



Annual Report 2015 to the United Methodist Church

9 March 2016

Great progress has been made in the fight against malaria but gains remain fragile



Thanks to all partners involved in the global fight against malaria, great progress has been made in the last fifteen years. New methods of testing, the widespread distribution of insecticide-treated nets and the introduction of Artemisinin-based combination therapies have led to a 48 percent drop in malaria deaths between 2000 and 2014. The number of lives saved by malaria treatment and prevention has grown steadily each year. Children under the age of five are the most vulnerable to malaria, because their immune systems are still developing effective resistance to the disease. Pregnant women are also vulnerable, because their immune systems are weakened during pregnancy. Protecting young children and pregnant women is paramount to any disease strategy.

The innovation of a long-lasting insecticidal mosquito net, at a relatively low cost, has greatly expanded protection for children and families. With more than 548 million mosquito nets distributed, people at risk for malaria who gained access to mosquito nets grew from 7 percent in 2005 to 36 percent in 2010 and 56 percent in 2014 in countries where the Global Fund invests.

Mosquito nets are just one tool, however, and a comprehensive approach to reducing deaths from malaria includes other preventive measures such as indoor residual spraying. More important, access to artemisinin-based combination therapies and to rapid diagnostic tests has improved dramatically. Cases of malaria treated rose 19 percent to hit cumulative total of 515 million over the last year.

But these gains remain fragile. If efforts are neglected, malaria could resurge within just one infectious season. Experts estimate that to eliminate malaria as a serious public health threat will require US\$5.1 billion each year. In 2014, less than half that amount was available.

There are other challenges in the response to malaria. Growing resistance to Artemisinin and its partner drugs, as well as resistance to the insecticide used on nets, is threatening the response in much of Southeast Asia. The use of nets for other than their intended purpose also poses a threat to prevention and control efforts. Weak health management information systems make monitoring outbreaks and the impact of prevention efforts much more difficult. Reducing the impact of malaria involves a multipronged plan that includes education, prevention, diagnosis, treatment and monitoring.



Thank you!

In 2010, the Global Fund and the United Methodist Church joined forces in the fight against malaria. At the core of this partnership is the Imagine No Malaria campaign, which puts faith into action by empowering the people of Africa to improve health outcomes and achieve a sustainable victory over malaria. The partnership leverages the powerful commitment of United Methodists, along with the scope and resources of the Global Fund to achieve impact on a greater scale than would be possible alone.

Funds raised by the “Imagine No Malaria” campaign benefiting the Global Fund have contributed to delivering life-saving malaria programs in African countries particularly affected by the disease, including Angola, Côte d'Ivoire, Democratic Republic of Congo, Liberia, Mozambique, Rwanda, Sierra Leone, Uganda, and Zimbabwe.

As of December 31, 2015, all contributions made by the United Methodist Church to the Global Fund over the life of the partnership totaled an impressive USD 18.1 million amount. This makes the United Methodist Church one of the most significant non-government donors to the Global Fund.

Our organization has been particularly delighted to receive a USD 9.6 million contribution for the sole year 2015. This amount represents the single largest contribution made by a faith organization to the Global Fund. This historic donation was celebrated at the Capitol Hill in April 2015 at the occasion of the World Malaria Day, and brought together high-level representatives from both the United Methodist Church and the Global Fund, for a great moment of shared joy.

The Global Fund is truly privileged to be a key partner of the United Methodist Church and looking forward to continue working hands in hands to save more lives and help underserved people live in peace and dignity.

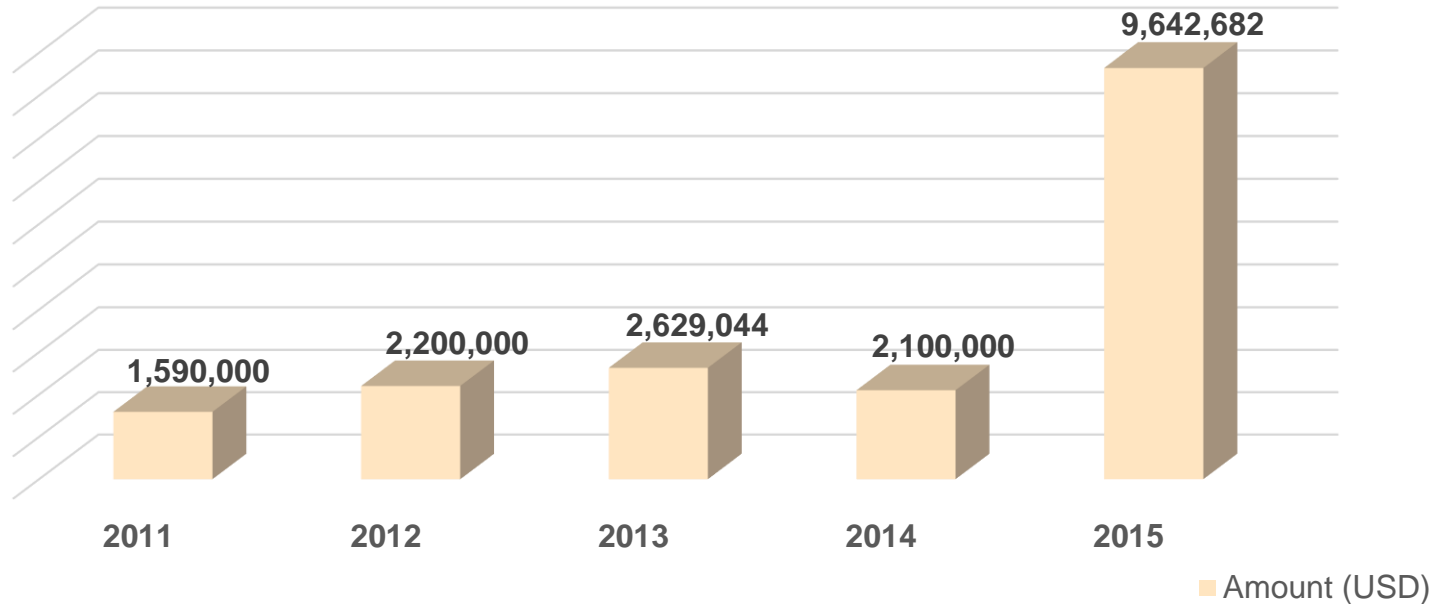


“The United Methodist Church’s contribution to fighting the scourge of malaria is admirable and outstanding,” said Dr. Mark Dybul, Executive Director of the Global Fund. “This money will allow hundreds of thousands of African children to sleep under a bed net, significantly improving their chances of living malaria-free lives.”

UMC Target Countries and Grants

Country	Grant Title	Principal Recipient	Start Date	End date	Grant Amount (USD)	Total Amount Disbursed to date (USD)
Angola	Universal Access to Malaria Prevention and Treatment in Angola	Ministry of Health of Angola	1 April 2012	31 December 2015	38,115,975	34,501,627
Côte d'Ivoire	Scaling up interventions to combat malaria in Côte d'Ivoire	Ministry of Health of Côte d'Ivoire	1 January 2015	31 December 2017	75,036,674	7,553,984
Democratic Republic of Congo	Contribution to universal access of DRC populations to effective interventions to fight malaria and extension of interventions against malaria	1. Populations Services International 2. Eglise du Christ au Congo/Santé Rurale 3. Ministry of Health of DRC	1 July 2015	31 December 2017	363,719,964	126,525,836
Liberia	Scaling up malaria prevention and control interventions through all sectors in Liberia for sustained universal impact	1. Ministry of Health of Liberia 2. Plan International	1 June 2011	30 June 2016	43,941,698	39,755,266
Mozambique	Malaria Prevention and Control in Mozambique: Scaling up for Universal Access with Community Involvement	1. Ministry of Health of Mozambique 2. World Vision	1 July 2011	30 June 2016	124,677,056	91,258,404
Rwanda	Rwanda towards malaria pre-elimination	Ministry of Health of Rwanda	1 July 2015	31 December 2017	49,340,552	10,893,839
Sierra Leone	Scaling up malaria control interventions towards universal coverage in Sierra Leone	1. Ministry of Health of Sierra Leone 2. Catholic Relief Services	1 August 2011	31 December 2016	60,655,284	39,212,769
Uganda	Supporting Uganda's Malaria Reduction Strategy	1. Ministry of Finance of Uganda 2. The Aids Support Organisation (local NGO)	1 January 2015	31 December 2016	148,967,805	19,290,213
Zimbabwe	Getting to Zero Malaria Deaths in Zimbabwe: scaling up effective malaria control interventions	Ministry of Health and Child Care of Zimbabwe	1 January 2015	30 June 2017	59,460,076	24,309,664

UMC contributions to the Global Fund



CUMULATIVE AMOUNT : USD 18,161,726

As of December 31, 2015

How was the 2015 UMC contribution allocated?

Country & Grant	Earmarked UMC contribution amount in 2015 (in USD)	Total amount disbursed by Global Fund in 2015 (in USD)
Angola Grant "Universal Access to Malaria Prevention and Treatment in Angola"	296,078	1,319,877
Liberia Grant "Scaling up malaria prevention and control interventions through all sectors in Liberia for sustained universal impact"	1,643,602	7,326,968
Mozambique Grant "Malaria Prevention and Control in Mozambique: Scaling up for Universal Access with Community Involvement"	932,046	4,154,942
Rwanda Grant "Rwanda towards malaria pre-elimination"	2,443,731	10,893,839
Uganda Grant "Supporting Uganda's Malaria Reduction Strategy"	4,327,225	19,290,213
TOTAL	9,642,682	42,985,839

Impact results



Key results across all UMC target countries *(from mid-2014 to mid-2015)*

59.4 million bed nets distributed
(40% increase from last 12-month period)



18.7 million malaria cases treated



1.5 million housing covered by
Indoor Residual Spraying



5.1 million community
outreach prevention
services provided



67,000 episodes of training for
community workers delivered



Key results at country level *(from mid-2014 to mid-2015)*

UMC target country	Nets distributed (Insecticide Treated Nets & Long Lasting Insecticide Nets)	Cases of Malaria treated	Structures covered by Indoor Residual Spraying	Cross-Cutting - Community outreach prevention services (behavior change communications)	Cross-Cutting - "Person episodes" of training for health community workers
Angola	800,000	200,000	-	-	-
Congo (Democratic Republic)	9,000,000	4,000,000	-	-	40,000
Côte d'Ivoire	14,000,000	3,000,000	-	1,600,000	-
Liberia	2,800,000	-	-	-	-
Mozambique	7,000,000	8,000,000	1,300,000	3,200,000	27,000
Rwanda	1,000,000	1,000,000	250,000	-	-
Sierra Leone	3,800,000	1,700,000	-	310,000	-
Uganda	21,000,000	-	-	-	-
Zimbabwe	-	800,000	-	-	-
Grand Total	59,400,000	18,700,000	1,550,000	5,110,000	67,000

Individual country reports





Angola

Country data	2013	2014
Population (million)	23.4	24.2
Life expectancy at birth (years)	51.5	51.9
Under 5 mortality rate (per 1,000)	167.1	162.2

Disease overview

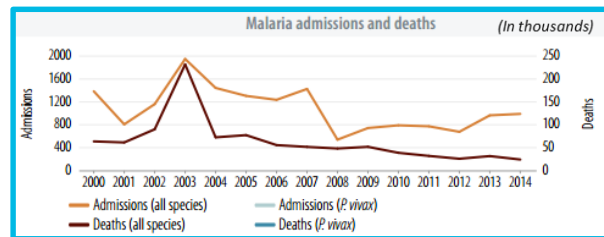
Malaria remains a major public health threat and is a principal cause of morbidity and mortality throughout the country. Women and children under five are the most vulnerable, and urban poor and rural population the most affected. Malaria accounts for 35% of mortality in children, 25% of maternal morbidity. Two-thirds of malaria cases are reported in children under five. Malaria is endemic all over the country, and the entire population is at risk. There is significant heterogeneity in transmission, with a hyper-endemic malaria transmission in north-eastern Angola, the medium-endemic area with stable transmission at central and coastal areas. In spite of this, the malaria program was the most affected by budget cuts in 2015 (with an initial reduction of 88%) due to the current economic crisis the country is facing being an oil-based economy.

Grant “Universal Access to Malaria Prevention and Treatment in Angola”

This program delivers a package of high impact interventions, including universal access to bed nets, rapid diagnostic tests and treatment through the public, and also the private sector, coupled with institutional capacity-building. Significant achievements have been made by this program on every front of prevention, diagnosis, and treatment. From July 2014 to June 2015, 200,000 malaria cases were treated and 800,000 bed nets distributed. There has also been an increase from 63% to 85% in the percentage of suspected cases tested for malaria and 82% of confirmed outpatient malaria cases received appropriate antimalarial treatment in public health facilities.

Malaria data - 2014

Estimated cases	[2,000,000-5,100,000]
Estimated deaths	[8,900-20,000]



Impact results highlights (2014-2015)

200,000 malaria cases treated



800,000 bed nets distributed



Côte d'Ivoire

Country data	2013	2014
Population (million)	21.6	22.2
Life expectancy at birth (years)	50.9	51.2
Under 5 mortality rate (per 1,000)	99	95.5

Disease overview

Malaria is endemic in Cote d'Ivoire and constitutes a key public health problem, by its frequency, its gravity and its socio-economic importance. Its prevention is included as one of the main priorities within the National Health Development Plan and the disease is currently in control phase. Pregnant women and children under five are the populations most significantly affected. In 2013, over 170,000 cases of severe malaria were notified, 50% of these were in children under five years of age.

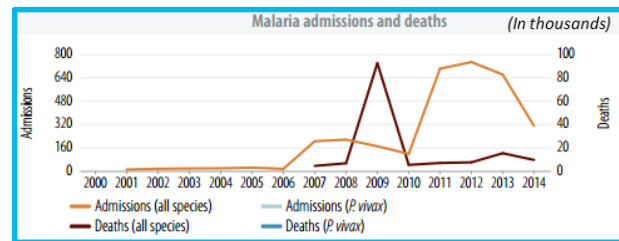
Grant "Scaling up interventions to combat malaria in Cote d'Ivoire in the context of national reconstruction"

This new grant continues to support the Strategic National Plan in scaling up malaria interventions to the whole country and achieving universal access. The goals of the supported program are to:

- Contribute to the reduction of malaria-related mortality below 1 death per 100 000 inhabitants by the end of 2017.
- Contribute to the reduction by 75% (compared to 2008) of the number of malaria cases by the end of 2017.

Malaria data - 2014

Estimated cases	[6,400,000-11,000,000]
Estimated deaths	[12,000-20,000]



Impact results highlights (2014-2015)

3 million malaria cases treated



14 million bed nets distributed

1.6 million community outreach prevention services provided





Democratic Republic of Congo

Country data	2013	2014
Population (million)	72.5	74.8
Life expectancy at birth (years)	57.9	58.3
Under 5 mortality rate (per 1,000)	104.8	101.7

Disease overview

The Democratic Republic of Congo has one of the heaviest burdens of malaria in Africa. In a country larger than the whole of Western Europe, malaria is endemic in over more than 97% of its territory. Malaria is the number one cause of morbidity and mortality, and is a significant cause of poverty in the country: 37% of deaths in children under 5 during hospitalization; and 54% of hospitalization in pregnant women.

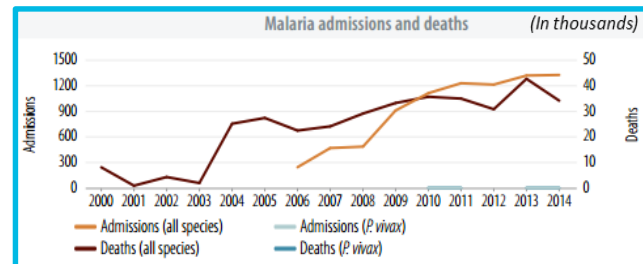
Grant “Contribution to universal access of DRC populations to effective interventions to fight malaria and extension of interventions”

Activities undertaken under the Global Fund grant have been expanded to 308 targeted health zones (out of 515 health zones in the whole country). The program provides a package of interventions that includes diagnosis, treatment with ACT, IPT, and routine distribution of long-lasting insecticidal nets (LLINs) for pregnant women and children under five. In addition, the program's goals include the expansion of the community case management strategy from 2,672 to 4,128 community sites within the 308 health zones, and the continuation of LLINs mass distribution at national scale aiming at distributing over 24 million LLINs by end 2016.

Malaria data – 2014

Estimated cases [16,000,000-26,000,000]

Estimated deaths [33,000-72,000]



Impact results highlights (2014-2015)

4 million malaria cases treated



9 million bed nets distributed

40,000 “person episodes” of training for health/community workers provided



Country data	2013	2014
Population (million)	4.3	4.4
Life expectancy at birth	60.2	60.5
Under 5 mortality rate (per 1,000)	72.9	69.9

Disease overview

Malaria remains the leading public health issue in Liberia, with the entire population at risk of infection and children under five and pregnant women are the most vulnerable to the disease. Malaria is hyper-endemic, with intense, year-round transmission across the whole country. Despite this context and in the wake of the Ebola outbreak in 2014-2015, Liberia was able to carry out the first malaria universal mass campaign in April/May 2015 by distributing 2.8 million nets and progress towards universal long-lasting insecticide nets coverage (two nets per household) throughout the country.

Grant “Scaling up malaria prevention and control interventions through all sectors in Liberia for sustained universal impact”

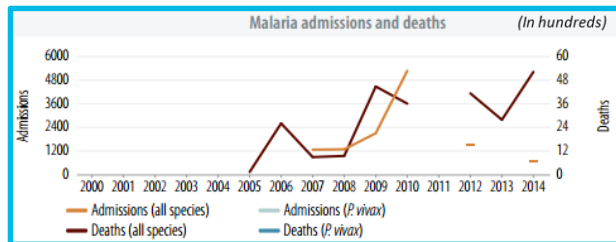
The Global Fund-supported program goals are to:

- 1) Increase access to prompt diagnosis and effective treatment targeting 85% of population by 2020;
- 2) Ensure that 80% of the population is protected by malaria preventive measures by 2020.

This program aims to support interventions in Liberia's 2016-2020 National Malaria Strategic Plan and increase access to and utilization of key malaria control and prevention interventions including: scale up of integrated community case management; access to malaria services for pregnant women and children under five to receive nets at ante-natal care facilities and appropriate malaria testing and treatment; scale up of private sector engagement to ensure access to Rapid Diagnostic Tests and ACTs in remote areas (for example through local pharmacies and/or alternative vendors); and strengthening of the overall health system.

Malaria data – 2014

Confirmed cases	[1,100,000-2,100,000]
Estimated deaths	[1,200-2,900]



Impact results highlights (2015)



2.8 million bed nets distributed



Mozambique

Country data	2013	2014
Population (million)	26.4	27.2
Life expectancy at birth (years)	54.2	54.6
Under 5 mortality rate (per 1,000)	81.2	78.5

Overview

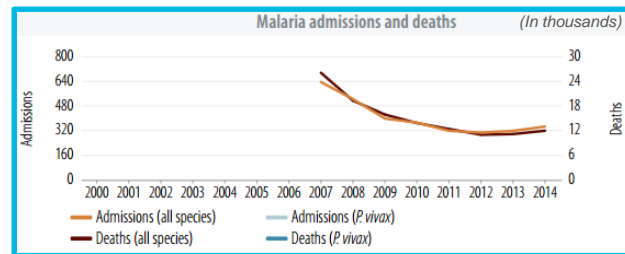
While Mozambique has made progress in reducing malaria related deaths, it is considered the most important public health problem in the country. The entire population of Mozambique is at risk of malaria and the majority lives in areas with high risk of malaria infection. Malaria accounts for about 44% of all outpatient diagnosis and about 57% of pediatric admissions. It is the leading cause of mortality (29%) followed by AIDS (27%). In children under 5 years, malaria caused 42% of deaths, and AIDS 13%.

Grant “Accelerating and Strengthening Malaria Control in Mozambique”

The overall NMCP objective, which defines the goal of the Global Fund supported malaria program in Mozambique, is to halve malaria morbidity and mortality by 2016 from 2009 levels. The Country aims to achieve 100% coverage of the population with at least one malaria prevention method, 100% of suspected malaria cases presenting in health facilities and communities using Integrated Community Case Management platform according to national guidelines and implementation of malaria in pregnancy interventions. This is supported by strengthening of surveillance, monitoring and evaluation systems and ensure access to information that promote good practices in prevention and treatment. The main vector control intervention is universal access to LLINs with targeted Indoor Residual Spraying in strategically selected districts.

Malaria data – 2014

Confirmed cases	[7,200,000-12,000,000]
Estimated deaths	[9,400-21,000]



Impact results highlights (2014-2015)

8 million malaria cases treated



7 million bed nets distributed

1.3 million structures covered by Indoor Spraying





Rwanda

Country data	2013	2014
Population (million)	11	11.3
Life expectancy at birth (years)	62.8	63.4
Under 5 mortality rate (per 1,000)	47.8	44.3

Disease overview

Rwanda's entire population is at risk from malaria, including an estimated 2.2 million children under 5 years of age and over 400,000 pregnant women. The factors that influence malaria in the country include high human density; population movements including cross-border movements of people; the expansion of irrigation schemes; and mosquitos' resistance to pyrethroids (insecticidal compounds). Significant progress has been made in the fight against malaria in Rwanda. Between 2005 and 2010, there was a 70% decline in malaria incidence and a similar reduction in malaria attributable deaths. Rwanda's national malaria program is recognized internationally as a successful response for which, in February 2016, it received the African Leaders Malaria Alliance award for its malaria control efforts over the past four years. The 2013 -2018 Goal of the Rwanda Malaria National Strategic Plan is to "achieve zero deaths from malaria and reduce the malaria burden to achieve a slide positivity rate (SPR) of less than 5% in fever cases by 2018".

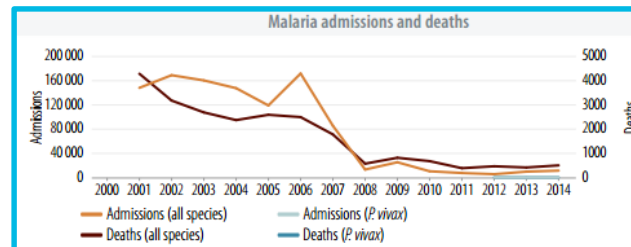
Grant "Rwanda towards malaria pre-elimination"

Rwanda remains at a critical point in the national fight against malaria and the resources provided by the Global Fund are essential for progressively moving towards malaria pre-elimination over the medium term. The GF grant supports the strengthening of community based systems for home-based management of malaria. This is being achieved through the empowerment of community health workers in malaria diagnosis, treatment and case notification. Global Fund support also complements the gap in rapid diagnostic tests for malaria diagnosis at the health facility and community levels.

From July 2014 to June 2015, Rwanda continued to implement key malaria control interventions with prioritization and focus on high malaria burden districts with LLINs and IRS being prioritized interventions. During this period, a total of 82,204 LLINs were distributed to first time mothers attending Ante-Natal Clinics while 262,376 LLINs were distributed to children under five. This has contributed to ensuring that 81% of households own at least one ITN and respectively 80% of children under five and 88% of pregnant women sleep under an ITN. Furthermore, 99.2% IRS coverage was achieved in 3 high malaria districts.

Malaria data – 2014

Confirmed cases	[1,100,000-1,700,000]
Estimated deaths	[400-4,600]



Impact results highlights (2014-2015)

1 million malaria cases treated



1 million bed nets distributed



Sierra Leone

Country data	2013	2014
Population (million)	6.1	6.3
Life expectancy at birth (years)	49.7	50.4
Under 5 mortality rate (per 1,000)	133.4	126.4

Disease overview

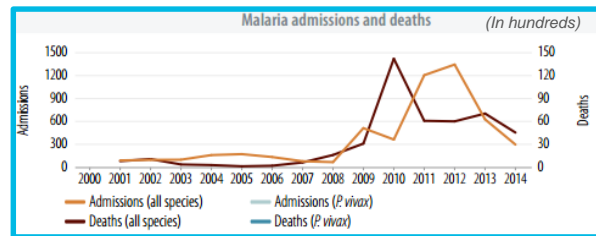
Malaria is endemic in Sierra Leone, with stable and perennial transmission in all parts of the country. As such, the entire population is at risk of developing the disease and is being targeted through the Global Fund grant.

Grant “Scaling up Malaria control interventions towards universal coverage in Sierra Leone”

The emphasis of the program is the scaling up of Home Management of Malaria, which is now referred to as Community Case Management of malaria. This program provides the entire population of Sierra Leone with access to effective malaria control interventions. Despite the Ebola crisis that has heavily affected the country's health system in 2015, the program has delivered significant results including the treatment of 1.7 million malaria cases, distribution of 3.8 million bed nets and provision of a wide range of Behavioral Change and Communications activities.

Malaria data – 2014

Estimated cases	[1,700,000-3,400,000]
Estimated deaths	[5,700-11,000]



Impact results highlights (2014-2015)

1.7 malaria cases treated



3.8 million bed nets distributed

310,000 community outreach prevention services provided





Uganda

Country data	2013	2014
Population (million)	36.5	37.8
Life expectancy at birth (years)	57.1	57.8
Under 5 mortality rate (per 1,000)	60.3	56.9

Disease overview

Uganda's climatic conditions are suitable for transmission of malaria in most parts of the country for most of the year. Malaria contributes over 20% of deaths among children under 5. A recent Malaria Indicator Survey (2014-2015) showed the progress the country has made. Percentage of households with at least one Insecticide-Treated bed (ITN) Net has increased from 47% to 90% between 2009 and 2014. Among households with an ITN, 80% of the children under 5 and 84% pregnant women slept under an ITN the night before the survey. Malaria prevalence also showed dramatic reduction: % children aged 0-5 years who tested positive for malaria reduced from 42% to 19% between 2009 and 2014.

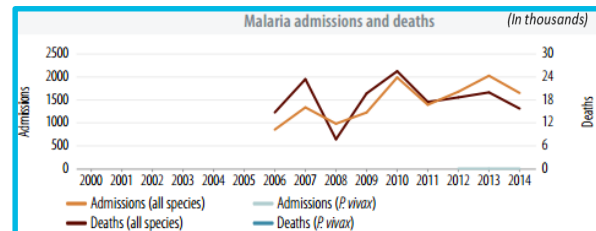
Grant “Supporting Uganda’s Malaria Reduction Strategy”

The program supported by the Global Fund is designed to build on achievements realized and momentum established in malaria control in Uganda. It aims to ensure high coverage of the core interventions for vector control and case management in Uganda. It also maintains a focus on universal coverage of key interventions of the whole at-risk population, while specifically targeting the poor, pregnant woman and children under the age of five.

In 2015, Uganda identified resurge of malaria cases in northern part of the country partly due to change in vector control interventions. The Global Fund responded quickly and effectively by strengthening community-based interventions in order to better contain the increasing trend of malaria cases in 10 northern districts.

Malaria data – 2014

Estimated cases	[4,400,000–12,000,000]
Estimated deaths	[5,300-17,000]



Impact results highlights (2014-2015)

21 million bed nets distributed





Zimbabwe

Country data	2013	2014
Population (million)	14.9	15.2
Life expectancy at birth (years)	53.6	55.6
Under 5 mortality rate (per 1,000)	74.5	72.3

Disease overview

In Zimbabwe, malaria transmission is highly variable, ranging from areas of little or no transmission to those with relatively moderate to high transmission. In total, 45 of Zimbabwe's 62 districts have conditions that support moderate to high transmission. The highest transmission occurs along international border areas, especially in the North (Zambia) and the East (Mozambique). The borders to the West (Botswana) and South (South Africa) support little transmission but are epidemic prone. The central highlands area is largely malaria free.

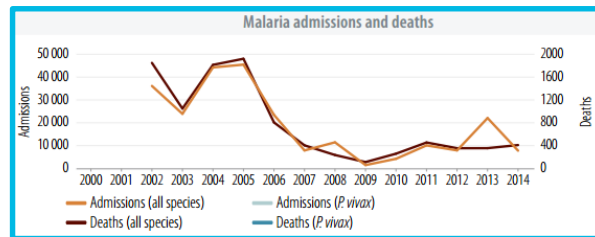
Grant "Getting to zero malaria deaths in Zimbabwe: scaling up effective malaria control interventions in Zimbabwe"

The main goals of this new Global Fund-supported program are the following:

- To ensure universal access of the population at risk to effective and appropriate malaria prevention interventions by 2017;
- To ensure access to prompt and appropriate management of all malaria cases within 24 hours of onset of symptoms by 2017;
- To detect 100% of epidemics within one week of onset and effectively manage 100% of malaria epidemics within two weeks of detection.

Malaria data – 2014

Estimated cases	[640,000-1,600,000]
Estimated deaths	[71-5,700]



Impact results highlights (2014-2015)

800,000 malaria cases treated



For further information

More information on the Global Fund malaria programs supported by the United Methodist Church can be found on the following page:

<http://www.theglobalfund.org/en/portfolio/>

Source of information:

Country data: World Bank database

<http://data.worldbank.org/indicator/>

Disease Data: World Malaria Report 2015

<http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/>

Contact information



Any further questions or remarks, please contact:

Pierre Jaudoin

Private Sector Engagement Department,
External Relations Division

Telephone: +41 58 791 18 29
pierre.jaudoin@theglobalfund.org

