting of over 100 members representing more than 25 organizations and 21 countries. The goal of the COP was to improve coordination among a broad range of stakeholders including the producers, funders, and non-economist users of malaria economic research, such as policymakers and program planners to improve the targeting and efficiency of research efforts, and the usability of results. The COP produced two key products:

- ▶ (1) A [guidance document](#) for country-level implementers, funders, and programmers on how to conduct context-specific MER.
- ▶ (2) A [Malaria Economic Research Literature Scan Tool](#) that allows users to scan and collate existing MER. At the end of the project, HFG transferred the tool to the Roll Back Malaria initiative's website.