RBM Partnership to End Malaria
Country Malaria Interventions Gap Analysis

For the years 2018-2020

Prepared based on the analysis of countries’ Global Fund applications
Gap analysis at a glance

- The financial and commodity gap analysis was prepared based on the analysis of countries’ Global Fund applications.
- The gap analysis covers 35 malaria endemic countries over the next three years (2018-2020).
- US$ 10 Billion is a total budget these countries need over the three-year period to implement national malaria strategic plans to achieve WHO Global Technical Strategy targets.
- Of this, US$ 5.2 Billion is not yet financed.
- US$ 1.5 Billion gap is that of essential malaria interventions (vector control, diagnosis and treatment).
- High malaria burden countries experience the highest financial and commodity gaps.
Gap analysis at a glance

• 7 countries are facing a gap in Artemisinin Combination Therapy (ACT) of 280 million treatment doses

• An extra 180 million Long Lasting Insecticide treated Nets (LLINs) needs to be funded in 17 countries

• 5 countries that have been implementing Indoor Residual Spraying (IRS) have a financial gap of US$ 47 million

• 5 countries are facing a gap in malaria Rapid Diagnostic Tests (RDTs) of 101 million test kits
The financial need to implement national malaria interventions in 35 endemic countries over the next three years (2018-2020) to achieve WHO Global Technical Strategy targets is US$ 10 Billion, of which US$ 5.2 Billion is not yet financed. Essential malaria interventions (vector control, diagnosis and treatment) are currently facing a gap of US$ 1.5 Billion.

The needs analysis covers 35 malaria endemic countries. Three high burden countries – Nigeria, DRC and India – account for 42% of the total needs.
• Of the US$ 5.2 Billion which is not yet financed, it is the high malaria burden countries, such as Nigeria, India, DRC, Uganda and Tanzania, that are facing the largest gaps. Nigeria has by far the largest gap (29%) of all the countries analysis was made, with significant financial gaps for malaria interventions over the next three years.

• The gap in the number of long lasting insecticide treated nets (LLINs) that are not financed in 2018-2020 totals 180 million. Most of the gaps observed are in 2020, however, the gaps persist over the three years for Nigeria (72.5 million), Pakistan (38 million) and DRC (23 million).
• Over the next three years, the largest gaps in LLINs by percentage are in Pakistan (77%), Nigeria (47%) and Kenya (37%) as indicated in the chart below showing countries with gaps of the 35 analyzed.
• Of the 35 countries analysed, 7 countries are facing a gap in Artemisinin Combination Therapy (ACT) of 280 million treatment doses. Nigeria accounts for 76% of this gap over the next three years.

Nigeria, 75.5%
DRC, 14.3%
Uganda, 10.9%
South Sudan, 10.1%
Benin, 10.0%
Pakistan, 1.0%
Cote d'Ivoire, 2.0%

The ACT gap for the next three years by Country

The yearly ACT gaps in the next three years for Nigeria

<table>
<thead>
<tr>
<th>Year</th>
<th>ACT Gap</th>
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<tbody>
<tr>
<td>2018</td>
<td>96,570,292</td>
</tr>
<tr>
<td>2019</td>
<td>86,247,737</td>
</tr>
<tr>
<td>2020</td>
<td>74,774,971</td>
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</tbody>
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In relative terms, the demand for Rapid Diagnostic Test kits (RDTs) is well addressed. Of the 35 countries analyzed, 5 countries are facing a gap of 101 million test kits. Two countries, Nigeria (55%) and Pakistan (37%), account for 91% of the gap.

**Gap in malaria Rapid Diagnostic Test kits (RDTs) in 2018-2020, by country**
• The funding gap for those countries that are currently using Indoor Residual Spraying (IRS) for malaria prevention and control, over the next three years is US$ 47 million.
• At least eight countries indicated below would like to conduct Indoor Residual Spraying (IRS) over the next three years. However, almost all of them do not have the required budget to implement this intervention.
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