Family Medicine & Medical Science Research

Adeel Med Medical Sci Res 2012, 1:1
DOI: 10.4172/2327-4972.1000e101

Editorial Open Access

Now More than Ever, Malaria Control Needs Evidence

Ahmed Awad Abdel-Hameed Adeel*

College of Medicine, King Saud University, Riyadh, Saudi Arabia

Many malaria-endemic countries are making progress in controlling malaria with basic interventions aimed at early diagnosis, treatment of cases and vector control. In a growing number of these countries there is clear evidence that malaria cases and deaths have fallen. This progress has been made possible by a dramatic increase in international resources for malaria control, from about $200 million in 2004 to a peak in 2011, at about US$ 2 billion. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) remains the single largest source of funding for malaria control globally, with a peak in disbursements over 2009–2011. The United Kingdom's Department for International Development (DFID), the US President's Malaria Initiative (PMI), the World Bank and other donors accounted for 49% of total disbursed funding in the year 2010. PMI contributions rose from US$ 385 million in 2009 to US$ 585 million in 2010 [1]. However, with the global economic meltdown, donor funding is becoming less secure and insufficient to achieve and maintain universal coverage of basic interventions in all malaria endemic countries. The Global Fund had to cancel its Round 11 recently and replace it with a "Transitional Funding Mechanism" to maintain basic services for malaria programs already under its funding [2]. In this environment both donors and recipient malaria programs are looking to achieve the greatest benefit from the available limited funds. One of the basic requirements to achieve this is the ability to select interventions that are most cost-effective, efficient and produce the highest impact. Moreover, malaria programs have to design interventions that suit their epidemiological contexts and the social and economic environment. To make such choices malaria programs and donors need to get clear evidence-based technical guidance for their policies. The question is: do they get it?

One recent example of the dilemma facing malaria workers and donors is the controversy over the funding of antimalarial drugs through the subsidy mechanism of "Affordable Medicines Facility for Malaria" (AMFm) [3]. In 2008, the Global Fund agreed to host AMFm as a pilot program. AMFm was launched in eight national-level pilots in seven countries: Ghana, Kenya, Madagascar, Niger, Nigeria, Uganda, and Tanzania (mainland and Zanzibar) in 2010. The initiative cost was more than $460 million, mostly funded by the Global Fund, UNITAID, and the Canadian and British governments. The Global Fund also commissioned an evaluation of the pilot program to enable it to decide whether to continue, scale-up, or terminate the AMFm. In November, 2012, the Board of the Global Fund is scheduled to vote on either to continue AMFm after December, 2013, or terminate the program. The decision is supposed to be based on the independent evaluation of the pilot trial.

Report of the independent evaluation has been posted in the Global Fund website and subsequently published [4,5]. At about the same time Oxfam, an international charity, issued a report criticizing the work of the independent evaluation and labeling the program a failure because it did not provide proof that it had saved lives and because officials didn't track who received the drugs [6]. Its report, with the inflammatory title of: "Salt, Sugar, and Malaria Pills How the Affordable Medicine Facility–malaria endangers public health" received a great deal of media coverage [7,8]. However, a group of ten prominent scientists expressed their support for the progress of AMFm as indicated the evidence provided by the independent evaluation [9]. The issue was subsequently characterized as "controversy" by the media [10].

Apart from controversy over the evidence, it seems that this opposition to AMFm has ideological background in the struggle between what role should be played by the private sector as compared to the public sector in health service. Amid this controversy, the Global Fund and UNITAID board meetings taking place at the end of 2012 to decide on the AMFm. Whatever decision is taken, it is clear that there was already a great deal of advocacy and no consensus about the evidence. It is also evident that in this area we need leadership and a clear definition of standards of evidence to guide our intervention policies.

Value for money is becoming a critical issue for malaria programs because of the increasing constraints on available funds [11]. Besides the controversy over the evidence antimalarial drugs delivery, the need for clear and updated evidence is increasingly being recognized in other interventions for malaria control. The majority of malaria control funds are spent on vector control. The bulk of Global Fund resources go for bed nets (43%), PMI funds are allocated primarily for bed net (35%) and spraying of insecticides (25%) [1]. Operational research to guide vector control is needed in areas of (i) improving procurement procedures for bed nets, (ii) providing updated and contextual information about the durability of bed nets in different countries and environment, (iii) developing efficient ways to replace bed nets as they wear out, (iv) the value for money aspects of the policy of deployment of spraying and bed net programs in the same locality. All of these are areas where operational research areas are greatly needed to guide the global investment on malaria control.

References

1. http://www.who.int/malaria/world_malaria_report_2011.
2. http://www.theglobalfund.org/en/application/.
3. http://www.theglobalfund.org/en/amfm/.
4. Talisuna AO, Adibaku S, Amojah CN, Amofah GK, Aubyn V, et al. (2012) The affordable medicines facility-malaria--A success in peril. Malar J 11: 370.
5. Tougher S , Ye Y , Amuasi JH , Kourgueni IA, Thomson R, et al. (2012) Effect of the Affordable Medicines Facility—malaria (AMFm) on the availability, price, and market share of quality-assured artemisinin-based combination therapies in seven countries: a before-and-after analysis of outlet survey data. Lancet.
6. Kamal-Yanni M (2012) Salt, Sugar, and Malaria Pills: How the Affordable Medicine Facility–malaria endangers public health.
7. Dreaper J (2012) Concern raised about finance scheme for malaria drugs.
8. Cheng M (2012) Officials debate whether to scrap malaria program.
9. Arrow KJ, Danzon PM, Gelband H, Jamison D, Laxminarayan R, et al. (2012) The Affordable Medicines Facility-malaria: killing it slowly. Lancet .
10. Dreaper J (2012) Study backs 'controversial' malaria drugs subsidy.
11. Wilson P, Aizenman Y (2012) Value for Money in Malaria Programming: Issues and Opportunities. Center for Global Development, Working Paper 291.

***Corresponding author:** Dr. Ahmed Awad Abdel-Hameed Adeel, College of Medicine, King Saud University, Riyadh, Saudi Arabia, Tel: 0096614671013; Fax: 0096614679162; E -mail: aadeel@KSU.EDU.SA

Received November 09, 2012; **Accepted** November 12, 2012; **Published** November 14, 2012

Citation: Abdel-Hameed Adeel AA (2012) Now More than Ever, Malaria Control Needs Evidence. Family Med Medical Sci Res 1:e101. doi:10.4172/2327-4972.1000e101